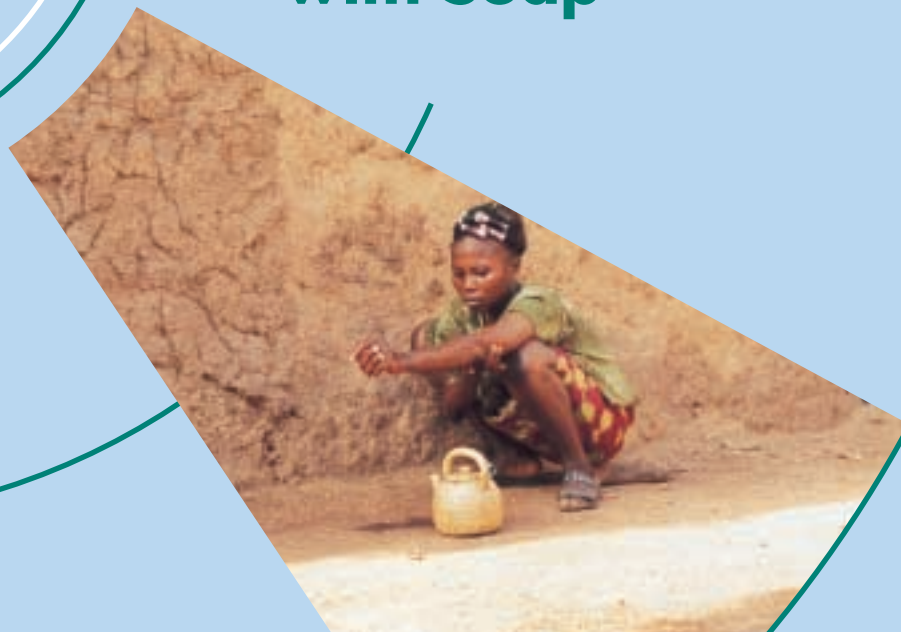




Health in Your Hands:
**Lessons from
Building Public-
Private Partnerships
for Washing Hands
with Soap**



**Water and
Sanitation
Program**

An international
partnership to help
the poor gain sustained
access to improved
water supply and
sanitation services



WORLD BANK



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Lessons from Building Public-Private Partnerships for Washing Hands with Soap

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Introduction

Washing hands with soap could save a million lives. Eighteen months ago, a small team from the Water and Sanitation Program, the World Bank and the London School of Hygiene and Tropical Medicine set out to answer the following question:

“Can the expertise and resources of Industry and Governments be coupled to design and deliver large-scale, high-impact handwash promotion programs?”

A year and a half on, public-private partnerships for handwashing with soap are in place in Ghana and Kerala, and full-scale handwash promotion programs have been designed. Other countries are set to join the initiative. This document outlines the approach that was taken, and offers lessons for those interested in setting up such programs in future.

Partnership Partners

International	In Ghana	In Kerala
<ul style="list-style-type: none"> ■ Water and Sanitation Program ■ World Bank ■ London School of Hygiene & Tropical Medicine ■ UNICEF ■ USAID ■ AED 	<ul style="list-style-type: none"> ■ Community Water and Sanitation Agency (CWSA) ■ Ministries of Health, Education, Works and Housing, Women and Children’s Affairs ■ Ministry of Local Government and Rural Development ■ Association of Ghanaian Industries ■ Unilever Ltd, GETTRADE, PZ Cussons ■ UNICEF ■ World Bank ■ Water and Sanitation Program 	<ul style="list-style-type: none"> ■ Kerala Rural Water Supply and Sanitation Agency (KRWSA) ■ Government of Kerala, Government of India ■ Hindustan Lever Ltd. ■ Indian Soap and Toiletries Makers’ Association (ISTMA) ■ Khadi and Cottage Industry Board ■ Ministry of Health, Ministry of Rural Development ■ UNICEF ■ WHO ■ World Bank ■ Water and Sanitation Program

Executive Summary

Programs to promote handwashing with soap could be amongst the most effective and cost-effective interventions for reducing infectious diseases in the world today. A million lives could be saved each year, if hands were washed systematically with soap.

Whilst public agencies are interested in saving lives, private industry is more interested in selling soap. This is the founding rationale for a public-private partnership to promote handwashing with soap. However, partnership can bring other benefits; industry enhances its image and knowledge whilst the public sector benefits from state-of-the-art communication skills of private industry.

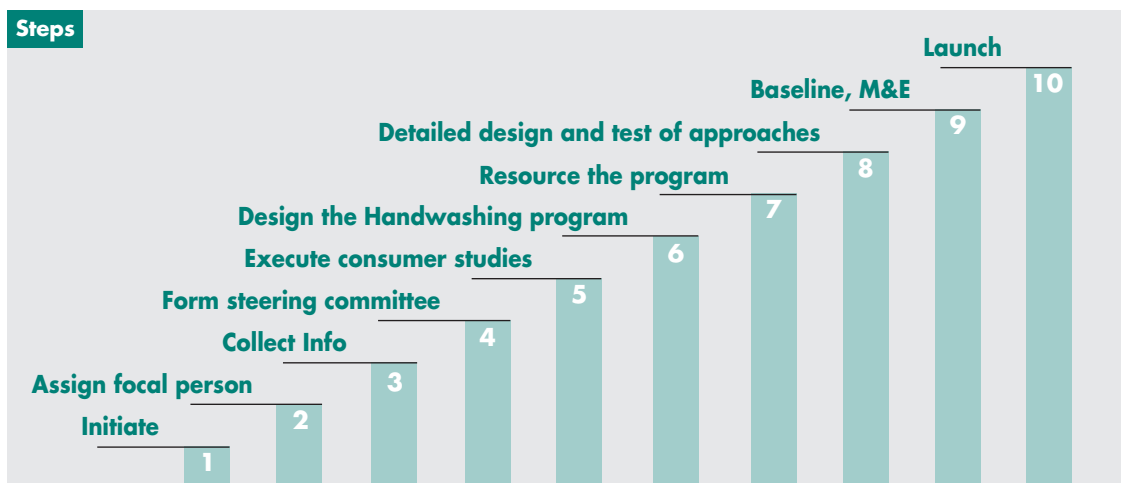
After 18 months of work, two programs are ready for launch in the state of Kerala, India and in Ghana. Building up the partnerships was a slow and resource-intensive process. Success will ultimately be judged by carefully measuring the impact of the programs. In the meantime, four factors argue for the pursuit of the Public Private Partnership, both in the two trial countries and in expanding the initiative to a limited number of other countries:

- The handwash programs that have been designed are groundbreaking.
- Many enquiries on joining the initiative have come from Governments, NGOs and external support agencies.
- Three major global industrial players are in discussions on expanding the initiative.
- International interest in handwashing as an intervention has grown in the past two years, increasing the need for well-documented trials of new approaches.

Many private and public agencies are interested in setting up Public Private Partnerships for Handwashing in their own countries. This document is primarily for them. It is also for decision makers in Industry, Government and external support agencies, who need to know if investing in such activities is likely to be worthwhile or not.

Part 1 of this document explores the rationale for handwashing programs and for Public Private Partnerships; Part 2 outlines the history of the initiative; Part 3 documents the approach; and Part 4 covers insights about handwashing gleaned from consumer research and the implications of the findings for the handwash programs. Part 5 provides conclusions and key lessons.

This document covers the lessons learnt about setting up Public Private Partnerships for Handwashing. A second document will cover operationalizing and monitoring. All program reports, products and materials are posted on our dedicated website at <http://www.wsp.org/english/activities/handwashing/>



Key Lessons

The Public Private Partnership for Handwashing: an idea whose time has come?

- Handwashing with soap could save a million lives.
- Diarrhoeal diseases are losing ground to other health issues on the international agenda: new programs to promote handwashing provide a rallying point.
- Combining the forces of the public and the private sector to promote handwashing with soap offers rewards to both.

However, it needs time and effort...

- Few individuals and agencies appreciate the importance of handwashing; advocacy is needed at all levels.
- Building partnerships is time-consuming and resource intensive. It needs complementary skills and champions with drive and energy.
- People at the top of key institutions provide the necessary leadership.
- Industry players may be reluctant to work together, but they increasingly see that it makes sense to increase the market for all. To come on board, small-scale players may need extra assistance.
- Partnership arrangements should be flexible and open to all who wish to join.

...and insight, understanding and particular skills

- Industry is well placed to design communications programs; they have made huge investments in developing their own expertise in consumer insight, message design and media planning.
- Consumer studies into handwashing should be carried out by professional market/consumer research agencies with Industry assistance.
- Communication strategies require detailed trial and testing for effectiveness, otherwise the investment may be wasted.
- Changing behavior patterns is not easy. According to industry, adopting a new practice needs at least six effective contacts a month. Drip-drip approaches do not provide a critical mass of stimulus for habits to change.
- A champion from each organization at each level is essential. A trusted catalyst that can bring together industry, government and support agencies is also needed.

But much remains to be learnt

- Work is needed to validate indicators of handwashing behavior for baseline monitoring and evaluation. Trying to monitor the impact of the program on diarrhoeal diseases is a more difficult task.
- External support agencies, government and industry have different expectations and time horizons; figuring out how to satisfy the needs of all partners while retaining innovative programming is a challenge.
- Further challenges include how to make partnerships deliver new handwash products, and making handwashing cheaper for the poorest, possibly via tax incentives.

Finally

- The initiative cannot be evaluated until it has produced results, but the prospects look good for the continuation and expansion of the Public Private Partnership for Handwashing.

The Public Private Partnership for Handwash: A Brief History

“A growing number of business leaders share unease about any form of global economic development that fails to emphasize the human dimension or that creates a globalization of opportunity without a corresponding globalization of responsibility”¹

The Water and Sanitation decade of the 1980s saw substantial improvements in the infrastructure of environmental health in the developing world. However, diarrhoeal diseases remained amongst the top three killers of children. The realization began to grow that the way in which facilities were used might be just as important as their provision. Growing interest in hygiene behavior in the 1990s gave researchers insight into the context and meaning of hygiene behavior² and led to the development of approaches such as Participatory Hygiene and Sanitation Transformation (PHAST) and the social marketing of hygiene^{3,4}.

However, approaches that could be scaled up to meet the need for improvement in hygiene on a mass scale, similar to vaccination programs, were still needed. Consumer studies in the late 1990s highlighted the complexity of the determinants of hygiene behavior and showed that simply teaching people about health was not going to lead to substantial behavior change⁵. Rather, positive images and population-scale marketing of behavior change, based on insight into the factors that motivate consumer behavior, were required.

One program at the end of the 1990s was of particular interest: the BASICS/EHP **Central American Handwashing Initiative**, which encouraged four private sector companies to launch handwashing campaigns in five countries (Guatemala, Costa Rica, El Salvador, Honduras and Nicaragua). The results were encouraging, and proved that soap companies could be capable and willing partners for health promotion⁶.

A **workshop** on Hygiene, organized by the World Bank/Water and Sanitation Program (WB/WSP) and the World Bank, with help from the London School of Hygiene and Tropical Medicine (LSHTM), in May 2000 considered both the results of recent research

into hygiene behavior and the BASICS experience. This inspired the idea of trying to develop a new Public Private Partnership model. Over the following year, discussions were held between WB/WSP and LSHTM, and management consultants McKinsey and Co were consulted. They considered the proposition sound, but pointed out the need for strong leadership and careful planning.

The concept was further developed, and in the year 2000, two sites willing and able to trial the idea were located in Ghana and the state of Kerala, India. The objective was to try to get private industry and the public sector to work together to develop programs to promote handwashing. We wanted to learn how to set up such programs, and to explore their feasibility, acceptability and value. A contract for technical assistance from the LSHTM for the initiative was signed with WSP and the World Bank in March 2001.

After a year in the field the partners have:

- Established bases in the Kerala Rural Water Supply Agency (KRWSA) and the Community Water and Sanitation Agency (CWSA) in Ghana.
- Built local partnerships of industry associations, industrial and small-scale manufacturers, Ministries, external support agencies and NGOs.
- Setup national or state-level steering committees and made concerted national and international advocacy efforts to explain the concept.
- Designed, commissioned, and assisted in the execution and analysis of studies of soap consumption and the soap market in Ghana and Kerala.
- Designed communications programs to promote handwashing with non-branded soap across the state of Kerala and the whole country of Ghana. Commitment to fund the programs has been forthcoming from

government and external support agencies, whilst the private sector has agreed to provide technical and managerial skills.

At the same time, at a global level, the team has:

- Supported the documentation and dissemination of the BASICS Central America experience.
- Set up an international advisory group.
- Been advocates for the initiative in international fora, the international press

and a dedicated website.

- Carried out a brief study of the world market for soaps.
- Carried out a study of the experience of Public Private Partnerships in the health sector.
- Worked with three big multinationals on perspectives for wider expansion.
- Raised funds from the Bank-Netherlands Water Partnership for continuation and expansion of the initiative.

Part 2

Why Handwashing? And Why a Public Private Partnership?

Handwashing with soap could save a million lives

Diarrhoeal diseases are the second biggest killer of children in the world today (figure 1). In the same way that the mosquito is the vector of malaria; transferring the infection from person to person, so hands are the main vector of diarrhoeal pathogens; transferring them from surface to surface and from person to person. Human excreta is the source of most diarrhoeal pathogens and handwashing after contact with human excreta is probably the single most important moment at which hands should be washed with soap⁷. A recent review of all the available evidence suggests that handwashing with soap could reduce diarrhoea incidence by 42-46 percent and save at least one million lives⁸.

Though the evidence base is weaker, similar arguments apply to Acute Respiratory Tract Infections, the number 1 killer of children. Hands are also a vector of ARI transmission. A number of studies suggest that handwashing could be very effective in reducing the incidence of clinical cases of ARI⁹.

While soap is found in most households, it is often reserved for washing clothes, dishes and bathing. Handwashing with soap is not common though practice varies from country to country. For example, a study in urban Burkina Faso observed only one percent of mothers using soap to wash their hands after using the toilet, and

only 18 percent after cleaning up a child's bottom¹⁰. In rural Nigeria, structured observations by Omotade showed only 10 percent of mothers were using soap to wash their hands after cleaning up a child¹¹. In slums in Lucknow, India, 13 percent of mothers were observed using soap after cleaning up a child and 20 percent after going outside to defecate. Handwashing practices can also be poor in more developed countries; one UK study showed less than half of mothers used soap after changing a dirty nappy¹².

Programs to prevent diarrhoeal diseases have lost momentum over the past years. Whilst many new initiatives on AIDS, malaria and TB have been announced, the diarrhoeas remain orphan diseases. There are three main reasons:

- Responsibility for combating the diarrhoeal diseases has been split between Ministries of Health, Water, Environment and others, and as a result, has been championed by none.
- Advocacy has been flagging, possibly because the diarrhoeal diseases are an unattractive, dirty topic, competing poorly for political attention with other hot health problems, such as HIV.
- Interventions to prevent Intestinal diseases have proven more complex and problematic than expected.

Control of Diarrhoeal Diseases (CDD) programs in Ministries of Health worldwide are

flagging. Participatory methods that are commonly found associated with water and sanitation programs may be effective at improving hygiene on a small scale, but are unlikely to provide a feasible approach to covering large populations. Handwashing needs to be tackled on the scale of vaccination programs, where population coverage is almost total. For this breadth of reach, social marketing style approaches based on adequate formative research into risk behavior, context and motivation are most appropriate. The skills and resources of both the public and the private sector are needed if handwashing is to be promoted successfully on a wide scale.

However these issues are not widely understood. *The first condition for a successful Public Private Partnership for Handwashing is investment in dissemination and advocacy amongst decision makers.*

Programs to prevent diarrhoea that are not only demonstrably effective, and cost-effective, but also attractive and eye catching, are needed if more support for eradicating these preventable killer diseases is to be forthcoming.

Why a Public Private Partnership for Handwashing?

While the public and private sector have always worked together in one way or another, the idea of a direct partnership is relatively new. Governments have contracted out

services to the private sector or handed over responsibility entirely via privatization, but only recently has the idea of joint programming with joint responsibility become a reality. Over the last ten years Public Private Partnerships in the health sector have been used to:

- 1 develop and facilitate access to vaccines and treatments;
- 2 promote behaviors and products that reduce disease occurrence and
- 3 improve health services.

Examples include Roll Back Malaria and GAVI (the Global Alliance for Vaccines and Immunization). A review of practice in health Public Private Partnerships can be found at <http://www.wsp.org/english/activities/handwashing/bestpractice.pdf>

A partnership should pool resources and risk and provide added value over and above what each party could achieve alone¹¹. Clearly, partners will only join a partnership if they stand to gain from it. In the case of handwashing, there are obvious benefits to both sides; industry may sell more soap, whilst Government benefits from the private sector's expertise in designing effective communications to improve public health. Table 1 (on page 8) summarizes the potential incentives and contributions of players in a Handwash Public Private Partnership.

“The primary motivation for Colgate-Palmolive is that a Public Private Partnership on handwashing is in natural harmony with our value system which is three-pronged: care, continuous improvement and global team work.”

Diana Grina, Global Director, Professional and Government Relations, Personal Care Products Colgate-Palmolive, Washington
May 2300

<http://wsp.org/english/activities/handwashing/workshop.pdf>

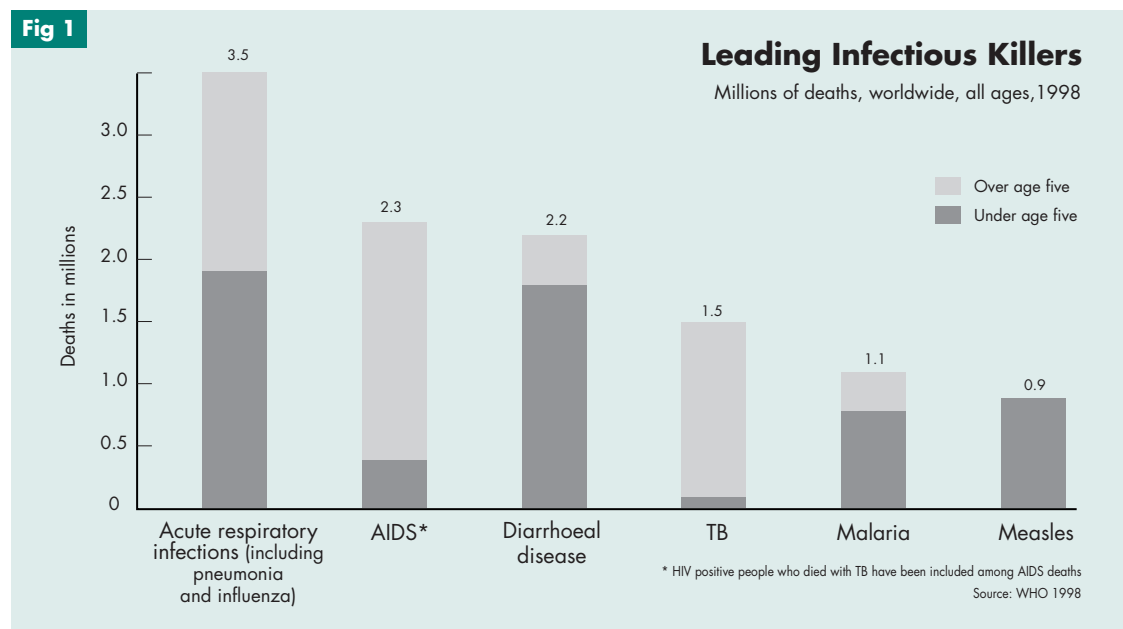


Table 1 Possible incentives and contributions for public/private players in the Handwash Public Private Partnership

	Industry	Public Sector
Benefit	<ul style="list-style-type: none"> ■ Enhanced image as a global corporate citizen, enhancing brand equity ■ Staff motivation and retention ■ Influence in development and Government circles ■ Insight into future markets ■ Access to national and international research and knowledge ■ Access to public infrastructure to stimulate markets 	<ul style="list-style-type: none"> ■ Better services with higher coverage leading to improved health, which, in turn, assists economic development. ■ Liberation of resources for other priorities ■ Learning about consumer research, marketing and communication management ■ Understanding clients as consumers
Contribution	<ul style="list-style-type: none"> ■ Professional expertise in: <ul style="list-style-type: none"> - Marketing - Communications planning - Consumer research - Communication management - Product tracking - Product development ■ Resources 	<ul style="list-style-type: none"> ■ Catalyst role ■ Legitimacy/Institutional home ■ Resources ■ Knowledge of target markets ■ Facilitate regulatory environment ■ Best practices and global vision

“We are good corporate citizens.”

Procter and Gamble mission statement

<http://www.pg.ma/page12.html>

There are of course some costs for each partner in joining a Public Private Partnership. For the public sector, these may include loss of credibility through association with big business, and potential loss of investment if the private partner decides to drop out. Costs to the private sector are mostly in the diversion of human resources from more immediately profitable activities. As the BASICS review⁶ points out, program managers in industry are human, they make decisions mainly on solid commercial grounds, but can often be swayed by the desire to ‘do the right thing’.

Public Private Partnerships in the health sector probably work best where there is a close alignment between the objectives and activities of the two partners (BDP 2002). Selling soap and promoting handwashing are two such closely aligned activities.

The soap market

The world market for soaps and detergents was worth US\$88billion in 2000, having grown by 29 percent since 1996. The market is

dominated by a small number of multinational companies with strong brand identity and enormous advertising budgets. There is cutthroat competition between these multinationals. The top global players include Procter and Gamble, Unilever, Colgate-Palmolive and Johnson & Johnson. Important regional players include Beiersdorf in Europe, the Kao Corporation in Asia-Pacific, Paterson Zochonis in Africa and Nirma and Godrej in South Asia. Procter and Gamble is the world’s 21st largest company valued at \$116billion, Unilever the 62nd, (worth \$56billion) Colgate-Palmolive is the 141st (\$31billion), Kao, the 405th (\$11billion) and Beiersdorf the 454th (\$10billion) (Financial Times, 10 May 2002). Whilst Johnson & Johnson is the world’s 9th largest company, soap forms a minor part of the portfolio. These companies, along with huge numbers of medium and small-scale soap producers, provide soap to almost every household in the world.

In developed economies, market expansion is attributable mainly to new product

developments, such as liquid soaps for washing hands and showering, supported by heavy media advertising and promotional activity. Because the market for soap products is largely mature in developed economies and displays stagnant growth, global companies are turning their eyes towards developing countries or 'emerging markets'. According to the director of Unilever, catering to the needs of the poor is going to be a major source of future market growth.

Factors likely to encourage growth in soap consumption in developing countries include:

- Liberalization of markets and growth in free trade.
- Phenomenal growth in the reach of mass media, especially TV.
- Demand driven by the widening gap between how consumers live and the increasing visibility of consumption.
- More educated and aware consumers.
- Increasing disposable incomes.
- Increasingly skilled advertising and market research agencies.
- Improvements in transportation and communication networks.
- Growth of supermarkets and retail outlets.
- New technology enhancing productivity, making products more attractive and reducing cost.

Soap, soap and more soap

There are many kinds of soap available on world markets, in bars, flakes, powders, liquids and pastes – which are used to remove dirt and stains from bodies, clothes, utensils, surfaces and hands. As a rule, the more developed the economy, the more species of soap will be found in the cupboards of consumers. In an evolved market there is a specific soap product for every surface, whilst in an emerging market, one bar of laundry soap, which may be locally or domestically produced, can serve all purposes.

Soap is present in most households in the world and is a priority purchase, even for the poorest. In order of importance to the consumer, keeping clothes clean is the first use of soap products, bathing the body the second and cleaning utensils the third. Handwashing comes far down the list of priorities. (<http://wsp.org/english/activities/handwashing/globalmarketsoap.pdf>)

Whilst technically adequate for cleansing hands, bar soap has been largely displaced by liquid soaps for handwashing in Northern economies. There may be an equivalent growth potential in the marketplace for a cheap soap designed specifically for handwashing in emerging markets.

The next chapter explores the lessons that were learnt from the country programs.

“For Unilever, corporate social responsibility is an integral part of our operating tradition. It is at the heart of our Corporate Purpose and is reflected in our Code of Business Principles. We believe that these commitments are not just an expression of our values, but that in living them out they contribute to our success.”

www.unilever.com

The Approach Step-by-Step

Part 3

Once the overall concept and vision had been elaborated and the technical team mobilized in London and Washington, activities moved to the country level. Seven steps, as set out below, were followed in each country. A further three steps remain to be taken to reach full-scale implementation. The process of partnership building is similar to that followed by the BASICS initiative in Central America, though in the examples given here the catalysts were based in quasi government institutions, whilst in Central America they were independent). Lessons learnt are shown in italics.

Step 1 Initiation

The Public Private Partnership for Handwashing concept was presented to potential stakeholders in Ministries, NGOs, community groups, industrial associations and external support agencies to raise interest and gauge support. In India, this process began with a one-day workshop, while a series of meetings were held in Ghana.

- *Meetings need to be repeated since not all key stakeholders can be present. Not all partners come on board at the same speed. However, agencies that come to the first meetings may find follow-up meetings cover similar ground for the sake of newcomers.*

- *Representatives from Industry may not attend open meetings but have to be visited individually.*
- *People at the top of key institutions should be approached early on as they legitimise the participation of their staff.*
- *Surprisingly few partners had (or voiced) ideological objections to the Public Private Partnership. There were, nevertheless, some concerns that the initiative might appear to provide 'easy' benefits to the private sector by promoting their products for them.*
- *The backing by the WB/WSP gave players confidence that intentions were serious.*
- *Other international agencies such as UNICEF and DFID, that had been working in hygiene promotion, showed interest in tying this into their ongoing work.*
- *Key skills required at this stage were political championing from WB/WSP staff and persuasive communications concerning the potential benefits of the initiative. The involvement of academics helped validate the case for handwashing. Champions had also to be able to understand both sides sufficiently to be able to 'translate' between the different public and private cultures.*

Step 2 Assignment of focal person

The local agencies housing the initiative were the Kerala Rural Water Supply and Sanitation Agency and the Community Water and Sanitation Agency in Ghana. Both are donor supported and semi-autonomous. Both have a mandate to work on water, sanitation and hygiene and both are struggling to develop effective hygiene promotion programs. The local agencies arranged for the assignment of a key person to lead the initiative from within their agency (Kerala) or as a consultant (Ghana).

- *Existing agencies have full workloads: additional help to set up a new and substantial work program is needed early on.*
- *Management needs to be persuaded of the need to hire and resource consultants or assign competent staff. This can require repeated efforts.*
- *Key attributes of the focal person are: communications skills, familiarity with*

government and business structures, knowledge of hygiene promotion, well-regarded professionally, ability to open doors at a high level, ability to conduct/oversee research and a lot of energy and drive.

Step 3 Information collection

Development of the initiative requires that it fit within the institutional and programmatic environment in country. One of the first tasks of the focal person was to identify key stakeholders including industrial players, trade associations, ministries, external support agencies, NGOs, and organizations capable of carrying out consumer and market research. Agencies involved in hygiene promotion were contacted and briefed about the work.

- *Information collection helped identify all potential partners who could participate and/or benefit from the program.*
- *The proposal for the Public Private Partnership was well received by almost all stakeholders.*
- *A specific directory of contacts for programs should be created and maintained.*

Step 4 Formation of Steering Committees

Stakeholders from ministries, industry and NGOs were invited to form a steering committee. These met about every four months or at critical junctures. They reviewed progress, advised on plans and had a legislative role in monitoring contracts. In addition, in Ghana a technical committee was formed to help advise on consultant selection and other technical issues.

- *Steering committees confer legitimacy and allow continued advocacy as personnel change. They help get all stakeholders on board and keep them involved.*
- *They offer a forum for public and private employees to meet and exchange views.*
- *They are flexible and informal in this preparatory stage, but their role may need to be formalized as programs begin.*
- *In Kerala, a MoU was signed between the soap industry association (ISTMA) and the Government of Kerala to provide a framework under which to operate.*

Step 5 Design and implementation of studies

Two studies were commissioned in each location. The first, a consumer study, was designed to provide an understanding of handwashing behavior that would help to inform the design of the communications program. Key questions to be answered were: What is the current rate of handwashing with soap at critical times? What are the characteristics of the target audiences? What motivates handwashing with soap and what are the barriers to its adoption? What channels of communication are most appropriate? Secondly, market studies were commissioned to understand the state of the market for soap in each location. The results of these studies and the technical issues they raise are discussed in more detail in the next section.

- *Consumer studies must be carried out by professional market/consumer research agencies, if their results are to be credible to industry.*
- *Some research agencies divide their staff into commercial and social project teams. In such instances, the commercial teams should be preferred, for reasons similar to the above.*
- *Industry should be involved in the design of the consumer studies from the outset.*
- *Key skills required were an understanding of hygiene behavior and knowledge of formative research design.*
- *Studies required a lot of work in briefing and training the agencies as well as in debriefing and collaborating with them in the production of the final results.*

The market studies were commissioned to allow the public sector to better understand the nature of the soap market. They were designed to find out about total volumes of soap, suppliers and brands, soap used specifically for handwashing and existing promotional strategies. They aimed to offer the public sector partner sufficient insight into the operation of soap industry to enable them to negotiate a good deal with industry.

- *Again, if they are to be credible, such studies must be done by professional agencies with experience in accessing and interpreting such data.*

- *It is hard to gauge how much artisanal soap is produced, and how much is sold through unofficial channels without a detailed field study.*
- *The results of such studies are only as good as the brief and the demands from the client. Commissioning such studies requires skills that may not be readily available. Again, assistance from professionals in industry may be one solution to getting good design and hence good results.*
- *Study designs have to take into account the research capacity of the professional agencies, which may not be equally developed in all countries.*
- *It remains to be seen whether the public sector will use the studies as expected. Detailed Market Studies might not be essential for future Handwash Public Private Partnerships.*

Step 6 Design of the Handwash Program

An outline design for the handwashing communication program based on past insight, available data and the consumer research, was prepared by industry in Kerala and by the Public Private Partnership team in Ghana. While the plans had to be detailed enough to meet the administrative needs of potential funders, a great deal of work was still required in designing and testing the detailed communications package. For example an effective TV advertisement might require the equivalent of five years of work by senior marketers. Detailed messages and media for direct contact have also to be designed and tested. Project preparation proceeds iteratively.

Possible steps would be to:

- 1 prepare an outline design;
- 2 secure funds and determine institutional roles;
- 3 prepare a detailed design using professional creative teams and agencies;
- 4 proceed to testing of concepts, reframing, testing again, testing effectiveness;
- 5 finalization of communication package; and then
- 6 full-scale roll out.

Neither program envisages using any established brands. However, some form of new generic handwash brand may be needed to make the campaign effective and recognizable. The partners would also welcome companies piggy-backing their own independent branded handwash campaigns onto the partnership initiative if they so wish.

- *All communication strategies require detailed trial and testing for effectiveness, otherwise the investment may be lost.*
- *Generating a new behavior requires at least six effective contacts a month. Drip-drip approaches are not effective because the critical mass that can effect a change in habits is never achieved.*
- *Key skills needed are marketing, media planning and consumer science, these are generally not available in the public sector and were provided by industry.*
- *Industry is well placed to design communications programs; they have invested hugely in developing their own expertise in consumer insight, message design and media planning.*
- *There is scope for the private sector to collaborate and explore the great potential for effective communication using public sector information channels.*

Step 7 Resources for the Handwash Program

Project design and financing have to move in step. The outline design for the handwash program has to be appropriate to the requirements of potential funders. Whilst industry can often make major funding decisions on thin documents, external support agencies and Governments require detailed background and justification, complete activity plans, logframes, etc. It may be hard to provide all the detail at this stage because commitments of funds are required before the detailed design can be produced.

For the Kerala program, both the State and Indian Government were ready to contribute very substantially to the costs of the program. Getting funds committed from external support agencies has been more difficult, largely because they are tied up in existing projects, and the funding cycle can take several years.

- *It can be hard to sell an outline design to*

potential funders, who may be expecting to see the full program design.

- *However, having access to the results of the consumer research helps show how programs are designed to cater to local circumstances.*
- *Industry does not have major funds available for use in non-branded campaigns. However, their input in communications expertise, access to creative and media planning agencies, methodologies for developing and testing approaches and in management skills program is critical.*
- *External support agencies funding may not be available through existing channels or in a useful period. The project should be offered to as many donors as possible, and the initial approach should be to senior decision-makers. Networking with agencies at head office level can assist.*
- *Key skills needed at this stage are insight into, and access to, the bureaucracy of Government and external support agencies.*
- *Fund-raising is an on-going process and it may be necessary to plan a multi-year intervention and raise funds sequentially as results are achieved.*
- *A cost-benefit analysis is useful in marketing the proposed program to potential funders. Additional preliminary research on the economic benefits would also be useful.*

Step 8 Baselines and M&E indicators

There is no perfect way of measuring handwashing practices. Many options have been tried but all have drawbacks: responses to direct questions bear little relation to reality, measuring soap use does not distinguish the other uses of soap and structured observation is time-consuming, intrusive and expensive. Nevertheless, structured observation is probably the best tool available¹³ for monitoring changes of behavior patterns in a population. Monitoring soap consumption can provide additional evidence for program effectiveness, though any changes detected may not be due to the program interventions. Program performance indicators, in terms of coverage and audience recall give further indicators of progress.

As trial programs, these two initiatives will be especially closely monitored and data collected for cost-effectiveness analysis. Preliminary calculations from Kerala suggest that the program will pay for itself in two years by savings in health care costs. In Ghana, savings from reduced disease will be in the order of twice program costs.

- *Work is still needed to find and validate indicators of handwashing behavior for baseline monitoring and evaluation.*
- *Ideally, the consumer study should provide an opportunity to collect baseline handwashing data. The methodology has to be watertight enough to provide credible results, whatever the circumstances. This is hard to do and requires further work.*
- *The Monitoring and Evaluation program would focus on measuring behavior improvements related to handwashing, the effectiveness of different intervention strategies, and where adequate data exist, the impact of the program on diarrhoeal disease reduction.*
- *Given the likely high cost of such programs, data will need to be collected for the evaluation of cost-effectiveness.*

Step 9 Detailed design and test of communications approaches

This step is yet to be completed in Kerala and Ghana. Once funding and management is in place in the project cell, detailed program design will begin. Creative agencies will be briefed, and a variety of ads will be sketched out for radio and TV, as will concepts for posters and kits for schools and health centers, and support materials for partners. These will be tested on a small scale with samples of the target audiences. Those that are deemed most effective will be refined and retested. Finally, all print and audiovisual materials will be commissioned and produced for full-scale roll out.

Step 10 Launch and execute campaigns

When funds are in place and when testing has been carried out, the programs as a whole can be launched.

The Global Partnership

At the same time as work was progressing at country level, tentative steps were made towards building a global partnership platform. Interested parties from WSP, World Bank, UNICEF, USAID, EHP, BASICS and the LSHTM met together four times over the year and a number of preliminary meetings with global soap companies were also held with a view to establishing a global group. In addition, annual technical meetings at the World Bank have provided opportunities for experience sharing and dissemination.

- *Contrary to expectation of the need for a governance structure with rules and processes, no such role for a global organization was identified.*
- *Meetings of global groups should only be organized in response to a clear need, as they are expensive and have opportunity costs for busy sector professionals.*
- *One advantage of such meetings is that head offices of international agencies can lead country offices to support the initiative. International media exposure can be helpful, though it is not possible to control exactly what will be said. An article on the initiative that appeared in 'The Economist' galvanized a lot of support but failed to describe the roles of all partners.*
- *Some partners at the global level who would very much like to be involved in the initiative are constrained by a lack of resources that their agency can bring to the table.*
- *The role of a global partnership platform will continue to be reviewed as the initiative spreads to other countries.*
- *Annual or biannual technical meetings serve to share experience, advocate and disseminate the approach.*

The approach: Key lessons

- *Setting up a Public Private Partnerships takes a great deal of time, and requires major investments in communication at all levels. Partners take time to learn the capabilities of each other. For example: industry did not realize how much Government was capable*

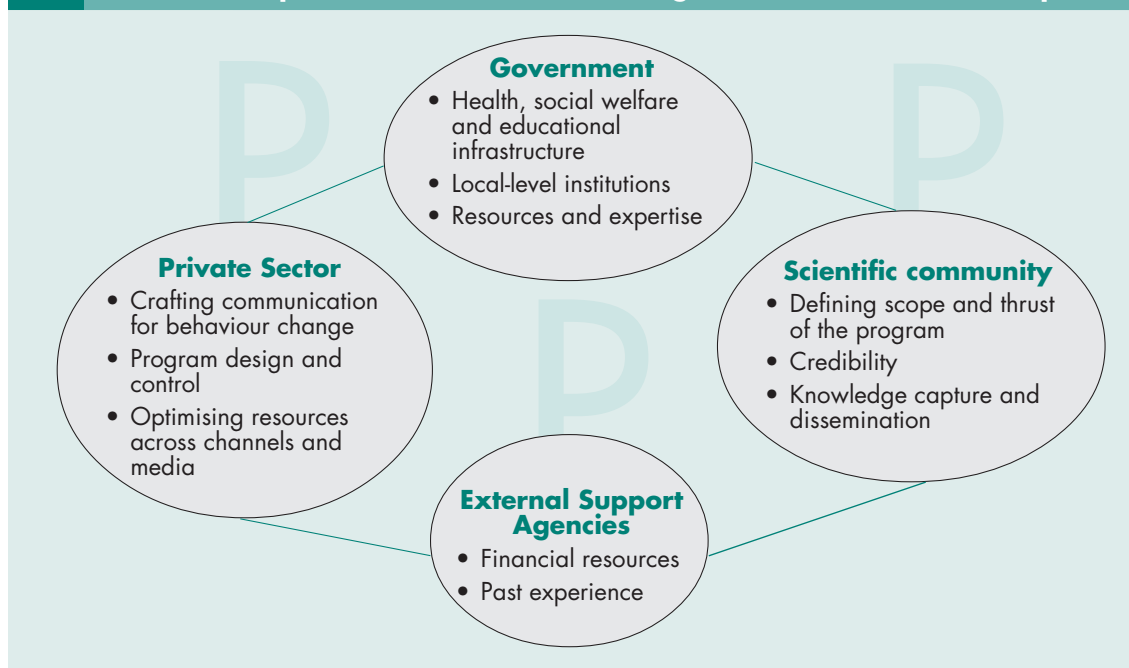
of in terms of direct contact with the population, Government did not realize the complexity and difficulty of behavior change or that professional marketers had so much to contribute.

- Building trust is a slow and cumulative process. As money began to be spent by partners and their backers, confidence in the seriousness of each other's intentions grew.
- Champions: Committed individuals have

played major roles in getting the Public Private Partnerships off the ground at every level. The individuals have to like and respect each other if motivation and energy levels are to remain high.

- Time scales differ: Industry can expect to make a decision and have a program up and running in a matter of months; for government the time horizon may be a year; while for external support agencies the funding cycle may be three years. Industry, in particular, may not be prepared to wait if funding negotiations drag on.

Fig 2 Roles of the partners in the Handwashing Public Private Partnership



Part 4

Understanding Handwashing with Soap

Handwashing behavior is complex. This fact came as a surprise to some partners who assumed that getting people to wash their hands was a simple matter of telling people they would get sick if they didn't do it. Four key questions about handwashing behavior have to be answered:

- What are current handwashing practices?
- Who should the target audience of the programs be and what are their characteristics?
- What factors motivate, facilitate and hinder handwashing?

- What channels of communication reach target audiences effectively?

The consumer studies were designed to answer these questions. They used methods drawn from social and consumer research, including structured observation, in-depth interviews, focus groups and behavior trials. They each took around six weeks, cost an average of \$35,000 and covered between five hundred and a thousand households, selected to represent the whole state/country. Mothers, fathers, children and schools were targeted.

In Kerala, the Indian Market Research Bureau (IMRB), and in Ghana, Research International (RI) did the detailed design, the fieldwork and the preliminary analysis, in conjunction with the client organizations (KRWSA and CWSA). Some assistance was provided by the LSHTM and from industry. Both agencies did well in a field unfamiliar to them, though both required considerable help and guidance. The studies were commissioned before industry was fully on board. More industry input at the design and execution stage could have added value to the studies.

The following give some of the preliminary findings from the two studies.

Current handwashing practices

Measuring handwashing behavior is complex and difficult. Both teams used the best

approach available, structured observations, which required trained observers spending three hours in the early mornings watching what happened in courtyards and households. Both teams found higher than expected rates of soap use by mothers after using the toilet.

Handwashing with soap by mothers	Ghana	Kerala
After using the toilet	37 %	42 %
After cleaning up a child	31 %	25 %
Before eating	16 %	11 %
Before preparing food	N/A	10 %

Observed handwashing practices in Ghana and Kerala

The results of the studies proved controversial and highlighted the need for an agreed methodology, acceptable to all, for measuring handwashing. Closer examination of the methodology adopted in both locations suggests that many non-handwashing events were missed, for example, when defecation took place away from the house. Structured observation requires careful introduction so as not to bias results and much patience and supervision. Some of these safeguards may have failed in either or both studies. Alternatively, handwashing with soap after contact with excreta may actually be higher than was predicted. More careful measures of handwashing to provide a reliable baseline are needed, otherwise changes over the time of the intervention cannot be measured accurately.

Handwashing at key times other than after defecation and cleaning up a child is poor and these occasions could also be the focus of attempts to improve handwashing. A weighted average of handwashing with soap in Kerala at different critical times suggested that soap was only used on about 14 percent of these occasions.

In Kerala, hands were washed with soap more often when water was available in the toilet or when soap was available in the toilet. In better-off households separate soaps were kept for separate purposes (bathing, cleaning clothes, for menstrual stains) and all households used special soap, (e.g. Johnsons' baby soap), for a new baby. Soaps claimed to be used for handwashing were all beauty soaps, not laundry soaps. Commonest brands mentioned were: Lexus Gold, Nima Rose, Lux and Santoor. The monthly amount claimed to be spent on soap did not vary much between social classes. In over half of households, the father purchased soap, but mothers chose the brand. One hundred percent of households had soap on the day of the interview.

The Kerala results showed that those who did not use soap to wash their hands after using the toilet reported diarrhoea five times more often than those who did.

Both studies concluded that poor disposal of children's stools (often thrown in the yard, on an open rubbish heap, in a field or drain) could be a source of the faecal pathogens that cause child diarrhoea. One option may be to add this issue to the program at a later date, once the handwashing message is well established.

Target audiences

Both studies concluded that women of childbearing age and children were the primary target audience; mothers because they were the principle caretakers of children and preparers of food, and children, because they were at an age where handwashing habits can be inculcated for life. In Kerala, men have also to be targeted, because they are the principle buyers of soap, though women normally specified the brand. In Ghana, women usually buy the soap but may have to negotiate a budget with their husband. Previous studies have indicated that life-change events, and particularly the time of the arrival of a new baby, are particularly good opportunities to introduce new habits.

Motivation for handwashing

The qualitative research in Kerala found that cleanliness was very important to mothers. Figure 3 schematizes how the dirtiest jobs are saved up until just before the midday bath. Following this, a woman will typically try to stay clean for the rest of the day.

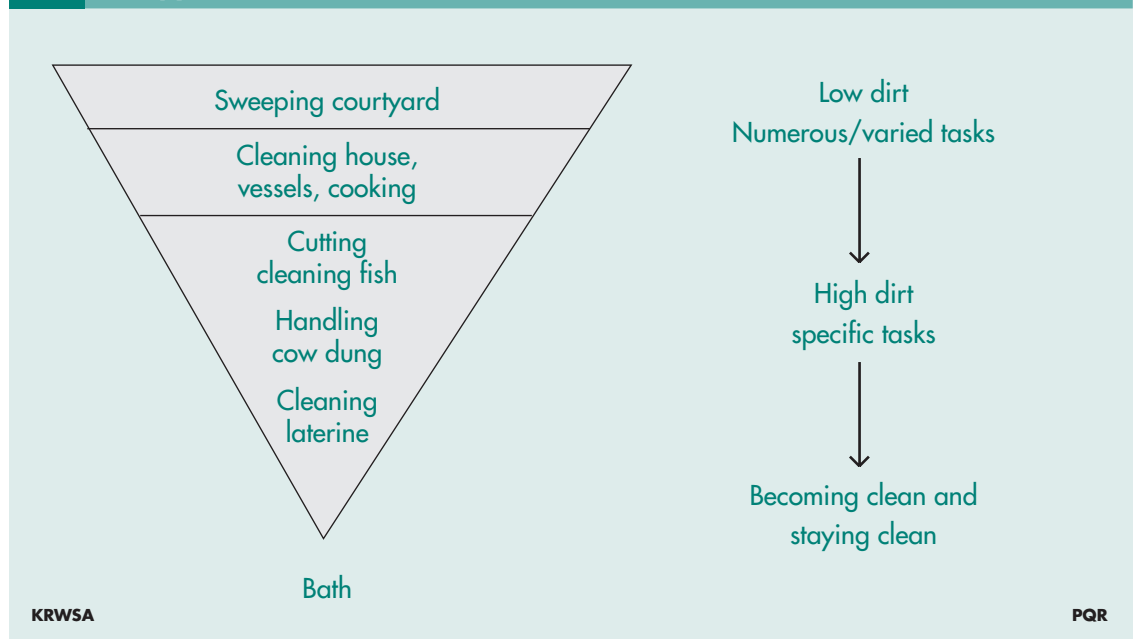
Hands tended to be washed with soap when there was a cue. The cue might be a smell; from cutting fish, touching animal dung or diarrhoeal faeces; something visible such as the sight of dirt; or a feeling, such as having

been in contact with a poison or an impurity like non-vegetarian food, or before prayer; or a sense of stickiness. One's own and one's children's faeces do not bad smell and therefore may not cue soap use.

The research divided people into habitual users and non-users of soap after faecal contact. Users seemed to practice what they had always done since childhood in a mechanical fashion. Habitual users felt dirty if they did not use soap after faecal contact, whereas non-users did not. Non-users explained that they never had the habit, they often did not have time, or soap nearby. Another group of users took up the habit after having a baby. They explained that keeping a baby clean nurtures its mental and physical growth as well as its health. Handwashing with soap is a closeted subject, not seen or talked about, therefore the motivation of social contempt for those with dirty hands is absent.

In Ghana, hands were washed with soap to remove dirt, oil or an unpleasant smell, to prevent diseases and to appear neat. The disgust of having been to a dirty public toilet often cued the use of soap. However, if soap or water was not to hand, hands were less likely to be washed. Soap was often stored away to keep it from being used by others, which made it inaccessible for handwashing.

Fig 3 The pyramid of cleanliness



The soap habit

"There are no particular reasons for not washing hands with soap, it is just that we don't do it" (India Palghat-B-NU)

"Our parents never taught us this"
(India Trichur-S-NU)

"Nobody has made us understand the benefit of washing our hands with soap after using the toilet" (India Trichur-S-NU)

"How will the outside people know whether we wash our hands or not?" (India Idd-B-TU)

"My children normally use the soap indiscriminately so I hide it from them and that saves me money." (Ghana Ga-rural)

"When we put the Key soap under the bed it makes the soap very hard and it makes it last longer. We also put it there because we want to prevent the children from having access to it." (Ghana Western Region-urban)

"Some of the children tend to eat soap when they see it, but if I have hidden it they could not see it and that will save me from trouble." (Ghana Ga-rural)

"Caring for our children is the most important thing and is of great concern to us as mothers... ..Bathing, cooking and washing of their clothes is what we mean by caring for our children. You as a mother should make sure your child dresses neatly and should be well fed." (Ghana Ga -rural)

"Looking at things, you see that both mother and child always look cheerful and healthy when they are neat."
(Ghana Accra -urban)

"Whenever my child goes on a visit to my sister's place, his friends do not want him to leave because he is always neat."
(Ghana Accra -urban)

This was especially true in schools. None of the rural schools had handwashing facilities. Only one school of 20 sampled had running water. The ideal soap for handwashing was said to be small enough to handle and preferably in liquid form to make it easy to use and to restrict its usage to handwashing.

Care for children was one of the strongest motivators for handwashing in both locations.

Whilst pump-dispensed products are beyond the reach of poorer consumers in developing countries, cheaper products, designed specifically for handwashing could have real potential for growth. (Soap on a rope or in a net to hang in a toilet, small tablets or threads of soap, tubes or tubs of liquid soap, recyclable containers for liquid soap). In Ghana, some mothers even pounded up the soap that was provided in behavior trials to make a liquid soap for hand washing.

Handwashing was not generally hindered by lack of water or soap. However, the problem of where to keep the soap free from interference was a major problem in the behavior trials in Ghana.

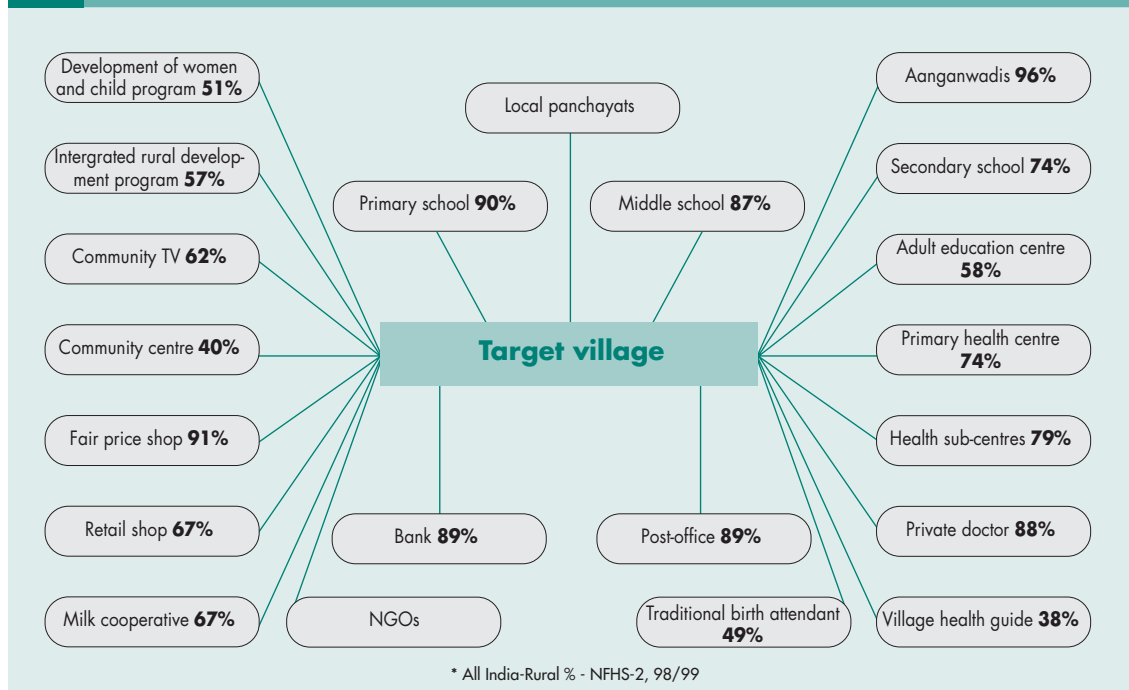
Channels of communication

Both studies were charged with mapping channels of communication from the household perspective. Combined with national commercially available figures, this data provides the basis for calculating the reach of the handwash program when designing the media mix. Figure 4 (on page 18) shows typical communications routes into a Kerala village. In Kerala while more than half of the households had TV, many Muslim women did not watch for religious reasons. Two thirds of households had working radios and over a third read newspapers and magazines regularly. Whilst data on mass media use is readily available from national surveys, data on contact with the existing health system and any other local channels of communication is often not available. In Kerala, the 98 percent success of the pulse polio program showed that a program using the existing health, immunization, anganwadi and education system could have a major impact on target populations.

In Ghana 55 percent of urban households and 24 percent of rural households had TV. The Keysoap ad was the most popular TV ad, cited by 38 percent of women. Over a half of women and three quarters of men listened to the radio every day.

Complex studies such as these operate at the limits of the capability of research agencies. There is a temptation to take the opportunity that such studies offer to add on further issues.

Fig 4 Range of influence on a Kerala village that can potentially be harnessed



However, this can dilute the quality of the whole exercise. Ways need to be found to simplify, and certainly not complicate, such formative research.

Implications

The preliminary results from the studies suggest that handwashing is a complex practice that is carried out for a number of reasons. These reasons can be physical ('I see/feel/smell dirt on my hands') and metaphysical ('I feel unclean/ polluted/ disgusted/ dirty'). Cleaning hands with soap serves to refresh, rejuvenate, and contributes to a sense of well-being. Fear of disease and germs may also play a part in the decision to wash hands, but only a part. Full results will be posted on the website <http://www.wsp.org/english/activities/handwashing/>

The outline designs of both programs were built on the preliminary results of the consumer studies. The detailed design is an on-going process that will revisit the study data for more insight into specific issues. Ideas generated by both studies will be tested with consumers.

The programs will use state-of-the-art communication design approaches and deliver messages via mass media and direct contact

through existing public services. In Kerala, the program will target those life change events when new behaviors are most likely to be adopted such as the arrival of a new baby or vaccination. Change will also be enforced through the addition of a handwashing program to the midday meals program in primary schools. Mass media and direct contact together have additive and synergistic effects. Media will be generic with no company logos. Interestingly, industry is keen not to be seen to be associated with the handwash initiative because they expect Government sponsored health messages to be more credible in the eyes of the consumer. However, a new non-commercial 'brand' may have to be created to add coherence and recognition to the program.

Calculations for Kerala suggest that 70 percent of households will be reached 43 times a year via mass media and 35 percent of households nine times a year through the Direct Contact program. To achieve this density of contact is expensive. The initial cost estimate for Kerala is \$10million spread over three years to cover the whole state. The outline design for the communications program can be viewed at <http://www.wsp.org/english/activities/handwashing>

Key Lessons

- *Handwashing behavior is complex*
- *Measuring handwashing behavior is difficult*
- *Formative research study designs should be further simplified to provide a clearer focus, and training and supervision require substantial international inputs.*
- *Keys to behavior change are likely to be i) making people feel that they have something on their hands after defecation; ii) making it easier to wash hands by having soap to hand; iii) targeting life change events.*
- *The study results need further detailed analysis, both for the insights they offer into the design of each program and to increase the knowledge base about handwashing.*
- *To generate a behavior change, industry specialists believe that effective contact with the message in the mass media has to be made at least six times a month. Drip-drip strategies do not provide the critical mass of stimulus needed to change habits.*
- *Communications programs will be non-branded and use both mass media and direct contact.*
- *Industry involvement at the design and execution stage of the studies would have added to their value.*

Future Challenges, Conclusions

Part 5

Future challenges

One year on, the idea of the Public Private Partnership for handwashing is well and truly launched. However, as we move towards replication in other countries, challenges remain:

Single or multiple industrial partners

As a matter of principle, this Public Private Partnership is kept open to all industrial players who want to join. All key players in both large and small-scale soap production were contacted either directly or via industry associations. In Kerala, the partnership remains formally with the industry association, though we have found ourselves working mainly with just one partner, the dominant player: Unilever. Though small and cottage industry representatives are on the steering committee, their participation has been limited. Full participation is relatively more costly for small players. In Ghana, there are three industrial partners, two large and one small-scale, and individual companies and industry associations form part of the steering committee, though Unilever still plays the biggest role. It should be noted that the results of all the research will be in the public domain and smaller players

will, at least, benefit from this exercise. As Tom Clasen points out¹⁴, multiple partnerships can be difficult and complex and there are many precedents for engaging with single companies in public-private partnerships. Single partnerships might prove the most effective use of public resources. For the moment, the basic principles of transparency and openness to all partners remain non-negotiable as this initiative moves to other countries with other major industrial partners.

Overall costs

Programs designed to effect behavior change on a mass scale are likely to be expensive, requiring both mass media and direct consumer contact. Current estimates are in the order of \$0.10 per head of the population per year. However, savings in reduced health costs, and lost working days can more than compensate for this expenditure. In Kerala, the program will pay for itself after two years; in Ghana likely savings amount to twice the estimated program costs. Donor agencies may find the idea of spending many millions on handwashing surprising, and may be more amenable to phased approaches with a year-on-year incremental approach. The

private sector needs to see a business plan that can reliably change behavior in whole targeted populations in a reasonable period if they are to remain interested. Bridging these two perspectives is difficult, and compromise on the large-scale objectives may not be advisable, if the program is to produce measurable results. A further cost issue is the contribution that can be expected from industry. Industry can contribute only to the extent that they profit from increased sales of soap, improved Public Relations and new learning. Current contributions in kind of about 25 percent of total program costs may or may not represent a 'fair' contribution and negotiations continue in both Kerala and Ghana.

Human resource capacity

Recruiting the necessary personnel, both nationally and internationally, proved very difficult. People who can span industrial marketing and international public health are a rare breed. Bringing junior members of staff on board early and training them up may be one solution.

Measuring results

Measuring actual handwashing practice is a complex task, as we have discussed. We hope that the partnership with Industry will lead to innovative new means of measuring the impact of the handwash programs. The Kerala and Ghana programs will need to test a number of approaches if they are to be able to recommend the most feasible and reliable. Involving outside organizations such as CDC and WHO will add credibility to any results.

Other tasks for the Public Private Partnership

Though most work has been carried out on handwashing promotion, in the long term greater health benefits might be had through public support for R&D into soaps designed specifically for handwashing, or through engagement with governments to reduce the unit cost of soap via the tax burden on raw materials and sales tax. It remains to be seen if this would translate into a serious price reduction.

A model for sanitation?

There are parallels between soap and toilets, both are consumer goods that are largely provided for privately and both impact on environmental health. This initiative began with the objective of

promoting both but, for the sake of clarity, the sanitation aim was dropped. However, this approach has many lessons to teach about how sanitation might be marketed in future.

Research needs

Hygiene and handwashing are poorly researched. More and better quality data is needed on the impact of handwashing on diarrhoeal diseases, respiratory tract and skin infections. Better indicators of handwashing practice are required, and the learning from the two handwashing studies need to be distilled and disseminated.

Conclusions

From a good idea and a vague plan, this Public Private Partnership has found its feet and become a concrete reality in two countries in one year. This is good progress for a new health program that is to be delivered via a new paradigm. External champions who were prepared to push hard were required to get this off the ground, but it still took a long time to do the talking and to build up the trust that was needed to forge an effective partnership.

To be successful, international health programs must not only be well founded, but also come at the right time. This program exhibits a combination of:

- A novel, attractive and mould-breaking idea
- An intervention that should be highly effective, that could save many lives and that we knew is doable.
- A potential for a win-win partnership of the skills and capacities of industry, Governments and external support agencies, at a time when the idea of Public Private Partnerships are sweeping into all spheres of public policy.

After a year of exploring the practical implications of trying to do such programs, the team is even more convinced that Public Private Partnerships for Handwashing have huge potential. Agencies, Industry and Governments in many countries are clamoring to join the initiative. The idea has taken on a life of its own and is beginning to influence policy beyond our immediate programs. Teams from Industry, Governments, external support agencies and academia are finding that they have complementary roles and skills and can work surprisingly well together.

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Acronyms

AED	Academy for Educational Development	IID	Infectious Intestinal Diseases
ARI	Acute Respiratory Tract Infections	ISTMA	Indian Soap and Toiletry Manufacturers Association
BASICS	Basic Support for Institutionalising Child Survival	KRWSA	Kerala Rural Water Supply Agency
BPD	Business Partners for Development	LSHTM	London School of Hygiene and Tropical Medicine
CDD	Control of Diarrhoeal Diseases	ORS	Oral Rehydration Salts
CWSA	Community Water and Sanitation Agency (Ghana)	ORT	Oral Rehydration Therapy
DFID	UK Department for International Development	PPP	Public-Private-Partnerships
EHP	The Environmental Health Program	USAID	United States Agency for International Development
ESAs	External Support Agencies	WB	The World Bank
IFH	International Forum for the Scientific Study of Home Hygiene	WSP	Water and Sanitation Program

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