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LEARNING BRIEF

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Effectiveness of the Jengu Handwashing Facility to Increase Handwashing with Soap among Crisis-Affected Populations in Dadaab Refugee Camp, Kenya:

Findings and Recommendations

Introduction

Crisis-affected populations often have poor access to Water, Sanitation and Hygiene (WASH), increased risk of diarrheal diseases and even death. Improved hygiene practices like handwashing with soap is central to the prevention of communicable diseases. Research has shown that one of the strongest determinants of handwashing behavior is access to a desirable and conveniently located handwashing facility with soap and water present. This learning brief provides evidence

on the effect of soap and Jengu handwashing facility provision on increasing handwashing with soap behaviours as well as the acceptability, usability, durability, maintenance and sustainable use of the Jengu handwashing facility. For 36 months, APHRC collaborated with Kenya Red Cross, London School of Hygiene and Tropical Medicine and British Red Cross to conduct the study in Dadaab Refugee Camp. Located in northern Kenya, Dadaab is the fourth largest refugee settlement in the world.

Approach

The study commenced with formative research on the preferences and perceptions of handwashing with soap, and the determinants of handwashing behavior in the community. A baseline survey and structured observations were conducted in 300 randomly selected households across the camp. Of these 300 households, 150 were randomly assigned to control group, and 150 to the intervention group. Those in the intervention group received a Jengu handwashing facility a jerry can for water supply to the facility, and regular supply

of soap throughout the study period. The control group (150 households) only received soap throughout the study period (in the same quantity as the intervention arm). A follow-up survey and observations were conducted at the one-month mark and at endline (9 months post-intervention). As part of process monitoring, spot-check evaluations were also conducted to assess how the Jengu facility was being used; and to understand the acceptability, usability, durability and maintenance aspects.



Jengu unit for different users (adults and children)



Key findings

Hand washing observation- this involved monitoring and recording critical hand washing moments and practices within domestic settings

Pg2 a Changes in observed handwashing across timepoints and groups

Overall, there was a twofold increase in the number of handwashing moments with soap and water, between baseline and one month post distribution. There was an increase from 190 to 353 handwashing with soap moments in the control group, and an increase from 202 to 427 handwashing with soap moments in the intervention group. This was followed by a slight decrease between one month post distribution and endline from 427 to 347 in the intervention group, and a slight increase from 353 to 376 in the control group (Figure 1).

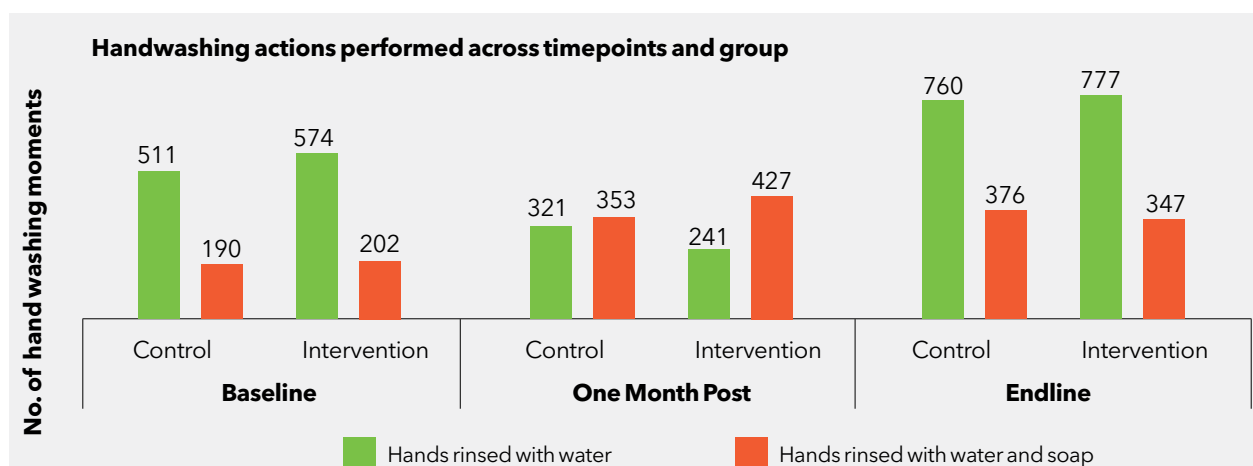
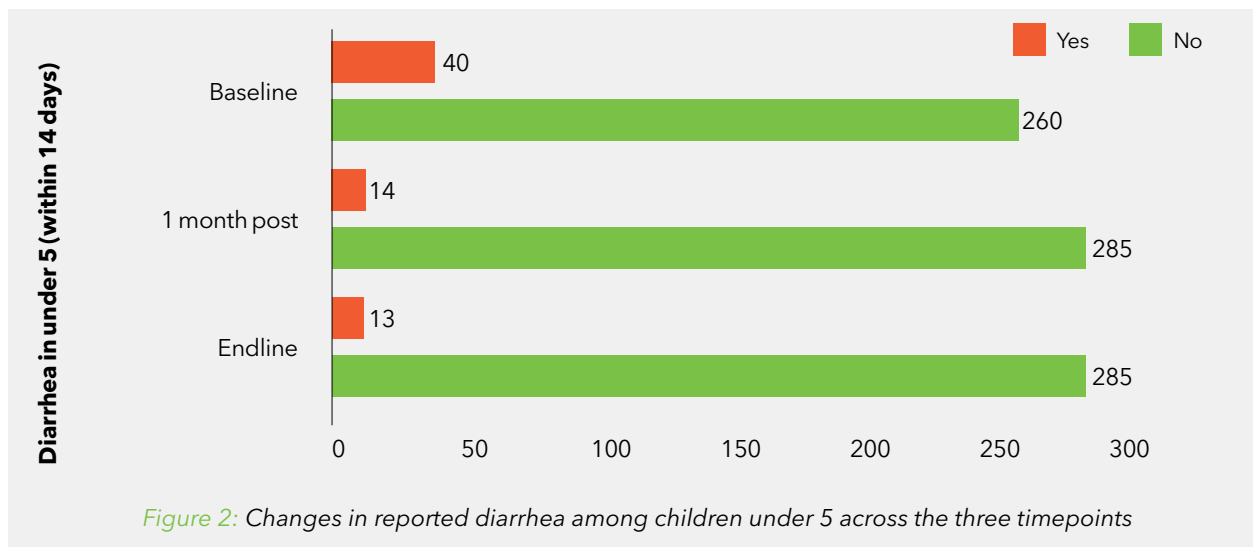


Figure 1: Handwashing moments with soap and water by timepoints and groups

b Changes in reported diarrhea

Overall, there was a steady decline in the number of diarrhea cases reported across three data points as illustrated in *Figure 2*.



c Availability of water and soap

We observed an increase in the number of households having soap available at or near the handwashing facility across the groups. Between the baseline and one month post distribution in the control group, the number changed from 4 to 45, and in the intervention group the change was 9 to 100. This was followed by a slight decrease between one month post distribution and endline. In the control this changed from 45 to 29 and in the intervention group the change was 100 to 49 (*Figure 3*)

There was a significant increase in the number of compounds observed to have handwashing water near the hand washing facility. Between baseline and one month post distribution the number increased from 4 to 47 in the control group; and in the intervention group the number increased from 11 to 112. This was followed by a slight decrease between one month post distribution and endline from 47 to 44 in the control group, and from 112 to 83 in the intervention group (*Figure 4*).

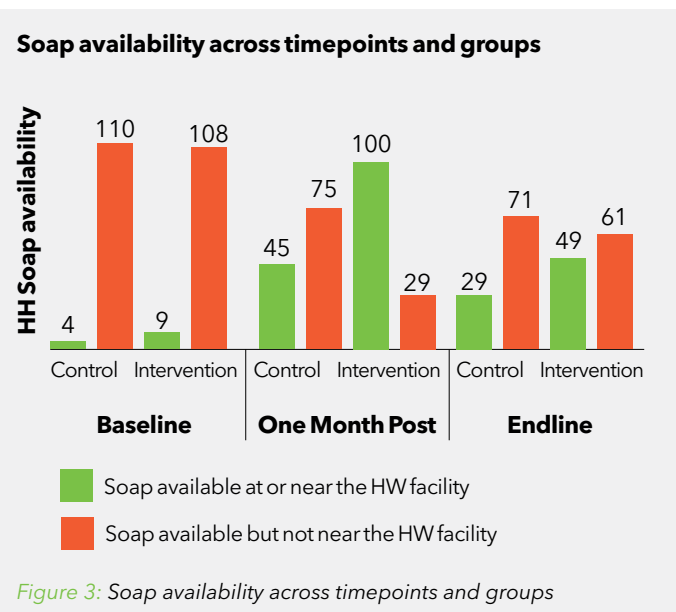


Figure 3: Soap availability across timepoints and groups

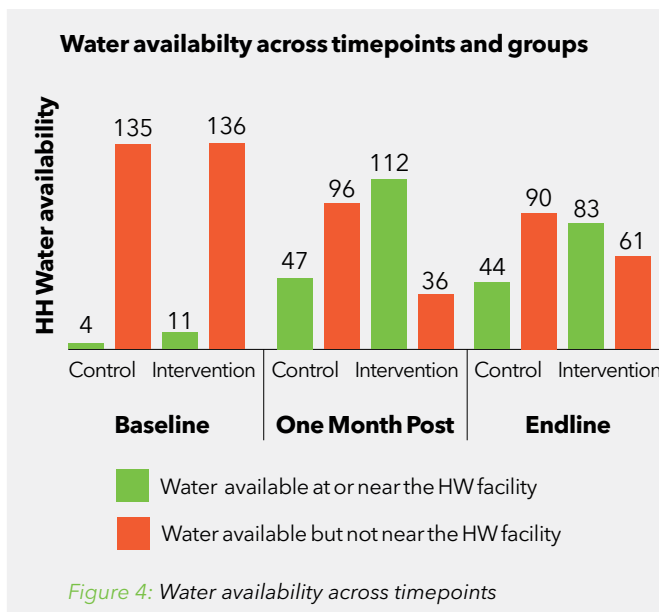


Figure 4: Water availability across timepoints

d Critical handwashing with soap and water moments

Overall, we observed a significant increase in the number of handwashing moments from baseline and endline. A majority of the observations made were after using the toilet, before eating, and before preparing food. This was consistent across the time points (*Figure 5 and 6*).

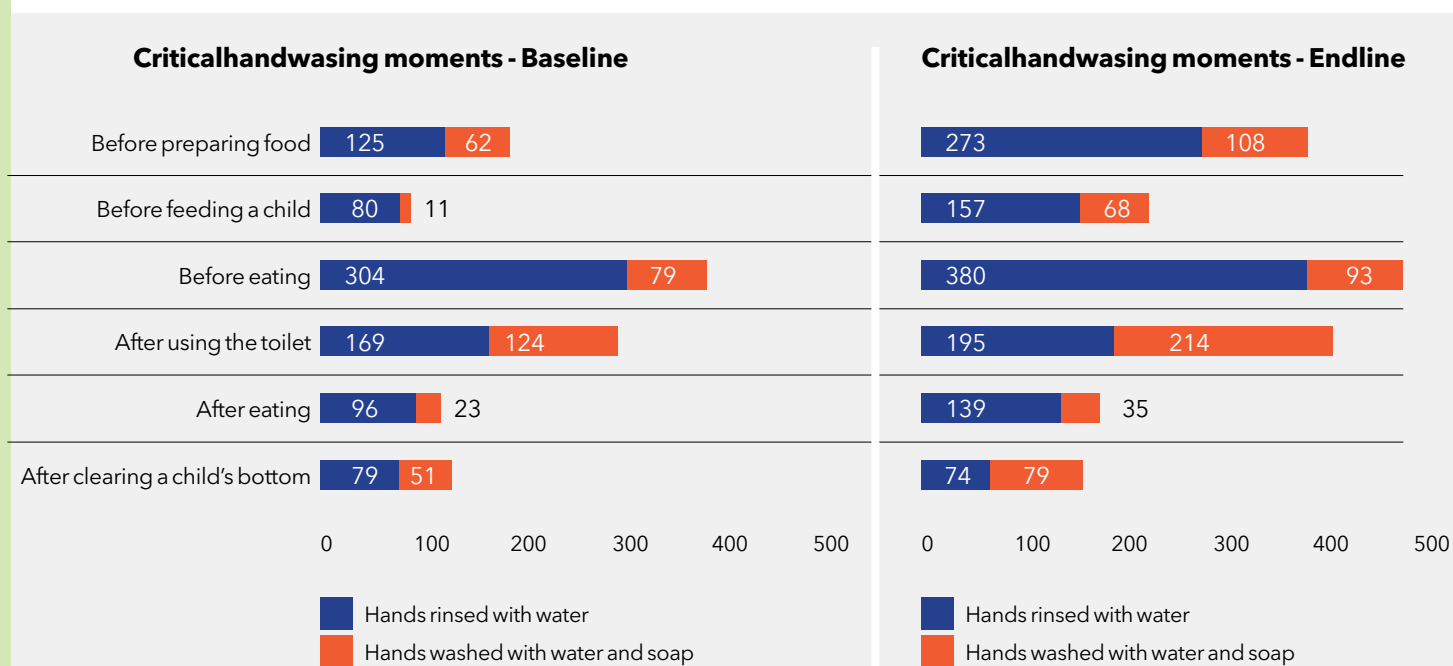


Figure 5 and 6: Critical handwashing moments across timepoints

e

Community perceptions of the soap (Eco soap) and the Jengu facility

- Over 90% of the recipients in the study expressed liking for the soap provided during the study and nearly all (99%) reported that they were willing to buy the soap if it was made available in the market.
- Overall, respondents appreciated the Jengu facility, especially the design that considered different user needs such as children and people with disability).

“I feel happy, and the handwashing facility is working. It has benefited me a lot and the children when they come from Madrasa (classes) and I am away from home. They used to eat meals without washing hands but now it is different” (IDI, Household head, Section B, Male)”

- Notably, 65 respondents had concerns about the basin used in the Jengu units as these were easily broken.

“Yes, the facility functions well except the basin, which is broken” (IDI, Household head, Section E, Male)”

- Lastly, there were concerns about usage by children- especially that the foot pump was difficult to operate.

Pg4

Lessons learned

During implementation, the study-team noted several aspects arising from the intervention:

- Provision of soap facilitated handwashing with soap practices in the long run
- The Jengu unit provided access to stationed handwashing facilities and enabled handwashing with soap.
- Local community leaders provided opportunities for community entry and monitoring of handwashing practices.

Recommendations

Key actors including the humanitarian space, and the government should consider the following to ensure increased and sustained handwashing in the Dadaab Refugee Camp:

- There is need to address the barriers that hinder sustained hand washing with water and soap in Dadaab refugee camp.
- Handwashing with soap in Dadaab could be increased and sustained if complemented with target continuous messaging and sensitization initiatives.
- Building capacity and involvement of key influencers, such as community leaders and community health promoters is important in influencing optimal hand hygiene practices in the community.

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