



Co-developing Community-Based Interventions: Lessons from a Handwashing Initiative in Low-Income Areas of Mombasa, Kenya

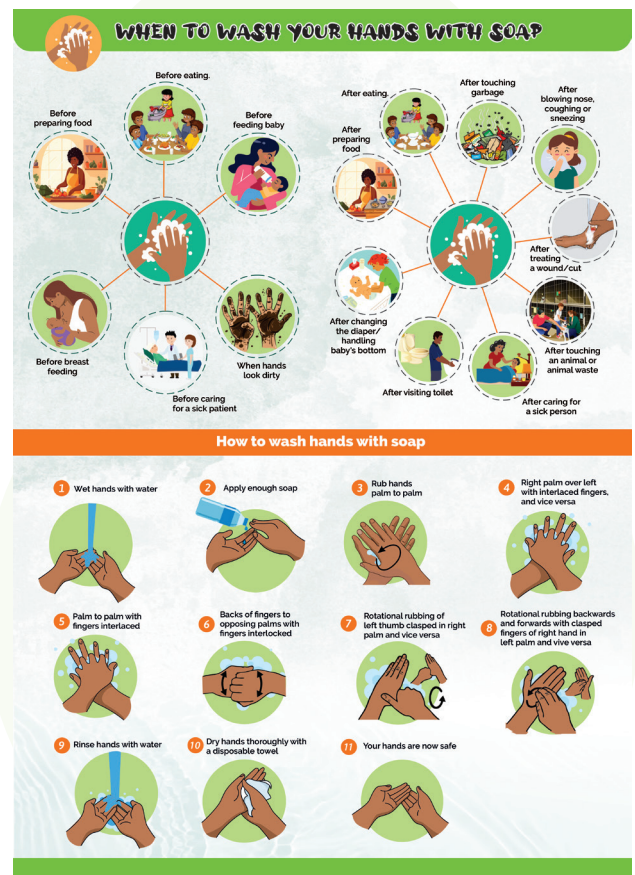
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Introduction

Handwashing with soap is an effective public health measure against the spread of infectious diseases. The practice requires the availability of water, handwashing facilities that are accessible and well designed, and soap to support handwashing with soap [1]. However, lack of knowledge, negative beliefs and practices may hinder handwashing with soap behaviour . [2]. Consequently, a successful intervention to promote handwashing with soap should be cognisant of community needs, taking into account factors that may be barriers or enablers to handwashing with soap [2-4] .

One of the objectives of our [study](#) was to develop a handwashing intervention that would potentially lead to increased handwashing with soap practices in low-income settings of Junda ward in Kisauni Sub-County, Mombasa County. Following on from earlier research and using the [Behaviour Change Wheel \(BCW\) approach](#), we identified the enablers and barriers of handwashing with soap, by understanding the capabilities, opportunities and motives of handwashing with soap behaviour [5]. The findings identified that interventions should focus on increasing knowledge of handwashing with soap, strengthening the community's ability to set up handwashing facilities at strategic locations, and leveraging the use of influential stakeholders in the community.



Educational activities were delivered to participating households through household visits, community dialogue sessions, and with the use of visual aids (such as posters) to increase knowledge and practice of handwashing with soap.

Approach and Results

The development of the intervention was conducted over a 9-month period, involving regular qualitative and quantitative data collection, as well as stakeholder engagement and education activities. The Trials of Improved Practices (TIPs) approach, which entails pilot testing of proposed interventions, provision of feedback and further refinement of the interventions was adopted [6].

This development process was not linear, but was repetitive (based on outcomes), and adopted principles of co-creation, co-design and co-production by involving relevant stakeholders. Participatory discussions were held with stakeholders throughout the process to facilitate collaborative input. Educational activities were delivered to participating households through household visits, community dialogue sessions, and with the use of visual aids (such as posters) to increase knowledge and practice of handwashing with soap. Figure 1 describes the overall development process highlighting dates for each of the activities.

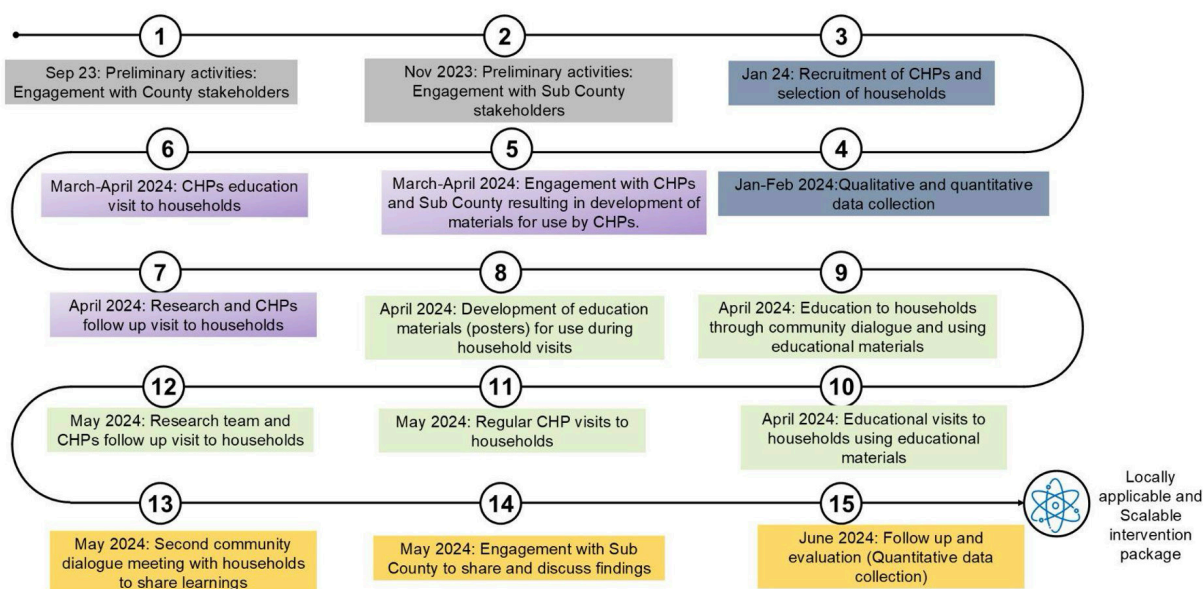


Figure 1: Overview of the intervention development process

1. Initial stakeholder engagement: September 2023

Two half-day workshops were held with stakeholders from Mombasa County and Kisauni Sub-County to identify possible interventions. The stakeholders proposed focusing on education that leads to behavior change and using resourceful individuals within the community, which were in line with the identified intervention approaches from the BCW approach.

2. Baseline assessment: January-February 2024

Community Health Promoters (CHPs) randomly selected a total of 56 households from their catchment areas. Household heads from the selected households participated in a survey and in-depth interviews focusing on the availability of water, sanitation handwashing facilities, and soap; as well as challenges in handwashing with soap practices. Findings indicated that only

10% of compounds had handwashing facilities placed at fixed and convenient locations such as next to the toilet, and only 21% reported always washing hands with soap. Households with a fixed handwashing facility and soap were more likely to practice handwashing with soap compared to households with mobile facilities.

3. Co-creation of education interventions: March-April 2024

Based on these results from the survey and in-depth interviews, engagement meetings were held with the CHPs and the Sub County team to determine how to deliver the interventions. Stakeholders noted that educational activities should prioritize setting up dedicated handwashing facilities at strategic and convenient locations within houses and in the compounds. CHPs visited the households/compounds and using an illustrative guide, encouraged participants to set up handwashing facilities that would facilitate handwashing with soap.

4. Follow up data collection activities: April 2024

Field staff and CHPs followed up to assess progress made by the households. From this follow up, close to half (49%) of the participants had either established, initiated the set-up of, or already had designated handwashing facilities at the compound level. Facilities that had been set up were mainly leaky tins and buckets with taps to facilitate handwashing with soap. Participants also appreciated the illustrative guide that had been used by the CHPs and emphasized the need to have a community meeting to extend the learning to the larger community. From this feedback from the community, posters were developed to demonstrate how and when to wash hands with soap.

5. Community dialogue and demonstrations: April 2024

A community dialogue meeting was held with participants who received practical teaching on how and when to wash hands. The meeting entailed several stakeholders from the community, Sub-County and County. The teaching was delivered through songs, practical demonstrations, and posters to illustrate when and how to wash hands.

6. Follow up household level evaluation and learning visits: May 2024

CHPs and field staff then visited the participants in their compounds to assess progress and encourage them to continue with setting up the handwashing facilities and handwashing with soap. Following this household visit, participants who had initially not set up their handwashing facilities began setting up the facilities. Participants also reported increased knowledge of handwashing with soap, improved practices, and collaboration from other compound members in the maintenance of the handwashing facilities.

“Even this child knows that they wash hands here because they see others do it” [Male Respondent HN-06-PM]

7. Community level engagement and dialogue meeting: May 2024

A second community dialogue meeting was convened with study participants and stakeholders to share learnings and progress. During this meeting, participants collectively recommended an evaluation to assess sustainability and progress of the improvements initiated in their compounds.

8. Endline follow up assessment: June 2024

An endline assessment was conducted one month later to assess if the participants continued with the handwashing practices. Findings showed that access to fixed handwashing facilities placed near the toilets increased to 77%, and reported handwashing with soap among respondents increased to 64% after the education activities.

Key lessons and take aways

a. Importance of formative research

- Formative research is essential to understanding a community's needs, as well as identifying opportunities and potential barriers that may influence the success of an intervention. Such information can be beneficial to implementers who can benefit by developing context specific interventions.

b. Types of interventions

- Formative research leads to identification of the most suitable interventions. Where inadequate knowledge is prevalent, education interventions are a critical first step. Such interventions, however, need to be tailored to each community's unique context in order to achieve meaningful change.

c. Intervention design approaches

- Effective intervention design requires a participatory approach, ensuring that feedback and insights from all stakeholders, especially community members who are the end users, are incorporated from the beginning of the development process.
- Implementers should aim to ensure that interventions result in community empowerment. When communities take the lead in their own initiatives (like in setting up handwashing facilities) they are more likely to continue with the practices.

d. Sustainability of interventions

- For long-term sustainability, education and knowledge improvement interventions should be gradually strengthened and complemented by behavioral and psychosocial approaches to encourage lasting adherence to healthy practices. Policy makers at national and Sub-national levels should, in parallel, focus on ensuring an enabling environment by providing resources and developing guidelines that support continuous improvement and adherence.

More details of the development of the intervention can be found [here](#)

References

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