KENYA - CHOICES AND PRACTICES OF HAND WASHING WITH SOAP IN THE POST-COVID-19 PERIOD IN VIWANDANI INFORMAL SETTLEMENT, NAIROBI, KENYA, Post COVID-19 Hand Washing Project

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Overview

Identification

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Version

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PRODUCTION DATE
2025-07-22

NOTES
N/A

Overview

ABSTRACT
Abstract

Background: Hand washing with soap is crucial for infection transmission prevention. However, despite its effectiveness in reducing infections, globally the proportion of individuals who comply is low at only 19%, varying between developed (48-72%) and developing countries (5-25%). In Africa, basic hand washing facility coverage is at 15%, and in Kenya, the same is estimated at 18%. During the COVID-19 pandemic, awareness and hand washing practices increased globally including Kenya. However, hand-washing adoption often declines soon after crises/pandemics. Informal settlements, such as Viwandani, are harder hit by handwashing challenges because of limitations in access to water and handwashing facilities. Moreover, these communities are more vulnerable to other non-hygiene-related infectious diseases. Data on hand washing practices is sparse more so among populations living in informal settlements. Also, there is need to identify interventions for sustained hand washing with soap in these communities.

Objectives: To explore handwashing practice among the slum population, in a post-pandemic era. Specifically, the study will 1) assess adherence to and techniques of handwashing used in main hand washing hotspots in slum residents of Viwandani, Nairobi, 2) assess perceptions, facilitators, and barriers to sustaining adherence to hand washing with soap after COVID-19 by slum residents in Viwandani, Nairobi, 3) explore the motivation and mechanism through which hand washing with soap can be sustained among some slum residents in Viwandani, Nairobi and 4) assess availability and readiness of handwashing facilities at identified hand washing hotspots in Viwandani, Nairobi.

Methods: This will be a qualitative study using direct observation, key informant interviews (KIIs), focus group discussions (FGDs), and in-depth interviews (IDIs) to collect information on adherence to and techniques of handwashing, perceptions, facilitators, and barriers to sustaining handwashing with soap, as well as the motivations and mechanisms through which handwashing with soap can be sustained including availability and readiness of handwashing facilities. The work will conclude with a consultative workshop to propose a pilot concept for sustained hand washing with soap in Viwandani.

First, the research team, with the assistance of the community advisory committee (CAC) members, familiar with the local set up will identify hot spots for handwashing. The CAC is a dedicated group that helps identify local health needs and develops ways to address those needs using community approach. The CAC is composed of members elected by respective constituent groups that they represent. The members represent government, local leaders/village leaders, the youth, women, older persons, school administrators, healthcare providers, faith-based organizations/community-based organizations/local non-governmental organizations, community health volunteers, media/education and entertainment organizations, religious groups and people living with disabilities.

Then, we will conduct covert observations at the identified hotspots across Viwandani, focusing on both handwashing facilities and their users. Each hotspot will have two observation sessions in which several individuals may be observed, one session in the morning (9:00 AM to 1:00 PM) and another in the afternoon (1:00 PM to 5:00 PM). From each observation session, we will purposively select one individual for IDI, meaning that we will conduct 2 in-depth interviews from each

observation site. In addition, we will engage CAC members in FGDs to further explore the community motivation and the mechanisms for sustained hand washing with soap. We will also gather additional insights from KIIs drawn from individuals representing facilities in the hotspot list. These will be institutional leaders or owners of these hotspots or focal persons who are well informed about hand washing with soap. Lastly, we will convene a consultative workshop bringing together representatives from the County health officials, local administration,interview participants, CAC, and representatives of the facilities within the hotspots to collaboratively propose a pilot concept for sustained hand washing with soap in Viwandani. We will conduct thematic analysis of the data.

Significance: In resource-constrained slum environments, where costly interventions like sanitation upgrades may not be feasible and the risk for transmission of infectious diseases is high, it is crucial to understand how existing resources are utilized for handwashing with soap. This project will generate insights into current practices, identifying factors that influence the use of available resources, explore motivation mechanisms and assess availability and readiness of facilities for hand washing with soap in Viwandani. The findings will inform the design or improvement of sustainable handwashing interventions, contributing to more effective disease prevention strategies.

Duration: 12 months (March 2024 to February 2025)

Budget: USD 10,000

Lay summary

Washing hands with soap is important for preventing the spread of pathogens. But not many people around the world do it regularly - only about 19%. This varies depending on where you live, with richer countries having higher rates (around 48-72%) and poorer countries having lower rates (about 5-25%). During the COVID-19 pandemic, governments including Kenyan, ran campaigns to get people to wash their hands more, and they set up lots of handwashing stations. More people started washing their hands because they feared getting sick. As a result, besides prevention of COVID-19 transmission, additional benefits were realized including reduction of diarrheal and other respiratory infections. But in the past, when there have been outbreaks of diseases, people start washing their hands more, but then they stop again soon after. A survey in Nairobi found that after six months, most of the handwashing stations were still working, and lots of people were using them properly. But a year later, fewer people were using them, and some of the stations were abandoned.

Through this study, we would like to understand how people in the slums of Viwandani in Nairobi are washing their hands after the COVID-19 pandemic. We will work with the community to come up with ways to encourage people to keep washing their hands regularly. Specifically, we will engage CAC members to identify hotspots for handwashing with soap in their community, then observe people in the identified hotspots to see how they wash their hands in places where they're supposed to. Out of those that we observe, we will pick out some and talk to them to find out what they think about washing their hands with soap and what makes it hard for them to keep doing it, as well as what motivates some people to keep washing their hands and how we can help others do the same. Additionally, we will hold discussions with the CAC team that did the hotspot mapping to gather more information on the community perspective of hand washing with soap. We will also talk to key informants to gather further insights. Finally, we will hold a workshop to bring together representatives from the County health officials, local administration, interview participants, the CAC, and representatives from the facilities in the hotspot list. They will collaboratively propose a pilot concept for Viwandani community that can encourage regular hand washing with soap. We will analyze the data to find common themes and insights.

This study appreciates that in poor areas like slums, it's not easy to do big things like upgrade sanitation systems. So, it's important to focus on simple things like washing hands with soap, which can help stop diseases from spreading. But even though washing hands is cheap and effective, not many people keep doing it regularly. This study will help us understand why and propose ways to fix it, as suggested by the community itself.

The study will last for 12 months, from March 2024 to February 2025.

The budget for the study is $10,000.

UNITS OF ANALYSIS

The study observed handwashing practices, conditions of handwashing facilities, their availability and readiness in Viwandani after COVID-19. The study also assessed individual, institutional and administrative perceptions, facilitators and barriers to sustaining adherence to handwashing with soap as well as motivations and mechanisms through whuch handwashing with soap can be sustained among residents in Viwandani after COVID-19.

Scope

NOTES

Adherence to and techniques of handwashing used in handwashing hotspots

Availability and readiness of handwashing facilitie

Perceptions, facilitators and barriers to sustaining adherence to handwashing with soap after COVID-19

Motivation and mechanism through which handwashing with soap can be sustained

Coverage

GEOGRAPHIC COVERAGE

County coverage, Urabn informal settlement, Nairobi county (Viwandani informal settlement)

UNIVERSE

The study focuses residents residint within Viwandani, leaders of institutions identified during the hotspot mapping, health professionals and local administrative leaders.

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
Maurine Ng'oda, MPH	African Population and Health Research Center (APHRC)

OTHER PRODUCER(S)

Name	Affiliation	Role
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FUNDING

Name	Abbreviation	Role
African Population and Health Research Center	APHRC	Funder (Pipeline Idea)

OTHER ACKNOWLEDGEMENTS

Name	Affiliation	Role
Joshua Eliud	African Population and Health Research Center	Qualitative Team Leader/Data Documentataion Specialist
Collins Omenda	African Population and Health Research Center	Research Officer
Bonface Ingumba	African Population and Health Research Center	Data Governance Officer

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
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Sampling

Sampling Procedure

A purposive sampling strategy was employed to recruit participants for hotspot mapping, in-depth interviews (IDIs), focus group discussions (FGDs), and key informant interviews (KIIs). This method was appropriate as it allowed deliberate selection of individuals and groups with relevant knowledge and experiences critical to the study objectives.

Deviations from Sample Design

We intended conduct 600 covert observations, 50 in-depth interviews (IDIs), 10-15 key informant interviews (KIIs), and 2 focus group discussions (FGDs). We managed to complete 596 covert bservations, 42 IDIs, 11 KIIs and both FGDs. This deviation from th indeded sample size was due to low traffic in some of the handwashing stations and refusal to participate in the study.To mitigate this, we did replacement for the refusals.

Response Rate

We intended conduct 600 covert observations and completed 596 bringing the completion rate to 99%
We intedned to conduct 50 in-depth interviews (IDIs) but coompleted 42 bringing the reposne rate to 84%
We planned for 10-15 key informant interviews (KIIs) and completed 11 bringing the reposne rate to 100%
We intended to conduct 2 focus group discussions FGDs and both were done bringing the reposne rate to 100%

Weighting

None

Questionnaires

Overview

We collected qualitative data through observations, in-depth interviews (IDIs), key informant interviews (KIIs), and focus group discussions (FGDs).
The questionnaires were developed in English and later translated to Kiswahili to ensure inclusivity and comprehension.

Data Collection

Data Collection Dates

Start	End	Cycle
2025-02-10	2025-03-06	N/A

Data Collection Mode

Face-to-face [f2f]

Questionnaires

We collected qualitative data through observations, in-depth interviews (IDIs), key informant interviews (KIIs), and focus group discussions (FGDs).
The questionnaires were developed in English and later translated to Kiswahili to ensure inclusivity and comprehension.

Supervision

The field team consisted on 7 members; 5 recruited as field interviewers and 2 being part the core project team.
The field team was led by a field supervisor who oversaw overall field activities and made sure all logistics necessary for data collection and field work were available.
The field team stayed in contact with the PI and regularly shared feedack on the progress on a daily basis.

Data Processing

Data Editing

The observation were done manually on print paper and later digitized on excell.
The IDIs, KIIs and FGDs were audio recorded and the recordings later uploaded on the shared.
The recordings were transcribed and uploaded to the shared drive

Other Processing

The trascripts were cleaned to ensure anonymization and rid personal identifiers
The deigitized observation data were further cleaned on excel before analysis to ensure data accuracy and uniformity

Data Appraisal

Estimates of Sampling Error

N/A

File Description

Variable List

Documentation

Questionnaires

4a_ KII Guide.docx

Title	4a_ KII Guide.docx
Author(s)	African Population and Health Research Center
Date	08/10/2025
Country	Kenya
Language	ENGLISH
Contributor(s)	Maurine Ng’oda, MPH
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Filename	4a_ KII Guide.docx

3b_FGD Guide_Kiswahili.docx

Title	3b_FGD Guide_Kiswahili.docx
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Contributor(s)	Maurine Ng’oda, MPH
Publisher(s)	African Population and Health Research Center (APHRC)
Filename	3b_FGD Guide_Kiswahili.docx

2a_IDI Guide_English.docx

Title	2a_IDI Guide_English.docx
Author(s)	African Population and Health Research Center
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Other materials

1a_Observation Checklist_English.docx

Title	1a_Observation Checklist_English.docx
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