

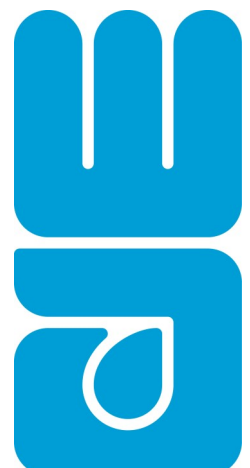
Rapid Research on Handwashing Promotion during COVID-19 Pandemic in Nepal

July, 2020



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MiTRA
Samaj



WaterAid

Disclaimer

This report is produced as part of the *Rapid Research on Handwashing Promotion during COVID-19 Pandemic in Nepal* conducted by MITRA Samaj under the aegis of WaterAid Nepal. The contents presented in this report are the findings MITRA Samaj obtained from the rapid assessment, and do not necessarily reflect the views of WaterAid Nepal.

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Foreword

Handwashing with soap and water is one of the critical behaviours to reduce the risks of transmission of coronavirus. Hand hygiene has always been an essential component of WaterAid's hygiene behaviour change. The pandemic has triggered renewed global attention on regular handwashing — both at home and in public places.

Handwashing with soap and water is being promoted on a huge scale through mass/social media campaigns and other channels; and several actors have rapidly supported installation of handwashing facilities, and next steps are to invest in ensuring these facilities are sustainably managed. There is also lack of real-time information on how messages are received and understood by different groups, what factors may be driving behaviour change, and what barriers may prevent people from adopting good hand hygiene.

This information is critical as the efficacy and sustainability of good hand hygiene will have a major impact on how well the first wave of the pandemic is contained and the resilience in preparing for future waves of this pandemic (and other WASH related communicable diseases). WaterAid wants to use the current momentum in handwashing with soap and water and increase in facilities to promote long term behaviour change, advocate for adequate policies and programmes that enable access to critical WASH facilities such as handwashing stations with water and soap, so that routine handwashing at home and away becomes a social norm.

In this foreground, WaterAid Nepal as part of a study in 4 countries in South Asia commissioned MITRA Samaj to conduct a rapid assessment to generate information on how poor, marginalised and vulnerable groups are receiving and understanding the messages on handwashing and what factors and barriers are driving behaviour change and preventing good hand hygiene respectively. WaterAid aims to use the research findings to inform, guide and adapt hygiene promotion interventions (both within WaterAid and the sector) as part of the COVID-19 response.

We believe the findings of this study have the potential to aid response efforts in the COVID-19 pandemic. To ensure the greatest impact of the research, we have tried our best to share this report with those involved in response efforts in addition to research participants, affected populations, and the global community.

I would like to thank Govind Shrestha, WaterAid Nepal's Policy Specialist for leading the study in Nepal, Sandhya Chaulagain, Policy Officer for her support in coordination, Pramita Maharjan and Mahesh Dhungana for the local facilitation support, the South Asia Regional Team for their technical inputs, and the Mitra Samaj team for their agility and fortitude in conducting the assessment even in challenging times of the pandemic and subsequent lockdown period. We hope the study will provide insights to help WASH practitioners and policy makers to shape programmes and policies that adequately ensure access to sustainable handwashing facilities that enable long term behaviour change.

Tripti Rai
Country Director
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We would like to extend our weightiest thanks to Country Director of WaterAid Nepal Ms Tripti Rai for entrusting us to conduct the assessment. Her confidence upon us has inspired our team to give the best effort and yield desired output in a short period of time.

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Last but not the least, we are in debt with all the respondents who dedicated their valuable time in sharing the information sought by the study



Mr Vivek Singh Thakuri
Executive Director
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Acronyms and Abbreviations

COVID-19	:	Coronavirus Disease
CRBT	:	Caller Ring Back Tone
CSO	:	Civil Society Organisation
CSPPro	:	Census and Survey Processing System
FCHV	:	Female Community Health Volunteer
HWS	:	Handwashing with soap and water
IEC	:	Information, Education and Communication
MITRA	:	Measures for Intervention Training Research and Action
MoHP	:	Ministry of Health and Population
NGO	:	Non-Government Organisation
NT	:	Nepal Telecom
OBD	:	Outbound dialling
SEE	:	Secondary Education Examination
SLC	:	School Leaving Certificate
WAN	:	WaterAid Nepal

Executive Summary



Handwashing with soap and water is one of the critical behaviours being promoted since very long for the wellbeing of lives. But ever since the COVID-19 pandemic began, it has been promoted on a huge scale by not only government agencies and non-government organisations, but also by private sectors and others. However, there is a lack of real-time information on how messages are received and understood by poor and marginalised people. In this foreground, WaterAid Nepal commissioned MITRA Samaj to conduct a rapid assessment to generate information on how poor, marginalised and vulnerable groups are receiving and understanding the messages on handwashing and what factors and barriers are driving behaviour change and preventing good hand hygiene respectively. This report is the final output of the assessment and present significant findings under various research questions.

Population of this study are general people and Dalits from Lahan municipality, people of Thami community from Kalinchowk Rural Municipality, hard-to-reach population from Sailung Rural Municipality, slum dwellers from Kathmandu valley and people with disabilities possibly from anywhere across Nepal.

The study adopted mixed sampling technique i.e. a random sampling to draw a sample of 130 general population of Lahan municipality, and purposive sampling to select a sample size of 50 in each category for other population. Thus, a total of 380 individuals were interviewed and 378 were included in the study. Landline phones were randomly selected to interview general population of Lahan Municipality, whereas mobile phones were obtained to interview the respondents of other categories. A total of eight key informants were interviewed, and they represented individuals holding leadership positions in local governments, civil society organisations representing the specific populations, representatives of WAN's project implementing partners, and Female Community Health Volunteer (FCHVs).

Key findings

99% population received messages on handwashing with soap and water from family/friend/neighbour, mobile phones, TV, and radio

Out of the total respondents (n=380), 99% have either heard or seen the messages about handwashing with soap and water in the last 15 days before the day of interview. The sources of information were [Caller Ring Back Tone] (97%), family/friend/neighbour (94%), radio/FM

(99%) and television (87%). Among the marginalised population, 76% slum dwellers received messages from radio, and 70% dalits and 74% people of Thami community received messages from TV. Two respondents who didn't hear or see the messages were Terai Dalits.

Door-to-door campaigns and radio [contents in local languages] can be effective mediums to reach left-out population

Key informants believed that door-to-door campaigns can be effective medium to raise awareness on handwashing with soap and water among left out population. They opined that if knowledgeable persons like FCHVs conduct door-to-door campaigns, people would not only receive correct information but "would also see proper ways of washing hands with soap and water right in front of their eyes". Besides, key informants also consider radio as the effective medium in disseminating information far and wide; its availability and usability being the major reasons.

Most people have clearly understood the messages on handwashing with soap and water

Among those who have either heard or seen the messages on handwashing with soap and water (n=378), 96% have clearly understood the messages, while 4% (n=15) reported that the messages were "unclear/confusing or partly clear". The "use of too many different messages", "writings being too small and unclear" and "the pictures being not easy to understand" are some reasons behind it.

Besides, four respondents are unable to read and write.

Most people realised the importance of handwashing with soap and water in this COVID-19 pandemic

Of the total respondents (n=378), 96% said they should wash hands with soap and water, and 84% believed that handwashing with soap and water is important to protect oneself from coronavirus while 16% respondents shared that it is important to maintain cleanliness and personal hygiene. While 74 respondents didn't pinpoint that they should wash their hands with soap for at least 20 seconds, 57 respondents didn't share they should "rub their both hands" while handwashing with soap and water.

Key informants also opined that the community people know that they should wash hands with soap and water, but they, however, also believe that not everyone in the community knows the proper processes of washing hands with soap and water.

97% changed their hand washing behaviours at home after exposure to messages on handwashing with soap and water

Of the total respondents (n=378), 97% people changed their handwashing behaviours at home. Key informants are also of the opinion that people have started washing their hands with soap and water more frequently than before and properly for 20 seconds.

Knowledge on washing hands with soap and water to prevent transmission of COVID-19 is low comparatively to other practices

While 99% respondents believe that they should wash their hands with soap and water before eating, 92% respondents believe they should do so after using toilet. Similarly, 65% respondents believe they should wash their hands with soap upon returning home from outside while 54% respondents believe to do so before cooking. However, knowledge on washing hands with soap and water to prevent transmission of COVID-19 is comparatively low; meaning, percentage of respondents believing that they should wash their hands with soap after coming into physical contact with a person is 38%, followed by after touching a surface touched by another person (23%), after sneezing or coughing (14%) and before/after looking after someone who is ill (8%).

Not everyone is properly washing their hands with soap and water for 20 seconds

Of the total respondents (n=378), 66% (n=22) respondents are not washing their hands with soap and water for at least 20 seconds, especially because they are being less concerned and less motivated. Key informants say, most people “just wet their hands and rinse it quickly without applying soap and rubbing hands for at least 20 seconds” because they “are less concerned” and “less motivated”.

Unaffordability and unavailability of soap and water are discouraging handwashing behaviours at home to a few

Among 17% (n=63) respondents who stated that various factors are affecting their handwashing with soap and water behaviours at home, 62% said “soaps are expensive”, 60% said “soaps are not available”, 17% said “water is not available” and 11% said “water is expensive”. Out of them, slum dwellers (n=12), Terai Dalits (n=13) and people from Thami community (n=20) faced barriers to handwashing with soap and water at home. Soaps are expensive for Thami communities (n=12), Terai Dalits (n=10) and Slum Dwellers (n=8). Unavailability of soap is an issue for Thami (n=20) and people from hard to reach community (n=7), and unavailability of water is an issue for slum dwellers (n=6). On the other hand, only 4 out of 50 Terai Dalits and 4 out of 50 people living in slum areas have access to “piped water supply with tap”.

Unavailability, non-functionality, inaccessibility and difficulty in use of hygiene materials—compounded by the facilities being unhygienic—are factors affecting handwashing behaviours in public places for a few

Even after seeing or hearing messages on handwashing with soap and water, 3% (n=13) respondents haven't changed their handwashing behaviour at home, 10% (n=37) in public places and 5% (n=17) at institutions/healthcare facilities.

Ninety four respondents (25%) stated that

there are factors outside homes that affect their handwashing with soap behaviours.

Barriers in handwashing with soap outside homes are in marketplaces (65%), public toilets (57%) and public water points (50%) as such points.

Of these 94 respondents, 65% people face barriers in handwashing with soap and water in the market, followed by communal/public toilets (57%), public water points (50%), public transport (22%), healthcare facilities (17%), and schools (12%). The main reasons are: no device for washing hands (71%), followed by water is not available (43%), soaps are not available (39%), handwashing device is broken (29%), handwashing device is unclean (25%), handwashing device is difficult to access (15%), and handwashing device is difficult to use (15%), among others.

Key informants opined that people with disabilities do not feel comfortable to wash their hands whenever they feel they should especially when their caretakers become irritant in repeatedly supporting them in washing their hands.

Fear - a key motivational factor for most to adopt handwashing behaviour

Among 367 respondents who changed their handwashing behaviours, 99% did so to protect themselves from COVID-19 while 59% respondents did so for desiring to maintain cleanliness and 47% “to protect family and loved ones”.

Recommendations

Federal/Provincial Governments

- Promote handwashing with soap and water not only as the best measure to prevent the transmission of coronavirus but all other diseases as well which can be fatal when neglected.
- Ensure consistent messaging from different sources to avoid confusion.
- Ensure enough financing for WASH and dedicated standalone program and budget for hygiene

Local level governments

- Ensure accessible and functional handwashing facilities in institutions and public places for everyone, including people with disabilities. Focus on operation and maintenance, including availability of water and soap, and regular cleaning of the facilities
- Impart information on handwashing with soap and water among community people, and mobilise FCHVs to conduct door-to-door campaigns to demonstrate hand washing techniques all while practising physical distancing as the lockdown has now been lifted.
- Promote and ensure the availability of low-cost alternatives at home for ensuring accessibility of handwashing facilities among all.
- Ensure enough financing for WASH.

CSOs/Research and Learning Organizations/Media

- Disseminate messages on handwashing with soap and water via local radio bands, especially in local languages.
- Emphasise creative ways to promote hygiene behaviours, and encourage BCD approach to motivate behaviour change
- Give more stress on proper techniques of handwashing with soap and water while imparting information.
- Disseminate more information on the importance and key times for handwashing to prevent transmission of COVID-19, such as after coming into physical contact with a person, after touching a surface touched by another person, after sneezing or coughing and before/after looking after someone who is ill.
- Value the importance of accessible communications while disseminating messages

Chapter 1: Introduction



*This chapter explains the background of the study, its objectives and scope.
This chapter focuses on the questions the rapid assessment has answered.*

1.1. Background

COVID-19, short for coronavirus disease, is an illness that was first identified in Wuhan, China in late December. After its initial outbreak, it has spread across the world, including in Nepal. At the time of finalising this report (August 6, 2020), had spread to 213 countries and infected more than 18,354,342 confirmed cases of COVID-19, including 696,147 deaths (WHO, 2020). In South Asia, India had reported the highest number of infections i.e. 595,501 confirmed cases with 40,699 deaths (Ministry of Health and Family Welfare, 2020), Pakistan had reported 278,657 confirmed cases with 6,035 deaths (Ministry of National Health Services Regulations and Coordination, 2020), Bangladesh had reported 249,651 confirmed cases with 3,306 deaths (Ministry of Health and Family Welfare, 2020), and Nepal had reported 21,750 cases with 64 deaths (MoHP, 2020).

Ever since the outbreak of the novel disease, handwashing with soap and water has become one of the critical behaviours being promoted to reduce the risk of transmission of coronavirus

around the world. Almost all the ministries, government departments, local governments, non-government organisations, private sectors, media organisations, other types of CSOs around the world are utilising every form of channels and platforms to promote handwashing with soap and water as primary way of preventing the spread of coronavirus.

Not only this, the Ministry of Health and Population (MoHP) has also been webcasting the daily COVID-19 updates from its official website and social networking sites and has been promoting handwashing with soap and water. Similarly, Nepal Telecom, the government-run telecommunication company, changed its usual Caller Ring Back Tone (CRBT) with a message about the COVID-19's symptoms and certain precautions—including handwashing with soap and water—that everyone can adopt in this situation. Nepal Telecom started this service from the afternoon of March 19, five days before the lockdown started, and is still in practice. Just like the NT, another leading telecommunication service provider of the country, Ncell, has also started spreading awareness via

CRBT, text messages, engagement promos, and outbound dialling (OBD) calls (Khabar, 2020).

Alongside promoting the role of handwashing in preventing oneself from diseases, many organisations have installed different types of handwashing stations in different places. To be specific, WaterAid Nepal installed **140** handwashing stations in different market places, bus stops, nearby temples, hospitals, waste transfer stations, holding centres, port of entries, isolation centres, quarantine centres and public offices of Kathmandu valley and Siraha, Jhapa, Mahottari, Parsha, Tanahu, Solukhumbhu, Kaski and Makwanpur districts.

When the information about handwashing has been imparted from every possible platforms, there is a lack of real-time information on how messages are received and understood by different groups, what factors may be driving behaviour change, and what barriers may prevent good hand hygiene being adopted in different contexts. Thus, *Rapid Research on Handwashing Promotion during COVID-19 Pandemic in Nepal* was conducted in May 2020.

Handwashing with Soap and Water

There is a simple and entirely sustainable way to improve the health and dignity of millions: handwashing with soap and water is one of the most cost-effective public health interventions in reducing the burden of global infectious diseases (D., 2006).

Handwashing with soap and water (HWS) has been linked to:

- 16-23% reduction in risk of acute respiratory infection (Curtis, 2006)
- 50% reduction in pneumonia (Agboatwalla, 2005)
- Substantial reduction in neonatal infections (Darmstadt G, 2005)
- Up to 48% reduction in risk of endemic diarrhoea (Curtis V, 2008)

The handwashing behaviour among general population, especially marginalised and hard to reach population, perceived to analyse in this assessment includes running both hands together vigorously using soap and water until a soapy lather appears, and continue it for at least 20 seconds—"as long as it takes to sing happy birthday twice". The step further includes making sure to cover palm to palm, back of hands, in between the fingers, back of the fingers, the thumbs, and the tops of the fingers.

1.2. Objectives of the assessment

The objective of the rapid assessment is to understand how poor, marginalised and vulnerable groups are receiving and understanding the messages on handwashing and what factors and barriers are driving behaviour change and preventing good hygiene respectively. This assessment seeks to answer the questions tabulated in Table 1.

Table 1: Research questions the assessment seeks to answer

Communication channels	Content analysis	Motivation	Barriers
Have people received messages relating to handwashing practice (since the COVID-19 pandemic began) and if so from where?	How are these messages understood? Insights into the authenticity, relevance, usefulness and contextualisation of the content for different target audiences.	What factors may have caused people to change their hand hygiene?	What is the current practice in different socioeconomic situation? What factors limit people's ability to adopt good hand hygiene at home, institutions and in public places ¹ ?

1.3. Scope of the study

The rapid assessment is being conducted in Bangladesh, India, Nepal, and Pakistan. However, the methodology adopted by the countries are different from one another considering the diverse government structure, size of population, devolution of powers/ services and facilities, etc.

Chapter 2: Methodology



This chapter describes the methodology of the rapid assessment, which includes sampling design, respondents' nature/background, data collection tools and methods/process and data analysis. It further includes the validity and reliability of sampling frame and study tools along with the ethical considerations adopted for the rapid assessment.

2.1. Study Areas

The areas selected for this rapid assessment fall within specific areas of different districts: Siraha, Dolakha, and Kathmandu. While Lahan is the specific municipality selected from Siraha district, Sailung rural municipality and Kalinchowk rural municipality are specific areas selected from Dolakha district. On the other hand, other respondents of specific category are not from any specific geographic locations.

The study areas were purposively selected to include the target population of WaterAid's projects. In addition, some specific category of population were also selected to marginalised population but were not specific to WAN's working areas.

2.2. Study Population

The study population of this rapid assessment is mixed in nature. From Lahan municipality of Siraha district, general population living in the municipality and the terai dalits were included. Besides, people of thami community living in Kalinchok rural municipality and hard to reach population of Sailung rural municipality of Dolakha district were also included in the study (Table 2).

Table 2: Study Population and Areas

S.N.	Population	Areas	District
1.	General Population	Lahan	Siraha
2.	Terai Dalits		
3.	People of Thami Community	Kalinchok	Dolakha
4.	Hard to reach population	Sailung	
5.	Slum dwellers	-	Kathmandu valley (Kathmandu, Bhaktapur and Lalitpur)
6.	People with disabilities	Various districts across Nepal	



When slum dwellers are concerned, no control over their dwelling areas were taken into consideration. Thus, slum dwellers living in three districts of Kathmandu valley (Kathmandu, Lalitpur and Bhaktapur) were included in the study. Similarly, the people with disabilities interviewed in the study were from different districts of Nepal—no specific geographic locations were selected (Table 2).

In addition to collecting the quantitative data, the study also obtained qualitative information. For this, a total of eight individuals were interviewed. They included leaders and influential figures of selected community and/or civil society organisations working for the welfare of the study population.

2.3. Sampling Design

This study involved different natures of respondents living in above-mentioned areas of different districts which were categorised into different strata i.e. general population, terai dalits, thami community, hard-to-reach population, slum dwellers, and people with disabilities. A total of 380 samples were included in the study and were

categorised as mentioned in Table 4.

A mixed sampling technique was adopted for this study to ensure the representation of general population and specific population of specific areas and districts which were selected to ensure the representation of WAN's working geographical areas.

A random sampling method was adopted to select the general population dwelling in Lahan municipality of Siraha district. In the first stage, Lahan municipality of Siraha district was selected for it being the working area of WAN. Then the list of all landline phone numbers issued to the general population dwelling in the municipality was obtained from Nepal Telecom which could be easily differentiated from other landline phone numbers on the basis of the district code: 033. A total of 2,106 landline phone numbers were obtained from NT.

A total of 140 landline phone numbers were randomly selected² which served as the sampling frame for the study of general population. However, only 42

² *The response rate in telephone interviews is very low.*



samples responded to the telephone calls resulting in only 28.6 percent response rate (Table 3).

Table 3: First stage sample and the response rate

Sampling Frame number	Samples Responded	Response Rate
140	42	28.6%

As the response rate resulted very poor (28.6%), resampling was done and a sampling frame consisting of 350 replaced samples were drawn. All the samples (landline phone numbers) were dialled to interview the respondents. As a result, only 130 samples responded and were included in the study—30 samples more than the intended samples in the design phase. Any knowledgeable person of the sample (responding to the phone call) was interviewed for the study (Table 4).

Table 4: Sample Size of the study

S.N.	Population	Area	District	Size
1.	General Population	Lahan municipality	Siraha	130
2.	Terai Dalits			50
3.	Thami Community	Kalinchowk rural municipa- pality	Dolakha	50
4.	Hard to reach population	Sailung rural municipality		50
5.	Slum dwellers	Kathmandu Valley		50
6.	People with disabilities	No area and district specific		50
	Total			380

Purposive sampling method was adopted to identify the phone numbers of the individuals (probable respondents) of other categories. WAN and its project implementing partners were consulted to obtain the phone numbers of terai dalits in Lahan (Siraha), Thami community in Kalinchowk rural municipality (Dolakha) and hard-to-reach population in Sailung rural municipality (Dolakha).

On the other hand, Ms Bhagavati Adhikari, Executive Director of Nepal Mahila Ekata

Samaj (an NGO working for the welfare of slum dwellers) was consulted and a list of mobile numbers of slum dwellers were obtained. Likewise, President of National Indigenous Disabled Women Association Nepal Ms Pratima Gurung was consulted and a list of mobile numbers of people with disabilities were obtained. The list provided by the consultees served as the sampling frame, and 50 respondents from each category was purposively selected. The male and female respondents were selected to maintain gender balance. A total of 250 respondents were selected in this manner (Table 4).

In addition to this, MITRA Samaj interviewed eight key informants who mainly included the leaders or influential figures of the population of the study. Others also included: Female Community Health Volunteer in Sailung, leadership of local governments and representatives of WAN's project implementing district partners (Table 5).

Table 5: Sample for Key Informant Interviews

S.N	Respondent	Siraha	Dolakha	Kathmandu	Grand Total
1.	Leader of Slum group		-	1	8
2.	Leader of association of PWD	-	-	1	
3.	Leader of Dalit Association	1	-	-	
4.	Leader of a group of Thami community	-	1	-	
5.	Female Community Health Volunteer-Sailung	-	1	-	
6.	Local Government (Gaunpalika Chairperson)-Kalinchowk	-	1	-	
7.	NGO Partner (Lahan and Dolakha)	1	1	-	

*PWD=People with Disabilities

In addition, two short case studies/stories were obtained.

2.4. Validity and Reliability of the tool

As this study was conducted simultaneously in Bangladesh, India, Nepal and Pakistan, MITRA Samaj borrowed the study tools developed by WaterAid Regional Team. However, the tool was revised and readjusted to include country-specific context and indicators. The tool was pre-tested among 30 respondents dwelling around Bhaktapur district and necessary adjustments were made, which included adding questions, adjusting the flow of questions, etc.

To increase the reliability of the tool, MITRA Samaj developed a CSPro-based data entry software compatible to Android tablets. The software contained structure flow and skips, single and multiple responses, range checks, and others. The use of data entry software enabled receiving data on real time which also lessened the chances of errors.

2.5. Data Collection

The quantitative data collection started from May 15, 2020 and ended on May 20, 2020. The qualitative data collection ended on May 24, 2020.

Referring to the sampled telephone numbers issued to the people dwelling in Lahan municipality of Siraha district, the research assistants made phone calls to interview the respondents. Once the telephone calls were received, the research assistant explained objectives and details of the study to the phone call receiver. Then the research assistant

asked the phone call receiver to hand over the phone call to any knowledgeable person in the household. Once the knowledgeable person was on the phone, the data collection began after obtaining informed consent.

In case of purposively selected respondents of other categories, interviews were conducted with the phone call receiver after explaining the study objectives and obtaining informed consent.

2.6. Data Quality Assurance

To ensure the quality of data, MITRA Samaj pre-tested the tools and adjusted to improve the study tools as mentioned above. In addition, the use of CSPro-based data entry software containing pre-structured control maximised the quality of data. Besides this, MITRA Samaj recruited professional research assistants who have prior experience, knowledge and qualifications in similar kinds of research/rapid assessments. The research assistants were recruited from the roster of research professionals maintained at MITRA Samaj.

On May 14, 2020, a virtual training session was organised on Zoom³, a video telephony and online chat services through a cloud-based peer-to-peer software platform which is used for teleconferencing, telecommuting,

³The Government of Nepal had imposed the nationwide lockdown to prevent the spread of COVID-19, and holding the training on Zoom was the best option.



distance education, and social relations. The orientation was led by Data Quality Assurance Manager and Field Manager. The sessions on sampling was led by the Principal Investigator while the technical aspects associated with handwashing and WASH in overall was led by experts from WAN on May 14, 2020. The training and orientation provided the research assistants with knowledge not only in study methodology but also an in-depth understanding about WASH in general.

A frequent supervision methodology was also adopted to assure the quality of data. The real time collection of data also offered an opportunity for real time data quality checking mechanism. The Field Manager and Data Quality Assurance Manager regularly—day to day—collected the data entered by the research assistants to check the data quality. In case of ambiguity, the research assistants were re-assigned to interview the respondents and clarify the ambiguity.

2.7. Ethical consideration

Various ethical values were considered during the study especially because it was conducted at the time of COVID-19 pandemic.

Since there might be chances of the respondents being panic-stricken during the outbreak, the data collection was undertaken in a manner that the

respondents were not caused harm of any nature. They were told about their freedom of leaving the interview at any time. The objectives and the methods of the study was first described with the respondents and the informed consent was obtained. The respondents were also informed that their identity will be confidential in all research aspects, including reporting.

After completing the data collection activity, the respondents were explained about the measures one shall adopt to prevent the transmission of coronavirus. In addition, the places to connect any suspected COVID-19 case was also shared.

The data collection activity neither impeded the pandemic response efforts nor took away resources from those required for outbreak response. Besides, the rapid sharing of the research findings is sure to benefit the community who has participated in this study.

The study has involved the local communities to ensure that the research is responsive and sensitive to local realities, needs, values and cultures. And the participants were treated with equal respect. The participants were selected in a way that minimises risk and protects vulnerable populations. Safeguarding procedures were followed throughout.

Chapter 3: Background Characteristics of respondents



This chapter describes the background characteristics of the respondents, including sex, age, educational attainment, employment status, and wealth measure.

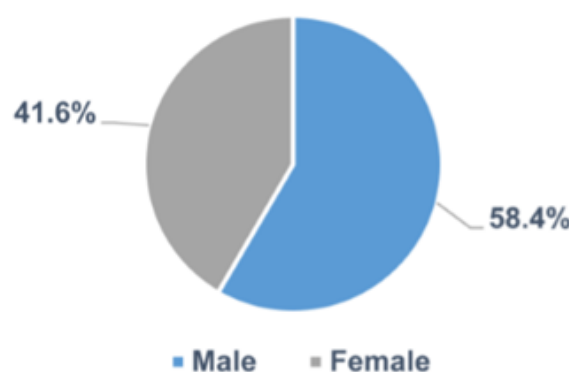
Key Findings

- **Sex and age:** Of the total respondents (n=380), 58.4% (n=222) were males and 41.6% (n=158) were females. When age is concerned, 93.7% (n=356) belonged to the age group (18 to 60 years) while 5.8% (n=22) belonged to the age group (>60 years). The remaining 0.5% (n=2) were under 18 years.
- **Education Attainment:** A total of 39 respondents (10.3%) are illiterate.
- **Employment:** 60.5 % (n=230) are employed while 39.5% (n=150) are unemployed.

74.6% of respondents are males while 25.4% are females. Among the slum dwellers (n=50), 68% (n=34) are females while 32% (n=16) are males.

Among the terai dalits too (n=50), 62% (n=31) are females while 38% (n=19) are males. In case of thami community, the balance between the males and females respondents are quite equal. While nearly half (48%) are females, 52% are males. Likewise, 48% females represent hard-to-reach population, 52% males represent the category. On the other hand, the male representation in people with disabilities is high (76%) than their female counterparts (24%) (Table 6).

Figure 1: Percentage of respondents by sex



3.1. Sex of the respondents

Of the total respondents (n=380), 58.4% (n=222) were males and 41.6% (n=158) were females (Figure 1).

Among the total population (n=380), 130 respondents belong to the category of 'general population', and among them,

Table 6: Respondents of the study by sex

Respondents			Sex		Total
	Male		Female		
	N	%	N	%	
Slum Dwellers	16	32.0	34	68	50
Terai Dalits	19	38.0	31	62	50
General population	97	74.6	33	25.4	130
Thami community	26	52.0	24	48	50
Hard to reach population	26	52.0	24	48	50
People with disabilities	38	76.0	12	24	50
Total	222	-	158	-	380
Percent	58.4	-	41.6	-	100.0

3.2. Age of the respondents

Out of the total respondents (n=380), 93.7% (n=356) belonged to the age group (18 to 60 years) while 5.8% (n=22) belonged to the age group (>60 years). The remaining 0.5% (n=2) were under 18 years (Figure 2 and Table 7).

In each category of respondents, the representation of respondents more than 60 years were less. Out of the total respondents representing general population (n=130), 17 are respondents above 60 years. (Table 7).

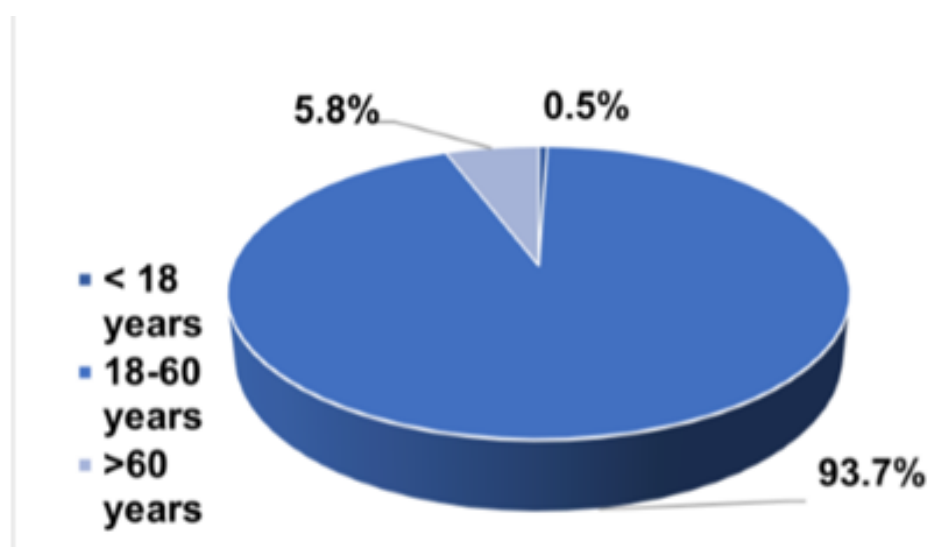
Figure 2: Percentage of respondents by age group

Table 7: Distribution of respondents by age

Respondents	Age			Total
	< 18 years	18-60 years	>60 years	
Slum Dwellers	0	48	2	50
Terai Dalits	0	50	0	50
General population	1	112	17	130
Thami community	0	49	1	50
Hard to reach population	0	49	1	50
People with disabilities	1	48	1	50
Total	2	356	22	380
Percent	0.5	93.7	5.8	100.0

3.3. Respondents by types of areas

Out of the total respondents (n=380), the dwelling place of 53.7% fall in rural setting (areas) whereas the dwelling place of 46.3% fall within urban areas.

Table 8: Distribution of respondents by setting of their dwelling place

Respondents	Type of setting		Total
	Urban	Rural	
Slum Dwellers	0	50	50
Terai Dalits	49	1	50
General population	126	4	130
Thami community	1	49	50
Hard to reach population	0	50	50
People with disabilities	0	50	50
Total	176	204	380
Percent	46.3	53.7	100.0

3.4. Respondents by Disabilities

Out of the total people with disabilities (respondents) i.e. n=50, 53.2% have difficulty in walking or climbing steps, 30.6% have difficulty in self-care such as washing all over or dressing and 6.5% have difficulty in hearing despite using a hearing aid. Likewise, 6.5% have difficulty in communicating (understanding or being understood) using customary language, and 3.2% have difficulty in remembering or concentrating (Table 9).

Table 9: Distribution of respondents/people with disabilities by the types of disabilities

Types of disabilities	N	%
Difficulty in hearing despite using a hearing aid	4	6.5
Difficulty in walking or climbing steps	33	53.2
Difficulty in remembering or concentrating	2	3.2
Difficulty in self-care such as washing all over or dressing	19	30.6
Difficulty in communicating (understanding or being understood) using customary language	4	6.5
Total	62	100

**Total exceeds 100 because of multiple responses*

3.5. Educational Attainment

Out of the total respondents (n=380), 19.7% (n=75) have completed +2 or any other equivalent degree, followed by 18.7% (n=71) who have completed university degree. While 12.4% (n=47) have studied 9-10 grade, 12.1% (n=46) have studied SLC (School Leaving Certificate), now re-termed as Secondary Education Examination (SEE). A total of 39 respondents (10.3%) are illiterate (Table 10).

Table 10: Distribution of respondents by the level of education they have attained

Respondents	Level of Education								Total
	Class 1-5	Class 6-8	Class 9-10	SLC/SEE	+2 or eq	University	Literate*	Illiterate**	
Slum Dwellers	10	4	8	8	10	5	1	4	50
Terai Dalits	11	2	4	4	2	2	9	16	50
General Population	8	7	17	23	34	32	6	3	130
Thami community	7	8	6	4	9	1	9	6	50
Hard to Reach Population	8	3	5	5	8	5	8	8	50
People with Disabilities	0	1	7	2	12	26	0	2	50
Total	44	25	47	46	75	71	33	39	380
Percent	11.6	6.6	12.4	12.1	19.7	18.7	8.7	10.3	100.0

*Literate is the individual not obtaining formal education and who can read and write simple words and numbers. These exclude those who can write only their signatures.

**Illiterate is the individual not obtaining any formal education and who cannot read and write but can write their signatures only.

3.6. Employment

Out of the total respondents (n=380), 60.5 % (n=230) are employed while 39.5% (n=150) are unemployed (Figure 3 and Table 11).

The status of employment and unemployment is somehow similar in homogenous population. Among slum dwellers (n=50), more than half (52%) are employed while nearly half (48%) are unemployed. Among terai dalits (n=50), 56% are employed and 44% are unemployed. Among the general population (n=130), 68.5% population are employed while 31.5% are unemployed. Likewise, 52% of Thami are unemployed while

48% are employed. Similarly, 52% of hard-to-reach population are employed while 48% are not. There is a huge difference among people with disabilities though. While 74% people with disabilities are employed, 26% of are unemployed⁴ (Table 11).

Figure 3: Percentage of respondents by employment status

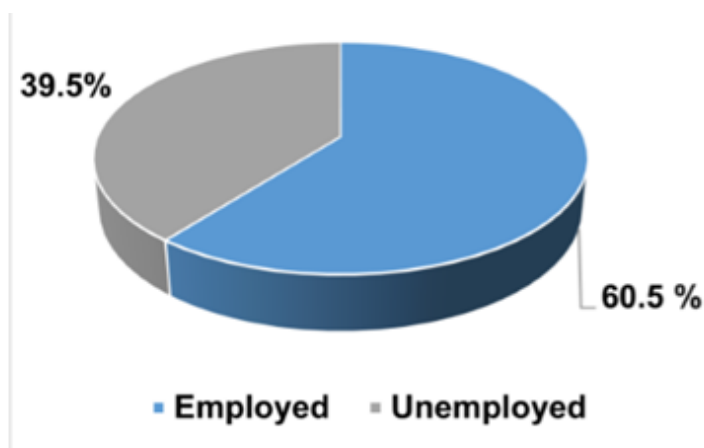


Table 11: Distribution of respondents by status of employment

Respondents		Employment Status			Total
	Employed		Unemployed		
	N	%	N	%	N
Slum Dwellers	26	52	24	48	50
Terai Dalits	28	56	22	44	50
General Population	89	68.5	41	31.5	130
Thami community	24	48	26	52	50
Hard to Reach Population	26	52	24	48	50
People with Disabilities	37	74	13	26	50
Total	230	-	150	-	380
Percent	60.5	-	39.5	-	100.0

⁴The purposive sampling method identified disabled people who were less marginalised in other ways. We can assume that the challenges faced by disabled people in Nepal that experience other dimensions of marginalisation are likely to face even greater challenges in relation to accessing hygiene information and services

3.7. Wealth Measure

Among the employed respondents (n=230), 36.1% earn between Rs 10,001 to Rs 20,000 per month while 28.7% earn between Rs 20,001 to Rs 50,000. Likewise, 17.4% respondents earn up to Rs 10,000 while 13.9% earn Rs 30,001 to Rs 50,000 per month (Table 12).

Table 12: Distribution of respondents with their monthly income

Respondents	Monthly income					Total
	Up to 10000	10001-20000	20001 - 30000	30001-50000	50000 +	
Slum Dwellers	10	12	4	0	0	26
Terai Dalits	7	18	3	0	0	28
General Population	4	16	40	23	6	89
Thami community	9	13	2	0	0	24
Hard to Reach Population	6	12	6	2	0	26
People with Disabilities	4	12	11	7	3	37
Total	40	83	66	32	9	230
Percent	17.4	36.1	28.7	13.9	3.9	100.0

Chapter 4: Receipt of Information on handwashing and its understanding

Access to information on handwashing is crucial for an individual to gain knowledge on handwashing, its importance and benefits. This chapter elucidates on the respondents' receipt of handwashing information, its source, clarity, etc. This chapter further presents findings on respondents' knowledge on handwashing materials, ways to wash hands, and materials to use while washing hands.

Key Findings

Receipt of Handwashing Messages: 99.5% respondents have either seen or heard any messages about handwashing in the last 15 days. 97.4% (n=368) of the respondents have heard the messages on mobile phones.

Clarity on messages of handwashing: 96% respondents have clearly understood the messages on handwashing. However, one Thami respondent reported that the messages were unclear/confusing. Among those who said the messages were partly clear are four people with disabilities, three terai dalits, three general population, two thami respondents, one slum dweller and one hard-to-reach respondent.

Reasons for the messages being partly clear and unclear/confusing: Eight respondents said that the messages used too many different languages, four respondents were unable to read and write and another four were too busy to read/listen.

Knowledge on importance of handwashing: 83.9% respondents believe it is necessary to prevent oneself from COVID-19.

Handwashing materials: 96% reported that an individual should use soap and water to wash hands.

Ways of washing hands: There were still 74 respondents who did not share that they should wash hands for 20 seconds or more while 57 respondents did not share they should rub with both hands.

4.1. Receipt of handwashing messages

The respondents were asked whether they had seen or heard any messages about handwashing in the past 15 days. Among the total respondents (n=380), 99.5% have either seen or heard any messages about handwashing in the last 15 days. Of the total respondents, only two respondents have not seen or heard any message about handwashing in the last 15 days. Those who have not seen or heard any message about handwashing are Terai Dalits from Lahan municipality of Siraha district (Table 13).

Table 13: Distribution of respondents who have seen or heard any messages about handwashing in the past 15 days

Respondents	Have you seen or heard any messages about handwashing in the past 15 days?		Total
	Yes	No	N
Slum Dwellers	50	0	50
Terai Dalits	48	2	50
General Population	130	0	130
Thami community	50	0	50
Hard to Reach Population	50	0	50
People with Disabilities	50	0	50
Total	378	2	380
Percent	99.5	0.5	100.0

4.2. Source of Information on handwashing

The respondents who have seen or heard messages about handwashing in the last 15 days were asked from whom or where they had seen or heard such messages on handwashing. Among the respondents who had seen or heard the messages on handwashing (n=378), 97.4% (n=368) of the respondents have heard the messages on mobile phones, followed by family/friend/neighbour (94.4%), radio/FM (89.9%), and television (86.8%) (Table 14).

Table 14: source of Information on handwashing

Source of information	Yes	
	Frequency	Percent
Family/friend/neighbour	357	94.4
Social leader	226	59.8
Religious leader	39	10.3
Radio/FM	340	89.9
TV	328	86.8
Pamphlet	85	22.5
Newspaper/magazine	44	11.6
Miking (public announcement)	243	64.3
Social media	259	68.5
Mobile phone	368	97.4
Other	3	.8

*Total exceeds 100 because of multiple responses

The less accessible source of information among the respondents are religious leaders, newspaper and magazines, pamphlets because only 10.3%, 11.6% and 22.5% have seen or heard the messages on handwashing from these sources respectively (Table 14).

4.3. Frequency of seeing and hearing the information

The respondents who had either seen or heard any message about handwashing were asked to share the frequency of seeing or hearing the messages about handwashing.

Among those who heard the messages on handwashing on mobile phones (n=368)—which is the most accessible source of information too—73.6% of the respondents hear the messages regularly while 18.2% hear the messages sometimes and 8.2% heard it in interval of some days (Table 15).

Table 15: Frequency of hearing or seeing messages on handwashing distributed by the source of the messages

Source of information	Frequency of heard/seen/read						Total	
	Sometimes		In interval of some days		Regularly			
Family/friend/neighbour	151	42.3	77	21.6	129	36.1	357	100.0
Social leader	161	71.2	46	20.4	19	8.4	226	100.0
Religious leader	24	61.5	10	25.6	5	12.8	39	100.0
Radio/FM	61	17.9	28	8.2	251	73.8	340	100.0
TV	54	16.5	31	9.5	243	74.1	328	100.0
Pamphlet	64	75.3	13	15.3	8	9.4	85	100.0
Newspaper/magazine	28	63.6	5	11.4	11	25.0	44	100.0
Miking	173	71.2	58	23.9	12	4.9	243	100.0
Social media	76	29.3	39	15.1	144	55.6	259	100.0
Mobile phone	67	18.2	30	8.2	271	73.6	368	100.0
Other	2	66.7	1	33.3	0	0.0	3	100.0

**Total exceeds 100 because of multiple responses*

Another most frequent source of information on handwashing are family/friend/neighbour, and among those who heard messages on handwashing from these sources (n=357), 42.3% listen to such messages sometimes and 36.1% respondents hear it regularly while 21.6% hear it in some interval of time (Table 15).

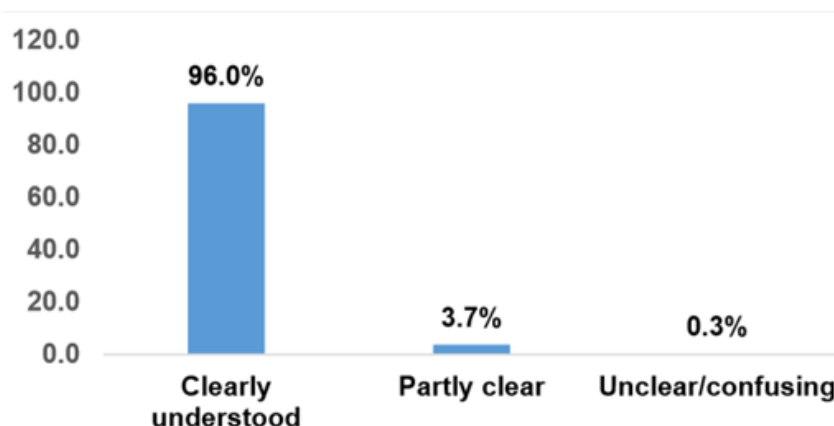
Another most frequent source of information on handwashing are radio/FM, and among those who heard messages on handwashing from these sources (n=340), 73.8%

respondents hear it regularly, 17.9% listen to such messages sometimes and 8.2% hear it in some interval of time (Table 14).

4.4. Clarity on messages on handwashing

The respondents who had seen or heard the messages on handwashing in the last 15 days (n=378) were asked to share how clear the messages were. Among them, 96% reported that they clearly understood the messages while 3.7% reported that the messages were partly clear. On the other hand, 0.3% respondents reported that the messages were unclear/confusing (Figure 4).

Figure 4: Percentage of respondent by the clarity on messages of handwashing



The one respondent who reported that the messages were unclear/confusing was from Thami community. Among those who reported that the messages were partly clear (n=14), few (n=4) of them are people with disabilities. Similarly, three terai dalits and three people in Lahan municipality also reported that the messages were partly clear. Besides, two people from Thami community and one slum dweller and one hard-to-reach population reported that the messages were partly clear (Table 16).

Table 16: Distribution of respondents according to their take on the clarity of the messages

Respondents	Clarity on messages			Total
	Clearly understood	Partly clear	Unclear/confusing	
Slum Dwellers	49	1	0	50
Terai Dalits	45	3	0	48
General Population	127	3	0	130
Thami community	47	2	1	50
Hard to Reach Population	49	1	0	50
People with Disabilities	46	4	0	50
Total	363	14	1	378
Percentage	96.0	3.7	0.3	100.0

4.5. Reasons for the messages being partly clear and unclear/confusing

The respondents who reported that the messages on handwashing are partly clear or unclear/confusing (n=15) were asked to pinpoint the reasons behind it. Of them, eight respondents reported that the messages have used too many different messages. On the other hand, four respondents found it partly clear or unclear/confusing because they are unable to read and write. Similarly, another four respondents reported that they are too busy to read/listen (Table 17).

Table 17: Distribution of respondents by the reasons they believe have caused the messages to be partly clear or unclear/confusing

Reasons	Respondents						Total
	Slum Dwellers	Terai Dalits	General people	Thami Community	Hard to reach community	People with disabilities	
Too many different messages	0	1	2	3	1	1	8
Message/picture not clear or easily understood	0	0	1	1	0	0	2
Too busy to read/ listen	0	3	1	0	0	0	4
Didn't seem relevant	0	1	2	0	0	0	3
Unable to read easily (too small/unclear writing)	1	1	0	0	0	1	3
Unable to read (blind or partially sighted)	0	0	0	0	0	1	1
Unable to read (wrong language)	0	0	0	0	0	1	1
Unable to read and write	0	0	0	2	1	1	4
Unable to hear properly	1	0	0	0	1	0	2
Total	1	3	3	3	1	4	15
Percent	7	20	20	20	7	27	100

**Total exceeds 100 because of multiple responses*

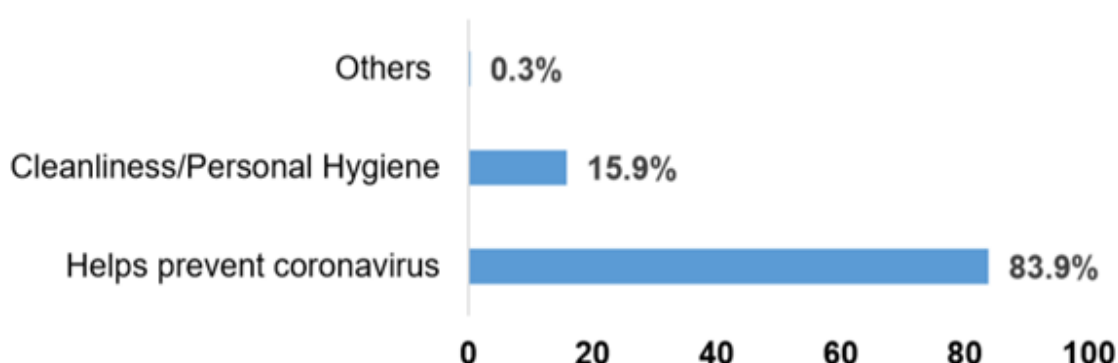
Interestingly, three respondents—all from Lahan—have reported that the messages on handwashing didn't seem relevant. However, another three respondents reported that the messages on handwashing contain too small and unclear writing; thus, they are unable to read easily. On the other hand, two respondents reported that the messages/

pictures are not clear and easily understandable while another two respondents are unable to hear properly (Table 17).

4.6. Knowledge of importance of handwashing

All the respondents were asked to share why it is important to wash hands in today's time. The COVID-19 pandemic was not specified while asking the question.

Figure 5: Percentage of reasons behind the importance of handwashing



Out of the total respondents (n=378), 83.9% reported that handwashing is important in today's time to prevent oneself from coronavirus while 15.9% reported that it is important to maintain cleanliness and personal hygiene (Figure 5).

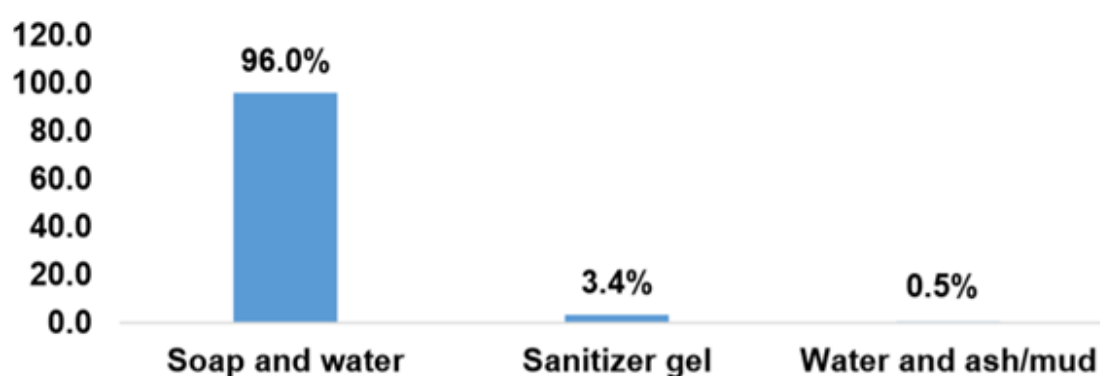
Table 18: Respondents understanding of the reason behind the importance of handwashing in today's time

Respondents	Reasons			Total
	Helps prevent Coronavirus	Cleanliness/ personal hygiene	Other	N
Slum Dwellers	44	6	0	50
Terai Dalits	41	7	0	48
General Population	118	11	1	130
Thami community	38	12	0	50
Hard to Reach Population	36	14	0	50
People with Disabilities	40	10	0	50
Total	317	60	1	378
Percentage	83.9	15.9	0.3	100.0

4.7. Handwashing materials

The respondents were asked to pinpoint the materials that an individual should use to wash hands. Out of the total respondents (n=378), 96% reported that an individual should use soap and water to wash hands and 3.4% shared that one should use sanitizer gel. On the other hand, 0.5% shared that an individual should use water and ash/mud to wash hands (Figure 6).

Figure 6: Respondents' knowledge on the use of handwashing materials



Among those who reported that an individual should wash hand using sanitizer gel (n=13), nine are general population of Lahan, three are slum dwellers, and one is from hard-to-reach population (Table 19).

Table 19: Distribution of respondents by their knowledge on handwashing materials

Respondents	Handwashing materials			Total
	Soap and water	Sanitizer gel	Water and ash/mud	
Slum Dwellers	47	3	0	50
Terai Dalits	48	0	0	48
General Population	121	9	0	130
Thami community	48	0	2	50
Hard to Reach Population	49	1	0	50
People with Disabilities	50	0	0	50
Total	363	13	2	378
Percentage	96.0	3.4	0.5	100.0

4.8. Ways of washing hands

The respondents were further asked to share the ways an individual should adopt and practice while washing hands. Out of the total respondents (n=378), there are still 74 respondents who did not share that they should wash hands for 20 seconds or more while 57 respondents did not share they should rub with both hands (Table 20).

Table 20: Ways an individual should adopt and practice while washing hands

To do while washing hands	Respondents						
	Slum dwellers	Terai dalits	General people	Thami community	Hard to reach community	People with disabilities	Total
For 20 seconds and more	40	29	113	41	41	40	304
Rubbing with both hands	38	43	124	44	39	33	321
Use more water	4	15	40	11	7	6	83
Avoid touching tap	0	1	6	3	0	1	11
Avoid splashing	38	17	66	41	40	44	246
Other	0	1	0	0	0	0	1
Total	50	48	130	50	50	50	378

4.9. Time to wash hands

The respondents were asked to share the time when we should wash our hands. Of the total respondents (n=378), 98.9% shared that one should wash their hands before eating and 91.8% shared after using toilet. Of the total respondents (n=378), 64.8% respondents shared that one should wash hands “once I return home from outside” while 54% shared that one should wash hands before cooking (Table 21).

Table 21: Respondents' knowledge on time when handwashing is required

When should wash the hands?	Respondents							
	Slum Dwellers	Terai Dalits	General people	Thami Community	Hard to reach community	People with disabilities	Total	
							N	%
Before eating	49	48	128	50	50	49	374	98.9
Before cooking	34	24	53	28	39	26	204	54.0
Before feeding a child	8	11	23	14	27	8	91	24.1
After cleaning a young child	8	5	16	10	20	8	67	17.7
After using toilet	44	41	122	47	48	45	347	91.8
Once I return home from outside	38	26	81	34	36	30	245	64.8
After coming into physical contact with a person	20	9	66	16	12	19	142	37.6
After touching a surface touched by other person	7	4	32	17	11	14	85	22.5
After sneezing or coughing	4	5	23	3	6	12	53	14.0
Before/After looking after a someone who is ill	5	1	7	5	9	2	29	7.7
After touching any dirt	1	2	6	0	2	1	12	3.2
Other	0	1	3	0	0	0	4	1.1
Total	50	48	130	50	50	50	378	-

*Total exceeds 100 because of multiple responses

Chapter 5: Handwashing behaviours

Behaviour change does not happen overnight. This chapter presents the information of respondents' change in handwashing behaviour after seeing or hearing messages/information on handwashing that were dissemination through different mediums of media. Besides, it also presents information on reasons behind changing handwashing behaviours among the respondents.

Key Findings

- **Change in handwashing behaviour:** After seeing or hearing messages on handwashing, 97% out of 378 respondents have changed their handwashing behaviour at home, 49.5% reported that they have changed their handwashing behaviour in public places, and 44.2% reported that they have changed their handwashing behaviour in public at institutions/health care facilities.
- **Reasons for changing handwashing behaviours:** Among 367 respondents who have changed their handwashing behaviours, 98.9% reasoned to "protect myself from COVID-19" while 58.6% respondents changed their handwashing behaviours for desire of cleanliness and 47.4% "to protect family and loved ones".

5.1. Change in handwashing behaviour at home

The respondents who had either seen or heard the messages on handwashing (n=378) were asked whether they had change their handwashing behaviour at home after seeing or hearing such messages. Among them, 97% reported that they have change their handwashing behaviour at home while 3% still did not change their handwashing behaviour (Figure 7).

Among those who haven't changed their handwashing behaviour at home even after seeing or hearing messages on handwashing (n=13), four are people with disabilities, three are hard-to-reach population and another three are general population of Lahan municipality. Similarly, two Terai Dalits and one slum dweller haven't changed their handwashing behaviour at home even after seeing or hearing messages on handwashing (Table 22).

Figure 7: Percentage of respondents who changed handwashing behaviours at home after exposure to messages on handwashing

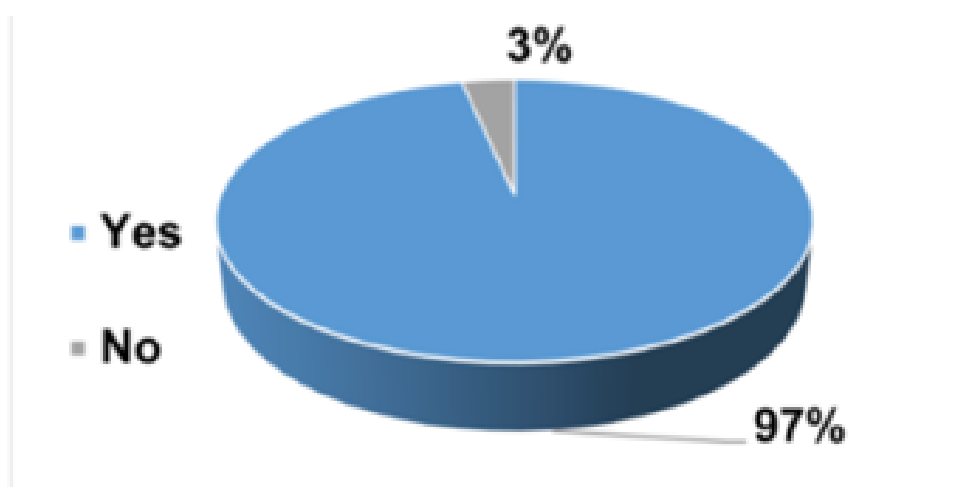


Table 22: Distribution of respondents by their change in handwashing behaviour at home after exposure to messages

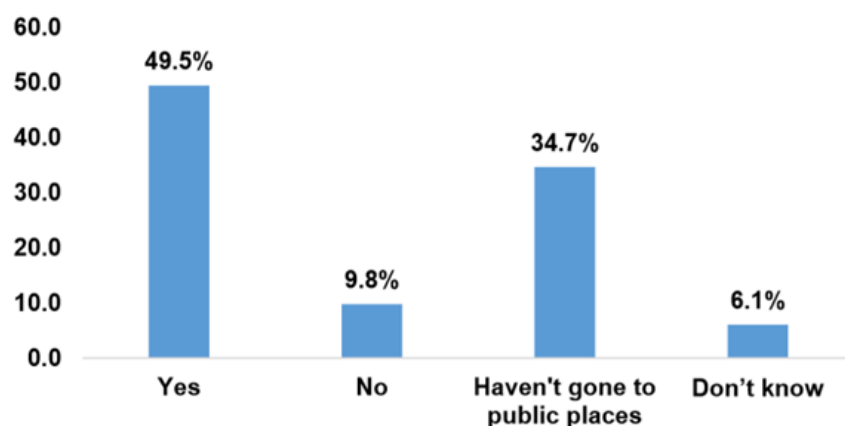
Respondents	Have you changed your handwashing behaviour at home after seeing or hearing the messages?		Total
	Yes	No	N
Slum Dwellers	49	1	50
Terai Dalits	46	2	48
General Population	127	3	130
Thami community	50	0	50
Hard to Reach Population	47	3	50
People with Disabilities	46	4	50
Total	365	13	378

5.2. Change in handwashing behaviour at public places

The respondents who had either seen or heard the messages on handwashing (n=378) were asked whether they had changed their handwashing behaviour in public places after seeing or hearing such messages. Among them, 49.5% reported that they have changed their handwashing behaviour in public places while 34.7% shared that they haven't gone to public places [ever since the nationwide lockdown was imposed]. Likewise, 9.8% still haven't changed their handwashing behaviour in public places even after seeing or hearing the messages on handwashing while 6.1% respondents do not

know whether or not there has been change in handwashing behaviour in them (Figure 8).

Figure 8: Percentage of respondents who changed handwashing behaviours at public places after exposure to messages on handwashing



Among those who haven't changed their handwashing behaviour in public places despite seeing or hearing messages on handwashing (n=37), 13 of them are the general population living in Lahan municipality of Siraha district, nine of them are terai dalits, five are people from thami community and five others are people from hard-to-reach population of Sailung district. Likewise, while four people with disabilities haven't changed their handwashing behaviour in public places even after seeing or hearing messages on handwashing, one respondent is the slum dweller (Table 23).

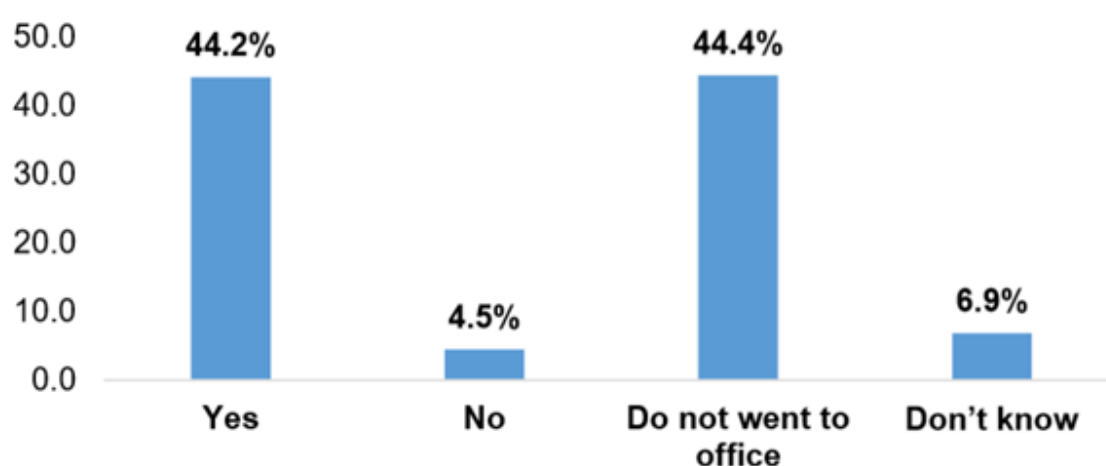
Table 23: Distribution of respondents by their change in handwashing behaviour in public places after exposure to messages

Respondents	Have you changed your handwashing behaviour in public places after seeing or hearing the				Total
	Yes	No	Haven't gone to public	Don't know	
Slum Dwellers	23	1	22	4	50
Terai Dalits	27	9	6	6	48
General Population	73	13	38	6	130
Thami community	24	5	18	3	50
Hard to Reach Population	18	5	24	3	50
People with Disabilities	22	4	23	1	50
Total	187	37	131	23	378
Percentage	49.5	9.8	34.7	6.1	100.0

5.3. Change in handwashing behaviour at institutions/healthcare facilities

The respondents who had either seen or heard the messages on handwashing (n=378) were asked whether they had changed their handwashing behaviour at institutions/healthcare facilities after seeing or hearing such messages. Among them (n=378), 44.2% reported that they have changed their handwashing behaviour in public at institutions/healthcare facilities while 44.4% shared that they haven't gone to the offices [ever since the nationwide lockdown was imposed]. Likewise, 4.5% still haven't changed their handwashing behaviour at institutions/healthcare facilities even after seeing or hearing the messages on handwashing while 6.9% respondents do not know whether or not there has been change in handwashing behaviour in them (Figure 9).

Figure 9: Percentage of respondents who changed handwashing behaviours in institutions/healthcare facilities after exposure to messages on handwashing



Among those who haven't changed their handwashing behaviour at institutions/healthcare facilities despite seeing or hearing messages on handwashing (n=17), four respondents are Terai dalits, another four are general population of Lahan and another four are people from Thami community. Likewise, three respondents who haven't changed their handwashing behaviour at institutions/healthcare facilities despite seeing or hearing messages on handwashing are hard-to-reach population of Sailung rural municipality of Dolakha district while two are people with disabilities (Table 24).

Table 24: Distribution of respondents by their change in handwashing behaviour at Institutions/Healthcare facilities after exposure to messages

Respondent	Have you changed your handwashing behaviour in public at institutions/healthcare facilities after seeing or hearing the messages?				Total
	Yes	No	Do not went to office	Don't know	
Slum Dwellers	21	0	24	5	50
Terai Dalits	15	4	21	8	48
General Population	66	4	54	6	130
Thami community	22	4	20	4	50
Hard to Reach Population	18	3	27	2	50
People with Disabilities	25	2	22	1	50
Total	167	17	168	26	378
Percentage	44.2	4.5	44.4	6.9	100.0

5.4. Reasons for changing handwashing behaviour

The respondents who had changes their handwashing behaviours at home, public places and institutions/healthcare facilities were asked to pinpoint the reasons behind the change in handwashing behaviours. Among them (n=367), 98.9% reasoned to “protect myself from COVID-19” (Table 25).

Table 25: Distribution of respondents with their reasons for changing handwashing behaviours

Reasons for changing handwashing behaviours	Respondents							
	Slum Dwellers	Terai Dalits	General people	Thami Community	Hard to reach community	People with disabilities	Total	
							N	%
Protect myself against Covid-19	48	46	128	49	47	45	363	98.9
To protect family and loved ones	24	13	51	34	27	25	174	47.4
Desire for cleanliness	34	25	71	32	27	26	215	58.6
Following instructions (from govt.)	4	2	20	11	8	8	53	14.4
To be respected by community	0	2	3	0	1	0	6	1.6
Increased availability of facilities	6	5	15	5	3	4	38	10.4
Other	0	0	0	0	1	0	1	0.3
Total	49	46	129	50	47	46	367	-
Percent	13.0	12.2	34.1	13.2	12.4	12.2	97.1	-

Likewise, 58.6% respondents reported that they changed their handwashing behaviours for desire of cleanliness and 47.4% reasoned “to protect family and loved ones”. Besides, 14.4% reported that they followed instructions from government while 10.4% reported that they changed the handwashing behaviour because of the increased availability of handwashing facilities (Table 25).

Chapter 6: Handwashing practice at home

For properly washing hands, one needs to have access to safe water, soaps and other facilities. This chapter highlights the type of soap and water the respondents use at home to wash their hands and the time they take.

Key Findings

Materials used at home to wash hands: 95.5% use soap and water while 4% use sanitizer and 0.5% use ash/mud and water. Two respondents use ash/mud and water and both of them are from Thami community.

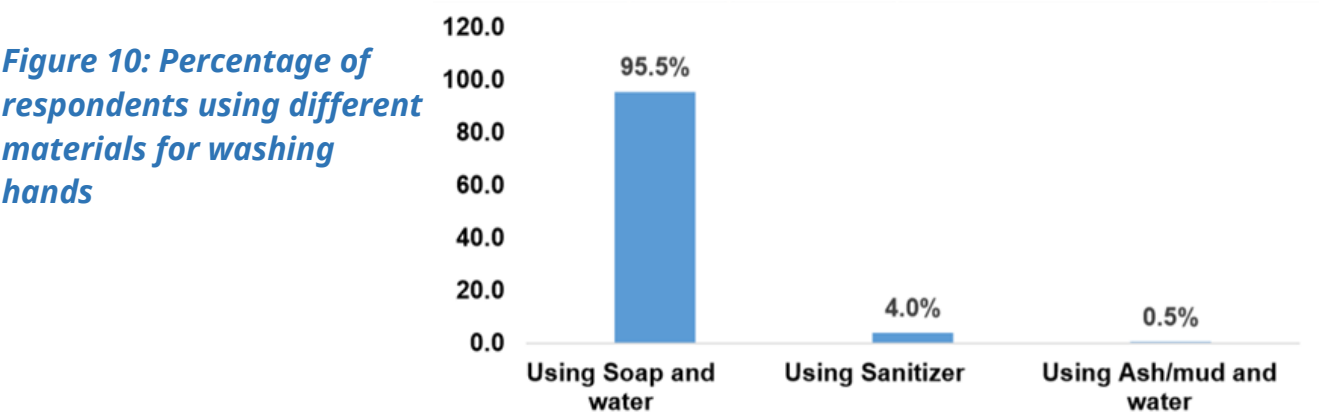
Type of soap used in washing hands: 81.4% use bar soap to wash hands.

Type of water used at home to wash hands: 38.4% use piped water supply with tap to wash hands while 28.3% use stored water with tap and 27.8% use water directly from hand pump. Likewise, 4.8% use stored water without tap.

Time taken to wash hands: 94.2% shared that they take more than 20 seconds to wash their hands while 5.8% shared they take less than 20 seconds to wash their hands.

6.1. Materials used at home to wash hands

The respondents who have seen or heard messages on handwashing in the last 15 days were asked to pinpoint the materials that they use at home to wash hands.



Among them (n=378), 95.5% use soap and water while 4% use sanitizer and 0.5% use ash/mud and water (Figure 10). Two respondents use ash/mud and water and both of them are from Thami community (Table 26).

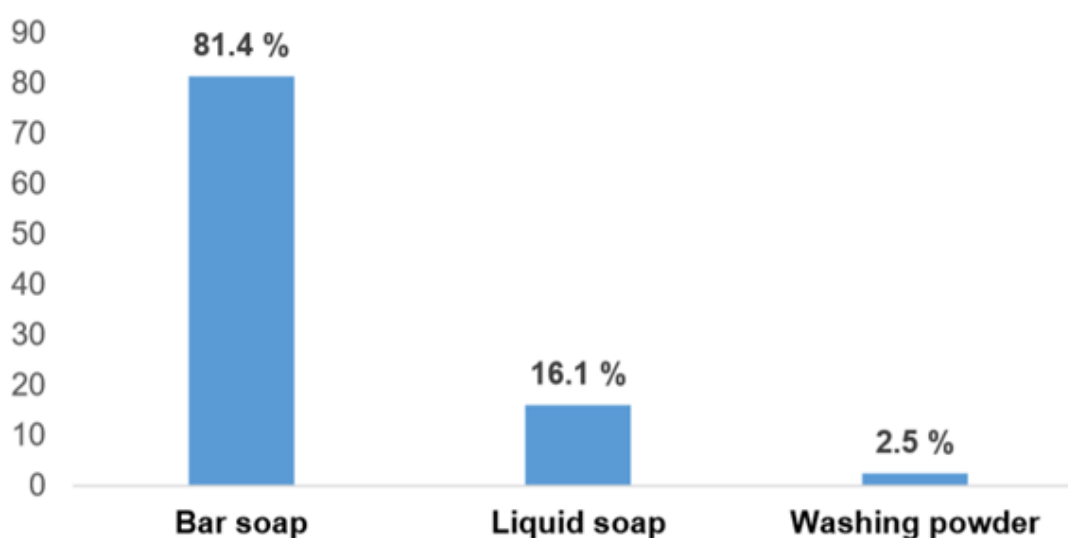
Table 26: Distribution of respondents by use of different materials for handwashing

Respondents	Handwashing materials use at home			Total
	Using Soap and water	Using Sanitizer	Using Ash/mud and water	
Slum Dwellers	48	2	0	50
Terai Dalits	47	1	0	48
General Population	120	10	0	130
Thami community	48	0	2	50
Hard to Reach Population	49	1	0	50
People with Disabilities	49	1	0	50
Total	361	15	2	378
Percentage	95.5	4.0	0.5	100.0

6.2. Types of soap used in handwashing

The respondents who use soap and water to wash their hands were asked to pinpoint the type of soap they use at home to wash their hands. Among them (n=361), 81.4% reported they use bar soap while, 16.1% use liquid soap and 2.5% use washing powder (Figure 11).

Figure 11: Percentage of respondents by the type of soap they use for washing their hands



Those who use washing powder at home to wash their hands are three terai dalits, two general population from Lahan, another two from Thami community and another two from hard-to-reach areas of Sailung rural municipality in Dolakha district (Table 27).

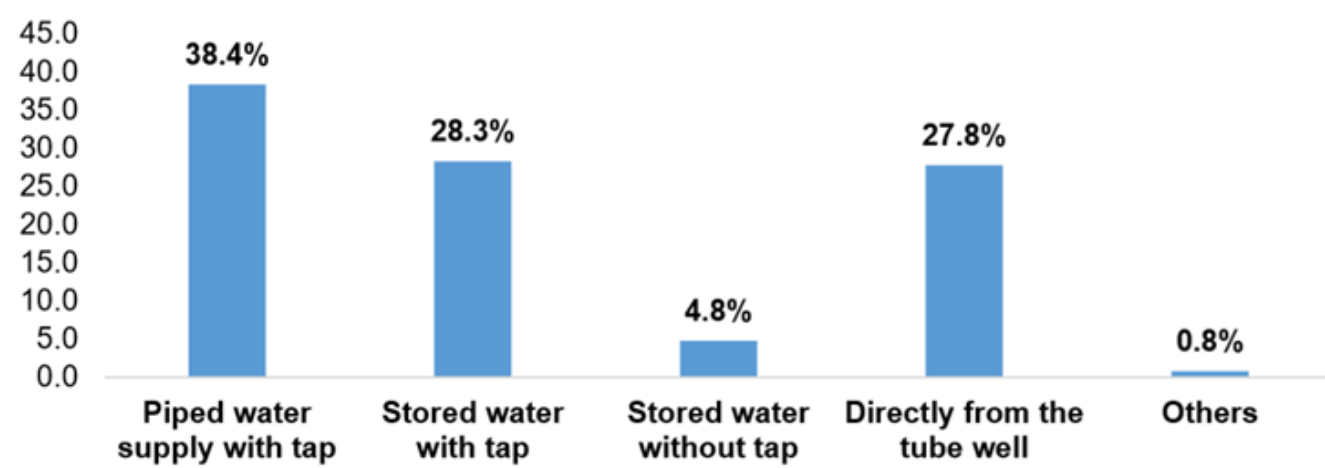
Table 27: Distribution of respondents by the type of soap they use at home to wash their hands

Respondents	Type of soap used for washing hands			Total
	Bar soap	Liquid soap	Washing powder	
Slum Dwellers	42	6	0	48
Terai Dalits	35	9	3	47
General Population	86	32	2	120
Thami community	46	0	2	48
Hard to Reach Population	46	1	2	49
People with Disabilities	39	10	0	49
Total	294	58	9	361
Percentage	81.4	16.1	2.5	100

6.3. Types of water used at home to wash hands

The respondents were asked to pinpoint the type of water they use at home to wash their hands. Among the respondent (n=378), 38.4% use piped water supply with tap while 28.3% use stored water with tap and 27.8% use water directly from hand pump. Likewise, 4.8% use stored water without tap (Figure 12).

Figure 12: Percentage of respondents with different type of water used at home to wash their hands



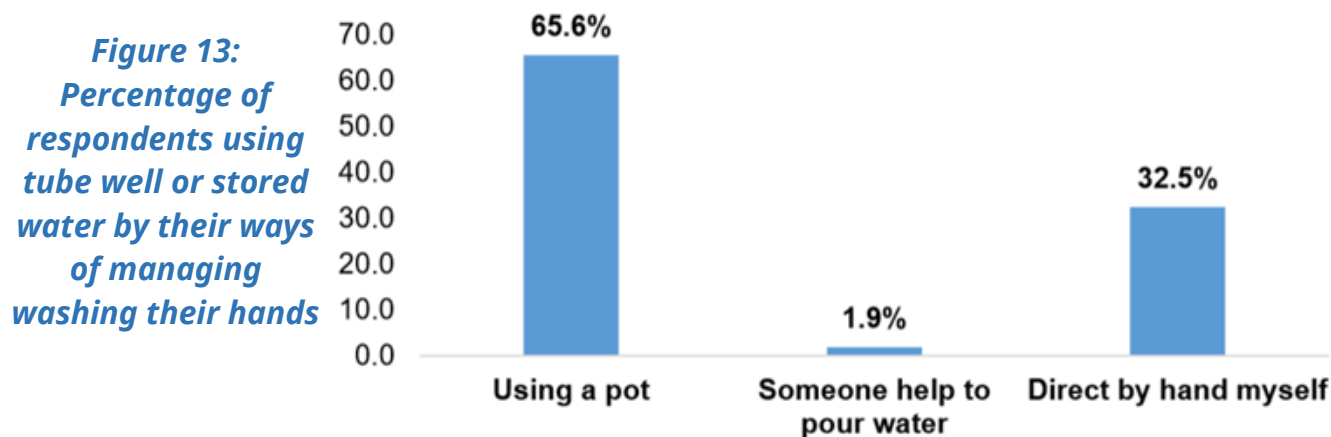
Most slum dwellers (n=23) use stored water with tap, followed by 12 respondents using directly from the hand pump. Likewise, 39 terai dalits use water directly from hand pump. Similarly, 48 general population in Lahan municipality of Siraha district use water directly from hand pump (Table 28).

Table 28: Distribution of respondents by the type of water they use at home to wash their hands

Respondents	Type of water used while washing hands at home					Total
	Piped water supply with tap	Stored water with tap	Stored water without tap	Directly from tube well	Others	
Slum Dwellers	4	23	11	12	0	50
Tera Dalits	4	0	2	39	3	48
General Population	59	23	0	48	0	130
Thami community	34	14	1	1	0	50
Hard to Reach Population	27	21	2	0	0	50
People with Disabilities	17	26	2	5	0	50
Total	145	107	18	105	3	378
Percentage	38.4	28.3	4.8	27.8	0.8	100.0

6.4. Ways of managing handwashing if tube well or stored water is used

The respondents using tube well or stored water to wash their hands at home were further asked how they manage to wash their hands. Of them (n=154), 65.6% use pot while 32.5% pour water directly by hand and 1.9% seek someone else's hand to pour the water (Figure 13).



Among those who pour the water directly by hand and by themselves (n=50), more (n=34) are general population living in Lahan municipality of Siraha district, followed by Terai dalits (n=14) who are also from Siraha (Table 29).

Table 29: Distribution of respondents using tube well or stored water by their ways of managing to wash their hands

Respondents	Ways of managing washing hands			Total
	Using a pot	Someone help to pour the water	Direct by hand myself	
Slum Dwellers	23	0	0	23
Terai Dalits	29	1	14	44
General Population	40	1	34	75
Thami community	2	0	0	2
Hard to Reach Population	2	0	0	2
People with Disabilities	5	1	2	8
Total	101	3	50	154
Percentage	65.6	1.9	32.5	100.0

6.5. time taken to wash hands

The respondents were asked to share the time they take to wash their hands. Of the respondents (n=378), 94.2% shared that they take more than 20 seconds to wash their hands while 5.8% shared they take less than 20 seconds to wash their hands (Figure 14).

Among those taking less than 20 seconds (n=22), six are general population dwelling in Lahan municipality and another six respondents are terai dalits who happen to be from Lahan municipality. Similarly, those taking less than 20 seconds to wash their hands are people from thami community (n=5), slum dwellers (n=2), hard-to-reach population (n=2), and one person with disability (Table 30).

Figure 14: Percentage of respondents by the time they take to wash their hands

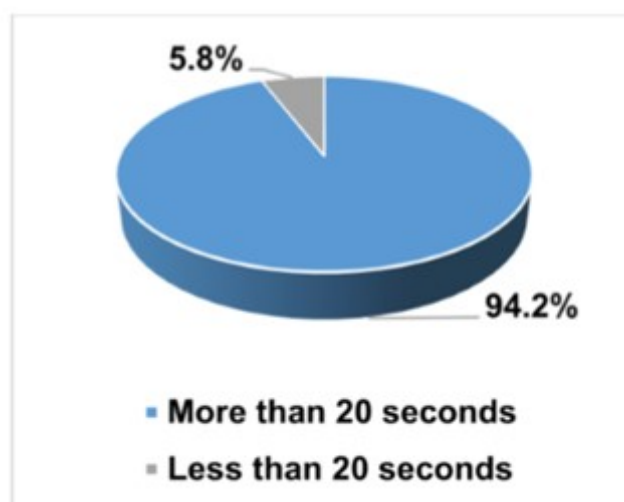


Table 30: Distribution of respondents by the time they take to wash their hands

Respondents	Time		Total
	More than 20 seconds	Less than 20 seconds	
Slum Dwellers	48	2	50
Terai Dalits	42	6	48
General Population	124	6	130
Thami community	45	5	50
Hard to Reach Population	48	2	50
People with Disabilities	49	1	50
Total	356	22	378
Percentage	94.2	5.8	100.0

6.6. Method adopted to count and check the time

The respondents were asked to share the method they have been adopting to count and check the time of washing their hands. Among the respondents (n=378), 94.2% reported that they haven't adopted any method to count the time while washing their hands (Table 31).

Table 31: Distribution of respondents by the method they had adopted to count the time while washing hands

Respondents	Method adopted to count the time		Total
	Yes	No	
Slum Dwellers	0	50	50
Terai Dalits	3	45	48
General Population	11	119	130
Thami community	5	45	50
Hard to Reach Population	3	47	50
People with Disabilities	0	50	50
Total	22	356	378
Percentage	5.8	94.2	100.0

Chapter 7: challenges in Changing behaviours

Many factors play vital role in affecting handwashing behaviours. This chapter presents factors that prevent people from washing their hands at home, public places and places they work at.

Key Findings

Factors preventing handwashing at home: 16.7% believe that there are some factors at home that prevent them from washing their hands. Among them (n=63), 20 are people from Thami community while 13 are terai dalits, 12 are slum dwellers and 6 are people with abilities.

Factors that prevent handwashing at home: 61.9% reported that soap are expensive while 60.3% reported that soaps are not available. Likewise, 17.5% reported that water is not available/reliable while 11.1% reported that water is expensive.

Factors outside home that prevent changing behaviour in washing hands: 24.9% reported that there are factors outside homes that prevent them from changing their handwashing behaviours. Among them (n=94), 29 are general population living in Lahan municipality, followed by 14 people with disabilities, 15 people from Thami community, 14 terai dalits, 10 slum dwellers, and 9 hard-to-reach population.

Places where handwashing is difficult: 64.9% pinpointed market, followed by communal/public toilets (57.4%), public water points (50%), public transport (22.3%), healthcare facilities (17%), and schools (11.7%).

Reasons behind difficulty in washing hands: 71.3% reported that there are “no device for washing hands”, followed by water is not available (42.6%), soaps are not available (39.4%), handwashing device broken (28.7%), handwashing device unclean (25.5%), handwashing device difficult to access (14.9%), handwashing device difficult to use (14.9%), among others.

7.1. Factors preventing handwashing at home

The respondents (n=378) were asked whether there are any factors at home that prevent them from washing hands. Among the respondents (n=378), 83.3% of the respondents have not experienced any factors at home that prevent them from washing their hands while 16.7% believed that there are some factors at home that prevent them from washing their hands (Figure 15).

Among the respondents who believed that there are factors at home that prevent them from washing their hands (n=63), 20 are people belonging to Thami community while 13 are Terai Dalits. Similarly, 12 slum dwellers reported that there are factors at home that prevent them from washing their hands and nine hard-to-reach population reported the same.

Likewise, six people with disabilities reported that there are factors at home that prevent them from washing their hands while three are general population living in Lahan municipality (Table 32).

Figure 15: Percentage of respondents with factors preventing to wash their hands at home

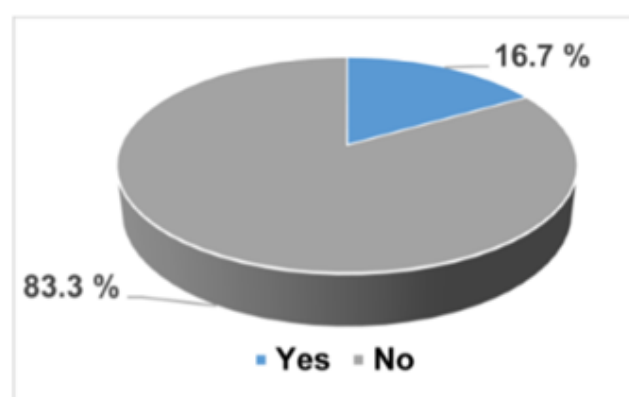


Table 32: Distribution of respondents by factors preventing them washing their hands at home

Respondents	Are there any factors that prevent you washing your hands at home?		Total
	Yes	No	
Slum Dwellers	12	38	50
Terai Dalits	13	35	48
General Population	3	127	130
Thami community	20	30	50
Hard to Reach Population	9	41	50
People with Disabilities	6	44	50
Total	63	315	378
Percentage	16.7	83.3	100.0

7.2. Factors that prevent handwashing at home

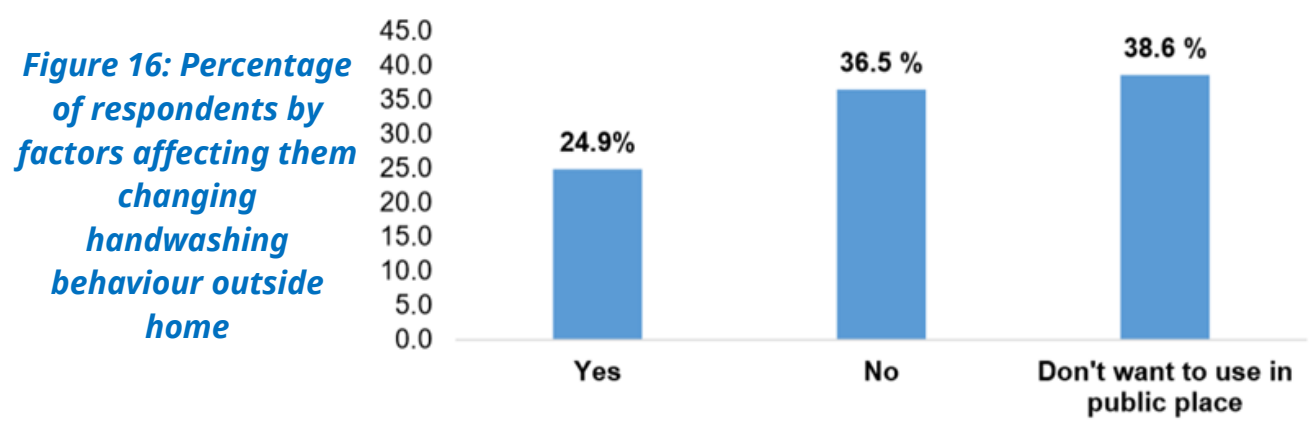
Among the respondents who reported that there are factors at home that prevent them from washing hands (n=63), 61.9% reported that soap are expensive while 60.3% reported that soaps are not available. Likewise, 17.5% reported that water is not available/reliable while 11.1% reported that water is expensive (Table 33).

Table 33: Distribution of respondents by the factors they are facing that prevent them from washing their hands at home

Factors preventing Washing hands at home	Respondents						Total	
	Slum Dwellers	Terai Dalits	General people	Thami Community	Hard to reach community	People with disabilities	N	%
Soap not available	3	6	2	17	7	3	38	60.3
Soap to expensive	8	10	2	12	6	1	39	61.9
Soap prioritised for other purpose	0	5	0	1	0	0	6	9.5
Water not available/reliable	6	2	0	0	0	3	11	17.5
Water to expensive	3	1	0	0	2	1	7	11.1
Water prioritised to other purpose	1	3	0	0	0	0	4	6.3
No piped water supply	1	1	0	0	0	1	3	4.8
Water is dirty	3	0	0	0	1	0	4	6.3
No device for washing hand	0	2	3	0	0	1	6	9.5
Other	0	0	0	1	0	0	1	1.6
Total	12	13	3	20	9	6	63	-
Percent	19.0	20.6	4.8	31.7	14.3	9.5	100.0	-

7.3. Factors outside home that prevent changing behaviour in washing hands

The respondents were asked if there are any factors outside their homes that prevent them to change their handwashing behaviours. Of the respondents (n=378), 38.6% reported that they don't want to wash their hands outside homes while 36.5% shared that there are no factors outside homes that prevent them from changing their handwashing behaviours. On the other hand, 24.9% reported that there are factors outside homes that prevent them from changing their handwashing behaviours (Figure 16).



Among those who reported that there are factors outside homes that prevent them from changing their handwashing behaviours (n=94), 29 of them are general population living in Lahan municipality, followed by 14 people with disabilities, 15 people from Thami community and 14 terai dalits. Likewise, 10 slum dwellers reported that there are factors outside homes that prevent them from changing their behaviours in washing hands, followed by nine hard-to-reach population of Sailung who reported the same (Table 34).

Table 34: Distribution of respondents with factors outside their homes that prevented the in changing their behaviours in washing their hands

	Are there any factors that prevent you changing hand washing practice outside the home?			Total
Respondents	Yes	No	Don't want to use in public place	
Slum Dwellers	10	11	29	50
Terai Dalits	14	24	10	48
General Population	29	60	41	130
Thami community	15	16	19	50
Hard to Reach Population	9	17	24	50
People with Disabilities	17	10	23	50
Total	94	138	146	378
Percentage	24.9	36.5	38.6	100.0

7.4. Places where handwashing is difficult

The respondents who shared there are factors that prevent them in changing their handwashing behaviours (n=94) were asked to pinpoint the places where handwashing is difficult. Among them, 64.9% pinpointed market, followed by communal/public toilets (57.4%), public water points (50%), public transport (22.3%), healthcare facilities (17%), and schools (11.7%) (Table 35).

Table 35: Frequency of places where the respondents are prevented to change their handwashing behaviours

Places	Respondents						Total	
	Slum Dwellers	Terai Dalits	General people	Thami Community	Hard to reach community	People with disabilities	N	%
Communal/Public toilet	5	8	19	7	6	9	54	57.4
Public water points	7	8	15	7	2	8	47	50.0
Market	4	9	22	9	5	12	61	64.9
Public transport	0	4	4	6	3	4	21	22.3
Schools	0	0	4	4	1	2	11	11.7
Healthcare facilities	0	3	2	6	2	3	16	17.0
Others	0	0	0	0	0	2	2	2.1
Total	10	14	29	15	9	17	94	100

7.5. Reasons behind difficulty in washing hands

The respondents who reported that there are factors outside homes that prevent them in changing their handwashing behaviours (n=94) were asked to pinpoint the reasons behind difficulty in washing hands. Among them, 71.3% reported that there are “no device for washing hands”, followed by water is not available (42.6%), soaps are not available (39.4%), handwashing device broken (28.7%), handwashing device unclean (25.5%), handwashing device difficult to access (14.9%), handwashing device difficult to use (14.9%), among others (Table 36).

Table 36: Frequency of respondents by the reasons behind difficulty in washing hands outside homes

Reasons	Respondents						Total	
	Slum Dwellers	Terai Dalits	General people	Thami Community	Hard to reach community	People with disabilities		
							N	%
No device for washing hands	6	13	22	8	6	12	67	71.3
Hand washing device broken	2	5	14	0	1	5	27	28.7
Hand washing device difficult to access	0	2	3	2	3	4	14	14.9
Hand washing device difficult to use	0	1	10	0	2	1	14	14.9
Hand washing device unclean	3	6	13	0	0	2	24	25.5
Queue is too long	0	1	1	0	0	0	2	2.1
Handwashing points too close –fear of catching the virus	0	0	1	0	0	0	1	1.1
Water not available	5	3	14	8	3	7	40	42.6
Soap not available	3	5	10	11	3	5	37	39.4
Total	10	14	29	15	9	17	94	-

7.6. Ways to motivate people to wash their hands and making handwashing easy for them

The respondents were asked to share their ideas and suggestions on what can be the ways to motivate people to wash their hands and make handwashing easier for them. Among them (n=378), 41.3% shared that awareness on handwashing should be created while 26.2% believed that they should be provided with soap and water. Of them 15.9% of respondents didn't answer (Table 37).

Table 37: Distribution of respondents with their ideas and suggestions about ways to motivate people with wash their hands and making handwashing easier for them

Responses	Respondents						Total	
	Slum Dwellers	Terai Dalits	General people	Thami Community	Hard to reach community	People with disabilities	N	%
Didn't answer	12	0	13	14	11	10	60	15.9
Provide health education	0	0	4	0	0	0	4	1.1
Disseminate more information from media	3	0	9	0	3	3	18	4.8
Create awareness on handwashing	16	24	49	21	22	24	156	41.3
Provide soap and water	14	20	38	8	10	9	99	26.2
Share information on handwashing with each other	0	2	3	1	1	0	7	1.9
Share one's knowledge with others	1	1	1	1	0	0	4	1.1
Provide financial support	3	0	2	0	0	0	5	1.3
Provide information and training	0	0	4	3	1	0	8	2.1
Don't know	1	1	7	2	2	4	17	4.5
Total	50	48	130	50	50	50	378	100.0

Chapter 8: Qualitative Insights



Qualitative insights focuses on analysing the types and effectiveness of communication channels that were used to impart information on COVID-19 and proper handwashing. This chapter also concentrates on the analysis of the content imparted from the communication channels. In addition, this chapter elucidates handwashing behaviour of marginalised, poor and hard-to-reach population, their motivation in properly washing hands, and their adherence to social distancing.

8.1. Communication Channels

At the time of this COVID-19 pandemic, information on proper handwashing has been disseminated via various mediums and media outlets like newspapers, online portals, radio stations and television channels. Apart from these, Nepal Telecom, the government-run telecommunications company, also changed its usual caller ring back tone (CRBT) with a message about the COVID-19' symptoms and certain precautions—including handwashing with soap and water—that the public can adopt in this situation. However, not all mediums are effective in disseminating information on COVID-19 and handwashing.

Most respondents believe that mediums like television and newspapers are not effective in disseminating information on COVID-19 and handwashing because not everyone owns television sets and cannot afford to buy. On the other hand, people living in remote places cannot travel afar to buy newspapers.

However, radio is considered to be the most effective medium in disseminating information on COVID-19 and handwashing because almost everyone in the community—even in the remotest parts—owns radio sets, the radio signals have widened their footprint in almost every corner of the areas, and local radio stations disseminated information on local languages, too. For instance, there are six local radio stations in Dolakha, and they are disseminating information on COVID-19 and handwashing at frequent interval of airing time. On the other hand, FM stations in Siraha have been disseminating information on COVID-19 and handwashing in local languages.

Another aspect that make radio the best medium is the accessibility of mobile phones, the device that has in-built system to easily connect on radio bands. Besides, the respondents are also of the opinion that radio, unlike television, does not require monthly payment to renew subscription.

Though most respondents think radio is the best medium to impart information, some believe that people are not listening to radio programs or newscast, especially because of their involvement in usual work priorities.

Most people in the Thami community do not listen to radio because they remain busy in their farming fields most of the times. Thus, only few people listen to radio.”—KII, Influential Figure, Thami Community

While there are some people who are not listening to radio because of their other priorities, others have no choice rather than referring to other sources: people with disabilities to be specific.

People with Disability have no choice rather than to referring to specific medium; meaning, it is not possible for person with blind or partially-sighted to watch television, and it is not possible for deaf person, Person with Hearing Disability or Person with Hard of Hearing to listen to radio.

For people with disability, IEC (Information, Education and Communication) materials could be the most effective medium. However, experts state that dissemination of messages on IEC materials—friendly to people with disabilities—are not enough.

From the time when the number of confirmed cases of COVID-19 increased in Nepal, Ministry of Health and Population (MoHP) has been webcasting and telecasting pandemic updates every day on internet and television respectively. And in each episode, a sign language interpreter interprets the updates shared by the Spokesperson of MoHP Dr Bikash Devkota. But expert believe that not every person with disability has access to television and internet facilities.

Only the educated and financially-sound people with disability and those living in urban settlements have received information on COVID-19 and handwashing. Not all people with disability have received such information.”—KII, Expert, PWD Association.

When majority of the respondents believe that radio can be the best medium, they also believe that imparting information from radio alone is not enough. Most respondents believe that door-to-door campaigns should be conducted to raise awareness on COVID-19 and proper handwashing especially among those who do not have access to radio and television.



"Information on COVID-19 and proper handwashing aren't imparted to every people of Thami community. Door-to-door campaign could be effective for them. Reaching out to every household is not necessary; such campaigns could be conducted only to those household with its families unknown to it."—KII, Influential Leader, Thami community, Kalinchowk Rural Municipality, Dolakha.

"Mobilizing FCHV will be best to conduct door-to-door campaigns. Besides, officials from ward office can do the same."—FCHV, Sailung Rural Municipality, Dolakha.

"Mobilizing health workers to conduct door-to-door campaigns by maintaining social distancing and creating awareness can be very effective way."—Local Government.

"People are imparting information on COVID-19 and proper handwashing through loudspeakers and "miking". They are also distributing pamphlets. These have been very effective."—KII, Dalit Association.

Imparting information on COVID-19 and handwashing is already in practice in some communities but not in all. For instance, social leaders of slum dwellers have been imparting such information in slum areas but "local government are not conducting any programs in Sailung"; however, "influential leaders are doing their best in raising awareness in the village".

Though information on COVID-19 and handwashing are being imparted through different mediums, some respondents believe that the information hasn't reached to everyone.

"Five radio stations are broadcasting information on COVID-19 and handwashing, and we are disseminating such information by displaying flex, too. However, this is not enough. Information hasn't reach among all."—KII, Local Government

When some respondents believe that information hasn't reached among all populations, it is certain that not everyone is washing their hands properly.

The local authority interviewed in the study responded that despite getting the information, “people are not following the information”. “People think that washing the hands in the way as taught is not necessary because nothing had happened before when they had washed their hands normally.”—KII, Local Government

With information, misinformation can also rally around a community. This has happened especially in Dalit community.

“Some people in Sailung Rural Municipality are applying alcohol on their skin believing that it kills coronavirus. And on the course, they take some sips. Because of this, some people stay under the influence of alcohol even in the daytime.”—KII, Hard to reach population.

8.2. Knowledge on handwashing

Line ministries, government departments, local governments, I/ NGOs, etc. have been designing and implementing various programs to educate and inform community people on the importance and proper ways of handwashing since long. But since the outbreak of COVID-19, all such agencies have massively increased their intervention in creating awareness on handwashing through various mediums. In fact, media—both national and local—have also been broadcasting and publishing information on handwashing. However, clarity among the target

groups is the main concern. Most respondents believe that the community people know they should wash their hands with soap and water, but they not

Even people from Thami community understand Nepali language [commonly used language in mass media and awareness raising programs], and they know they should wash their hands with soap and water.”—KII, Thami representative.

“Previously, not all Terai Dalits knew about handwashing with soap and water, but after the dissemination of information on handwashing with soap and water increased since the outbreak of COVID-19, most of them know about it.”—KII, Dalit association.

know the proper processes of doing so. While there are people who have gained knowledge about handwashing [because of awareness raising programs and information], such messages aren't clear in other groups of people, few

“Messages are not clear among people with disability because the use of specific medium is very less in disseminating information. The use of braille and sign language is significantly less.”—KII, Representative, Association of people with disability.

“Watching slum dwellers washing their, I am sure they do not know much about handwashing. This also indicates that the IEC materials and information from media are either not clear or are not disseminated properly among slum dwellers.”—KII, Slum

Similarly, expert believes that same depth of information has not been disseminated far and wide, and not everyone has gained knowledge about handwashing.

"In Terai, the settlements have spread across various locations, and a program centric to a community does not intervene in other communities. While people living in urban settlements have knowledge on handwashing, people living in far-flung areas do not. Thus, not everyone has received same depth of information on handwashing."—KII, Dalit.

Proper ways of washing hands is what not everyone in the community knows, experts believe. All experts pinpointed that the community people do not know the number of times they should wash their hands and they do not know all the processes of washing hands.

"People of Thami community are unclear about the processes of washing hands. They apply soap and rinse it without properly rubbing their hands. Some people even think that simply applying soap will suffice to keep their hands clean."—KII, Thami

Having knowledge and information might be the first facet for adopting the behaviour that is best for oneself, but this alone is not enough. One should be

motivated and unswerving enough to adopt the best behaviours. Most respondents believe that the community people are not serious in implementing their knowledge into practice.

"People of Thami community do not want to change their handwashing behaviour despite knowing they should. They don't even want to learn when someone teaches them."—KII, Thami.

People in Sailung know they should wash their hands with soap and water, but despite knowing it, most wash their hands with soap and water only in the morning and in the evening. At other times, they wash their hands with water only. This is because they do not take soap with themselves when they go in the farming fields. So before eating their lunch in the field, they do not use soap when washing hands."—KII, Hard-to-reach population.

The representative from the local government admits that there is still lack of awareness among community people though government and non-government agencies have been conducting different programs. The geographical terrain has further aggravated the difficulty in imparting messages in all corners, the local government believes. But when asked what can be done to ensure everyone has the knowledge on proper ways of handwashing, most respondents believe that conducting door-to-door campaigns is very necessary.

With information, misinformation can also rally around a community. This has happened especially in Dalit community.

“Not every Thami individual own radio and television, and door-to-door campaigns haven’t been conducted. Thus, they are less knowledgeable and less motivated on washing their hands properly.”—KII, Thami.

“It would have been so much better if we were provided with allowance to conduct door-to-door campaigns. We would have taught the community people on proper ways of washing hands. Besides, health workers who conducts door-to-door services on vaccination should also teach community people on proper ways of handwashing.”—KII, FCHV.

“Everyone—officials from ward office to the teachers—should join hands to create awareness on handwashing in the community.”—KII, Dalit.

8.3. Handwashing Behaviours

Ever since the outbreak of COVID-19, information about the disease has been widely disseminated. At the same time, handwashing with soap and water has become one of the critical behaviours being promoted to reduce the risk of transmission during the Covid-19 pandemic around the world, including in Nepal. Today, it has been over four months since handwashing with soap and water has been promoted through

media and other conventional methods. This is why most respondents believe that people in their respective community have heard about COVID-19. They also believe that majority of the population have heard about handwashing, too. But having the information is not enough; adopting the behaviour in day-to-day life is necessary. The respondents are of the opinion that not everyone are washing their hands properly.

Respondents believe that before the outbreak of COVID-19, people would not wash their hands properly; meaning, they would wash their hands using water only. But they now believe that the people have changed their handwashing behaviours.

“After the outbreak of COVID-19, media outlets disseminated information on the importance of handwashing. Some people also provided orientation in the slum areas. In fact, a children competition on proper handwashing was also organized. Thus, people have started handwashing with soap and water. Earlier, they would use only water, but today, they use soap and even rub their hands and in between fingers. Some people also sanitize their hands using sanitizer.”—KII, Slum.

"People used to use water only, but they have become more aware now. Those having soap at home are washing their hands with soap and water. They [with accessibility with soap] used to wash their hands with soap and water only in the morning and evening, but today, they wash their hands with soap and water frequently."—KII, hard-to-reach population.

"People living in dalit community know much about handwashing today compared to the yesteryears. This is because of information on COVID-19 and handwashing with soap and water that were disseminated through different mediums."—KII, Dalit.

Other respondents representing people with disabilities, Thami community, and local government also believe that there has been improvement in handwashing behaviours among people. They believe people have been using soap and water to wash their hands unlike yesteryears. However, the respondents also believe that not everyone in their respective community are properly washing their hands, and there are different reasons behind.

"Soap is available at every household, but people still do not know the proper ways of washing hands, like rubbing the hands, fingers for 20 seconds, etc. Besides, people have drinking [alcohol] and they are less concerned about sanitation."—KII Local government

"Not everyone wash their hands properly. They apply soap and rinse it without rubbing their fingers and hands. They do not even think twice to know if their hands are clean now."—KII, FCHV, Kalinchowk Rural Municipality

As many people living in Sailung, Dolakha are poor, and most of them do not have soap and cannot afford to buy, they do not wash their hands with soap and water, respondent believes. "They use ash instead because it is easily available at home [after cooking in firewood]. Those who can afford to buy soap are washing their hands with soap and water, others are not." In addition, respondent [representing hard-to-reach population] believes that grocery shops are located quite far and people are not motivated enough to secure such distance to buy soaps. "Buying soaps is not the priority of poor people who are struggling for their daily dinner."

Unavailability and inability to afford to buy soap are not the only reasons. Some people are not properly washing their hands with soap and water despite knowing its importance even in this COVID-19 pandemic because they are not taking the importance of handwashing with soap and water seriously. Interestingly, most people, especially elderlies in the community, believe that handwashing is not so important, respondent shares.

“Until today, we did not wash our hands with soap and water, and nothing happened. Why should we wash our hands with soap and water at this age? We don’t need to make our hands look beautiful by washing hands with soap and water,” the respondent quoted the elderlies in the village as saying.

Elderlies living in Thami community are the same. Respondent is of the opinion that the improvement in handwashing behaviour is only among the educated ones or among those who temporarily lives in urban areas like Kathmandu. Respondent believes that changing the behaviour of elderlies are very difficult because they do not try to change their traditional practices and beliefs.

Challenges among people with disabilities are quite different than others, especially because of their disabilities.

“People with disabilities need support from their helpers, and when the helpers or caretakers become irritant for having to support all the time, they get discouraged to do the activities that require support, including handwashing with soap and water. Besides, it is very difficult for people with spinal cord injury to ask for help time and again and wash their hands under the caretakers’ close support. Same is the case with people confined in wheelchairs. On the other hand, people with disability who have to use crutches all the time have to wash their crutches, too, which becomes irritating for them.”—KII, People with Disability.

Another challenge for not properly washing hands is the scarcity of water.

“People have understood the importance of washing hands, but they do not know in detail how to wash hands. Besides, the local government has also distributed soaps at every household. But the problem is the scarcity of water. Water is not available everywhere”—KII, NGO Representative.

“People of Thami community have soaps at their houses—if not beauty soaps, they have laundry soaps, but water is scarce here,”—KII, FCHV.

“The 2015 April Earthquake destroyed many infrastructure, including water pipes. Thus, there is a shortage of water here. This is one of the reason that has discouraged people to properly wash their hands,”—KII, hard-to-reach population.

8.4. Motivation

Unlike in the yesteryears, people across the country are more concerned over handwashing with soap and water because of the fear of being infected with coronavirus. Most people are handwashing with soap and water as promoted through media or other mediums. However, there are still certain population who are not motivated enough to improve their behaviour of handwashing with soap and water.

The sustainability of good hand hygiene behaviour is of grave concern now and it is still not sure that the routine handwashing at home and away is going

to become a new norm. Nevertheless, if people can be motivated, the chance of making routine handwashing a new norm is possible. When questioned what can be done to motivate the people in handwashing with soap and water in the long run, all respondents believed that the community people should be taught about the importance of handwashing with soap and water not only to prevent oneself from coronavirus but also from

“The community people should be informed and taught that improper way of washing hands increases the chances of getting infected with not only coronavirus but also with other kinds of diseases like typhoid, cholera, diarrhea, pneumonia, etc. Realization among the people should be instilled that these diseases are also life-killing just like coronavirus.”—KII, representative of NGO, dalit community, hard-to-reach population, slum dwellers, FCHV, thami community.

It is not that the government, WASH actors and media hadn't had promoted handwashing with soap and water before the outbreak of COVID-19. In fact, such agencies have been implementing various strategies and programs to educate and motivate community people to adopt handwashing with soap and water to prevent different forms of diseases. Despite such efforts, there were still certain population who did not improve their handwashing behaviours. With this situation in the foreground, the respondents pinpoint some strategies and pro-

grammatic approaches that concerned government, WASH actors and others should adopt to motivate people to improve their handwashing with soap and water behaviour. Most of them include: conducting door-to-door campaigns, ensuring the availability of water and soap, etc.

“Concerned authorities and WASH actors should plan and implement door-to-door campaigns. Until and unless social mobilisers do not reach to each household in the community and demonstrate the proper ways of washing hands with soap and water, the community people will not realize the importance of handwashing with soap and water and/or they will not be motivated. For this, mobilization of FCHVs will be the best option. Other than this, concerned authorities and WASH actors should create awareness by organizing street plays and imparting messages through audio/visual medium.”—KII, Local Government

Respondents representing hard-to-reach population and thami community are also of the same opinion. They say, “Door-to-door campaigns should be conducted in the community. This can motivate the people of each household.”

Though door-to-door campaign is believed as the best action that could motivate people to continue handwashing with soap and water, there are other activities and programs that the respondents believe is required to be undertaken to motivate the people to continue wash-

ing their hands properly with soap. Such activities include conducting awareness programs like street plays, mass awareness programs in specific areas, displaying of IEC materials etc. Besides, the respondents are also of the opinion that the community people do not wish to believe on the knowledge and information shared by someone from their own villages, they instead believe that the community people heartily welcome and believe on the information and knowledge that people/professionals from outside the district—especially Kathmandu—share.

“Conducting awareness programs by displaying IEC materials and other informative contents will also be good to motivate people to adopt proper handwashing behaviour. But people/professionals from Kathmandu should be mobilized. The community people do not take knowledgeable person from their villages seriously.”—KII, FCHV, Kalinchowk.

However, this is still not enough. All respondents believe that the adequacy of water and soap shall be ensured before trying to motivating the people in handwashing with soap and water because the availability of water and soap is very less in all the communities.

Water sufficiency and soap availability in all households should be ensured to motivate community people to adopt good handwashing behavior.”—KII, FCHV, and representatives of Thami community, NGO, Dalit, hard-to-reach population.

Awareness and availability of water facilities and soaps are major requirement for everyone, including people with disability. However, representative of people with disability believe that there is a specific and additional need for the people with disability because they have to face certain type of discrimination and difficulty almost every day, and such behaviour from someone else can demotivate people with disability to not adopt proper handwashing behaviours.

“People with disability have specific needs like crutches or wheelchair, and to keep themselves clear after using them, they have a habit of frequently washing their hands. However, they still need much information about proper handwashing ways. But importantly, people with disability face different kinds of discrimination from normal people. In this regards, normal people should be discouraged to discriminate them. Besides, disability-friendly medium should be made available everywhere. All these aspects can motivate people with disability to make proper handwashing a new norm.”—KII, people with disability.

8.5. Social distancing

At the time of this COVID-19 pandemic, social distancing is yet another measure besides proper handwashing with soap and water being promoted to contain the spread of the disease. Government agencies, non-government organisations, WASH actors and media have been encouraging everyone to

abide by maintaining distance with others by disseminating informative materials, public service announcements, etc. through different mediums. Even the owners of supermarkets, small retail shops, pharmacies and others have adopted measures to ensure social distancing during business operating hours. While the information on social distancing have been disseminated through mass media to ensure nationwide coverage, self-initiate social distancing measures might not have started in rural areas. And not everyone might have been adhering to social distancing.

Most respondents believe that almost everyone in their respective community has heard about social distancing, but not everyone is adhering to the preventive measure. Respondents believe that the community people tend to maintain social distancing with only the outsiders but not among others in their own neighbourhood. Various reasons are behind it, respondents believe.

"Media outlets have widely disseminated the messages on social distancing and almost everyone have heard about it, but people are not adhering to it because they are confident that coronavirus cannot secure long distance—from urban city to the rural—and transmit into the people living in the villages. Thus, they are gathering and are even playing football." -KII, hard-to-reach population

"The lockdown imposed by the government has become something like long vacation for them. They are acting as if they know nothing about it. It is very difficult to make them understand and realize the importance of social distancing."

Everyone has heard about the information on social distancing. People with access to radio and television have heard it over the media while others have heard about it from neighbours. Nevertheless, people are not adhering to social distancing measures, especially because they have to work in the fields. Those following social distancing can be counted in fingers."—KII, Thami

"People in the villages routinely gather at a junction and engage in conversation. This has been their regular routine since long. And even in this period of lockdown which has been imposed to contain the spread of COVID-19, they are not avoiding social gathering and distancing though they know they should. They, however, maintain social distancing with the outsiders, but not among the people in their neighbourhood." -KII, Dalit.

"Everyone comes together, especially in the farming field. They are not obeying others' instructions in maintaining social distancing. They adhere to social distancing only in health centers or in the places where social distancing are strictly asked to follow."—KII, FCHV

“Community people are not following social distancing everywhere. They are adhering to the measure only in government-run offices because service seekers are strictly instructed to follow social distancing. They actually have their own challenges. To eke out a living, they have to go to the fields or collect firewood. If asked to not work, they ask who would work for them. It is thus very difficult to impose social distancing among them.”—KII, Local Government

Though the information and messages on social distancing have been widely disseminated among the community people, some respondents also believe that the messages on social distancing are unclear. Use of vague language is one of the reasons.

Informative messages have highlighted the importance of maintaining social distancing, but I believe the message is quite vague. Such messages have not used simple language to quantify the length or difference of distance one has to maintain. It can be unclear to the community on how much of distance between two people should be maintained. There is a problem in the language used.”—KII, Dalit.

“People in the community have heard about social distancing from neighbors, people returning to the villages from urban cities (like Kathmandu), and/or while shopping the groceries. But they are still unclear about the social distancing measures. Senior citizens, on the other hand, know nothing about it.”—KII, FCHV.

“People are informed about social distancing through radio and television; however, the messages aren’t clear.”—NGO representative.

While the respondents believe that the messages on social distancing aren’t clear, they also believe that not enough has been done to make people understand social distancing clearly. They cite lack of government’s initiatives, especially in the far-flung areas.

“The local government hasn’t taken enough initiative or conducted awareness programs to make people understand the true meaning or ways of social distancing. Besides, the settlement of some people are located very far. It is very difficult to reach to everyone and teach them about social distancing.”—KII, hard-to-reach population

“The settlement of the villagers are located too far, and imparting messages to every household has become difficult. Footprints of radio channel is everywhere but not everyone listens to the radio.”—NGO Representative.

“Not all people with disabilities have heard about social distancing. And the measures to adopt in social distancing aren’t clear to them. The messages are disseminated to normal population, but not to people with disabilities. Less use of informative materials friendly to people with disabilities is the reason.”—KII, people with disability.

Respondents believe that people's representatives have to conduct routine monitoring to check whether community people are not ensuring social distancing. If not, they should educate the community people. Respondents also believe that the social leaders also need to take initiative in informing the community people about social distancing. On the other hand, respondents believe that the local government should provide relief materials to the community people which could motivate them to stay at home and not come in close contact with others in the village.

"If government provides relief materials to financially weak populations, they do not have to work, thereby, avoiding themselves going or working in groups."

Chapter 9: Discussion



Handwashing with soap is one of the behaviours the government agencies, WASH actors, media organisations, and others have always been promoting among wider audience. But after the outbreak of COVID-19 in the late December 2019, it has been intensified like never before. Thus, most people have either seen or heard the instructive messages on handwashing with soap and water. However, there are some people who have not adopted proper handwashing behaviours despite either seeing or hearing the messages on handwashing with soap and water, and various reasons are behind this, the study finds.

Of the total respondents (n=380), 99.5% (n=378) have either heard or seen the messages about handwashing with soap and water from different mediums, such as mobile phones [Caller Ring Back Tone]: 97.4% (n=368), family/friend/ neighbour (94.4%), radio/FM (89.9%) and television (86.8%). The stats indicate that these could be and/or are effective mediums to disseminate information. However, key informants consider radio as the most effective medium in disseminating information far and wide; its availability and usability being the major reasons.

Key informants believe that “not everyone owns a television set” and

“cannot afford to buy” while most of the country’s population—even in the remotest region—owns at least a radio that “does not require subscription renewal like television”. On top of that, almost everyone—even those not owning radio sets—can tune into radio bands by using their mobile sets that has in-built radio-tuning system. After all, the number of mobile phone users in Nepal is 41.5% higher than population of the country (Authority, 2019). On the other hand, the ability of radio to disseminate the news and programs in local language is another speciality that make the key informants believe that radio can be the best medium to disseminate information. And when it comes to newspapers, they believe that the community people do not make long distance—especially in rural areas—to buy newspapers.

When radio is considered as the best medium to impart information, it cannot be best medium for everyone, the quantitative data proves. Of the total respondents (n=378), 10.1% (n=38) respondents haven’t heard the messages about handwashing with soap and water on radio. Key informants also agree on the same.

Out of 50 people with disabilities, 92% of them shared that they have difficulty in hearing despite using hearing aids. Validating the quantitative data, key

informants say that it is “not possible for Person with Hearing Disability or Person with Hard of Hearing to listen to radio”.

Not only is the radio accessible or preferable to most of the populations, but the quantitative findings of the study show that most populations are getting information on COVID-19 from their family/friend/neighbour (94.4%). This is indicative of the fact that most people prefer listening to various or new information from others i.e. face to face interaction or communication. Thus, most key informants believe that imparting information only from radio is not enough, but door-to-door campaigns shall be conducted by relevant authorities and/or agencies having access or resources among those who don't own radio or television sets. They opine if knowledgeable persons like FCHV or health professionals conduct door-to-door campaigns, people would not only get correct information but “would also see proper way of washing hands with soap and water right in front of their eyes”. This way, misinformation cannot rally round the village like it is happening now, key informants share.

Proper handwashing technique is key content in most of the informative and promotional materials being promoted during this COVID-19 pandemic, and handwashing with soap and water for 20 seconds is highlighted in all. However, not every respondent of the study have “washing hands with soap and water for at least 20 seconds” as top-of-their knowledge. Of the total respondent (n=378), 74 respondents didn't pinpoint

that they should wash their hands with soap and water for at least 20 seconds. Similarly, 57 respondents didn't share they should “rub their both hands” while washing their hands with soap and water.

Not only in top-of-their-knowledge, but some respondents aren't actually washing their hands with soap and water for at least 20 seconds. Of the total respondents (n=378), 5.8% (n=22) respondents wash their hands with soap and water for less than 20 seconds.

It is not that people don't know about proper ways of handwashing with soap and water. Of the total respondents, 96% respondents have clearly understood the messages on handwashing with soap and water, 83% believed that handwashing with soap and water is important in today's time to prevent oneself from coronavirus while 15.9% respondents shared that it is important to maintain cleanliness and personal hygiene, and 96% said they should wash hands with soap and water. Key informants also opine that the community people know they should wash their hands with soap and water, but they, however, also believe that not everyone in the community knows the proper processes of washing hands with soap and water, including washing hands with soap and water for 20 seconds or applying soap and rub hands palm to palm, rubbing right hands over left dorsum with interlaced fingers and vice versa, rubbing palm to palm with fingers interlaced, etc. And they believe there are many reasons behind this.

Not everyone knowing about proper handwashing with soap and water is because of the unreachability of informative and instructive messages to all community people due to difficult geographical terrain. Among specific community like people with disabilities, it is the lack of use of disability-friendly materials like braille in behaviour change communication, experts believe. But in terms of behaviour in properly washing hands with soap and water, some people of community are believed to be less concerned or motivated to properly wash their hands with soap and water because most people just wet their hands and rinse it quickly without applying soap and rubbing hands for at least 20 seconds.

The educational and instructive messages on handwashing with soap and water disseminated through various mediums during the outbreak of COVID-19 has been effective enough to change the handwashing behaviour of most people at home, public places and at institutions/healthcare facilities. The quantitative findings of the study suggest that 97% people have changed their handwashing behaviour at home, 49.5% in public places and 44.2% reported that they have changed their handwashing behaviour in public at institutions/health care facilities.

Key informants are also of the opinion that people didn't use to wash their hands properly before the outbreak of COVID-19, and they would wash their hands with water only. But they believe that the people have changed their

handwashing behaviour; meaning, they have started washing hands with soap and water for 20 seconds or applying soap and rub hands palm to palm, rubbing right hands over left dorsum with interlaced fingers and vice versa, rubbing palm to palm with fingers interlaced, etc. Key informants also believe that people have started washing their hands with soap and water much frequently.

However, the quantitative findings also suggest that 3% (n=13) population haven't changed their handwashing behaviour at home, 9.8% (n=37) in public places and 4.5% (n=17) at institutions/healthcare facilities even after seeing or hearing the messages on handwashing. And there are many reasons behind this, the quantitative findings suggest.

While 16.7% (n=63) respondents stating that there are factors affecting handwashing with soap and water at home believed that soaps are expensive (61.9%), soaps are not available (60.3%), water is not available (17.5%) and water is expensive (11.1%), 24.9 % (n=94) respondents stating that there are factors outside homes that affect their handwashing with soap and water believed that it is difficult to wash hands at market (64.9%), communal/public toilets (57.4%), public water points (50%), public transport (22.3%), healthcare facilities (17%) and schools (11.7%) because there are "no device for washing hands", followed by water is not available (42.6%), soaps are not available (39.4%), handwashing device

broken (28.7%), handwashing device unclean (25.5%), handwashing device difficult to access (14.9%), handwashing device difficult to use (14.9%), among others.

Key informants, on the other hand, believe that not everyone in their respective community are properly washing their hands because some people still do not know the proper ways of washing hands while others are “less concerned about sanitation”. Similarly, key informants are also of the opinion that some people of poorest wealth quintile “cannot afford to buy soap” but use ash or mud instead because ash and mud are easily available at home [residue of cooking in firewood]. This is specific to some people of thami community. On the other hand, key informants believe that “buying soaps is not the priority of poor people who are struggling for their daily meal”. Interestingly, key informants pinpoint elderly population as those who do not take handwashing with soap and water seriously. “We grew old by not washing hands with soap and water and nothing happened, why do we need to wash our hands?” quotes the key informants as the elderlies as saying. And last but not the least, the scarcity of water in the community has also discouraged some population to frequently and properly wash their hands.

Challenges among people with disabilities are quite different than others, especially because of their disabilities. Key informants explains that people with disabilities prefer not to

wash their hands with soap and water frequently especially when their caretakers become irritant in repeatedly supporting them in washing their hands.

Unlike in the yesteryears, people across the country are more concerned over handwashing with soap and water because of the fear of being infected with coronavirus. Most people are washing hands with soap and water as promoted through media or other mediums. However, there are still certain population who are not motivated enough to improve their behaviour of handwashing with soap and water.

The sustainability of good hand hygiene behaviour is of grave concern now and it is still not sure that the routine handwashing at home and away is going to become a new norm. Nevertheless, if people can be motivated, the chance of making routine handwashing a new norm is possible.

Chapter 10: Conclusions and Recommendations



Conclusions

- Most people have either seen or heard the messages/information on the importance of handwashing with soap and water ever since the outbreak of COVID-19 began. They know proper ways of washing their hands with soap and water, and they have improved their handwashing with soap and water behaviours upon understanding its importance. Despite this, not everyone knows proper ways of handwashing with soap and water, and there are still many people who have not changed their handwashing behaviours, either at home, public places or the institutions/healthcare facilities.
- Reasons behind people being discouraged in washing their hands with soap and water are “soaps being expensive”, “soaps not being available everywhere”, “water not being available everywhere”, and “water being expensive”. Similarly, reasons behind people being discouraged in washing their hands with soap and water outside homes are “lack of devices for washing hands”, “lack of water”, “unavailability of soap”, “ill functionality of devices”, “devices being unclean”, “difficulty in accessing handwashing devices”, “difficulty in using handwashing devices”, etc.
- Places outside homes where handwashing with soap and water is difficult are market, communal/public toilets, public water points, public transport, healthcare facilities, and schools.
- Though information on handwashing with soap and water has been promoted via different mediums, mobile phones [Caller Ring Back Tone] radio, and door-to-door campaigns can be the most effective mediums to disseminate the information. However, some media like radio and television aren’t friendly to people with disabilities because of the limitations as relevant.
- For some people, washing hands is still not a priority, and they do not take it seriously, while others—especially poor—cannot afford to buy soaps.
- It cannot be ascertained that everyone will adopt proper handwashing with soap and water behaviours for the long run, especially after COVID-19 is contained because most people are only washing their hands with soap and water due to the fear of transmitting COVID-19.

Recommendations

Federal/Provincial Governments

- Promote handwashing with soap and water not only as the best measure to prevent the transmission of coronavirus but all other diseases as well which can be fatal when neglected.
- Ensure consistent messaging from different sources to avoid confusion

Local level governments

- Ensure accessible and functional handwashing facilities in institutions and public places for everyone, including people with disabilities. Focus on operation and maintenance, including availability of water and soap, and regular cleaning of the facilities
- Impart information on handwashing with soap and water among community people, and mobilise FCHVs to conduct door-to-door campaigns to demonstrate hand washing techniques all while practising physical distancing as the lockdown has now been lifted.
- Promote and ensure the availability of low-cost alternatives at home for ensuring accessibility of handwashing facilities among all.

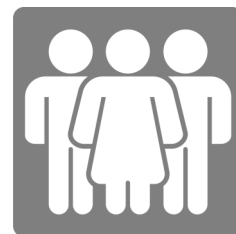
CSOs/Research and Learning Organizations/Media

- Disseminate messages on handwashing with soap and water via local radio bands, especially in local languages.
- Give more stress on proper techniques of handwashing with

soap and water while imparting information.

- Disseminate more information on the importance and key times for handwashing to prevent transmission of COVID-19, such as after coming into physical contact with a person, after touching a surface touched by another person, after sneezing or coughing and before/after looking after someone who is ill.
- Value the importance of accessible communications while disseminating messages

Chapter 11: Case stories



Case Study 1: Not everyone affords to buy soap

Not everyone can afford to buy soaps despite knowing the importance of washing hands with soap and water. Gauni Devi Malik, a resident of Lahan municipality is one of them.

Gauni Devi Malik [named changed] and her family members had been washing their hands with just plain water since long. They would wash their hands only before and after eating their meal and upon returning home. And they would wash their hands with soap and water only when they have soap at home.

When COVID-19 pandemic began, a worker from Mahila Utthan Office (didi¹) taught her to properly wash hands with soap and water for at least 20 seconds. This one-on-one educational talk reinvigorated in her the knowledge and need of washing hands with soap and water. Thus, she started doing her best to ensure that her family members wash their hands with soap and water.

Malik shares, “I have five children—all aged 7 and more—and they would often fall sick. After didi explained how important handwashing with soap was important, I realised it was because of our improper handwashing behaviour. But now, I believe they will not succumbed to

diseases anymore because they are properly washing their hands with soap and water. Nevertheless, I still have a fear of transmitting coronavirus thinking “what if all my family members do not wash their hands properly with soap and water?”. There are two reasons behind this after all.

Malik’s husband stays under the influence of alcohol most of the times—from earning morning and throughout the day. Earlier, he even used to literally beat her. However, he stopped doing so after their children grew up. Nevertheless, he continued abusing her verbally, and he continues doing the same even today. Even if she asks him to properly wash his hands with soap and water, he scolds her and do not obey her request.

Malik shares, “When he is not under the influence of alcohol, he washes his hands before eating, but when he is drunk, he eats food without washing his hands. If I instruct him to wash his hands properly, he scolds yelling, “Who are you to teach me? Are you my boss? You are a woman! Stay put as a woman!” You don’t need to teach me! Let me be infected by coronavirus. Who are you to teach me to wash my hands?”

¹ A worker employed by Mahila Uthan Office who undertakes social mobilization activities in the community.

The usual routine of Malik being verbally abused isn't the only reason behind her fear of being transmitted with coronavirus. The inability of her family to afford to buy enough soaps is another reason.

Malik buys soap once in a month, and she washes her hands with soap and water 4-6 times a day. Her children also wash their hands with soap and water four times a day. Doing so, the soap lasts only for 10 days. And she does not buy another one. "I do not have enough money to buy soaps because I have to fulfil other needs too, and my earning is very meagre," Malik explains.

It's not that Malik is not trying her best to ensure that her entire family members are using soap and water to wash their hands. She works as a support staff in a bank, and she brings small pieces of soaps that are leftover. However, she cannot do this all the time. Thus, she is compelled to let her family members wash their hands with just plain water most of the times.

Case study 2-Frequent handwashing not easy for everyone

A 19-year old, Sunita Chaudhary [name changed] from Aurawani VDC, was born with disability. Everyone used to call her 'Saapey'^[1]. Her family was stigmatised by relatives and villagers for her disability, and suffered from social and mental pressures. Today, they are making a livelihood from poultry cold store/meat shop. However, customers rarely come and they often say, "Why should we buy from such shops?" This makes Sunita's heart wrench.

Sunita's parents left her untreated when she couldn't walk at a walkable age citing God's will. Later, she was operated in the Hospital and Rehabilitation Centre for Disabled Children, Banepa at the age of 6. She then could walk with the help of the crutch, but repeated operations took a financial toll to her family. In fact, her father is still providing treatment to her by borrowing debt from money-lender.

She was very keen on studying. At age 8, her father admitted her to the nearby school. But she would often hear some relatives and villagers say, "Why to educate a handicap and *aru ko ghar janey jaat?*" This would become very painful to her. But with sheer determination, she advanced to class 9.

She is well aware of the world being traumatised by COVID-19. Due to the pandemic, her school is closed and she has not been able to go to the hospital. She is knowledgeable about the fact that

coronavirus spreads from one person to another via air and other objects. In addition, she has heard of frequent handwashing for coronavirus prevention but her disability hinders her from frequent and easy handwashing. The tap adds further difficulty to her as she has to bend to use the water. Frequently washing her hands is difficult for her as she has to walk on crutches and her parents are not always present to help her. Before COVID-19, it was hard for her to wash her hands after changing the sanitary pads. Now, it has become nearly impossible for her to frequently wash her hands. She had recently fallen while going to wash her hands in the tap (*chapakal*) due to rain.

Annexure

Annex Table 1: Respondents of the study disaggregated by their type and age

Respondents	Age						Grand Total
	< 18 years	18-60 years		>60 years		Total	
	M	M	F	M	F	M F	
Slums	0	14	34	2	0	16 34	50
Tarai Dalit	0	19	29	0	0	19 29	48
General people	1	80	32	16	1	97 33	130
Thami community	0	26	23	0	1	26 24	50
Hard to reach community	0	25	24	1	0	26 24	50
People with disabilities	1	36	12	1	0	38 12	50
Total	2	200	154	20	2	222 156	378

Annex Table 2: Respondents disaggregated by their type, level of education and age

Level of Education	Age			Total
	< 18 years	18-60 years	>60 years	
Class 1-5	0	42	1	43
Class 6-8	0	23	2	25
Class 9-10	1	46	0	47
SLC/SEE	0	40	6	46
+2 or equivalent	0	71	4	75
University	0	65	6	71
Literate	0	31	1	32
Illiterate	1	36	2	39
Total	2	354	22	378

Annex Table 3: Background Characteristics of people with disabilities

Level of difficulty	Difficulty in hearing despite using a hearing aid		
	Yes	No	Total
Yes – some difficulty	1	0	1
Yes – a lot of difficulty	2	0	2
Cannot do at all	1	0	1
Total	4	0	4
	Difficulty in walking or climbing steps		
Level of difficulty	Yes	No	Total
Yes – some difficulty	14	0	14
Yes – a lot of difficulty	16	0	16
Cannot do at all	3	0	3
Total	33	0	33
	Difficulty in remembering or concentrating		
Level of difficulty	Yes		Total
Yes – some difficulty	2		2
Total	2		2
	Difficulty in self-care such as washing all over or dressing		
Level of difficulty	Yes	No	Total
Yes – some difficulty	13	0	13
Yes – a lot of difficulty	4	0	4
Cannot do at all	2	0	2
Total	19	0	19
	Difficulty in communicating (understanding or being understood) using customary language		
Level of difficulty	Yes	No	Total
Yes – some difficulty	3	0	3
Yes – a lot of difficulty	1	0	1
Total	4	0	4

Annex Table 4: Source of information on handwashing with soap and water in the last 15 days.

Background	Answer	Respondents																											
		Slums				Terai Dalits				General People				Thami				Hard to reach community				PWD				Total			
		< 18 years	18-60 years	>60 years	Total	< 18 years	18-60 years	>60 years	Total	< 18 years	18-60 years	>60 years	Total	< 18 years	18-60 years	>60 years	Total	< 18 years	18-60 years	>60 years	Total	< 18 years	18-60 years	>60 years	Total				
Family/friend/neighbour	Yes	0	47	2	49	0	46	0	46	1	109	16	126	0	42	1	43	0	47	1	48	1	44	0	45	2	335	20	357
	No	0	1	0	1	0	2	0	2	0	3	1	4	0	7	0	7	0	2	0	2	0	4	1	5	0	19	2	21
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378
Social leader	Yes	0	22	2	24	0	32	0	32	0	70	12	82	0	29	1	30	0	32	1	33	0	25	0	25	0	210	16	226
	No	0	26	0	26	0	16	0	16	1	42	5	48	0	20	0	20	0	17	0	17	1	23	1	25	2	144	6	152
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378
Religious leader	Yes	0	1	0	1	0	13	0	13	0	16	2	18	0	2	0	2	0	3	0	3	0	2	0	2	0	37	2	39
	No	0	47	2	49	0	35	0	35	1	96	15	112	0	47	1	48	0	46	1	47	1	46	1	48	2	317	20	339
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378
Radio/FM	Yes	0	36	2	38	0	44	0	44	1	97	16	114	0	48	1	49	0	49	1	50	1	44	0	45	2	318	20	340
	No	0	12	0	12	0	4	0	4	0	15	1	16	0	1	0	1	0	0	0	0	0	4	1	5	0	36	2	38
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378
TV	Yes	0	44	2	46	0	35	0	35	1	106	16	123	0	37	0	37	0	43	0	43	1	42	1	44	2	307	19	328
	No	0	4	0	4	0	13	0	13	0	6	1	7	0	12	1	13	0	6	1	7	0	6	0	6	0	47	3	50
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378
Pamphlet	Yes	0	10	0	10	0	13	0	13	0	31	2	33	0	9	0	9	0	11	0	11	0	9	0	9	0	83	2	85
	No	0	38	2	40	0	35	0	35	1	81	15	97	0	40	1	41	0	38	1	39	1	39	1	41	2	271	20	293
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378
Newspaper/magazine	Yes	0	8	0	8	0	2	0	2	0	16	4	20	0	2	0	2	0	4	0	4	0	8	0	8	0	40	4	44
	No	0	40	2	42	0	46	0	46	1	96	13	110	0	47	1	48	0	45	1	46	1	40	1	42	2	314	18	334
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378
Miking	Yes	0	37	1	38	0	38	0	38	1	86	14	101	0	25	1	26	0	15	0	15	0	25	0	25	1	226	16	243
	No	0	11	1	12	0	10	0	10	0	26	3	29	0	24	0	24	0	34	1	35	1	23	1	25	1	128	6	135
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378
Social media	Yes	0	39	1	40	0	23	0	23	1	83	8	92	0	29	1	30	0	28	0	28	1	45	0	46	2	247	10	259
	No	0	9	1	10	0	25	0	25	0	29	9	38	0	20	0	20	0	21	1	22	0	3	1	4	0	107	12	119
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378
Mobile phone	Yes	0	48	2	50	0	47	0	47	1	110	16	127	0	49	1	50	0	45	1	46	0	47	1	48	1	346	21	368
	No	0	0	0	0	0	1	0	1	0	2	1	3	0	0	0	0	0	4	0	4	1	1	0	2	1	8	1	10
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378
Others	Yes	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0	0	0	3	0	3
	No	0	48	2	50	0	48	0	48	1	111	17	129	0	48	1	49	0	48	1	49	1	48	1	50	2	351	22	375
	Total	0	48	2	50	0	48	0	48	1	112	17	130	0	49	1	50	0	49	1	50	1	48	1	50	2	354	22	378

Annex Table 5: Distribution of respondents by their source of information, frequency of obtaining information, and age

Source of Information	Frequency	Slums												Terai Dalits				General people				Respondents Thami				Hard to reach				PWD				Total			
		< 18 years				18-60 years				>60 years				Total		< 18 years		18-60 years		>60 years		Total		< 18 years		18-60 years		>60 years		Total		< 18 years		18-60 years		>60 years	
Family	Sometimes	0	20	2	22	0	19	0	39	9	48	0	28	0	28	0	20	0	20	0	8	1	9	0	4	1	140	11	151								
	Interval of some days	0	6	0	6	0	14	0	14	1	39	3	43	0	1	0	1	0	8	1	9	0	4	1	72	4	77										
	Regularly	0	21	0	21	0	13	0	31	4	35	0	13	1	14	0	19	0	19	0	19	1	26	0	27	1	123	5	129								
	Total	0	47	2	49	0	46	0	46	1	109	16	126	0	42	1	43	0	47	1	48	1	48	1	44	0	45	2	335	20	357						
Social Leader	Sometimes	0	17	2	19	0	17	0	47	7	54	0	26	1	27	0	24	1	25	0	19	0	19	0	150	11	161										
	Interval of some days	0	3	0	3	0	13	0	17	5	22	0	1	0	1	0	4	0	4	0	3	0	3	0	41	5	46										
	Regularly	0	2	0	2	0	2	0	6	0	6	0	2	0	2	0	4	0	4	0	4	0	3	0	19	0	19										
	Total	0	22	2	24	0	32	0	70	12	82	0	29	1	30	0	32	1	33	0	25	0	25	0	210	16	226										
Social Leader	Sometimes	0	1	0	1	0	8	0	11	2	13	0	1	0	1	0	1	0	1	0	1	0	0	0	22	2	24										
	Interval of some days	0	0	0	0	0	4	0	5	0	5	0	0	0	0	0	1	0	1	0	1	0	0	0	10	0	10										
	Regularly	0	0	0	0	0	1	0	0	0	0	1	0	1	0	1	0	1	0	1	0	2	0	5	0	5											
	Total	0	1	0	1	0	13	0	16	2	18	0	2	0	2	0	3	0	3	0	2	0	2	0	37	2	39										
Radio/FM	Sometimes	0	13	0	13	0	12	0	15	0	15	0	4	0	4	0	6	0	6	1	10	0	11	1	60	0	61										
	Interval of some days	0	2	0	2	0	10	0	12	1	13	0	0	0	0	0	2	0	2	0	1	0	1	0	27	1	28										
	Regularly	0	21	2	23	0	22	1	70	15	86	0	44	1	45	0	41	1	42	0	33	0	33	1	231	19	251										
	Total	0	36	2	38	0	44	0	44	1	97	16	114	0	48	1	49	0	49	1	50	1	50	1	44	0	45	2	318	20	340						
TV	Sometimes	0	5	1	6	0	8	0	7	0	7	0	14	0	14	0	14	0	14	0	5	0	5	0	53	1	54										
	Interval of some days	0	1	0	1	0	11	0	15	1	16	0	0	0	0	0	2	0	2	0	1	0	1	0	30	1	31										
	Regularly	0	38	1	39	0	16	0	84	15	100	0	23	0	23	0	27	0	27	1	36	1	36	2	224	17	243										
	Total	0	44	2	46	0	35	0	35	1	106	16	123	0	37	0	43	0	43	1	42	1	44	2	307	19	328										
Pamphlet	Sometimes	0	8	0	8	0	7	0	23	1	24	0	9	0	9	0	8	0	8	0	8	0	8	0	63	1	64										
	Interval of some days	0	2	0	2	0	4	0	6	1	7	0	0	0	0	0	0	0	0	0	0	0	0	12	1	13											
	Regularly	0	0	0	0	0	2	0	2	0	2	0	0	0	0	0	3	0	3	0	1	0	1	0	8	0	8										
	Total	0	10	0	10	0	13	0	31	2	33	0	9	0	9	0	11	0	11	0	9	0	9	0	83	2	85										
Newspaper	Sometimes	0	7	0	7	0	2	0	8	3	11	0	2	0	2	0	3	0	3	0	3	0	3	0	25	3	28										
	Interval of some days	0	0	0	0	0	0	0	3	1	4	0	0	0	0	0	0	0	0	0	0	0	1	0	4	1	5										
	Regularly	0	1	0	1	0	0	0	5	0	5	0	0	0	0	0	1	0	1	0	4	0	4	0	11	0	11										
	Total	0	8	0	8	0	2	0	16	4	20	0	2	0	2	0	4	0	4	0	8	0	8	0	40	4	44										
Miking	Sometimes	0	31	1	32	0	31	0	48	8	57	0	23	1	24	0	10	0	10	0	19	0	19	1	162	10	173										
	Interval of some days	0	2	0	2	0	5	0	35	6	41	0	2	0	2	0	4	0	4	0	4	0	4	0	52	6	58										
	Regularly	0	4	0	4	0	2	0	3	0	3	0	0	0	0	0	1	0	1	0	2	0	2	0	12	0	12										
	Total	0	37	1	38	0	38	0	38	1	86	14	101	0	26	0	15	0	15	0	25	0	25	1	226	16	243										
Social Media	Sometimes	0	8	0	8	0	11	0	16	1	17	0	16	0	16	0	15	0	15	1	8	0	9	1	74	1	76										
	Interval of some days	0	1	0	1	0	6	0	6	1	7	0	2	0	2	0	3	0	3	0	3	0	3	0	38	1	39										
	Regularly	0	30	1	31	0	6	0	44	6	51	0	11	1	12	0	10	0	10	0	34	0	34	1	135	8	144										
	Total	0	39	1	40	0	23	0	23	1	83	8	92	0	29	1	30	0	28	0	28	1	45	0	247	10	259										
Mobile	Sometimes	0	10	2	12	0	12	0	10	0	10	0	16	0	16	0	11	0	11	0	5	1	6	0	64	3	67										
	Interval of some days	0	0	0	0	0	5	0	8	4	13	0	3	0	3	0	5	1	6	0	3	0	3	1	24	5	30										
	Regularly	0	38	0	38	0	30	0	92	12	104	0	30	1	31	0	29	0	29	0	39	0	39	0	258	13	271										
	Total	0	48	2	50	0	47	0	47	1	110	16	127	0	49	1	50	0	45	1	46	0	47	1	346	21	368										
Others	Sometimes	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	1	0	0	0	0	0	2	0	2										
	Interval of some days	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1										
	Regularly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
	Total	0	0	0	0	0	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0	0	3	0	3										

Annex Table 6: Distribution of respondents with change in their behaviour in washing hands with soap and water in public places by age

Respondents	Age	Changes on handwashing practice in public places				
		Yes	No	Not want to public place	Don't know	Total
Slums	< 18 years	0	0	0	0	0
	18-60 years	21	1	22	4	48
	>60 years	2	0	0	0	2
Terai Dalits	< 18 years	0	0	0	0	0
	18-60 years	27	9	6	6	48
	>60 years	0	0	0	0	0
General people	< 18 years	10	0	0	0	1
	18-60 years	64	12	31	5	112
	>60 years	8	1	7	1	17
Thami community	< 18 years	0	0	0	0	0
	18-60 years	24	5	17	3	49
	>60 years	0	0	1	0	1
Hard to reach community	< 18 years	0	0	0	0	0
	18-60 years	18	5	23	3	49
	>60 years	0	0	1	0	1
PWD	< 18 years	0	0	1	0	1
	18-60 years	21	4	22	1	48
	>60 years	1	0	0	0	1
Total	< 18 years	1	0	1	0	2
	18-60 years	175	36	121	22	354
	>60 years	11	1	9	1	22

Annex Table 7: Distribution of people with disabilities with their change in behaviour in handwashing with soap and water in public places and the reasons behind

Background	Response	Changes on handwashing practice and the reasons				
		Yes	No	Not want to public place	Don't know	Total
Difficulty in seeing despite wearing glasses	Yes	8	3	8	0	19
	No	14	1	15	1	31
	Total	22	4	23	1	50
Difficulty in hearing despite using a hearing aid	Yes	3	0	1	0	4
	No	19	4	22	1	46
	Total	22	4	23	1	50
Difficulty in walking or climbing steps	Yes	11	4	17	1	33
	No	11	0	6	0	17
	Total	22	4	23	1	50
Difficulty remembering or concentrating	Yes	1	0	1	0	2
	No	21	4	22	1	48
	Total	22	4	23	1	50
Difficulty with self-care such as washing all over or dressing	Yes	8	1	9	1	19
	No	14	3	14	0	31
	Total	22	4	23	1	50
Difficulty in communicating (understanding or being understood) despite the use of customary language	Yes	2	0	2	0	4
	No	20	4	21	1	46
	Total	22	4	23	1	50

Annex Table 8: Distribution of respondents with change in their behaviour in washing hands with soap and water in offices/institutions by age

Respondents	Age	Changes on handwashing practice in offices/institutions				
		Yes	No	Do not go to office	Don't know	Total
Slums	< 18 years	0	0	0	0	0
	18-60 years	20	0	23	5	48
	>60 years	1	0	1	0	2
Terai Dalits	< 18 years	0	0	0	0	0
	18-60 years	15	4	21	8	48
	>60 years	0	0	0	0	0
General people	< 18 years	0	0	1	0	1
	18-60 years	59	4	44	5	112
	>60 years	7	0	9	1	17
Thami community	< 18 years	0	0	0	0	0
	18-60 years	22	4	19	4	49
	>60 years	0	0	1	0	1
Hard to reach community	< 18 years	0	0	0	0	0
	18-60 years	18	3	26	2	49
	>60 years	0	0	1	0	1
PWD	< 18 years	0	0	1	0	1
	18-60 years	24	2	21	1	48
	>60 years	1	0	0	0	1
Total	< 18 years	0	0	2	0	2
	18-60 years	158	17	154	25	354
	>60 years	9	0	12	1	22

Annex Table 9: Distribution of people with disabilities with their change in behaviour in handwashing with soap and water in offices/institutions and the reasons behind

Background	Response	Changes on handwashing practice in offices/institutions				
		Yes	No	Do not go to office	Don't know	Total
Difficulty in seeing despite wearing glasses	Yes	11	1	7	0	19
	No	14	1	15	1	31
	Total	25	2	22	1	50
Difficulty in hearing despite using a hearing aid	Yes	3	0	1	0	4
	No	22	2	21	1	46
	Total	25	2	22	1	50
Difficulty in walking or climbing steps	Yes	14	2	16	1	33
	No	11	0	6	0	17
	Total	25	2	22	1	50
Difficulty remembering or concentrating	Yes	0	0	2	0	2
	No	25	2	20	1	48
	Total	25	2	22	1	50
Difficulty with self-care such as washing all over or dressing	Yes	9	0	9	1	19
	No	16	2	13	0	31
	Total	25	2	22	1	50
Difficulty in communicating (understanding or being understood) despite the use of customary language	Yes	1	0	3	0	4
	No	24	2	19	1	46
	Total	25	2	22	1	50

Annex Table 10: Handwashing with soap and water behaviour of people with disabilities specific to time taken

Background	Response	Time taken to wash hands		
		More than 20 seconds	Less than 20 seconds	Total
Difficulty in seeing despite wearing glasses	Yes	19	0	19
	No	30	1	31
	Total	49	1	50
Difficulty in hearing despite using a hearing aid	Yes	3	1	4
	No	46	0	46
	Total	49	1	50
Difficulty in walking or climbing steps	Yes	32	1	33
	No	17	0	17
	Total	49	1	50
Difficulty remembering or concentrating	Yes	2	0	2
	No	47	1	48
	Total	49	1	50
Difficulty with self-care such as washing all over or dressing	Yes	18	1	19
	No	31	0	31
	Total	49	1	50
Difficulty in communicating (understanding or being understood) despite the use of customary language	Yes	3	1	4
	No	46	0	46
	Total	49	1	50

Annex Table 11: Distribution of people with disabilities experiencing factors that prevent them to change their handwashing behaviour outside their homes

Background	Response	Are there any factors that prevent you changing hand washing practice outside the home?			
		Yes	No	Don't want to public place	Total
Difficulty in seeing despite wearing glasses	Yes	5	5	9	19
	No	12	5	14	31
	Total	17	10	23	50
Difficulty in hearing despite using a hearing aid	Yes	2	1	1	4
	No	15	9	22	46
	Total	17	10	23	50
Difficulty in walking or climbing steps	Yes	12	4	17	33
	No	5	6	6	17
	Total	17	10	23	50
Difficulty remembering or concentrating	Yes	1	0	1	2
	No	16	10	22	48
	Total	17	10	23	50
Difficulty with self-care such as washing all over or dressing	Yes	8	1	10	19
	No	9	9	13	31
	Total	17	10	23	50
Difficulty in communicating (understanding or being understood) despite the use of customary language	Yes	2	0	2	4
	No	15	10	21	46
	Total	17	10	23	50

Bibliography

- Agboatwalla, L. S. (2005). *Effect of handwashing on child health: a randomised control trial*.
- Authority, N. T. (2019). *MIS Report* . Nepal Telecommunications Authority .
- Curtis V, C. S. (2008). Effect of washing hands with soap on diarrhoea risk in community: a systematic review. *American Journal of Public Health*.
- Curtis, R. T. (2006). *Handwashing and Risk of Respiratory Infections: A Quantitative Systematic Review* . Tropical Medicine and International Health.
- D., J. (2006). *Diseases Control Priorities in Developing Countries* . University Press Oxford.
- Darmstadt G, A. A. (2005). Infection control practices reduce nosocomial infections and mortality in preterm infants in Bangladesh. *Journal of Perinatol*, 25 (5): 331-5.
- Khabar, O. (2020, April 29). Retrieved from <https://english.onlinekhabar.com/this-is-how-phones-are-used-to-spread-covid-19-awareness-in-nepal.html>
- Ministry of Health and Family Welfare, G. o. (2020, May 25). Retrieved from <https://www.mohfw.gov.in/>
- Ministry of Health and Population, N. (2020, May 25). Retrieved from <https://covid19.mohp.gov.np/#/>
- *Ministry of National Health Services Regulations and Coordination*. (2020, May 25). Retrieved from <http://covid.gov.pk/>
- MoHP. (2020, July 14). *Ministry of Health and Population*. Retrieved from <https://covid19.mohp.gov.np/#/>
- Organization, W. H. (2020, May 20). *COVID-19 Situation Dashboard*. Retrieved from <https://covid19.who.int/>



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