**B4. Intervention design worksheet**

Specific objectives:

1. To facilitate participatory sessions for stakeholders to design hospital hand hygiene interventions

Steps:

1. Provide privacy advisory statement:

“Information is being collected for this survey under the authority of 10 U.S.C. 2358, Research and Development Projects; DoDI2000.30, Global Health Engagement (GHE) Activities; the Fiscal Year (FY) 2013 National Defense Authorization Act (NDAA); and E.O. 13747, Advancing the GlobalHealth Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats; and will be used to help the DoD Center for Global Health Engagement to understand and evaluate hospital hand hygiene policies and practices. No personally identifiable information (PII) is being collected from you, and all information will be de-identified prior to being reported. Completing the survey is voluntary; you may stop the survey at any time and skip any questions you choose. There is no penalty if you choose not to respond, although maximum participation is encouraged so the data will be complete and representative.”

1. Personal introductions of all participants
2. Split participants into smaller groups (at least 3 groups)
3. Group members share their experiences and insights on hospital hand hygiene
4. Groups brainstorm intervention design ideas with one specific hand hygiene material -- soap or alcohol or chlorine/hypochlorite will be assigned
5. Groups present ideas to other groups and receive feedback
6. Groups revise ideas into one design idea for further development
7. Groups create design prototypes
8. Groups present prototypes to other groups and receive feedback
9. Groups refine prototypes
10. Summarize common and distinguishing features of interventions
11. Discuss future meetings if possible for further feedback on research team prototypes
12. Thank participants and offer to take group photo

Activity flowsheet:

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| --- | --- | --- | --- | --- | --- | --- |
|  | 1. Brainstorm ideas | 2.  Feedback | 3.  Design one idea | 4.  Prototype #1 | 5.  Feedback | 6.  Prototype #2 |
| Equipment |  |  |  |  |  |  |
| Consumables |  |  |  |  |  |  |
| Instructional/ motivational materials |  |  |  |  |  |  |
| Institutional change strategies |  |  |  |  |  |  |

Consider using guiding questions from IBM-WASH model:

|  |  |
| --- | --- |
| **IBM-WASH**  **Technology factors** | **Guiding questions** |
| 1. Societal/Structural level | * Who /where are the local suppliers of equipment and consumable materials? * Are these products made locally or foreign? * Are there specific brands that are preferred? If so, why? |
| 1. Community level | * Where are hand hygiene materials, including water, accessible inside the hospital? On the wards? Functionality? * Who is responsible for ordering, stocking and maintaining hand hygiene materials? |
| 1. Interpersonal level | * What is the availability of hand hygiene materials for doctors? Nurses? Other hospital staff? Designated rooms or sinks? For patients and family caregivers? |
| 1. Individual level | * Specific hand hygiene material advantages? Disadvantages Smell? Effect on skin? Effectiveness? Convenience? Cost? |
| 1. Habitual level | * What do you think about soap as a hand cleansing material for routine and daily use in the hospital? Alcohol? 0.05% chlorine / hypochlorite / dilute bleach? * Which do you think is most effective? Why? * Which do you think is easiest/ most convenient? Why? |

**Record notes and comments on participatory sessions:**