Why WASH Matters
For improved child health and nutrition

A Workshop Focusing on Behavior Change Approaches for Improving Water, Sanitation and Hygiene

FHI360/BRAC
USAID WASHplus Project
SHIKHA Project
Session 1: Introductions

• Name
• Location where you work
• One *personal* CHANGE you’ve be working on OR accomplished over the past year (*cell phone usage, weight loss, seat belt, etc.*)
Session 2: Objectives

- Review why WASH matters for the growth of infants and young children;
- Strengthen skills supporting improvements in WASH-related behaviors;
- Apply a small doable action approach to changing WASH behaviors;
- Share 'best practice' behavior change strategies;
- Apply key approaches to your ‘hygiene promotion’ activities;
- Develop ‘next steps’ for WASH BC activities.
WASH is the common acronym for WAter, Sanitation and Hygiene?

WASH is:

• Necessary quantities of safe, potable drinking water
• Wide spread community sanitation with latrines that meet minimum standards
• Consistent and correct handwashing at critical times
• Food hygiene
• Behavior change, not just hardware coverage and not just education
Session 3: The Link Between WASH and Nutrition

Diarrhea: 9% of all child deaths

Undernutrition contributed to 73% of these deaths

Shaded area indicates contribution of undernutrition to each cause of death
How often does a child die from a water-related illness?

A child dies every **20 seconds** from water-related illness

- Since the start of this training **95 children** have died!!!!!!

Almost all of these –88%—could be prevented through WASH related interventions
Why does SHIKHA put emphasis on handwashing????

Discuss
Prevalence of Diarrhea among children < 5 years by observed Handwashing before preparing food

SHEWA-B, Rural Bangladesh

Mean diarrhea prevalence
- None: 12.5%
- Water: 8.3%
- Water + Soap: 6.9%

Focus on WASH behaviors for Diarrhea Disease Reduction....

- **Safe Feces Disposal:** 30% ++
- **Safe Storage & Treatment of Water:** 21%
- **Handwashing:** 30-50%

---

[Images of sanitation practices and percentages]
Children with diarrhea tend to eat less
With diarrhea, nutrients from food are not well-absorbed
Undernourished children are more susceptible to diarrhea
Link between WASH and nutrition

• Stunting is low height (or length) for age.
• It is a measure of CHRONIC undernutrition over time.
• In Bangladesh, 4 out of 10 children are stunted.
Stunting has lifelong implications... A stunted child will **never** learn or earn as much as if they’d been properly nourished... *And the damage can’t be un-done...*
• In Bangladesh, the most dramatic decline in growth – the most stunting -- happens between 3-15 months ...

• What else happens during that time?

The introduction of complementary foods and water, and the infants wandering and putting things in their mouths.... All risky for fecal contamination!!
We know from re-analyzing data from big national studies from around the world, that there is a **STRONG LINK** between stunted children and open defecation.

Using sanitation (or not) explains more than half the variation in child height – MORE THAN WEALTH & ECONOMIC GROWTH...

That’s why Bangladesh, for instance, has LESS STUNTING than it’s richer neighbor India... because people USE latrines more often.
To reduce DD, to reduce stunting, we need to get FECES out of the environment... Out of water, off hands, out of the food we eat ... Break the cycle of ‘oral-fecal’ contamination...
The “F” Diagram

Showing how feces gets into our food and water to make us sick
Breaking the Contamination Cycle Exercise

• Groups of three
• Identify our ‘tools’ for breaking the cycle
• Put up ‘barriers’ from having feces enter food and water (using your WASH tools)
The F-Diagram, using WASH Tools to Block Contamination
Session 5:
Focus on Improving WASH behaviors for Diarrhea Disease Reduction, reduced stunting, and improved growth!

Safe Storage & Treatment of Water

Handwashing
So if we need to improve WASH behaviors, let’s explore together....

What influences behavior??
To discover, compare people who DO and DON’T do... and look for differences

?? What is different between who plays cricket and who doesn’t?
Key Factors: Some Common Determinants of Behavior

- Knowledge
- Perceived risk
- Perceived consequences
- Self-efficacy
- Perceived social norms
- Attitudes
- Intentions

- Access to products
- Availability & quality of services
- Policy
- Skills
- Culture and traditions
Construct your ‘theory’ of behavior change using The BEHAVE Framework

**Priority Audience**
In order to help: Some specific audience segment

**Behavior**
Do a particular feasible (yet effective) behavior

**Key Factors**
a few “behavioral determinants” most influential in changing … that particular behavior …

**Activities**
Focused activities addressing those factors … for that audience
# The BEHAVE Framework

<table>
<thead>
<tr>
<th>PRIORITY AUDIENCE</th>
<th>BEHAVIOR</th>
<th>KEY FACTORS</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youths</td>
<td>Play cricket regularly/weekly</td>
<td>Know the rules, Skills, Field, Self-efficacy, Social norma</td>
<td>Friendship cricket match, Cricket STARs in billboard and TV ad, Sponsor for cricket match, Organizing regular match, Booklets on how to play cricket</td>
</tr>
</tbody>
</table>

In order to help: to: we will focus on: through:

*The BEHAVE Framework*

---

**fhi360**

*Supportive Environments for Healthy Communities*
3 powerful behavioral determinants

Perceived consequences = \textit{FUN!}

Skills, self-efficacy, barriers = \textit{EASY!}

Perceived social norms = \textit{POPULAR!}
Session 6:

Consistent & Correct Handwashing
Consistent and Correct Handwashing

• Have 2 volunteers to demonstrate correct handwashing
• Group watches and critiques
• Review correct washing

Review critical times for handwashing
• How many times a day does a family of 5 need to wash??
(Hand out packet)
Steps of correct handwashing

7 STEPS TO HANDWASHING

1. Rub palms together
2. Rub the back of both hands
3. Interlace fingers and rub hands together
4. Interlock fingers and rub the back of fingers of both hands
5. Rub thumb in a rotating manner followed by the area between index finger and thumb for both hands
6. Rub fingertips on palm for both hands
7. Rub both wrists in a rotating manner.

Source: internet
Missing areas in our hands when we wash our hands with soap

Critical times for handwashing

How many times a day does a family of 5 need to wash??

- After defecation
- After cleaning a baby’s bottom
- Before preparing food/cooking
- Before eating/feeding a baby / breastfeeding
- ?After cleaning/handling dung

?? What makes it hard for a family of 5 to wash hands consistently and correctly?? What would make it easier??
Making tippy tap
Group work – tippy tap

Review job aid!
**The BEHAVE Framework**

<table>
<thead>
<tr>
<th>PRIORITY AUDIENCE</th>
<th>BEHAVIOR</th>
<th>KEY FACTORS</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother of young children</td>
<td>Wash hands with soap before food preparation and feeding a child</td>
<td>Increasing knowledge of how and when to wash</td>
<td>Promotion of tippy tap handwashing stations at cooking/feeding area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increasing skills to wash</td>
<td>Providing soap to HH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increasing social norms to wash before feeding</td>
<td>Mass media campaign promoting and popularizing HW</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increasing perception of risk to NOT wash before cooking and feeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increasing access to soap and water for washing</td>
<td>What else???</td>
</tr>
</tbody>
</table>
Tippy taps

• Serve as a reminder
• It’s convenient
• Allow for handwashing with flowing water in the absence of running water
• Allow for “proper wash” with MUCH LESS WATER
  – Estimates range but proper wash ½ liter to 1 liter w/o
  – 40 - 50 ml with TT (about 1/10 -1/4)
• Allow for the flow of water to be regulated, to minimize the amount of water required to wash hands thoroughly
• Encourage that soap is “at hand” whenever handwashing takes place
Session 7: Safe feces disposal

- Let’s now look at latrines... **Bangladesh has very high latrine coverage**....
  - but are people using them?
  - are they keeping feces from the environment?
  - and from our food and drink?

! Remember the F diagram!
Are these hygienic latrines?
A hygienic latrine includes:

- Good superstructure
- Lined pit with concrete rings
- Concrete Slab
- Water seal
Only having latrine is not enough . . . .

• We have to encourage people to raise the latrine platform
• Raise the latrine installed at lower level
• The top ring should be fully covered by soil
• Excreta should not be come out or leak from the latrine pit
• Construction should be encouraged based on the place and users financial capacity different types of latrine such as sand enveloped, double-pit or stair latrine
You are not going to **become** a sanitation expert!!
But…. you can:

- assess sanitation practice as part of HH visits
- encourage community to make small improvements in latrine....
- connect with Community Development Forum or other government or NGO WASH specialists
- link with local sanitation entrepreneurs
Don’t worry! That’s just for adults.
Percentage of children aged under 3 by household’s type of sanitation Facility, Bangladesh

- Left in the open, 36%
- Put/rinsed into drain or ditch, 22%
- Thrown into garbage (solid waste), 11%
- Child used toilet/latrine & household (HH) uses improved sanitation, 1%
- Child feces put/rinsed into toilet/latrine & HH used improved sanitation, 10%
- Child used toilet/latrine but HH used unimproved sanitation, 1%
- Child feces put/rinsed into toilet/latrine but HH used unimproved sanitation, 12%
- Thrown into garbage (solid waste), 11%
- Put/rinsed into drain or ditch, 22%
- Other, 8%

Improved disposal = 11%
Safe disposal = 22%

MICS 2006
Current child feces disposal practices in Bangladesh

- Even among households with improved sanitation, the feces of more than half of children is not safely disposed.

- Almost all children living in households practicing open defecation have unsafe feces disposal.

- Younger children’s feces are more likely to be left in the open.

- Poorer children’s feces are even more likely to be left in the open than those better off.
What can we do to improve WASH behaviors??

Session 8
Small doable actions to improve wash practices
Small Doable Actions for Behavior Change

• Identify, promote and facilitate improved behaviors that....
  ▪ Have significant **positive impact** on health
  ▪ Are **feasible** to achieve, (people both willing and able to make changes)

• **Know your community!!** to identify motivators & barriers
  ▪ Search for what’s ‘fun, easy and popular’
  ▪ Make sure it’s effective at removing feces from the environment

Small doable actions for safe water storage
GROUP EXERCISE
Small Doable Actions for Safe Feces Disposal
20 minutes

4 groups
* 6 months and under
* 7-12 months
* 13-24 months
* 2-5 years

List
Current pooping practice
Current cleaning practice

Brainstorm
Small doable actions to improve
Debrief
Small Doable Actions for Safe Feces Disposal

Recommended SDAs
for infants and young children

• Review group work
• Discuss
• Distribute and Review Job Aid
Roll of ‘enabling products’
Repurposing household items

WASH Benefits and icddr,b showed re-purposed household items help safe disposal of child poo, and shows “access to enabling technologies is a factor influencing safe child feces disposal.

Icddr,b & Luby (2013)
Discuss using small doable actions to improve WASH practices

- Assess the current WASH practices in households – What they are doing (handwashing or after handling human feces)

- Identify the existing “good” WASH practices, recognize and appreciate and strengthen the process

- Pick one or two WASH practices and discuss for improvements

- Ask for discussion:
  - What makes the small doable actions difficult to perform?
  - What can make the SDAs easy?
  - Who approves from the household to spend time on certain practices?

- Encourage the possible change to solve existing problems through partnership.
GROUP ACTIVITY:
Negotiating Small Doable Actions to Improve WASH Practices

Break into groups of three. From the list below assign each group with two of the small doable actions for handwashing to negotiate in a role play.

1. Wash both YOUR hands and 15 months old BABY’s hands before feeding your fifteen month old
2. Create a handwashing station next to the cooking area
3. Keep soap, ash, or cleansing agent next to the tippy tap
4. Wash your hands after cleaning your baby’s bottom
5. Use a tippy tap to conserve water
6. Dispose of children’s feces into a latrine
7. Make your latrine child-friendly and encourage him/her to use a latrine
8. Repair a leaky latrine
9. Install a water seal in your latrine
10. Stop dipping your hand to remove extra water from pitcher
DEBRIEF:
Negotiating Small Doable Actions
to Improve WASH Practices

- Discuss – how is this different from how you currently promote new IYCF behaviors?

- How is it similar??

- Highlight the difference between ‘educating’ and promoting vs. NEGOTIATING

- You serve as a facilitator and problem solver, not a preacher or teacher
  Bringing it back to the determinants....

- Information and awareness are RARELY key determinants of behavior change
Session 9:
Incorporating WASH, especially safe feces disposal management and handwashing into SHIKHA outreach activity

SHIKHA major activities
- Home visits
- Health forums
- Mobilization
- Antenatal and postnatal visits
- Mass media and communication campaign

Workshop Activity:
*In small groups, discuss how you can incorporate WASH behaviors, small doable actions, tippy taps, BEHAVE, other concepts ... into your outreach work.*
Commitments and close of the training

Now go forward!

….and help improve WASH, one small doable action at a time!!!