Bangladesh 2011–2014

LARGE-SCALE COUNTRY PROGRAMS INTEGRATING WASH INTO AN OVERALL FOCUS ON CHILD NUTRITION

Community-Based Interventions and National Media Campaigns Combining IYCF and Improved Hygiene

Context

The Alive & Thrive (A&T) program in Bangladesh aims to reduce child stunting and anemia by reaching 8.5 million households with children under two years old through intensive community-based interventions and national media campaigns. A&T undertook extensive formative research and developed behavior-change strategies, designed trainings, and created materials for multiple target audiences as a foundation for adaptation by their major implementing NGO, BRAC, by SAVE, and by government entities.

The national communication campaign focuses on practices critical to the care of children 6 to 23 months of age: 1) adequate quantity and frequency of feeding (defined by age of child according to WHO guidelines); 2) food diversity, including one animal-source food daily; 3) hand washing with soap before food preparation and child feeding; and 4) regular maintenance and use of hand washing stations near the place where the child is fed.

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Activities/Channels

The program initially focused on developing strategies to promote improved infant and young child feeding (IYCF). However, additional formative research in light of the high prevalence of childhood diarrhea and poor social norms regarding hand washing with soap before food preparation and child feeding (less than 1 percent observed for both practices in 2007) led to stronger emphasis on hygiene. A&T and ICDDR,B collaborated in rapid field trials to examine barriers to improved hygiene and ways to overcome these.

Because a major barrier cited by families was lack of convenience (soap and water not present where food is prepared) the project began promoting installation and use of simple hand washing stations near the place of cooking food/feeding a child. Trials of improved practices (TIPs) examined the acceptability of project-supplied 40-liter plastic buckets with tap and lids and simple stands, as well as the feasibility of encouraging families to build their own stations with local materials.

Alive and Thrive: Debashish Biswas

Mother's group meeting

Current program implementation in 50 BRAC upazilas (subdistricts) includes promoting key practices through counseling during routine home visits by volunteers and IYCF promoters, and social mobilization sessions for fathers of children 7–10 months of age and for village doctors (informal health care providers). BRAC distributed free hand washing stations to families in selected areas to jump-start use and stimulate a new social norm. They also provided a financial incentive for village volunteers based on successful promotion of handwashing stations and their maintenance in catchment areas. A&T is also partnering with DFID poverty reduction projects to

Building your own simple hand washing station was encouraged.

introduce an IYCF plus hygiene module in their training and is providing handwashing materials for distribution during immunization visits through SAVE's Mamoni MCH/FP programs.

The national mass media campaign includes radio and TV spots showing a father's involvement in supporting hand washing and installing a station in the kitchen area. DVDs with these ads have also been distributed to tea stalls.

Results

Overall program results will be available in 2014 following a final evaluation comparing primary and secondary indicators with those collected at baseline. Results from the TIPs research informed scale-up of intervention strategies for both IYCF and hygiene practices in the BRAC program areas. The TIPs were conducted in 2011 in 20 villages in collaboration with ICDDR,B. During four household visits spaced over eight weeks, the study included observations of key practices as well as mothers' stated intentions to adopt and continue them. By the trial's end, 80 percent of mothers who had been given free hand washing stations and 50 percent of those who had built their own were observed washing their hands with soap before cooking food/feeding. Among those given stations, 83 percent said they intended to continue the practice, in contrast to 68 percent of those who created their own. However, the increase in "intention to use" was greater over time among those who supplied their own materials. Other behaviors related to child feeding were also higher at study end among the group that received free stations.

Lessons

In this intervention area, barriers to hand washing before preparing food and feeding a child included lack of conviction about the health benefits of the practice, lack of social pressure to change, pressure of household chores, and lack of convenience. In the absence of any existing social norm, improving hand washing at these times is a long-term, uphill battle and requires engaging important influencials—especially men who must help with installation and maintenance. Even in the absence of a social norm, however, mothers' reports of practices were much higher than observed practices, making measurement difficult.

In view of the TIPs results, A&T decided to stimulate early adopters by supplying free hand washing stations in the BRAC program area. However, the project found during monitoring visits that many of the (free) materials had been moved and were being put to other uses. Program people have since been weighing the different benefits of project- and home-supplied stations.

One entirely positive innovation has been the introduction of "soapy water" for use in the kitchen. With each free hand washing station the project also distributed free detergent powder and a 1.5 liter plastic bottle to make and store soapy water. Promoters demonstrated how to make soapy water in both of the study groups. This attracted the attention of neighbors, who were also found taking up the practice.

Resources

Alive & Thrive. Case Study Kit #3. What drives Behavior? Key factors for handwashing in Bangladesh. http://www.aliveandthrive.org/what-drives-behavior

Visit the Alive and thrive website

Contact

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