When ODF is Not Enough: Using a Small Doable Actions Approach to Complement CLTS and Get Faeces out of the Environment in Southwest Bangladesh

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About WASHplus

• USAID’s global environmental health program-active in 11 countries including Bangladesh
• Led by FHI360, based here in Gulshan 2
• Safe and sufficient water, hygiene and sanitation practice in homes AND institutions
• WASH integration into nutrition, HIV, schools
• Plus- improved household air quality/ Bangladesh
• WASHplus activity in Bangladesh is 4 year activity with WaterAid as primary implementing partner, FHI360 leading behavior change and integration
**Goal and Objectives**

**Goal:** Improve water, sanitation, and hygiene (WASH) in the hard-to-reach areas of Southwestern Bangladesh

1. **To Improve access** to safe drinking water, improved sanitation, and hygiene practices of poor and marginalized people in four upazilas

2. **To build local capacity** to mobilize community to ensure sustained water and sanitation facilities

3. **To strengthen the evidence and programming guidance** for WASH-nutrition programming in Bangladesh

**Contributing to the GoB effort to reach its 2015 MDG/SDG targets to ensure all people have access to safe water and improved sanitation services**
Project Scope

Target population: 270,000

Project Period: 2012-2016

- **Patuakhali**
  - Galachipa
  - Kalapara

- **Satkhira**
  - Shyamnagar

- **Bhola**
  - Char Fasson
  - Daulatkhan

BANGLADESH
Administrative Divisions
## Sanitation situation

<table>
<thead>
<tr>
<th>Indicators</th>
<th>WASHplus</th>
<th>National Hyg. Base. Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defecate in open place or bushes</td>
<td>4%</td>
<td>~2%</td>
</tr>
<tr>
<td>Households defecate in some kind of latrine</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Households having access to improved* sanitation facilities/latrines</td>
<td>10%</td>
<td>47%</td>
</tr>
<tr>
<td>Households experiencing regular flooding and/or tidal surges</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Households defecate in the open when their sanitation facility is flooded</td>
<td>38%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Improved sanitation facilities are likely to ensure hygienic separation of human excreta from human contact
Sanitation facilities

*Fixed-point defecation*
Latrine condition
Latrine condition

- Lined pit with concrete rings
- Concrete slab
- Good superstructure
- Water seal
Small Doable Action Approach
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)

**Conduct Behavior Analysis**

- Identify feasible incremental steps that move people from a current practice toward the ideal practice
  - Document actual
  - Explore the desired
- Construct a continuum from worst toward ideal
- Search for what’s ‘fun, easy and popular’
Small Doable Action Approach

- Identify feasible incremental steps that move people from a current practice toward the ideal practice
- Construct a continuum from worst toward ideal
- At household level, identify existing hygiene and sanitation good practices to be reinforced or modified
- Identify practices to be improved and negotiate the options with family member
Make a sand envelope around sides and bottom of pit/ rings

Stacking soil around the pit and build up stair cases to ease access

Raise the plinth putting soil around the pit

Seal the spaces between rings with cement and sand
SDAs for Improving Low Quality Latrines

- Use of SaTo pans (built-in water seal)
- Strengthen local entrepreneurs to provide small scale production and SALE of sanitation products
- Coordinate with CLTS triggering and CDF follow up
Is ODF enough??

**Don’t worry! That’s just for adults**
SDAs for Total Sanitation
Children’s feces
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%**
- **Other, 8%**
- **Threw into garbage (solid waste), 11%**

*Note: Although it looks like the large bracket should add to 24%, this is due to rounding*
• 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
SDA for safely disposing of child feces

Develop Small Doable Actions for Safely Disposing of Child Feces *by age cohort*:

- Infant/lap child 0-6ish
- Crawling 6 month-1 hear
- Toddler 1-2
- 3-6 years

Incorporate those safe feces SDAs in CLTS WASH and nutrition activities
• Document CURRENT household practices for handling child feces by age cohort.

• Prioritize riskiest of practices

• Work with mothers to identify a few ‘small doable actions’ for each of these risky behaviors that will make it easier for mothers to manage child feces, but that still get them out of the environment.

• Test these with mothers, over time, for effectiveness and feasibility
### Example of SDA: Safe child feces disposal

<table>
<thead>
<tr>
<th>Age Cohort</th>
<th>Current Practices</th>
<th>Possible Small Doable Actions to promote</th>
</tr>
</thead>
</table>
| Crawling baby (under 1 year) | - When caretaker knows infant is about to poop, she stands the infant up to poop on ground  
                               - Then uses paper or leaves to transfer into ditch                                  | - Let child poop where he/she poops                                             |
|                           |                                                                                 | - Use the trowel/hoe, take it to the latrine                                    |
|                           |                                                                                 | - Socialize child to potty training                                              |
|                           |                                                                                 | - Sit the child on the potty (even when not pooping)                             |
| Young child 3-6 years     | - Children often with older siblings or on their own                             | - Train child to use latrine                                                   |
|                           | - Poops anywhere                                                                | - Make latrine more “child-friendly”                                            |
|                           | - Caretaker cleans up when she sees or when cleaning the courtyard               | - Control smell with ash and regular cleaning                                   |
|                           | - Throw in ditch, anywhere out of sight, or in household garbage                 | - Pour sufficient water to flush feces                                          |
|                           |                                                                                 | - Clean slab at least weekly or when feces are visible                           |
|                           |                                                                                 | - Arrange doorway or superstructure for light                                    |
|                           |                                                                                 | - Install handrails to increase stability/security                               |
|                           |                                                                                 | - Make a seat placed over the hole                                              |
|                           |                                                                                 | - Accompany child, keep door open, and communicate with child while pooping     |
|                           |                                                                                 | (congratulate or reward them)                                                   |
|                           |                                                                                 | - Install a child-friendly footrest in the latrine                              |
|                           |                                                                                 | - Make a latrine with smaller hole to reduce fear                               |
Current WASHplus work with nutrition partners to focus on infant feces disposal

• All feces ends up in latrine
  – Poo’s final address

• Role of
  – enabling products and service
  – Social norms
  – Perception of risk

• Job Aids to promote small doable actions by age cohort
  – SDAs by age w slogan
  – Essential WASH Actions
  – Handwashing devices
<table>
<thead>
<tr>
<th>Activities</th>
<th>Project target</th>
<th>Achievement to date</th>
<th>Target achieved as %</th>
</tr>
</thead>
<tbody>
<tr>
<td># Open defecation free communities</td>
<td>512</td>
<td>653</td>
<td>127</td>
</tr>
<tr>
<td># Improved latrines constructed</td>
<td>20,266</td>
<td>30,929</td>
<td>152</td>
</tr>
<tr>
<td># People gaining access to improved sanitation facilities</td>
<td>88,358</td>
<td>154,729</td>
<td>175</td>
</tr>
<tr>
<td># handwashing devices installed</td>
<td>39,726</td>
<td>41,114</td>
<td>103</td>
</tr>
<tr>
<td># New deep hand tube wells installed</td>
<td>670</td>
<td>670</td>
<td>100</td>
</tr>
<tr>
<td># of improved/ rehabilitated tube wells</td>
<td>19</td>
<td>19</td>
<td>100</td>
</tr>
<tr>
<td># people gaining access to improved drinking water source</td>
<td>65,771</td>
<td>94,200</td>
<td>143</td>
</tr>
</tbody>
</table>
### NUMBERS TRAINED AT HOUSEHOLD AND COMMUNITY LEVEL

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<th>Achievement to date</th>
<th>Target achieved as %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of leadership and advocacy training conducted with community members</td>
<td>1,206</td>
<td>1,206</td>
<td>100</td>
</tr>
<tr>
<td>Number of people trained on O&amp;M of water facilities</td>
<td>1,450</td>
<td>1,450</td>
<td>100</td>
</tr>
<tr>
<td>Number of community volunteers trained</td>
<td>386</td>
<td>386</td>
<td>100</td>
</tr>
<tr>
<td>Number of hygiene cycles (4 total sessions) conducted with mother groups</td>
<td>1,683</td>
<td>1,683</td>
<td>100</td>
</tr>
</tbody>
</table>
Conclusions

- Small doable actions were effective to change feces disposal behaviors
- The approach can be coupled with ‘triggering’ to end unsafe disposal of human feces
- Small doable actions identifies ‘feasible’ behaviors to be improved, not the ideal one
- Sanitation interventions can use the approach to bring sanitation benefits in the communities
Acknowledgments

- Community members
- Local government representatives
- School authorities
- Program staff
- USAID - generous funding support

Declaration of ODF community