

Improving WASH Behaviors to Reduce Diarrhea and Improve the Health and Resilience of Children, Families Affected by HIV/AIDS, and Other Vulnerable Populations

WASHplus Uganda End of Project Review

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USAID
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WASHplus, a five-year (2010–2015) cooperative agreement (AID-OAA-A-10-00040) implemented by FHI 360 with CARE and Winrock International as core partners, is funded through USAID’s Bureau for Global Health. WASHplus creates supportive environments for healthy households and communities by delivering interventions that lead to improvements in water, sanitation, hygiene (WASH) and household air pollution (HAP). WASHplus uses at-scale as well as integrated programming approaches globally to reduce diarrheal diseases and acute respiratory infections, the two top killers of children under 5 years of age. For information, visit www.washplus.org or email: contact@washplus.org.

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Introduction

With funding from USAID/Uganda WASHplus worked for almost two years (January 2013–November 2014) to **reduce diarrhea and improve the health and resilience of key populations** in three districts—Kabale, Kisoro, and Kanungu. This multidisciplinary initiative focused on three objectives:

- Integrating water, sanitation, food hygiene, and hand washing into nutrition and Feed the Future activities
- Incorporating water, sanitation, food hygiene, menstrual hygiene, and hand washing into community and clinically based HIV activities
- Strengthening the capacity of local districts to plan, budget, implement, and monitor water, sanitation, and hygiene (WASH)-related activities

As a strategy for sustainability and scale, WASHplus bolstered district government and USAID implementing partner services and programs, rather than implementing its own activities. WASHplus collaborated with implementing partners such as Uganda Community Connector, Food and Nutrition Technical Assistance (FANTA) III, Strengthening Decentralization for Sustainability (SDS), STAR-SW, SPRING, and Reproductive Health Uganda.



Girls take menstrual hygiene management into their own hands as they make reusable menstrual pads, one of the many small doable actions WASHplus helped to promote.

The Underlying Theoretical Framework

To see improvements in health, social, and economic well-being of families in the project districts, the WASHplus activity aimed to increase the consistent and correct practice of a suite of WASH behaviors including:

- Safe and hygienic disposal of feces, including infant feces
- Consistent and correct hand washing at critical junctures, particularly after defecation and before food preparation and feeding/eating
- Safe handling and storage of household water
- Menstrual hygiene management (MHM)

To improve WASH practices, increasing knowledge and awareness is necessary but not sufficient. A host of other factors are also critical to the performance or nonperformance of improved behaviors. WASHplus's strategy to increase the practice of WASH behaviors is both theory-based and grounded in established best practice. Rather than embracing one particular theory of behavior change, the WASHplus strategy is constructed around the USAID WASH Improvement Framework, which requires engagement in three key domains to realize sustained behavior change or WASH improvement:

1. Access to hardware and services, such as water supply, soap, sanitation products, and financial products (i.e., loans)
2. An enabling environment, which includes a supportive policy environment, institutions with the needed capacities, and coordinated government and nongovernmental organizational planning

3. Hygiene promotion and demand creation, which includes social mobilization, community participation, community-led total sanitation (CLTS), social marketing, and behavior change communication

These three domains directly corresponded to WASHplus’s project approach in Uganda.

The WASHplus activity in Southwest Uganda was designed to increase access to water and hygienic sanitation; strengthen local government capacity to plan, manage, implement, and evaluate WASH hardware and software activities; and stimulate formal and informal community institutions like church and civil society to reinforce social norms that are supportive of WASH. These social norms are the unwritten rules that guide individuals to “do” or “not do” certain behaviors; they remind us what is expected—what people important to us think that we should do. In general, the cross-cutting factors most influential in WASH behaviors include: perception of risk (of fecal contamination, of NOT washing hands), skills, access to key enabling products, self-efficacy (the sense that individuals and/or communities can do something to make things better), key knowledge, and social norms.

USAID Offers District Grants to Improve WASH

WASHplus supported USAID in coordination with SDS to implement a menu of USAID WASH grants. Mirroring the domains of the WASH Improvement Framework, the grant menu allowed districts to address issues of supply, enabling environment, and promotion in a comprehensive way to improve WASH. Through a highly interactive process, WASHplus and SDS worked with districts to plan, budget, implement, and monitor a set of WASH initiatives supportive of District Management Improvement Plans. An illustrative list of the grant items is found to the right.

In the end, Kabale, Kisoro, and Kanungu developed ambitious but strategic plans for improving district WASH, requesting support through the USAID WASH grants. WASHplus and SDS, together with other development partners, accompanied the districts to implement the grants, offering formal capacity building inputs and well as less formal, ongoing technical assistance.

Districts mobilized for open defecation free communities, using village health teams (VHTs) and others to provide follow-up and support to communities committed to build or improve latrines and use them consistently and correctly. Districts were trained to make their schools WASH-Friendly with a focus on MHM to keep girls in school and performing well. Among the host of grant-funded activities, with district cost share, that WASHplus supported were supervising construction of rainwater catchment systems in schools for increased access, celebration of Global Handwashing and Menstrual Hygiene Management days, and training water committees and school/health units in operation and maintenance of WASH facilities.

Menu of USAID Grants for District WASH

1. **Increased application and enforcement of WASH laws and regulations**
2. **WASH programs in schools or clinics**
3. **WASH promotion with households and communities**
4. **Production of WASH tools and materials for behavior change communication, promotion, and negotiation**
5. **Community-led total sanitation and follow up**
6. **Advocacy and events** such as Global Handwashing Day, World Toilet Day, home improvement campaigns, and competitions
7. **District or local government WASH monitoring, planning, or evaluations**
8. **Improved engagement of the WASH private sector** with financial services, supply chain, or product and service development
9. **Participatory formation and support of WASH management structures** such as water management committees
10. **Smart WASH subsidies explicitly targeted at vulnerable households** (*this was later removed*)

Improving WASH Practice One Small Doable Action at a Time

The WASHplus behavior change strategy is also built around the evidence that people rarely go from current practice to ideal practice, for example, from sedentary lifestyle to running a marathon, or from open defecation to consistent use of a ventilated improved pit latrine. Based on this understanding, WASHplus incorporates its **small doable action approach** to changing WASH practices. Rather than insisting on the adoption of the ideal WASH practices (e.g., put children in diapers; wash hands of all family members at all seven critical junctions with running water and soap), WASHplus constructs a continuum of behaviors that lead from unacceptable to the ideal. Small doable actions are behaviors that are deemed *feasible* to perform in resource-constrained settings from the householder point of view and *effective* at the individual and public health levels.

These small doable actions are then negotiated with householders, which involves a community agent such as an outreach worker assessing current practice and problem solving with householders to commit to trying an improved WASH practice. This approach contrasts with predominant hygiene promotion that assumes households are not practicing ideal behaviors because they are unaware, and that through awareness-raising and education, ideal practices will be catalyzed.

Below is a pictorial representation excerpted from a more comprehensive job aid developed for Ugandan VHTs of small doable actions related to safe water handling. The first illustration depicts the unacceptable current practice of leaving water containers uncovered and susceptible to animal and insect contamination, followed by a menu of options that move toward the ideal practice of serving water from a covered jerry can and keeping a cup hanging on the wall for serving.

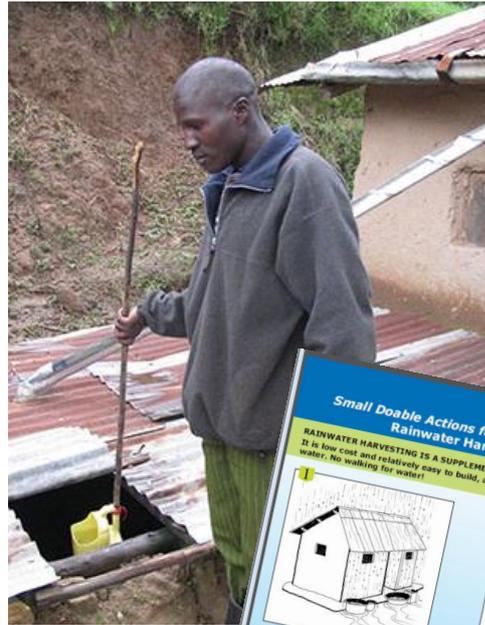


Building a tippy tap is one small doable action WASHplus helped promote to improve hand washing hygiene at homes and schools.



While WASHplus worked with local governments and communities on mobilization, enforcement, and water and sanitation infrastructure in Southwest Uganda, it actively encouraged small doable improvements in households, communities, and schools for improving existing infrastructure and practice—re-hanging doors, stabilizing or raising sanitation platforms, patching leaky latrines, hanging tippy tap hand washing stations, etc. WASHplus also strengthened the capacity of a host of outreach workers such as VHTs to negotiate these small doable actions.

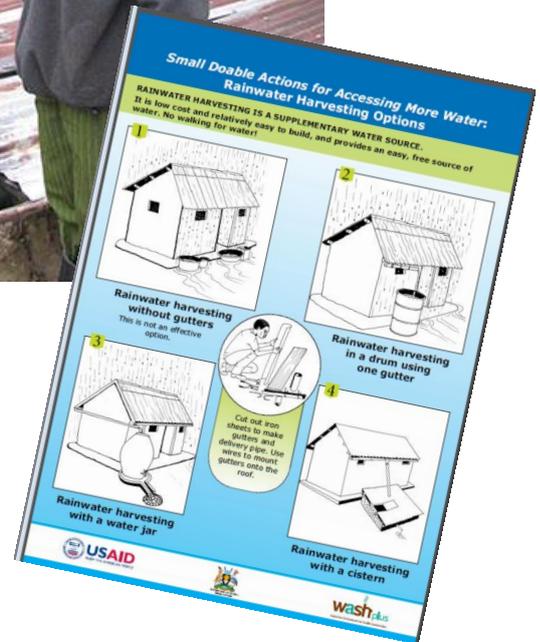
To the right is a community-based trainer or CBT with Community Connector, a USAID implementing partner. Faced with water shortages just like his fellow villagers, he took a small doable action approach and built a rainwater catchment system with a large underground cistern from used corrugated sheets and miscellaneous supplies, all for less than \$50 (137,250 shillings). This example of a small doable action to address water accessibility was developed into a VHT job aid (far right) to encourage others to take action.



With increased access to water, it is easier for householders to wash hands at critical times, practice food and menstrual hygiene, free up more time for those responsible (in most cases girls) for collecting water to study, and to engage in income-generating activities.

Integrating WASH into Nutrition and Feed the Future Programming

Integrating WASH into nutrition focuses on the importance of improving household sanitation and nutritional needs in a child's first 1,000 days. By building capacity of implementing partners and district focal and community resource personnel, WASHplus facilitated the integration of WASH into clinical nutrition assessment, home visits with householders of small children and families affected by HIV, and through community mobilization campaigns. For example, Community Connector now not only includes WASH as part of the model homes in its 1,000 days campaign, the project included WASH in its community drama initiatives, radio talk show, behavior change communication materials, and field day exhibition, which emphasized the integration of nutrition, agriculture, income, and WASH. Integrating WASH into the District Nutrition Coordination Committees further emphasized the importance of WASH and nutrition integration during the budgeting process, implementation, and supervision of district efforts to fight undernutrition.



Working with SPRING, WASHplus created the first-ever job aids promoting small doable actions for food hygiene, based on the World Health Organization's "Five Keys to Safer Food." The job aids address issues of food safety during preparation, serving, and related to storage. This initiative directly addressed the contribution of poor food handling in spreading contamination that leads to diarrhea. Other job aids highlight safe disposal of infant and animal/poultry feces, which may be significant contributors of undernutrition and inhibitors of growth according to a growing evidence base. Feces from these sources find their way to a child's mouth through food or water contamination or through direct ingestion, causing diarrhea, enteropathy, and contributing to the excessive growth stunting documented in the region.

Integrating WASH and HIV Care and Support

Diarrhea, a very common symptom of HIV and AIDS, affects 90 percent of people living with HIV/AIDS (PLHIV) and results in significant morbidity and mortality. Improved WASH practices have been shown to reduce diarrhea, and a solid evidence base shows that improved hand washing with soap, safe feces management, food hygiene, and safe handling of household water all reduce diarrhea in immune-compromised individuals. In addition, there is a tremendous irony to taking lifesaving antiretroviral medicines with unsafe water that debilitates.

Promoting improved WASH practices can prolong life and improve the quality of life for PLHIV and can also protect family members and caregivers from contracting diarrhea, leaving them more resilient to care for sick family members, attend school, and/or engage in income-generating activities.

WASHplus worked in coordination with USAID's Strengthening TB and AIDS Response in South Western Uganda project (STAR-SW), managed by the Elizabeth Glaser Pediatric AIDS Foundation, and district government to integrate WASH and HIV. WASHplus trained STAR-SW and district partners, building skills of clinical and peer counselors as well as VHTs and home visitors to improve their own WASH practice as well as negotiate small doable actions for improved household WASH.

Learning to manage safe feces disposal at all stages of mobility, for instance, is critical to keeping the household feces-free and enabling PLHIV to live with dignity. The small doable actions can be as simple as clearing a path to the latrine of stones and obstructions so a weaker person can easily navigate the trail; making a simple commode for someone who cannot make it to the latrine; and/or adding a support pole or rope to help while squatting. All these actions facilitate WASH improvements, not only for PLHIV, but for the elderly or others with mobility issues.

Working through the STAR-SW-supported Ariel Clubs and Pediatric AIDS Campaigns, WASHplus helped to break taboos and build skills. The Pediatric AIDS Campaigns gather families during school break time to provide clinical care and counseling. The Ariel Clubs, which meet throughout the year, organize youth from 5-18 to provide HIV psychological support and skills for positive living. WASHplus worked with STAR-SW to apply the small doable action approach to improving WASH to the challenge MHM. Rather than waiting for big solutions, the small doable action approach asks, *What can we do NOW, with existing resources and strengths, to improve behaviors and make things better?*

WASHplus visited a neighboring district to meet with an innovative and enterprising group of women, supported by the HEWASA/Caritas Program, who used their HIV Support Group to sew and sell reusable menstrual pads, or RUMPS. WASHplus engaged these women to visit its districts, share their success, and train trainers. Together they developed the small doable action approach—making a set of RUMPS from cast off cloth. WASHplus created a job aid with a simple pictorial guide to making pads from used cloth and towels based on the HEWASA Women's Group work, and used it to promote MHM in schools, HIV-affected households, and in the community.

This same approach to breaking taboos and taking small doable actions to improve MHM became part of district efforts to make schools WASH-Friendly (schools that ensure students have an adequate number of clean latrines, hand washing supplies/stations, treated drinking water, and WASH education incorporated into lessons). USAID WASH grants were used to support the development of WASH-Friendly Schools, implementation of MHM, as well as improve access to water for drinking and hand washing through the installation of rainwater harvesting systems.



These two negotiation cards depict a number of ways caregivers of mobility-challenged individuals can make feces disposal safer and more dignified for PLHIV.

Behavior Change and Communication Materials

In addition to reviewing national guidelines and training materials such as the Nutrition Assessment, Counseling and Support (NACS) guidance and training to improve and integrate WASH, WASHplus worked with USAID implementing partners and district government to develop and improve job aids that help clinic and community workers apply best practice to change WASH behaviors for the better. A series of 19 negotiation cards have recently been completed and are available for a variety of uses. Districts will use their USAID WASH grants to produce and distribute sets of these job aids to VHTs, HIV peer educators, clinical counselors, and others.

Two capacity building guides, one for Integrating WASH into Nutrition and the second for Integrating WASH and HIV have also been updated based on the WASHplus experience in training and building district capacity. These guides are also available through the districts, USAID implementing partners, and on the WASHplus website at www.washplus.org/Uganda.



Negotiation cards were pretested in the districts and translated into two local languages and will guide interactions between health workers/volunteers and households/patients.

Conclusion

WASHplus was not designed with a rigorous evaluation component, so the impact of WASHplus inputs and activities cannot be quantified and reported. Separate documents provide inventories of trainings, the specific focus of district grants, and other process outputs. Upcoming evaluations of other implementing partner projects should show improved WASH practices (if included and measured in their surveys), such as increased hand washing with soap. The very nature of integrated programming makes it difficult to attribute outcomes to an individual project.

Nonetheless, anecdotal evidence and testimony of implementing partners and district government, as well as affected households, all indicate that incorporating new “best practices” into their project work and improved WASH practice is making a difference in the lives of young children, PLHIV, and other vulnerable households. Small doable actions are now a familiar phrase and a new way to negotiate behavior change. A set of legacy materials stay behind to support sustainable practice and continue to build capacity in the cadres of outreach and clinical workers committed to improving WASH, child growth, and the lives of families affected by HIV. We anticipate that USAID stakeholders and partners will continue to use the resources developed by WASHplus to support WASH behavior change activities, and that staff trained will continue to use their new skills and also pass on their knowledge and learning to others in their communities.