



WASH-NTD Pilot Project in Burkina Faso

End of Project Report

July 2016



Cover Photo: Community members in Burkina Faso demonstrate their WASH knowledge.
Credit: WASHplus

ABOUT WASHPLUS

WASHplus project supports healthy households and communities by creating and delivering interventions that lead to improvements in WASH and household air pollution (HAP). This multi-year project (2010–2016), funded through USAID’s Bureau for Global Health and led by FHI 360 in partnership with CARE and Winrock International, uses at-scale programming approaches to reduce diarrheal diseases and acute respiratory infections, the two top killers of children under age 5 globally.

RECOMMENDED CITATION

WASHplus, 2016. End of Project Report: WASH-NTD Pilot Project in Burkina Faso. Washington D.C., USA. USAID/WASHplus Project.

ACKNOWLEDGMENTS

WASHplus would like to thank USAID/Global Health/Neglected Tropical Disease team for its commitment and support of WASH-NTD programming. In addition, WASHplus thanks all the Burkina Faso based collaborators including USAID/Burkina Faso and our partner NGO collaborators. Finally, without the support of the Government of Burkina Faso, this activity would not have been possible. The actors include the national Ministry of Health/NTD Division; the Eastern Region Directors of Health, Education, and Agriculture/Sanitation/Hydraulics; heads of the Province-level technical services (Education, Agriculture/Sanitation/Hydraulics); the Chief Medical Officers and the presidents of the 7 communes in Bogande and Manni districts; and the chiefs and communities of the 12 WASHplus intervention villages.

CONTACT INFORMATION

WASHplus
1825 Connecticut Ave NW,
Washington DC 20009
www.washplus.org
202.884.8000

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) Bureau for Global Health under terms of Cooperative Agreement No. AID-OAA-A-10-00040. The contents are the responsibility of the WASHplus project, implemented by FHI 360 with CARE and Winrock International as core partners. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.

ACRONYMS

CLTS	Community-led total sanitation
MDA	Mass drug administration
MOH	Ministry of Health
NGO	Nongovernmental organization
NNN	Nongovernment development organizations NTD Network
NTDs	Neglected tropical diseases
REGIS-ER	Resilience and Economic Growth in Sahel - Enhanced Resilience project
SAFE	Surgery, antibiotics, facial cleanliness, environmental control
STH	Soil-transmitted helminths
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene
WHO	World Health Organization

TABLE OF CONTENTS

1	Background	1
2	Program Overview	2
3	WASH-NTD Indicators and Baseline Survey Summary	5
4	Pilot Program Results	6
5	Challenges.....	9
6	Lessons Learned.....	10
7	Conclusion.....	11
8	Annexes	13

Background

More than 1 billion people worldwide suffer from one or more painful, debilitating tropical diseases that disproportionately impact poor and rural populations, cause severe sickness and disability, compromise mental and physical development, contribute to childhood malnutrition, reduce school enrollment, and hinder economic productivity. Some of these diseases can be controlled or eliminated through mass drug administration, although the reinfection of these diseases will remain a problem if behaviors and the environment remain unchanged.

Soil-transmitted helminths infections (STH) are among the most common infections worldwide and affect the poorest and most deprived communities. According to the World Health Organization (WHO), more than 1.5 billion people or 24 percent of the world's population are infected with STH. The three most prevalent STH species include: roundworm (ascariasis), whipworm (trichuriasis), and hookworm. Symptoms include anemia, chronic fatigue, growth stunting; it is these that affect school attendance and future wage earnings.

Schistosomiasis is the second largest cause of parasite-related morbidity and mortality worldwide after STH. The economic and health effects of the disease are considerable. Primary symptoms include abdominal pain, diarrhea, swelling of the liver, fibrosis of the bladder, and vaginal bleeding. Secondary symptoms can lead to chronic disease and include anemia, inflammation, growth stunting, malnutrition, and overall slowed cognitive development.

Trachoma is the leading cause of blindness and visual impairment worldwide and contributes globally to annual productivity losses of between US\$3 and \$6 billion. Worldwide 325 million people currently live at risk for trachoma. More than 21 million have active trachoma; 7.2 million need surgery for trichiasis and 1.2 million have become irreversibly blind.

STH, schistosomiasis, and trachoma are all linked to inadequate sanitation, contaminated food and water, and poor hygiene, providing an opportunity for water, sanitation, and hygiene (WASH)-related approaches to help change behavior and the environment. The literature acknowledges the potential importance of WASH, added to drug-based treatments, to ensure that these WASH-related neglected tropical diseases (NTDs) are prevented and sustainably eliminated. The 2013 Second WHO Report on NTDs (*Sustaining the drive to overcome the global impact of NTDs*), describes five public health strategies that form the core to overcoming NTDs: Strategy 4 is safe drinking water, basic sanitation and hygiene services, and education. It is unlikely that trachoma can be eliminated without face washing and improved environmental hygiene and the cycle of STH treatment and reinfection will likely persist until sanitation and hygiene practices and conditions are improved.

Program Overview

Burkina has 16 of 17 NTDs in the world. It is a country with very little latrine coverage, relatively poor hygiene practices and pockets of high burden of disease related to water, sanitation and hygiene and in particular neglected tropical diseases. Without a serious focus on the “F” and “E” components (face washing and environmental cleanliness) of the SAFE strategy, areas of high trachoma prevalence will continue to remain high and advancement made in reducing trachoma incidence will be lost. Further, schistosomiasis and soil transmitted helminths will also continue to surge with little hope of control much less elimination.

In 2013, the USAID/NTD program provided funds for WASHplus to identify and present WASH interventions that could be used to assist in eliminating and/or controlling STH, and trachoma. The activities consisted of: 1) a desk review; 2) joint NTD/WASHplus assessments in Bangladesh and Burkina Faso; and 3) pilot implementation in one country.

WASHplus explored the context of NTDs in Burkina Faso and with the Ministry of Health (MOH) and determined an intervention area within the USAID resilience zone. Once the area was selected, WASHplus mapped the different WASH and NTD partners working in the area and developed strong relationships with these organizations—keeping them informed about the activities and engaging them in counseling card validation efforts.

Project Objectives and Activities

Activities began in January 2015 after the project hired a coordinator. WASHplus developed and implemented an integrated pilot program on WASH-NTDs. The goal was to test an approach that could be scaled up in Burkina Faso and to develop a program model on WASH-NTDs to share with the wider global community. The objectives were as follows:

1. Promote coordination within government among sectors related to WASH-NTD integration.
2. Develop a comprehensive implementation activity in several villages in one district.
3. Share experience and lessons learned with other partners who may be able to advance or further develop this activity
4. Provide a toolkit for Burkina Faso and global partners.

Government Coordination

WASHplus initially considered a coordination mechanism at the national level specifically for WASH and NTDs, but was dissuaded from doing so by the national NTD coordination unit. The national NTD program suggested integrating at the district/provincial level and bringing that experience to the national level at the end of the pilot period. WASHplus participated in an



Feces and garbage was common in the village.

existing national working group on WASH in Emergencies that also had a WASH/nutrition component.

Thus, WASHplus introduced the project at the national level and the provincial level, but worked most closely with three entities at the district level: MOH, Ministry of Education, and Ministry of Agriculture, Hydraulics, Sanitation and Food Security (which recently split into two: Ministry of Agriculture, Food Security and Hydraulics and Ministry of Water and Sanitation). This was a good place to start since village activities are all interconnected and gaining the support of these ministries' personnel was not difficult. This coordination also appealed to the national NTD unit, which understood that showing effective coordination at the local level may motivate more coordination at the national level.

WASHplus kept government actors involved as the project progressed. The coordinator met with members of all three ministries each time he visited the region to update them on progress. They participated in the village selection and supported trainings. WASHplus organized a validation workshop in the regional capital, Fada N’Gourma for district, provincial and national government stakeholders to share results from the baseline activity and to provide feedback on and validate the tools being adapted.

Baseline Survey

To carry out a baseline survey, WASHplus had to develop WASH-NTD indicators. This had never been done previously and these indicators, available in Annex 1, can be seen as a basis for the global NTD community to use and adapt in the future.



Animator leads village efforts.

WASHplus conducted a baseline survey to gather information about the knowledge and practices of the target population and a similar population in the neighboring district. While this pilot project was not able to conduct an endline or measure any behavioral changes, the information collected provided a snapshot of the district and may be useful to other implementers. Indeed, WASHplus advocated for other groups to conduct an endline survey. Further, the comprehensive set of questions in the baseline can be used or adapted by others interested in WASH-NTD integration.

Materials Development

In developing relationships with partners, WASHplus found a set of counseling cards that most organizations working in the WASH sector used. With these cards as the foundation, WASHplus identified additional cards to incorporate practices related to reducing the three focus NTDs. The project hired the same artist and worked with him to design the new cards. The final set has 27 cards that cover WASH practices and hygiene practices related to reducing transmission of STH, schistosomiasis, and trachoma. These cards are available in three languages: English, French, and Gulmatchema (the predominant local language spoken in the implementation area).

WASHplus held a workshop with government and NGO counterparts to validate these cards. WASHplus ensured that all intervention villages, the health centers, the commune leaders as well as the district and provincial government officials in all three sectors have copies. The national MOH also has several sets of cards as do the NGOs working in WASH and NTDs, USAID, and UNICEF.

Comprehensive Village Activity

The project hired a local organization to assist in developing and implementing the comprehensive activity. The activity consisted of the following elements.

1. Orienting key stakeholders in WASH-NTDs. These stakeholders included teachers, nurses from the community health centers, community health workers and latrine user groups (a designated village group that includes masons who are responsible for constructing latrines). During each orientation session the commune presidents (representing the local administration) were involved. Their leadership made the orientation “official” and endorsed by the government, which resulted in total ownership of WASHplus activities.
2. Training 90 villagers in WASH activities and linking them to NTDs. Animators went into the villages and stayed for a week within the village. Working with village/religious leaders, women’s groups, and others, they identified 90 motivated villagers, at least half, but preferably more, of whom were women. Using counseling cards and other participatory methods, the animators prepared a series of activities and lessons to engage villagers on different topics: drinking water, sanitation, proper hygiene, NTDs and finished the week by forming a hygiene group of nine persons. This group consisted of two community health workers, two members of the latrine users group, two women and a man from among the trained villagers, one village development committee member and one community leader. The hygiene group was presented to the community and its role is to organize activities within the village to promote hygiene and to monitor progress over time. This village-led and village-owned effort was designed to encourage sustainable changes in practices over time.
3. Implementing a CLTS program using trained CLTS igniters to trigger the villages. Hygiene and latrine users’ clubs and the WASHplus animators followed the villages’ progress toward becoming open defecation free. During triggering sessions, 284 households in the 12 intervention villages committed to building at least one latrine in their compounds.

Radio Campaign

WASHplus had neither the time nor budget to develop a comprehensive radio campaign. However, the project discovered that a partner organization had developed a radio campaign with a limited number of messages about hygiene. Therefore, WASHplus added four messages to this campaign: two focused on washing hands and two focused on using a latrine for urination and defecation. These messages were broadcast in three languages (Moore, Fulfulde, and Gulmatchema) in the target area and local animators used these programs with radio listening groups in various villages. In addition to the local radio in the target area, the messages were broadcast on six other radio stations covering the areas of our partner organizations.

Ideally, with additional time and resources, a comprehensive radio campaign would have also developed messages about face washing, wearing shoes, treating and storing drinking water and staying out of water sources that could be contaminated by schistosomiasis.

End of Project Sharing Event

WASHplus organized a half-day learning event to share the project activities and results with key stakeholders. Approximately 35 people attended, including government representatives from the district, provincial, regional and national levels from all three ministries: health; education; and agriculture, water and sanitation. Leaders from all communes in Bogande and Manni districts attended as did representatives from the NGOs working in Manni district on WASH and/or NTDs.

Project staff and consultants shared WASHplus's objectives and presented on the activities that unfolded in the 12 target villages. The speakers led a rich discussion on ways to continue follow up once the project ends. WASHplus also distributed the project-developed tools and highlighted challenges and results achieved within the project cycle.

WASH-NTD Indicators and Baseline Survey Summary

WASHplus conducted a baseline survey to understand current behavior and hygiene practices of mothers or caregivers of children aged one to nine years regarding the reduction of trachoma, schistosomiasis, and soil transmitted helminths. A key result from this activity was developing indicators for WASH-NTDs for the first time. These indicators are listed in Annex 1.

In addition to knowledge and practices, the study identified points of access and sources of drinking water and improved sanitation. The survey also described the various information channels and assessed households' level of exposure to information related to promoting appropriate hygiene practices to reduce or suppress these three major infectious diseases. The key findings are as follows:

- General knowledge of the three NTDs was adequate, though some practices could be improved.

- Information channels for large-scale or mass sensitization campaigns should be included in a communication strategy.
- Satisfactory access to an improved water source exists and adequate water storage methods are being practiced, but techniques for treating drinking water at home need to be reinforced.
- Lack of sanitation infrastructure and practices to limit open defecation and promote compound environmental cleanliness can be strengthened.
- The availability of soap at home is relatively good, but practice of handwashing with soap at some key moments should be reinforced. Promoting fixed handwashing stations such as tippy taps could assist with this practice.
- Cleanliness of the household environment should be improved.

Pilot Program Results

As indicated, this pilot program had a very short implementation period. Further, WASHplus was neither able to follow up with the villages over a longer timeframe to reinforce the activities and practices begun under the project nor able to conduct an endline survey. For this reason, WASHplus does not have data to illustrate definitively the outcomes derived from this pilot project. However, the team has collected qualitative descriptions of the changes that are being seen in the intervention villages and among collaborators that show promise.



Village cleans up after WASH-NTD training

After being trained by WASHplus on WASH-NTDs, the 1,514 villagers of Boudabga, including the chief decided to clean the communal water point. They have written rules that everyone in the village must comply. The village chief committed to monitor compliance and to take action if anyone violates the rules. These rules include:

- No wearing shoes on the water point platform
- No clothes or dishwashing on the platform
- No wastewater on the platform



Implementation reach through training and materials

The following chart provides a snapshot of the training and resources available in the 12 implementation villages in Manni province. In addition, the radio campaign broadcast information on the Radio Djawoampo station that covered the entire districts of Manni and Bogande. The programs were presented in the local language of the region, Gulmatchema.

<i>People Trained</i>	<i>Resources Developed and Disseminated</i>
<ul style="list-style-type: none"> • 25 Health workers 	<ul style="list-style-type: none"> • Counseling cards designed, validated and disseminated
<ul style="list-style-type: none"> • 25 Community health workers 	<ul style="list-style-type: none"> • Materials to assist MDA efforts • Community health worker WASH-NTD Guide
<ul style="list-style-type: none"> • 30 Teachers 	<ul style="list-style-type: none"> • Schoolteacher WASH-NTD guide • Guide for creating and managing school hygiene groups
<ul style="list-style-type: none"> • 24 Latrine user group members 	<ul style="list-style-type: none"> • Aide memoire for community members on WASH and NTDs
<ul style="list-style-type: none"> • 1673 Villagers 	<ul style="list-style-type: none"> • Aide memoire for community members on WASH and NTDs • Radio scripts <ul style="list-style-type: none"> • Washing hands • Using latrine for urination & defecation

Communities engaged and taking steps to make improvements

- Most villages have committed to keeping the common areas and the interior of the household compound clean. In one village people accessing the water point must remove their shoes before collecting water. Village market users have decided to keep markets clean and set up a committee to follow up on commitments to improving sanitation and hygiene.
- Villagers demonstrated what they have learned about handwashing, keeping the environment clean, and storing and serving treated water.
- One village has begun to construct latrines: some compounds have more than one latrine, some have one latrine. These communities are also constructing bathing spaces.

Local officials engaged and pursuing greater coordination

- Coordinating government officials from local to national levels to get involved and embrace the integrated WASH-NTD methodology was a great achievement of the pilot project. The transformation from no collaboration to a comprehensive and full coordination among local, district and provincial level WASH and health offices and commune entities is a result that strongly supports project success in achieving initial and limited behavior change within communities.
- Another success is knowing that these government actors on the ground understand the benefits of WASH and NTD activities and have gained the confidence to discuss and negotiate with each other new initiatives to foster a WASH and NTD agenda.
- The Manni Health District is planning to organize all partners engaged in the province to ensure coordination and avoid duplication of efforts. When multiple programs engage in the same village, they often come with similar messages, but very different approaches. Such different approaches can confuse the villagers and can limit the success of outcomes.
- Manni Health District will also try to ensure that WASHplus villages are encompassed within one of the other projects (REGIS-ER project has activities in 2 of the 12 WASHplus villages; SaniEst and Programme Faso may also have some villages in common with those of WASHplus.)
- The presidents of the communes will engage in advocacy to assist the villages getting their needs addressed. They will also try to continue to motivate the community volunteers who have been trained in the 12 WASHplus villages.

National and regional NTD leadership committed to advancing WASH in future efforts

- The national and regional NTD leadership elicited ideas and suggestions for why the project succeeded. Further, by fully supporting the activities and communicating their support to the effort, ensured that their counterparts in the Ministry of Education and Agriculture/Water and Sanitation were also fully engaged at the regional level.
- The World Bank NTDs grant will have a component on communication. The MOH would like to incorporate WASH activities into this grant. They are interested in harnessing the WASHplus model to incorporate a WASH component into the grant.

USAID/Burkina interested in project and may use ideas to develop new REGIS activity

- In the final meeting with USAID/Burkina Faso, the WASHplus project team discussed the project outcomes and emphasized that this is the first time that a USAID project has supported WASH-NTD integration within a country. The team also noted that WASH-NTD activities would also support WASH-nutrition activities, especially as diseases such as STH and schistosomiasis can influence nutrition outcomes among children. USAID is beginning to design its new bilateral activities and will consider this activity as the process proceeds.

Case study on WASH-NTD pilot in Burkina Faso

- FHI 360 will develop a case study on this WASH-NTD pilot project in Burkina Faso and will share it with the Nongovernmental and Development Organizations NTD Network's (NNN) WASH working group. In September 2016 the WASH working group will discuss different case studies.

Challenges

Short Time Frame

The proposed project had a very short implementation timeframe of 12 months, which was extended to 18 months. The project was designed accordingly and wherever possible, built in efforts to embed the activities in existing structures and programs to allow for continuity beyond the implementation phase. With this challenge in mind, WASHplus did not promise to achieve changes in behaviors within the timeframe of the project. However, WASHplus did promise to develop and test a program model that could be used in the future. Further, the project did promote a sufficient and strong behavior change within communities that may lead to reduced NTD prevalence if village monitoring groups can continue to motivate community efforts and if municipal commune and health district actors continue to watch and monitor progress and improved practices begun under WASHplus.

Partners had defined set of villages

WASHplus spent time working closely with partners who are already working in the intervention area. To the extent possible, the project advocated for existing projects to assist with follow up after WASHplus ended. This was difficult as most projects already had a defined area and set of intervention villages. However, WASHplus ensured that all partners participated in its activities and all partners had access to the materials that WASHplus developed. In this way, the project hopes that the materials developed and validated by the government will be used much more widely than just by WASHplus.

Lessons Learned

Take time to build relationships/partnership/trust

The project spent significant time at the outset to build relationships within the government system at the region, province, district and commune levels. At all stages, the team engaged with both government and social leaders, involving them in the vision and decisions made as the project allowed. For example, the government and social entities chose the WASHplus intervention and control villages in Manni and Bogande districts. Further, the local implementer kept the partners up to date on activities and results. The MOH as well as Ministry of Agriculture, Water and Sanitation and Ministry of Education officers participated in various forums including validating the counseling cards for WASH-NTDs. This level of engagement ensured that the partners were vested and interested in seeing the activities succeed. They seem to be willing to help continue activities in the future.



No shoes allowed on water pump platform.

Bring local experience to regional and national levels

Initially the project intended to develop a national coordinating body for WASH-NTDs. One concern with starting such a group was sustainability. Though WASHplus could have financed the group initially, it was not clear whether it could continue. At the request of our MOH partner, WASHplus focused the coordination at the local levels rather than at the national level. This proved strategic because those at the local level were engaged and involved and showed how a multi-sectoral approach could work. As the activities progress, the lessons from this collaboration are being brought by the actors themselves to the regional and national levels.

Harness existing efforts

The project engaged partner NGOs working within the WASH and NTD sectors, including REGIS-ER, SANI-Est, Programme Faso, HKI, and built on what already existed. The project used the “communal sanitation agent” created by IRC to have a database of the villages and to identify those that satisfy WASHplus selection criteria. WASHplus also promoted local experiences to facilitate uptake and ownership by villagers.

Give communities responsibility

After strengthening village capacities by training the community members, villages created WASH-NTD committees. Villagers chose the group members who are responsible for following up activities the village has chosen to implement. Giving such responsibility to the community promotes ownership and sustainability.

Implement Small Doable Actions

In Burkina Faso, as in other WASHplus countries, the project emphasized the need to take an incremental approach to progress. The project reiterated that the ideal cannot always be achieved the first time, in a single step. WASHplus explained the ideal situation to communities, so they could understand the end goal, but the project emphasized achieving progress through small feasible actions that community members could afford to accomplish without subsidies, which WASHplus did not provide. This way the communities could walk toward the ideal in a sustainable manner.

Conclusion

Despite the short time frame, this project was successful in meeting its objectives. WASHplus developed and tested a program model. The project developed a set of tools that can be used both by organizations working in Burkina Faso and other organizations interested in the nexus of WASH and NTDs. These tools were distributed to all government and NGO stakeholders working in the WASHplus intervention area. In addition, WASHplus has provided the radio programs to the USAID/REGIS-ER project to use with its listening groups – and two villages overlap with WASHplus intervention villages.

USAID/Burkina Faso is currently beginning to plan for the next stage of its bilateral health funding and is considering including elements of WASH and NTDs as well as nutrition. All these sectors are linked and the initial efforts WASHplus made in Gnagna Province may be very helpful in developing a more comprehensive cross-sectoral activity.

The MOH in Burkina Faso has been a tireless champion of the WASH-NTD integration pilot under WASHplus's auspices. If the new World Bank funding is used in part to fund WASH activities that support NTD control and elimination goals, then this project will have been successful well beyond its modest objectives.

Annexes

Annex 1: WASH-NTD Indicators

Domain	No.	Indicator
Access, treatment, and use of clean water	1	% of households that treat drinking water according to appropriate methods
Sanitation facilities	2	% of households without latrines intending to improve their access to sanitation facilities
	3	% of households with access to improved sanitation
Handwashing	4	% of households with water and soap at a location commonly used by family members for washing hands
Face washing and trachoma	5	% of households with a child with dirty face
	6	% of caretakers reporting that child's face is washed at least daily
	7	% of caretakers reporting that child's face is usually wiped with clean cloth
Schistosomiasis	8	% of households with child who does not regularly bathe, swim, and/ or play in open water sources
Soil-transmitted helminths	9	% of households where with a child who generally wears shoes when s/he goes out of the house
	10	% of caretakers that do not serve child's food directly on bare floor
Transmission vectors and cleanliness	11	% of households with visible human/animal feces in house or yard
Exposure to sanitation	12	% of caretakers exposed to sanitation promotion efforts implemented by the project
	13	% of caretakers living in a community declared ODF
	14	% of caretakers believing that sanitation is good for community development
Exposure to handwashing	15	% of caretakers exposed to handwashing promotion efforts
Exposure to face washing	16	% of caretakers exposed to face washing promotion
Exposure to helminth prevention	17	% of caretakers exposed to helminth prevention efforts
Exposure to schistosomiasis prevention	18	% of caretakers exposed to schistosomiasis prevention efforts
Exposure to water treatment	19	% of caretakers exposed to water treatment promotion efforts

Annex 2: List of selected villages in Gnagna Province

DISTRICT	COMMUNE	VILLAGES	POPULATION 2015
MANNI	Manni	Boudangou	5806
		Dakiri	1611
		Mopienga	2624
		Tomonga	3035
	Coalla	Boudabga	1514
		Coalla	1762
		Goulmodjo	1272
		Kierga	1796
	Thion	Diaka	3581
		Monlori	1371
		Thion	3872
		Tipoli	2281
	BOGANDE	Bogandé	Babri
Kossougdou			1853
Thiéry			7610
Liptougou		Bambilaré	1437
		Bantiénima	1310
		Liptougou	2131
Piéla		Diabatou	3001
		Gori	2005
		Tiabdou	1005
Bilanga		Bilanga	4827
		Kolonkomi	2579
		Paparce	1081

Annex 3: Radio scripts

Script 1: Farid and Fadhila

MOM: Farid! Fadhila! If I catch you again playing with my soap you'll have a hard time!

FARID: But Mom !!! we are washing our hands with it!

MOM: What have you done to wash your hands so many times a day?

FADHILA: Mom, We're tired of drinking the bitter herbal potions that you give us when we're sick.

MOM: I am talking about soap, not herbal potions!

FARID: If we have clean hands, we will fall sick less and we will no longer need to drink herbal potions.

MOM: Who told you that?

FARID: The teacher! She said to always wash hands with soap after poo and before meals.

MOM: The teacher really said that?

FADHILA: Yes, mom! She also said that we must wash hands before cooking food and we should wash the hands of our little brothers and sisters before giving them food and after they poo.

FARID: Yes, mom! Please let us use the soap. We really no more want of your bitter herbal potions!

MOM: Okay, kids, I'm convinced! I'll even put the soap with water in a kettle nearby the toilet!

HANDSWASHING WITH SOAP, A SIMPLE ACTION FOR HEALTH

Script 2: Daddy Hamidou

Sound of a broom sweeping. Atmosphere of a compound. Steps of a man running ...

HAMIDOU: Mary, I'm in a hurry! Where is the kettle?

MARY: Ooh! Look, it is near the toilet!

The voice Hamidou is now masked by a partition.

HAMIDOU: *(After a long sigh)* Ouf, that's a relief ... This diarrhea really surprised me!

Handwashing noise

ISSOUFOU: *(A boy whispering)* Mom, Dad forgot to wash his hands with water and soap.

Father's steps approaching.

HAMIDOU: Issoufou, you come eat!

ISSOUFOU: Yes, Dad! I am coming. I am washing my hands with soap.

HAMIDOU: *(With embarrassment in his voice)* That's ... That's good my son, you know what? Washing hand with soap and water before eating and after defecation saves us from diarrhea and other diseases.

ISSOUFOU: Yes, dad. Mom also says it's important to wash hands with soap before preparing food, after cleaning the babies when they make poo, and to help children to wash their hands.

HAMIDOU: *(Increasingly embarrassed)* Uh ... it's true!

It seems my stomachache is restarting ... I am going back to the latrine!

Behind the partition, a noise of water, hands rubbing around a soap.

ISSOUFOU: *(Whispering)* Mom, this time he did not forget, he washes his hands with water and soap.

HAMIDOU: *(to himself)* I am proud of my son. Still, I knew it all: I just had to apply it!

HANDSWASHING WITH SOAP, A SIMPLE ACTION FOR HEALTH

Script 3: My original ZR

ALI: *(amazed)* Gold! We found gold! Imagine me on my original ZR bike! And you, what will you do with the money from this gold?

PASCAL: I will build latrines and buy kettles for my children.

ALI: What! Latrines and kettles? Stop joking!

PASCAL: I'm serious. The nurse (community health worker) advised me to ensure that all the feces of my family, even those of babies, are thrown into the latrines.

ALI: Are you mad? You have nothing more grandiose to achieve with this gold?

PASCAL: Disease germs contained in the feces can disperse and make my family sick, even kill them! Protecting my family, is that not great?

ALI: *(thoughtful)* Uhm ... Before finding the gold, how was your family?

PASCAL: We use to bury the stool. But by building latrines, I can avoid us this trouble ... So you...you still want your original ZR?

ALI: No, latrines first! Priority to health: I can always buy a second ZR!

The two men laughing.

FOR A CLEAN AND HEALTHY ENVIRONMENT, LET'S USE LATRINES!

Script 4: My father-in-law's latrine

AMIDOU: Aminata, you dared to enter my father's latrine?

AMINATA: Hey! Zaksoba (Husband) I had an urgent need.

AMIDOU: Quickly hide the kettle behind you, my father arrives.

Noise of approaching steps.

FATHER-IN-LAW: My daughter, you entered into my latrine?

AMINATA: I'm sorry, Dad.

AMIDOU: Father, she will be punished at the level of her act.

FATHER-IN-LAW: My son, you should rather congratulate her for using the toilet. And you, my daughter, you do not have to hide the kettle!

AMIDOU: How come father?

FATHER-IN-LAW: By defecating in nature, we expose children to disease germs that can make them sick.

AMINATA: But every time I go into the bush, I dig a hole to put my stool and I then bury it.

FATHER-IN-LAW: That is fine when you have no latrine, but the latrine is better. I can never fill the latrines by my own (said with humor). So I prefer that everyone use them so my grandchildren don't fall sick.

FOR A CLEAN AND HEALTHY ENVIRONMENT, LET'S USE LATRINES!