

# Why WASH Matters

*For improved child nutrition, health & improved growth*

*=or=*

*Small Doable Actions Make a World of Change*

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USAID WASHplus Project

The logo for WASHplus, featuring the word "wash" in a bold, lowercase font with a blue double-stroke symbol above the 'a', and "plus" in a smaller, lowercase font to the right.



**USAID**

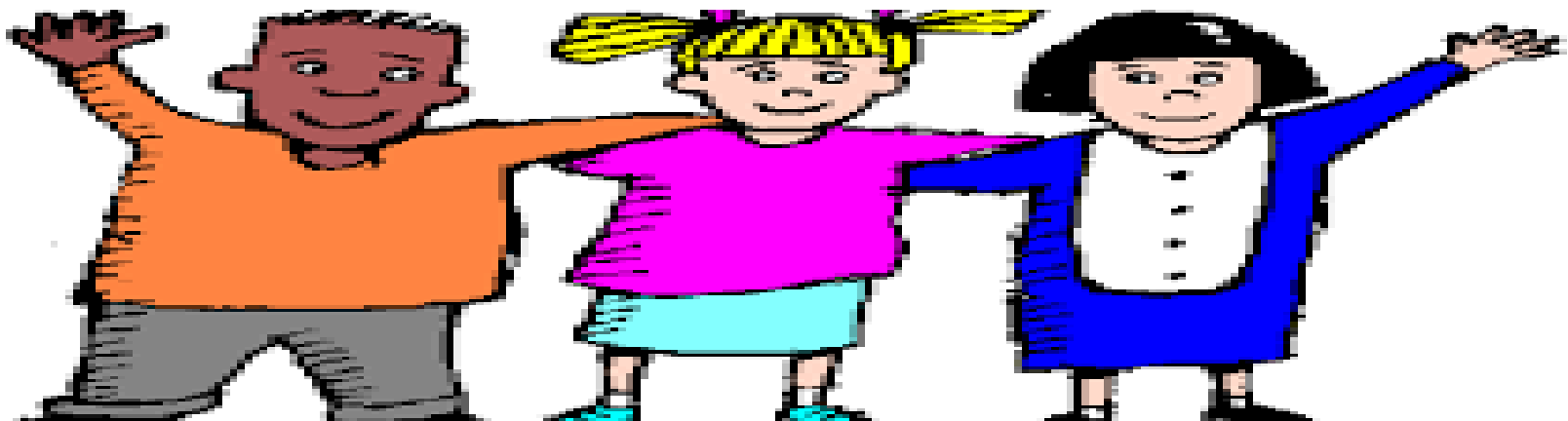
আমেরিকার জনগণের পক্ষ থেকে

# What is WASHplus??

- USAID's mechanism for supporting global and country-level environmental health programming
- In Bangladesh, WASHplus is 4 year USAID activity with WaterAid as primary implementing partner, working through partner NGOs
  1. Increase access to safe water and sanitation
  2. Improve local government and community governance
  3. Advance evidence-based programming guidance for integrating WASH into nutrition for improved child growth.
- FHI360 leads objective 3, and provides overarching guidance in behavior change.

# Brief Introductions

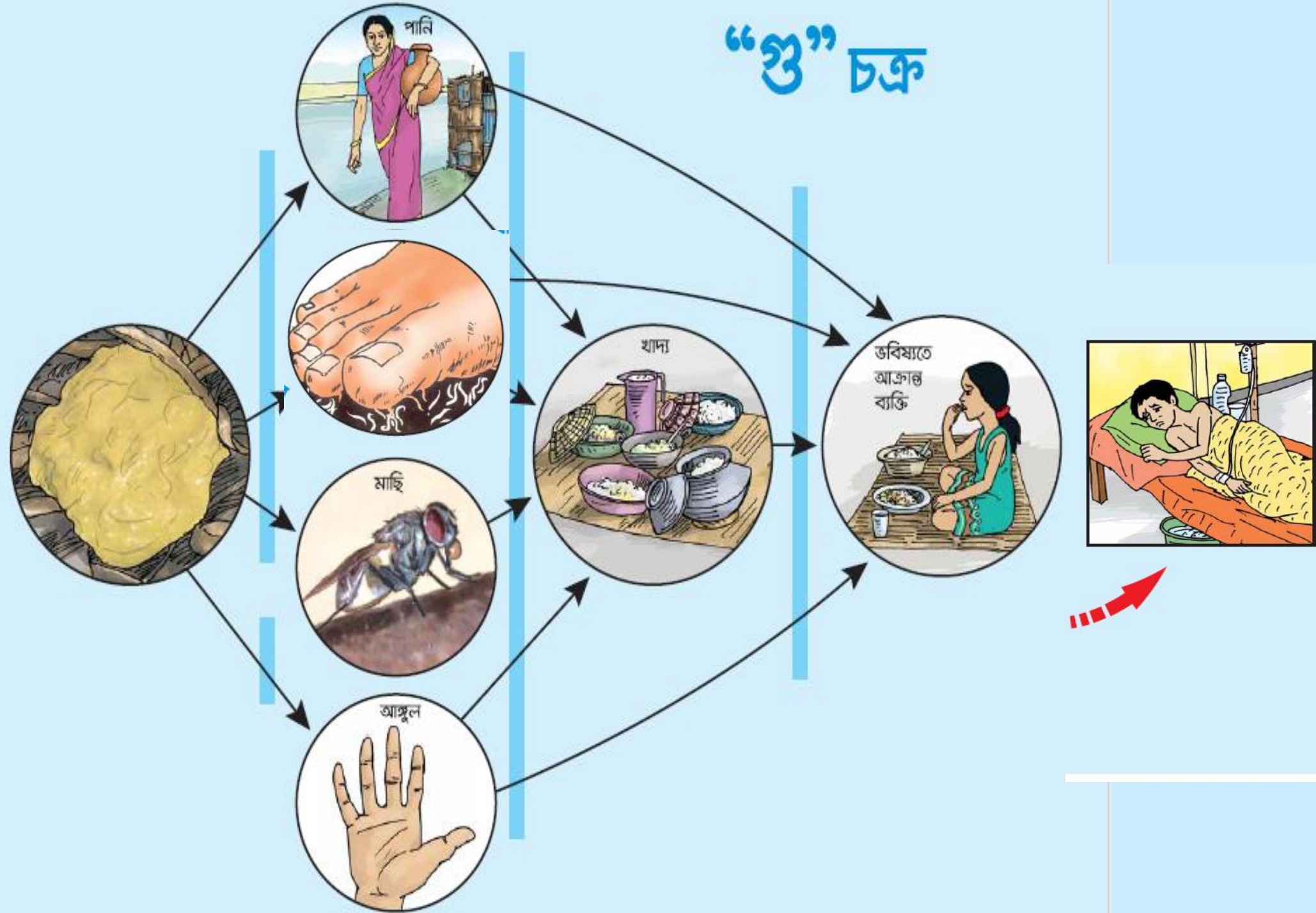
- Name
- Position
- Are you a ‘health person’?  
A child nutrition person??  
A hardware person?
- One *personal* CHANGE you’ve be working on OR accomplished over the past year



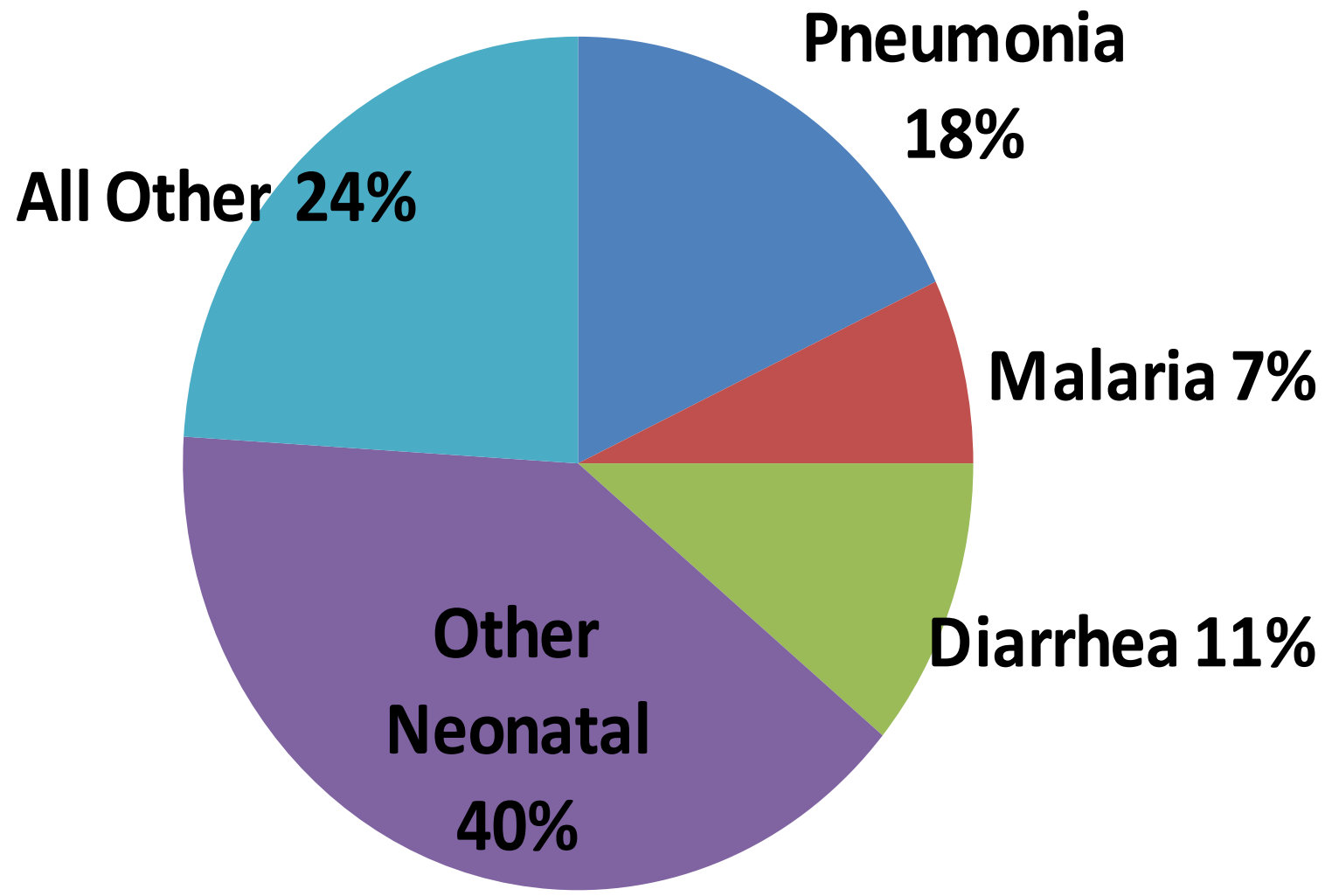
# WASH and Nutrition “101”

## The Basics of Why WASH Matters for Child Growth

# “প্ত” চক্র



# Causes of Mortality for Children Under 5



Source: *State of the World's Children*, UNICEF 2012

# **POP QUIZ!!!!!!!!!!**

**1. What percentage of child deaths caused by diarrhea are preventable through WASH related interventions?**

- a. 0%-30%**
- b. 31%-60%**
- c. 61%-80%**
- d. over 80%**

# How often does a child die from a water-related illness?

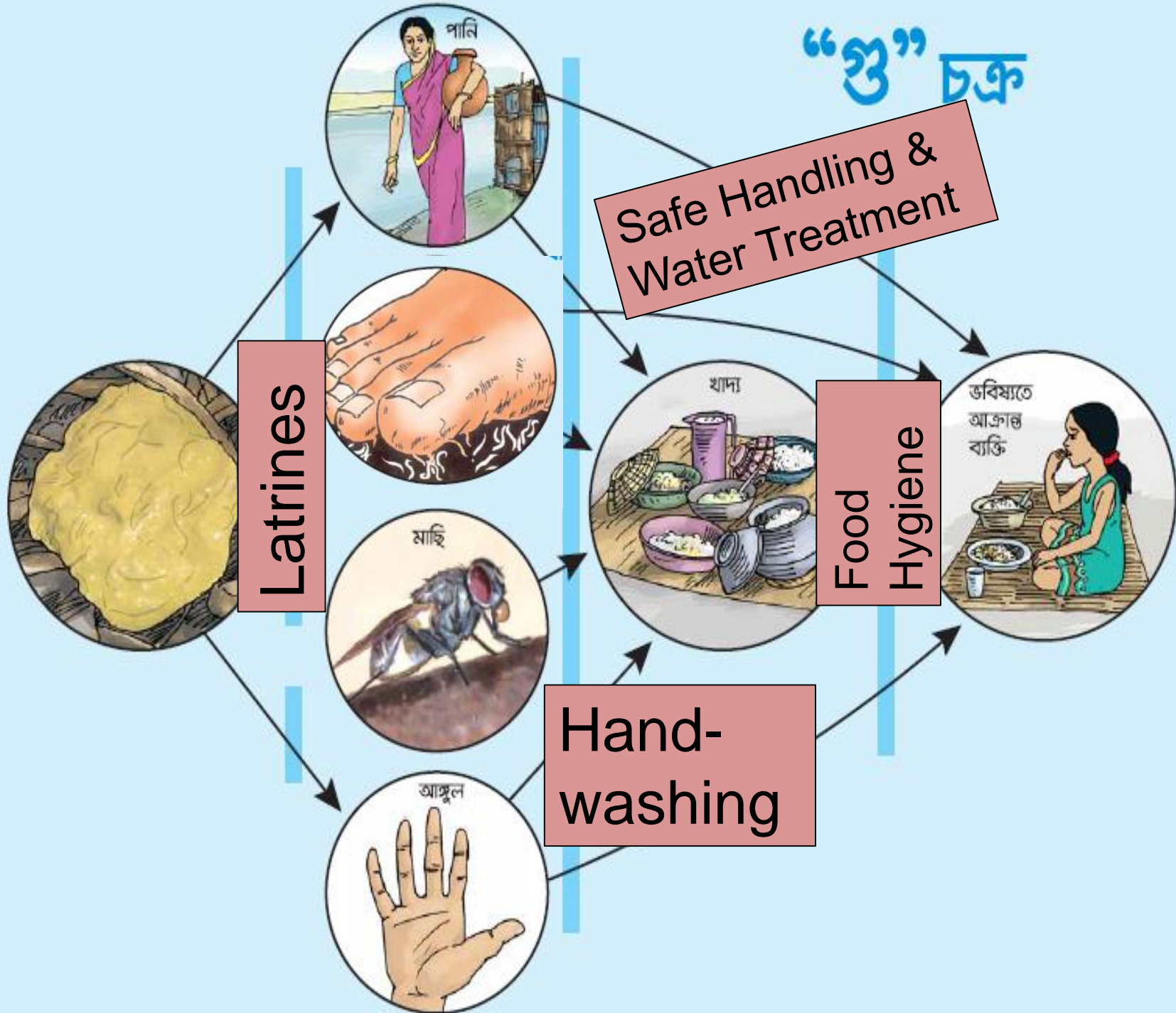
A child dies every **20 seconds** from water-related illness

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





# “সু” চক্র



Latrines



Safe Handling & Water Treatment



Food Hygiene



Hand-washing



## Safe Feces Disposal



30% ++

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

## Safe Storage & Treatment of Water



21%



30-50%



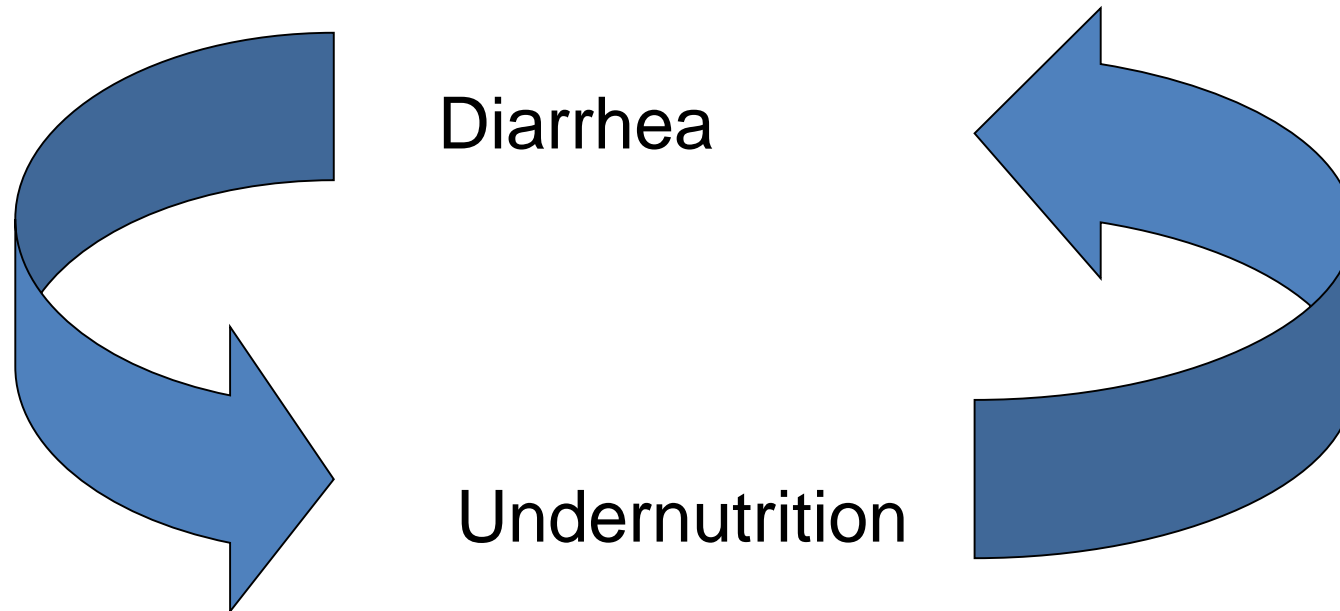
## Handwashing



43%



# Connecting WASH and Nutrition

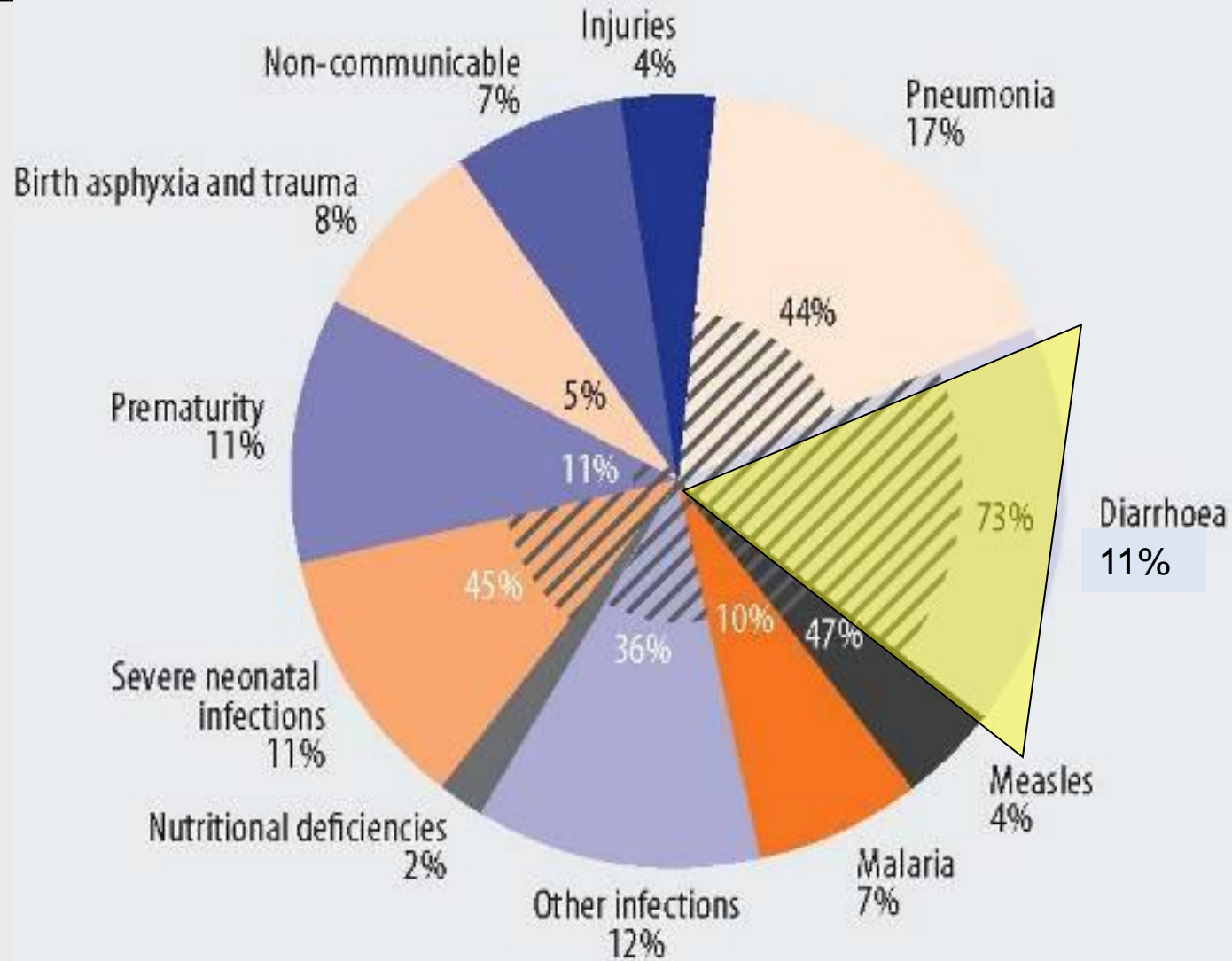


- Children with diarrhea tend to eat less
- With diarrhea, nutrients from food are not well-absorbed
- Undernourished children are more susceptible to diarrhea

# Percentage of Diarrheal Deaths Attributed to Undernutrition

**Diarrhea: 11% of all child deaths**

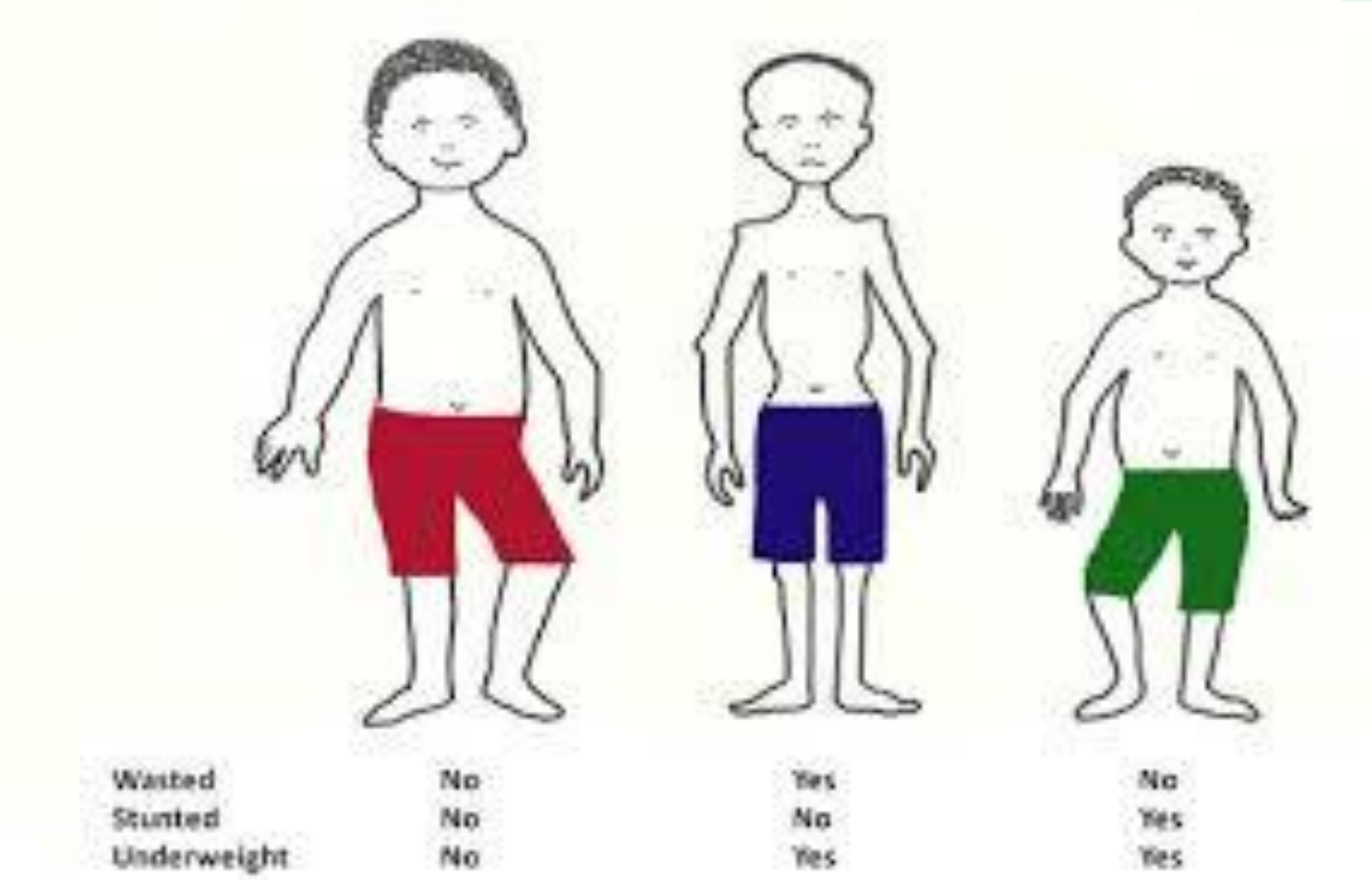
**Undernutrition contributed to 73% of these deaths**



Shaded area indicates contribution of undernutrition to each cause of death

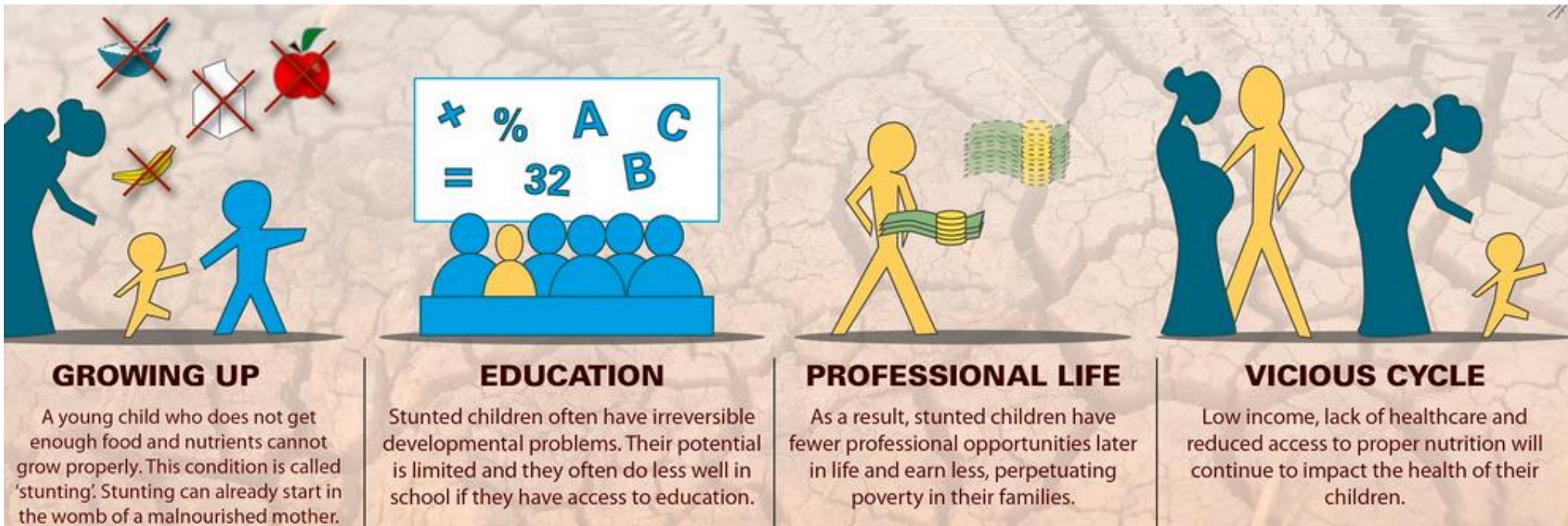


# Connecting WASH and Nutrition



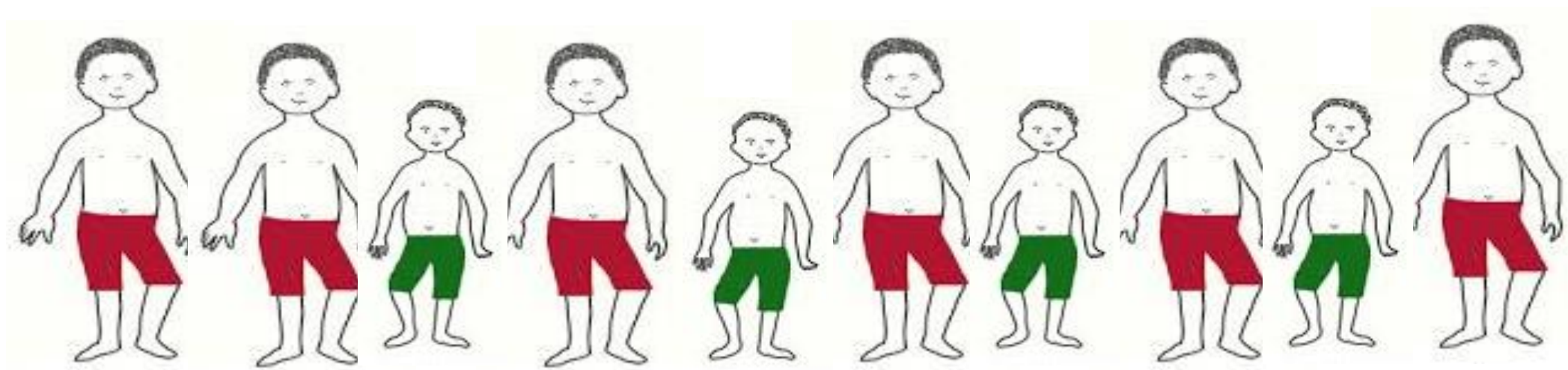
Two of the most common standards of growth: wasting and stunting

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...*

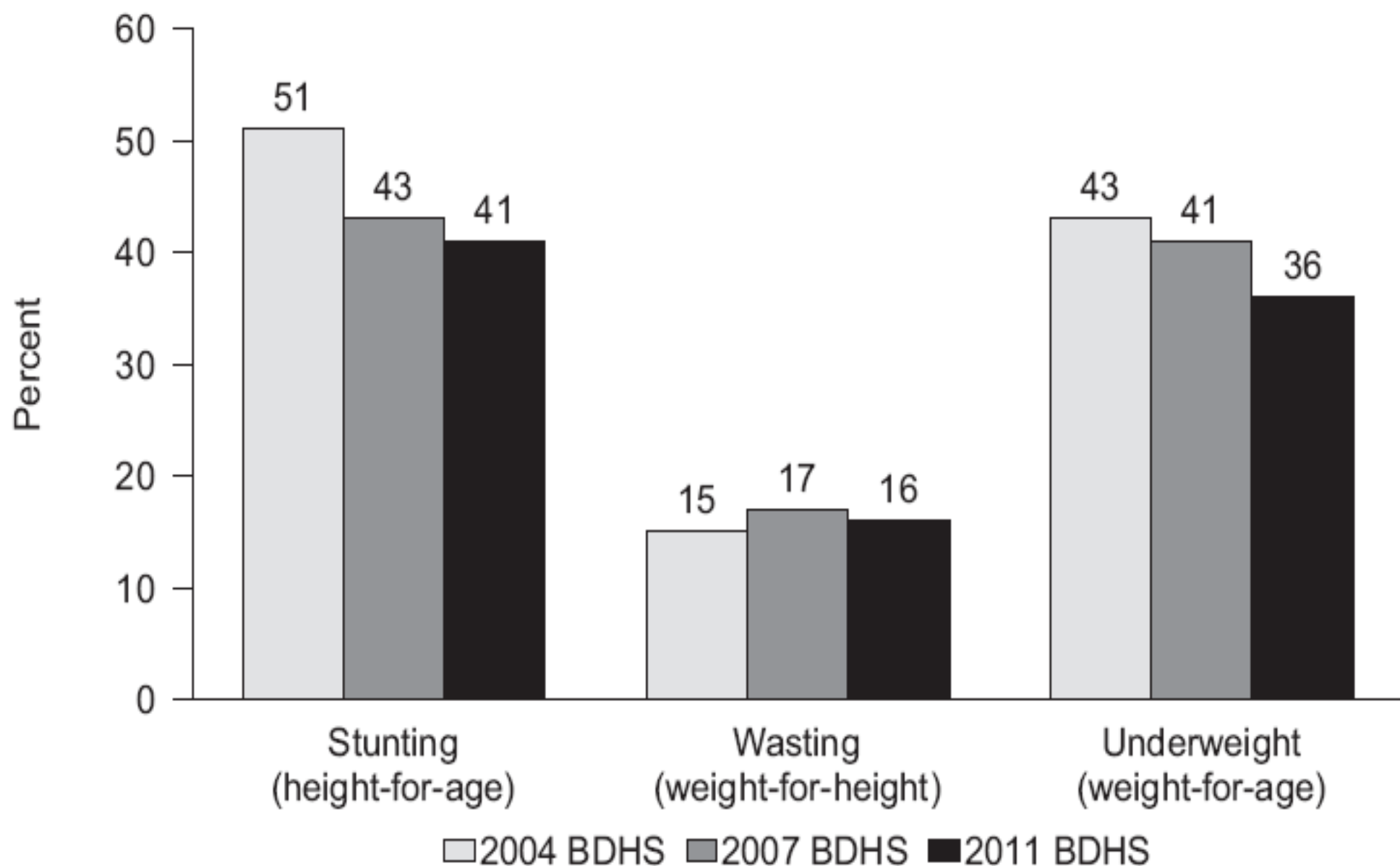




- Stunting is low height (or length) for age.
- It is a measure of CHRONIC undernutrition over time.
- In Bangladesh, 4 out of 10 children are stunted.

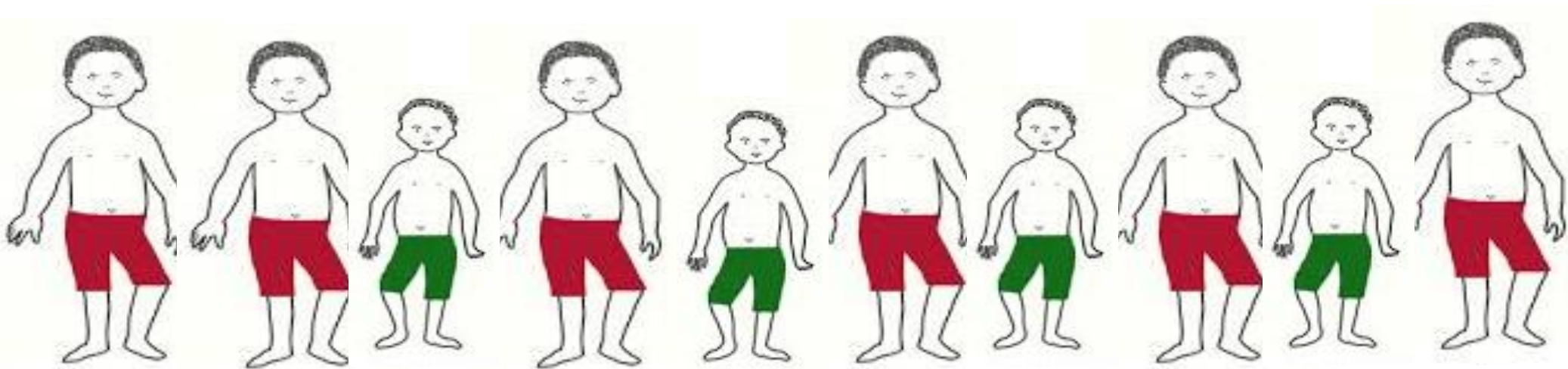


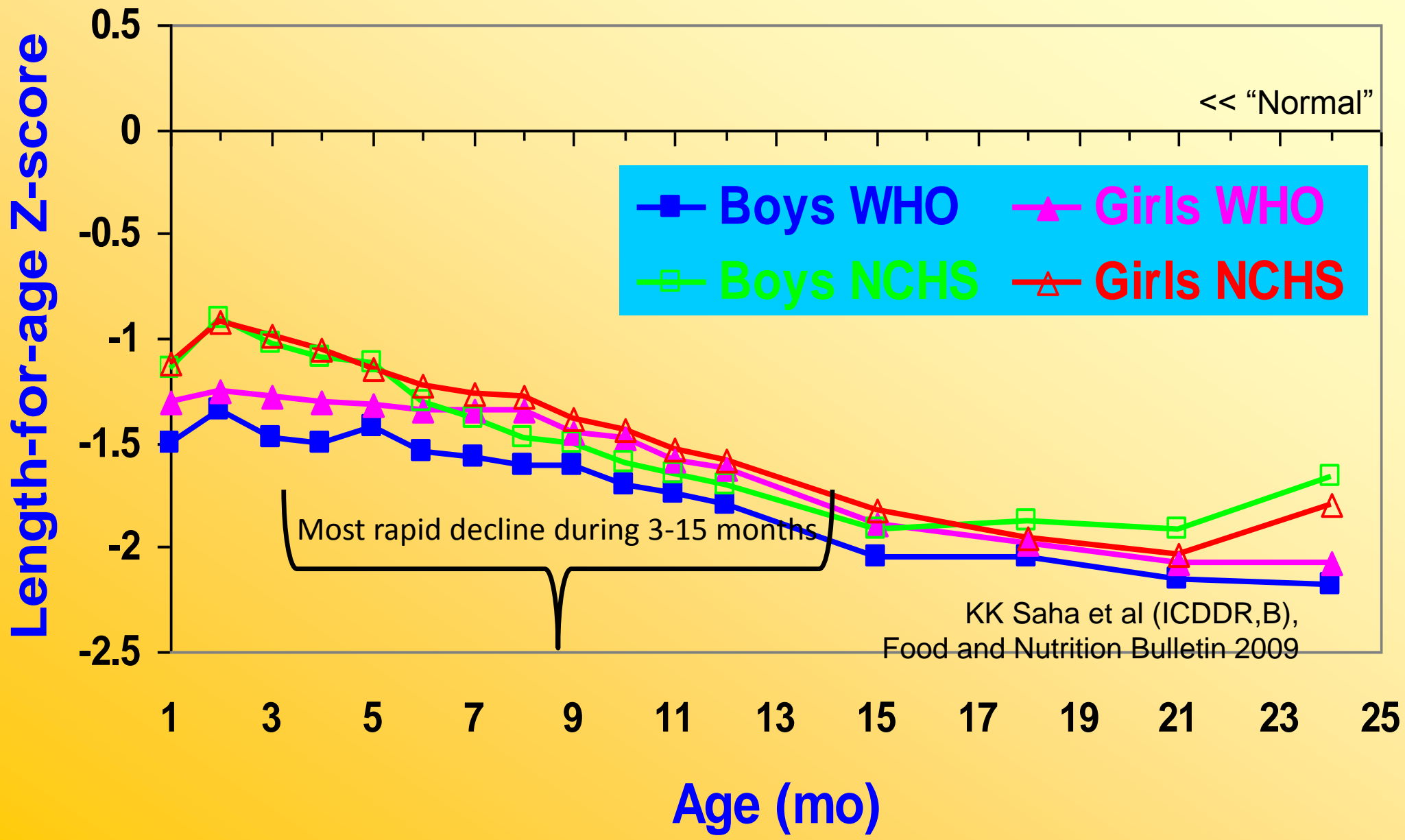
**Figure 11 Trends in Nutritional Status of Children Under Five, 2004-2011**



- 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!!





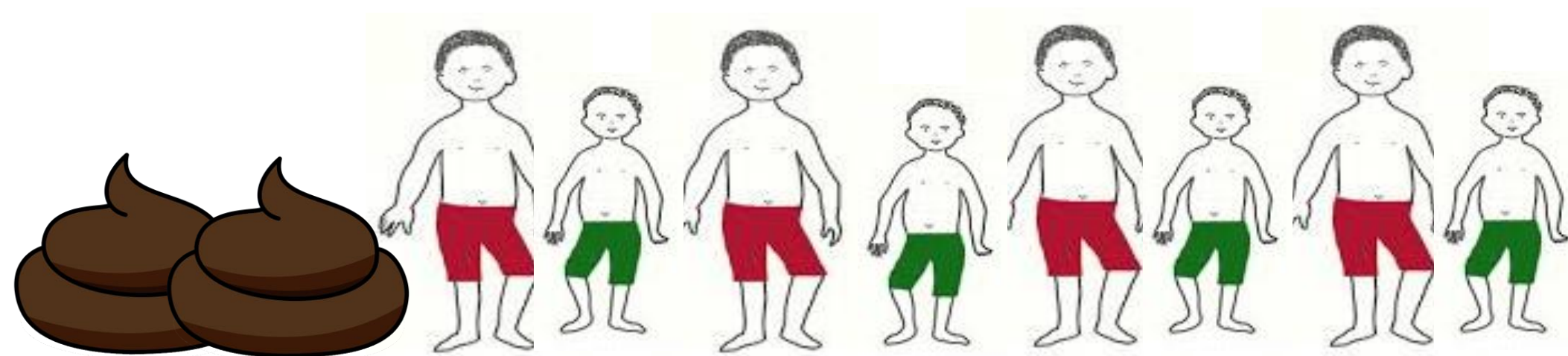
Most damage occurs during complementary feeding age

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.

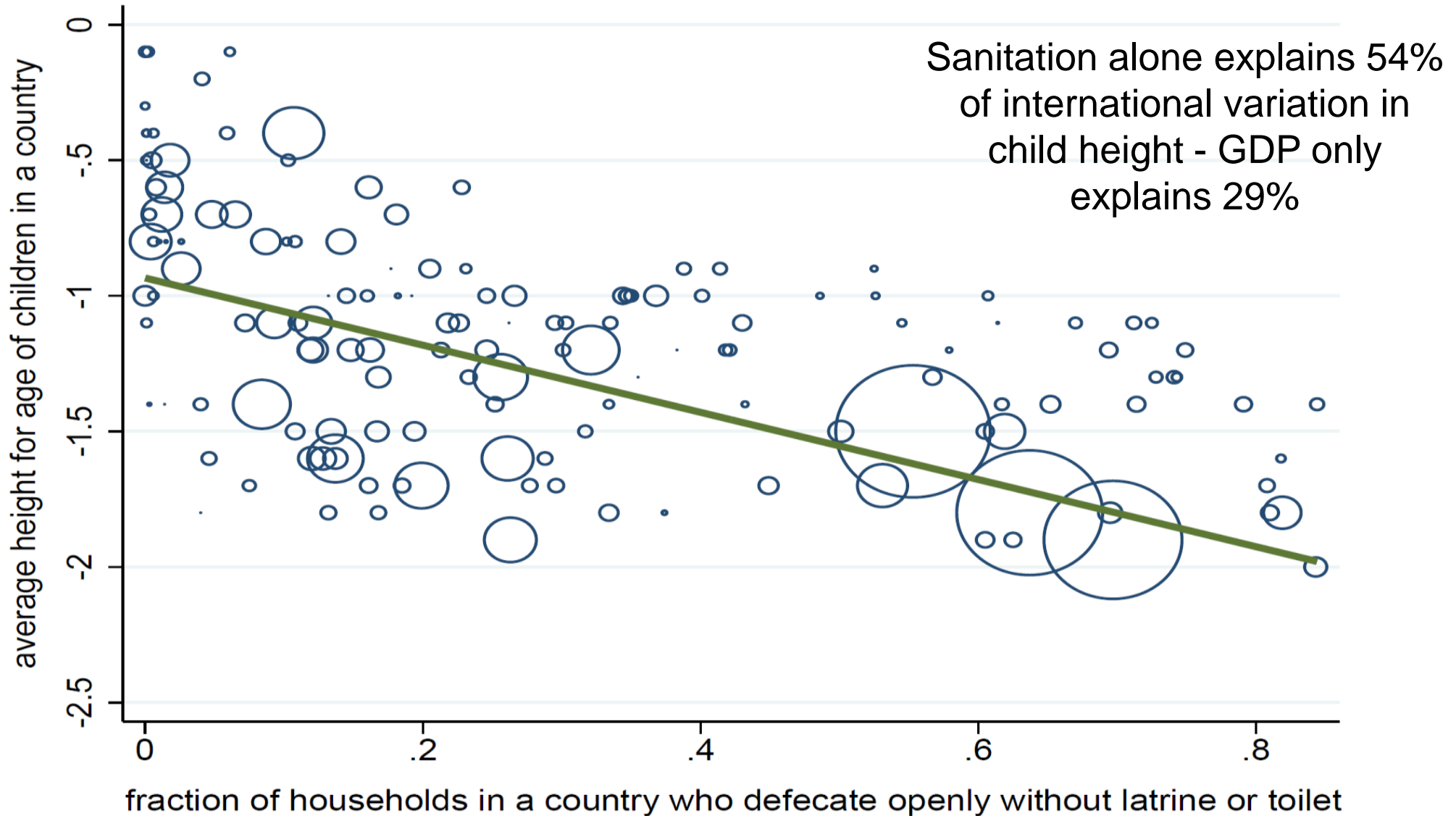


Using sanitation (or not) explains more than half the variation in child height – **MORE THAN WEALTH & ECONOMIC GROWTH...**

That's why Bangladesh, for instance, has **LESS STUNTING** than it's richer neighbor India... because people **USE latrines** more often.

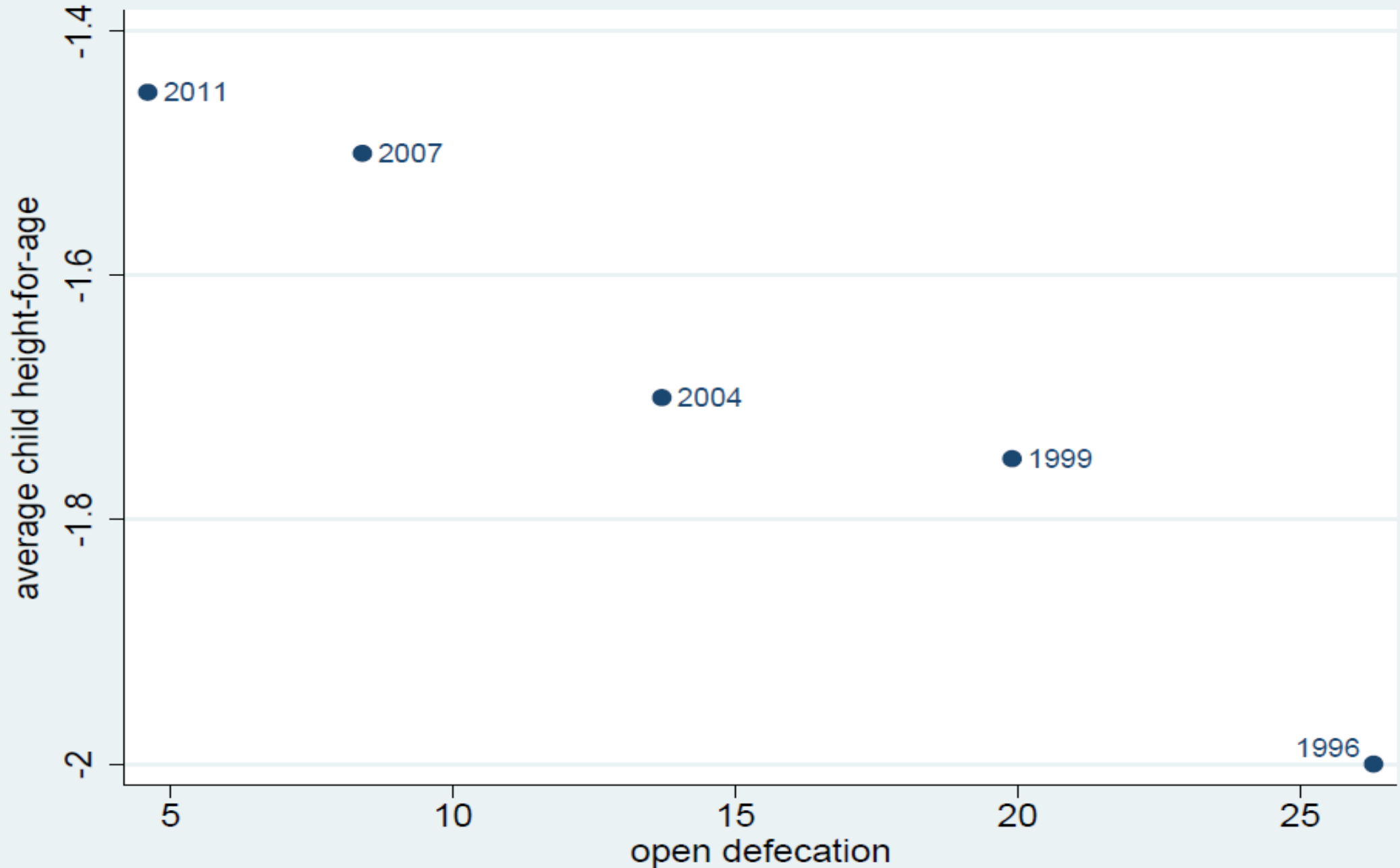


# Open defecation accounts for much of excess stunting- global trends



Source: Each data point is a collapsed DHS survey round (country-year), proportional to population.  
Spears (2012) [www.riceinstitute.org](http://www.riceinstitute.org) #13

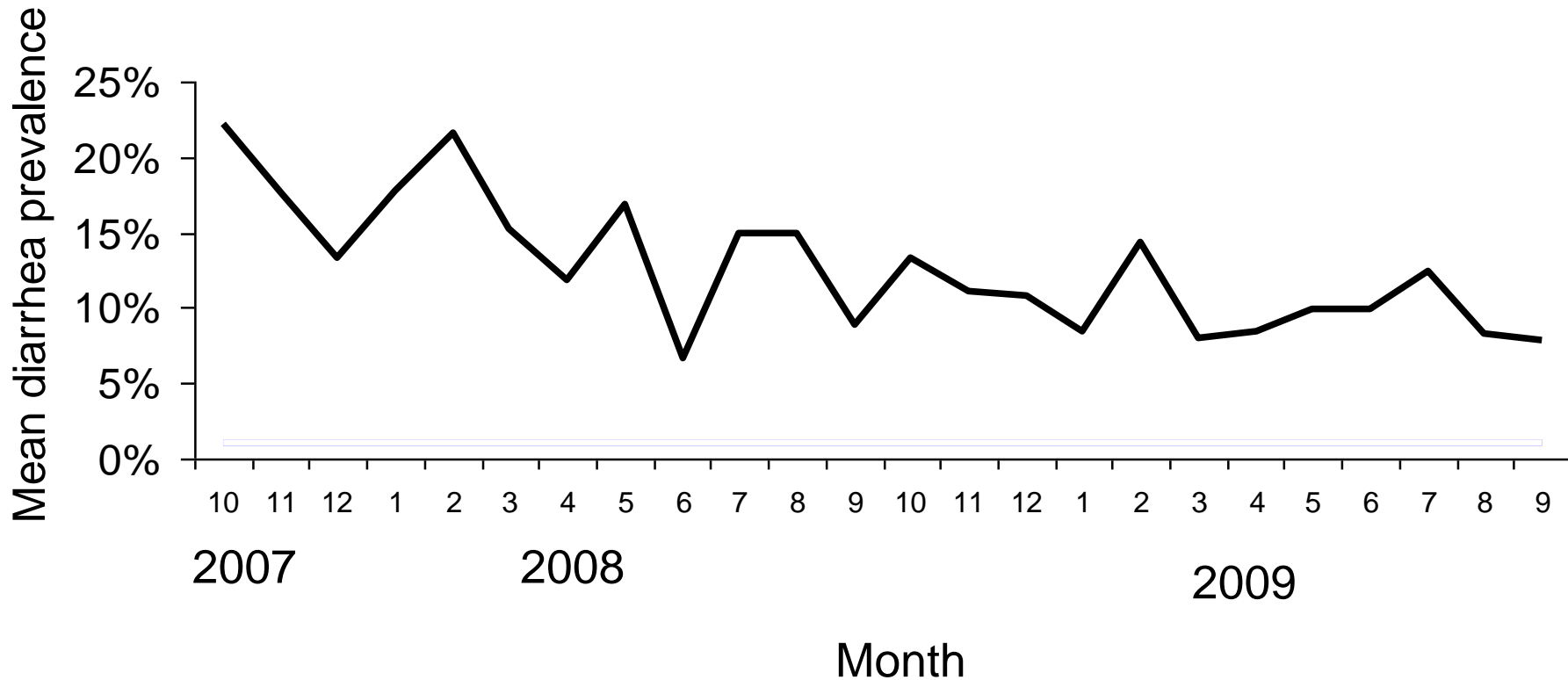
# Open defecation accounts for much of excess stunting- *Bangladesh DHS 2011*



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

SHEWA-B, Rural Bangladesh

— None **12.5%**

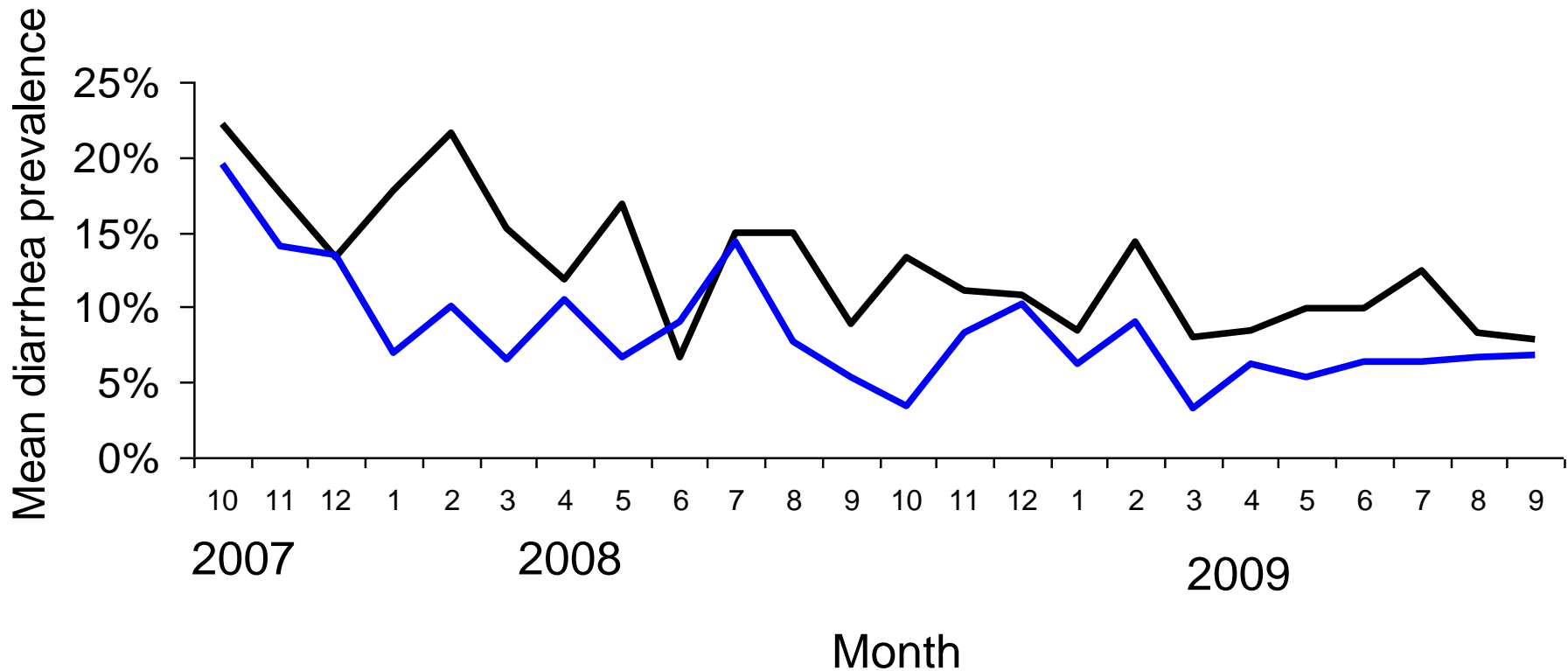




# Prevalence of Diarrhea among children < 5 years by observed Handwashing before preparing food

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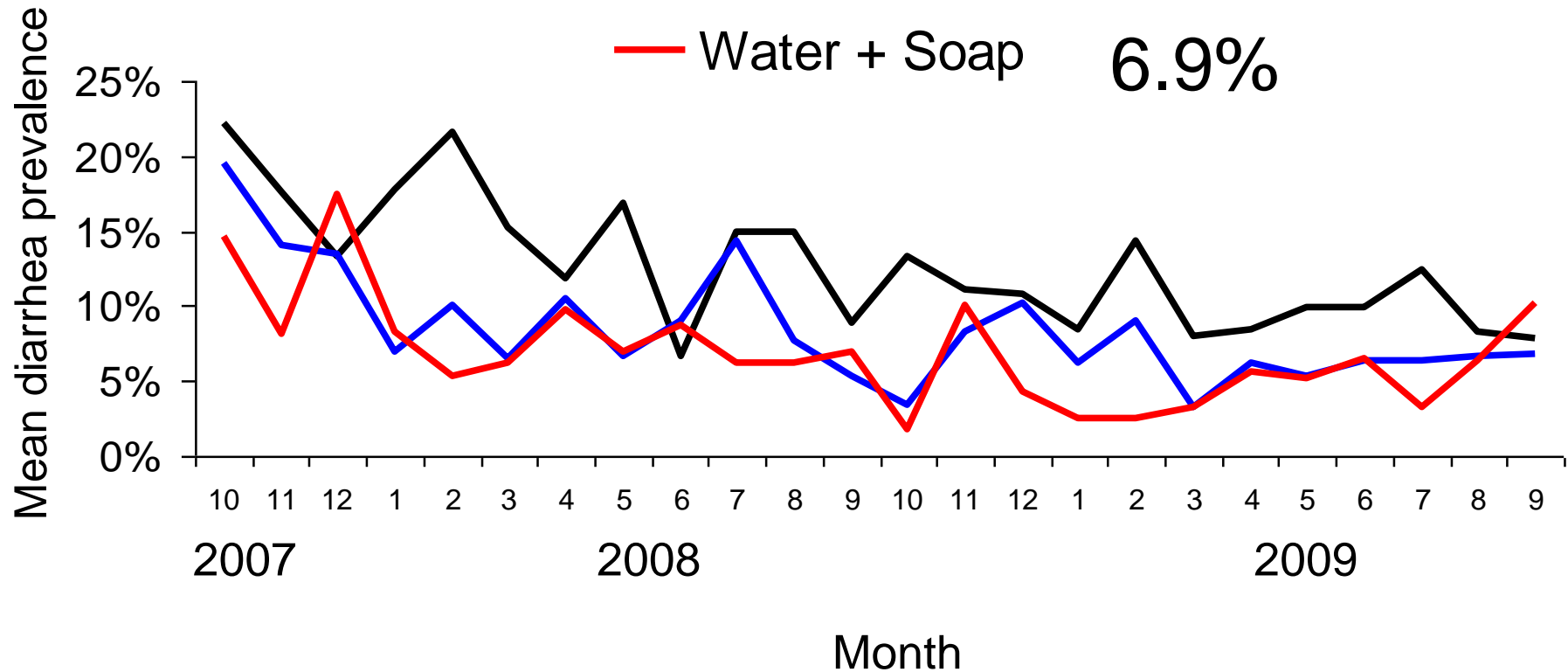
— None 12.5%  
— Water 8.3%



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

SHEWA-B, Rural Bangladesh

— None	12.5%
— Water	8.3%
— Water + Soap	6.9%



# What is causing all this stunting?

Cause #1: Malnourished Mother

Cause #2: Poor Diet  
(inadequate weaning foods)

Cause #3: Diarrhea



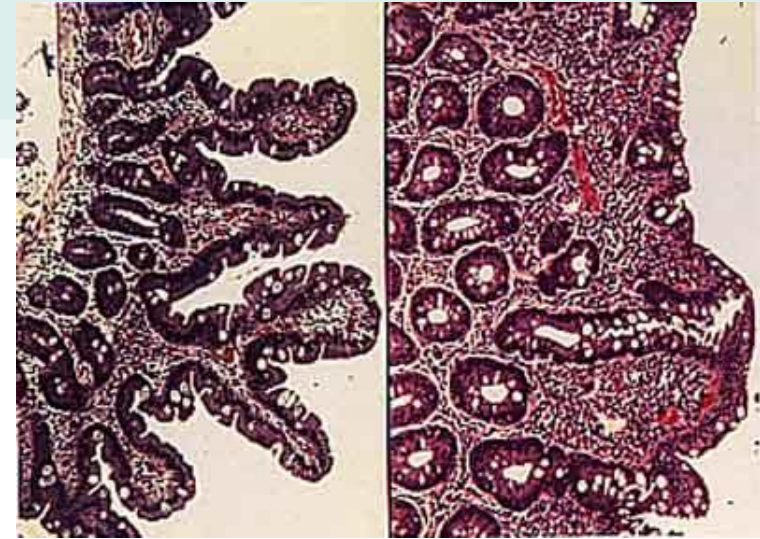
*However:*

Evidence exists that the effect of WASH interventions on linear growth is independent of its effect on diarrhea.

In several studies, WASH had a bigger effect on growth than it did on diarrhea

.... there is something else going on...

# Cause #4: The Environmental Enteropathy Hypothesis



- A subclinical condition of the small intestine, called environmental enteropathy (EE)
- Characterized by:
  - Flattening of the villi of the gut, reducing its surface area
  - Thickening of the surface through which nutrients must be absorbed
  - Increased permeability to large molecules and cells (microbes)
- Likely causes:
  - Too many microbes in the gut
  - Effects of toxins on the gut

# .... But there is something else going on...

## Most frequent:

38 times in 6 hours  
75% visibly dirty



## Dirtiest

Soil (3 ate avg 11 bites)  
chicken faeces, stones



And eating feces directly –  
animal or human, is

10,000 to 100,000

**MORE CONTAMINATED** than  
dirty water, contaminated food,  
even soiled water in the laundry  
area. It's very damaging to our  
children – permanently

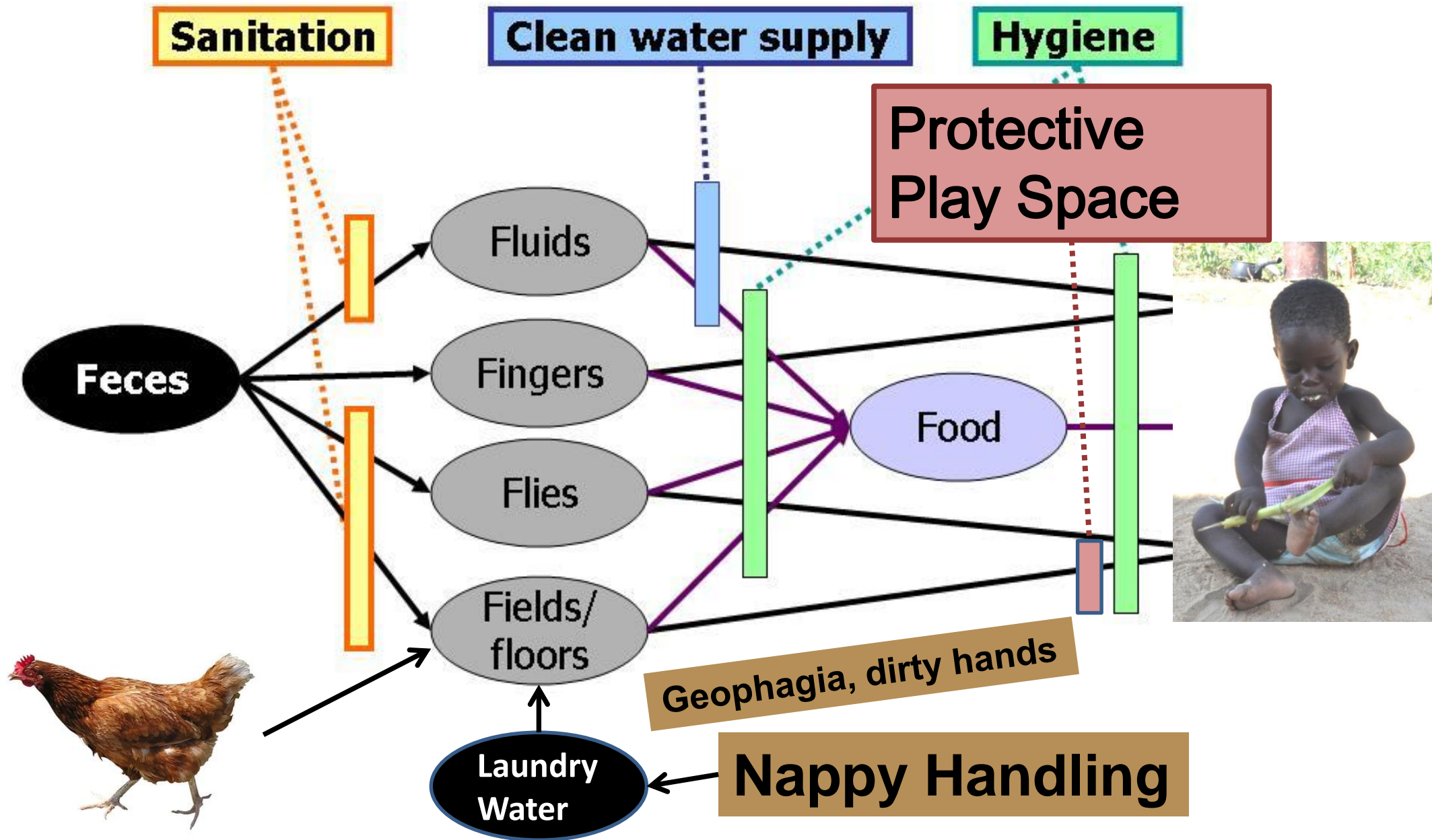


	% HH with E coli + sample	E coil/ Per gram	Average E Coli Per Day
Infant Food	0%	0	0
Drinking Water	54%	2	<b>800</b>
Soil in laundry area	60-80%	70	<b>1,400</b>
Chicken feces	100%	10,000,000	<b>10,000,000</b>

Clearly, kids must stop eating dirt and chicken poop!



# Routes of fecal disease transmission and protective barriers *for babies!*





**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...**

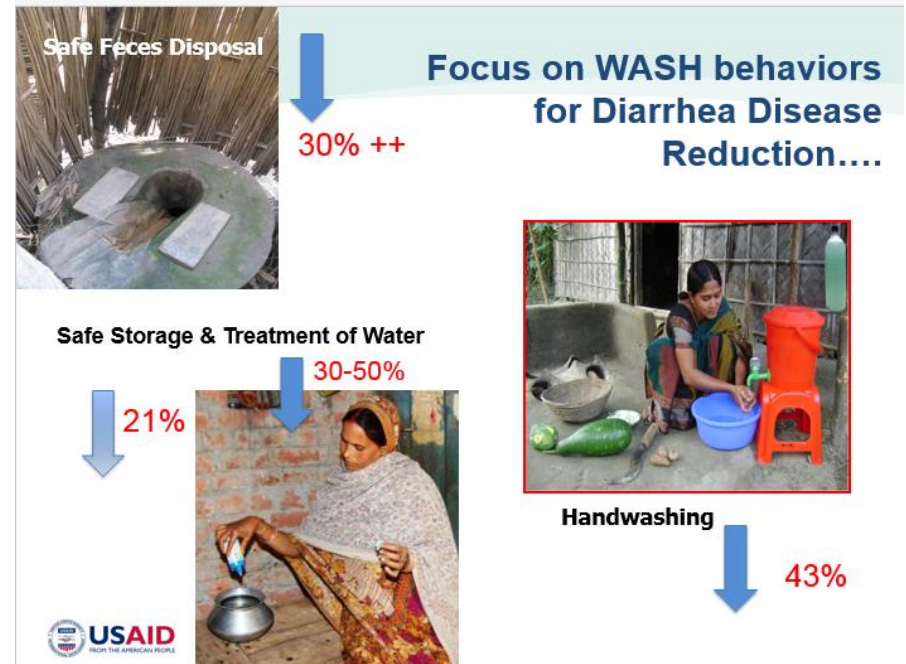


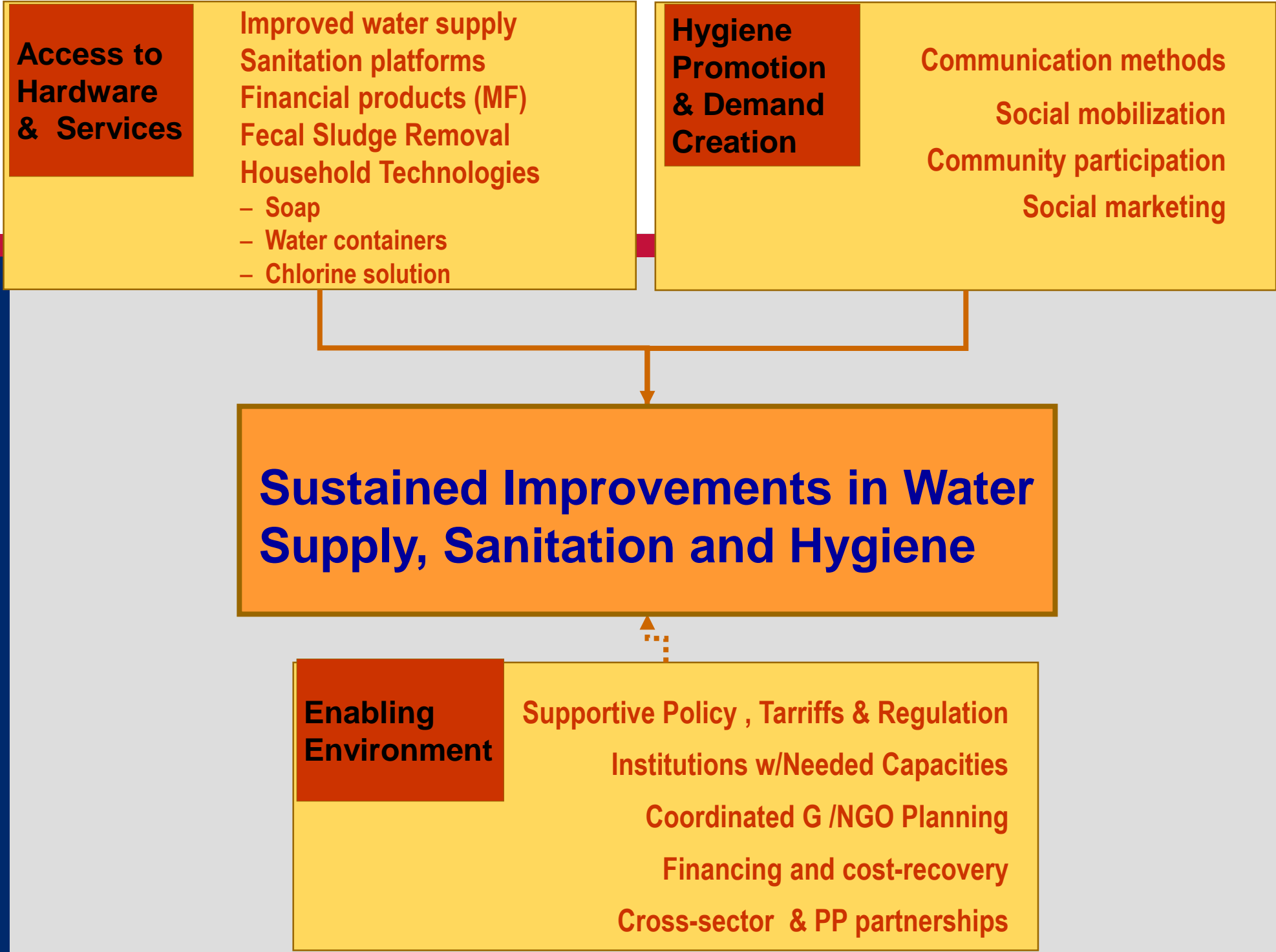


What have been WaterAid's  
primary strategies for getting  
feces out of the environment??

# What Influences Behaviors?

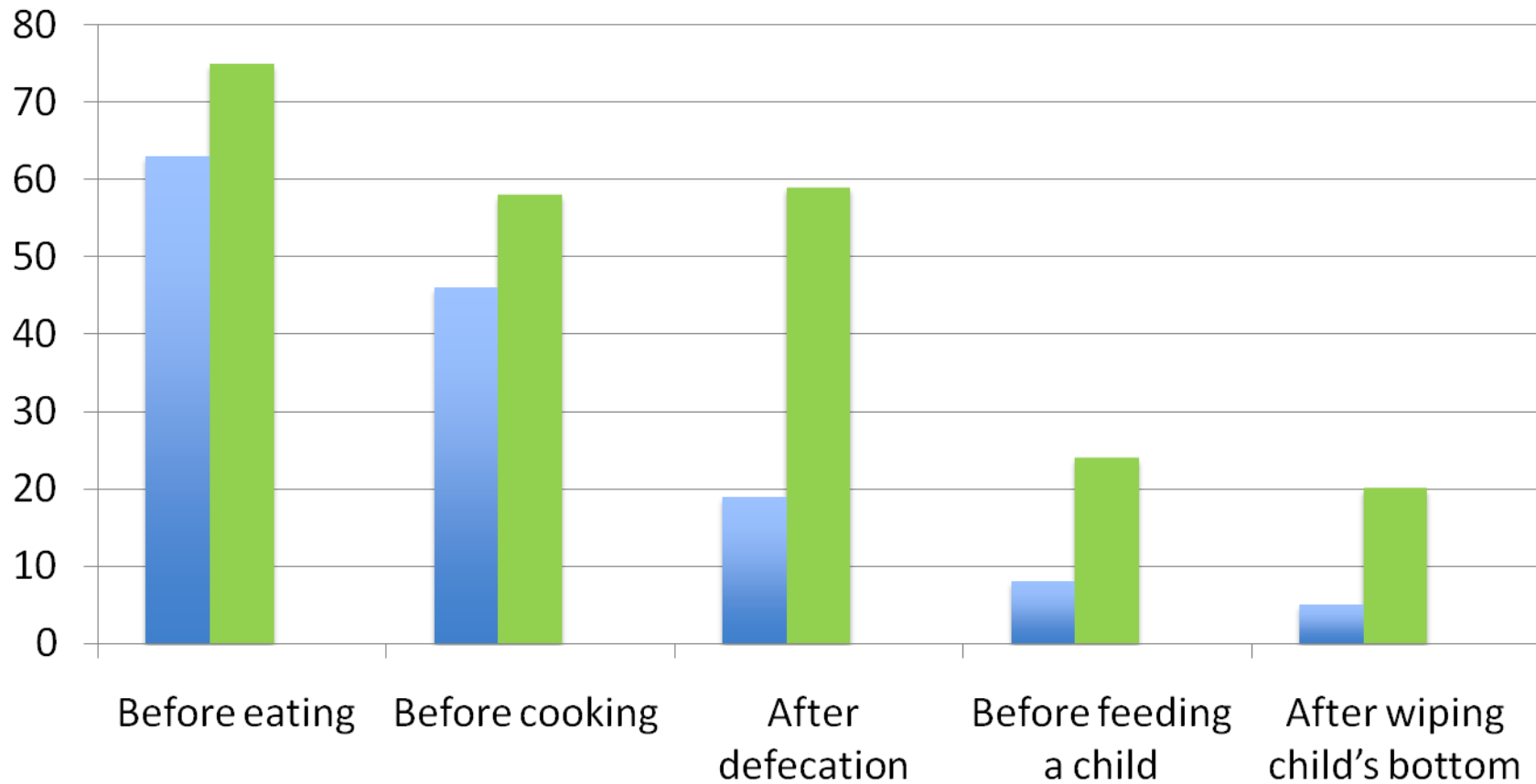
## Hygiene Behavior Change: More Than Messages, More than Promotion







## Knowledge of When to Wash Hands





# Evidence of HW after defecation

*(knowledge rose from 19-59%)*

17%

16%



# Exercise



# 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)



# Small Doable Action Approach

- Construct a continuum
- Identify feasible incremental steps that move people from a current hygiene practice toward the ideal practice
- Identify existing hygiene and sanitation good practices to be reinforced or modified
- Identify practices to be improved and negotiate the options with family member



# Hand Washing

## Current Practices Needing Improvement

- Hand washing without soap when soap is not available
- “Dip” hand washing from communal bowl
- No systematic hand washing after cleaning baby, the potty or after defecation
- No systematic hand washing before eating/cooking

# Hand Washing –Small Doable Actions

- Use tippy tap to provide **RUNNING** water
- Create hand washing station next to cooking and eating area
- Hang soap so convenient and economical
- When soap is not available, use ash for hand washing—rub hands together, rinse, and air drying.



Using a handwashing station

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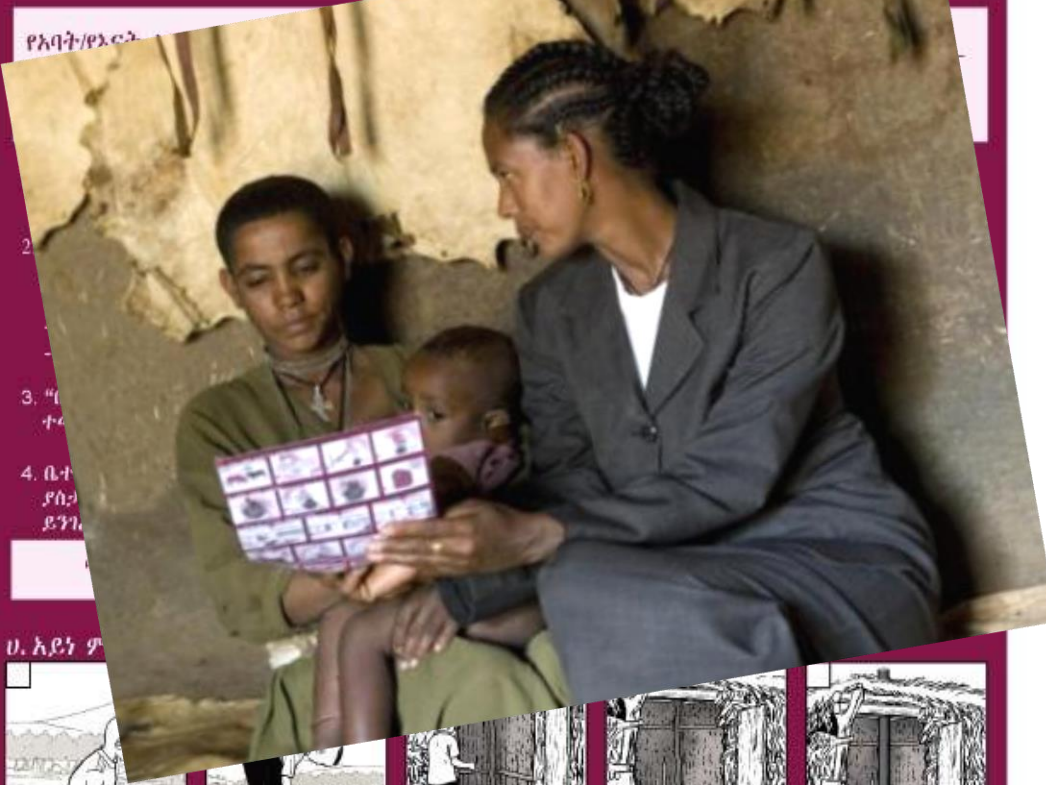
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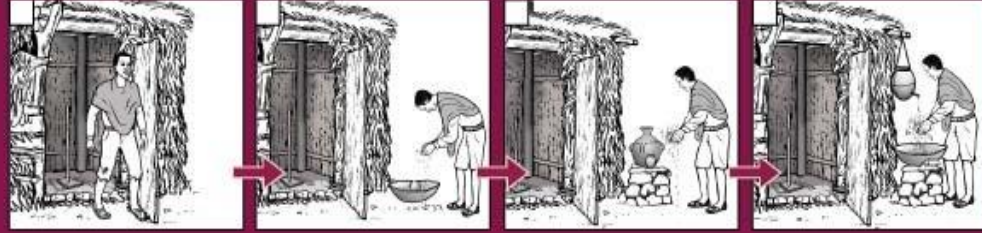
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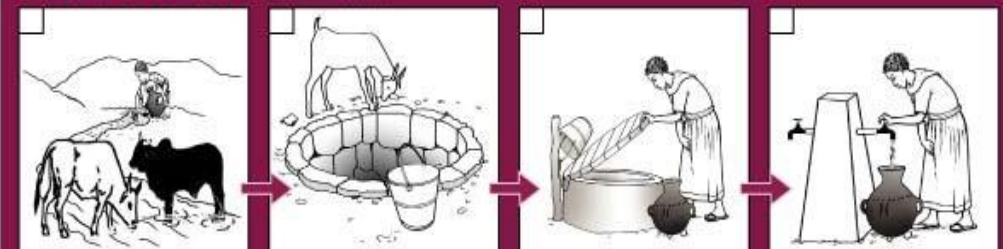
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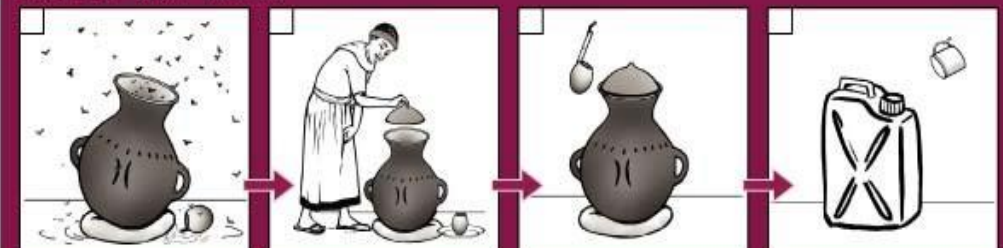
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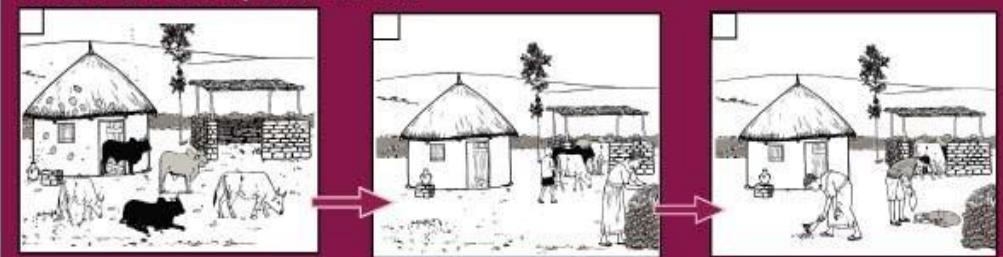
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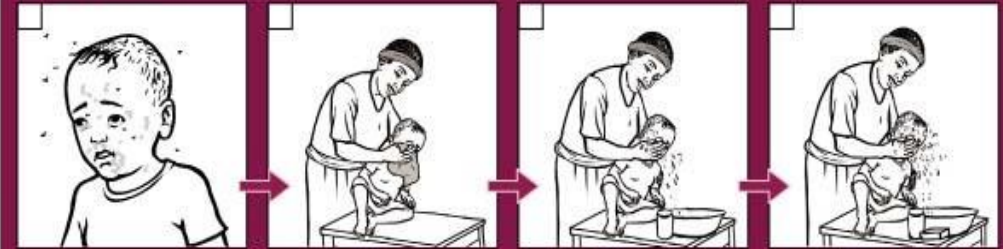
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# নিরাপদ পানি পাওয়া ও পানি নিরাপদ রাখার উপায়





Five groups -15 minutes  
Each group take 1 stop on WSP  
Discuss current practice  
Brainstorm a few SDAs for each

1



2



3



5



4



- Bangladesh has high water access, but practices can keep it safe, or make it unfit to drink
- Let's now look at latrines... very high coverage, but are people using them, and are they keeping feces from the environment, and from our food and drink.

এটা তো ভালো !



ତାହା...



এটাই শেষ .....



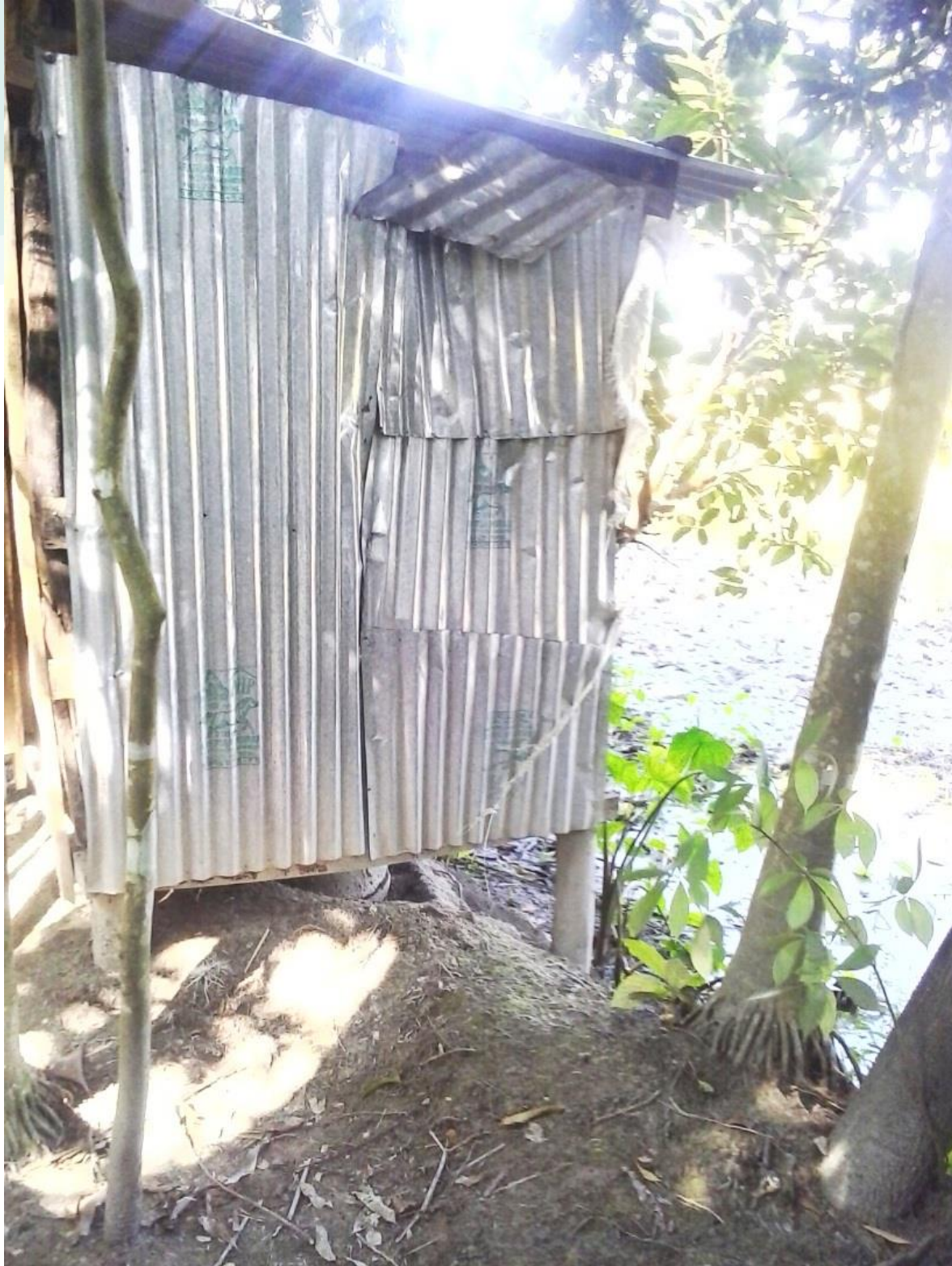
# এটা কি একটা ভালো ল্যাট্রিন?



# আর এটা?



আর এটা?





# আর এটা?



এটা?



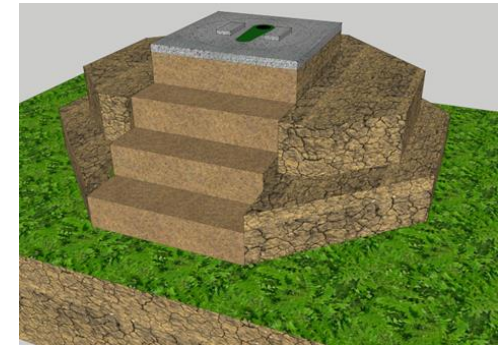
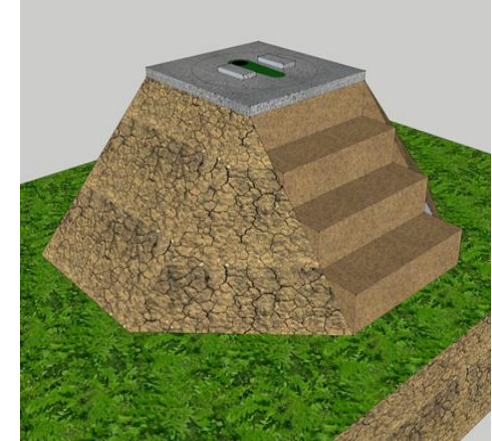
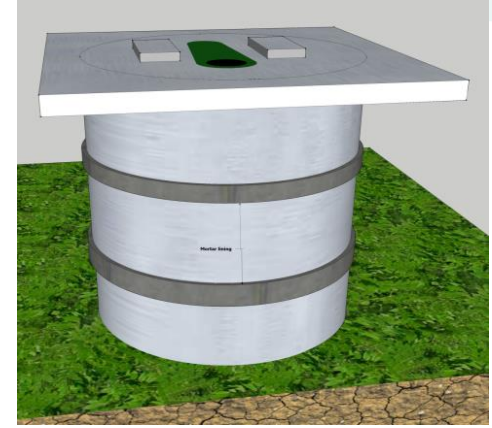




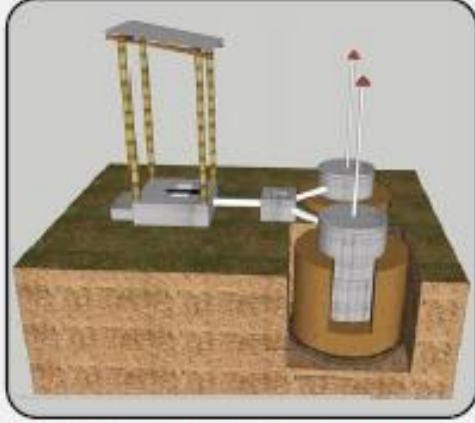
# শুধু একটা ল্যাট্রিন থাকাই না.....

- উৎসাহিত করতে হবে যেন বানানোর সময় ল্যাট্রিনের ভিত্ উঁচু করে বানানো হয়
- নিচু ল্যাট্রিন গুলো উঁচু করা হয়
- ভূমির উপরের রিং যেন মাটিদিয়ে ঢেকে দেয়া হয়
- কোন অবস্থাতেই যেন স্লাজ ল্যাট্রিন থেকে বাইরে না যায়
- জায়গার অবস্থান ও ব্যবহারকারীর সামর্থ্য বুঝে সেন্ড ইনভেলোপমেন্ট, টুইন পিট ও সিঁড়ি ল্যাট্রিন ব্যবহারে উৎসাহিত করা

- রিং এর সংযোগ গুলো সিমেন্ট দিয়ে বন্ধ করা
- রিং এর চারপাশ মাটি দিয়ে ঢিবির মত উঁচু করে দেয়া
- রিং এর চারপাশ মাটি দিয়ে সিঁড়ির মত ধাপ ধাপ করে দেয়া



## বালি বেষ্টিত টুইন অফসেট পিট ল্যাট্রিন



নিচের কার্টামো বসানোর আনুমানিক খরচ: ৪,৭৫০ টাকা  
আনুমানিক প্রয়োজনীয় স্থান: ১০'x৯'

## সিঁড়ি ল্যাট্রিন



নিচের কার্টামো বসানোর আনুমানিক খরচ: ১৮,০০০ টাকা  
আনুমানিক প্রয়োজনীয় স্থান: ৬'x৬'

## সেপ্টিক ল্যাট্রিন



নিচের কার্টামো বসানোর আনুমানিক খরচ: ৫,০০০ টাকা  
আনুমানিক প্রয়োজনীয় স্থান: ৪'x১৬'

## পিট থেকে ছিদ্রপথে মল চূষানো বন্ধের পদ্ধতি



চিনি তৈরি করা



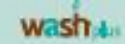
ধাপ তৈরি করে



সিমেন্টের আন্তরণ দিয়ে

## স্যানিটেশন প্রযুক্তি নির্বাচন সহায়িকা

আপনার পরিবারের ল্যাট্রিন আপনি বেছে নিন



প্রোগ্রামের কার্যালয়, বাড়ি ৯৭/বি, রোড ১১, জুলাহা, কলকাতা, ঢাকা ১১১৬, বাংলাদেশ  
ফোন: +৮৮০ ২ ৮৮৩৬১৭, ৮৮৩৬১৯ ফ্যাক্স: +৮৮০ ২ ৯৮৩৬১৭ www.wateraid.org/bangladesh



**OPEN  
DEFECATION  
FREE  
VILLAGE**

**WC**

**Don't worry!  
That's just  
for adults**



# www.wsp.org/childfecesdisposal

## Child Feces Disposal in BANGLADESH

**OVERVIEW OF CURRENT PRACTICES**

The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) tracks progress to the world's Millennium Development Goal 7, "to reduce the number of people without access to adequate sanitation by half." However, by only monitoring coverage of infrastructure such as toilets and latrines, the current sanitation target overstates sanitation practices of children. Due to their developmental status and safety concerns, young children may not be able to use a toilet or latrine, even if their household has access to one.

Just as with adult sanitation, safe disposal of children's feces should ensure separation of the stool from human contact and an uncontaminated household environment. Instances where a child uses or their feces are put or rinsed into a toilet or latrine are considered more likely than other disposal methods to break the fecal-oral transmission chain. For the purposes of this document, instances where a child uses or their feces are put or rinsed into a toilet or latrine are referred to as safe while other methods are termed unsafe.

**In Bangladesh, in 2006, only 22% of households reported that their children under three defecated into a latrine or defecated in the open but the feces was then disposed into a latrine.** Therefore, the stools of over 7.3 million children under three were not disposed safely. This includes over 3.5 million children whose feces were left in the open.<sup>1</sup> In the South East Asia region, the Maldives, Iran, Nepal, Kyrgyzstan, Afghanistan, Bhutan, Kazakhstan and Tajikistan all have lower rates of unsafe child feces disposal, while India has higher rates.

**In Bangladesh, marginalized households and younger children consistently report higher rates of unsafe disposal of child feces.** Households without improved sanitation, rural areas and poorer households were generally less likely to report safe disposal.

Households with unimproved sanitation facilities were generally more likely to report unsafe disposal. Households practicing open defecation reported the highest level of unsafe child feces disposal. However, it is important to note that in Bangladesh, even among households with improved sanitation, 43% reported unsafe behaviors. Among households with improved sanitation, the feces of 23% of children are being left in the open and those of 17% of children are being put or rinsed directly into drains or ditches.

In addition, households with younger children were generally more likely to report unsafe disposal methods. Households are more likely to report child feces being unsafely disposed of during the first 0-11 months of age.

**FIGURE 1** The proportion of children aged under three reporting safe child feces disposal in South Central Asia. Bangladesh is outlined in red.

**FIGURE 2** Percentage of children aged under three by type of feces disposal, Bangladesh. Segments shaded brown and green are considered unsafe disposal methods while green and gray are used to designate other disposal methods that are considered more safe.

**Note:** The boundaries and the names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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an international partnership  
to help the poor gain sustained access to improved  
water supply and sanitation services



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### Child Feces Disposal

Safe disposal of children's feces is as essential as the safe disposal of adults' feces. This series of country profiles provides an overview of the available data on child feces disposal in 25 countries. Each brief concludes with ideas to strengthen safe disposal practices, based on emerging good practices. The briefs are developed jointly by WSP and UNICEF.

**Topics**

- Domestic Private Sector Participation Initiative
- Scaling Up Rural Sanitation Sanitation Core Components
- Publications and Tools
- Global Scaling Up Handwashing Project
- Country Profiles: Child Feces Disposal
- Delivering Water Supply and Sanitation (WSS) Services in Fragile States
- Mitigating and Adapting Water and Sanitation Service Delivery to Climate Change Impacts
- Supporting Poor-Inclusive WSS Sector Reform
- Targeting the Urban Poor and Improving Services in Small Towns

#### Part 1 of 2: Child Feces Disposal in BANGLADESH

**OVERVIEW OF CURRENT PRACTICES**

The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) tracks progress to the world's Millennium Development Goal 7, "to reduce the number of people without access to adequate sanitation by half." However, by only monitoring coverage of infrastructure such as toilets and latrines, the current sanitation target overstates sanitation practices of children. Due to their developmental status and safety concerns, young children may not be able to use a toilet or latrine, even if their household has access to one.

Just as with adult sanitation, safe disposal of children's feces should ensure separation of the stool from human contact and an uncontaminated household environment. Instances where a child uses or their feces are put or rinsed into a toilet or latrine are considered more likely than other disposal methods to break the fecal-oral transmission chain. For the purposes of this document, instances where a child uses or their feces are put or rinsed into a toilet or latrine are referred to as safe while other methods are termed unsafe.

**In Bangladesh, in 2006, only 22% of households reported that their children under three defecated into a latrine or defecated in the open but the feces was then disposed into a latrine.** Therefore, the stools of over 7.3 million children under three were not disposed safely. This includes over 3.5 million children whose feces were left in the open.<sup>1</sup> In the South East Asia region, the Maldives, Iran, Nepal, Kyrgyzstan, Afghanistan, Bhutan, Kazakhstan and Tajikistan all have lower rates of unsafe child feces disposal, while India has higher rates.

**In Bangladesh, marginalized households and younger children consistently report higher rates of unsafe disposal of child feces.** Households without improved sanitation, rural areas and poorer households were generally less likely to report safe disposal.

Households with unimproved sanitation facilities were generally more likely to report unsafe disposal. Households practicing open defecation reported the highest level of unsafe child feces disposal. However, it is important to note that in Bangladesh, even among households with improved sanitation, 43% reported unsafe behaviors. Among households with improved sanitation, the feces of 23% of children are being left in the open and those of 17% of children are being put or rinsed directly into drains or ditches.

In addition, households with younger children were generally more likely to report unsafe disposal methods. Households are more likely to report child feces being unsafely disposed of during the first 0-11 months of age.

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Country Profile: Bangladesh Part 1 | Part 2

#### Child Feces Disposal in CAMBODIA

**OVERVIEW OF CURRENT PRACTICES**

The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) tracks progress to the world's Millennium Development Goal 7, "to reduce the number of people without access to adequate sanitation by half." However, by only monitoring coverage of infrastructure such as toilets and latrines, the current sanitation target overstates sanitation practices of children. Due to their developmental status and safety concerns, young children may not be able to use a toilet or latrine, even if their household has access to one.

Just as with adult sanitation, safe disposal of children's feces should ensure separation of the stool from human contact and an uncontaminated household environment. Instances where a child uses or their feces are put or rinsed into a toilet or latrine are considered more likely than other disposal methods to break the fecal-oral transmission chain. For the purposes of this document, instances where a child uses or their feces are put or rinsed into a toilet or latrine are referred to as safe while other methods are termed unsafe.

**In Cambodia, in 2006, only 15% of households reported that their children under three defecated into a latrine or defecated in the open but the feces was then disposed into a latrine.** Therefore, the stools of over 1.5 million children under three were not disposed safely. This includes over 0.7 million children whose feces were left in the open.<sup>1</sup> In the South East Asia region, the Maldives, Iran, Nepal, Kyrgyzstan, Afghanistan, Bhutan, Kazakhstan and Tajikistan all have lower rates of unsafe child feces disposal, while India has higher rates.

**In Cambodia, marginalized households and younger children consistently report higher rates of unsafe disposal of child feces.** Households without improved sanitation, rural areas and poorer households were generally less likely to report safe disposal.

Households with unimproved sanitation facilities were generally more likely to report unsafe disposal. Households practicing open defecation reported the highest level of unsafe child feces disposal. However, it is important to note that in Cambodia, even among households with improved sanitation, 43% reported unsafe behaviors. Among households with improved sanitation, the feces of 23% of children are being left in the open and those of 17% of children are being put or rinsed directly into drains or ditches.

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Country Profile: Cambodia

Additional profiles will be available soon:

Africa: Tanzania | Uganda | Senegal | Kenya | Ethiopia | Niger | Burkina Faso | Madagascar | Malawi | Mozambique | Sierra Leone | Nigeria | Zambia | Chad | Sudan

East Asia: Lao PDR | Philippines | Indonesia | Vietnam

South Asia: India | Nepal | Afghanistan

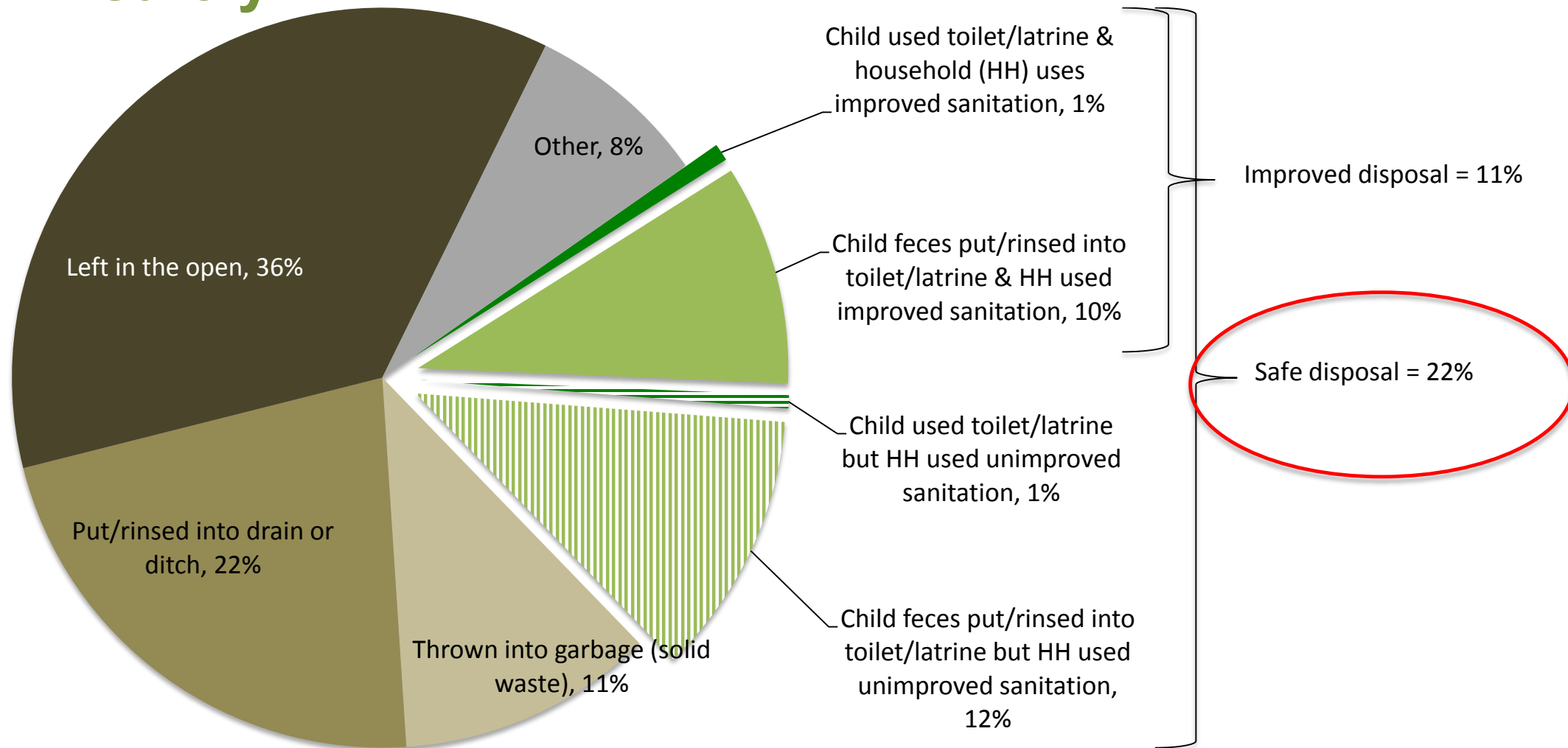


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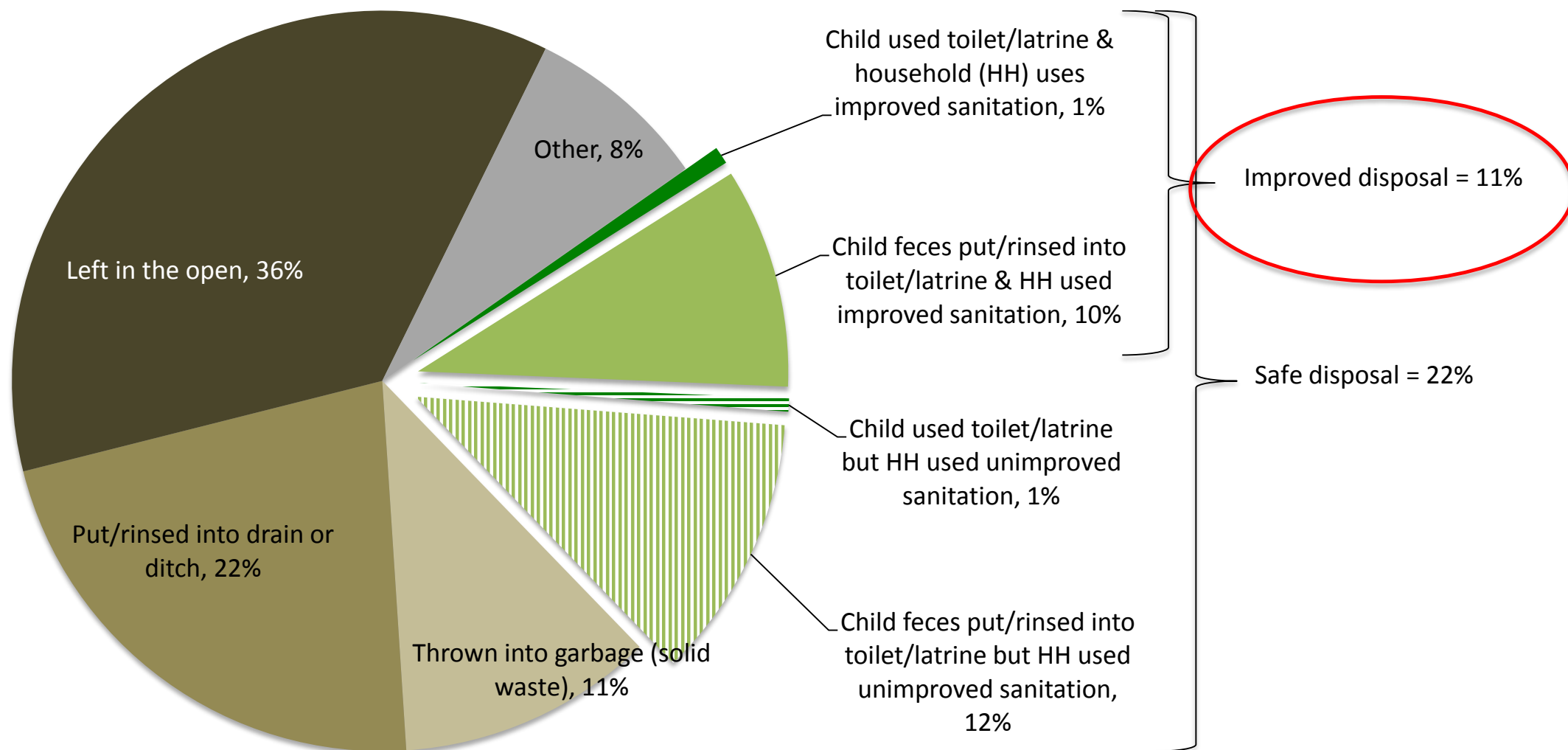


# Only 22% of child feces is disposed of “safely”



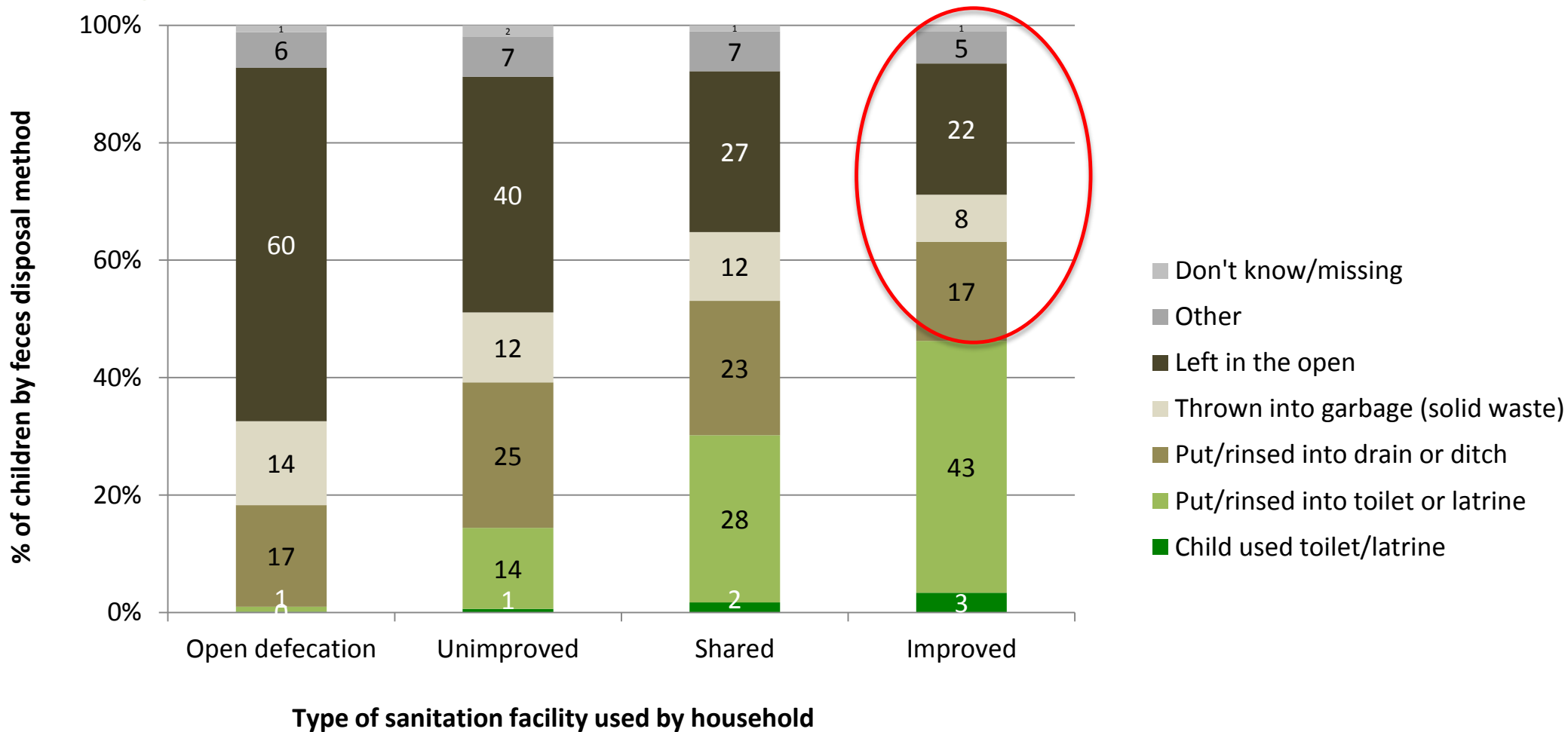
Percentage of children aged under 3 by household's type of sanitation Facility, Bangladesh

# Only 11% of child feces is disposed of into an improved sanitation facility



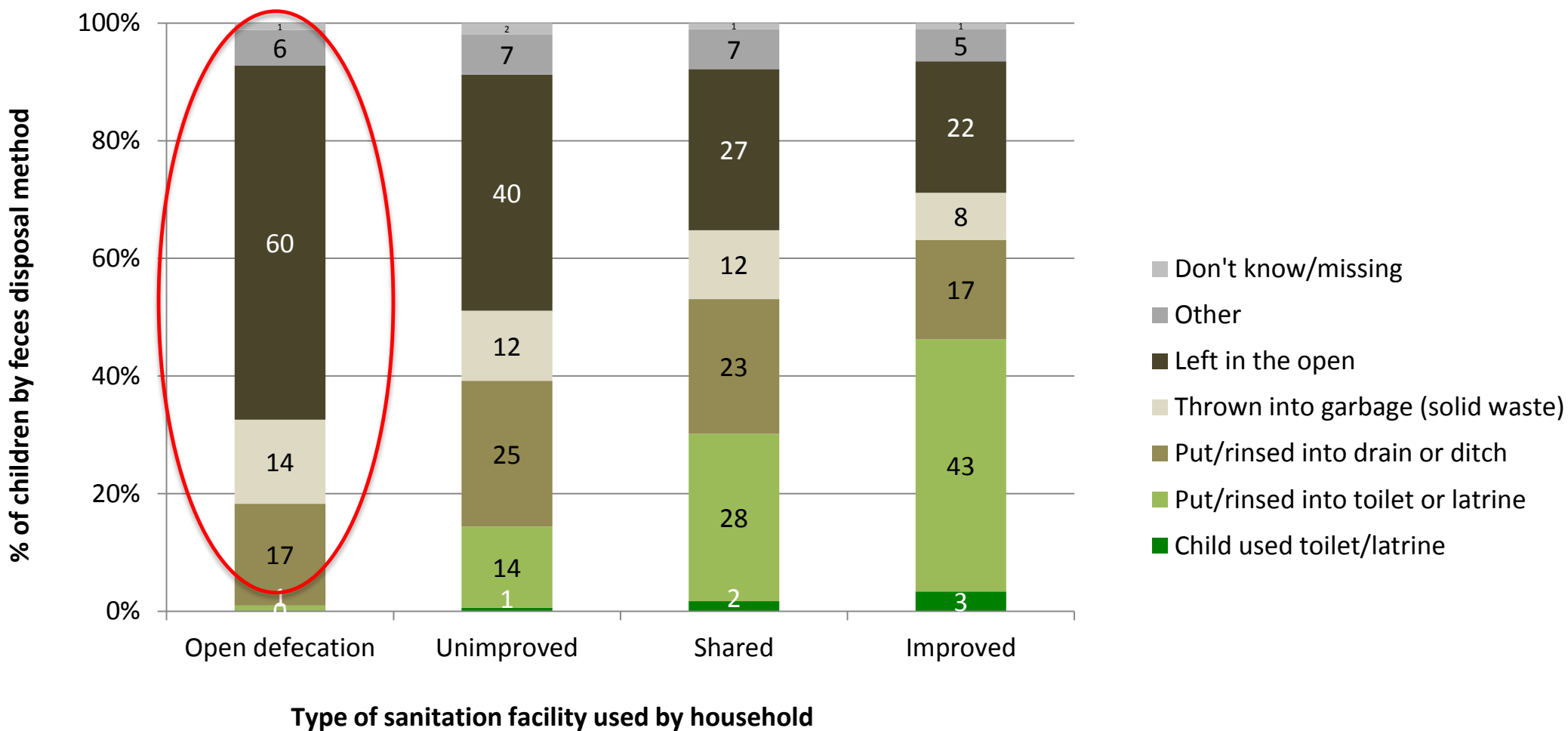
Percentage of children aged under 3 by household's type of sanitation Facility, Bangladesh

# Even among households with improved sanitation, the feces of 54% of children is not safely disposed of



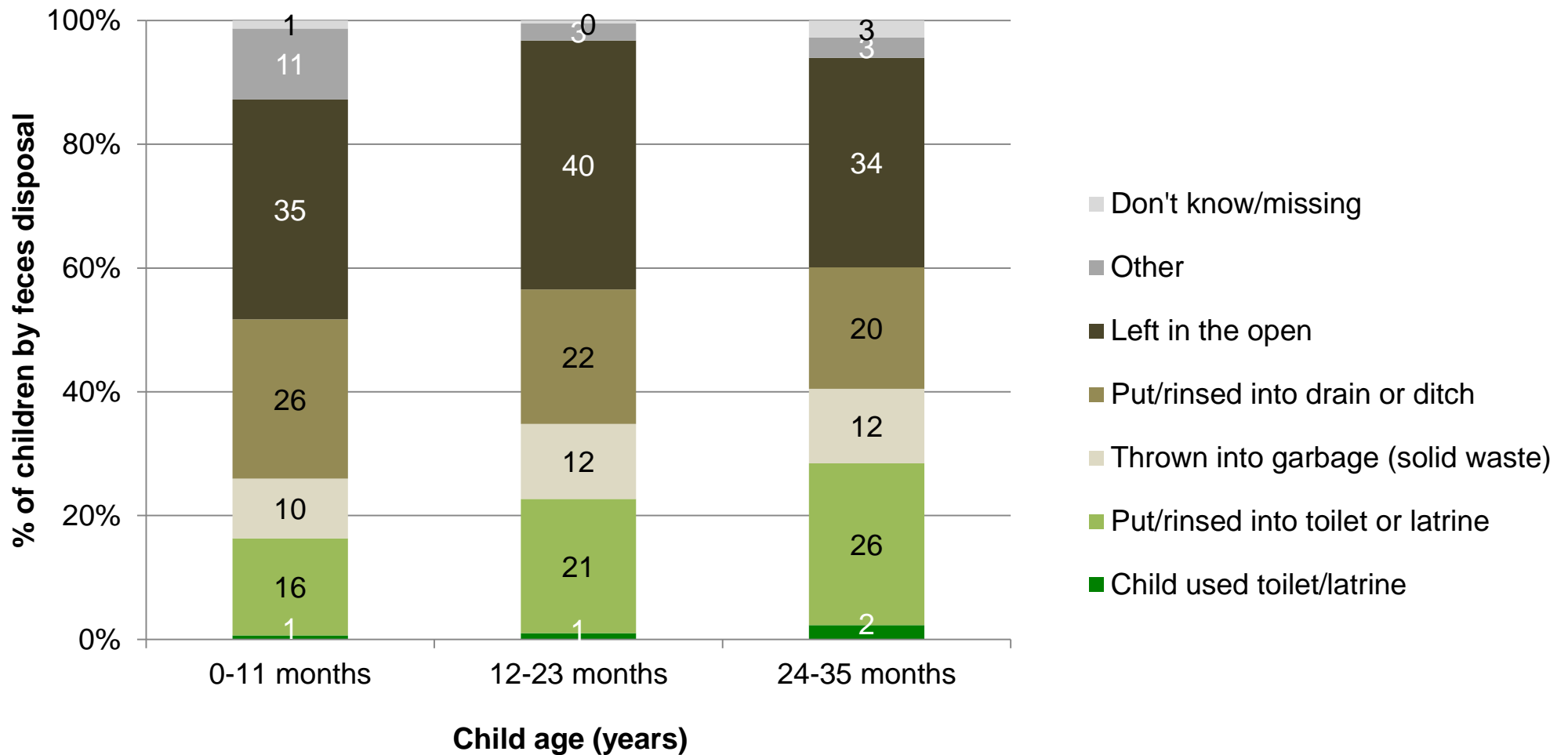
**Percentage of children aged under 3 by household's type of sanitation facility and type of child feces disposal, Bangladesh**

# Meanwhile almost all children living in households practicing open defecation have unsafe feces disposal



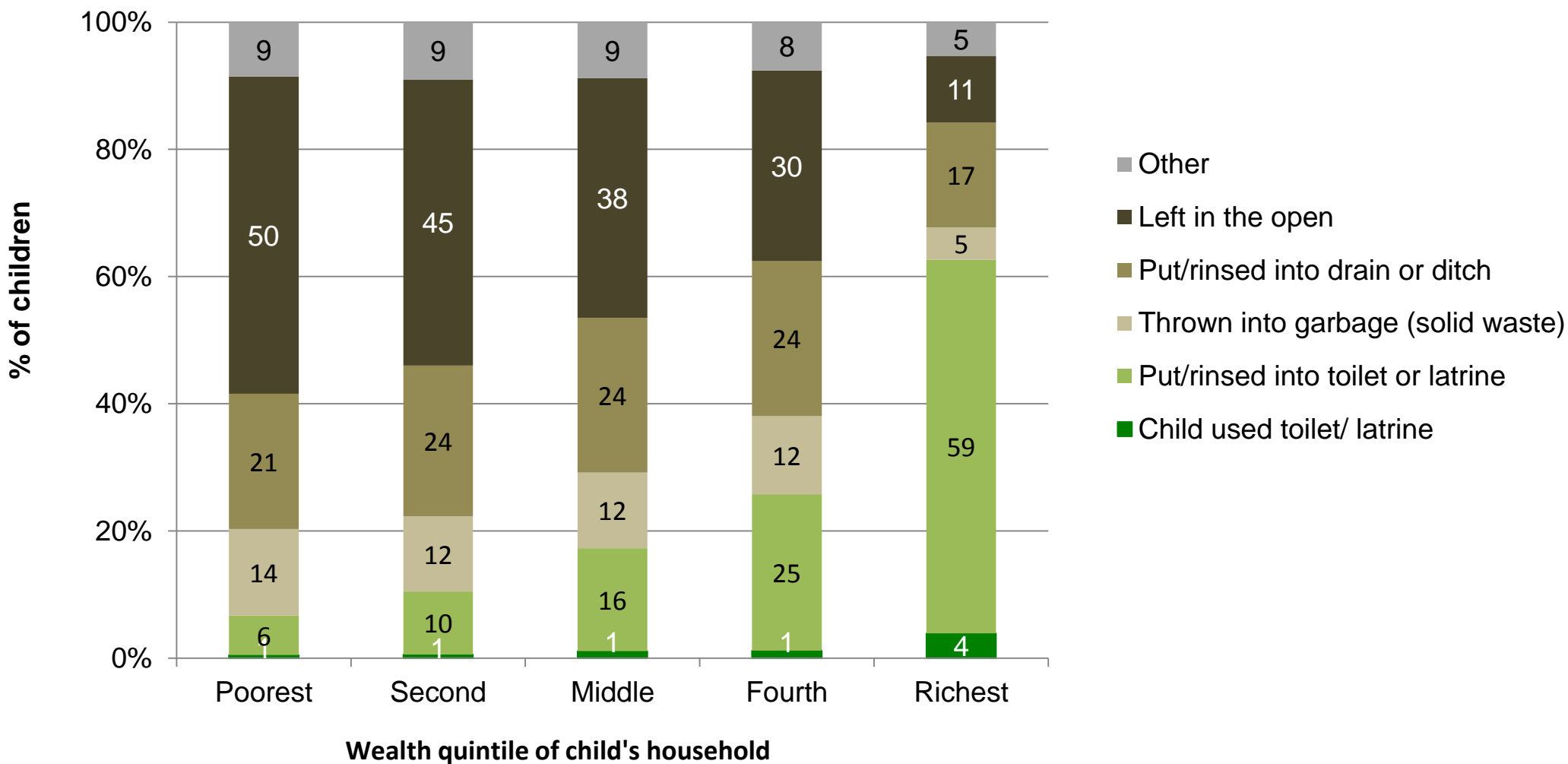
**Percentage of children aged under 3 by household's type of sanitation facility and type of child feces disposal, Bangladesh**

# Younger children's feces are more likely to be left in the open



**Percentage of children aged under three by type of feces disposal and type of child feces disposal, Bangladesh**

# Poorer children's feces are even more likely to be left in the open



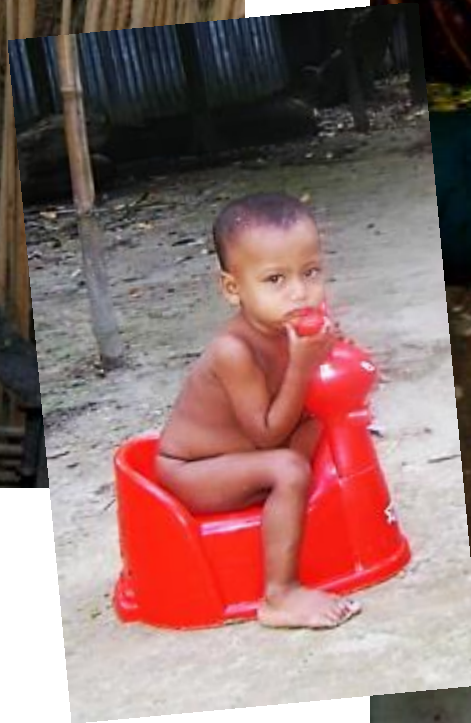
**Percentage of children aged under three by type of feces disposal and type of child feces disposal, Bangladesh**

## SMALL DOABLE ACTIONS FOR SAFELY DISPOSING OF CHILD FECES

- 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













- GROUP EXERCISE

## Small Doable Actions for Safe Feces Disposal 20 minutes

4 groups

- \* Infant/Lap child – under 6 months
- \* Crawling baby 6- 12 months
- \* Toddler – under 3 years
- \* Young child 3-6 years

List

Current pooping practice

Current cleaning practice

**Brainstorm**

**Small doable actions to improve**

# Debrief

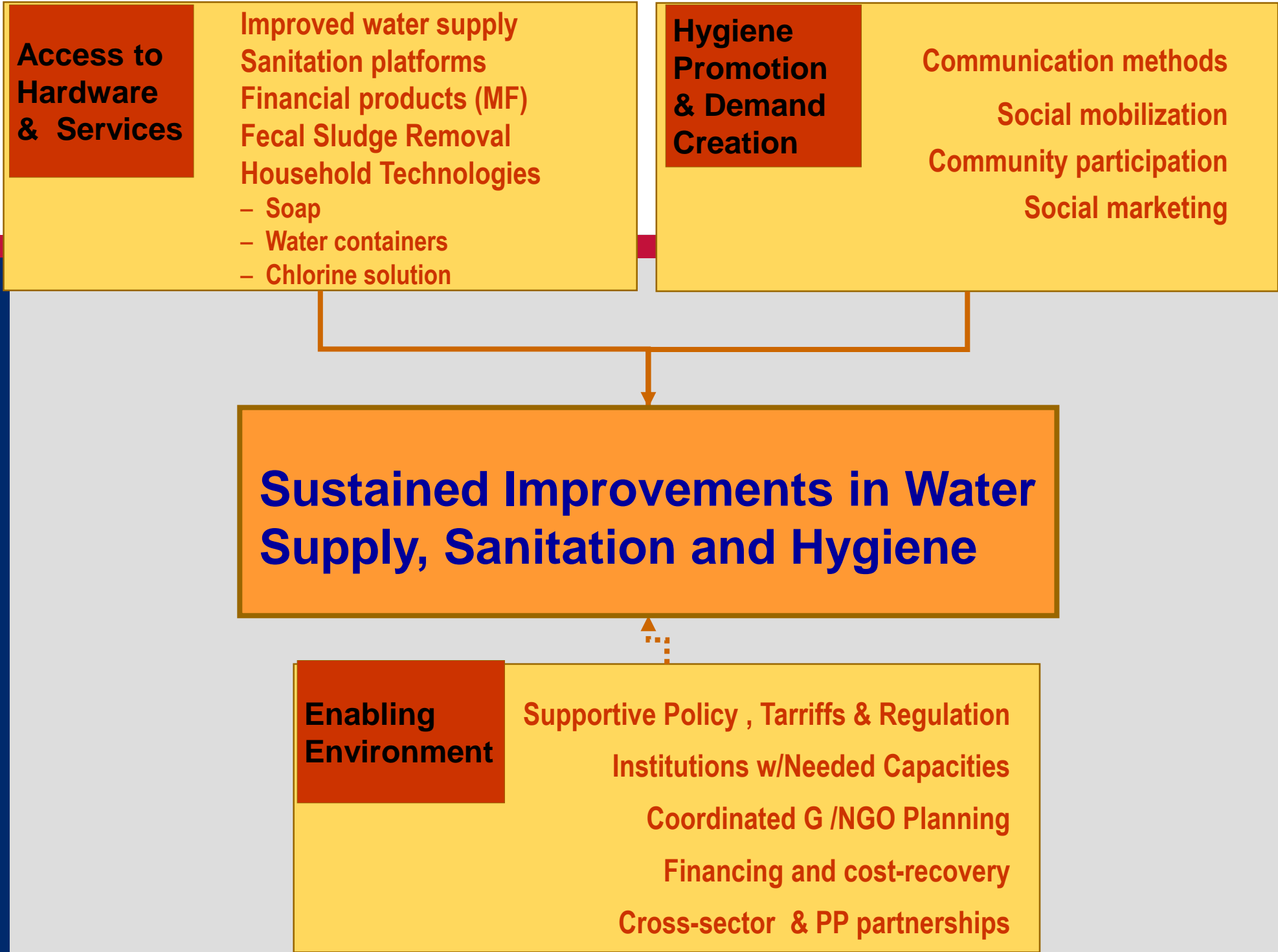
## Small Doable Actions for Safe Feces Disposal

CURRENT PRACTICE	CLEANING	SMALL DOABLE ACTION TO IMPROVE
<b>INFANT</b>		
Katha (old sari quilt)	Cleaned the baby	
Diaper/ Pamper/ Cloth/rag (soft)	Used the cloth	Use the trowel/hoe, take it to the toilet
Rubber /Plastic sheet (under katha)	Water to clean him completely	Plastic sheeting
	Soap	Plastic pants
When they know, they stand them up	Anticeptic (savlon) just one	
Use the trowel/hoe, take it to the toilet	Put the baby	
	Clean themselves/sari /camis	
	Then took feces toilet	
	Few admitted toss in ditch, bush, garbage pit	
	Really insistent NOT in pond, not in garden	
	Throw into water body that they don't drink (e.g. canal)	
<b>TODDLER (but we need a name )</b>		
SOME said as of 6 months ... start using potty	Take it to the latrine	
Like the potty, use it like a toy	Put water	
They just know.... When kid has to go	Dump it	
They talk to them	Brush	
They make noises... they tell stories	Detergent powder, clean it, dry it	
Some were duck, some weren't	Others... Tube well, clean it with soap	



## *Current WASHplus work with nutrition partners to focus on infant feces disposal*

- All feces ends up in latrine\*
- *Goo'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





# Innovative research and intervention to address safe disposal of infant and child feces



**WASH Benefits and icddr,b examined and re-purposed current products**

Icddr,b & Luby (2013)

## *Current WASHplus work with nutrition partners to focus on infant feces disposal*

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- *Goo's final address*
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- Perception of risk
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Thank you!