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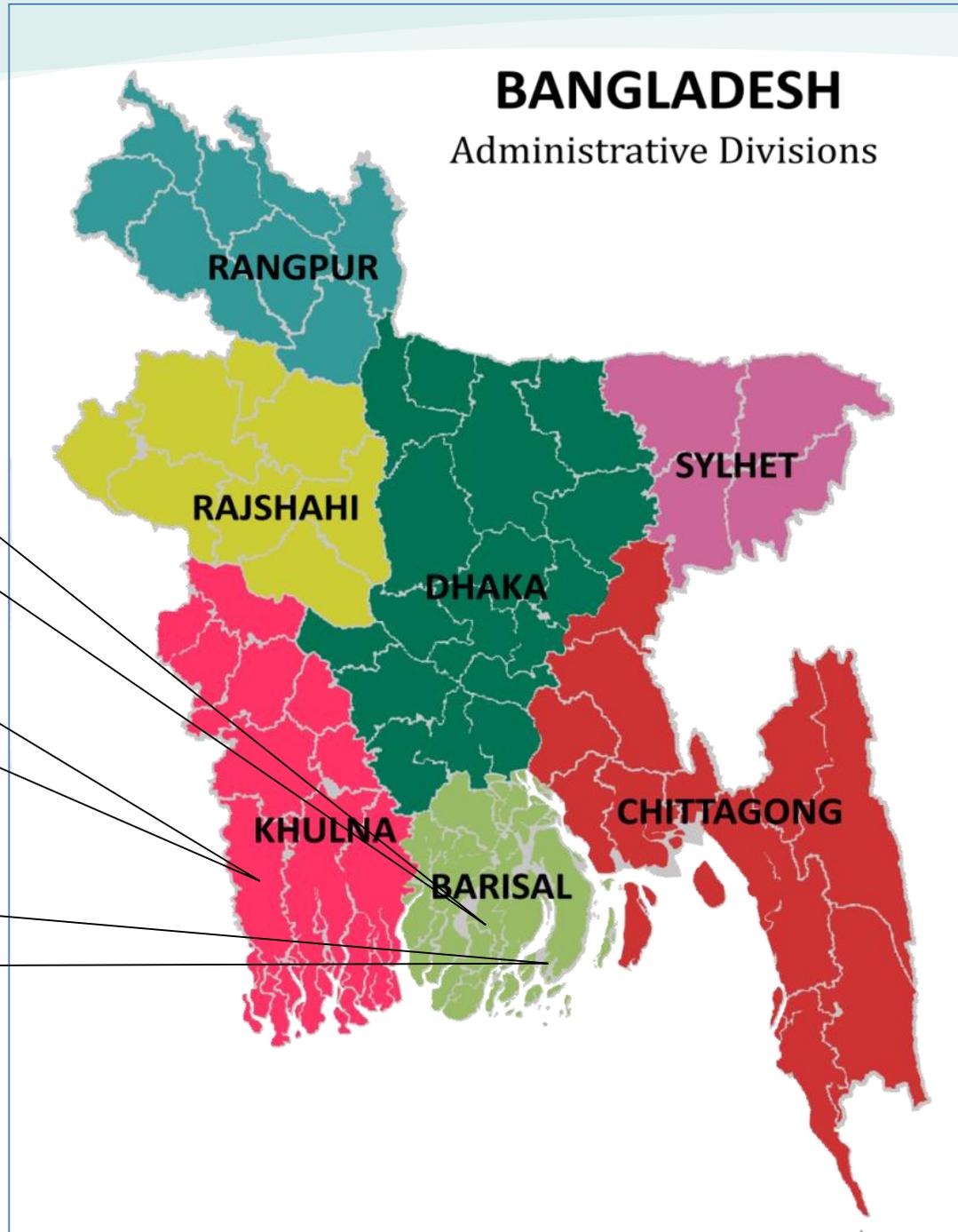
Goal: Improve water, sanitation, and hygiene (WASH) in the hard-to-reach areas of Southwestern Bangladesh

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

Patuakhali
- Galachipa
- Kalapara

Satkhira
- Shyamnagar

Bhola
- Char Fasson
- Daulatkhan

BANGLADESH
Administrative Divisions

RANGPUR
RAJSHAHI
DHAKA
SYLHET
KHULNA
BARISAL
CHITTAGONG

Project Period:
2012-2016

Target population:
270,000

Sanitation situation

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

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

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

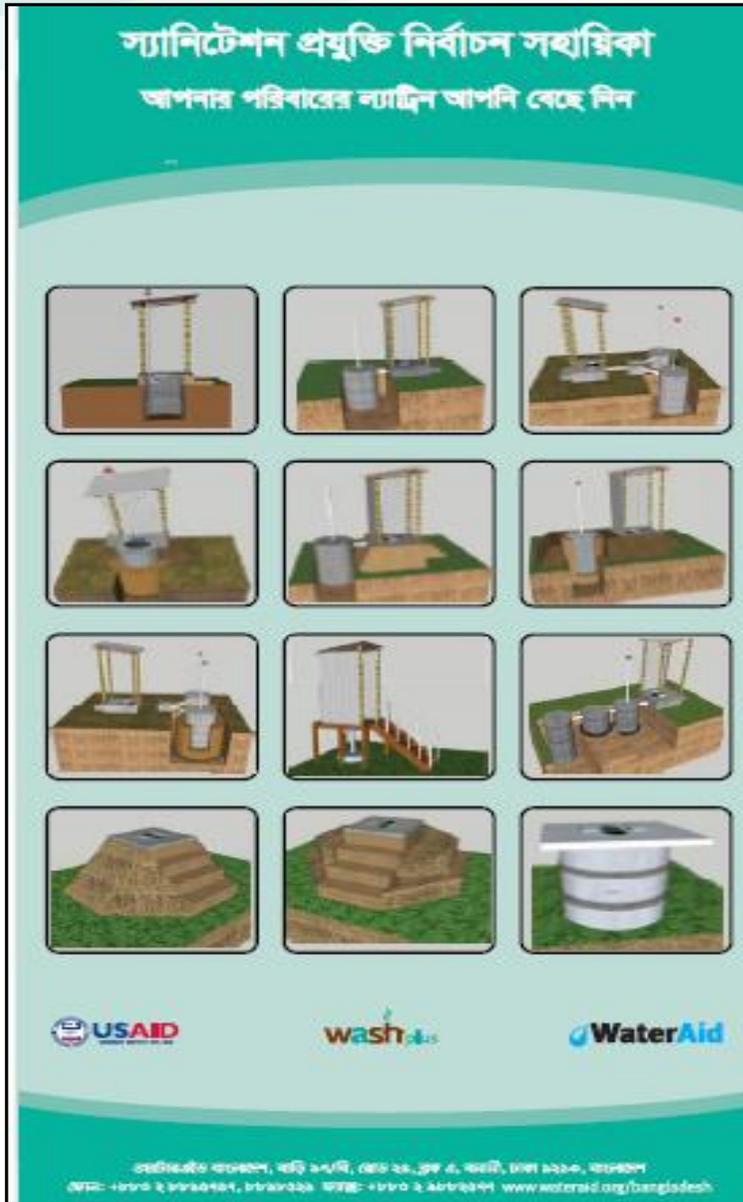- Construct a continuum from worst toward ideal

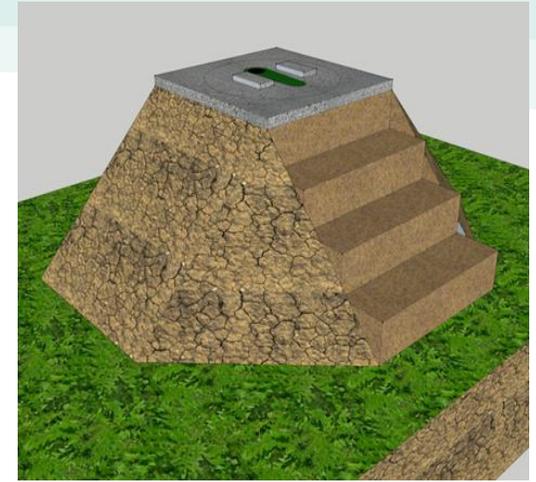- Search for what's 'fun, easy and popular'

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
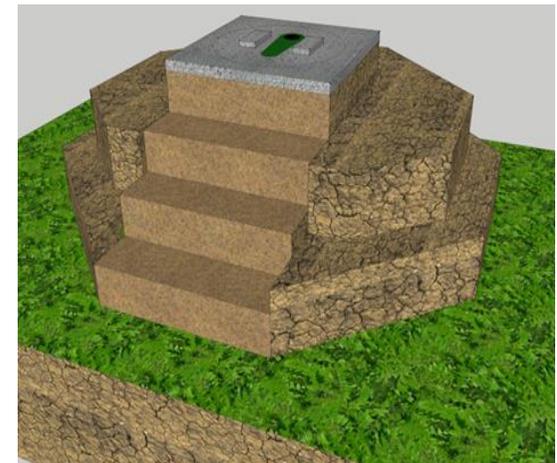
Raise the plinth putting soil around the pit

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

Make a sand envelope around sides and bottom of pit/ rings

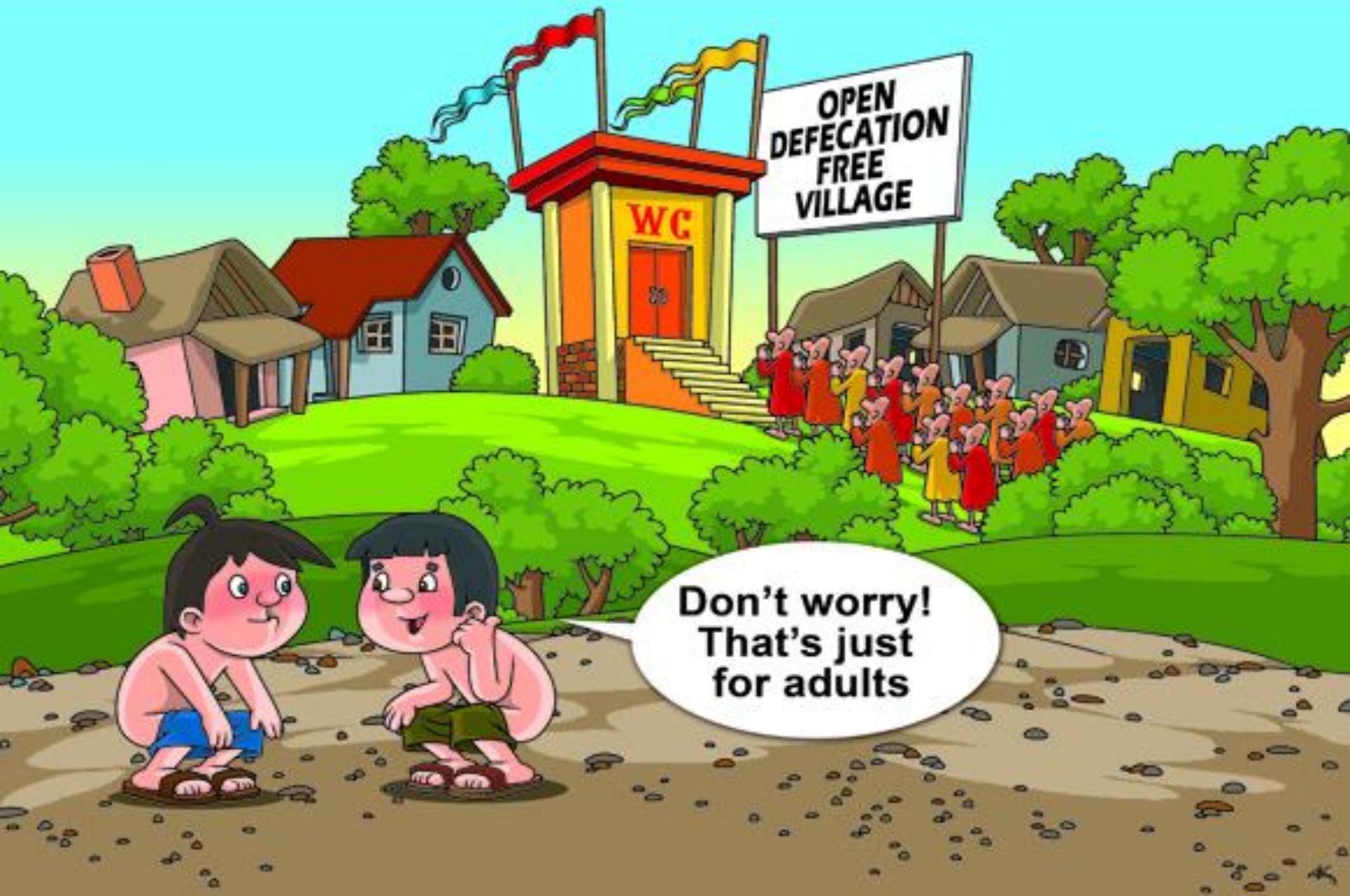Seal the spaces between rings wiith cement and sand

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
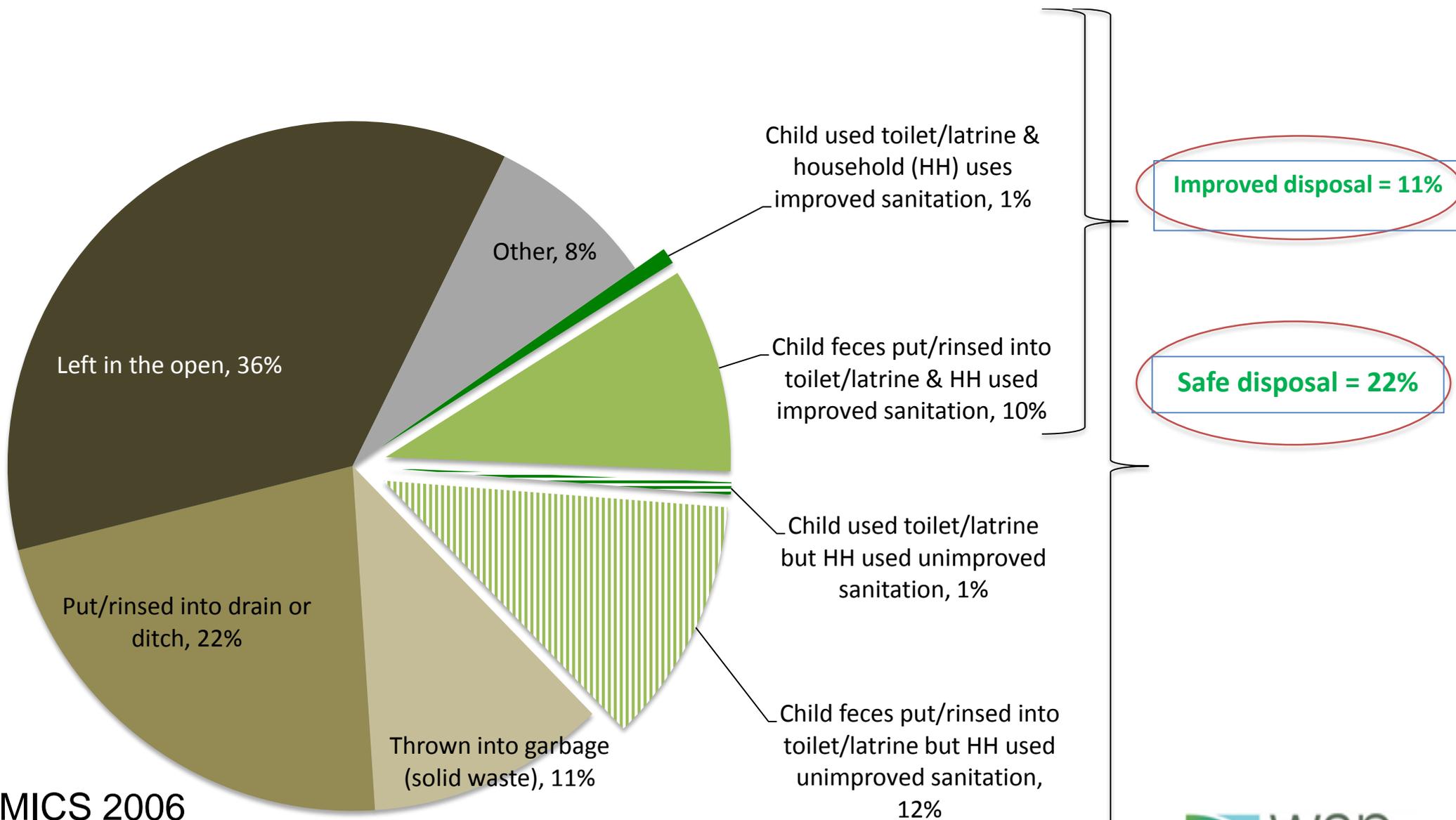- Coordinate with CLTS triggering and CDF follow up

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

Child used toilet/latrine & household (HH) uses improved sanitation, 1%

Other, 8%

Left in the open, 36%

Child feces put/rinsed into toilet/latrine & HH used improved sanitation, 10%

Put/rinsed into drain or ditch, 22%

Child used toilet/latrine but HH used unimproved sanitation, 1%

Thrown into garbage (solid waste), 11%

Child feces put/rinsed into toilet/latrine but HH used unimproved sanitation, 12%

Improved disposal = 11%

Safe disposal = 22%

MICS 2006

wsp
water and sanitation program

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

Develop Small Doable Actions for Safely Disposing of Child Feces *by age cohort-*
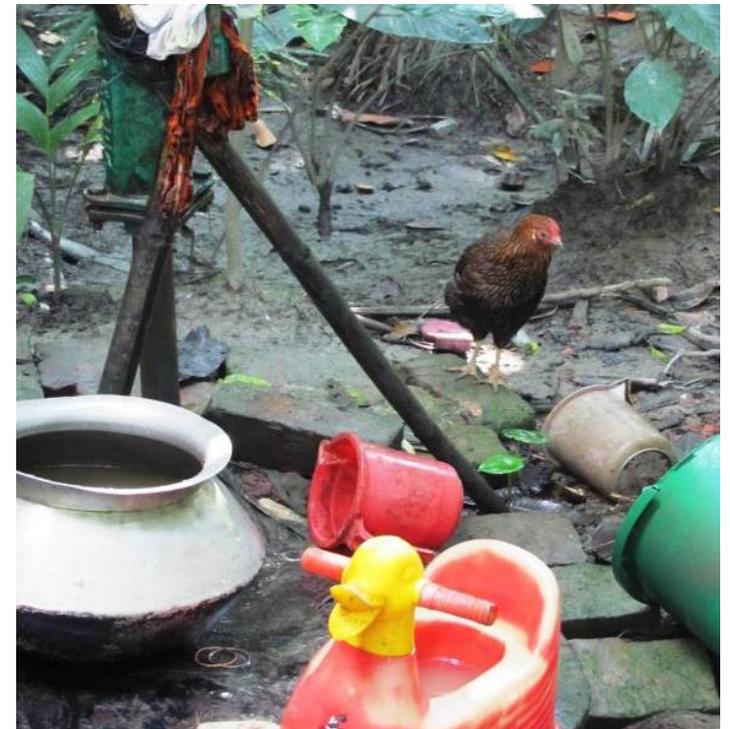
infant/lap child 0-6ish
crawling 6 month-1 hear
toddler 1-2
3-6 years

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

Age Cohort	Current Practices	Possible Small Doable Actions to promote
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
	
	▪ Poops anywhere
	▪ Caretaker cleans up when she sees or when cleaning the courtyard
	
	▪ Throw in ditch, anywhere out of sight, or in household garbage
		▪ Train child to use latrine
		▪ Make latrine more "child-friendly"
		  – Control smell with ash and regular cleaning
		  – 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

- **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

WATER, SANITATION & HANDWASHING STATIONS RESULTING FROM PROJECT ACTIVITIES

Activities	Project target	Achieve-ment to date	Target achieved as %
# Open defecation free communities	512	653	127
# Improved latrines constructed	20,266	30,929	152
# People gaining access to improved sanitation facilities	88,358	154,729	175
# handwashing devices installed	39,726	41,114	103
# New deep hand tube wells installed	670	670	100
# of improved/ rehabilitated tube wells	19	19	100
# people gaining access to improved drinking water source	65,771	94,200	143

NUMBERS TRAINED AT HOUSEHOLD AND COMMUNITY LEVEL

Activities	Project target	Achievement to date	Target achieved as %
Number of leadership and advocacy training conducted with community members	1,206	1,206	100
Number of people trained on O&M of water facilities	1,450	1,450	100
Number of community volunteers trained	386	386	100
Number of hygiene cycles (4 total sessions) conducted with mother groups	1,683	1,683	100

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

Declaration of ODF community

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