

WASHplus LEARNING BRIEF

Small Doable Actions: A Feasible Approach to Behavior Change

The USAID-funded WASHplus project aims to improve the supply and quality of water and sanitation facilities and hygiene practices, and reduce household air pollution. This involves facilitating better access to hardware and services while focusing on approaches to improve water, sanitation, and hygiene (WASH)-related practices. The overarching WASHplus behavior change approach is built around the notion that people rarely go from current practice to ideal practice at once, for example, from a sedentary lifestyle to five aerobic exercise sessions a week, or from open defecation to consistent use of a flush toilet connected to a septic system. Many factors influence the performance or nonperformance of a behavior. Therefore, WASHplus's behavior change approach identifies and addresses the key factors most influential in improving particular WASH practices of communities, families, and individuals.

The Small Doable Action Approach *Improving Practices of Individuals and Households*

WASHplus incorporates a small doable action approach to change WASH and household air pollution practices in its global- and country-level activities. Rather than promoting the ideal WASH practices (e.g., build and use a flush toilet or insist that all family members wash hands at all five critical junctions using running water and soap), we construct a continuum of behaviors that span from unacceptable to ideal. Small doable actions (SDAs) are behaviors that are deemed feasible to perform in resource-constrained settings, from the householder point of view, and effective at personal and public health levels. Behaviors that meet these two criteria—feasible and effective—are considered small doable actions and are included in the menu of options for WASH behavioral improvement. Stepping stone behaviors that may be on the pathway but do not directly yield impact are not considered SDAs, (e.g., buying cement or singing the happy hygiene song). To move toward the ideal, WASHplus supports improving WASH behaviors, one SDA at a time.

**DEFINITION**

A small doable action is a behavior that, when practiced consistently and correctly, will lead to personal and public health improvement. It is considered feasible by the householder, from HIS/HER point of view, considering the current practice, the available resources, and the particular social context. Although the behavior may not be an “ideal practice,” more households likely will adopt it because it is considered feasible within the local context. (Note that we use the terms “behavior” and “practice” interchangeably without distinction in this brief.)



▲ Outreach workers negotiate SDAs with households in Enagnon, Benin.



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SAFE WATER HANDLING



Above is a pictorial representation from a job aid developed through WASHplus in Uganda of SDAs related to safe water handling. The first picture is an unacceptable current practice—an uncovered water container exposed to animals and flies—followed by the menu of options that move toward the ideal practice—a covered jerry can with a spigot and water poured directly into the drinking cup.

WASHplus has worked with partners to develop country-specific SDAs for a range of WASH practices, including how to make water safe to drink, safe disposal of feces, handwashing at critical times, water source protection and access, food hygiene, and menstrual hygiene management.

STEPS FOR NEGOTIATING SDAs

- Assess current practices
- Validate current good practice
- Identify and negotiate new improved behaviors (SDAs)
- Elicit commitment
- Follow up and do additional problem solving to promote sustained practice if necessary

Negotiating SDAs to Improve WASH

In the context of household-focused WASH improvement, once the progression of SDAs is identified, community agents negotiate with householders to promote advancement along the continuum toward the ideal practice. The process of negotiation involves the community agent such as an outreach worker assessing current practice, validating the householder's current good practice, identifying one or a few WASH behaviors for improvement, and actively problem solving to overcome barriers or resistance to make the selected SDA easier to do. The negotiation ends with a commitment to try the improved practice(s), and requires follow-up (perhaps with another round of negotiation and/or commitment to the current or an advanced SDA) to ensure sustained WASH practice.

The same negotiation technique can be used by a clinic counselor with clients needing to improve WASH-related (or other) behaviors. In Kenya and Uganda, WASHplus used negotiation to improve WASH practices in households affected by HIV/AIDS.

This WASHplus approach contrasts with more typical hygiene promotion efforts which assume: 1) that households are not engaging in ideal practices because they are unaware, and 2) that awareness raising and education, with a bit of motivation, will catalyze ideal practices.

Information, while necessary, is often not sufficient to change WASH practice. For instance, people need to know how and when to wash with soap. In addition, householders need skills, access to required supplies, social support and acceptance, and confidence that they can succeed in practicing the new

behaviors. The community agent or health clinician must assess current practice, and then negotiate a commitment to try one or two improved practices that seem feasible and worth changing from the householder's point of view, not the community agent's point of view. The negotiation requires a simple assessment of the primary barriers and facilitators of the SDAs to try. Some questions that help the community agent identify barriers or facilitators include:

- What makes it hard to...[wash your hands with soap before eating or preparing food]?
- What would make it easier to... [wash your hands with soap before eating or preparing food]?
- Who approves or disapproves of you spending time and resources to... [wash your hands with soap before eating or preparing food]?

These questions help to identify problems, fears, barriers and facilitators to the practice. They were developed from a strong theoretical and behavior science base, to be applied in practical settings such as those encountered in WASHplus project areas.¹ The SDA approach can complement existing tools that support the behavior change dialogue process. Some tools are practical and simple and can be used by community workers who have good facilitation skills. Community-led total sanitation (CLTS) and participatory hygiene and sanitation transformation, known as PHAST, are two different but effective participatory approaches for promoting improved sanitation and handwashing. Mother care groups are another approach to catalyze sustainable WASH behavior change.

A Ugandan community-based worker makes a do-it-yourself rainwater catchment system and negotiates this SDA with others, to improve household water practices and handwashing, all affected by water access.

**Small Doable Actions for Accessing More Water:
Rainwater Harvesting Options**

RAINWATER HARVESTING IS A SUPPLEMENTARY WATER SOURCE.
It is low cost and relatively easy to build, and provides an easy, free source of water. No walking for water!

1

Rainwater harvesting without gutters
This is not an effective option.

2

Rainwater harvesting in a drum using one gutter

3

Rainwater harvesting with a water jar

4

Rainwater harvesting with a cistern

Cut out iron sheets to make gutters and delivery pipe. Use wires to mount gutters onto the roof.



►
These handwashing photos from Uganda, Kenya, and Cambodia illustrate the progression of small doable handwashing actions for children from the feasible (washing in a basin with someone holding a jug for rinsing) to an improvement (a tippy tap) to the ideal (having running water and soap available).



Negotiating SDAs to Improve Infrastructure

WASHplus also encourages local governments, communities, and households to undertake small doable improvements in water and sanitation infrastructure (hardware) that will further enhance WASH practice as they work toward more significant infrastructure improvements. While WASHplus works with local governments and communities to rehabilitate and install water and sanitation infrastructure, often smaller improvements to existing infrastructure fall solidly within the domain of households, communities, or schools, such as rehangng doors, stabilizing or raising sanitation platforms, patching leaky latrines, hanging tippy tap handwashing stations, etc. Making repairs to existing structures and equipment also falls into the category of SDAs because these actions can improve WASH supply and practice while moving toward the ideal.

Using SDAs in an Organizational Context

Going beyond individual and household behavior change, SDAs can resonate in an organizational context as well. When challenged by the daunting expectations or efforts needed to accomplish development goals, WASHplus has applied the SDA concept of segmenting the path to the ideal into feasible steps to move forward with an effective programming response that, while not perfect, moves in a positive direction and achieves some of the desired impact. Similar to individual behavior change, developing SDAs in an organizational context requires looking at what exists, what is the ideal, and identifying intermediate steps that are feasible and effective to move toward the goal. For example, if WASHplus does not have funding to implement a complete, comprehensive WASH program, what can we do in a particular situation that will move us toward the end goal? WASHplus has explored this approach in several ways in its different global and country-level programs. For example:

- Training government or development partners working in an existing program to implement an SDA approach using their own resources.
- Focusing efforts in one geographic location to test and document the approach that others could take forward or that might attract additional funding to implement SDAs in other locations.
- Devising modular two-hour, three-hour, and one-day training packages with local ministry teams that could be incorporated into ongoing trainings opportunistically and used at different events, such as a nutrition assessment counseling support training in Uganda or a coffee ceremony in Ethiopia, when it proved impossible to schedule a five-day WASH behavior change and integration training with government outreach workers (the ideal).



▲
As part of the SPLASH/ Zambia approach to making schools WASH friendly, pupils and teachers revived old latrines and made them child-friendly by making simple repairs.



▲
A school officer in Kenya acted on his own to secure funding for 50,000 menstrual pads for girls in school. This small doable action to improve health initiated an important dialogue among the top policy leadership in the country about menstrual hygiene management.

PROMOTING SDAS IN KENYA

The WASHplus/Kenya program introduced and promoted the small doable action concept, now practiced by government actors involved in WASH interventions. The WASHplus SDA approach complements the Ministry of Health's community-led total sanitation efforts to promote sanitation uptake.

CLTS promotes improved sanitation practices by ensuring latrines and handwashing facilities are constructed from locally available materials as a first step toward moving communities up the sanitation ladder. Moving from

open defecation to feasible, improved latrine options made fixed-point defecation possible. USAID partners then followed up CLTS with home visits to negotiate improvements to latrines and WASH-related practices such as handwashing with soap.

USAID implementing partners, such as APHIAplus, have also incorporated the SDA approach into their home-based care and orphans and vulnerable children programs.

Beyond delivering programming content, the government and partners involved with the WASHplus

program have holistically embraced the spirit of SDAs. That is, subcounty and local NGOs practice SDAs within their own programs to identify what can be done incrementally to move WASH integration forward and to improve the health of Kenyans.

One such example was a public health officer who built a raised seat to facilitate using the latrine without squatting—a challenge for children, the weak, elderly, and pregnant women. This was an SDA with a large impact.



▲ *Using knowledge acquired from a WASHplus training, a public health officer designed a simple aid to help bedridden patients and the elderly “go to the toilet” in a dignified way. The result was a homemade commode that can be made from locally available materials and yet ensure proper disposal of fecal waste.*

Small Doable Actions Resonate

- Whether talking with senior government officials, community health workers, primary school teachers, or mothers, all understand the concept of doing something feasible now and improving on it later when the resources are available or when households feel ready to advance further toward the ideal, i.e., additional investment in an improved latrine. In all countries where we have applied the SDA approach, it brings stakeholders on board, and the approach quickly spreads.
- Several WASHplus countries have introduced the concept of SDAs. In Kenya and Uganda, the Ministry of Health and NGO partners have wholeheartedly embraced the concept and are now integrating WASH SDAs into HIV/AIDS programs with their own resources. In Mali, WASHplus has introduced *Petites Actions Faisables et Importantes*, or *PAFIs*, in its WASH and nutrition integration activities with similar uptake. In Zambia, the SPLASH program introduced SDAs into WASH in Schools activities, which included improving sanitation facilities and facilitating handwashing behaviors. WASHplus started this integration effort with technical support and advocacy, however, increasingly partners are now securing their own funding to share SDA concepts, and this is resonating across these countries.
- Many different WASHplus efforts focus on feasible actions to improve health in gradual steps rather than emphasizing possibly unattainable goals. The modular materials developed to facilitate WASH improvement were created with flexibility in mind. The technical content can be used in multiple settings and adapted to different target

audiences such as community health, orphans and vulnerable children, and home-based care workers; early child development teachers and schools; and rehabilitation service providers for persons with disabilities.

Looking Ahead

WASHplus is exploring how to develop SDAs in other areas of WASH and household air pollution. For example, WASHplus is developing a new set of SDAs related to safe disposal of infant feces by age cohort in Bangladesh that will be adapted for global use. And through participation in the Clean, Fed and Nurtured community of practice, WASHplus and partners are developing a set of Essential WASH Actions by age cohort that can complement the UNICEF/WHO nutrition and early childhood development essential actions.

WASHplus has been a global leader in introducing the concept of SDAs to the household air pollution context. The project has begun to develop SDAs for different cooking practices.² But the behaviors associated with household air pollution are even more complex and challenging than those for WASH. While WASHplus has developed some SDAs (see table), these potentially feasible practices have still not been tested and validated because we are still learning what behaviors are effective. For example, to receive a health benefit, a family must use an improved cookstove almost all the time and essentially replace rather than supplement the traditional cooking stove with an improved one. Further, it is also not clear whether nontechnology-oriented SDAs, such as ventilation, or fire practices, such as using dry or smaller pieces of wood/dung, can reduce smoke exposure enough to provide a health benefit, or whether the minimum action required for health impact is consistent use of an improved cookstove.

While the concept of SDAs has worked well in all countries where it has been introduced, WASHplus has not yet had an opportunity to measure the results of this approach against a more standard “promote the ideal” behavior change approach to quantify and compare the impacts against each other. Program evaluations (to be completed in WASHplus’s final year) will document changes in WASH practice, but will not compare the approach or measure sustainability of SDAs, or movement from less to more ideal practices through the SDA approach. With the growing funding for innovation research, WASHplus sees an opportunity for organizations to ground this SDA approach within the context of implementation science.

SMALL DOABLE ACTIONS TO IMPROVE HOUSEHOLD AIR POLLUTION

Illustrative examples of small doable actions might include:

POLLUTION BEHAVIORAL CLUSTER	POSSIBLE SMALL DOABLE ACTIONS/ IMPROVED PRACTICES
Tending fires	<ul style="list-style-type: none"> • Dry wood/dung before burning • Use smaller pieces of wood • Reduce duration of burning
Stove maintenance and use	<ul style="list-style-type: none"> • Fix holes in stove and/or flues • Clean and maintain stoves and flues • Use pots that correctly fit stove openings • Use more efficient fuel burning stove
Ventilation use	<ul style="list-style-type: none"> • Construct eaves—spaces for roofline release of smoke • Promote cross ventilation, using doors and windows as appropriate.
Safer child location practices while fires are burning	<ul style="list-style-type: none"> • Keep children away from fires (but still attended)

Developed from Barnes B. 2005. Interventions to Reduce Child Exposure to Indoor Air Pollution in Developing Countries: Behavioral Opportunities and Research Needs. *Children, Youth & Environments* 15(1): 67-82.

RESOURCES FOR SMALL DOABLE ACTIONS

The WASHplus website (<http://www.washplus.org/resources>) has several resources and counseling cards that are used to promote SDAs in different countries, as well as a short video about using the small doable action approach to improve WASH practices: degrees.fhi360.org/2013/03/breaking-the-cycle-small-doable-actions-in-wash-to-improve-child-health/.

In addition, the WHO website has a number of useful tools for engaging communities in dialogue about WASH: www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/. A few other places to find behavior change tools include the following web sites: www.coregroup.org, www.hip.watsan.net, www.manoffgroup.com.

ENDNOTES

1. Middlestadt S., K. Bhattacharyya, J. Rosenbaum, M. Fishbein, and M. Shepherd. 1996. The Use of Theory Based Semistructured Elicitation Questionnaires: Formative Research for CDC's Prevention Marketing Initiative. *Public Health Reports*, 111 Suppl 1, 18-27

2. *Early work identifying feasible and acceptable clean cooking behaviors was carried out under the USAID/CHANGE Project (AED) by Brendon Barnes and colleagues. Barnes B, A Mathee, et al. 2004. Testing Selected Behaviors to Reduce Indoor Air Pollution Exposure in Young Children.* Health Education Research, Oxford University Press. 19 (5): 543-550. .

What is WASHplus?

The WASHplus project supports healthy households and communities by creating and delivering interventions that lead to improvements in water, sanitation, and hygiene (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.

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