**Baby WASH guidance**

Module 2: Programme design

# **Introduction to Module 2**

The objective of Module 2 is to support Concern programme teams to work with communities to design baby WASH interventions that are relevant to their context. Any intervention that you design should be based on the assessment findings, guided by module 1 of this guide.

Just a reminder, baby WASH encompasses a wide variety of interventions (Figure 1 in the Introduction). The Concern guide focuses, specifically, on three areas of baby WASH programming that are most likely to be implemented within Concern country programmes and are most likely to be missing from existing WASH or Nutrition programmes. (see the Introduction to this guide for more on why these were selected)

The focal areas for this Baby WASH guide are:

* Safe disposal of baby faeces
* Clean household environment and play spaces (free from human and animal faeces)
* Clean birth

Module 2 is divided into the following sections:

1. Deciding what to do
2. Deciding how to do it
3. Writing a plan
4. Annex of tools

# **Deciding what to do**

## **What information should we use to design an intervention?**

The information collected in your baby WASH assessment (see Module 1) should form the basis of what you do. Reflect back on your findings:

* What aspect of baby WASH did you decide to focus on?
* What drivers and barriers were highlighted by the communities during the assessment?
* What potential solutions were put forward?
* Who do we need to engage with to change behaviours– both those we hope will do the behaviour and those who are likely to influence how easy it is to adopt that new behaviour.

## **How do we choose which ‘solutions’ to focus on?**

You can’t do everything. Instead, focus on one or two specific ‘solutions’ that emerged from the assessment. These solutions should be ‘do-able’ within the time frame that you have, fit well into the existing programme and be likely to have impact.

A strengths, weaknesses, opportunities and threats (SWOT) analysis may help to decide which potential solutions to focus on if you have several ideas (Annex 1).

## **What are some possible Baby WASH activities?**

**Figure 1. Some possible Baby WASH activities that could be added / integrated**

|  |  |  |
| --- | --- | --- |
| **Existing programme component** | **Baby WASH area** | **Baby WASH activities that could be added/ integrated** |
| Social and behaviour change communication to promote essential hygiene, nutrition and health practices via any of the following:   * Mother support groups * Father support groups * Individual counselling via home visits or at health facilities * Mass media * Community mobilisation | Safe disposal of child faeces | Add messages/ campaigns/ counselling on:   * Why safe disposal of child faeces is important, its benefits, how to do it |
| Clean play spaces | Add messages/ campaigns/ counselling on:   * Why keeping a clean household environment / play space is important, its benefits, how to do it |
| Clean birth | Add messages/ campaigns/ counselling on:   * Why a clean birth is important and the basics of planning for a clean delivery (specifics are for the midwives and birth attendants) |
| Other | Ensure messaging on the below are included:   * Exclusive breastfeeding to 6 months/ continued breastfeeding to 2 years * Handwashing promotion includes for children * Hygienic preparation of complementary foods * Possibly post-delivery hygiene at home |
| WASH programming for   * Improved access to clean and regular water services * Increased use of sanitation e.g. via sanitation marketing * Improved solid waste management where needed (e.g. in urban or camp settings) | Safe disposal of child faeces | Social marketing of equipment needed for safe disposal of baby faeces (such as potties, hoes or scoops for picking up waste, or washable nappies) |
| Clean play spaces | Social marketing of equipment needed to keep infant play spaces clean (mats or child-friendly play pens) |
| Clean birth | Where most births are at health facilities: Support rehabilitation/ management of WASH infrastructure in health facilities |
| Other | Promote technology and gender equality activities to reduce women’s burden in water carrying, particularly during pregnancy |
| Livelihoods programming that includes:   * Support to basic animal health services and agriculture extension * Ideally, farmer field schools or similar platform for trialling new animal rearing practices | Safe disposal of child faeces | Could be promoted via e.g. agriculture extension agents farmer field schools |
| Clean play spaces | Co-designing/ testing and social marketing of equipment to support separation of livestock from play spaces at household level (e.g. fencing or improved animal pens)  Improving communal livestock management to support separation of livestock from household compounds and water points. |
| Clean birth | Not applicable |
| Other | Possible, but no obvious priorities |
| Health system strengthening/ community health programming that includes:   * Training and support to health facility staff and community health workers and birth attendants | Safe disposal of child faeces | Possible, but no obvious priorities |
| Clean play spaces | Possible, but no obvious priorities |
| Clean birth | *Where women give birth in health facilities:*   * Training midwives and other health facility staff on clean birth practices * Training of midwives and other health facility staff on hygienic post-natal care   *Where women predominantly give birth at home:*   * Training traditional birth attendants on clean birth practices and hygienic post-natal care at home. * Provision of clean birth kits |
| Other | Possible, but no obvious priorities |

## **How do we develop objectives?**

After you have selected one or two solutions, you will need to develop objectives around them, including impact, outcomes and outputs (Box 1). Theoretical examples of baby WASH objectives are provided in Annex 2, although these are just ideas – the solutions will be different in every context. Communities should be engaged in the development of objectives, as well as stakeholders.

**Box 1: Developing objectives**

*Objectives include:*

**Impact level:** What the baby WASH intervention aims to contribute to (broader or longer-term). This should define in a simple, clear statement, the significant and lasting changes in people’s lives.

**Outcomes:** What the baby WASH intervention aims to achieve by the end of the project period – usually this will be changes in knowledge, attitudes and/or behaviours of the target group.

**Outputs:** Immediate results of activities – tangible products, goods and services and other immediate results. You will have more than one of these.

## **Can our baby WASH intervention be integrated into a wider programme?**

Definitely – baby WASH interventions should not be standalone but embedded within existing Concern programmes. Baby WASH interventions will likely overlap with several programme approaches but should include a distinct set of outputs and activities beyond what you are already doing/ planning to do. Remember Figure 1 from the Introduction to this guide.

For example, ensuring clean play spaces for infants (such as example 2 in Annex 2) will usually involve unique activities/ outputs that go beyond what is already included in standard WASH programmes. At the same time, those activities will be most effective when it is linked to other general WASH activities (e.g. hygiene promotion and tippy taps to support household handwashing), and livelihoods activities (e.g. that support animal health).

## **Who do we need to involve?**

It is critical that communities help to shape baby WASH objectives. They will know best which actions are feasible and shaping the intervention will increase their buy-in going forward. More information on community involvement in project planning can be found [here.](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/PCMS%20Phase%202%20-%20Community%20and%20Stakeholder%20Engagement.aspx)

It is also important to involve stakeholders identified through stakeholder analysis (described in module 1 of this guide). Do other organisations or institutions in the area agree with what you propose? Does the proposed intervention fill a gap in programming? Would it be useful to form partnerships or collaborations with others doing similar things, including the private sector? You can also reach out to Concern Advisers for help and support.

# **Deciding how to do it**

## **What do we need to do to reach our objectives?**

You will need to define a specific set of **activities** to undertake to achieve your stated outputs. Examples of activities are provided in Annex 2, although these are theoretical examples – the activities that you undertake will very much depend on the context and preferences of the communities you are reaching. For this reason, it is critical to involve community members in this stage also.

## **Can we use existing channels or platforms to reach our target audience?**

Use existing channels and platforms to carry out activities where possible. These might exist within Concern’s WASH, health and nutrition programmes (mothers’ groups, men’s groups, community groups), livelihoods programmes (community animal health workers (CAHWs), lead and innovative farmers, agricultural extension workers or farmer field schools and farmers associations) or health programmes (community health workers or health promotion and awareness/education days or activities). Consider what existing channels would be the most suitable to carry out your activities.

## **What should we consider when using Social and Behaviour Change Communication?**

Social and behaviour change communication (SBCC) is the strategic use of communication approaches using multiple channels to promote change in knowledge, attitudes, norms, beliefs and behaviours among the target audience.[[1]](#footnote-1) The target audience should include not only those directly engaged in the behaviours that you are interested in changing (e.g. caregivers of children under two years), but also those who influence them (e.g. fathers and mothers-in-law) and those who lead and shape opinions in the community (e.g. community leaders, religious leaders, traditional healers and health workers). It can be useful to identify positive deviators or “community champions”, who have already taken up new practices, to help to deliver SBCC messages.

There are many different approaches and activities used in SBCC. Box 2 describes some of these. Whichever approach is used, consider the six key principles for SBCC described in Box 3. More information and support on SBCC programming can be found [here.](https://sbccimplementationkits.org/courses/designing-a-social-and-behavior-change-communication-strategy/) An example of a baby WASH programme in Ethiopia with a strong SBCC component can be found [here](https://www.youtube.com/watch?v=RzC9nhvWk9E).

**Box 2: Commonly used SBCC approaches, activities and considerations[[2]](#footnote-2)**

|  |  |  |
| --- | --- | --- |
| **Approaches and channels** | **Primary level of influence** | **Considerations** |
| **Interpersonal approaches** | | |
| Counselling  Support groups/ Care groups | Individual  Interpersonal | Interpersonal approaches are effective for engaging individuals in two-way communication that can offer more tailored, individual advice as well as address sensitive topics. |
| **Media approaches** | | |
| Mass media  Mid-sized media  Small print media  Traditional media  Social media  Mobile technology | Interpersonal  Community  Organisational | Mass media (e.g. national radio) may be used as a one-way communication approach to reach entire countries or regions; mid-sized media (e.g. billboards) may be better for district-specific activities.  Print media (e.g. leaflets) are appropriate in contexts where literacy is high, and traditional media (e.g. theatre) may work where existing structures are in place to relay community-level information.  Social media (e.g. Facebook, SMS) may be useful for two-way communication with adolescents and others (e.g. smallholder farmers) who rely on sharing information through technology. |
| **Community mobilisation approaches** | | |
| Campaigns  Issue groups  Outreach  Health events | Community | Community/social mobilisation requires active participation and empowerment of all sectors of a community to catalyse action at this level.  May include any number of mobilisation approaches to raise awareness, build collective efficacy, foster empowerment, and create an enabling environment for change. |

**Box 3: Six key principles for Social Behaviour Change Communication interventions**

1. **If the majority of people already know, there is no need to disseminate the same information again:** If the majority of a target population is already able to cite the messages we are promoting, there is no need to communicate those messages any longer.
2. **Focusing on a limited number of behaviours increases the likelihood of adoption:** Evidence confirms that behaviour change interventions are more effective when they promote a limited number of behaviours at a time (preferably one per campaign or group session; and a hand full of behaviours for a multi-year project).
3. **SBCC interventions should be designed to address actual drivers and barriers:** These should be identified during formative research (module 1).
4. **Messages should grab the heart and gut as well as the mind:** science shows that to obtain behaviour change, an emotional response must be triggered. For example, the emotion of ‘disgust’ to ignite a desire to change the current situation around unsafe disposal of faeces.
5. **Reach targeted groups through multiple channels and points of contact:** use a mix of strategies, channels, delivery platforms, media and materials to engage the target population, e.g. door-to-door visits, theatre performances in markets, competition events, radio broadcasts and community video productions.
6. **Support the community to put behaviours into practice:** ‘small doable actions’ can be implemented to support the community to practice new behaviours, e.g. workshops on use of loin cloths/ nappies, orientation in the use of hoes to remove faeces safely; an animal fencing training, provision of clean birth kits. These activities and SBCC activities make up wider SBC programmes.

## **What should we consider if our intervention involves teaching people new skills?**

Promoting Baby WASH practices will likely involve teaching people new skills, such as training birth attendants on how to ensure a clean birth, teaching caregivers to use potties, or showing livestock owners how to build simple fencing to separate their animals from children’s play areas. In general, it is best to start with the behaviours that don’t require people learning too many new or complex skills, but the ones that will have the biggest impact over the long term will likely require certain target groups to develop new skills. The programme must include activities to support the development of those skills at key stages. Providing information is rarely enough to promote uptake of a behaviour.

**Some key things to consider:**

* ***Identify what the new skills needed for each of the baby WASH behaviours ar***e. Breaking the behaviour down into very specific practices that you expect specific people to do will help – See Annex 4 in Module 1. From this, you can identify which practices
* ***Keep training practical, simple and repeat key messages.***
* ***Use participatory rather than more traditional training***. This means, sitting together with learners and encouraging them to share their own experiences, suggest ideas, try things out in practical way and troubleshoot together.
* ***It may be necessary to separate women from men*** to get their full participation.
* ***Support and supervise the uptake of new skills between sessions and consider forming peer groups among learners for the continued exchange of ideas***. Peer groups for other purposes might already exist that could be used to build specific skills for baby WASH such as mother support groups, village savings and loan groups or farmer field schools.
* ***For more helpful tips on conducting participatory training*** see pages 27-34 of [this guide.](https://www.crs.org/sites/default/files/tools-research/smart-skills-for-rural-development_0.pdf)

## **What should we consider if our intervention involves the adoption of new products or equipment?**

New products or equipment may be needed by households or communities to support the adoption of new behaviours. Which products are used will very much depend on community preferences.

**Some key things to consider**

* **Do not introduce a new product if it already exists in the market.**
* ***Examples of equipment*** that might be used in Baby WASH programming are presented in Annex 3.
* ***Determine if the product/ equipment is already available in local markets and conduct a market assessment***. Some products like potties or play mats be sold in local markets or in more distant markets, but you need to understand if they are in sufficient supply and the people you are targeting can access them via the current market system (at a price they can afford).
* ***Designing and testing new products***
* Any new products or equipment that you think may need to be introduced must be selected and tested in close collaboration with community members, weighing up the potential advantages and disadvantages of their use.
* Ideally you should co-design with community member who are meant to use it and work with local crafts people to produce the prototype of the new product or updated designs of existing products to meet the needs.
* ***Supporting people to use new products***. Any new products or equipment will require community sensitisation and orientation and ongoing support for users. This should be factored into the project design.
* ***Social marketing to increase uptake.*** To the degree possible, we recommend taking a social marketing approach to promote use. Social marketing creates *demand* for the product by marketing the product within the community at a price that is affordable/ acceptable (possibly with an NGO or other agency covering part of the cost), alongside SBCC messages promoting its use.
  + Social marketing interventions should consider the four ‘Ps’ described in Box 4. This is preferred to just distributing the product for free because it can increase the value of the item in the recipient’s eyes and make its use more sustainable and possible to expand.
  + Concern has used sanitation marketing in different contexts, which promotes construction and use of latrines using a social marketing approach. More on sanitation marketing can be found [here](https://www.wsp.org/sites/wsp/files/publications/WSP-Introductory-Guide-Sanitation-Marketing.pdf).
* **Income generation activities linked to promotion of baby WASH products.** It may also be possible to link products to income generation activities by individuals from target communities who would are using the product and are ready to sell them for a small profit. It is critical, however, that:
  + Your project has done a full market chain analysis for the product and for the role of the individuals selling the product is clear and they are not taking a financial risk that may do them harm.
  + Social marketing and SBCC activities to create demand for the project must be already underway and showing results before income generation activities can be considered.
  + An example of hygiene promotion being linked to income generation can be found [here.](https://blogs.worldbank.org/nasikiliza/burundis-blue-soap-partnership-multi-partner-alliance-helps-citizens-stem-covid-19)

**Box 4: ‘Four Ps’ of social marketing[[3]](#footnote-3)**

**Product:** Decide on a product that is useful and acceptable to the community. Consider its form, format and presentation in terms of packaging and characteristics. Is a new product needed or can an existing product be adapted?

**Price:** Decide on what the consumer would be willing to pay, both in terms of direct (monetary) and indirect (time lost, physical labour) and perceptions of benefits: make the product worth buying.

**Place:** Decide where the product will be available to consumers, including where it is displayed or demonstrated (local markets, clinics, local businesses).

**Promotion:** Decide how the consumers will know the product exists, its benefits, its costs, and where and how to get it (wherever consumers are likely to receive information e.g. on television, radio, newspapers, posters, within health promotion messaging, door-to-door messages).

**What do we need to consider if our intervention is around the management of livestock/ animals?**

Any intervention that involves the rearing of livestock/ animals will be very context-specific and must be guided by the initial assessment (Module 1) and local knowledge and expertise. Critical information to understand is the type of livestock kept in the community (sheep, goats, cows, pigs, chickens); who cares for the animals and brings them to pasture or water; social, cultural and legal norms around how animals are managed; and daily and seasonal patterns in housing, movement and grazing.

**Some key things to consider:**

* ***Livestock related baby WASH interventions really need to be embedded within broader livelihoods support efforts***. Activities to separate animals from play spaces, for example, must be designed with livestock technical expertise and combined with efforts to ensure animal welfare. Broader interventions such as vaccination of large and small animals (including chickens) will prevent diseases that can be passed from animals to humans (zoonoses). For more information on zoonoses and their prevention see this [resource.](https://publications.cta.int/en/publications/publication/1500/animal-production-health/index.html)
* ***Both community-level responses and ‘small doable actions’ at household level will be needed to support clean play spaces for infants***. These will be extremely context specific and should be decided by the community but could involve creating fencing for livestock (during non-grazing hours), small chicken houses, or tying goats to nearby trees with long rope (far away enough to be out of infant living areas and close enough not to be stolen).
* ***Engage with local experts in animal and livestock management*** (CAHWs and veterinary officers) early on in the process. They know the context, will know what is feasible and should be brought on as allies in changing behaviours.
* ***Engage with men, older women and community leaders as they often have a heavy influence on animal management***. Community-level responses must therefore involve their careful engagement, and SBCC messages should be targeted to them as well as female caregivers.
* ***Wider SBCC messages around other livestock management practices may be needed***. For example, messages to livestock owners around concentrating manure in one place to fertilize fields may support the aim to avoid the presence of manure within household compounds.
* ***The advantages and disadvantages of each proposed action*** must be considered in terms of infection risk and livelihoods/ food security of the household.
* **Ensure the activities introduced do not significantly increase the work burden of women** (see Annex 3).
* ***Consider seasonality, which will influence where livestock are as well as how wet the household compound is.*** Different activites and approaches may be needed at different times of year.

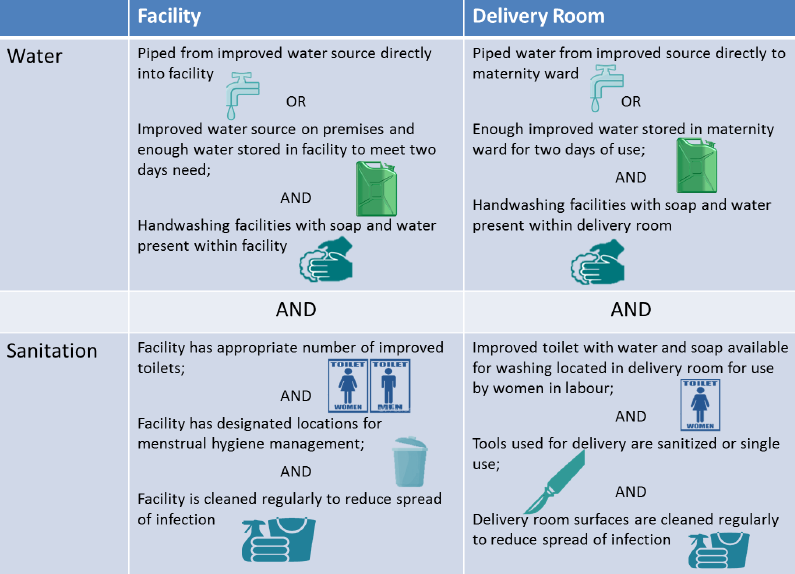
## **What should we consider if our intervention is to support clean birth?**

Activities related to promoting a clean birth must be embedded within a broader health system strengthening / maternal and child health interventions. Engaging with midwives and birth attendants on clean birth cannot be a stand alone interventions.

**Some key things to consider:**

* ***Understand the Ministry of Health programmes and policies and current practices around birthing in the country.*** This should be part of the assessment. What is the national policy on home versus facility births. What statistics are available on this? Use your assessment results to consider where women predominantly give birth – in the community or health facilities? If in the community, are Traditional Birth Attendants (TBA) accredited members of the health system? Is it acceptable to reach them with support and training?
* ***Basic, inexpensive clean birth kits*** c***an designed to suit local needs and support clean birth practices.*** *This will only be useful where clean implements are not already used* which will be informed by assessment findings.
* ***Different kits will be needed for home birth, compared to birth in health facilities***. WHO guidance on the minimum requirements for clean birth kits can be found [here.](https://www.who.int/pmnch/media/publications/aonsectionIII_3.pdf) A PATH guide to the implementation of a clean birth kit programme can be found [here](https://path.azureedge.net/media/documents/MCHN_BDKG.pdf) and an example of a WHO and MoH clean birth kits programme in Uganda can be found [here.](https://www.afro.who.int/sites/default/files/2017-05/Maama%20Kit%20Final%20copy(edits).pdf)
* ***Training will be needed together with th***e provision of clean birth kits (whether directed to TBAs or health facility staff). The focus should be on use of the WHO 6 ‘cleans’,[[4]](#footnote-4) and sensitisation around clean birth and use of birth kits within the wider community.
* ***Where health facility births are common, improving******WASH infrastructure in delivery and postnatal rooms*** will be an effective strategy (Figure 2)**.** This could be linked to a [WASH FIT](https://www.who.int/indonesia/news/detail/26-12-2020-who-strengthens-wash-in-health-care-facilities-through-water-and-sanitation-for-health-facility-improvement-tool-(wash-fit)) programme if that exists. These actions can complement use of the [WHO safe childbirth checklist.](https://www.who.int/patientsafety/implementation/checklists/childbirth/en/)

**Figure 2: WASH safe birth in a health facility[[5]](#footnote-5)**



# **Writing a plan**

## **Do we need to complete a documented plan?**

This is a good idea to help you to think through what you are going to do. It also helps to have a written plan to share with others and to use for monitoring and evaluation purposes. Use the templates in Annex 2, also adding in required inputs (staff time, equipment and resources needed) and a plan against time.

## **Who do we share this plan with?**

Share your plan with anyone you will be collaborating with, and with Concern HQ advisers to get their support. Also make sure that the whole Concern team and partners have read and understand the plan.

## **Annex 1: SWOT analysis**

A SWOT analysis can be useful to help you as a team to reflect on the strengths, weaknesses, opportunities and strengths of each potential baby WASH solution that emerged out of your baby WASH assessment. This will help you to decide which solution/s to focus on.

**Box 1: Strengths, weaknesses, opportunities, threats definitions[[6]](#footnote-6)**

**Strengths:** Those things about the intervention that could work well.

**Weaknesses:** Those things about the intervention that may not work so well.

**Opportunities:** Ideas on external factors that could help to overcome the weaknesses and build on strengths.

**Threats:** External factors that might constrain or threaten the range of opportunities for change.

Using the template in Box 2, for each potential solution, write down the team’s ideas in each box. Discuss and record as many factors as possible. Use the final box to sum up your reflections. Carry this out for each solution and compare the results to find out which solution/s the team believes holds the most promise.

**Box 2: Template for a SWOT analysis**

|  |  |
| --- | --- |
| Strengths: | Weaknesses: |
| Opportunities: | Threats: |
| Reflections: | |

## **Annex 2: Examples of baby WASH objectives, outputs & activities**

**Example 1: safe disposal of baby faeces**

**Impact:** Reduction of mortality, wasting and stunting in children under two years of age.

**Outcomes:** Safe disposal of the faeces of children under two years in (define project area).

**Outputs:**

* Community members are aware of the need to safely dispose of baby faeces and equipped with knowledge to do this.
* Community members have access to preferred equipment needed to safely dispose of baby faeces (context specific – could be loin cloths, covered potties, or hoes)

**Activities:**

* *Development of SBCC messages and materials with community members around safe disposal of baby faeces.*
* *Promotion of SBCC messages through multiple channels in collaboration with community members (mother support groups, men’s groups, radio, integration within existing health promotion campaign).*
* *Market analysis of supply chain for different equipment needed for the context*
* *Discussions with local vendors on the value/ potential of stocking equipment for safe disposal of child faeces (scoops for picking up waste washable nappies and potties).*
* *Training sessions for caregivers in use of nappies and potties*
* *Social marketing of equipment needed to keep infant play spaces clean.*

**Example 2: objectives focused on clean play spaces within the household**

**Goal:** To reduce child mortality, wasting and stunting in children under two years of age.

**Outcomes:** Children under two years play in clean spaces within the household compound (no animals, animal faeces, human faeces or trash).

**Outputs:**

* Community members are aware of the need to ensure play spaces for infants within the household are clean and are equipped with knowledge to achieve this.
* Animals are separated from areas where infants play in household compounds.

**Activities:**

* *Development of SBCC messages and materials around clean household environment with community members.*
* *Promotion of SBCC messages through multiple channels in collaboration with community members (mother support groups, mens groups, radio, integration within existing health promotion campaign)*
* *Community-level responses to livestock management that enable livestock to be kept communally when not grazing.*
* *Provision of materials and training to build chicken houses and coops to keep chickens out of household play spaces.*

**Example 3: objectives focused on clean birth**

**Impact:** Reduced maternal and neonatal mortality

**Outcomes**: Birth attendants who attend women’s births (in facility & community) facilitate a clean birth.

**Outputs:**

* Improved WASH facilities in the delivery and postnatal rooms of health facilities where women give birth.
* Improved knowledge of how to put the WHO 6 cleans into practice for birth attendants (in health facilities and community)
* Birth attendants use clean birth kits (in health facilities and community)

**Activities:**

* *Identify WASH infrastructure needs within health facilities and work to fill gaps.*
* *Carry out training with birth attendants at health facilities and in the community on clean birth practices.*
* *Sensitise community members on the importance of clean birth.*
* *Distribute clean birth kits to birth attendants and possibly pregnant women for use during delivery.*

## **Annex 3: Considerations around use of equipment to support baby WASH interventions**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Advantages | Disadvantages | Considerations |
| For safe disposal of baby faeces | | | |
| Nappies or loin cloths for catching baby faeces | Provides a way to catch baby faeces and therefore prevent contamination of household and clothes. | May increase women’s workload (changing and washing).  Could cause contamination if faeces caught in nappies are not safely disposed of and nappies are not cleaned. | Requires orientation on frequent changing and washing and hand washing after changing.  Requires easy access to a latrine or pit to safely dispose of baby faeces. |
| Covered potties to catch baby faeces[[7]](#footnote-7) | Provides a way to catch baby faeces and therefore prevent contamination of household and clothes.  Avoids small children having to use latrines which may be regarded as unsafe. | If faeces collected in potty is not disposed of and potties are not covered and regularly cleaned, this can cause contamination. | Suitable for older infants.  Requires orientation on their safe use (using a cover and cleaning after use with soap and water).  Requires easy access to a latrine or pit to safely dispose of baby faeces. |
| “Sani scoops” or hoes to remove infant faeces[[8]](#footnote-8) | Provides a way to remove baby faeces from the household environment. | If hoe is not cleaned after use or stored within reach this could cause contamination. | Suitable for older infants when stools are formed.  Requires orientation on proper use and cleaning.  Requires easy access to a latrine or pit to safely dispose of infant faeces (latrines). |
| For providing clean play spaces for infants | | | |
| Play mats | May be useful to provide a clean space to set down very young infants.  May also be useful to provide clean area on which to place a play pen. | Could become contaminated if not regularly cleaned and provide greater risk of contamination (concentration of pathogens) | Needs orientation on proper use and cleaning.  Needs frequent washing with soap and water and storage out of reach of young children. |
| Play pens[[9]](#footnote-9) | May provide a safe, clean space for infants to play if used properly. | May reduce early childhood development opportunities (exploration).  May increase risk that infants are left unattended. | Needs orientation in their proper use and support to protect early childhood development and ensure safety.  Need frequent washing with soap and water. |
| For removing animal faeces from household environment | | | |
| “Sani scoop” or hoe to remove animal faeces from infant living areas[[10]](#footnote-10) | Provides a way to remove animal faeces from the household environment if it is not possible to separate animals. | If hoe is not cleaned after use or stored within reach this could cause contamination.  Can significantly increase women’s workload particularly if chickens present as they defecate often. | Requires orientation on proper use and cleaning.  Requires access to safe place to dispose of animal faeces. |
| Fencing of animals (including chicken coops) | [Evidence from trials](https://waterinstitute.unc.edu/wp-content/uploads/sites/3640/2018/11/05_SE01_Evidence_Integrating_WaSH_Nutrition_Child_Growth_Health.pdf) suggests that complete removal of animals from household environment may have a larger impact on preventing faecal-oral transmission route than provision of safe play spaces for the infant. | Fencing or coops may be expensive and difficult to upkeep in long term.  If infants gain access to the fenced area where pathogens from faeces are concentrated, the risk of contamination is high.  May prevent animals from grazing freely. | Requires training in building and use of fencing solutions and in keeping young children away from those areas.  Need to exercise caution around which materials are used for fencing (to ensure sustainability and protect against deforestation)  Could allow animals to graze during the day and create fenced area next to compound for times they are brought in.  If chickens – may not be seen of value enough to spend money on fencing/ coops. |
| To support clean birth | | | |
| Clean birth kits[[11]](#footnote-11) | Provide basic equipment required for clean birth. | Could be sold rather than used. | Birth attendants must be trained on their proper use to ensure clean birth.  Community need orientation on the importance of clean birth and use of clean birth kits. |

1. Other activities will normally be required alongside SBCC activities to support changes in behaviours. For example, to support safe disposal of baby faeces, SBCC activities directed to community members will likely need to be supported with ‘small doable actions’, for example the provision of equipment to catch and dispose safely of baby faeces. A Social and Behaviour Change (SBC) programme is made up of both SBCC and other activities (such as ‘small doable actions’) that together lead to the desired change in behaviour. [↑](#footnote-ref-1)
2. *Adapted from* [*SBCC guidance manual for WFP nutrition*](https://docs.wfp.org/api/documents/WFP-0000102103/download/) [↑](#footnote-ref-2)
3. *Adapted from* [*DFID guidance manual*](https://wedc-knowledge.lboro.ac.uk/resources/books/DFID_Guidance_Manual_on_Water_Supply_and_Sanitation_Programmes_-_Ch_2-8.pdf) [↑](#footnote-ref-3)
4. WHO 6 ‘cleans’: 1. clean hands, 2. clean delivery surface, 3. clean perineum, 4. clean cord tying, 5. clean cord cutting, 6. clean cord care. See: Blencowe, H., Lawn, J. and Graham, W. (2010) *Clean birth kits - potential to deliver? Evidence experience, estimated lives saved and cost.*Save the Children and Impact. [↑](#footnote-ref-4)
5. Taken from the [World Vision Baby WASH toolkit](https://www.wvi.org/publications/manualtoolkit/babywash-toolkit) [↑](#footnote-ref-5)
6. Adapted from the [Guide for Methods for Monitoring and Evaluation](https://concern2com.sharepoint.com/sites/PQ_Guide/PublishingImages/pages/Targeting/Annex_D_Methods_for_monitoring_and_evaluation.pdf#search=SWOT) [↑](#footnote-ref-6)
7. Photo of potties used in [WASH benefits trial](https://waterinstitute.unc.edu/wp-content/uploads/sites/3640/2018/11/05_SE01_Evidence_Integrating_WaSH_Nutrition_Child_Growth_Health.pdf) [↑](#footnote-ref-7)
8. Photo of taken from [WASH benefits trial](https://waterinstitute.unc.edu/wp-content/uploads/sites/3640/2018/11/05_SE01_Evidence_Integrating_WaSH_Nutrition_Child_Growth_Health.pdf) [↑](#footnote-ref-8)
9. Photo of playpen and mat used in [WASH SHINE trial](https://waterinstitute.unc.edu/wp-content/uploads/sites/3640/2018/11/05_SE01_Evidence_Integrating_WaSH_Nutrition_Child_Growth_Health.pdf) [↑](#footnote-ref-9)
10. Photo of hoe used in WASH Benefits [trial](https://waterinstitute.unc.edu/wp-content/uploads/sites/3640/2018/11/05_SE01_Evidence_Integrating_WaSH_Nutrition_Child_Growth_Health.pdf) [↑](#footnote-ref-10)
11. Picture taken from [Clean Birth Guide](https://www.healthynewbornnetwork.org/resource/clean-birth-kits-potential-to-deliver-evidence-experience-estimated-lives-saved-and-cost/) [↑](#footnote-ref-11)