



Recommendations on household WASH interventions for nutrition

Suaahara's model seems to be improving optimal household WASH practices. *Suaahara's* participatory approach in working through existing platforms and local networks in planning and discussing issues allows the local leaders and community to internalize the issues and bring action and ownership for community change.

Despite findings that more women in *Suaahara* areas than non-*Suaahara* areas engage in these ideal WASH practices, room for progress remains. This is particularly true for treating drinking water, maintaining a clean toilet, handwashing at all five key times, and ensuring that homes and compounds are free from animal or human feces.

As poor WASH practices contribute to both malnutrition and diarrheal disease, it is critical that programs focus more on household level behaviors and communal interventions. To



Photo: Suaahara Program/Save the Children

ensure households are informed and educated regarding the importance of WASH practices, future programs need to take advantage of and use multiple windows of opportunity including health worker trainings, clinic visits, WASH forums, and provide material support for needy households, schools, and community groups.



Photo: Krister J. Bojra

IMPROVING HOUSEHOLD LEVEL WATER, SANITATION AND HYGIENE PRACTICES AS PART OF AN INTEGRATED NUTRITION PROGRAM IN NEPAL

Program Information

Suaahara is a USAID-funded five year (2011-2016) project led by Save the Children in partnership with Helen Keller International, JHPIEGO, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Nepal Water for Health, Nutrition Promotion and Consultancy Services, and Nepali Technical Assistance Group.

The project provides local, national and global expertise and experience to address the causes of under-nutrition in 41 out of the 75 districts in Nepal by uniquely integrating nutrition with agriculture, sanitation, and health care interventions. It works to influence behavior of individuals and communities through community-based behavior change programming with a focus on gender and social inclusion, in order to improve the nutritional status of pregnant and lactating women and children under two.

- 1 Central Bureau of Statistics. 2014. *Nepal Multiple Indicator Cluster Survey 2014, Key Findings*. Kathmandu, Nepal: Central Bureau of Statistics and UNICEF Nepal.
- 2 Ngunjiri, FM, et al. Water, sanitation, and hygiene (WASH), environmental enteropathy, nutrition, and early child development: making the links. *Ann NY Acad Sci*. 2014 Jan; 1308:118-28.
- 3 As part of a midline process evaluation, *Suaahara* conducted a household-level survey of 480 1000-day women in four intervention and four comparison districts from November 2014 to January 2015. Most WASH practices were assessed via spot-check observations rather than self-reporting. Results can be found in the *Suaahara* Process Evaluation: Program Exposure and Adaptation of Practices, 2015 that can be accessed at: http://pdf.usaid.gov/pdf_docs/pa00kwxg.pdf

- 4 P<0.01
- 5 P<0.001
- 6 Soap was shown on request; p<0.05
- 7 P<0.05
- 8 A clean home and compound was measured by no animal or human feces in the house/near the compound on a spot-check observation.
- 9 The five key times are after defecation, after cleaning the child's bottom, before preparing and cooking food, before eating, and before feeding the child.
- 10 These results were not statistically significant.
- 11 Data sources include routine monitoring and Annual Outcome Monitoring Data.

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Water, sanitation and hygiene and nutrition

Water and environmental borne pathogens have a severe impact on children's health. Poor water, sanitation and hygiene (WASH) contribute to malnutrition and diarrheal disease, both of which are prevalent in Nepal (see Box 1)¹. The complications of diarrhea and malnutrition are bi-directional. Diarrhea prevents children from achieving normal growth, while malnutrition increases the frequency and the duration of diarrhea, creating a cycle of poor growth and illness².

Box 1: Undernutrition and diarrheal disease in Nepal (2014)

- ▶ 37% of children are stunted (too short for their age)
- ▶ 30% of children are underweight (weigh too little for their age)
- ▶ 12% of children had diarrhea in the past 2 weeks

Suaahara's Achievements in WASH³

Suaahara has improved several key WASH behaviors among women. When compared to non-*Suaahara* areas, *Suaahara* women are more likely to have:

- ▶ covered drinking water to keep it clean (80% v 49%)⁴;
- ▶ a clean toilet (68% v 19%)⁵;
- ▶ soap in the household (98% v 86%)⁶;
- ▶ a handwashing station with water and soap/ash (87% v 50%)⁷; and
- ▶ a clean home and compound (62% v 47%)⁸.

There is still progress to be made in some other WASH behaviors. Only half of women in both *Suaahara* and non-*Suaahara* areas wash hands

at all five key times (59% v 58%)⁹. Similarly, a slim majority of women in both areas treat drinking water by boiling, adding bleach/chlorine, filtering, or solar disinfection in *Suaahara* and comparison areas (64% v 55%). While most households have a toilet, there is no significant difference between *Suaahara* and comparison areas. (91% v 82%)¹⁰.

Suaahara has numerous data sources¹¹ in addition to the Process Evaluation (the source that is reflected here), for more results see the WASH for Nutrition Fact Sheet.

Suaahara's WASH Interventions

Suaahara promotes optimal WASH behaviors and provides support to pregnant women and women with children under two (1000 days women) to practice these behaviors in more than half of the districts in Nepal. These practices are encouraged alongside other key maternal and child nutrition and health behaviors.

The key WASH intervention activities are:

1. Supporting the Open Defecation Free initiative

Suaahara has led the Open Defecation Free (ODF) initiative in several districts using the Community-Led Total Sanitation (CLTS) approach, in line with the Government of Nepal's National Hygiene and Sanitation Master Plan. The plan emphasizes the need to improve the capacity of local institutions and existing networks, as well as health, education, and civil society to promote WASH behaviors while ensuring local ownership and sustainability.

2. Building the capacity of health workers and volunteers on WASH

Suaahara incorporated Essential Hygiene Actions into the Maternal Infant and Young Child training package to ensure frontline workers are trained on counseling to promote optimal WASH behaviors.

Frontline workers encourage and monitor household and community level WASH behaviors,

reaching women through existing community groups and forums such as Ward Citizen Forums, Citizen Awareness Centers, Health Mothers' Groups, WASH Coordination Committees, and schools.

3. Increasing demand for WASH behaviors and services

Suaahara also uses social behavior change communication (SBCC) strategies through multiple platforms including mass media, community mobilization and interpersonal communication focusing on five WASH key behaviors (see Box 2).

4. Providing materials to disadvantaged groups

Because disadvantaged households may face unique challenges in accessing and using important WASH materials, *Suaahara* provides key materials to disadvantaged households for constructing latrines and handwashing stations, for example bucket with tap and soap for handwashing station, and pan and ring for latrine.

Box 2: Suaahara's 5 key WASH behaviors

- ▶ Clean drinking water with appropriate filter usage, adequate storage and safe access
- ▶ Use of a clean, hygienic, improved latrine and safe disposal of child feces
- ▶ Dedicated handwashing station with soap and water
- ▶ Safe and hygienic practices for food preparation
- ▶ Clean and safe household with a dedicated place for children under two years of age to eat and play