

Integrating WASH/Hygiene interventions into immunization programmes: WaterAid's Experiences



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Source: Dr Om Prasad Gautam, WaterAid/LSHTM

Global WASH context

1 in 3 without basic sanitation
(2.37 billion people)



1 in 10 without safe water
(844 million people)

Household/Community



19% (13-49%) of people worldwide wash their hands with soap after defecation

Healthcare settings



39% of health care workers wash their hands with soap at all key moments

School settings



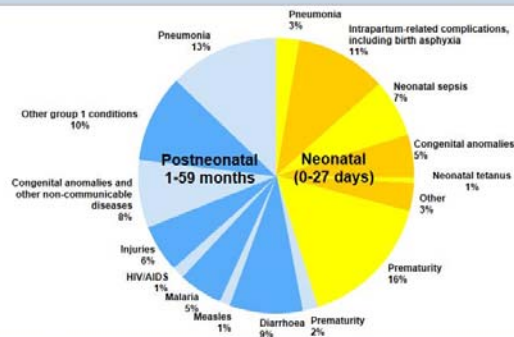
Only 53% of schools have handwashing facilities with soap

Why should we care about WASH/hygiene?

WASH Diseases



Causes of deaths among children under 5 years, 2015



Source: WHO-MCEE methods and data sources for child causes of death 2000-2015 (Global Health Estimates Technical Paper: WHO/HIS/TER/GHE/2016.1)

A child dies every 2 minutes from diarrhoeal diseases

Pneumonia
Diarrhoea

Undernutrition

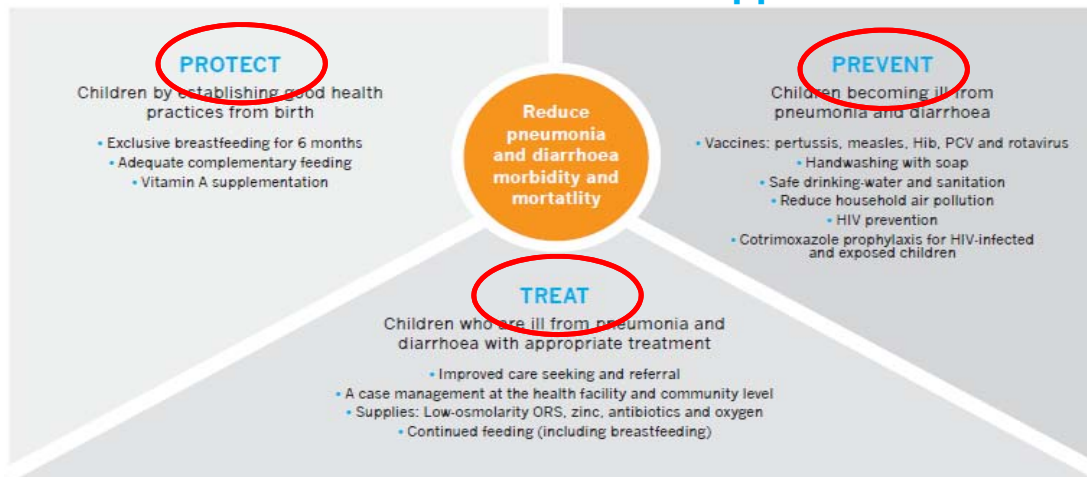
Foodborne infection

Environmental Enteropathy

Typhoid

An integrated solution: what does this mean in practice?

WHO recommends more holistic approach...



Typhoid & Safe Water, Sanitation, & Hygiene

Safe water, sanitation, and hygiene (WASH) interventions are critical to preventing the spread of typhoid. Typhoid spread via the fecal-oral route, because the bacteria can pass into people's mouths through food, water, hands, or

→ Global push for adopting new diarrhoea vaccines but is it a 'Silver bullet'?



→ Rotavirus vaccine efficacy in low income settings (at 43-47% while developed countries around 90%) and nature of diseases



Training or education only using health, germs/diseases, death related poster, leaflets and messaging are not working

Hygiene integration through immunization: objectives

Aim: to demonstrate, with the view to nationwide scale-up, the promotion of safe hygiene practices through the routine immunization (vaccination) programme in four districts of Nepal

Key points to establish through:

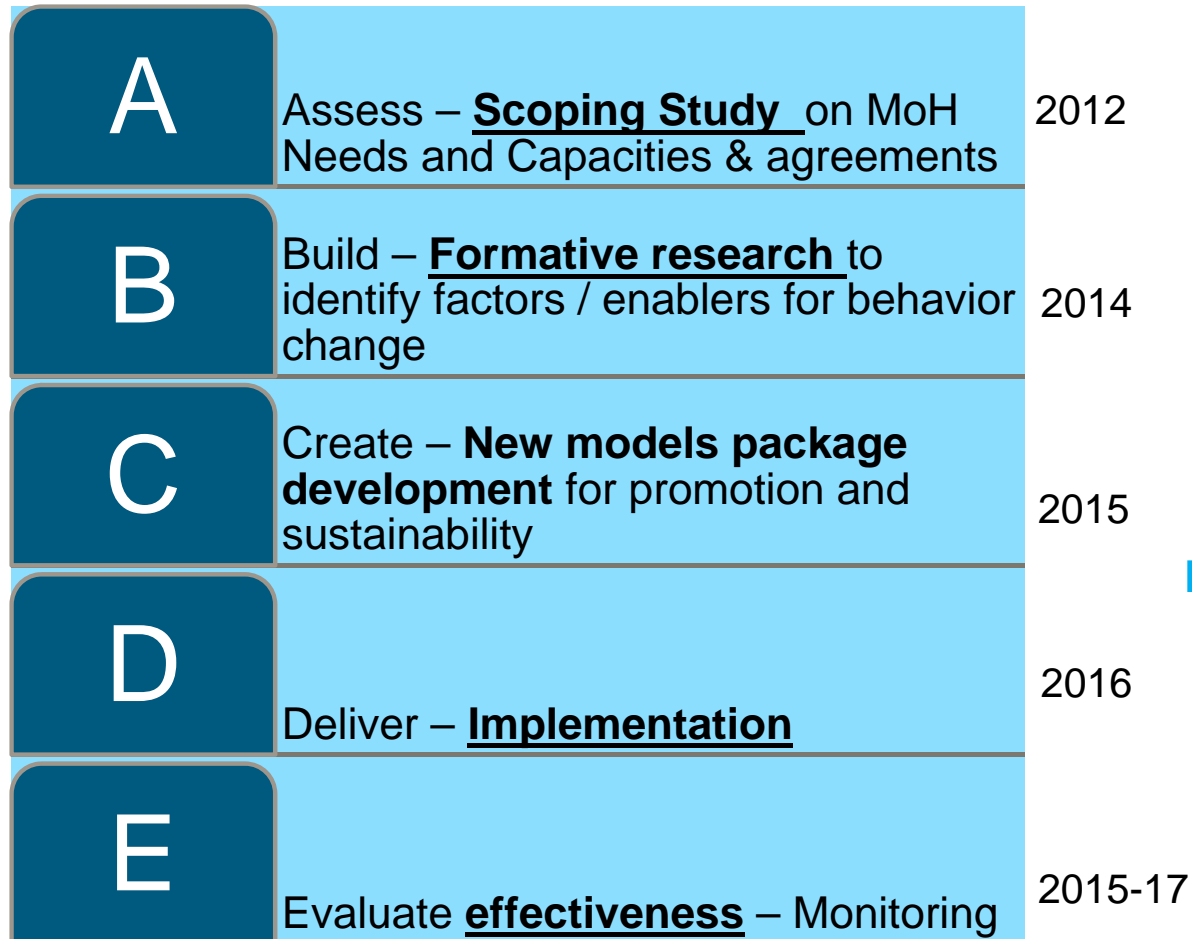
- Is effective in changing behaviours?
- Benefits to immunisation programme?
- Is cost effective and feasible for scale-up?
- Enhances the capacity of FCHVs/HW?

Districts	<1yrs population	Health staffs	FCHVs
Jajarkot	4,217	216	270
Bardiya	10,700	219	841
Nawalparasi	15,537	474	713
Myagdi	4,831	256	369
Total	35,285	1,165	2,193



Pathways for hygiene behaviour change integration–Nepal

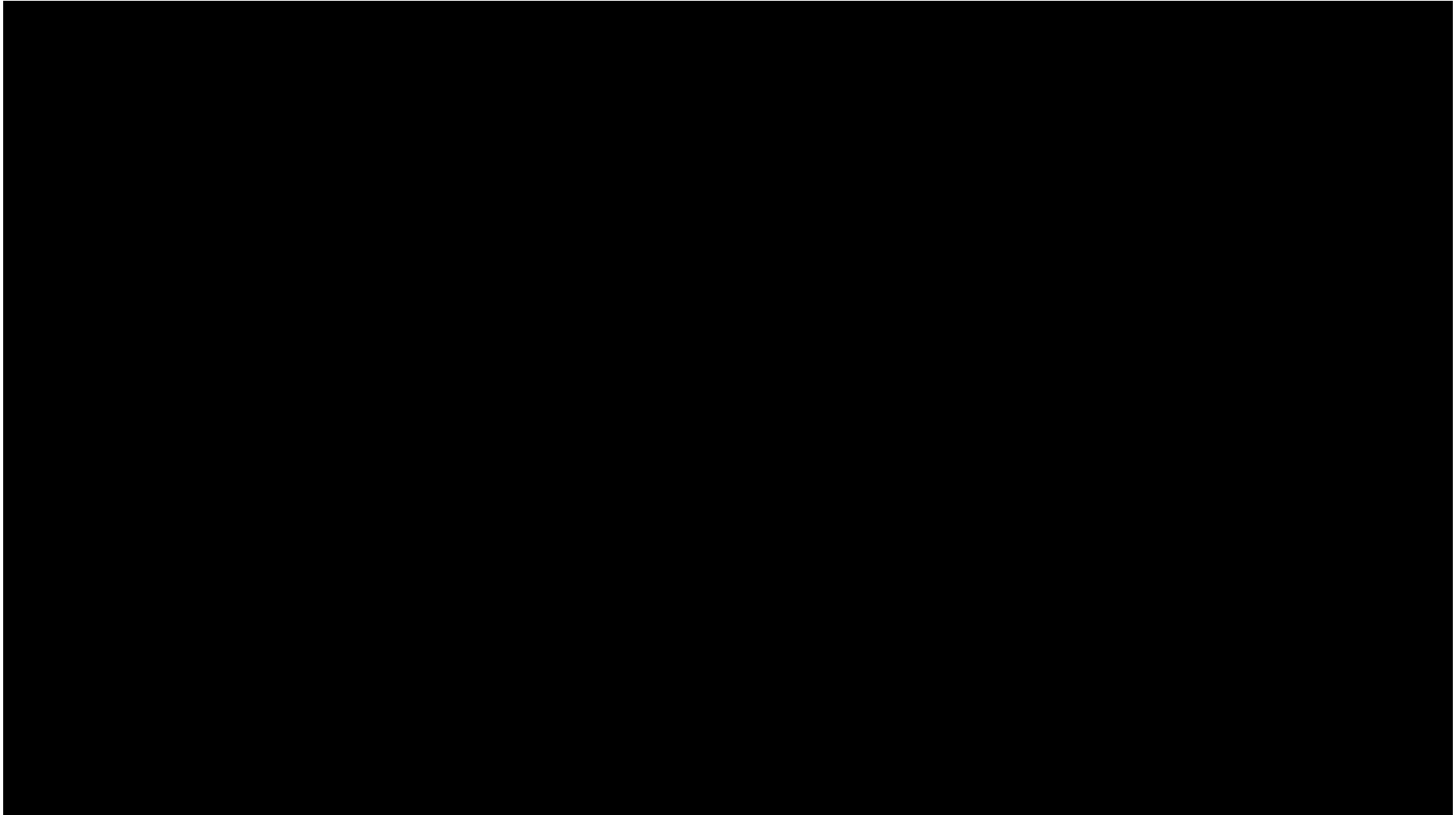
Behaviour Centred Design approach



Prioritised hygiene behaviours:

- ✓ Exclusive breastfeeding
- ✓ Food Hygiene
- ✓ Handwashing with soap
- ✓ HHs Water and milk treatment
- ✓ Hygienic use of toilet; child faeces disposal

Hygiene integration into routine immunization: an example



Innovation and creativity in promotion tools / approaches

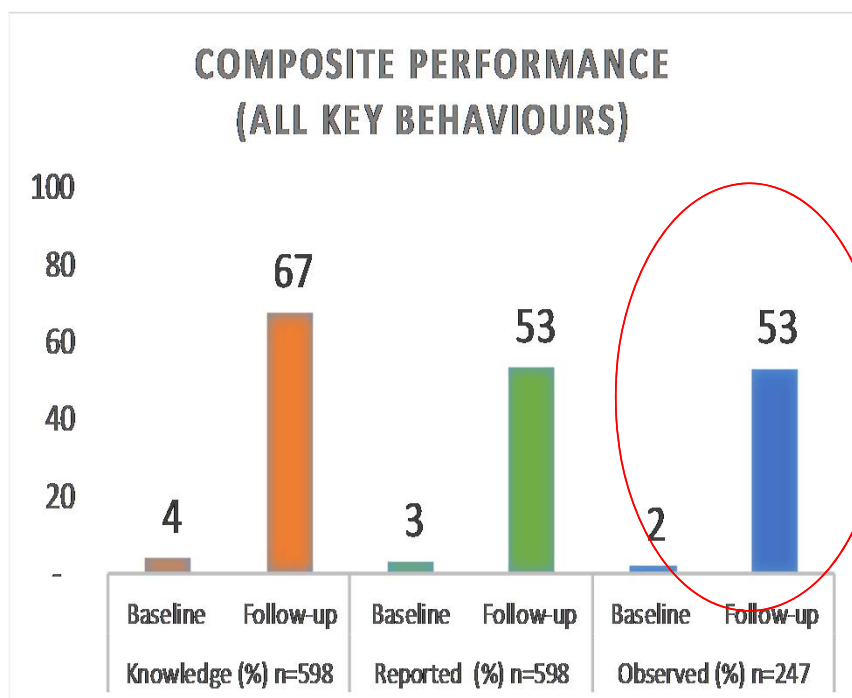
- **Campaign desire:** to be an “ideal family”
- Used **emotional drivers** (Disgust, Nurture, Affiliation & Status) and **change settings to change behaviour**
- **Delivery model:** Implemented through Gov’s routine immunization system
- **Components:** Games (Child life, wheel of hygiene, hot potato games), Story-telling, Folk song, pile sorting, Commitment, Illustration demonstration, Visual ‘reminders’, public ‘reward’ etc.
- **Implementation Period:** One year (pilot), 3 year retention



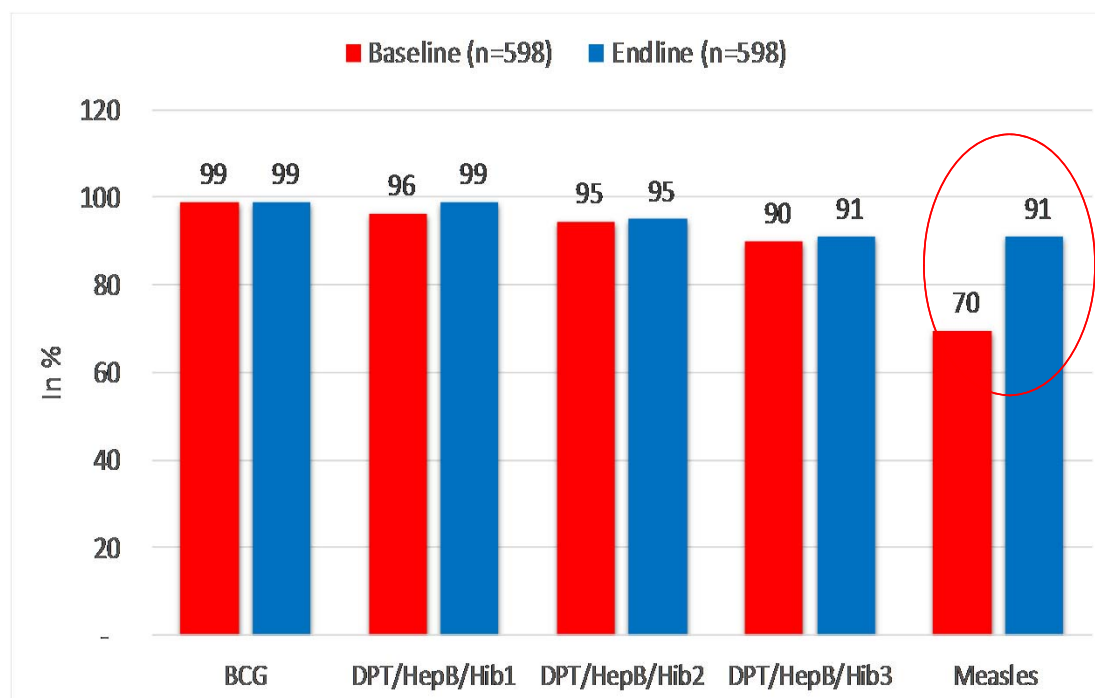


Is effective in changing behaviours and improving immunization?

All key hygiene behaviours improved – (primary outcomes)



Immunisation coverage increased and drop-out reduced (secondary outcomes)



Source: Baseline and Endline. Note: randomly selected mothers' key hygiene behaviours were observed

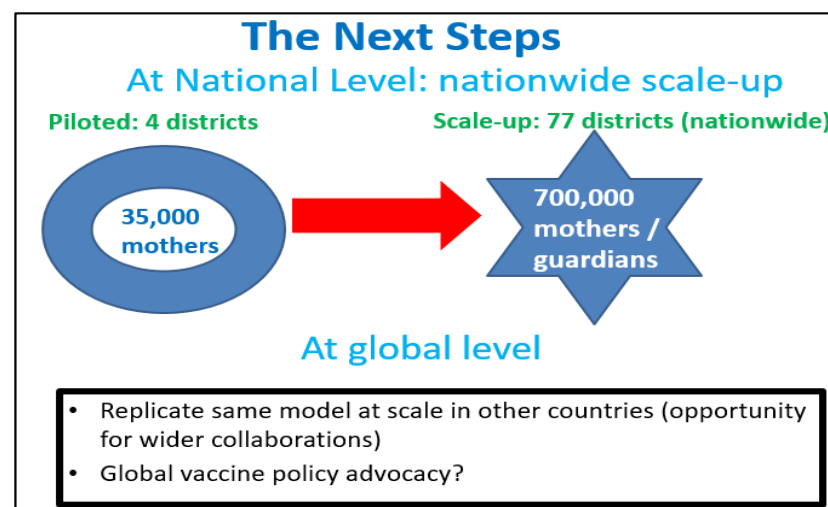
Strength, lessons and next step?

Lessons:

- Immunisation: unique opportunity for WASH/hygiene integration
- Hygiene integration strengthen health system: improves behaviour, immunization coverage, reduce drop-out and vaccine wastage
- Additional cost per child: US\$ 8 (in pilot), transition to scale (US\$4) and scale-up US\$1.75

Strength for success:

- Full government ownership (MoH). Government led process, WA as technical support to test innovation with planned transition for scale up
- Implemented through the sustained routine mechanism
- Focused to strengthen health system and change on behaviour using rather than raising awareness
- Used behaviour centric approaches and creative process to design and implement novel intervention
- Intervention has high level of reach / compliance and strong supervision



Thank you

