

Unpacking the realities of behaviour change interventions at scale

Case study: Child Faeces Management - Bhutan

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The Programme Context

Child Faeces

Management a missing
behavior withing the
Rural Sanitation and
Hygiene Programme



Target behavior

What	Child Faeces Management
Who	Caregivers of CU5
Indicators	<p>Safe: "Poo in the loo"</p> <p>Cloth nappy : Throw faeces into toilet, Throw wastewater into toilet</p> <p>Diaper: Seal/Roll up soiled diaper, Dispose into a pit with cover.</p> <p>Child Potty: Throw faeces into toilet Wash the potty and throw the wastewater into the toilet</p> <p>Open Defecation: Throw Faeces in the toilet</p> <p style="text-align: right;">Handwashing with soap</p>

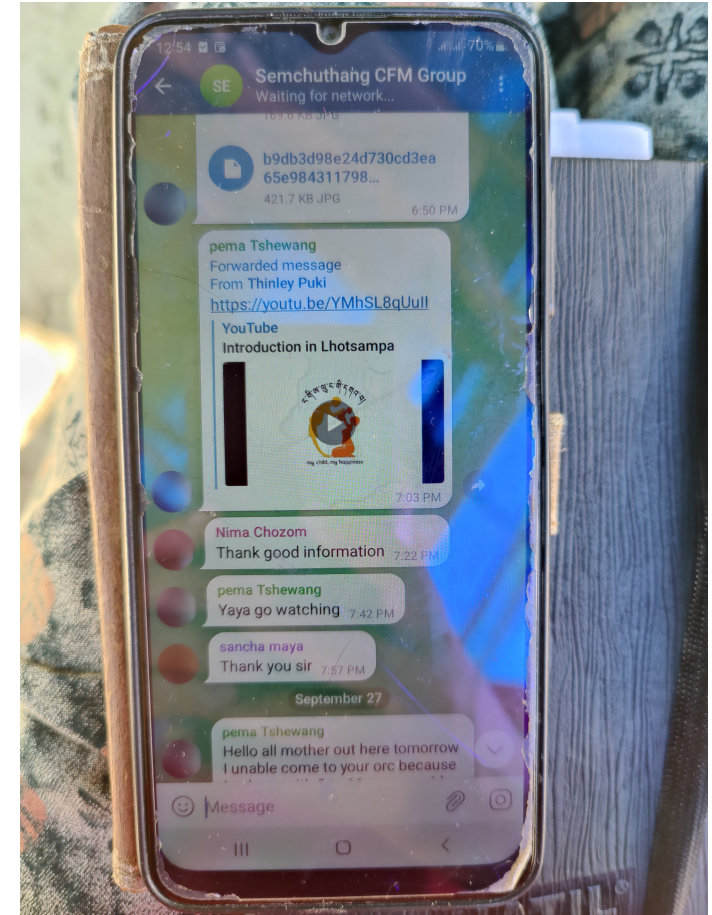


Process:

Assess and Build



Deliver



Evaluate



Intervention idea: Sonam and Yeshey

Insight 1

Caregivers are motivated by the nurture motive

Safe CFM contributes to good health of children, leading to happiness of both caregiver and child.



When Sonam had her first child, she was over the moon, but she also felt that it was a big responsibility. This little baby was now fully dependent on her for everything, for her food, for her clothes, for even doing her potty. She never had to shoulder such a responsibility in all her life.



This being her first child, she was naturally very concerned. If the baby didn't drink milk, she was worried. If the baby didn't burp, she was worried. If the baby didn't sleep, she was worried. If the baby slept too much, she was worried.



Her neighbour Yeshey, who was a carefree mother, teased Sonam to take it easy. 'Sonam, why don't you just relax, nothing bad will happen to your child!', she would say.



But Sonam was not going to take any chance with her baby. She didn't like it when her baby fell sick. She wanted her to be smiling and playing always. When her child was happy, she was also happy. When her child was unwell, she was sad.



Sonam wanted to do whatever she could, in her capacity, to keep her child healthy and growing. She would bathe the baby regularly. She would put only washed clothes on her. She would give her food only in clean utensils. And so on. She didn't want to leave anything to chance.



For instance, she would handle her child's poo very carefully. She would always throw it in the toilet, not just throw it here or there, in the garbage or in the drains.



Yeshey was very surprised to see that. She teased her, 'Sonam, it is just child's poo, no harm can come from it. Every mother eats 1 kg of child's poo before the child turns 1!'. Sonam didn't agree. She said, 'Yeshey, poo is poo. I have heard that even child's poo has germs, and if it is thrown in the open, the germs can reach the child through flies or other means.'

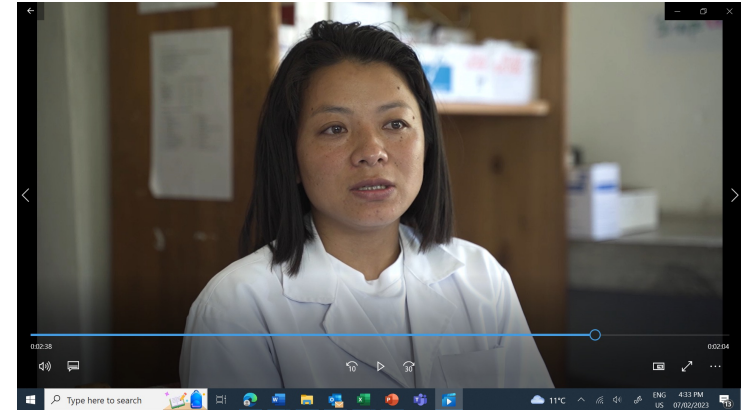


Yeshey wasn't convinced, 'Sonam, you are always imagining the worst. Why don't you just relax?'. Sonam of course wasn't the one to relax. She didn't want to take any chances with her baby.

Intervention idea: Videos

Insight 3

Caregivers perceive child faeces as not as harmful as adult faeces.





Disgust slide

Intervention idea: Group Chat

Insight 4

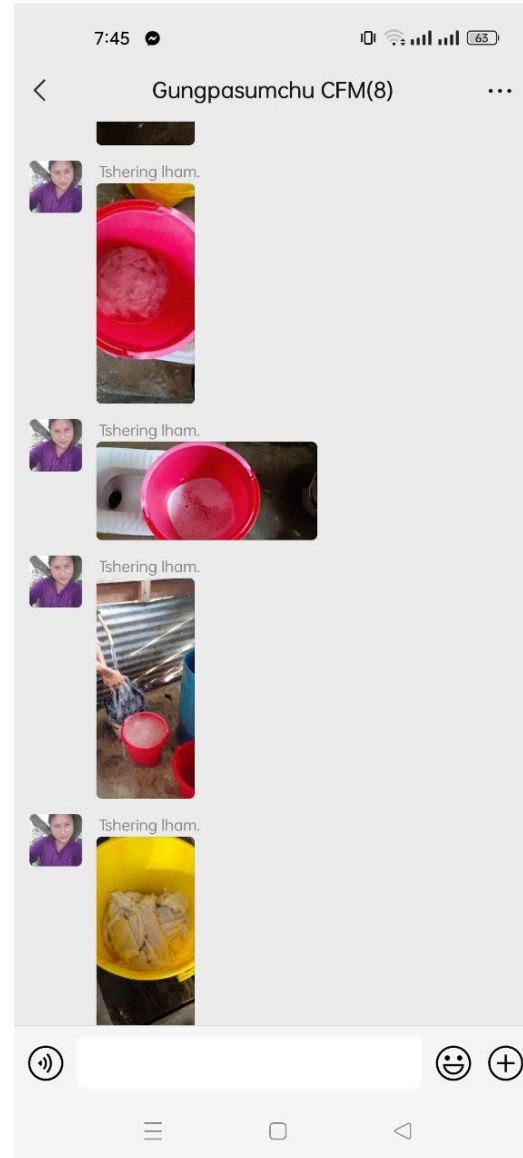
There is no existing mother's group at the community level.

Caregivers rely on information regarding childcare



Intervention Design - Summary

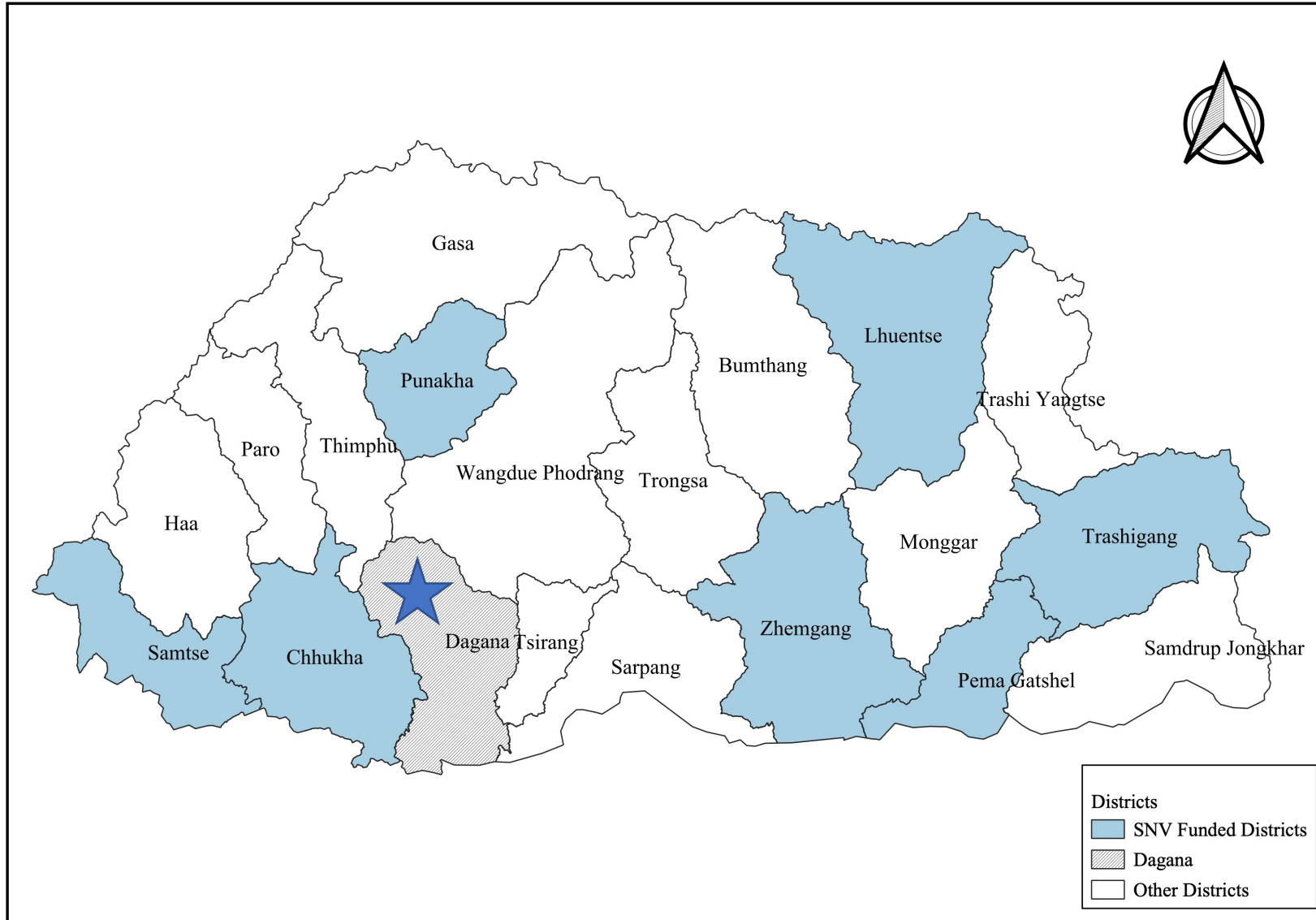
IPC session at ORCs, PHC and Hospitals



Group Chat (Telegram, WeChat, Messenger)



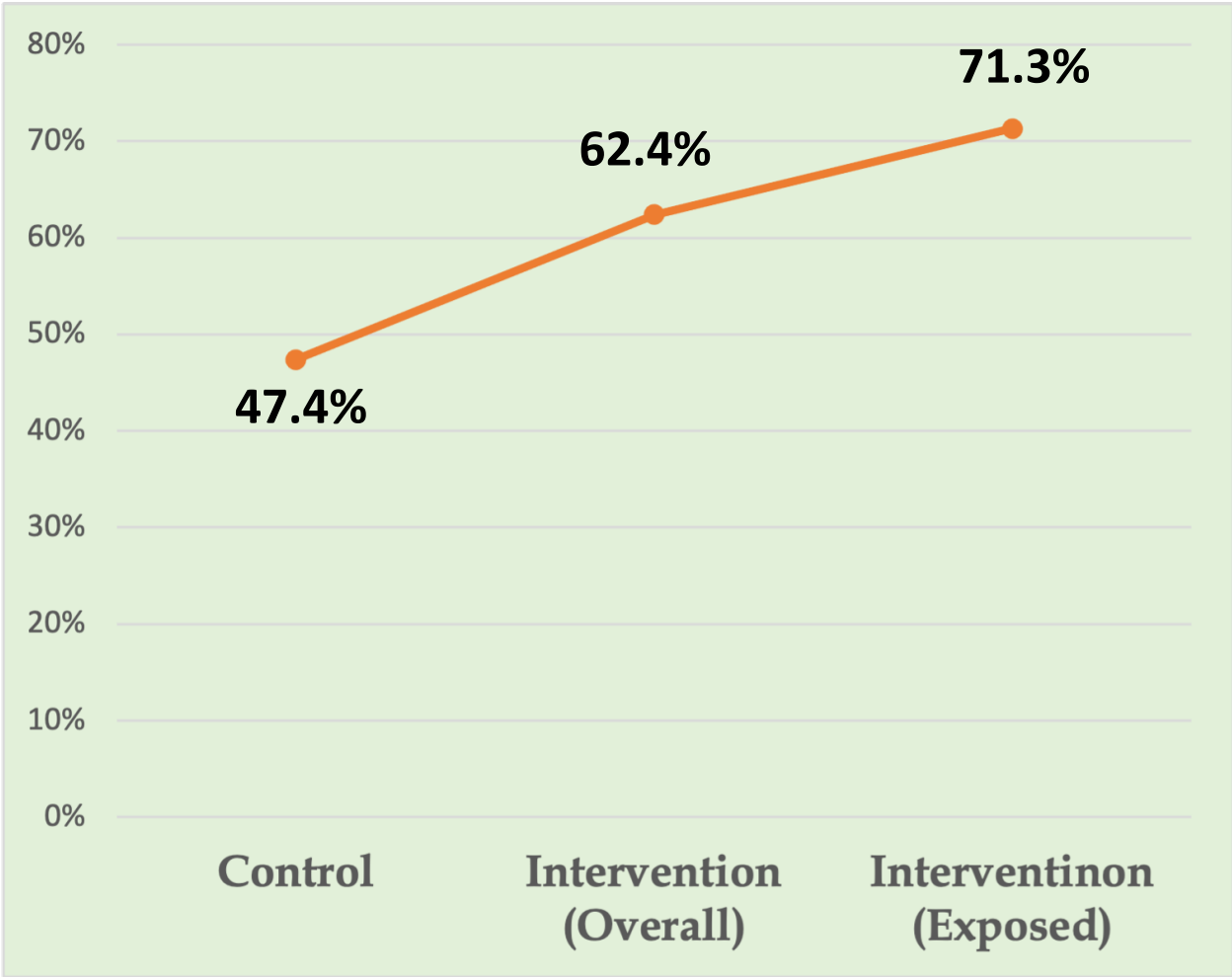
Intervention Delivery – Pilot District



Outcomes

Safe CFM Behaviours - Bhutan

Control Vs. Intervention



Outcomes

	Tsirang (Control)	Dagana (Intervention)
Total no. of respondents	314	312
	%	%
Practice safe CFM behaviours		
Note: Includes safe disposal of child faeces, but not hand washing with soap.	47.4	62.4

	Tsirang (Control)	Dagana (Intervention)
Household with place of last defecation as cloth nappy	57	47
	%	%
<u>Safe CFM Practice;</u>		
Thrown in latrine / toilet / toilet pot, or Washed out with water into the latrine / toilet,	49.1%	82.9%

	Tsirang (Control)	Dagana (Intervention)
Household with place of last defecation as Diapers	135	140
	%	%
<u>Safe CFM Practice;</u>		
Thrown in latrine / toilet / toilet pot, or washed out with water into the latrine / toilet, or Garbage pit or old latrine pit with cover)	32.5%	57.1%

	Tsirang (Control)	Dagana (Intervention)
Household that own child potty	33	39
	%	%
HHs that purchased child potty in last six months	18%	30.7%

Challenges faced

- Defining “Safe” CFM (Bhutan Context)
- COVID-19 Pandemic: Delay in field activities
- Competing Priorities for the Health Assistants

Learnings

Parameter	What worked well?	What can be improved?
Design effective interventions	The BCD framework and the design process led to developing a CFM intervention which is first of a kind.	Based on the evaluation findings review and refine the CFM package
Facilitate Scale-up	Materials have been developed with scaling up in mind.	Integrating with existing interventions (eg: C4CD)
Efficient use resources	Sharing the time and the cost with four other country teams. Remote support received and provided.	
Strengthen capacities	Confidence in developing a campaign using the BCD framework and design process. Evidence based approach (easy to convince the govt)	Strengthen capacities of government partners, a common format for reporting within the Hub
	CFM no more a blind spot. Research	Collaborating with other divisions