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IMPROVING WASH, ONE SMALL DOABLE ACTION AT A TIME

Make it Possible! People rarely go directly from their current practice to the ideal practice, such as washing hands with soap at the 5 critical times, or drinking water from a protected source and storing it in a jerry can with a spigot. So instead of encouraging a householder with limited resources to adopt the ideal practice immediately—a recipe for failure—programs can identify a few

feasible and effective actions that move closer to the ideal, but will still have a household and public health impact. These are referred to as SMALL DOABLE ACTIONS.

Definition

A small doable action is a behavior that, when practiced consistently and correctly, will lead to household 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”, a broader number of households will likely adopt it because it is considered ‘feasible’ within the local context.

To identify feasible practices, imagine a continuum (a spectrum) from the worst, to the current, to the ideal practice. The ‘minimum standard’ practice is where consistent and correct practice will have a positive public health outcome (reducing diarrhea, in the case of WASH behaviors). The practices above a minimum standard are small doable actions that move people toward the ideal. They can be incorporated into behavior change strategies and programming.

Illustrative Small Doable Actions for Safe

- ◆ Use a 20-liter jerry can with a cover to store drinking water. If not possible, use small neck container and cover with best option.
- ◆ Attach the cover to the jerry can using a string to keep it off the floor. Wash can and its cover with soap and water every day.
- ◆ Separate drinking water from other household water and dedicate the ‘best’ container to drinking water. Treat drinking water in the 20-liter jerry can with Water Guard/chlorine treatment.
- ◆ If no jerry can, make a home made ladle from a calabash or small tin can and stick/bamboo to extract water. OR Pour water from jerry can into a clean cup or glass OR pour into a clean jug with cover and then pour into a clean glass. Do not touch jerry can on the inside or on the rim with hands.



Ugandan householder makes a ‘do it yourself’ rainwater catchment system

Negotiate... Problem Solve...Listen... Do not Dictate...

More than knowledge or awareness of a particular behavior influences what people do or do not do—many factors influence the performance or non-performance of a behavior. Change agents must work with household members to solve problems and get them to try to improve their WASH practices. This is called NEGOTIATING IMPROVED PRACTICE. Key information is needed, but is often not enough.

Householders need skills, access to required supplies, social acceptance, and confidence that they can succeed in practicing the new behaviors. The home visitor, counselor, family member, or clinician must assess the barriers and facilitators to each WASH practice, and negotiate a commitment to try a few practices that seem feasible and worth changing, from the point of view of the householder, not someone else’s assessment of what is important.

Simple questions that identify barriers and facilitators can help the change agent (outreach workers) to negotiate improved practice. Some questions to ask are:

? **What makes it hard to...** [wash your hands with running water and soap (e.g.) ... before eating or feeding others]??

? **What would make it easier to ...** [wash your hands with running water and soap (e.g.) ... before eating or feeding others]??

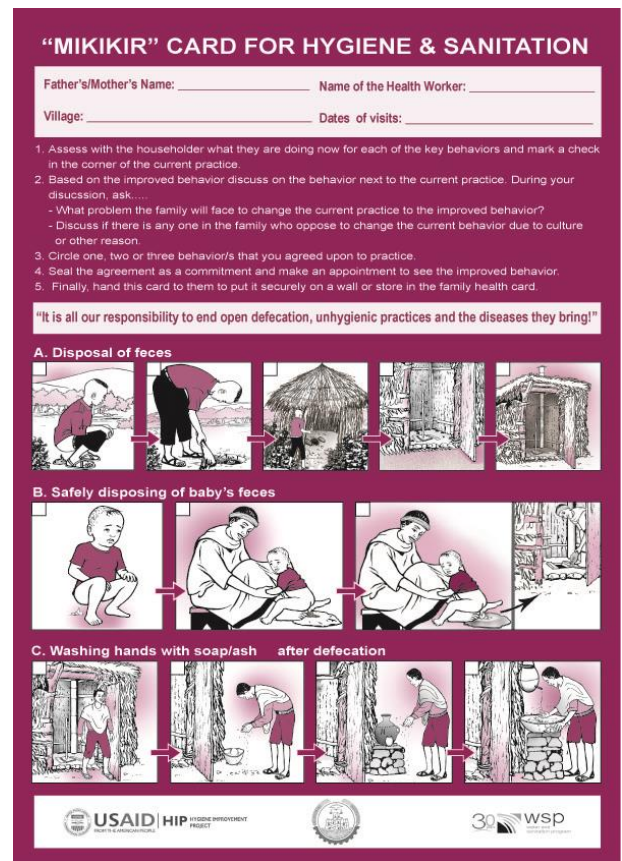
? **Who approves or disapproves of you spending time and resources to ...** [wash your hands with running water and soap (e.g.) ... before eating or feeding others]??

These questions help to identify problems, fears, barriers, and facilitators to the practice. Different tools are available to support the behavior change dialogue process. Some tools are practical, simple and can be used by community workers with good facilitation skills. Community-led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST) are two different but effective participatory approaches for promoting improved sanitation. The WHO web site has a number of useful tools for engaging communities in dialogue about WASH: http://www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/. A few places to find behavior change tools include the following web sites: www.coregroup.org, www.hip.watsan.net, www.washplus.org, www.manoffgroup.com.

Answers to the questions highlighted above will provide input for program design, e.g., current knowledge and skills, relevant social factors, cultural practices, and access to products and services. Everything cannot change at once. Identify two or three improved practices, and negotiate with the householder to try these practices until the next visit.

Link here to see a short video about using the ‘small doable action approach’ to improving water, sanitation and hygiene practices:

<http://degrees.fhi360.org/2013/03/breaking-the-cycle-small-doable-actions-in-wash-to-improve-child-health/>



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