



THE FACTS

- » Globally, the top 20 causes of disease all have a significant behavioral component.¹
- » Worldwide, 2.5 billion people lack improved sanitation facilities, and 3 billion people do not have basic handwashing facilities with soap and water at home. (UNICEF/ WHO, 2022)
- » Up to 19% of women and girls globally do not use any form of menstrual hygiene material, and even more use paper or underwear alone. [Menstrual Health | JMP (washdata.org)]
- » A study in India found markers of animal fecal contamination in half of stored water samples and 90% of hand rinse samples. [The American Journal of Tropical Medicine and Hygiene Volume 93 Issue 3 (2015)]
- V. Curtis and R. Aunger, "Motivational Mismatch: Evolved Motives as the Source of-and Solution to-Global Public Health Problems." Applied Evolutionary Psychology, 2012, pp. 259-75.

About World Vision

World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender. Established in 1950, World Vision's global partnership operates in nearly 100 countries, including implementation countries, country offices focused on fundraising and technical support, and regional and global teams providing quality assurance. More than 34,000 staff members—95% of whom work in their own countries—work in health; education; livelihoods; food security; child protection; economic empowerment; and water, sanitation, and hygiene (WASH) programming.

Over the past 37 years, World Vision's work in the WASH sector has grown exponentially. Most recently, between 2011 and 2021, our WASH programming grew by more than 500%, enabling us now to directly impact more than 3 million people each year with access to clean water—which is 6.5 times more than in 2011. With more than 1,200 technical WASH staff members guiding our work in 42 countries, World Vision has emerged a leader in its global commitment to accelerate universal and equitable access to WASH services under United Nations Sustainable Development Goal (SDG) 6.

During the last seven years (2016 to 2022), World Vision reached nearly 25.5 million people with clean water, 18.4 million with improved sanitation, and 31.7 million with hygiene promotion. As part of this effort, over these same seven years, World Vision and its partners mobilized more than 3 million households to construct sanitation facilities, which resulted in 21,150 communities being certified as Open Defecation Free. In addition, basic sanitation facilities were constructed in 5,535 schools and nearly 2,000 healthcare facilities (HCFs), and basic hygiene facilities were provided in 28,325 schools and 8,560 HCFs.

World Vision's WASH behavior change

Changing the behavior of individuals, groups, and organizations is critical to maximizing human flourishing. Globally, the top 20 causes of disease all have a significant behavioral component. Behavior change cuts across all technical approaches and critical contexts within WASH. In addition to changing the behavior of individuals, transforming social norms and reducing stigma in communities around topics like gender and disability are also key to realizing WASH and other development outcomes. Healthy behaviors can be encouraged through building infrastructure, providing training, and creating an enabling environment, but it can be difficult to know how to best deliver effective behavior-change programs across contexts.

World Vision has been implementing behavior change for many years, but saw lower than anticipated results in sanitation and hygiene as well as water quality from our <u>14-country</u>. <u>WASH evaluation</u>. World Vision program areas had higher rates of some behaviors compared with non–World Vision areas. However, low overall rates of household water quality, basic sanitation services, and basic hygiene services (handwashing with soap) led World Vision to place a greater emphasis on developing effective behavior-change approaches to leverage existing evidence and allow local contextualization.

To address areas for growth based on learnings, World Vision identified priority WASH behaviors in households, schools, and HCFs to help maintain health, ensure cleanliness, and prevent the spread of disease. Dedicated approaches to behavior change are guided by locally contextualized programming to alter social perceptions and norms, and to drive the adaptation of physical environments required to see sustained WASH impact.

CAPACITY STATEMENT



WASH BEHAVIOR CHANGE

The eight essential WASH behaviors at right are targeted by delivering key messages through a variety of behavior-change approaches; engaging and mobilizing faith and community leaders, influencers, and community health workers; and improving infrastructure/products and associated operation and maintenance to strengthen sustainability.

World Vision's distinctives

Some of World Vision's distinctives that enable us to successfully implement behavior-change work are:

- **Extensive experience:** For 37 years, World Vision has provided sustainable WASH services and life-saving health programs, relying on a highly effective team of technical experts worldwide.
- **Global scale:** We support a network of more than 220,000 community health workers globally who are trained and equipped to focus on prevention, providing key sanitation and hygiene messages to families at home and essential care to mothers and children.
- Multisectoral approach: World Vision implements
 WASH behavior change alongside long-term multisectoral
 community development through our Area Program
 model. Our work in communities (including prenatal visits,
 counseling from community health workers, hygiene
 and sanitation promotion, water-quality education,
 Community-Led Total Sanitation, and Sanitation Marketing)
 helps ensure that babies, children, and parents live and
 thrive in a safer, more hygienic environment.
- Learning agenda: World Vision partners with global leaders at universities in countries where we work as well as in higher-income nations. These partnerships help us learn from our WASH implementation and enhance our impact through capacity building, program evaluation, operational research, statistical analysis, and dissemination of data. (Please see our <u>Research and Learning Agenda</u> for more information.)

For example, World Vision recently developed a new partnership with the London School of Hygiene and Tropical Medicine and the Malawi University of Business and Science to assess the impact of Nurturing Care Groups and Market-Based Sanitation Approaches for achieving basic household sanitation and driving hygiene behavior change at scale. We plan to expand to additional counties soon, putting local experts and national offices in the lead.

WORLD VISION'S EIGHT ESSENTIAL WASH BEHAVIORS INCLUDE:

- 1. Handwashing with soap and running water at critical times
- 2. Safe construction and hygienic use of toilets
- 3. Safe disposal of infant/child feces in a toilet
- 4. Separation of children from soil and animal feces
- 5. Households treat, handle, and store their drinking water with appropriate methods
- 6. Safe use and disposal (or cleaning if reusable) of menstrual hygiene materials
- 7. Food hygiene, including eating utensils and eating area
- 8. Paying for water use
- Rapid deployment and scale: World Vision's Rapid Behavior-Centered Design (RapidBCD) tool helps teams quickly develop effective behavior-change programming with limited resources based on behavior-change theory across both well-studied behaviors and emerging challenges.
- Local contextualization: World Vision's <u>Behavior-Change</u> <u>Guidance for Programs</u> was created to deliver practical implementation guidance for behavior-change programs. This includes evidence summaries for each of our eight key WASH behaviors and tools to allow practitioners to rapidly adapt evidence-based best practices to their local context. This allows behavior-change approaches to be contextualized to local languages and cultures.



Gertrude, 43, stands in front of her new household latrine in Zimbabwe. Gertrude is a member of a village savings and loan group, which enabled her to afford to build this latrine.



World Vision's Rapid Behavior-Centered Design Toolkit

Along with findings from the 14-country evaluation, World Vision identified a critical gap in existing behaviorchange resources. Country office staff were finding it difficult to sift through the amount of existing behavior-change research and found that implementing existing approaches was often time-consuming, costly, and burdensome. Practical tools were needed to quickly and effectively train staff to incorporate behavior change into our global WASH work.

With these challenges in mind, World Vision created the Rapid Behavior-Centered Design (RapidBCD) Toolkit to effectively disseminate global guidance and build capacity for country office staff to more easily incorporate behavior change into program design and implementation. The RapidBCD Toolkit includes four main components:

- 1. Our <u>Behavior-Change Guidance for Programs</u> draws from the <u>Behavior-Centered Design approach</u> to adapt evidence-based best practices to local contexts.
- 2. World Vision's RapidBCD tool helps teams quickly develop effective behavior-change programming that addresses a wide set of behaviors, is contextualized, and is scalable with limited resources. This tool can be found in Appendix 2 of the Behavior-Change Guidance for Programs.
- Behavior-change evidence summaries give targeted guidance for each of the eight essential WASH behaviors. Evidence summaries on handwashing and latrine use are completed, and summaries on the remaining six essential WASH behaviors are in development.
- 4. A formative research flowchart guides staff through a series of yes-or-no questions to determine the most relevant formative research tool to utilize. This tool is in development.

SUMMARY OF ASSESSMENT FINDINGS

To better assess the uptake of our behavior-change guidance and gather feedback from staff, we piloted this toolkit in seven countries (El Salvador, Guatemala, Honduras, Indonesia, Kenya, Sudan, and Zimbabwe) with three different behaviors (handwashing, safe child feces disposal, and menstrual hygiene management) in a two-hour workshop format. We walked through practical examples during these workshops, then collected and analyzed a total of 11 filled-in RapidBCD tools and conducted semi-structured qualitative interviews with staff. Key findings follow:

- Different behaviors were well understood/adapted.
- Same behaviors were tailored to each context.
- The workshop worked well with a variety of staff backgrounds and experiences.
- More guidance was provided on how to select the right kind of formative research tool.

WHAT'S NEXT?

- Finish remaining behavior-specific evidence summaries and translate
- Expand to more countries
- Continue to refine guidance
- Finalize formative research flowchart



- Summaries
- Formative research flowchart

CAPACITY STATEMENT



WASH BEHAVIOR CHANGE

Paying for Water Use

Community payments for water service are vital to the sustainability of water systems, since ongoing resources are required for maintenance and repair. However, willingness to pay can be a barrier for communities accustomed to collecting water for free. Evidence suggests incorporation of nonmonetary assets (e.g., crops/animals or savings groups) into resource mobilization may help increase the sustainability of rural water systems.

Source: Behnke, N.L., et al., 2017. "Resource mobilization for community-managed rural water systems: Evidence from Ghana, Kenya, and Zambia." Journal of Cleaner Production. 156, 437-444.

Integrated approaches

World Vision uses several approaches to accomplish behavior change, including the following.

Comprehensive sanitation approaches

Community-Led Total Sanitation

Community-Led Total Sanitation (CLTS) is a demand-driven intervention commonly used at World Vision. It mobilizes communities to eliminate open defecation by doing their own assessment and determining their own actions to improve toilet coverage and use. The primary focuses are on disgust at the presence of fecal materials in the area and the need for collective action, given that only a small number of community members practicing open defecation may put the entire community at risk.

Sanitation Marketing

World Vision supports market-based approaches to sanitation and hygiene because they have the advantage of promoting local innovation and sustainability, while helping households move up the sanitation ladder. Sanitation Marketing is used to create demand and to improve the supply of products and services. It can be used to complement CLTS since latrine quality is usually addressed through improving the supply of higher-quality products and addressing financing gaps through Sanitation Marketing. This approach seeks to increase the value of products and services to people while decreasing the costs. In contrast with other approaches, generally it seeks to work at the individual, rather than the group or community level.

ZAMBIA: TRAINING ON SAFE WATER HANDLING

The Zambia WASH Program recently learned the importance of identifying and targeting the right priority group for behavior change. Water at nearly 60% of households in the Mbeza, Muchila, and Twachiyanda Area Programs in Zambia was contaminated, even though water quality was high at the source. While water treatment trainings originally were conducted with adult community members, it was found that adolescent girls (aged 10 to 17) were the ones primarily responsible for water collection.

World Vision identified and engaged 918 teenage girls in safe water handling during collection, transport, and storage through new trainings. This strategy contributed to a significant reduction in water contamination. After the targeted trainings, water contamination at the household level fell from 60% to just 3%. From this experience, the team learned that it is important to identify and target the right priority group before implementing any behaviorchange interventions so that specific messages are developed and disseminated to the correct audience.





WASH Business Centers

World Vision's WASH Business Centers are one-stop centers where local entrepreneurs promote the benefits of WASH products, while also introducing new and innovative solutions. WASH Business Centers offer the production and sale of affordably priced WASH products (such as latrine slabs, handwashing facilities, and soap) and services (such as repairs for broken taps, pipe extensions, and shower services).

In Ethiopia, for example, WASH Business Centers have shown impact through bringing more affordable products closer to households, including a total of 12,000 latrine slabs sold since 2018. An <u>evaluation</u> found that of those living within 3.1 miles of WASH Business Centers, half of those who had heard of the centers had made a purchase from them, and those who had heard of them were more than twice as likely to have an improved toilet as those who had not. World Vision is replicating the effective WASH Business Center approach in multiple countries.

Faith and development

The engagement of faith leaders can contribute to achieving desired behavior-change outcomes. Religious leaders have the opportunity to influence social norms in their congregations, to encourage individuals to practice healthy WASH behaviors integral to a healthy and thriving community, and to support other development initiatives within communities. Over the last seven years (2016 to 2022) World Vision trained 71,565 faith leaders to promote healthy WASH behaviors in their congregations and communities.

the Kasangu Mother Group in Kasangadzi Area Program in Malawi, holds up two reusable pads. The mother group is keeping girls in school by supporting them with counseling and free pads.



Nurturing Care Groups (NCGs)

NCGs are a World Vision adaptation of the Care Group approach. NCGs use health promoters to train community-based volunteers (leader mothers) to become change agents in their communities. Leader mothers share behavior-change messages with other moms to promote desired behaviors and shift social norms, who then bring these messages to small groups in their neighborhoods.

NCGs can be implemented in fragile contexts and with mobile populations. This approach has been shown to double the behavior change of other behavior-change interventions, and often exceeds 90% WASH behavior adoption. <u>Read more on</u> <u>Nurturing Care Groups.</u>

GHANA: NURTURING CARE GROUPS

In June 2019, World Vision began piloting the Nurturing Care Groups approach in Ghana. In Savelugu-Nanton district, 72 NCGs were established that reached 60,959 people, while 36 groups launched in Sekyere East district reached 13,921 people. The behaviors targeted through the leader mothers included ending open defecation, and handwashing with soap at critical times.

An evaluation was conducted on the pilot in January 2021, and NCGs had a significant impact on routine behaviors such as reducing detectible E. coli in drinking water from 32% to 8% and increasing the availability of soap from 34% to 84%. While access to basic sanitation only increased slightly (7 percentage points more than in the control group), there was evidence of community-level improvements in animal penning and the stigma toward menstrual hygiene management. In addition, these groups were able to maintain activities during COVID-19, even serving as a conduit for important information about the pandemic.



WASH in institutions

Schools: WASH UP! and Girl Talk

While school WASH clubs and School-Led Total Sanitation are two approaches often used for influencing WASH behavior at schools, World Vision is expanding the use of WASH UP!, which first began in 2015 and has grown to reach more than 330,000 children in more than 3,600 WASH UP! clubs. In partnership with Sesame Workshop, World Vision is implementing WASH UP! in schools and child-friendly spaces in 16 countries, focusing on rural and hard-to-reach areas.

WASH UP! uses easy-to-remember messages to help children learn, practice, and share safe sanitation and hygiene behaviors. World Vision also ensures that schools have adequate infrastructure to enable consistent practice of behaviors promoted through WASH UP! Sesame Workshop and World Vision work with local stakeholders and school administrators to develop messages in local languages that are relevant and relatable to children in the local context. The WASH UP! program specifically ensures that children not only have access to what they need to perform healthy behaviors, but they also are equipped with knowledge, self-confidence, and easy reminders to empower them to practice healthy behaviors and share them with others.

As a follow-up curriculum, World Vision and Sesame Workshop developed WASH UP! Girl Talk, which educates both girls and boys about puberty, with a specific focus on girls' menstrual health and hygiene. This program was successfully piloted in Zimbabwe, reaching more than 50,000 girls and boys between 2019 and 2022, and will now expand to at least three additional countries by the end of 2023.



HONDURAS: WASH UP!

World Vision launched WASH UP! in Honduras in 2019—the first time it had been done in Latin America. The program was designed to complement national curriculum, promoting the behaviors of drinking clean water, safe and consistent use of latrines, and water conservation.

In the first year of implementation, teachers reported a decrease in school absenteeism, and parents reported that children promoted healthy behaviors at home. In the second year of the project, during an implementation of WASH UP! in schools for the children of coffee plantation workers, a survey showed nearly 100% retention of healthy WASH practices among participating children.



Healthcare facilities: Clean Clinic approach

USAID's Clean Clinic Approach is incentive-based and encourages HCFs to establish WASH goals and make incremental improvements toward the end goal of achieving "Clean Clinic" status, as defined with the national Ministry of Health. This approach is used after target HCFs have undergone assessment and national minimum WASH standards have been established or refined. This approach seeks to actively engage government in upkeep and budgeting for HCF WASH services. It also empowers community members to hold government accountable for improved WASH services.



Jordan Smoke, Senior Director of Water, Sanitation, and Hygiene | Email: jsmoke@worldvision.org

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