13 April Webinar Notes: Research and Innovations for Multi-Sectoral Actions

**Key Acronyms:**

- **GIS** – Geographic Information Systems
- **ODF** – Open Defecation Free (OD often addressed through CLTS)
- **CLTS** – Community led Total sanitation
- **SODIS** – Solar Disinfection (method that could be used in place of boiling water)
- **WHO 6 Cleans** – Important hygiene considerations during birth: clean hands of the attendant, clean birth surface, clean blade, clean cord tie, clean towels to dry and wrap the baby, clean cloth to wrap the mother

**Questions on World Vision Kenya presentation:**

Is GIS aid factored into the project? Experience shows GIS adds values to integrated WASH

Yes, World Vision WASH programs are all incorporating GIS data to track wells, schools and health facilities.

Will gender based violence be one of the project outcomes? How about mental health and psychosocial support?

While gender based violence is not strictly part of the first 1,000 days, strengthening child protection and reporting child abuse is one project outcome that connects with ECD. This will have a gender component to it, although it is not the main focus. Mental health and psychosocial support will be a main component of the go-baby-go model that will be implemented to strengthening parenting techniques, etc. GBG includes health, nutrition, child protection and psychosocial/ mental health. [http://wvi.org/maternal-newborn-and-child-health/go-baby-go](http://wvi.org/maternal-newborn-and-child-health/go-baby-go)

How long is the program?

WV Korea has currently funded 1 full year and will likely fund a second year, so we are anticipating a 2 year program.

The concept of clean play space is good but in application and reality, how practicable?

We agree! The “clean play space” makes sense in theory, but we are not sure what this should look like in practice. We are hoping our formative research using TIPs methodology will be funded so we can explore this question further.

This is very interested I wander if some activities target community as care for new born baby can involve more than the mother.

Positive parenting messages in go-baby-go include mothers, fathers and family members. Also, WASH CLTS messaging targets entire community to provide more hygienic environment for a baby.

An integrated approach should reduce duplication of admin expense and human resource, yes? It has been proven in other areas of industry.

We think so too! Many funders want the hard evidence from a development context though so it is important we start to show this through research.

We also need to include relevant elements beyond postnatal ward and postnatal care at home to the care of the newborn that needs admission either for extra care for prematurity or low birth weight and for sick babies as a part of prevention of infection.
Questions on Food for the Hungry Presentation:

What is traditionally used as EE markers?
Proxy measures of intestinal inflammation. Biomarkers of gut inflammation require stool specimen collection and lab testing

What infrastructure is necessary to collect stool samples and test them for biomarkers?
They are measured using ELISA Essays. We are planning to store samples in bio canisters and will analyse them in Bukavu.

Is there consideration of using ash instead of soap where cost of soap is prohibitive?
This is a good question! Food for Peace standard indicator defines this indicator with soap only - "Percent of HHs with soap and water at a hand washing station commonly used by family members." However, The WHO guidelines (also followed by UNICEF) in the DRC does recommend ash when the cost of soap is prohibitive. During our formative research phase we will have an opportunity to observe these practices and determine what method(s) to best promote, which will then be included in the Care Group Baby WASH module and lesson plans.

Are there babyWASH modules for the Care Groups available to share?
Yes! http://caregroupinfo.org/ This site is maintained by FH and includes CG curriculum from a number of different countries and organizations. The curriculum includes Care Group modules and Lesson Plans on Essential Hygiene Actions, and we will be posting the Baby WASH CG module when it becomes available.

Do you anticipate any challenges with successfully carrying out random allocation? What preparation is done to get the villages ready for that?
We will have a household census and randomization will be at the village level.

Is there existing research that suggests playpens may be beneficial? Can that be shared?
There are ongoing studies but none have been published to date. I know that a group at Cornell University also has projects related to protected child play spaces.

Are playpens used currently in DRC? Can you share more about the playpen design? The Manoff Group experienced resistance in Latin America because moms didn’t want to ‘cage’ their children.
To the best of my knowledge we have not observed playpen use in our target population. However, before we implement the RCT, we will conduct a pilot in order to test the interventions (including playpens) and also conduct formative research to determine the enablers and barriers to playpen use and prototype.

Are faecal markers for EED validated? Is the L:M urine test the only valid test. Perhaps the MAL-ED study brought some new insights?
These faecal markers of intestinal inflammation and permeability have been associated with impaired growth in young children. See the papers at the bottom of the page for more information: http://bit.ly/2owg3cj

Would love to see "baby wearing", i.e. use of slings/baby carriers promoting alongside the use of playpens – promotes optimal breastfeeding and addresses some of the psychosocial concerns and keeps baby out of the chicken poop. Baby wearing (at the rear) is already widely practiced in DRC. There may be a need to suggest intervention depending on age: sling or clean mat before child becomes mobile, and then a play pen or similar intervention. A mixed approach (some sling & some play pen) would be ideal.

*For more information on baby wearing and introducing it in cultures where it is not traditional, get in contact with Mary DeCoster (mdecoster@fh.org). Baby wearing on the back is traditional in Guatemala, but FH Guatemala has been promoting some baby-wearing in the front for better
breastfeeding and infant interaction. The Food and Security Network includes a Behavior Bank of Barrier Analysis studies from a number of different countries and organizations. Some of these BA studies have addressed WASH-related behaviors, such as hand washing and latrine use. http://www.fsnnetwork.org/

*Dr. Christine Marie George (cgeorg19@jhu.edu) from JHU shared 4 papers on environmental enteropathy which you can access in pdf form here: http://bit.ly/2owg3cj

**Questions on SPRING Ghana Presentation:**

Love the idea of 1000 day household + 1000 day-friendly communities https://www.spring-nutrition.org/about-us/activities/springghana-1000-day-household-approach

What messages did you add to CLTS?

CLTS, a governmental priority that SPRING is supporting, has been modified with additional actions that impact the 1,000 days. Actions include specific use of handwashing facilities at the household level and clean play spaces for children under two to prohibit the ingestion of animal feces.

Who provides training to the community groups?

As part of our WASH 1,000 and CLTS agenda, we identify natural leaders who serve as independent “champions” working toward improving sanitation conditions and ending open defecation in their communities. These community leaders play a major role in promoting WASH 1,000 behaviors in their communities.

Was there an educational module you used to teach the link between contamination and cognitive development?

We mostly strengthened current interventions, such as CLTS, by targeting them more specifically at the first 1,000 days. All interventions are supported by a multi-sectoral social and behavior change communication (SBCC) agenda highlighting the 1,000 days approach through radio, video, and interpersonal communication.

Boiling of all water for children might not be realistic. It takes extra time and fuel which Moms often don’t have. And in the dry/semi-arid region of Ghana it encourages forest depletion which affects the environment. It would be great if there is a safer water source although this is not always possible. Perhaps SODIS could be considered as a disinfecting option. http://www.sodis.ch/methode/anwendung/index_EN