**Baby WASH guide**

Module 1: Preparation and assessment

# **Introduction to Module 1**

The purpose of Module 1 is to provide guidance and tools to prepare for and carry out an assessment of contextual factors and current practices related baby WASH.

Module 1 is divided into the following sections:

1. Preparation
2. Assessment
3. Annex of tools

# **Preparation**

*This section will guide you as you prepare to embark on a baby WASH programme. It will help you to identify stakeholders, gap areas of programming and to communicate about baby WASH with others.*

## **Which stakeholders should we engage?**

It is useful to first conduct a ***stakeholder listing and analysis*** to identify government bodies, institutions, organisations and groups that may have an interest in baby WASH programming in the area. A good starting point will be those stakeholders providing WASH, nutrition and health services, particularly those that are engaged in two of those sectors who may want to join up their activities for greater impact on health and nutrition of children under two. Work as a team to identify stakeholders who have an interest in baby WASH in Concern programme areas Concern has no standard approach, but you can find an overview at [Stakeholder analysis](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Stakeholder%20Analysis.aspx) on the PQ Guide. A basic tool is provided in Annex 1.

## **How to know where the gaps are?**

Next conduct a ***capacity and*** ***gap analysis*** using Annex 2 to identify baby WASH actions already being undertaken (including by Concern) and gaps that exist. Involve stakeholders in this process and analyse national and sub-national policy and strategy, and to find out what government and other actors and programmes already exist.

## **How do we decide which areas of baby WASH to focus on?**

Based on results of the gap analysis and what the team knows to be a problem in the area, ***prioritse one or two baby WASH areas*** (clean birth, safe disposal of baby faeces or clean household environment or another).

## **How do we communicate about baby WASH?**

Throughout this process you will need to communicate clearly to the team and stakeholders about what baby WASH is and why it is important. Annex 3 provides key points on baby WASH to help you to do this. Concern HQ Advisers also have a power point presentation that could be useful.

## **What specific behaviours are we promoting to improve baby WASH?**

An important first step is to breakdown the specific behaviours that you believe need to be changed or started to ensure the aims of the three priority baby WASH are addressed. These specific behaviours will vary by context, and your assessment will help you understand this more clearly, but Annex 4 outlines some specific behaviour under each as a starting point.

**Assessment**

*This section provides guidance on how to conduct a community-level assessment of the baby WASH situation – a critical first step before an intervention can be designed.*

## **How do we assess the current baby WASH situation?**

The situation in your priority baby WASH areas must be assessed locally. This is because problems the pathways of infection and barriers faced at different times of the year will be very different in each location. The programme team needs to understand these so the most appropriate baby WASH actions can be selected.

The focus is on qualitative assessments. It is not necessary to conduct a full quantitative survey for this purpose. Box 1 describes the minimum recommended qualitative assessments that need to take place at community-level, depending on your area of focus. Further details and tools for each step can be found in the annexes. For more information on qualitative methods generally see [Qualitative Data Collection Methods](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Qualitative%20Data%20Collection%20Methods.aspx)  page on the Concern Programme Quality Guide (PQ Guide).

**Box 1: Minimum assessments for different areas of baby WASH**

**For safe disposal of baby faeces** (Annex 5)

**Step 1:** Community walk

**Step 2:** Community mapping by seasons

**Step 3:** Focus Group Discussions

**Step 4:** Key informant interviews and observations (in households)

**Minimum assessment for clean household environment** (Annex 6)

**Step 1:** Community walk

**Step 2:** Community mapping by seasons

**Step 3:** Focus Group Discussions

**Step 4:** Key informant interviews & observations (in households)

**Minimum assessment for clean birth** (Annex 7)

**Step 1:** Focus Group Discussions

**Step 2:** Key informant interviews (in households)

**Step 3:** Key informant interviews (midwives and/or traditional birth attendants)

**Step 4:** Facility observations *(if women give birth in health facilities)*

## **How many communities should we assess?**

Group your target communities according to common characteristics (e.g. geography, livelihoods, rural/ urban). Attempt to assess one community from each of these groups – generally this would be between three and six communities. Qualitative methods aim for ‘saturation’ which is when adding more participants to the study does not result in additional perspectives or information. Once you start hearing the same ideas repeated you can stop. For more information on sampling see the Sampling tab in Concern’s [Qualitative Data Collection Methods](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Qualitative%20Data%20Collection%20Methods.aspx)  page.

## **How long will community assessments take?**

This is a local decision based on how many team members are available and how accessible each location is. For more accessible locations, a team of several individuals might be able to assess the situation in one community over the course of one full day by carrying out some activities simultaneously. In more remote locations this may require two days to allow for travel.

An example schedule for an accessible location may be:

**Morning *(or day one for more remote locations)***

Community walk and seasonal mapping

Focus Group Discussion 1

**Afternoon *(or day two for more remote locations)***

Focus Group Discussion 2 and 3 (simultaneously)

Household interviews and observations (several simultaneously)

## **Can we integrate baby WASH into other assessments?**

Baby WASH assessments can certainly be integrated into other assessments taking place to streamline data collection. It is not necessary to conduct a large quantitative survey on baby WASH, but if a household survey (such as a baseline or endline survey) is already taking place, then you could integrate a limited set of baby WASH questions into that survey to better understand the context. This is a good way to save time and resources. Suggested questions from Concern’s list of standard indicators can be found in Annex 8. Ideally, if you include these quantitative indicators into a household survey, they will serve as both a context assessment and the baseline for your baby WASH activities, but only if the survey will be carried out in the same communities where you will ultimately carry out the baby WASH activities.

## **How do we use assessment results?**

Once you’ve completed the assessments you will need to dedicate time as a team to analysing and interpreting the data – deciding what the information you have collected is telling you. This will take a full day. *Read and re-read the data together and discuss it as a team.*

Consider these questions:

* What themes emerge?
* What common problems are there?
* Who are these a problem for?
* What are the possible causes of these problems?
* What possible solutions are there that would be acceptable to the community?
* What else do you need to consider when designing an intervention?

Write down your findings and discuss them again.

## **What further information do we need before we design an intervention?**

You may decide you need more information to help inform the design of an intervention. If you have identified a specific behaviour that appears critical and you would like to understand better, you might consider doing a Barrier Analysis, which provides a more in depth assessment of the enablers and barriers around a specific behaviour. The Barrier Analysis method is described in Annex 9.

If the proposed intervention requires introducing a new product or tool (e.g. a potty or a ‘Sani scoop’ to remove animal faeces), then an analysis of local markets may be necessary to find out what products are already available and at what prices or an assessment the skills, willingness of local craftspeople to produce them and the market potential if they do. This may influence the type of product that you choose to promote and/ or additional activities that you may need to build into the programme (e.g. a supply chain analysis).

Reflect on the results of your initial stakeholder analysis (Annex 1) and gap analysis (Annex 2) and consider how the proposed intervention could fit with other programmes in the area.

**Module 2 of this guide provides information on programme design and implementation.**

# **ANNEXES**

## **Annex 1: Stakeholder analysis**

**Stakeholder list**

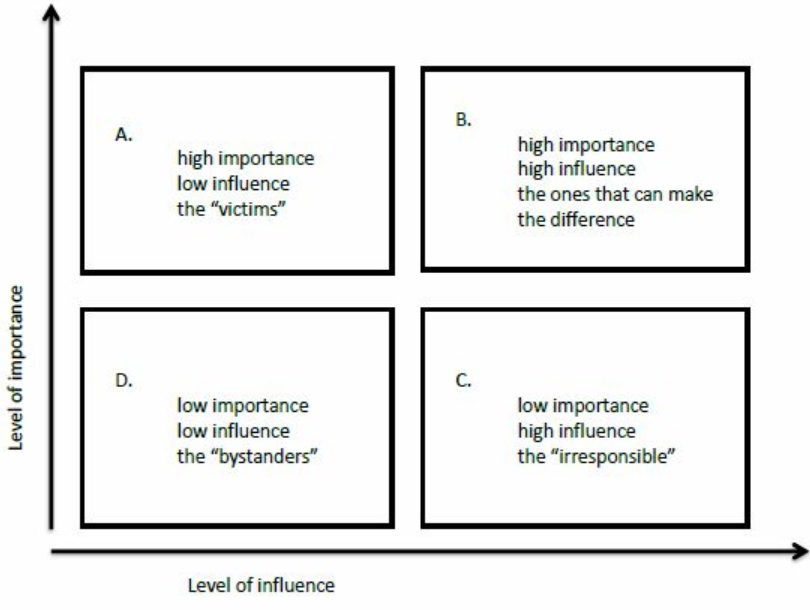
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** of stakeholder | **Contact** person  *Phone, email, website* | **Where they work** in the country | **Potential impact on stakeholder**  *How much would a baby WASH programme component impact them? (Low, medium, high)* | **Potential influence** **of stakeholder**  *How much influence would they have over a baby WASH programme component? (Low, medium, high)* | What is important to this stakeholder? | How could this stake-holder contribute to the project? | Strategy for engaging the stake-holder |
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**Stakeholder importance-influence matrix**

Stakeholders can then be mapped into an importance-influence matrix to help you to focus your engagements.

* ***Importance*** reflects the priority the project should give the stakeholder’s needs and interests related to baby WASH.
* ***Influence*** reflects the power the stakeholder has to facilitate or impede the achievement of the baby WASH activities and objectives.

The most priority stakeholders to engage would be those in box B, below.



## **Annex 2: Baby WASH intervention gap analysis**

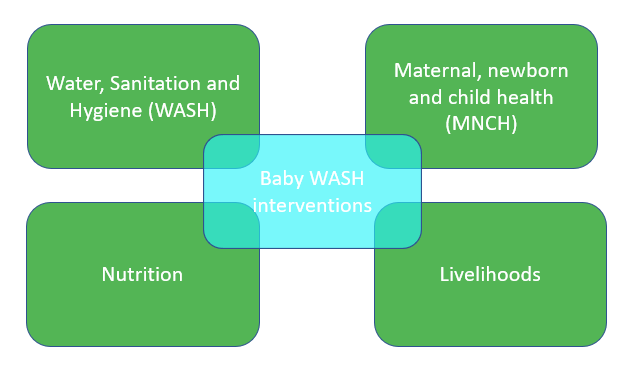
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| --- | --- | --- | --- | --- | --- | --- |
| **Programme areas** | **Intervention** | **Responsible agency/ body** | **Brief description of intervention** | **Scope (geographic area and population group)** | **Baby WASH strengths** | **Baby WASH gaps** |
| *Safe disposal of baby faeces …* |  |  |  |  |  |  |
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### **Annex 3: Baby WASH presentation for stakeholders**

## **What is baby WASH?**

Baby WASH is a set of water, sanitation and hygiene actions targeted to points of vulnerability across the first 1,000 days of life (conception through to child’s second birthday). They aim to support good birth outcomes and interrupt the infant faecal-oral transmission route (poo to mouth). The overall goal of these actions is to reduce risk of illness, undernutrition and death in children under two years.

**Figure 1: How baby WASH interventions overlap with other sectoral programmes[[1]](#footnote-1)**



## **What are baby WASH activities?**

Baby WASH activities should be tailored in response to community needs. They may be targeted to households, communities or health facilities and will be most effective when nested within existing programmes. Figure 1 provides examples of things that baby WASH actions may aim to do at different points of vulnerability across the first 1,000 days of life.

Actions should be tailored to local needs and desires and should involve not just mothers, but also men, community leaders and health workers. Actions will likely include a mix of social behaviour change communication (SBCC) and small do-able actions (SDAs), guided by the community.

**Figure 1: Baby WASH actions across the first 1,000 days of life**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Core actions that should already be covered by wider programming** | **Vulnerable periods during the first 1000 days** | | | **Additional Baby WASH actions** | | |
| Ensuring access to quality water services & sanitation  Promoting basic hygiene, nutrition and health practices  Ensuring access to essential health care  Ensuring access to livelihoods, nutritious diet and coverage of basic needs | Pregnancy | | | Ensure optimal hygiene during pregnancy | | |
| Labour & delivery | | | Ensure a clean birth (at health facility or at home) | | |
| Early infancy (first six months) | | | Ensure safe disposal of infant faeces (‘poo’) | * Exclusive breastfeeding: critical not only for nutrition but to prevent infection. | |
| Mobility/ exploration (starting to crawl) and complementary feeding (6-23 months) | | | * Ensure clean household environment and safe play space (free of animal faeces) * Ensure hygienic complementary feeding | |
| **Core actions that should already be part of by wider programming** | | **Vulnerable periods during the first 1000 days** | **Additional Baby WASH actions** | | | | |
| Improving access to quality water services & sanitation  Promoting basic hygiene, nutrition and health practices  Improving access to essential health services and strengthening health systems  Improving access to livelihoods, nutritious diet and coverage of basic needs | | Pregnancy | * Ensure optimal hygiene during pregnancy * Prevent carrying heavy loads such as water for the household | | | | |
| Labour & delivery | * **Ensure a clean birth (at health facility or at home)** | | | | |
| Early infancy (first six months) | * **Ensure safe disposal of infant faeces (‘poo’)** | | | * Exclusive breastfeeding: critical for nutrition and to prevent infection | |
| Mobility/ exploration (starting to crawl) and complementary feeding (6-23 months) | * **Ensure clean household environment and safe play space (free of animal faeces)** | |
| * Ensure hygienic complementary feeding | |

**What might baby WASH actions look like?**

Baby WASH actions might be targeted to households, communities or health facilities. To be successful these should be embedded within existing WASH, nutrition and maternal, newborn and child health (MNCH) programmes.

Examples of possible activities include:

* Adding messages / campaigns / counselling on why safe disposal of child faeces is important and how to do it
* Supporting parents and family members to keep play areas clean of animal faeces
* Supporting families to keep their animals separate from household and play areas
* Training midwives or other birth attendants on practices for clean births.

**Why baby WASH?**

Because there is evidence that:

* Improved water, sanitation and hygiene in pregnancy is associated with decreased maternal morbidity and mortality.
* Carrying heavy loads in pregnancy is linked to negative birth outcomes including uterine prolapse, inadequate weight gain during pregnancy and spontaneous abortion.
* Clean birth practices reduce risk of infection that can lead to maternal and infant morbidity and mortality.
* Exclusive breastfeeding for the first six months of life delays an infant’s exposure to an unclean environment, which increases their risk of infection, malnutrition and death.
* Proper disposal of animal faeces and human (including infant) faeces within the immediate household environment can dramatically reduce diarrhoeal disease in children, which increases risk of malnutrition and death.
* Clean complementary feeding protects young children from being exposed to pathogens from dirty water or food which can lead to diarrhoeal disease.
* Poor hygiene in infants and young children can lead to environmental enteric disfunction (chronic inflammation of the gut and low nutrient absorption) which may be linked to stunting.

## **What first steps should be taken to design baby WASH actions?**

First assess who else is working in the area that may have an interest in baby WASH and find out what actions are already being taken and where gaps exist. Focusing on one or two gap areas, carry out qualitative assessments within the community to find out more about the problems that exist and possible solutions. Then work together with the community and partners to design activities in response.

## **Annex 4: Ideal baby WASH behaviours and specific practices needed**

***To be refined for your context once the assessment is complete***

**Ensuring a clean birth**

**The ideal behaviour:** Birth attendants either at health facilities (e.g. midwives) or at community level (e.g. trained birth attendants) ensure the WHO ‘six cleans’:

**Specific practices:**

1. clean hands
2. clean delivery surface
3. clean perineum
4. clean cord tying
5. clean cord cutting
6. clean cord care

**Ensuring a clean household environment**

**The ideal behaviour:** Carers of children under-two (mothers, fathers, siblings or others) ensure that the household area (inside, courtyard) is free from human and animal faeces and all children under-two have a clean and safe area to play in.

**Specific practices:**

1. Regularly sweep/ remove animal faeces from the household/ main play areas
2. Place children on a clean play mat
3. Supervise the child to be sure they don’t don’t put animal faeces in their mouths
4. Separate livestock from the household and play spaces as much as possible with fencing or improved animal pens.

***Playpens:*** These are suggested as a solution by some, but they can do more harm than good if the playpen is not well designed and child is not well supervised.

**Ensuring safe disposal of child faeces**

**The ideal behaviour:** Carers of children under-two (mothers, fathers, siblings or others) safely dispose of the faeces every time the child passes it.

**Specific practices:**

1. The faeces is removed from the household and any public areas
2. It is disposed of in a latrine or buried
3. The child is washed with soap and water
4. Any clothes or other materials that has come in contact with the faeces is washed in water and soap
5. The carer washes his/ her hands with water and soap

***Potties.*** Where possible, children 6-36 months could be encouraged to use a ‘potty’ but training children to use this requires significant effort and a strong understanding of what is possible in each culture/ context. Potties can be made of local materials and must be washed after each use.

***Nappies:*** Use of locally made nappies is a possibility, but may require significant inputs, training and adaptation to available materials. In all cases, nappies must be washed with warm and soap and left out to dry. If they are not cleaned properly, they may actually spread more infection than without nappies.

## **Annex 5: Minimum assessment for safe disposal of baby faeces**

**Step one: Community walk**

Organise a walk around the community with different groups of people, separating out women with young infants, men, health workers and community leaders. Allow them to show you the important features of the community, make observations and take notes as you go. This isn’t a time to ask in-depth questions but to listen and observe. Read more about conducting transect walks/ community walks [here](https://sswm.info/humanitarian-crises/urban-settings/planning-process-tools/exploring-tools/transect-walk).

*Points of interest to observe:*

* Where is human faeces disposed of for different households? Are there household/ shared latrines? Or pits?
* Are infants wearing nappies? What kind of nappies?
* Is there evidence of potties being used? If so, are they covered?
* Is there evidence of young children using latrines?

**Step two: Community mapping by seasons**

At the end of the community walk, ask each group to draw a map of the community on large paper, a blackboard or in the dirt/ sand. Ask them to point out whatever is important to them and also to include water points and places where human faecal matter is disposed of.

Ask participants to draw the same map during an alternative season in the year.

Ask participants to reflect on which times of year they notice children becoming sick and if they think this relates to changes in the two maps and how.

This activity could be undertaken at the end of each community walk. Read more about community mapping [here](https://sswm.info/planning-and-programming/decision-making/deciding-community/participatory-mapping-for-decision-making).

**Step three: Focus Group Discussions**

Facilitate several Focus Group Discussions. Each of these should include 6 to 12 similar individuals – e.g. one group of women with infants, one group of men with infants in their households, and one group of community leaders. Each group should last around one to two hours. Record the discussion and take notes. See also [Concern’s guide to Focus Group Discussions.](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Qualitative%20Data%20Collection%20Methods.aspx)

***Discussion guide:***

|  |  |
| --- | --- |
| **Infants caregiving and diarrhoeal disease** | Responses/ notes |
| Who are the main caregivers of babies and young children in this community?  *(Prompt: Who minds babies and young children when the main caregiver is unavailable or busy?)* |  |
| Do babies and young children become ill with diarrhoea in this community? If yes – is this a serious problem? Explain. |  |
| What do you think causes diarrhoeal disease? |  |
| **Disposal of faecal matter** |  |
| Where do members of this community defecate?  *(Prompt: Do adults have access to latrines? If not, where do they defecate? How is this disposed of? Does defecation change according to age and seasons?)* |  |
| At what age do young children start defecating in the same place as adults?  *(Prompt: what are the challenges associated with this?)* |  |
| **Disposal of infant faeces** | |
| Can you explain how households with babies and young children dispose of their poo?  *(Prompt: is this different at different ages?)* |  |
| Are nappies ever used in this community?  *(If yes, prompt: what kind of nappies? what age infants and children use them? how are they cleaned? what makes some people use nappies? Why do others not use them?)* |  |
| Are potties ever used in this community?  *(If yes, prompt: what kind of potties? where are they bought/made? what makes some people use potties? Why do others not use them?)* |  |
| Is any other equipment ever used in the disposal of baby and young child poo? *(if yes, explain)* |  |
| What do you think safe disposal of baby and young child poo could look like in this community? |  |
| Would community-members consider buying potties, washable nappies or other equipment that would help to dispose of baby and young child poo safely?  *(Prompt: what is currently available on local markets? What price would people consider paying for items?)* |  |

**Step four: Key informant interviews and observations (household level)**

Spend time within several households with babies and young infants. Interview the caregiver using the below question guide and make observations. Read more about [key informant interviews here.](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Qualitative%20Data%20Collection%20Methods.aspx)

***Caregiver interview guide:***

|  |  |
| --- | --- |
| **Question** | **Answer** |
| How old are each of your children? |  |
| Where do members of your household defecate? *(ask if this is different for different household members and if so, why)* |  |
| Where does your infant poo? |  |
| How do you dispose of the poo? |  |
| Do you use any equipment to catch your infant’s poo?  *(Prompt - nappies, potties, hoes, scoops or something else. If yes, ask how and when is the equipment cleaned?)* |  |
| Does the person disposing of infant poo wash their hands afterwards? *(If yes, where and what equipment do they use?)* |  |
| Do you think that baby poo is more or less harmful than adult poo or the same? Explain. |  |
| What do you think are the dangers of infants putting human poo in their mouths? |  |
| What would help you to safely dispose of your baby’s poo? |  |
| Are there any materials that could help you to safely dispose of your baby’s poo?  *(If yes, ask, are these materials available on the local market? What price would you be willing to pay for them?)* |  |

***Observations while in the household:***

|  |  |
| --- | --- |
| **Point of interest to observe** | **Observations** |
| Do babies wear nappies? If so, describe. |  |
| Are potties present and used? If yes, describe. |  |
| How is baby poo (from nappies and potties) disposed of? |  |
| Are older children kept in nappies? (Ask what age the children who are in nappies are) |  |
| Do infants and children use latrines? |  |
| What are handwashing practices after handling infant poo (for the caregiver and infant)? |  |

## **Annex 6: Minimum assessment for clean household environment**

**Step one: Community walk**

Organise a walk around the community with different groups of people, separating out women with young infants, men, health workers and community leaders. Allow them to show you the important features of the community, make observations and take notes as you go. This isn’t a time to ask in-depth questions but to listen and observe. Read more about transect walks/ community walks [here](https://sswm.info/humanitarian-crises/urban-settings/planning-process-tools/exploring-tools/transect-walk).

*Points of interest to note:*

* What water sources are people in the community using? Does this change at different times of year?
* What animals are present? (cattle, goats, chickens, other)
* Where are different types of animals present? Is there evidence of animals within human compounds/ households? If so, which animals?
* Where do livestock graze? What water sources do they use? Does this change at different times of year?
* Is there any evidence of animals being fenced? If so, what kind of animals? What kind of fencing?
* Are animal faeces present in areas where infants and young children are playing?
* Is there evidence of infants being put down to play? How clean are those areas? Is there evidence of play equipment being used (e.g. mats or toys?)
* How clean do infants and young children appear to be?

**Step two: Community mapping by seasons**

At the end of the community walk, ask each group to draw a map of the community on large paper, a blackboard or in the dirt/ sand. Ask them to point out whatever is important to them and also to include households, water points and areas where livestock graze and animals roam.

Ask participants to draw the same map during an alternative season in the year.

Ask participants to reflect on which times of year they notice children becoming sick and if they think this relates to changes in the two maps and how.

This activity could be undertaken at the end of each community walk. Read more about community mapping [here](https://sswm.info/planning-and-programming/decision-making/deciding-community/participatory-mapping-for-decision-making).

**Step three: Focus Group Discussions**

Facilitate several Focus Group Discussions. Each of these should include 6 to 12 similar individuals – e.g. one group of livestock owners, one group of community leaders (first set of questions), a group of women with infants, and a group of men with infants in their households (second set of questions). Each group should last around one to two hours. Record the discussion and take notes. See also [Concern’s guide to Focus Group Discussions.](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Qualitative%20Data%20Collection%20Methods.aspx)

***Discussion guide:***

**Questions suitable for groups of livestock owners and groups of community leaders.**

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| --- | --- |
| **Infants caregiving and diarrhoeal disease** | |
| Who are the main caregivers of babies and young children in this community?  *(Prompt: Who minds babies and young children when the main caregiver is unavailable or busy?* |  |
| Do babies and young children become ill with diarrhoea in this community? If yes – is this a serious problem? Explain. |  |
| What do you think causes diarrhoeal disease? |  |
| **Animal ownership and control** | |
| What kind of animals are owned in this community? |  |
| Who makes decisions about where livestock graze and where animals are kept? |  |
| Are there official laws or customary laws about where livestock graze and where animals are kept? Explain. |  |
| **Livestock patterns** | |
| Where do livestock graze during different seasons of the year?  *(Prompt: Are there seasons during which livestock are closer to or within human compounds or households?)* |  |
| Where do livestock drink water during different seasons of the year?  *(Prompt: Are there seasons during which livestock drink from human water points?)* |  |
| **Mixing of animals and households** | |
| Do some households allow animals to move freely within their household compound?  *(Prompt: if yes, which animals? what makes some households do this?)* |  |
| Do some households separate animals from cooking, eating and sleeping areas and/or areas where babies are set down and young children play?  *(Prompt: if yes, what makes some households do this? how do they do this? What strategies or materials are used?)* |  |
| What would the advantages and disadvantages be of fencing animals in this community? |  |
| What could be done to separate babies and young children from exposure to animal faeces?  *(Prompt: Are any materials needed for this? Are these available on local markets? What prices would people be willing to pay for these materials?)* |  |

**Questions suitable for groups of women with infants under two years and men with infants under two years**:

|  |  |
| --- | --- |
| **Infants caregiving and diarrhoeal disease** | |
| Who are the main caregivers of babies and young children in this community?  *(Prompt: Who minds babies and young children when the main caregiver is unavailable or busy?* |  |
| Do babies and young children become ill with diarrhoea in this community? If yes – is this a serious problem? Explain. |  |
| What do you think causes diarrhoeal disease? |  |
| **Clean play spaces** |  |
| Where are babies set down during the day? And where do young children play? |  |
| What challenges are there in keeping the places where babies and young children play clean? |  |
| Is it important for babies and young children to be separated from exposure to animal faeces? Explain. |  |
| Do animals sometimes enter human compounds and households?  *(Prompt: Why does this happen?)* |  |
| What could be done to provide clean spaces for infants to play, sleep and eat?  *(Prompt: Are any materials needed for this? Are these available on local markets? What prices?) would people be willing to pay for these materials?)* |  |

**Step four: Key informant interviews and observations (household level)**

Spend time within several households with babies and young infants. Interview the caregiver using the below question guide and make observations. Read more about [key informant interviews here.](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Qualitative%20Data%20Collection%20Methods.aspx)

***Caregiver interview guide:***

|  |  |
| --- | --- |
| **Question** | **Answer** |
| How old are each of your children? |  |
| Does your household own animals? If yes, which type? |  |
| Where are your animals kept? *(find out for each different type of animal kept*) |  |
| Does this change at different times of year? Explain. |  |
| Who makes decisions in your household and in the community about where animals are kept or where livestock graze? |  |
| Where do you access water? Is this different in other seasons? |  |
| Do livestock ever share the same water point as your household? Is this different in other seasons? |  |
| Do animals ever roam freely in your household? *(If yes, ask which type?)* |  |
| If your infant comes into contact with animal faeces or dirt what action do you take if any? |  |
| When and where do you wash your hands? |  |
| When and where do you wash your infant’s hands? |  |
| Where does your infant play during the day? *(on what surface)* |  |
| What do you think are the dangers of infants putting animal faeces in their mouths? |  |
| Does your infant ever get diarrhoea? If yes, what do you think causes it? |  |
| What would stop your child from getting diarrhoea? |  |
| What would help you to provide a safe play space for your child? |  |
| Are any materials needed to provide a safe play space for your child? *(If yes, are these materials available on the local market? And what price would you be willing to pay for them?)* |  |

***Observations while in the household:***

|  |  |
| --- | --- |
| **Point of interest to observe** | **Observations** |
| Are animals present in the household? If yes, which types of animals? |  |
| Are animals kept separate to cooking, sleeping and play spaces? If yes, how? |  |
| Are animal faeces present in the household? If yes, where? |  |
| Are animals fenced away from the household? If so, what kind of animals? And what materials are used for fencing for each type? |  |
| Is the household clean? |  |
| Is the household cleaned regularly? How? |  |
| Do infants and babies appear clean? |  |
| Are infants set down in clean spaces? |  |
| Are play mats or toys present? How clean are they? |  |

## **Annex 7: Minimum assessment for clean birth**

**Step one: Focus Group Discussions**

Facilitate several Focus Group Discussions. Each of these should include 6 to 12 similar individuals – e.g. one group women who recently gave birth, one group of men whose wives recently gave birth, a group of health workers and a group of community leaders. Each group should last around one to two hours. Record the discussion and take notes. See also [Concern’s guide to Focus Group Discussions.](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Qualitative%20Data%20Collection%20Methods.aspx)

***Discussion guide:***

|  |  |
| --- | --- |
| **Place of birth** | |
| Where do mothers usually give birth? |  |
| Who makes the decision about where mothers give birth? |  |
| *(if some women give birth in health facilities)* Why do some women give birth in health facilities? |  |
| *(if some women give birth at home)* Why do some women give birth at home? |  |
| **Facility-based birth** *(if some women give birth in health facilities)* | |
| Which health facilities do women give birth in? |  |
| How do mothers prepare for facility-based births? |  |
| What are some of the good things about giving birth in a health facility? |  |
| What are some of the problems with giving birth in a health facility? |  |
| **Home birth** *(if some women give birth at home)* | |
| Who attends women who give birth at home? |  |
| What are some of the good things about giving birth at home? |  |
| What are some of the problems with giving birth at home? |  |
| **Birth safety** |  |
| What would make birthing safer for women in this community? |  |

**Step two: Key informant interviews (household level)**

Carry out interviews with women who gave birth within the last 3 months.

|  |  |
| --- | --- |
| ***Observe households with infant under 2 years*** | **Observations** |
| When did you give birth? |  |
| Did you see a health professional during your pregnancy? (if yes ask who and how often) |  |
| Did the health professional talk to you about birth during your pregnancy? |  |
| Where did you give birth to your baby? |  |
| Who made the decision about where you would give birth? Why was this decision made? |  |
| Who attended the birth? |  |
| Was clean water available? |  |
| How did you feel about the cleanliness and safety of the birth? Why? |  |
| Do you think it is important that birth practices are hygienic? Explain your answer. |  |
| Where would you like to give birth if you had the choice? Why? |  |

**Step three: Key informant interviews with TBAs or midwives**

Focus Group Discussions and interviews will inform you about where women in the community normally give birth. You can then focus key informant interviews accordingly (either with midwives in health facilities if this is where women normally give birth, or with traditional birth attendants if home births are usual practice). In practices are mixed, it might be helpful to do both. Read more about [key informant interviews here.](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20Guidance%20-%20Qualitative%20Data%20Collection%20Methods.aspx)

***Interview questions for traditional birth attendants:***

|  |  |
| --- | --- |
| **Experience and training** | |
| How long have you been attending births for? |  |
| How did you learn to attend births? (any formal or informal training?) |  |
| How do you update your knowledge on safe birthing? |  |
| **Clean birth knowledge and attitudes** | |
| Can you name the WHO ‘6 cleans’ for a safe birth? | [1. clean hands, 2. clean delivery surface, 3. clean perineum, 4. clean cord tying, 5. clean cord cutting, 6. clean cord care][[2]](#footnote-2) |
| How important do you think is it that birth is ‘clean’? |  |
| **Equipment and infrastructure** | |
| Where do you attend births? |  |
| What equipment do you use when attending a birth? | [Clean water, soap, sterile/clean gloves, plastic sheet, umbilical cord tie, clean razor blade/clean scissors, cotton wool and sanitary pads. A lamp, torch or candle for night-time births] |
| Is a safe water supply available at places where you attend births? |  |
| **Practices** |  |
| How often do you wash your hands and/or put on new gloves when attending a birth? |  |
| Where do you wash your hands? |  |
| Do you use soap to wash your hands? |  |
| What surface do mothers give birth on? |  |
| Is the surface cleaned? How? |  |
| Is the perineum cleaned during labour and delivery? How? |  |
| How is the cord tied? What is used? |  |
| How is the cord cut? What is used? |  |
| How do you advise that the cord is cleaned? |  |
| How is the placenta disposed of after the birth? |  |
| **Barriers and motivators** |  |
| What makes it difficult for you to follow the ‘WHO 6 cleans’? |  |
| What makes it easy for you to follow the ‘WHO 6 cleans’? |  |
| What would make a difference to you in ensuring that the mothers in your care have positive birth outcomes? |  |

***Interviews with health facility midwives:***

|  |  |
| --- | --- |
| **Experience and training** | |
| How long have you been a midwife for? |  |
| What training did you receive to be a midwife? (where, how long) |  |
| What in-service/ refresher training do you receive, if any? (how often, from whom) |  |
| **Clean birth knowledge and attitudes** | |
| There are important things that need to be done by a birth attendant to ensure that the birth of the baby is clean. What are these things? | [WHO 6 cleans: 1. clean hands, 2. clean delivery surface, 3. clean perineum, 4. clean cord tying, 5. clean cord cutting, 6. clean cord care][[3]](#footnote-3) |
| There are dangers for the mother and baby if the birth is not clean. Can you name these dangers? | [maternal mortality, maternal illness e.g. sepsis; infant mortality; infant illness e.g. sepsis, tetanus or cord infection; don’t know] |
| How serious do you think an unclean birth is for the mother and baby? Explain. |  |
| How difficult is it to make sure that clean practices are used while giving birth? Explain. |  |
| How able do you feel to ensure that clean practices are followed when giving birth? Explain. |  |
|  | |
| **Equipment and infrastructure** | |
| Do you always have all of the equipment, drugs and commodities that you need to assist a birth? Explain. | [Clean water, soap, sterile/clean gloves, plastic sheet, umbilical cord tie, clean razor blade/clean scissors, cotton wool and sanitary pads, protective apron, protective mask, fetal horn/pinard stethoscope, portable weighing scale, essential medicines (including oxytocin), bulb syringe or portable suction unit][[4]](#footnote-4) |
| Is a safe water supply available at the health facility where you attend births? |  |
| Is there a handwashing station available in the delivery room and postnatal area? |  |
| **Practices** |  |
| How often do you wash your hands and/or put on new gloves when attending a birth? |  |
| Where do you wash your hands? |  |
| Do you use soap to wash your hands? |  |
| What surface do mothers give birth on? |  |
| Is the surface cleaned? How? |  |
| Is the perineum cleaned during labour and delivery? How? |  |
| How is the cord tied? What is used? |  |
| How is the cord cut? What is used? |  |
| How do you advise that the cord is cleaned? |  |
| How is the placenta disposed of after the birth? |  |
| **Barriers and motivators** |  |
| What makes it difficult for you to follow the ‘WHO 6 cleans’? |  |
| What makes it easy for you to follow the’ WHO 6 cleans’? |  |
| What would make a difference to you in ensuring that the mothers in your care have positive birth outcomes? |  |

**Step four: Health facility observations**

This it to be carried out if mothers commonly give birth in health facilities at the health facilities most commonly used (as informed by Focus group discussions and interviews with mothers who recently gave birth). These questions could be integrated into [Concern’s Health Facility Assessment](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Health%20-%20Health%20Facility%20Assessment.aspx), the results of which will also provide very useful context for this exercise.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Observations | Yes | No |
| **Delivery room** |  |  |  |
| Is there piped water into the delivery room? |  |  |  |
| If not, is water safely stored in the delivery room? |  |  |  |
| Are there handwashing facilities, with soap and water, and for the hygienic drying of hands available in the delivery room? |  |  |  |
| Are there 3 separate bins to manage healthcare waste in the delivery room? |  |  |  |
| **Postnatal area** |  |  |  |
| Is there piped water into the postnatal area? |  |  |  |
| If not, is water safely stored in the postnatal area? |  |  |  |
| Are there handwashing facilities, with soap and water, available in the postnatal area? |  |  |  |
| **Toilets** |  |  |  |
| Is there an improved, non-shared, toilet dedicated for use by pre-and post-natal women? |  |  |  |
| **Waste disposal** |  |  |  |
| Is there a system for disposing of waste after birth? (incinerated, buried or other) |  |  |  |

## **Annex 8: Questions to add to household surveys**

Questionscan be taken from [Concern’s PQ guide](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/PQ%20Guide%20Homepage.aspx) to add into household surveys. See below the questions linked to the following indicators. Indicators should be used that are relevant for the area of baby WASH that you are focusing on. Additional indicators relevant to clean household environment are in the process of being added to the PQ guide.

[Safe disposal of children’s faeces:](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Indicator%20Definition%20-%20WASH%20-%20Safe%20Disposal%20of%20Children%E2%80%99s%20Faeces.aspx) % of young children (<60m) whose faeces are always disposed of safely. (defined as immediate removal of faeces and disposal in a latrine (and wash hands afterwards).

[Facility birth](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Indicator%20Definition%20-%20Health%20-%20Facility%20Birth.aspx): % of last born children age 0-23 months who were born in an appropriate health facility.

[Skilled birth attendance coverage:](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/Indicator%20Definition%20-%20Health%20-%20Skilled%20Birth%20Attendance%20Coverage.aspx) % last born children aged 0-23 months whose births were attended by skilled health personnel.

## **Annex 9: Barrier analysis example questions for:**

## **Separating animals & infants in households**

To carry out a barrier analysis you need to identify which behaviour you wish to influence, as prioritised by the community. This will be determined by the community-based qualitative research that you carry out. A barrier analysis aims to identify the key barriers and enablers around a very specific behaviour. The below table shows examples of what this could look like, but it will work best if designed around the behaviour that is important or the intervention that is most suited to the local context. See [Concern’s guide to barrier analysis](https://concern2com.sharepoint.com/sites/PQ_Guide/Pages/General%20PM%26E%20and%20Resources%20-%20Barrier%20Analysis.aspx) for more information.

**Below is an example of what questions could be asked in a barrier analysis around the separation of animals and infants in households.** Questions suited to the context and the intervention area will need to be devised locally.

|  |  |
| --- | --- |
| **Screening questions** | |
| 1. Do you have a child under 2 years of age? | Yes – proceed  No – terminate interview |
| 1. Does your household keep animals? | Yes – proceed  No – terminate interview |
| 1. Are your animals kept separately from household cooking, eating, sleeping and playing areas? 2. Yes 3. Sometimes 4. No   Explain how they are kept: | a = doer  b and c = non-doer |
| **DO-ERs** | **NON-DOERs** |
| **Perceived self-efficacy/ skills** | |
| What makes it easy for you to separate animals from the household? | What would make it easy for you to separate animals from the household? |
| What makes it difficult for you to separate animals from the household? | What would make it difficult for you to separate animals from the household? |
| **Perceived positive consequences** | |
| What are the positive consequences of separating animals from your household? | What would be the positive consequences of separating animals from your household? |
| **Perceived negative consequences** | |
| What are the negative consequences of separating animals from your household? | What would be the negative consequences of separating animals from your household? |
| **Perceived social norms** | |
| Who are all the people that approve of you separating animals from your household? | Who are all the people that would approve of you separating animals from your household? |
| Who are all the people that disapprove of you separating animals from your household? | Who are all the people that would disapprove of you separating animals from your household? |
| **Perceived access** | |
| How difficult is it to get the materials you need to separate animals from your household? Is it a. very difficult, b. somewhat difficult or c. not difficult at all? | How difficult is it to get the materials you need to separate animals from your household? Is it a. very difficult, b. somewhat difficult or c. not difficult at all? |
| **Perceived cues or action/ reminders** | |
| How difficult is it to remember to separate animals from your household every time you need to do it? Is it a. very difficult, b. somewhat difficult or c. not difficult at all? | How difficult is it to remember to separate animals from your household every time you need to do it? Is it a. very difficult, b. somewhat difficult or c. not difficult at all? |
| **Perceived susceptibility/ vulnerability** | |
| How likely is it that your baby would get diarrhoea in the next 6 months? Is it a. very likely, b. somewhat likely or c. not likely at all? | How likely is it that your baby would get diarrhoea in the next 6 months? Is it a. very likely, b. somewhat likely or c. not likely at all? |
| **Perceived severity** | |
| How serious would it be if your baby got diarrhoea? Would it be a. very serious, b. somewhat serious or c. not serious at all? | How serious would it be if your baby got diarrhoea? Would it be a. very serious, b. somewhat serious or c. not serious at all? |
| **Perceived action/ efficacy** | |
| How likely is it that your baby would get diarrhoea if you separated animals from your household? Is it a. very likely, b. somewhat likely or c. not likely at all? | How likely is it that your baby would get diarrhoea if you separated animals from your household? Is it a. very likely, b. somewhat likely or c. not likely at all? |
| **Perceived divine will** (depending on local culture this question could also be framed in terms of gods or evil spirits) | |
| Do you think that God approves of you separating animals from your household? a. yes, b. maybe, c. no | Do you think that God approves of you separating animals from your household? a. yes, b. maybe, c. no |
| **Policy** | |
| Are there any community laws or rules in place that made it more likely that you separated animals from your household? a. yes, b. maybe, c. no | Are there any community laws or rules in place that make it more likely that you will safely separate animals from your household? a. yes, b. maybe, c. no |
| **Culture** | |
| Are there any cultural rules or taboos against separating animals from your household? a. yes, b. maybe, c. no | Are there any cultural rules or taboos against separating animals from your household? a. yes, b. maybe, c. no |

1. Adapted from World Vision International, Baby WASH toolkit, version 1, 2017 [↑](#footnote-ref-1)
2. Blencowe, H., Lawn, J. and Graham, W. (2010) *Clean birth kits - potential to deliver? Evidence experience, estimated lives saved and cost.*Save the Children and Impact. [↑](#footnote-ref-2)
3. Blencowe, H., Lawn, J. and Graham, W. (2010) *Clean birth kits - potential to deliver? Evidence experience, estimated lives saved and cost.*Save the Children and Impact. [↑](#footnote-ref-3)
4. Check guidance from Ministry of Health in country for country-specific minimum equipment list for facility births. An updated list of WHO recommended equipment is available [here](https://www.who.int/publications/i/item/9789240017566). [↑](#footnote-ref-4)