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WASH Field Note FN/08/2022

Integrating Sanitation and Hygiene to Support Polio Eradication in Afghanistan's Slums

SUMMARY

Improvements to sanitation and hygiene are known to reduce the transmission of the poliovirus. This field note reports the experience of implementing Afghan Context Community Led Total Sanitation (AC-CLTS) in an urban context within an integrated polio eradication project targeted to high-risk polio districts. The Ministry of Public Health, provincial Department of Public Health and UNICEF implemented an urban variant of AC-CLTS in two slums (Loya Wala and Manzil Bagh) of Kandahar province in 2019 and 2020. In addition to blocking virus transmission routes, implementing the AC-CLTS approach proved effective in persuading parents to vaccinate their children against poliovirus through community triggering events and follow up visits to individual households. The results of the pilot include a total of 350 open defecation free (ODF) communities, routine practice of improved hygiene behaviours and increased polio vaccine uptake by the targeted population. The content of this fieldnote was developed in the first half of 2021 and does not reflect the situation in Afghanistan post July 2021.

Introduction

Afghanistan is one of the two countries in the world where wild poliovirus (WPV) transmission persists, particularly in the southern regions of the country. Polio mainly affects children under 5 years of age and can cause total paralysis in hours (WHO, 2019). There is no cure for polio, it can only be prevented. To eradicate polio completely, every child under 5 years must be vaccinated. House to house oral polio vaccine campaigns were banned in the southern regions and later throughout the whole country in 2018 by anti-government elements (AGEs), stating political and security reasons. While door-to-door polio vaccination resumed in late 2018, the ban left millions of children unvaccinated for months. The result was a resurgence in infections: Afghanistan reported 29 confirmed WPV cases in 2019 compared with 21 cases the year before. The number of infected districts in 2019 increased to 20 from 14 in 2018.

Controlling open defecation and improving hygiene practices is another way to limit the spread of poliovirus. Afghanistan has made good progress with regards to improved sanitation in the past two decades. In 2020, 85% of households used a latrine. Open defecation is virtually 0% in urban areas (JMP, 2021). However, there is still room for improvement. Only 50.5% of those latrines meet the criteria for basic sanitation and in rural areas open defecation is as high as 14.6%. Open defecation continues in informal settlements. Furthermore, only 38% of homes have a

handwashing facility with water and soap available (JMP, 2021).

Experience from those countries that have already eradicated polio suggests that convergence of polio and water, sanitation and hygiene (WASH) programmes is essential to success. In Somalia, polio messages have been integrated and polio outreach workers used to promote Community Led Total Sanitation (CLTS) and reinforce messages around the risks of open defecation (UNICEF, 2015). In Nigeria, lessons were drawn from the eradication of polio to inform strategies to make Nigeria ODF (Nadar, 2016). Improved sanitation and hygiene practices might also make oral vaccines (like polio) more effective by reducing intestinal infections and diarrhoeal diseases (Velleman et al 2013).

Description of Intervention

National approach for sanitation and hygiene: CLTS was first introduced to Afghanistan by Tearfund in 2008, it was later adapted to incorporate hygiene promotion activities (such as by training Family Health Action Groups, FHAGs) and became known as the Afghan Context CLTS (AC-CLTS). The aim of AC-CLTS is not only to inspire people to end open defecation and build new latrines, but also to improve the existing traditional, unimproved latrines. The AC-CLTS method has successfully enabled 59 rural districts to achieve ODF status. The Ministry of Public Health (MoPH) has since produced an urban variant of the AC-CLTS approach.

Inter-sectoral approach in poliovirus high-risk areas: In 2018, UNICEF identified polio eradication as one of its four flagship result areas and developed an integrated programme approach to help end the circulation of wild poliovirus. The approach included the provision of WASH services, health, and nutritional status of communities, as well as school attendance of children. Three main WASH interventions were planned under the integrated programme: 1) urban variant of AC-CLTS, 2) provision of drinking water services, and 3) sewerage, garbage, and drainage improvement. Polio eradication was incorporated into urban AC-CLTS in two key ways: 1) adding and delivering messages on polio prevention in all communications on ending Open Defecation and handwashing, plus the use of improved sanitation and vaccination. 2) specific communication to convince parents who were resistant to polio vaccine to vaccinate their children.

Project implementation: Kandahar city is an epicenter of the transmission of the wild poliovirus and the slums were identified as a priority area for intervention. The main criteria used to select project locations were polio risk (determined by environment surveillance that detects poliovirus in sewage) and poor WASH conditions. Loya Wala and Manzil Bagh settlements were selected for the project as the risk of polio was exceptionally high for children in these slums: many families had refused vaccination, sanitation coverage was low, and the environmental conditions/drainage systems were poor. Initially a total of 150 communities from these two areas were included in the project and the project was implemented for one year, led by MoPH.

The AC-CLTS approach was considered appropriate as the MoPH had been implementing AC-CLTS in rural Kandahar since 2016 and achieved remarkable results. Under this project, two community groups - FHAGs (mothers' groups) and the AC-CLTS committee (all male) - were trained by AC-CLTS facilitators to promote positive sanitation and hygiene as well as polio eradication behaviours. After training, the groups oversaw and implemented community-based hygiene promotion and messages regarding the prevention of the spread of poliovirus.

The main steps in implementing the adapted AC-CLTS approach in Loya Wala and Manzil Bagh are described below, more detail on the standard AC-CLTS approach can be found in the implementation manual (MRRD and RU-WatSIP, 2016):

Pre-triggering: Before implementation, a meeting was held between UNICEF and MoPH, one of the two government partners engaged in the implementation of AC-CLTS. Subsequently a community visit was arranged for the AC-CLTS facilitators supporting the project to meet stakeholders and perform a situation analysis. While rural communities have relatively clear boundaries that determine who belong to that community, this is often not the case in urban settings, especially slums. DoPH noticed that a certain number of household members use a particular mosque for their prayers. Therefore, DoPH identified an average of 80 households or 40 houses under the care of the same mosque as a community, which also became the triggering unit. Reference networks were identified as part of the situation analysis: in social norms theory "a reference network is composed of those individuals whose behaviors and beliefs matter to my choice" (Bicchieri et al, 2017: 11). In this case, the choice might be to practice open defecation or wash hands for instance. Religious leaders are typically a crucial part of a community's reference network. Thus, the facilitators met with the Mullah of the mosque and local elected council representatives (Wakil e Guzar) to communicate the project objectives and to secure their approval and engagement in promoting polio vaccination and improved sanitation and hygiene from an Islamic perspective. Community leaders were then asked to organize a triggering session.

Triggering: The MoPH deployed four AC-CLTS mobilization teams to Loya Wala and Manzil Bagh of Kandahar City. Each team consisted of two male facilitators and two female facilitators with one supervisor (a total of five persons per team). Traditional AC-CLTS triggering methods were used to mobilize and motivate community members to stop defecating in the open and use/construct improved latrines. The F diagram was presented to explain how the poliovirus spreads and the consequences of the infection for children. However, the community mapping (to locate places of open defecation) was not deemed useful in an urban setting. For cultural reasons separate sessions were conducted for men and women. Community elders, religious leaders (Mullahs) and other influential people in community supported the triggering sessions, ensuring their buy in from the beginning. After the triggering session a baseline survey was conducted, and community action plans were prepared.

Post Triggering Follow Up visits: AC-CLTS mobilization teams made 2-3 follow-up visits post triggering. These were an opportunity to meet with community elders, review the community action plan and inspect new or upgraded latrines as well as to check that the open defecation sites were no longer being used. The visits continued until the community was ready to be declared ODF. Community volunteers (such as FHAGs, CLTS committee members, teachers and community leaders) also followed up with individual households on a more regular basis to promote the construction or improvement of latrines, ending open defecation and handwashing for polio prevention. FHAGs in particular were tasked to identify and map families who had refused the polio vaccination, with the objective to address objections and suspicion of vaccine content and promote vaccine acceptance. FHAGs used messages targeting feelings of pride in having an improved sanitation facility and in getting their children vaccinated against polio.

Verification and Certification as ODF: After households had either built new latrines, improved their existing ones or stopped defecating in the open, the CLTS committee would internally verify the community as ODF. A multi-sectoral team involving members of DoPH, Rural Rehabilitation and Development, Department of Education, Municipality, and others would then visit the community and randomly check on households to verify the community as ODF as per the national protocol. Following the external verification, a celebratory declaration and certification ceremony is organized during which the community obtains an official certificate as an ODF certified community. These events were organized in the

communities where officials from DoPH, Rural Rehabilitation and Development, Municipality, Department of Education gathered with community elders, children and representatives of UNICEF and NGOs to formally acknowledge the great achievements of communities.

Figure 1: A sign indicating the community has been certified as ODF

Post ODF follow up visits: In addition to new project activities in 2020, the AC-CLTS mobilization teams continued to carry out post-ODF follow up visits to the communities verified in 2019. This helped those communities to sustain their new behaviours in using an improved latrine and washing hands with soap.

Extending activities in 2020: After achieving outstanding results in 2019, the teams targeted 200 new communities and repeated the project in 2020 in other areas of Loya Wala and Manzil Bagh, Kandahar province.

Figure 2: A certification ceremony

Outcomes

The table below summarises the key results achieved in 2019 and 2020 in Loya Wala and Manzil Bagh.

Table 1: Results summary

Status	2019	2020
Number of communities triggered	150	200
Numbers of triggered communities achieving ODF certification status	150	200
Average time taken to become ODF	241 days	
Total number of people living in ODF certified communities	71,906	104,220
Number of new latrines constructed	3,237	7,724
Number of latrines improved/upgraded	2,167	2,625
Number of members of the Family Health Action Groups	750	1,000
Number of members of the CLTS committees	900	1,200
Environmental health outcomes	UNICEF and Kandahar municipality improved drainage in the streets of the two slums	
Polio-related outcomes	Increased community demand for vaccination: tens of parents agreed to vaccinate their children	

Lessons Learned

During this project the following lessons were noted:

1. **CLTS can work in urban settings**: The project proved that AC-CLTS can work well in urban settings through mobilizing urban communities to collectively take action. This was not only for the purpose of ending open defecation but also to promote use of improved latrines, adoption of hygiene behaviors that can prevent the spread of poliovirus and increase demand for polio vaccination.

2. **Defining the community:** It can be difficult to define the community in urban areas. In this case, the AC-CLTS teams selected the group of households using the same mosque as the community or triggering unit. Working with Mullahs was also key to achieving successful project outcomes given their influence and standing in the community.

3. **Adjusting plans to meet the contextual needs of the population:** Men had a key role in the project both as a decision maker on household sanitation and hygiene but also because they often practice open defection themselves. This made it important for men to attend the triggering events. The majority of men residing in Loya Wala and Manzil Bagh are either daily laborers or have small shops in the town, thus the triggering events for men took place outside work hours to ensure they were available to attend.

4. **Identify support mechanisms for the poorest and most marginalized**: During this project, community members supported the poorest in two ways. In some communities, residents collected charity and donations which were distributed in an equitable way. Or community volunteers donated their labour to construct latrines or improve the existing unimproved latrines for their neighbours. It proved important to allow the community to identify their own ways of supporting the poorest people in their communities.

Next Steps

- UNICEF Afghanistan will continue advocating with donor agencies to fund similar integrated projects in areas with highly vulnerable populations, and poor sanitation and hygiene conditions.

- Further UNICEF will work with the government to prioritize slums for sanitation and hygiene interventions and advocate for the allocation of dedicated funds from the national budget.

- Moreover, to scale up urban AC-CLTS in slums, UNICEF will support the government to develop a National Strategy on Sanitation and Hygiene which will prioritize urban sanitation in high-density, low-income settlements and camps of internally displaced people in towns.

References

Bicchieri, C. T. Noah (2017), Applying Social Norms Theory in CATS programming, https://repository.upenn.edu/cgi/viewcontent.cgi?article=1014&context=pennsong

Joint Monitoring Programme https://washdata.org/

Ministry of Rural Rehabilitation & Development Rural Water Supply and Irrigation Program (MRRD) National Rural Water Supply, Sanitation & Irrigation Programme (RU-WatSIP) (2016) Implementation Manual for Implementing Community Led Total Sanitation (CLTS) in the Community (For the use of CLTS Master Trainers and Facilitators): https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/CLTS_Implementation_Manual_AFghanistan.pdf

Nadar, K. (2016) Can Nigeria achieve ODF with Business as Business as Usual? 22nd Nov 2016 Chief of WASH, UNICEF Nigeria. https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Can_Nigeria_achieve_ODF_with_business_as_usual.pdf

Sanitation and Water for All: (2019) The Afghanistan Country Brief. Sector Ministers' Meeting 2019 https://www.sanitationandwaterforall.org/sites/default/files/migrate_default_content_files/Afghanistan_Country_Brief.pdf

UNICEF (2015) Mobile Phone-Based Hygiene and Sanitation Promotion in Somalia. https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/UNICEF_Mobile_HygSanPromotion_Somalia.pdf

Velleman, Y., K. Greenland, and OP Gautam. (2013) An opportunity not to be missed–immunisation as an entry point for hygiene promotion and diarrhoeal disease reduction in Nepal." Journal of water, sanitation and hygiene for development 3.3: 459-466 https://iwaponline.com/washdev/article-abstract/3/3/459/30328/An-opportunity-not-to-be-missed-immunisation-as-an

WHO (2019) Poliomyelitis: https://www.who.int/news-room/fact-sheets/detail/poliomyelitis

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Acknowledgements

UNICEF would like to thank the Ministry of Public Health, Afghanistan and the Department of Public Health, Kandahar for their collaboration and participation in this programme. Further thanks go to Mohammad Monirul Alam (UNICEF Bangladesh) and Nicole Klaesener-Metzner (UNICEF ROSA) and Michael Gnilo, Anu Paudyal Gautum and Bisi Agberemi (UNICEF HQ) for their peer-review of the document.

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Document No: WASH/FN/08/2022