The Importance of Handwashing

The simple fork is foreign to most diners in poverty areas of developing countries; they eat with their fingers AND feed their babies with their fingers. Glimpse*, the newsletter of icddr,b, our partners in Bangladesh, reports that they are exploring the connection between water, sanitation, hygiene (WASH) and nutrition for those living in poverty. It is known that handwashing before eating can reduce, by 24 to 40 percent, the incidence of diarrhea and pneumonia, which are the two biggest killers of children, but their research now shows that reducing childhood illness through better hygiene practices can also go a long way towards ending the devastating cycle of malnutrition.

This study found high levels of contamination in the food, given to children over 6 months of age, and fewer than 5% of mothers wash their hands before feedings. “The small intestine of the infant becomes home to pathogenic germs and bacteria that not only cause disease, but also change the mucosal architecture of the small intestine and prevent the absorption of nutrients. This ultimately leads to malnutrition.”

During the next 2 years, a randomized trial will be carried out in rural Bangladesh to measure the impact of WASH and nutritional interventions during the first two years of life. *www.icddrb.org

Get the Good News Out

MEDSAR, Rwanda, recruited 30 medical students from the National University of Rwanda (NUR) who worked as peer educators, and conducted a 3-day training of volunteers event where they learned what is necessary to teach the community about enteric diseases. The volunteers worked with mothers in sessions and one-on-one, and learned not just to prevent the disease but to treat oral rehydration therapy.

They also trained Community Health Workers who are provided by the government with cell-phones and can be contacted when needed. Very interesting are the 44 awareness marches held in several locations. In the picture you see some of the marchers, mostly youth, winding around the villages with a sound system of sorts to spread the news of disease prevention.

In South India, Grampari, a rural developmental organization, reported a very successful end to their 2011 project. Over 250 children in 5 schools were reached with a hand hygiene awareness program. A health education team visited each school 6 times over 4 months introducing new approaches to promote handwashing, such as the tippy tap (pictured here), skits, demonstrations, and songs. Analysis of the data showed a 24% increase in handwashing, a 14% increase with soap (1 school had a 47% increase). 77 tippy taps were built by students at their homes. Based on these results, they were able to refine the program and conduct it this year for 1900 children in 23 schools. They then posted it on a website* to aid other public health practitioners and are getting responses from all over the world. Student “health ministers” were elected in each school to maintain the tippy tap and see that it is used properly.

Tippy tap is a hands-free, low-cost, water conserving handwashing device. The important feature is that it is FUN! Children use their feet to make the water flow and the soap hangs on a rope. *Visit the website at www.tippytap.org.

Safe Water

Wema Self Help Group, Kenya, has the objective to promote household water treatment with “Water Guard” (dilute sodium hydrochloride solution), and to train families to store it safely in clay pots with lids. Two teams from their organization selected participants from households with children, and installed drinking water tanks and handwashing stations in 10 demonstration sites. They conducted a baseline survey of the households on stored water, typical handwashing practices and parental awareness of Water Guard use and trained them on careful hygiene practices, then monitored them by making biweekly visits to the sites. They also visited the local health facilities and learned that from the time the program was started the number of cases of diarrhea recorded was reduced from 54 to 17. They hope to expand into the larger community as they proceed.
Clay Pots

**Vitendo**, Tanzania, have as their objective to make 1500 clay pots fitted with a tight lid and a dispense tap for storing boiled water for drinking. Ten working groups were formed and supplied with material. When each group had made 100 pots, they were distributed to 900 families. They have already noticed a decrease in diarrhea. They found also that the families needed to be continuously reminded to boil the water and keep the caps on the pots. The project continues.

**Eco-san Toilet**

**Action for Community Empowerment (ACE)**, Kenya, conducted an *Improved Sanitation and Hygiene Among Children Project* by constructing a two-compartment Eco-san toilet (male/female with 2 seats each) at a community school, training community member and teachers on health, environment, water, sanitation and hygiene issues, providing cleaning services to schools to influence discussion about hygiene, and printing and distributing information materials including T-shirts, brochures and a banner to create awareness. They also installed 80 tippy taps (see page 1) in 16 schools and the children were taught to wash with soap after using the toilet. Certainly these innovations have resulted in increased community awareness. Their next activity is to construct a water harvesting tank.

**Safe Water**

**Women’s Protection Society**, Uganda, report that “the school semester opened with a lot of children’s joy and excitement for safe water availability from the Ferro water cistern during this dry season.” Two of these cisterns holding 20,000 liters of water have been built (see photo) at two schools with a total of 4,392 children ages 2 to 16 years. They trained local masons in the community to do the building with sand, water, and cement. These are very durable, low-cost and local materials. Rain water samples were collected from the project site and analyzed and found that the chemical and physical properties were suitable for drinking. This will certainly contribute to better health for the children.

They feel that community awareness has been increased and they hope to be able to get more funds to continue working at other schools.

**Community Participation**

**Chapra**, India, called their project *Prevention of Endemic of Enteric Diseases with Community Participation*. They have held 30 group meetings with 600 adolescents in 30 villages for selecting peer leaders. Ten from each village were chosen and instructed on issues dealing with hygiene, toilet habits, and care of food. These peer leaders were planning to meet then with community children in May. They also held meetings with mothers and pregnant women encouraging them in better food management, boiling water, taking children for immunizations, and registering for safe delivery. Data will be reported in the final report.

CHF 2012 Annual Report is ready for distribution. If you would like a copy, please email or call our office and we will send you one. contact@childhealthfoundation.org 410-992-5512

It will also be on our website.

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