

Engagement with faith-based leaders on interlinkages between **Nutrition, WASH and Child Marriage**



IMPROVED NUTRITION



**REDUCED
CHILD MARRIAGE**



**IMPROVED SANITATION AND
ACCESS TO SAFE DRINKING
WATER**

**INCREASED ENROLMENT
& ATTENDANCE IN SCHOOL**

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Training Manual: Faith Leaders

	Session	Methodology	Time	
I	Registration	Filling details of participants in registration form	30 minutes	10.00 to 10.30
II	Welcome and introduction	Picture cards to make pairs	30 minutes	10.30 to 11.00
	Tea break		15 minutes	11.00 to 11.15
III	Nutrition and health: The interconnectedness	Presentation and discussion	45 minutes	11.15 to 12.00
IV	Undernutrition/Shunting – relationship with WASH and child marriage: Causes and consequences	Problem tree analysis discussion	45 minutes	12.00 to 12.45
	Lunch break		60 minutes	12.45 to 1.45
V	Linkage between undernutrition, WASH and child marriage	Presentation and discussion	30 minutes	1.45 to 2.15
VI	Role of faith leaders	PPT and interactive sessions	45 minutes	2.45 to 3.30
	Tea break		15 minutes	3.30 to 3.45
VII	Introduction to communication materials developed	Presentation with key messages	30 minutes	4.15 to 4.45
VIII	Action plan	Individual exercise	30 minutes	4.45 to 5.15
IX	Closing session	Sharing action plan and closing session	45 minutes	5.15 to 6.00

Session I: Registration

Duration: 30 minutes

Materials required

Registration forms

Process

- Facilitator/s should keep ready registration forms prior to the arrival of the participants at the training venue.
- After arrival of the participants in the training hall, welcome them to the workshop and ask the participants to fill in the registration form.

Session II: Welcome and Introduction

Duration: 30 minutes

Method

Interactive way

Materials required

- Picture cards to make pairs
- VIPP cards (to write down aspirations)
- A4 papers, marker pens

Activity-wise breakup of the session

Welcome and introduction of participants	Expectations
15 minutes	15 minutes

Session outcome

At end of the session, the participants will

- Get to know each other and the facilitators
- Have a good appreciation of the importance of the training and the key outcomes expected of it
- Take responsibilities for smooth conduct of the training

Welcome all the participants to the workshop and introduce in brief about the workshop. The 1-day workshop serves as an opportunity to involve faith leaders in the critical issue of undernutrition, look at its causes and help address it in their community.

Introduction of participants and expectations from the training

Activity: Making pairs through a picture

Ask the participants to introduce themselves and state their expectations from the training through an interactive game/activity.

Process

- Ask each participant to pick a piece of paper and find the other piece to complete the picture. This way they will form pairs.
- After they find their partner and form a pair, tell each participant to spend 5 minutes. Together and find out each other's names, some family details, areas of interest, what they like to do in their free time.
- When the 5 minutes are over, call all participants back into the session.
- Request any pair to come up and introduce each other.
- Continue till all participants including the facilitators are introduced to all.

This sets the tone of the workshop.

Session III: Nutrition and Health: The Interconnectedness

Duration: 45 minutes

Materials required

Charts on nutrition throughout the life cycle, short-term and long-term effects of early nutrition, Unicef's conceptual framework of undernutrition

Process

- Facilitator/s should explain to the participants about interconnectedness between nutrition and health using the charts given. This should be done in a nontechnical manner that is easy for the faith leaders to understand and relate to.

Session outcome

At end of the session, the participants will

- Get to understand importance of nutrition
- Get a clear understanding on the interconnectedness between health and nutrition

Facilitator's Note

Nutrition and health

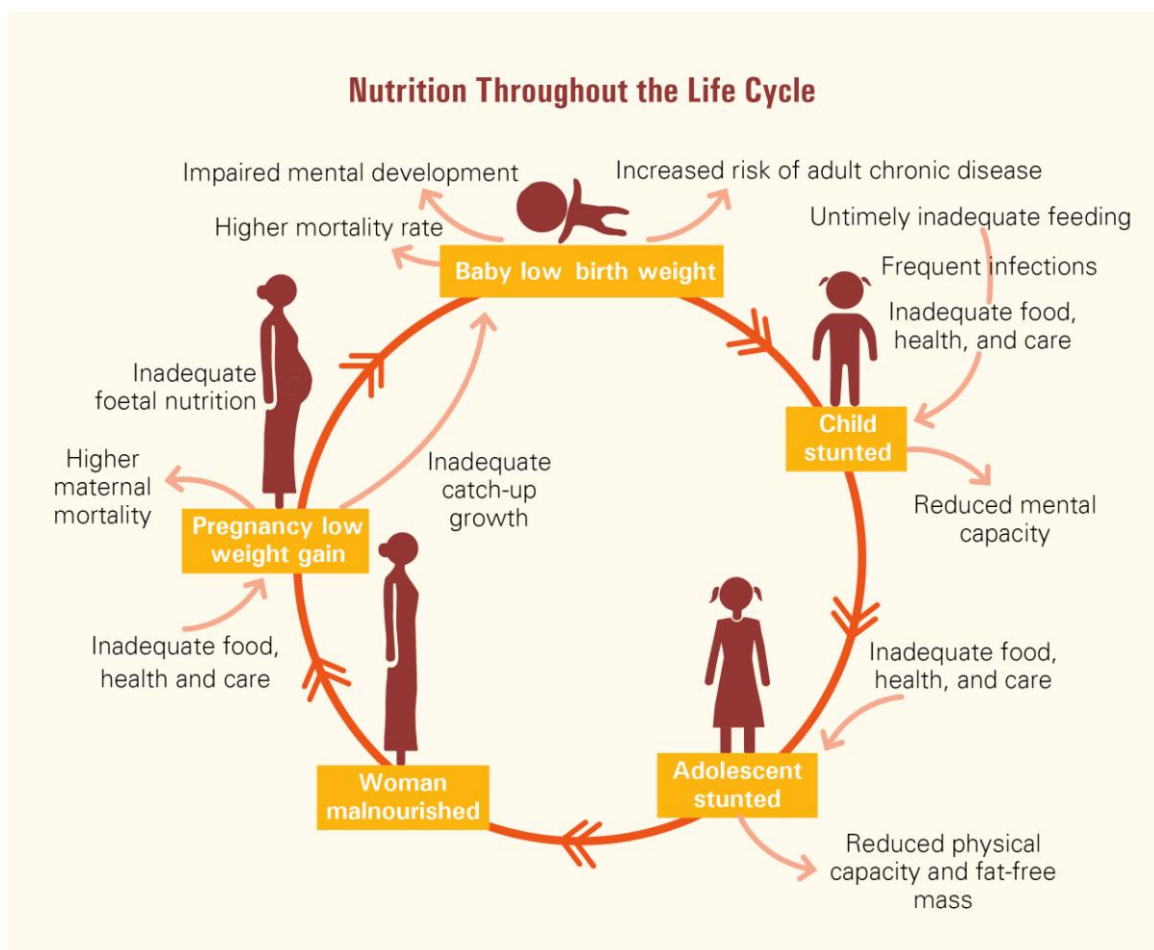
Nutrition is vital to our bodies as water is to plants. It is what feeds and supports our body, our home and our communities and maintains good health and wellbeing. Everybody has certain nutritional requirements that must be adequately met on a regular basis in order to have a body that operates well on a regular basis and repairs itself when injured or overused. Nutrition and health is a complex and multidimensional issue, affected by poverty, inadequate food consumption, inequitable food distribution, improper infant and child feeding and care practices, equity and gender imbalances, poor sanitary and environmental conditions and limited access to quality health, education and social services. In India, as in other countries, it is essential to focus on children under two years of age, pregnant women and adolescent girls, especially marginalised groups, reaching the youngest, poorest and most excluded members of the population. Nutrition is the intrinsic right of an individual, following a lifecycle course, ensuring health, equity, social and gender justice.

Malnutrition and stunting, apart from health and wellness concerns, cause enormous damage to the individual's ability to lead a normal life. Evidence shows that stunted children enrol late in school, perform less optimally and complete fewer grades. This leads to reduced abilities and life skills that impact, amongst other things, their income-earning capacity in adult life, perpetuating an intergenerational cycle of poverty, deprivation, malnutrition, anaemia, stunting and other nutritional and health deficiencies.

Impact of under-nutrition and micronutrient deficiencies have to be seen in the context of the individual's ability, not just to remain fit and healthy, but also be productive in a way that allows him/her to carry out all the responsibilities and tasks that s/he is expected to. The developmental impact of stunting and other forms of under-nutrition happens earlier and is greater than previously thought. Brain and nervous system development begins early in pregnancy and is largely complete by the time the child reaches the age of two years. The timing, severity and duration of nutritional deficiencies during this period affect brain

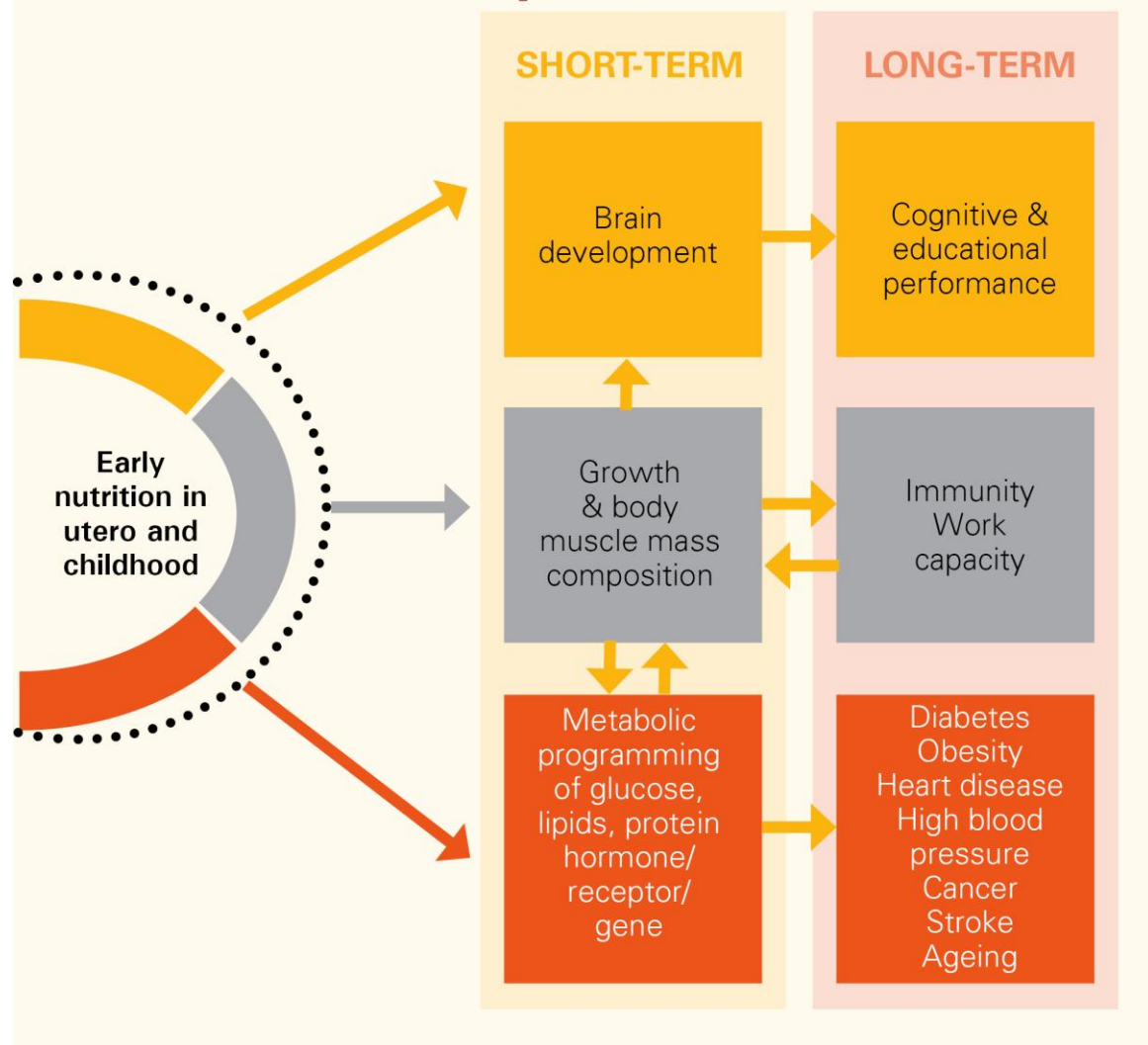
development in different ways, influenced by the brain’s need for a given nutrient at a specific time. While the developing brain has the capacity for repair, it is also highly vulnerable, and nutrient deficiencies during critical periods have long-term effects. This new knowledge, together with the evidence that the irreversible process of stunting happens early in life, has led to a shift in programming focus. Previously the emphasis was on children under the age of five years, while now, it is increasingly on the 1000-day period, from conception to the age of two years. Improvements in nutrition after the age of two years do not usually lead to recovery of lost potential.

The case for investing in nutrition is clear. Poor nutrition during the first 1000 days—from pregnancy through a child’s second birthday—can cause life-long and irreversible damage, with consequences at the individual, community, and national level.



Source: Food and Nutrition Bulletin, vol. 21, no. 3, (supplement) © 2000, The United Nations University.

Short-term and long-term effects of early nutrition



Source: Policy for a malnutrition-free Tamil Nadu, GoTN and Unicef

Understanding undernutrition

Undernutrition, defined as the outcome of insufficient food intake (**hunger**) and repeated infectious diseases. Undernutrition includes being underweight for one's age, too short for one's age (stunted), dangerously thin (wasted), and deficient in vitamins and minerals (micronutrient malnutrition).

The term **malnutrition** refers to both undernutrition and overnutrition.

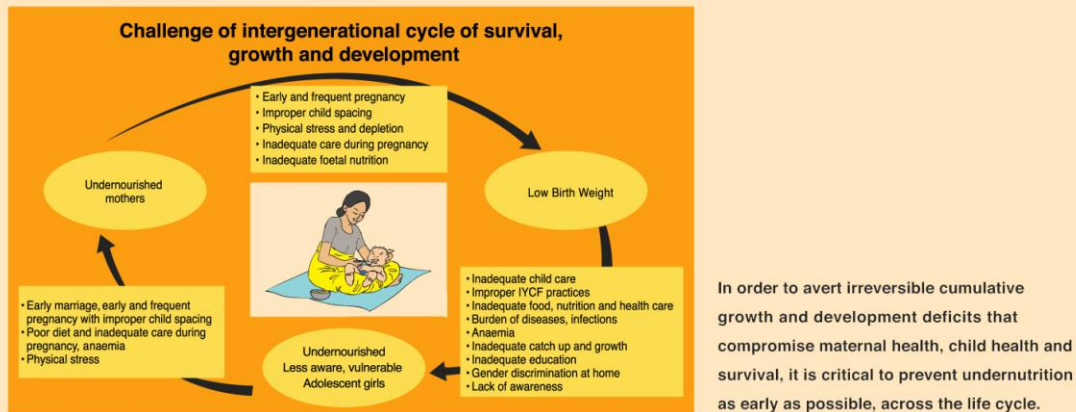
What is undernutrition?

When individuals are undernourished, they can no longer maintain natural bodily capacities, such as growth, resisting infections and recovering from disease, learning and physical work, and pregnancy and lactation in women. Poor feeding of infants and young children, especially the lack of optimal breastfeeding and responsive complementary feeding, along with such illnesses as diarrhoea, pneumonia, malaria and HIV/AIDS, often exacerbated by helminths, are major causes of undernutrition.

THE CYCLE OF UNDERNUTRITION

UNDERNUTRITION IS INTER-GENERATIONAL IN NATURE

An undernourished mother will give birth to a low birth-weight baby, the low birth-weight baby will grow as an undernourished child, then to an undernourished teenager and finally to an undernourished pregnant woman. Negligence and lack of care for a girl child during childhood and adolescence, complicates this picture further, and the cycle persists through generations.



Consequences of undernutrition

Short-term adverse effects include recurring illness, weakness, delayed physical and mental development, irritability, poor appetite, low weight for age, etc.

Long-term adverse effects are stunting or short height for age, poor learning ability, poor performance at school and poor general health, all of which reflect in poor working capacity, resulting in low income. Stunting in girls can have effects on child bearing, resulting in low birth weight babies.

The first two years of a child's life present a 'Window of Opportunity' to prevent undernutrition in children. Some key interventions can offer the best chance for a child's survival and optimal growth and development

Interventions

Timely initiation of breastfeeding—within one hour of birth.

- Colostrum, the yellowish, thick and sticky fluid secreted for the first 3-5 days after birth is rich in nutrients and offers immunity to the child.
- This helps to prevent neonatal and infant mortality and morbidity.
- Body contact helps to build a bond between the mother and the newborn and also keeps the baby warm.
- It stimulates milk production and the increased secretion of milk.

Exclusive breastfeeding during the first six months of life. There is no commercial formula food which is equal to breast milk and there is no substitute for mother's milk.

- Mother's milk is the best food for the child and contains all the nutrients needed by the infant for optimum growth and development. Even water is not required as mother's milk has adequate water.
- It ensures maximum protection for the child against diseases and death.
- Breast milk is easier to digest than formula milk, and unlike formula milk does not cause constipation.

- Breastfeeding does not require any pre-preparation or pose any risk of contamination, as long as the mother maintains a sufficient degree of personal hygiene.

Timely introduction of complementary foods after six months. Age-appropriate complementary feeding along with continued breastfeeding for two years or beyond.

- After six months of age, breast milk alone cannot fulfill the nutritional requirements of growing infants, as they are then undergoing a period of rapid growth and development. Hence, semi-solid foods should be introduced along with breastfeeding.
- Every child of 6-24 months should be fed age-appropriate, energy- and nutrient-dense, diverse complementary foods with increased quantities and frequency, as the child grows in age.
- The child should be fed with love and care.

Timely and complete immunisation, iron, folic acid and vitamin A supplementation with de-worming.

- Immunisation helps to protect the child against various preventable diseases. Every child should receive all primary immunisation by the age of one and booster doses thereafter.
- Vitamin A supplementation helps to maintain good eyesight and develops strong immunity. Besides giving foods rich in vitamin A, nine doses of supplementation must be given. The first dose is given at 9 months and thereafter, one dose every 6 months, up to the age of five years.
- Iron Deficiency Anaemia (IDA) is commonly seen in infants and young children. It makes them lethargic, irritable, reduces their learning ability, subsequently affecting school performance. Foods rich in iron, along with supplementation of iron and folic acid, is necessary.
- Deworming, twice a year, helps to prevent worm infestation.

Frequent and appropriate feeding for children during and after illnesses, including oral rehydration with zinc supplementation during diarrhoea.

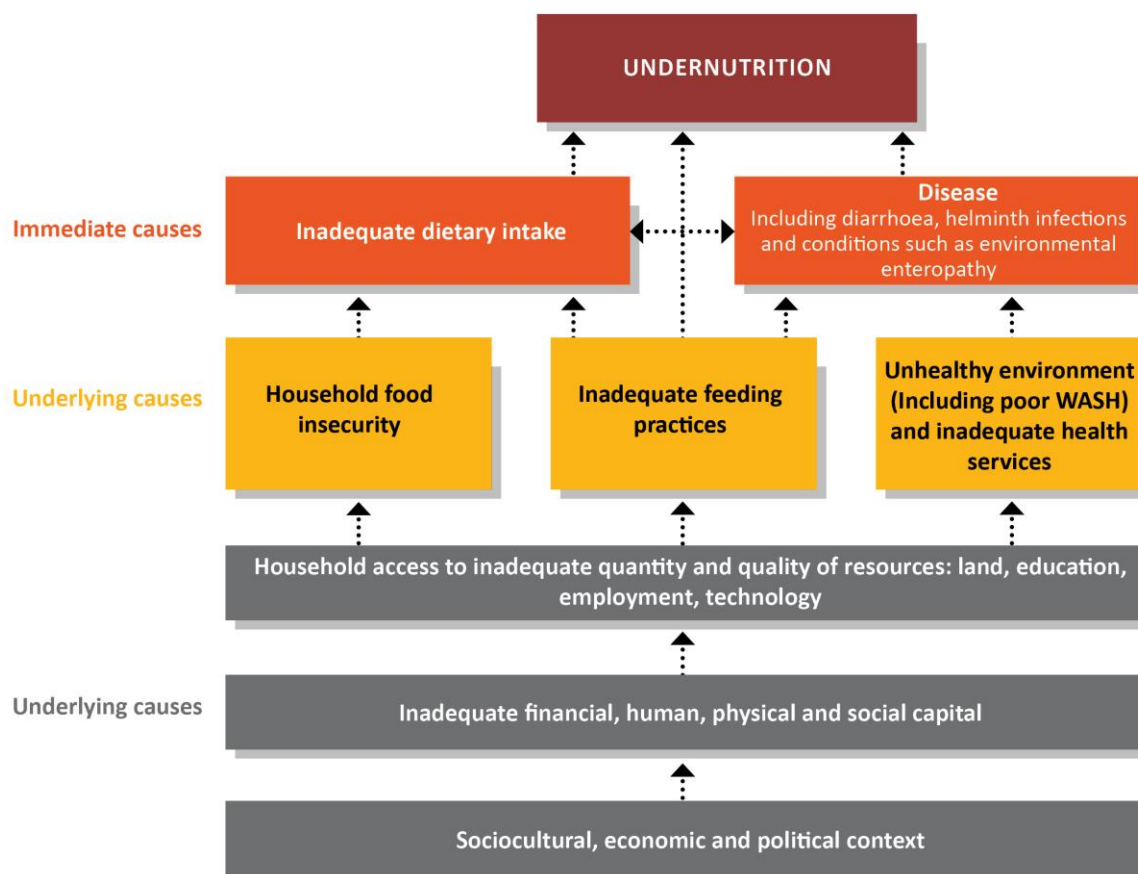
- Diarrhoea, acute respiratory infection and malaria, all impact the nutritional status of a child. An illness causes loss of body fluids and nutrients, leading to dehydration.
- Infection can be prevented by ensuring:
 - ☞ Access to safe drinking water and sanitation facilities
 - ☞ Adopting hand-washing practices at critical times
 - ☞ Safe disposal of stool
- Effective management of common illnesses can be done by:
 - ☞ Treatment of diarrhoea with oral rehydration with zinc
 - ☞ Treatment of acute respiratory infection at health facilities
- An illness reduces appetite and increases energy requirements. Therefore, feeding during and after an illness is essential to rebuild strength and increase resistance to infection:
 - ☞ Frequent small nutrient-dense meals should be given
 - ☞ At no cost should feeding be stopped
 - ☞ Breastfeeding should be continued and given more frequently
 - ☞ The intake of fluids should be increased

Improved food and nutrient intake for adolescent girls, particularly to prevent Anaemia.

- Adolescence is a period of rapid growth and development. Nutrient stores are developed in the body for pregnancy and lactation. Iron deficiency anaemia is common among adolescent girls, but iron intake continues to remain poor. An inter-generational vicious cycle of poor nutrition, growth and development sets in specifically, cases of early marriage and early pregnancy result in poor gestational weight gain, and hence,
- Girls have low birth weight babies.
- Every adolescent girl should be given a proper and adequate diet, rich in iron, folic acid and other vitamins & minerals.
- The prevention of early marriage and delay in age at first pregnancy, are essential for good health of adolescent girls.

Improved nutrition and care during pregnancy and lactation

Conceptual framework of the causes of under-nutrition, including aspects of WASH and diarrhoea (adapted from UNICEF, 2013)



Nutrition Specific	Nutrition Sensitive
<ol style="list-style-type: none"> 1. Timely initiation of breastfeeding within one hour of birth 2. Exclusive breastfeeding in the first six months of life, handwashing with soap before breastfeeding 3. Timely introduction of complementary foods at six months 4. Age-appropriate foods for children six months to two years 5. Safe and hygienic complementary feeding practices/good hygiene (cleanliness) practices prevent disease 6. Full immunisation and bi-annual vitamin-A supplementation with deworming 7. Appropriate feeding for children during and after illness 8. Therapeutic feeding for children with severe acute malnutrition 9. Adequate nutrition and anaemia control for adolescent girls 10. Adequate nutrition and anaemia control for pregnant and breastfeeding mothers 	<ol style="list-style-type: none"> 1. Marriage of girls only after 18 years 2. Handwashing with soap <ol style="list-style-type: none"> a. before preparing food b. before feeding baby c. after using the toilet d. after washing/cleaning baby's bottom e. after disposal of baby's faeces 3. Handwashing with soap before defecation and after defecation 4. Using hygienic toilets 5. Disposal of child's faeces in hygienic toilet 6. Safe handling of drinking water <ol style="list-style-type: none"> a. Cover the water with a lid b. Use a ladle to pour water c. Don't touch drinking water with fingers

Session IV: Undernutrition/stunting — Relationship with Nutrition, WASH and Child Marriage: Causes and Consequences

Duration: 45 minutes

Materials required

Charts

Session outcome

At end of the session, the participants will

- Get to see the linkage between nutrition, WASH and child marriage
- Get a clear understanding on the causes of undernutrition
- Understand the interconnectedness between health, WASH, nutrition and child marriage

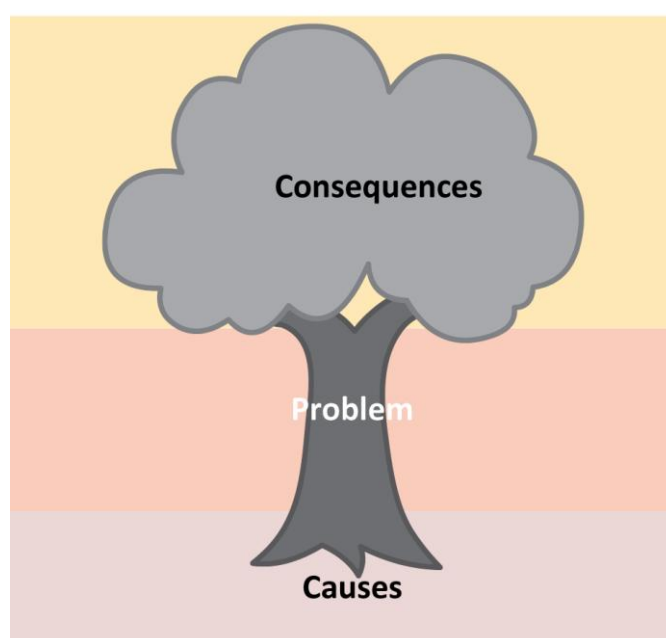
Process

- Explain how to do the exercise

Problem Tree Analysis

Introduction

- Problem tree analysis helps stakeholders to establish a realistic overview and awareness of the problem by identifying the fundamental causes and their most important effects.
- The main output of the exercise is a tree-shaped diagram in which the trunk represents the focal problem, the roots represent its causes and the branches its effects.

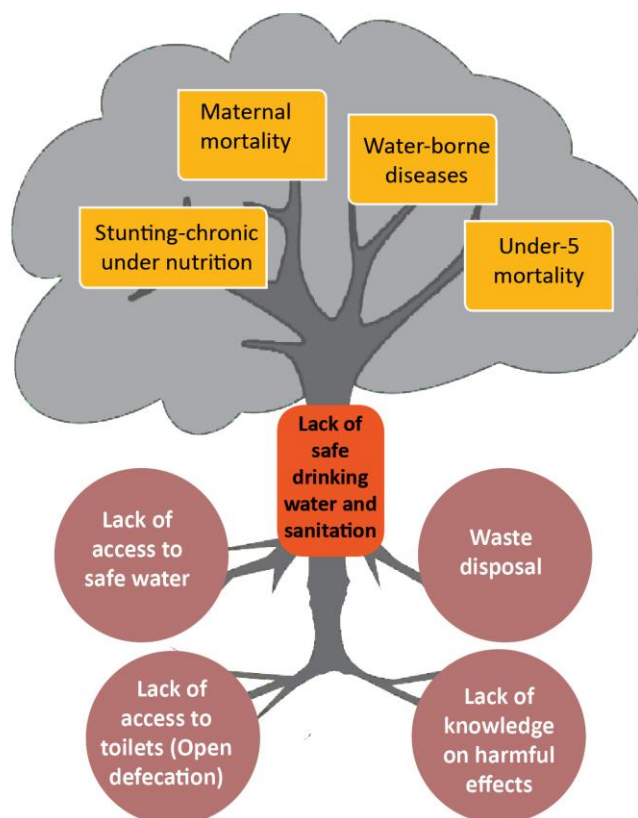


- Such a problem tree diagram creates a logical hierarchy of causes and effects and visualises the links between them.
- It creates a summary picture of the existing negative situation

STEP-BY-STEP PROCEDURE OF A PROBLEM TREE ANALYSIS

The problem hierarchy is formed following these six main steps:

1. **Identify existing problems** within the problem area/domain of interest (brain storming)
 - A problem is not the absence of a solution, but an existing negative state or situation
2. **Define the core problem** (focal problem or central point of the overall problem)
3. **Formulate the causes** of the core problem
 - Consider that the problems identified in step 1 can also be causes of the core problem
4. **Formulate the effects** (consequences) of the core problem
 - Consider that the problems identified in step 1 can also be effects of the core problem
5. **Draw a diagram** (problem tree) that represents cause-effect relationships (problem hierarchy)
 - The focal problem is placed in the centre of the diagram, forming the trunk of the tree
 - Causes are placed below and effects above, in sub-dividing roots and branches (like a mind map)
 - If possible, all causes/effects of a problem should be on the same horizontal level (see example below)
6. **Review the logic and verify the diagram** as a whole with regard to validity and completeness. If necessary, make adjustments.
 - Question to ask for each problem: are these causes sufficient to explain why this occurs?



Allow for discussion, debate and dialogue. A separate flip chart paper might be useful for solutions, concerns, decisions and other related ideas which result from the discussion.

Questions to guide the discussion might include:

- Does this represent the reality? Are the economic, political and socio-cultural dimensions to the problem considered?
- Which causes and consequences are getting better, which are getting worse and which are staying the same?
- What are the most serious consequences? Which are of most concern? What criteria are important to us in thinking about a way forward?
- Which causes are easiest/most difficult to address? What possible solutions or options might there be? Where could a policy change help address a cause or consequence, or create a solution?
- What decisions have we made, and what actions have we agreed upon?
 - Photograph the final problem tree or copy it carefully onto flip chart paper.
 - Sum up the discussion and establish the linkages clearly

Session V: Linkage between Under-nutrition, WASH and Child Marriage

Duration: 30 minutes

Materials required

Chart on Inter linkages between nutrition, WASH, child marriages, WASH and SDG

Session outcome

At end of the session, the participants will

- Understand the interconnectedness between WASH, nutrition and child marriage
- Understand the importance of WASH
- Understand the 4 key WASH behaviours
- Understand how undernutrition can be controlled by better WASH practices and stopping child marriage

Process

- Explain the role of WASH, nutrition and its interlinkage with child marriage using the charts given

Facilitator's Note:

Malnutrition and water-borne diseases are two of the most significant contributors to poor health in Assam. Water-borne diseases and malnutrition are correlated. Those who are malnourished are more likely to get and suffer more severely from waterborne disease and disease in general. Alternatively, frequent suffering from water-borne disease can be one factor that contributes to malnutrition.

Water and sanitation are fundamental to education and health

Key WASH behaviours to promote

1. Building and use of hygienic toilets
2. Handwashing with soap
 - before preparing food
 - before feeding baby
 - after using the toilet
 - after disposal of baby's faeces in hygienic toilets
3. Safe storage and handling of drinking water

Facilitator's Note

Linkage between WASH, nutrition and Child marriage

The three main underlying causes of under-nutrition are unsuitable or insufficient food intake, poor care practices and disease—these are directly or indirectly related to inadequate access to water, sanitation and hygiene

The effect of poor sanitation seeps into every aspects of life—health, nutrition, development, economy, dignity and empowerment. Early and forced marriage results in the deprivation of human rights (e.g., their right to education, reproductive rights, etc.).

Early or adolescent pregnancy places a severe burden on the nutritional well-being, growth, and development of the still growing girl. This scenario results in young women and girls who become pregnant at an early age, many of them already stunted, to become chronically undernourished, further stunted and anaemic. Moreover, the risk of maternal malnutrition and mortality in these young women is increased by three to four times in comparison to the risk for an adult woman.

The infant mortality and malnutrition rates associated with adolescent pregnancies are higher than those of adult pregnancies. Furthermore, adolescent mothers have a higher risk of having low birth weight babies. Low birth weight babies have a much higher risk of dying before reaching age 5, of developing more severe malnutrition, specially stunting and of developing chronic degenerative diseases in adult age.

Low birth weight, wasting, stunting and child malnutrition has the further consequence of impaired cognitive development and malnutrition, including undernutrition and obesity, in adulthood.

Policies and interventions aimed at addressing malnutrition need to place the emphasis on guaranteeing the needed social and legal protection against discrimination against women and girls, in particular against child, early and forced marriage.¹

Undernutrition is directly caused by inadequate dietary intake and/or disease and indirectly related to many factors, including contaminated drinking-water and poor sanitation and hygiene.

WASH interventions can interrupt the transmission of faecal pathogens from the environment to humans through several pathways, as highlighted in the F-diagram (Fig. 1). By removing faeces from the environment, sanitation acts as a primary barrier, preventing faecal pathogens from entering water sources and agricultural fields and from contaminating fly populations. Thus, better WASH practices act as a plug to prevent nutrition leakage.



Good WASH practices prevents nutrition leakage

¹ <https://www.righttofoodandnutrition.org/child-marriage>

What this means is the child is not getting infected, due to good WASH practices the child doesn't fall prey to illness and doesn't suffer from undernutrition.

Figure 1: F-diagram (adapted from Perez et al., 2012)

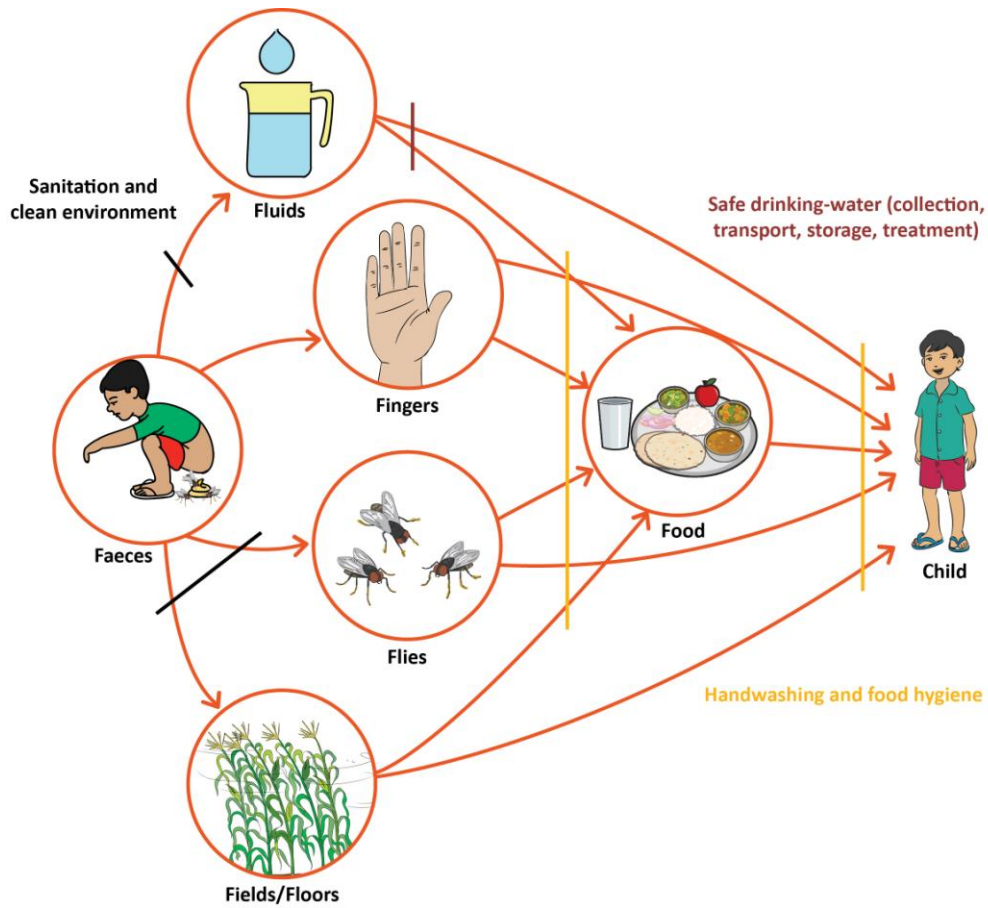
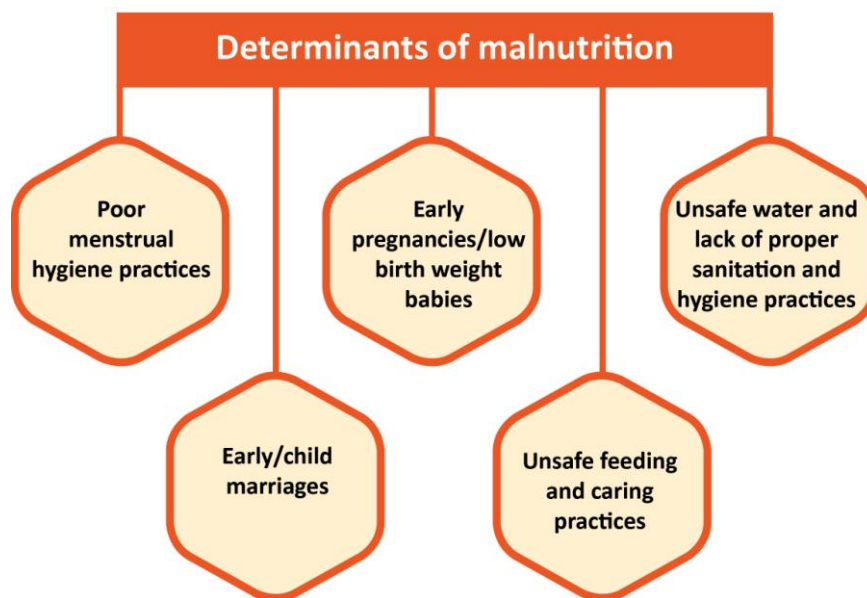


Figure 2: Interlinkages between nutrition, WASH, child marriages



Importance of WASH

WASH and SDG



Goal 3: Ensure healthy lives and promote well-being for all



Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all



Goal 5: Achieve gender equality and empower all women and girls



Goal 6: Ensure availability and sustainable management of water and sanitation for all

As per MDWS/MIS, Assam reports 100 per cent toilet coverage in rural households. Use of toilets at home, schools, Anganwadi centres and market places is important to avoid

1. contamination of soil leading to worm infestations
2. contamination of water leading to diarrhoea, environmental enteropathy

Access to WASH can contribute to the reduction of preventable under-5 deaths due to killers like pneumonia, diarrhoea and malaria: As per SRS Sample Registration System (*SRS Survey*)

2015, Assam reports the highest Under-5 mortality rate in the country at 62 deaths per 1000 live births as compared to the national average of 43 deaths per 1000 live births with approximately 45,000 children dying before their fifth birthday.

Sample Registration System is the largest demographic survey in the country done by the Registrar General of India. The survey is mandated to provide annual estimates of fertility as well as mortality indicators at the state and national level.

High MMR and NMR: Inadequate WASH in health facilities is a major contributor to neo-natal mortality and maternal mortality (due to weak infection prevention and control in health facilities leading to sepsis and other hospital-acquired infections).

Undernutrition and its linkage with child marriage

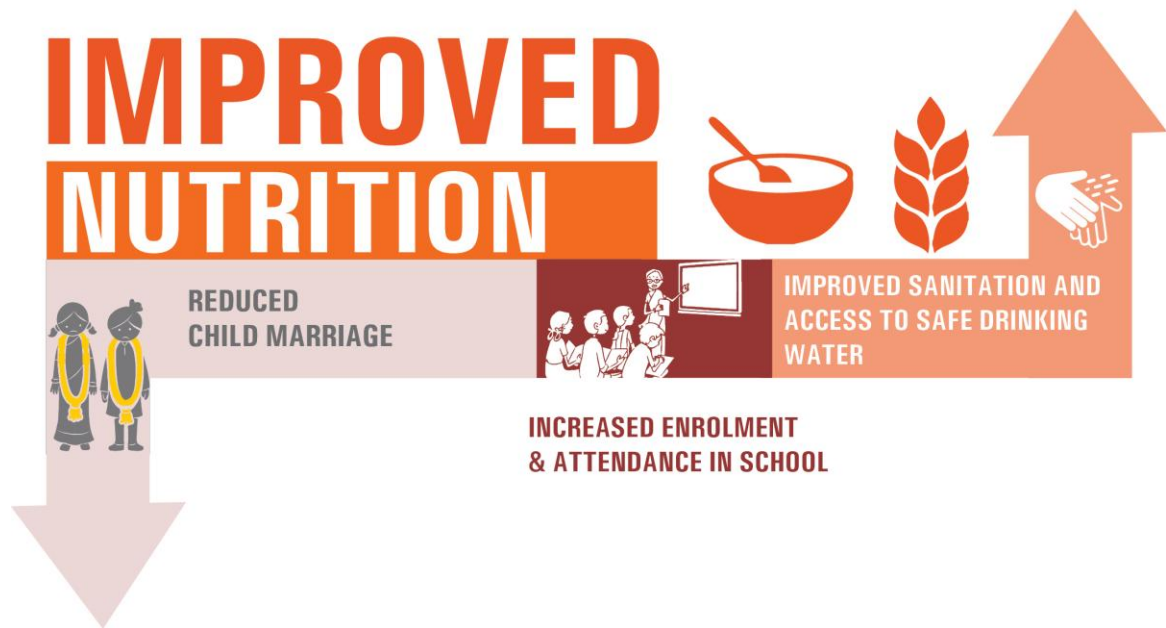
Child marriage is a violation of child rights, and has a negative impact on physical growth, health, mental and emotional development, and education opportunities.

Child marriage and early childbearing have significant implications for the health of children born of young mothers. Econometric analysis suggests that in many countries, children of mothers younger than 18 are more likely to die by age five or be stunted than children of mothers older than 18, even after controlling for other factors.

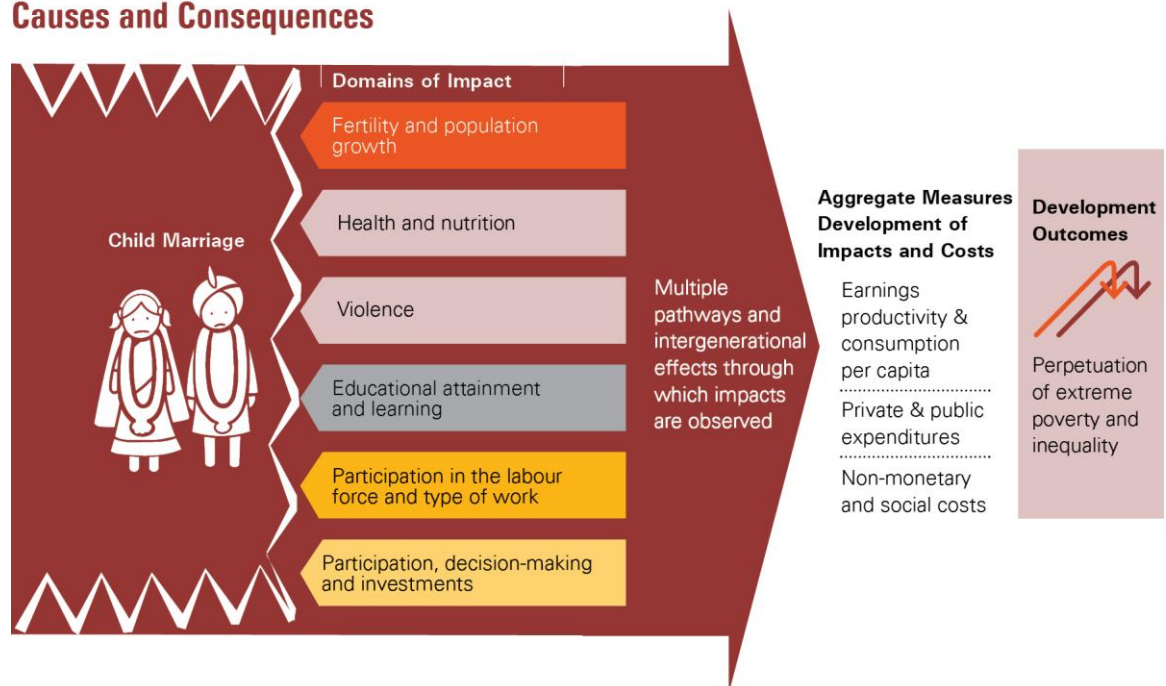
Child undernutrition is very much a matter of gender for three main reasons:

1. It affects women more than it affects men due to the specific nutrition needs of women during adolescence, pregnancy and lactation;

- Widespread nutrition deprivation among women perpetuates an intergenerational cycle of nutrition deprivation in children. Undernourished girls grow up to become undernourished women who give birth to a new generation of undernourished children. Child marriage leads to this intergenerational deprivation among women
- Sanitation issues compound the problem of undernutrition



Causes and Consequences



Session VI: Role of Faith Leaders

Duration: 45 minutes

Method

Presentation and interactive session

Materials required

Laptop, PPT (soft copy), printouts/copies of PPT

Session outcome

By the end of the session all the participants will have understanding about

- Linkage of nutrition, WASH and child marriage
- Understand their role in the process to change the situation

Process

- Introduce the objectives of the session
- Present PPT to the participants
- Take them through each slide of the PPT and explain in detail
- Have interaction with the participants and clarify their doubts and queries.
- Ensure the

Facilitator's Notes

Engagement with faith-based leaders in Assam on child rights

AGENDA

- Why do we need to talk about child rights?
- Linkage of child rights with WASH, nutrition, child marriage
- Swachh Bharat Mission (SBM)
- Key Messages for SBM
- GIWA and role of faith leaders



WHY DO WE NEED TO TALK ABOUT WASH?

- 0.7 million children in India die within 28 days of birth
- India accounts for the largest number of under-5 deaths in the world—nearly 1.2 million every year
- Of the 121 million children (under 5) who survive, 47 million are stunted (stunted bodies, stunted minds and stunted lives)
- Adequate sanitation and good hygiene can go a long way in addressing the above

WASH AND LINKAGES TO HEALTH, NUTRITION AND CHILD MARRIAGE

The effects of poor nutrition can be seen throughout the life course: negative impacts on education, health, perpetuating the cycle of poverty and malnutrition.

- Food insecurity and malnutrition: causes and consequences of child marriage. Discriminatory gender norms that undervalue girls' roles in the family and community. Faced with limited food resources, families may marry off their daughters
- Girls who are married young experience higher rates of anaemia and malnutrition than those who marry later in life.
- Children born to adolescent mothers are more likely to have low birth weight, suffer from poor nutritional status, and experience stunting.

WASH AND LINKAGES TO HEALTH AND NUTRITION

Causes of stunting—Chronic undernutrition
Poor diet
Diarrhoea—poor sanitation and hygiene
Respiratory disease
Another cause: Environmental Enteric Dysfunction (EED)

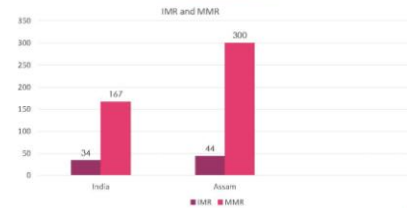


ASSAM CONTEXT: THE STATISTICS

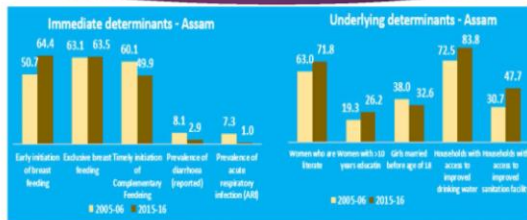
As per MDWS/MIS, Assam reports 100 per cent toilet coverage in rural households. Use of toilets at home, schools, Anganwadi centres and market places is important.

Under-5 Mortality : 62 deaths per 1000 live births as compared to the national average of 43 deaths per 1000 livebirths with approximately 45,000 children dying before their fifth birthday.

ASSAM CONTEXT: THE STATISTICS



STATE OF NUTRITION IN ASSAM: THE DETERMINANTS



SETTING THE SCENE



SANITATION MOVEMENT IN INDIA

"We must not tolerate the indignity of homes without toilets and public spaces littered with garbage. For ensuring hygiene, waste management and sanitation across the nation, a Swachh Bharat Mission will be launched. This will be our tribute to Mahatma Gandhi on his 150th birth anniversary to be celebrated in the year 2019."

ADVOCACY AND COMMUNICATION FOR SBM

4 key behaviours to be promoted:

- Building and use of toilets
- The safe disposal of child faeces
- Handwashing with soap after defecation, before food and after handling child faeces
- Safe storage and handling of drinking water

CHALLENGES TO SBM

- ▶ OD is a socially accepted traditional behavior
- ▶ Lack of awareness between lack of sanitation and health and nutrition
- ▶ Child faeces considered to be harmless
- ▶ Significant gap between knowledge and practice
- ▶ Access to toilet does not always mean it is used or maintained
- ▶ Building and owning a toilet is not considered aspirational

ENGAGEMENT WITH FAITH LEADERS: WASH

- ASCOSAN-National Sanitation Summit in Assam in 2017
- Highest political and religious leadership took pledge on eliminating ODF
- Religious leaders carried forward momentum- *Swachhata Maulana*
- <http://indianexpress.com/article/india/assams-swachhata-maulana-a-crusader-for-swachh-bharat-mission-4644550/>

THREE PHASES



THREE PHASES—KEY ACTIVITIES AND STAKEHOLDERS

Phase	Audience	Key Messages	Activities
Phase 2 Advocacy	Policy-makers, media, faith leaders, youth, private sector	Understanding the importance of sanitation and information on Govt. initiatives on sanitation	<ul style="list-style-type: none"> • One on one meetings • Sensitisation workshops • Field/exposure visits • Seminars/Conference • Partnerships

THREE PHASES—KEY ACTIVITIES AND STAKEHOLDER

Phase 3	Audience	Key Messages	Activities
Social and Behavior change communication	Primary: Family (men, women and children) Secondary: School children, teachers, PRIs, SHGs, community leaders, faith leaders, frontline health workers	Correct knowledge of sanitation and Govt. Programme Correct knowledge of hygiene practices	<ul style="list-style-type: none"> IPC Community mobilisation Multi-media campaigns including mid-media and traditional media Entertainment Education Social marketing

ENGAGEMENT WITH FAITH LEADERS: CHILD MARRIAGE



ENGAGEMENT WITH FAITH LEADERS: CHILD MARRIAGE



GIWA—BACKGROUND

The Global Interfaith WASH Alliance works towards developing, motivating and equipping a strong network of India's faith leaders, civil society organisations, stakeholders and others to inspire enhanced access to improved water, sanitation and hygiene for all

UNICEF provides technical assistance on WASH issues and provides support in developing and promoting key messages, programmes, activities, technical materials and other matter by leveraging its knowledge base and technical expertise on WASH.

GLOBAL INTER-FAITH WASH ALLIANCE (GIWA)

- Role:**
- Large-scale public community mobilisation by faith leaders of all major religions, to inspire and motivate people from their congregations across India
 - Behaviour Change Communications, through large-scale events as well as through its programmes;
 - Field initiatives for WASH, including the provision of healthy water and toilets
 - Capacity building of other organisations and stakeholders;
 - Policy Advocacy with world and domestic leaders



ENGAGEMENT WITH FAITH LEADERS: NUTRITION



ENGAGEMENT WITH FAITH LEADERS: CHILD MARRIAGE



GIWA—BACKGROUND

GIWA was formally launched on September 25, 2013 at the UNICEF World Headquarters in New York, during the UN General Assembly Meeting. Present during the occasion were President of *Parmarth Niketan* and co-founder of GIWA (global foundation) Swami Chidanand Saraswati, President and founder of Jacob Soetendorp Institute of Human Values and co-founder of GIWA, Rabbi Soetendorp, President, All India Imam Organization Imam Umer Ahmed Ilyasi, and UNICEF Executive Director Anthony Lake at the launch.

MoU was signed between UNICEF India and GIWA and the partnership was formalized with a roadmap for achieving WASH objectives.

GLOBAL INTER-FAITH WASH ALLIANCE (GIWA)

- GIWA Advocacy:**
- Leader to Leader:** GIWA share knowledge, resources with other faith leaders. GIWA has also been reaching out to political leaders, captains of industry and senior media persons
 - Leader to Congregation:** At their individual organisational level, the leaders connect with their followers and influence to implement projects on WASH, help in behaviour change, and also advocate for the cause of WASH.



WAY AHEAD

- Engaging with faith-leaders on WASH in Assam
- Orientation and sensitisation of identified faith-leaders
- Developing materials based on suggestions by faith leaders



WHAT CAN FAITH LEADERS DO?

COMMUNICATE

- Talk about the need for adopting safe sanitation during religious gatherings
- Administer sanitation pledge during religious congregations.
- Make loudspeaker announcements before or after religious announcements.
- Inform followers about Government subsidies and how to access them.

WHAT CAN FAITH LEADERS DO?

ADVOCATE : SOCIAL MOBILISATION

- Join and actively participate in sanitation weeks and special programmes being organized by the district administration on sanitation.
- Join and give a talk on sanitation during capacity building and training sessions being undertaken in the district.
- Mobilise youth and community on water and sanitation issues, child rights.

What can be done?

1. The critical window of opportunity, when nutrition interventions offer children the best chance for survival and development to their full potential is girls' adolescence, women's pregnancy and children's first two years of life. After the age of two, the window closes and the opportunity for the child is lost.
2. The interventions that can halve child undernutrition rates:
 - Timely initiation of breastfeeding within one hour of birth
 - Exclusive breastfeeding in the first six months of life
 - Timely introduction of complementary foods at six months
 - Age-appropriate foods for children six months to two years
 - Safe and hygienic complementary feeding practices/good hygiene (cleanliness) practices prevent disease
 - Full immunisation and bi-annual vitamin A supplementation with deworming
 - Appropriate feeding for children during and after illness
 - Therapeutic feeding for children with severe acute malnutrition
 - Adequate nutrition and anemia control for adolescent girls
 - Adequate nutrition and anemia control for pregnant and breastfeeding mothers

No marriage of girls before 18 and boys before 21

All children should be in school

improved sanitation practices

Legal framework to prevent child marriage and protect children:

1. The Prohibition of Child Marriage Act, 2006, makes it illegal for girls under 18 years to marry and for boys under 21 years. Child marriage can be made voidable by the child but also within two years of becoming an adult.
2. Child marriage is a punishable offence with a fine up to INR 100,000, or up to two years of imprisonment, or both. It is a non-cognisable and non-bailable offence.
3. Dowry was prohibited in 1961 by the Dowry Prohibition Act, with a fine up to INR 15,000, or the dowry amount, whichever is higher, and imprisonment for between six months and five years.
4. Other laws that may provide protection to a child bride include the Juvenile Justice (Care and Protection of Children) Act, 2000, the Domestic Violence Act, 2005, and the Protection of Children from Sexual Offences Act, 2012.
5. Compulsory Registration of Marriage Act 2005
6. Childline 1098 to report child rights violation including complaining against child marriage

Session VII: Introduction to Communication Materials Developed

Duration: 30 minutes

Materials required

All the communication materials developed viz., pocket book, flash cards, WhatsApp clips, diary and the AV presentation

Session outcome

By the end of the session participants will

- Know all the communication materials developed
- Know how and when to use these messages
- Understand the key messages to be passed on

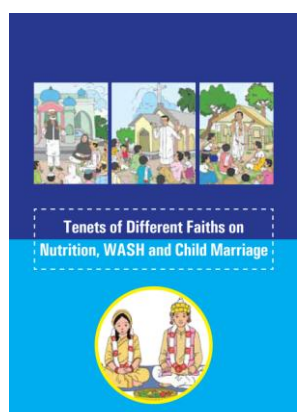
Process

- Facilitator/s should divide the participants into 5 groups
- Share 1 set of all communication materials developed with each group.
- The AV presentation and WhatsApp clip can be shown on a protector to all the participants.
- Go through the messages of the pocket book in detail.
- Look at all the materials with the faith leaders
- Discuss how and where they will use these materials and pass on the messages
- Answer if they have any query



Diary
2019

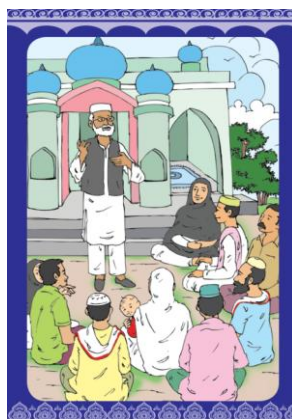
unicef
for every child



Tenets of Different Faiths on
Nutrition, WASH and Child Marriage



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for every child



শিশু আৰু বলপূৰ্বক বিবাহৰ
ক্ষেত্ৰত বিভিন্ন মতবাদের সিদ্ধান্তসমূহ



unicef
for every child

Session VIII: Action Plan

Duration: 30 minutes

Method

Individual exercise

Materials

Charts /paper, markers

Session outcome

By the end of the session participants will be able to

- Prioritise issues that need to be worked on
- Develop a plan to work on at their individual level to pass on these messages

Activity to be done	Help to be taken from	Materials needed	Persons responsible/involved	Timeline

Session IX: Closing Session

Duration: 30 minutes

Method

Sharing exercise

Session outcome

By the end of the session, the participants would have

- Given feedback on the training
- Shared their learning, knowledge gained from the workshop
- Shared how they plan to take this further in their village/school/community

Ask a few participants to share what they have planned, to pass on these critical messages.

- Give 5 minutes for the participants to share their plans
- The facilitator may encourage the participants to come up with new ideas as solutions to the challenges.
- Encourage others to ask questions.
- Sum up after all groups have presented their plans and reiterate some innovative steps or ideas that would have come up.
- Ask the participants to share their experience of the workshop

