

# WASH and Nutrition Learning Paper

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WHATEVER  
IT TAKES

## Access to basic Water, Sanitation and Hygiene services at household level: combining behaviour change communication with cash distribution for improved nutrition outcomes in Burundi

This learning paper presents a pilot project in Burundi built around three key innovations:

- **Linking awareness-raising with income-enhancing initiatives** to address financial barriers that limit households' ability to adopt recommended WASH and nutrition behaviours.
- **Integrating hygiene and nutrition messaging with efforts to engage men**, encouraging reflection on the division of WASH-related tasks and motivating greater male involvement.
- **Using simple visual tools and streamlined messages** focused on a select set of priority behaviours chosen by households.

Together, these approaches have helped narrow the persistent gap between knowledge and practice commonly observed in similar Concern interventions.

### Context

Burundi is one of the poorest countries in the world, with over 65% of the population living below the poverty line and with the prevalence of stunting far exceeding the thresholds set by the WHO. According to the national survey on nutrition and mortality using the SMART methodology conducted in 2024, 52.8% of children aged 6 to 59 months are affected by chronic malnutrition, 8% by acute malnutrition and 28.3% by underweight at the national level. This high rate of chronic malnutrition hinders human capital development, compromising children's immune function, psychomotor and cognitive development, and long-term educational and economic outcomes.

Underlying causes include extreme poverty, lack of dietary diversity, inadequate hygiene conditions and limited access to health services and micronutrient-rich foods. Nationwide, only 28% of children aged 6 to 23 months have a diverse diet, and only 18% meet the minimum acceptable threshold. These nutritional deficits lead to significant micronutrient deficiencies, as evidenced by the high prevalence of anaemia, which affects 59% of children aged 6 to 59 months and 40% of women of reproductive age. According to the results of the WHO-UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP 2022), only 62%<sup>1</sup> of Burundians have basic access to drinking water, 46% of households have access to basic sanitation services at the national level. And only 6 per cent of the population has access to basic hygiene services.

Concern is currently implementing 2 programmes that support behaviour change amongst households with pregnant and breastfeeding women and young children:

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<sup>1</sup> <https://washdata.org/data/household#!/bdi>

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- Green Graduation (2023-2027) funded by Irish Aid providing the distribution of cash, household coaching and behaviour change interventions for the most vulnerable households
- KfW (Kreditanstalt für Wiederaufbau) (2022-2026) funded by UNICEF and the World Food Programme (WFP) provides behaviour change interventions for all households with young children and distribution of cash and nutrition products.

## How improving WASH can reduce undernutrition

Improved Water, Sanitation and Hygiene (WASH) is essential to reducing undernutrition in Burundi. Inadequate sanitation, unhygienic conditions, insufficient infrastructure, and limited access to proper hygiene practices are significant contributors to the prevalence of diarrhoeal diseases, which impair nutrient absorption and exacerbate child undernutrition.

Integrating WASH measures; safe water access, handwashing promotion and sanitation upgrades with nutrition programmes addresses the underlying drivers of undernutrition. This combined approach reduces disease exposure, strengthens nutrition outcomes and supports healthier growth and development in the crucial first 1,000 days.

## Limitation of current behaviour change approaches

In Burundi, communication techniques for behaviour change are used to improve nutrition and hygiene practices. These methods involve community awareness campaigns, interactive educational sessions, and the use of local media to share key messages; however, their effectiveness is often limited by several factors. One significant challenge is the lack of financial and logistical resources needed to conduct formative research to better understand cultural norms and traditional beliefs, which can sometimes diverge from recommended practices and hinder the adoption of improved behaviours.

As a result, IEC materials are frequently general and not tailored to the low literacy levels of Community Volunteers (CVs) responsible for delivering the messages. Furthermore, the high ratio of households to community volunteers means that CVs often lack the time and resources required for home visits and to monitor the uptake of good practices. Additionally, social and behaviour change (SBC) strategies may not always address access to adequate infrastructure, such as safe water points or latrines, which can also affect the effectiveness of these messages if people do not have the means to implement the recommendations.



*Maman Lumiere (lead mother) demonstrating hand washing in Karusi, Burundi. Photo: Diane Moyer/Concern Worldwide.*

## Impact of gender on the adoption of hygiene practices in Burundi

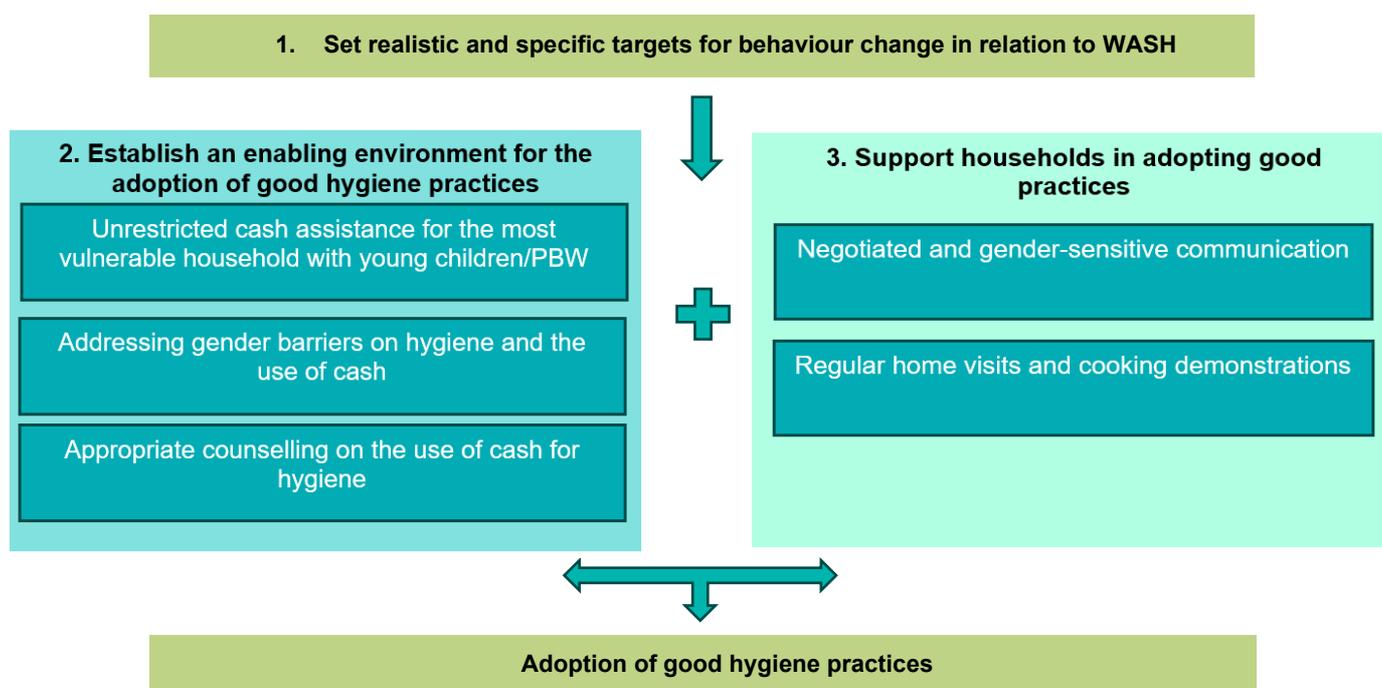
In Burundi, as elsewhere, gender dynamics play a significant role in the adoption of hygiene practices within households. Women, who typically manage domestic responsibilities including water collection, sanitation, and child hygiene, often face workloads that limit their ability to consistently maintain recommended hygiene behaviours.

Social and cultural norms may also restrict men's involvement in hygiene-related tasks, reducing the overall effectiveness of household efforts to improve sanitary conditions. Promoting inclusive WASH approaches that actively engage both women and men can enhance programme outcomes and support a more balanced distribution of responsibilities. Tailored, context-specific awareness-raising is essential to address these barriers and encourage the sustained adoption of improved hygiene practices.

## Theory of Change

1. Combining the creation of an enabling environment with continuous negotiated and gender-sensitive communication to support the adoption of appropriate practices.

Communication for behavioural change often focuses on promoting specific behaviours (such as hand washing, body washing, or cleaning the yard), without always considering whether individuals have the necessary resources to implement these practices (such as access to water, soap, latrines, or cooking equipment). Concern's communication strategy is designed to encourage investment in the equipment and resources required for the adoption of good practices (for example, installing a tippy tap) prior to addressing behaviour-related topics such as handwashing.



Supporting behaviour change requires focusing on the practices that households can realistically adopt. In many contexts, households receive numerous WASH messages covering water management, handwashing, faecal management, environmental hygiene and more, which can dilute understanding and reduce the likelihood of meaningful change.

Deciding which WASH behaviours to prioritise can be challenging, and attempting to address all of them at once risks overwhelming households. Drawing on field observations including home visits, focus group discussions and individual interviews, Concern identified three priority areas:

Behaviour	Findings
<b>Hand hygiene</b>	Handwashing is practiced only occasionally and often without soap, largely due to limited access to water, soap, and appropriate handwashing facilities.
<b>Environmental hygiene</b>	Open defecation is now uncommon near homes thanks to greater access to basic latrines and increased awareness, but it remains widespread in fields where no facilities exist. Young children wear nappies until around age two, then transition to potties; their waste may be buried, discarded, or fed to pigs, with men often avoiding this task due to taboos. Managing animal waste is also difficult, as animals frequently sleep indoors and their waste is not consistently removed.
<b>Food hygiene</b>	In kitchens, safe water use, food protection and washing of utensils are rarely observed due to limited awareness and insufficient appropriate utensils.

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Access to safe water at community level (for example improving water sources or extraction points) was not included for two main reasons:

**Programme scope and budget:** Both the Green Graduation and KFW programmes focus on household-level support and do not include funding for community-level WASH infrastructure.

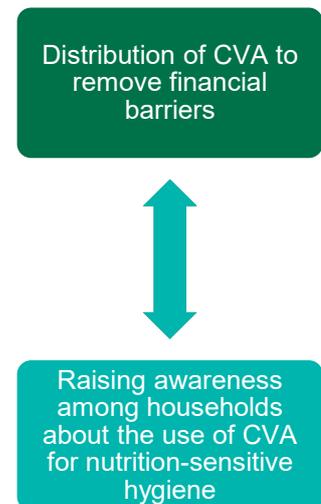
**Where contamination occurs:** Most contamination happens during water transport and storage—two stages of the water chain that the project directly addresses. When access to a safe water source cannot be guaranteed, households are advised to boil water, a message consistently reinforced through programme activities.

### 2. Establish an enabling environment for the adoption of good hygiene practices

#### A. Address financial barriers by linking Social Behaviour Change communication (SBCC) with cash distributions

One of the main barriers to adopting good hygiene practices is the cost of essential items such as soap, hygiene kits and materials for improving latrines. Under the Green Graduation project<sup>2</sup>, beneficiary households receive unconditional and unrestricted cash transfers over a 12-month period. Previous experience has shown that without guidance, households may prioritise income-generating activities over investments that support their family's health and well-being.

To address this, households receive visits from community-based counsellors (ADC, Maman Lumière and Papa Modèle) before, during and after cash distributions. These advisors provide tailored guidance on how to use the cash effectively, for example, purchasing food, rehabilitating the home, or investing in an income generating activity. They also encourage households to invest in hygiene by giving clear, practical recommendations such as buying a kitchen kit, rehabilitating latrines or constructing a shelf. They also encourage households to invest in hygiene by giving clear, practical recommendations such as buying a kitchen kit, rehabilitating latrines or constructing a shelf.

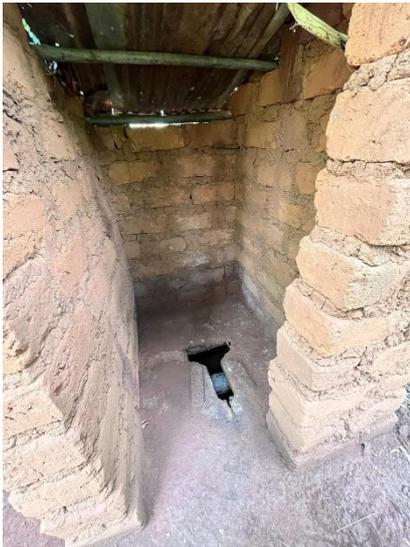


#### B. WASH supplies for nutrition: What should we invest in?

- **Buying soap and installing handwashing stations:** With support from model fathers and mothers, households are encouraged to install a tippy tap; a simple, low-cost device that enables convenient, contact free-free handwashing and helps reduce disease transmission.
- **Kitchen kits for food preparation, storage and safe water:** The kitchen kit supports essential food hygiene practices by linking each item to a specific contamination risk (e.g., dish racks prevent contact with the ground; lids protect food from flies).
- **Building shelves:** Shelf construction is a government-recommended practice to improve food hygiene by keeping utensils clean, elevated and away from animals and sunlight. Shelves are typically built by husbands, with encouragement from model fathers.
- **Construction of improved latrines:** Although many households have latrines, they are often unimproved. An improved latrine ensures adequate separation of human waste and prevents user contact, reducing the risk of diarrhoeal disease. At minimum, this requires a pit covered with a slab, a hole and a lid.

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<sup>2</sup> <https://www.concern.net/knowledge-hub/graduation-programming>



Examples of WASH supplies implemented by programme participants. A latrine (left), a soap shelf (centre) and a tippy tap (right) in Karusi, Burundi. Photo: Diane Moyer.

### C. Addressing gender-related barriers

Although women are often viewed as primarily responsible for hygiene, men often make key decisions about household financial resources, whether for everyday items such as soap or for larger investments like latrine improvements. To address this imbalance, Concern applies the Husband School approach through:

- **Identifying male role models** who already demonstrate good hygiene practices (e.g., having improved latrines or a tippy tap at home).
- **Training these role models** on gender dynamics including conflict resolution, shared decision-making, and equitable division of household tasks alongside hygiene promotion, improved latrine construction, and effective communication skills.
- **Engaging the role models** to raise awareness among other husbands about adopting improved hygiene practices and investing in upgraded latrines.

The **Husband School approach** was initially developed in Niger by UNICEF and later adapted by Concern to promote the use of reproductive health services for women by engaging their husbands as agents of change within the community. In Burundi, the approach operates similarly to the Care Group model. 'Model husbands' are identified using specific criteria such as having healthy children, a clean household, and harmonious family relations and are trained to recognise and address gender barriers through home visits and community sensitisation.

	Action	Influence of the husband
<b>Hand hygiene</b>	Installation of a tippy tap.	Encourage husbands to build the tippy tap.
	Purchase of soap.	Encourage the husband to buy soap or provide money for its purchase.
	Hand washing at key times.	Make the husband responsible as the 'head' of hygiene in the household, reminding everyone to wash their hands.
<b>Environmental hygiene</b>	Invest in improved latrines (construction or rehabilitation).	Train model husbands in constructing improved latrines and encourage them to explain rehabilitation techniques to other husbands.
	Management of children's faeces (disposal in improved latrines).	Encourage husbands to support their wives in safely cleaning and disposing of children's faeces.
	Clean the yard (human and animal faeces) regularly.	Encourage men to assist with heavier tasks such as cutting branches.
<b>Food and water hygiene</b>	Purchase of kitchen kits to store food and water.	Encourage husbands to buy the kit or share the cost.
	Build a shelf to store the kitchen kit.	Encourage husbands to build the shelf.



Members of a husband school in Karusi. Photo: Diane Moyer/Concern Worldwide.



Lead mother provides counselling to a husband and wife in Kirundo. Photo: Diane Moyer/Concern Worldwide.

### 3. Support households in adopting good practices

#### A. Give simple, step-by-step recommendations and use appropriate IEC materials

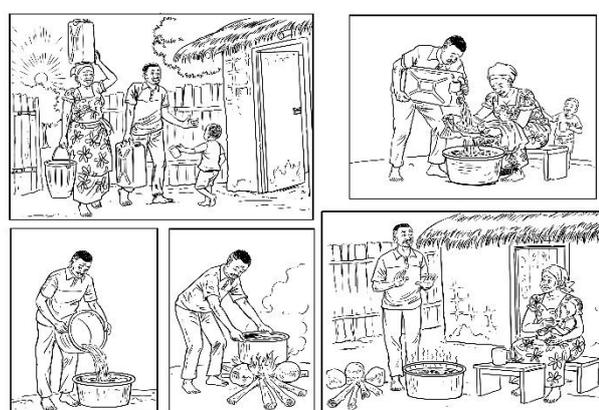
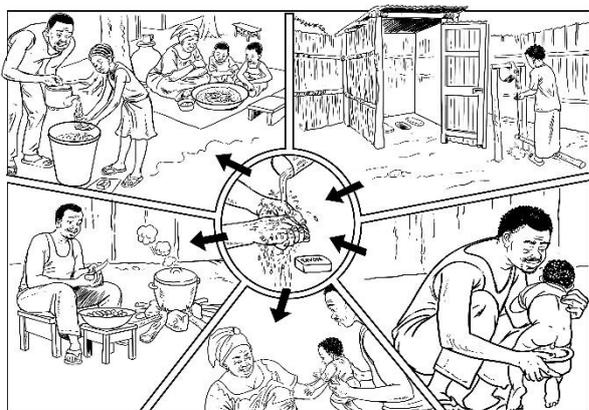
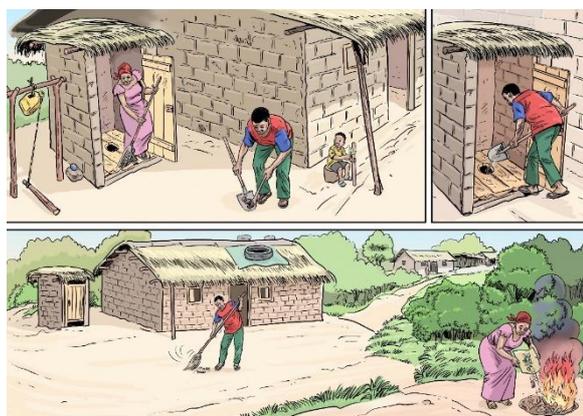
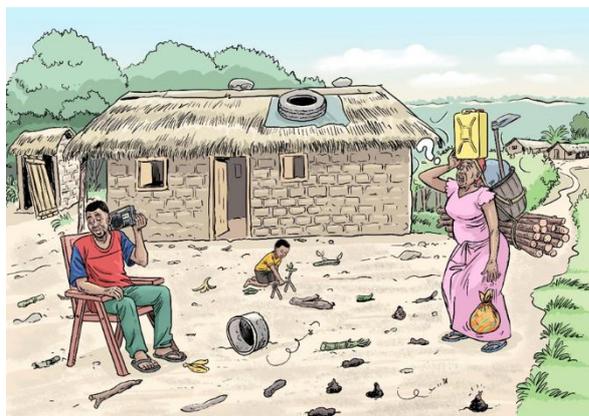
Previous observations highlighted that Community Health Workers leading household awareness-raising sessions on healthcare practices often delivered numerous messages, sometimes up to 15, about behaviours households should adopt. This overload left families feeling unsure about what to prioritise, limiting the likelihood of sustained behaviour change. In addition, messages were sometimes too theoretical or did not break behaviours down into the practical steps needed to support long-term adoption.

To address this, Concern introduced a step-by-step approach that breaks targeted behaviours into small, achievable actions designed to build mothers' confidence in their ability to reach their goals.

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Behaviour	Observation	Small, achievable action
<b>Hand hygiene</b>	Handwashing is practiced only occasionally and often without soap, due to limited access to water, soap or appropriate handwashing facilities.	Install a tippy tap.
		Purchase soap.
		Wash hands at key times.
<b>Environmental hygiene</b>	Open defecation is uncommon around homes thanks to improved latrines and increased awareness but remains frequent in fields where no facilities exist. Young children wear nappies until about age two and then transition to potties; their faeces may be buried, discarded, or fed to pigs, with men often avoiding this task due to taboos. Managing animal waste is also challenging, as animals frequently sleep indoors and waste is not consistently removed.	Invest in constructing or rehabilitating improved latrines.
		Safely dispose of children's faeces in improved latrines.
		Clean the yard regularly (removing human and animal waste)
<b>Food hygiene</b>	Food protection, safe water use, and utensil washing are rarely observed in kitchens due to limited awareness and a lack of appropriate utensils.	Purchase a kitchen kit to support hygienic food preparation and storage.
		Build a shelf to store the kitchen kit and keep utensils clean and elevated.
		Follow hygiene practices during food preparation and consumption.

IEC material has been reviewed to provide key gender sensitive message and take into consideration the low literacy of community health workers and community volunteers.



Example of gender transformative nutrition IEC materials used by Concern Worldwide Burundi.

### B. Multiply contacts and opportunities to observe and provide counselling on hygiene practices

Consistent support is essential when households adopt new behavioural habits. If families do not notice quick improvements, such as less diarrhoea or child malnutrition, or if the changes seem too demanding, they may lose motivation. Achieving genuine behaviour change takes more than a single awareness campaign; it involves frequent engagement through various channels and people. Within the Graduation programme, community-based counsellors provide ongoing assistance to households through the following groups:

- **Care Group volunteers** (women from the community trained in good care practices and counselling, who visit every household monthly).

The **Care Group model** promotes social and behaviour change in infant nutrition and hygiene through structured peer-to-peer learning, predominantly between mothers.

Each Care Group is composed of 15 lead mothers, selected for demonstrating positive nutrition and health practices within their households. After receiving training, these lead mothers conduct 12–16 monthly home visits to pregnant and lactating women and households with young children, sharing practical health and nutrition

- **Model husbands** (men who encourage peers to adopt new practices and shift household decision-making and workload norms).
- **Social workers (Community Development Officers)** who assist households in progressing toward financial independence.
- **Mothers in target households receive personalised home visits**, providing a safe space to discuss challenges. During these visits, volunteers check that key WASH facilities such as latrines, tippy taps, shelves and kitchen kits are in place and used correctly, while also offering practical advice on handwashing techniques. Mothers can also participate in cooking demonstrations where food hygiene practices are demonstrated and applied.
- **Consistent follow-up** is essential to prevent a return to old habits. Over time, this support helps households adopt and sustain improved practices and ultimately become role models within their communities.
- **Cooking demonstrations** provide an opportunity for households to learn how to use the hygiene kit effectively, including proper meal preparation, safe food storage and correct handling of kitchen utensils. During these sessions, lead mothers demonstrate to their peers how to use the shelf to store dishes and keep them clean.



*A lead mother carries out a home visit (left), a shelf used for a cooking demonstration (centre) and a nutrition knowledge exchange meeting between female Care Group volunteers and model husbands (right) in Karusi, Burundi. Photo: Diane Moyer.*

## Impact

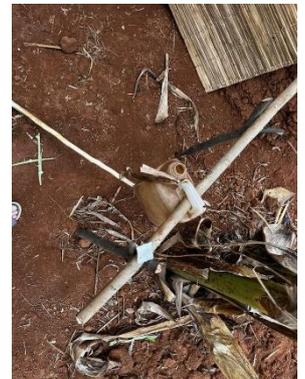
Impact was assessed through focus group discussions and individual interviews with programme participants during a field visit by a Concern Worldwide Technical Advisor. Although quantitative data could not be collected, preliminary qualitative findings indicate promising results. Many households reported having installed a tippy tap, built a shelf or invested in improving their latrines. Participants highlighted that receiving cash, combined with clear guidance and home-based counselling, was central to adopting these new practices. Engaging men proved particularly effective, as they expressed pride in having a 'modern' latrine, a cleaner home and healthier children. Training model husbands in latrine rehabilitation also helped to break down taboos around the management of faeces.

Households further recognised improvements in their family's health, noting: *"Our children are less sick."* Community actors including model fathers, lead mothers and community health workers similarly observed progress: *"Almost all of them have installed a tippy tap and/or a cupboard for drying dishes, before receiving training we didn't understand the importance of washing our hands and left our dishes on the floor."* The positive changes have also generated a spillover effect, with non-targeted neighbours expressing interest in constructing improved latrines or installing hygiene equipment such as tippy taps.

## Limitations

Despite positive effects, several constraints reduced the effectiveness of the intervention.

- **Misuse or Incomplete Use of Hygiene Materials.** Although households received guidance on appropriate hygiene equipment, many items were improperly used or left incomplete. Numerous tippy taps did not meet minimum standards often lacking soap, plugs, or regular cleaning. In some cases, households prioritised purchasing large kitchen pots rather than items essential to preventing faecal contamination, such as dish covers, water filters, or safe water storage containers.
- **Insufficient Monitoring and Technical Support for Latrine Improvements.** While many households reported upgrading their latrines, verification proved challenging. Assessment teams did not always have the technical skills required to confirm whether structures met recommended standards.
- **Targeting Limited Behaviours to Address Malnutrition.** The programme intentionally focused on a narrow set of hygiene and nutrition behaviours; handwashing, food and water hygiene, and the use of improved latrines to maximise impact. However, this approach did not address other critical health determinants, including access to safe water, antenatal and child healthcare, mosquito net use, or vaccination. Resource constraints also prevented investment in broader sanitation infrastructure such as drilling.
- **The sustainability of promoted hygiene behaviours.** This may be limited since their success was closely tied to simultaneous cash distribution; if this support ends, people could revert. However, initiating behaviour change and establishing WASH facilities encourages lasting adoption, as individuals often continue using amenities like handwashing stations even after direct behaviour change interventions stop.



*Examples of an inappropriate tippy tap and latrine. Photo: Diane Moyer/Concern Worldwide. Worldwide.*

### Can we hope to address malnutrition by targeting only certain behaviours?

To influence behaviour change, the approach intentionally focused on a limited set of priority practices, handwashing, food and water hygiene, and the use of improved latrines. This targeted approach helped streamline messaging but also meant that several important determinants of malnutrition were not addressed.

Access to safe water could not be included due to the lack of resources for supporting sanitation infrastructure such as drilling. Likewise, the programme's emphasis on hygiene and nutrition did not extend to other key health behaviours, including antenatal and child healthcare, the use of insecticide-treated nets, or vaccination.

While narrowing the number of promoted behaviours can make interventions more feasible and easier for households to adopt, it also limits the programme's ability to influence the broader set of factors that contribute to malnutrition. A more comprehensive approach would be required to fully address these underlying drivers.

## Recommendations

### Role of cash transfers in behaviour change: What is the return on investment?

Cash transfers played a key role in enabling households to acquire essential hygiene materials and adopt improved practices. Evidence from the programme and other contexts demonstrates that cash is most effective when paired with gender-sensitive behaviour change communication. Without such guidance, households may prioritise business investment, home repairs, or personal expenses instead of hygiene-related purchases.

### Behaviour change communication: the importance of finding and fitting the right persons with the right tools and skills

Ensuring that programme staff and volunteers are equipped with the right tools and skills is essential. Community volunteers and health workers often shoulder significant workloads, and their capacity varies. Support materials may be overly complex or include too many messages, limiting comprehension and uptake. Involving volunteers and community members in designing simple, visually clear tools can improve their usability. Regular on-site coaching on household assessments and tailored counselling is also recommended.

## Conclusion

Achieving sustainable improvements in hygiene and nutrition requires ongoing commitment, adaptability, and context-specific support. Cash transfers, when combined with targeted communication and appropriate WASH materials, can meaningfully influence behaviour change. However, long-term progress depends on a holistic approach that addresses structural barriers, strengthens community engagement, and ensures continuous monitoring and learning. By integrating resources with knowledge-building and culturally sensitive dialogue, programmes can help break the cycle of poor hygiene and chronic malnutrition and support healthier futures for communities.