

# WASH & Wasting treatment

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VIRTUAL CONFERENCE

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 Irish Aid  
An Roinn Gnóthai Eachtracha agus Trádála  
Department of Foreign Affairs and Trade

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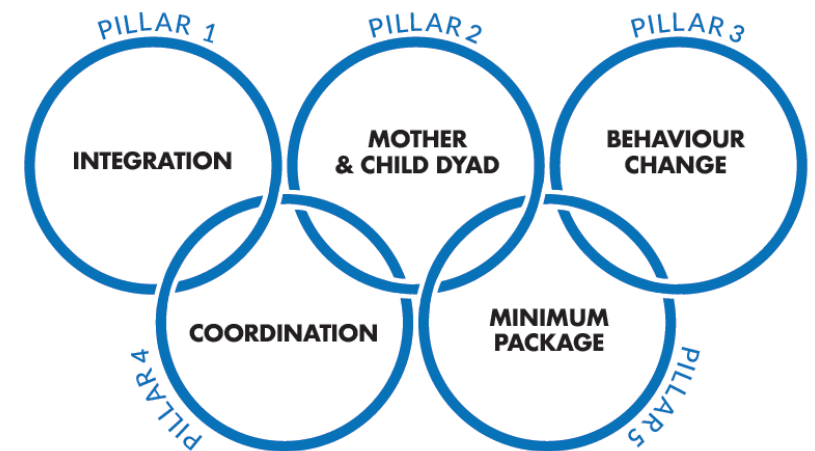
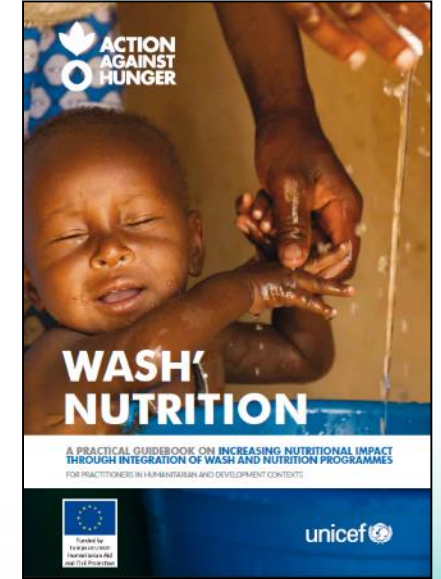
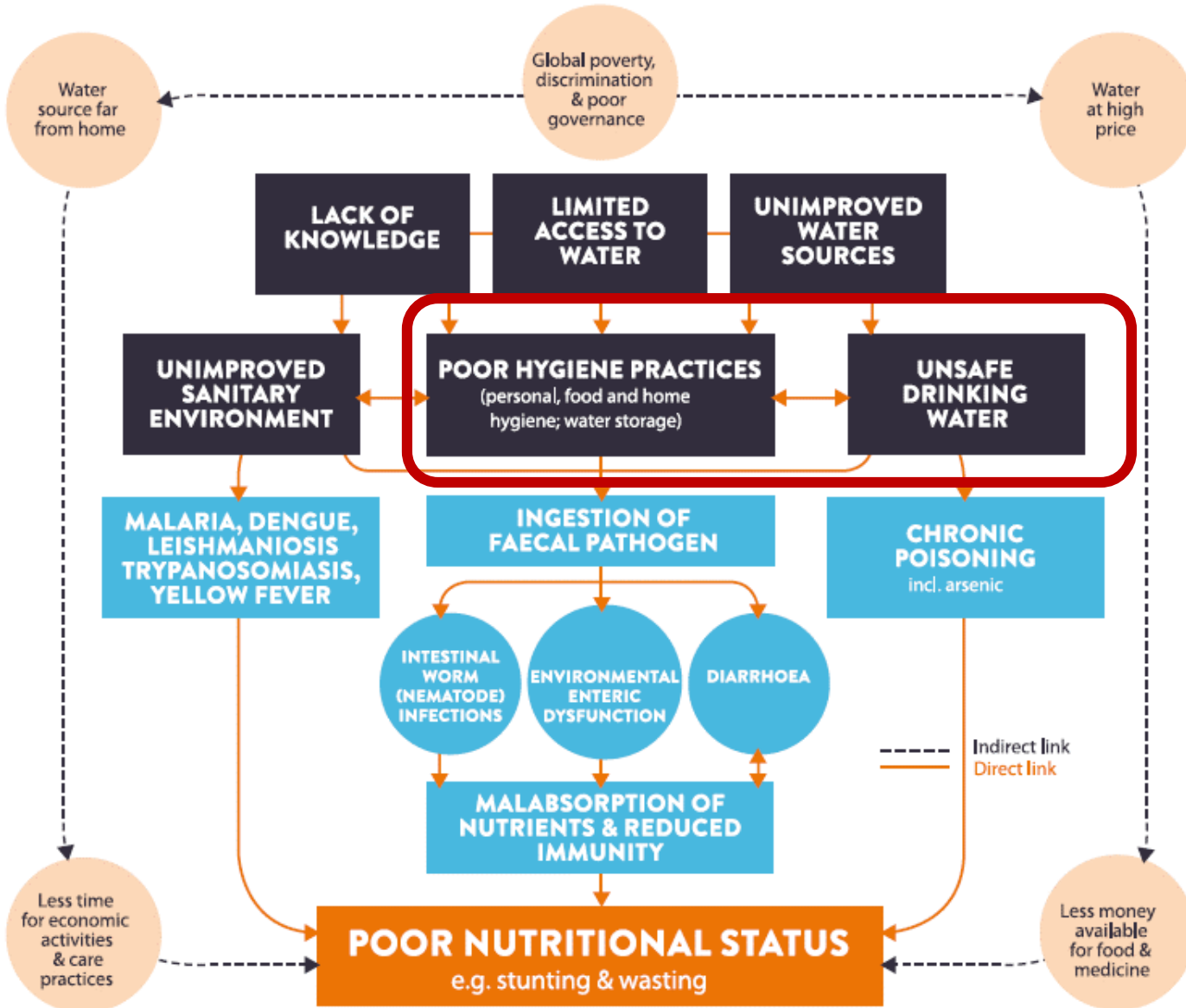
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# CONTENT

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1. WASH'Nutrition strategy
2. R4ACT : Impact of WASH on acute malnutrition
3. 6 activities – centred on ensuring HH water quality during SAM treatment

# WASH'Nutrition strategy



1  
DEFINING A QUESTION



WHAT IS THE IMPACT OF WASH ACTIVITIES ON SAM ?  
16 programmatic sub-questions

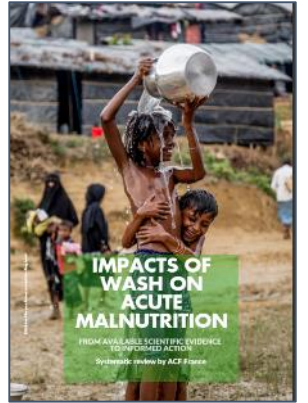


2  
STATE OF EVIDENCE

3  
ANALYSE



Current state of evidence:



**WATER**

**SANITATION**

**HYGIENE**

Distance to water point < 30 minutes

Access to household latrine

Absence of animal and human feces around children playing areas

Knowledge of hand-washing practices

Treated drinking water during Severe Acute Malnutrition treatment

Presence of household hygienic toilets or "improved latrine"

Provision of insecticide-treated bed net

Use of soap during handwashing

Absence of E. Coli in drinking water

Presence of potties

Provision of a cup with handle for child to drink

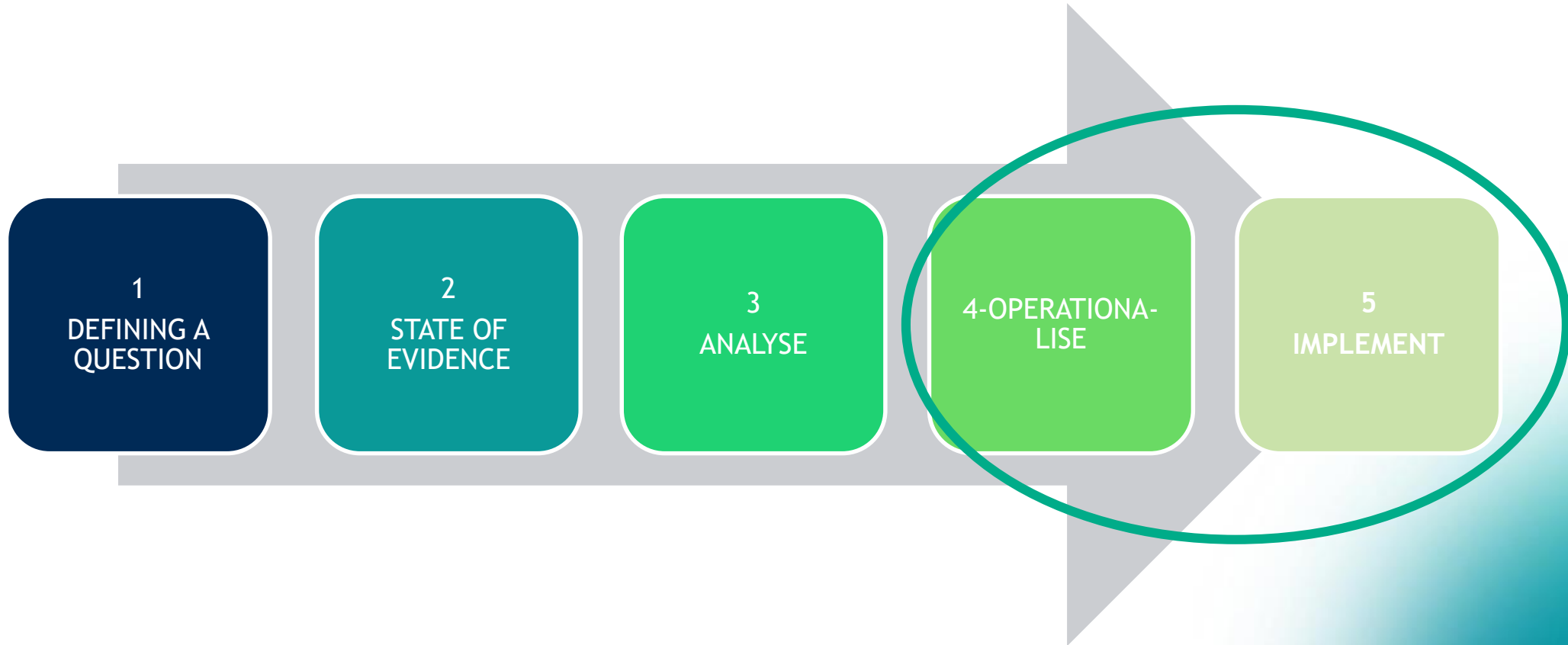
Provision of soap

Safely stored water


No open defecation  
Safe disposal of child feces

Individual and/or group hygiene sensitization sessions

- MODERATE EVIDENCE OF POSITIVE IMPACT
- MODERATE EVIDENCE OF NO IMPACT
- LIMITED EVIDENCE TO ASSESS THE NATURE OF THE IMPACT
- NO EVIDENCE TO ASSESS THE NATURE OF THE IMPACT



# RECOMMENDATION N° 1

RECOMMENDATIONS	INDICATORS	ACTIVITIES (SUGGESTIONS)
<p><b>SELECT THE MOST APPROPRIATE HH WATER TREATMENT METHOD IN THE AREA COVERED BY SAM TREATMENT</b></p> 	<p>% of nutrition treatment programs including water treatment assessments through a participatory approach</p>	<ul style="list-style-type: none"><li>• Integrate a WASH question in nutrition assessments regarding water treatment practices in use, formulated and analyzed by a WASH expert</li><li>• Carry out market-based analysis and programming on local opportunities to sustain HH water treatment</li><li>• <b>In case of ICCM+ approach, carry out joint distribution of HH water treatment products to accompany SAM treatment.</b></li></ul>

# IN CASE OF ICCM+ APPROACH, CARRY OUT JOINT DISTRIBUTION OF HH WATER TREATMENT PRODUCT TO ACCOMPANY SAM TREATMENT


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- **REVIEW** existing prevention package as part of iCCM+ ; some iCCM approach already include water treatment package (e.g. Mali)

## JOINTLY DONE BY WASH AND N&H SECTOR:

- **FEASIBILITY ANALYSIS** – depend on the context (e.g. overworked CHW)
- **TRAINING** of CHW for distribution and supervise utilisation within the communities
- **SUPPLY CHAIN** and monitoring of supply
- **SUPERVISION** , including Post-Distribution Monitoring (PDM)

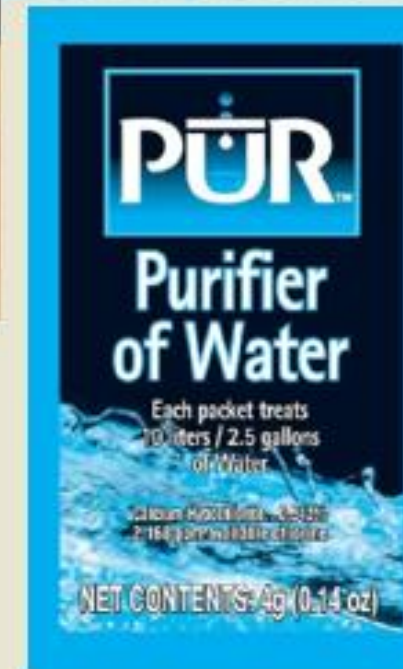
## RECOMMENDATION N°2

RECOMMENDATIONS	INDICATORS	ACTIVITIES (SUGGESTIONS)
<p><b>SYSTEMATICALLY COORDINATE THE DELIVERY OF HH WATER TREATMENT ADAPTED TO THE CONTEXT WITH SAM MANAGEMENT</b></p> 	<p>% of caregivers with a SAM child under treatment who receive HH water treatment products.</p>	<ul style="list-style-type: none"><li>• Manage nutrition and WASH stocks in a coordinated way to mitigate risk of stockout</li><li>• <b>Give to caregivers a follow-up stock of water treatment product at discharge</b></li><li>• Explore opportunities for private sector/local businesses to develop local production of water treatment products.</li><li>• Assess cost efficiency of distributing water treatment product during SAM treatment.</li></ul>



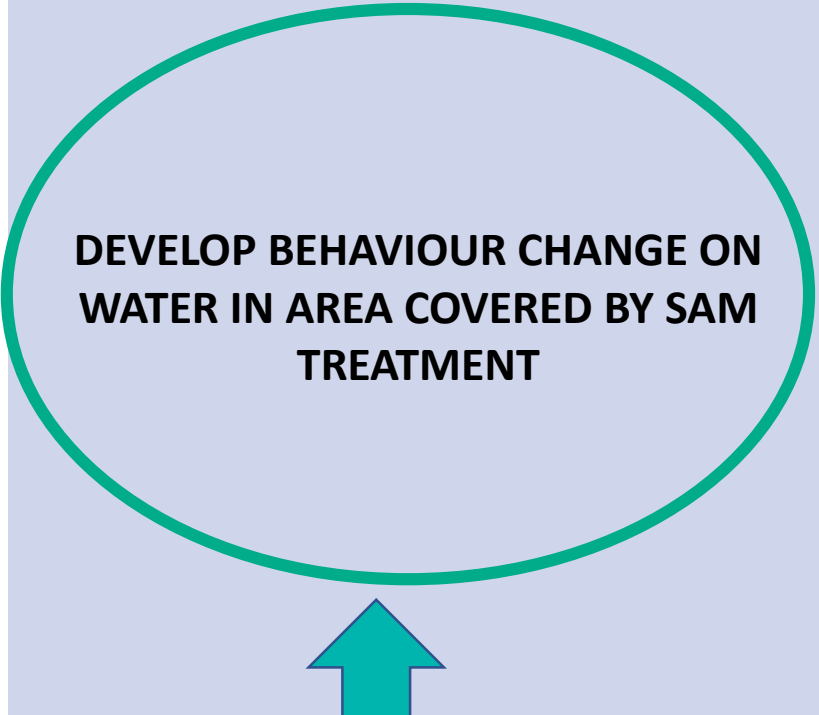
# GIVE TO CAREGIVERS A FOLLOW-UP STOCK OF WATER TREATMENT PRODUCT AT DISCHARGE

- **PROVISION** of HH water treatment product :
  - At admission for the duration of treatment
  - At discharge – follow-up stock
- **TRAINING** of caregivers at Health facility level



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# RECOMMENDATION N°3

RECOMMENDATIONS	INDICATORS	ACTIVITIES (SUGGESTIONS)
 <p><b>DEVELOP BEHAVIOUR CHANGE ON WATER IN AREA COVERED BY SAM TREATMENT</b></p>	<p>% of HH in the SAM treatment area covered by joint behaviour change projects</p>	<ul style="list-style-type: none"><li>• Design of specific HH water treatment promotional material and training module by joint WASH and Nutrition teams</li><li>• Include community workers in the design of behaviour changes projects</li><li>• <b>Train WASH'NUTRITION practitioners on behaviour change main principles</b></li></ul>

# TRAIN WASH'NUTRITION PRACTITIONERS ON BEHAVIOUR CHANGE

## METHODOLOGIES

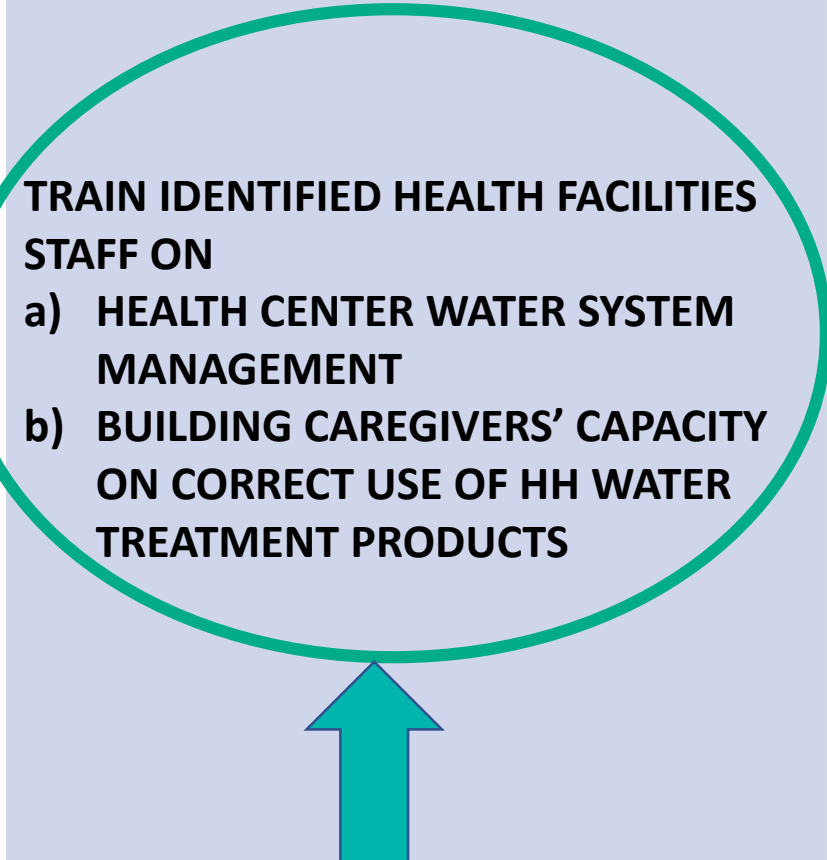
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- **BEHAVIOUR CENTERED DESIGN** - developed by LSHTM's Environmental Health Group

### THREE MAIN PRINCIPLES:

- Focus on one or two behaviours max
- If possible, base the content of the campaign on « insights » collected at community level through barrier analysis or proper formative research
- Make it fun! Facilitation and promotional material should trigger an emotion - such as disgust, laugh, nurturing, etc.

# RECOMMENDATION N° 4

RECOMMENDATIONS	INDICATORS	ACTIVITIES (SUGGESTIONS)
<p><b>TRAIN IDENTIFIED HEALTH FACILITIES STAFF ON</b></p> <ul style="list-style-type: none"><li><b>a) HEALTH CENTER WATER SYSTEM MANAGEMENT</b></li><li><b>b) BUILDING CAREGIVERS' CAPACITY ON CORRECT USE OF HH WATER TREATMENT PRODUCTS</b></li></ul> 	<p>At least one staff member is trained on water treatment and basic hygiene promotion in each health facility delivering nutrition treatment services.</p>	<ul style="list-style-type: none"><li>• Schedule regular WASH advisors visits to health facilities to provide hands-on training to different key persons (i.e. supervisor, hygienist, and staff distributing RUTF).</li><li>• <b>Include a water training component in nutrition training sessions and vice versa.</b></li><li>• Include community health workers &amp; community members in hands-on water quality trainings given to health facilities' staff.</li><li>• Produce or use a brochure on correct use of water treatment products for caregivers.</li></ul>

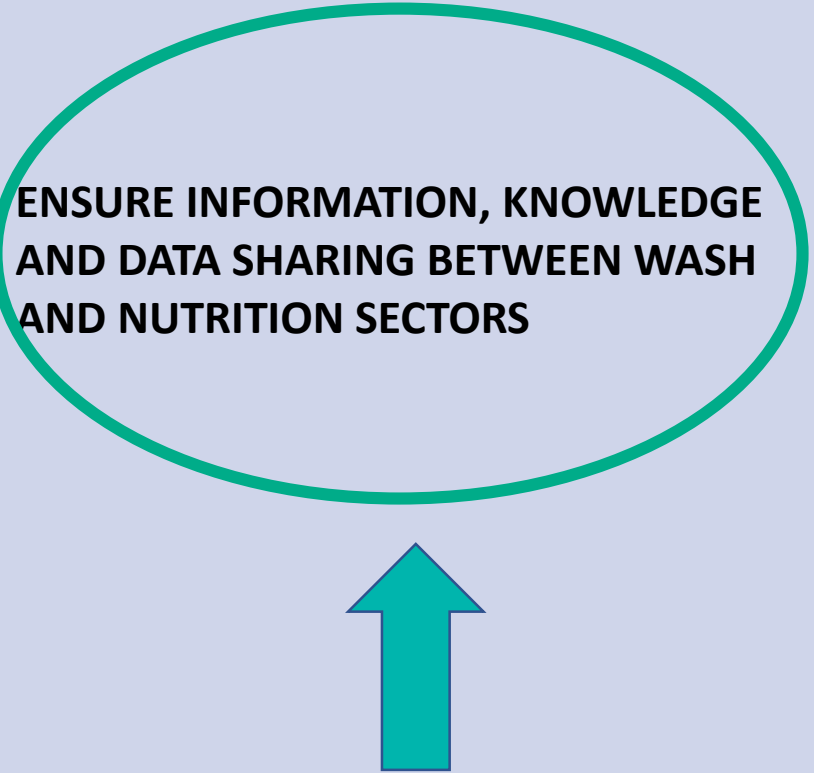
# INCLUDE A WATER TRAINING COMPONENT IN NUTRITION TRAINING

## SESSIONS AND VICE VERSA

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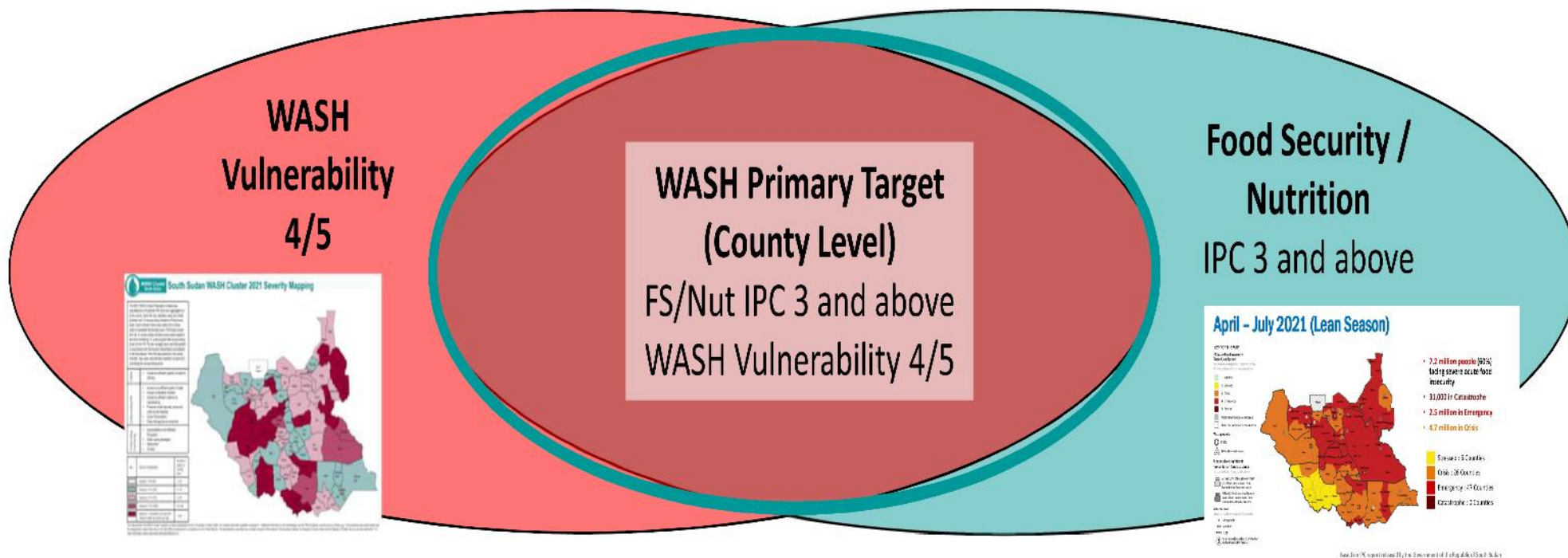
- **IDENTIFY** key messages to include in each WASH and Nutrition training curriculum
- **CASCADE TRAINING** – for ex: WASH staff at district level → Nutrition staff at district level → Nutrition staff at HCF level
- **OTHERS WASH in HCF INITIATIVES** – make the link with existing training or initiative (e.g. WASH Facility Improvement Tool)
- **TRAIN ONE FOCAL POINT** – to assure the water quality (e.g. HCF cleaner could be promoted to hygienist ; or IPC focal point when available)

# RECOMMENDATION N° 5

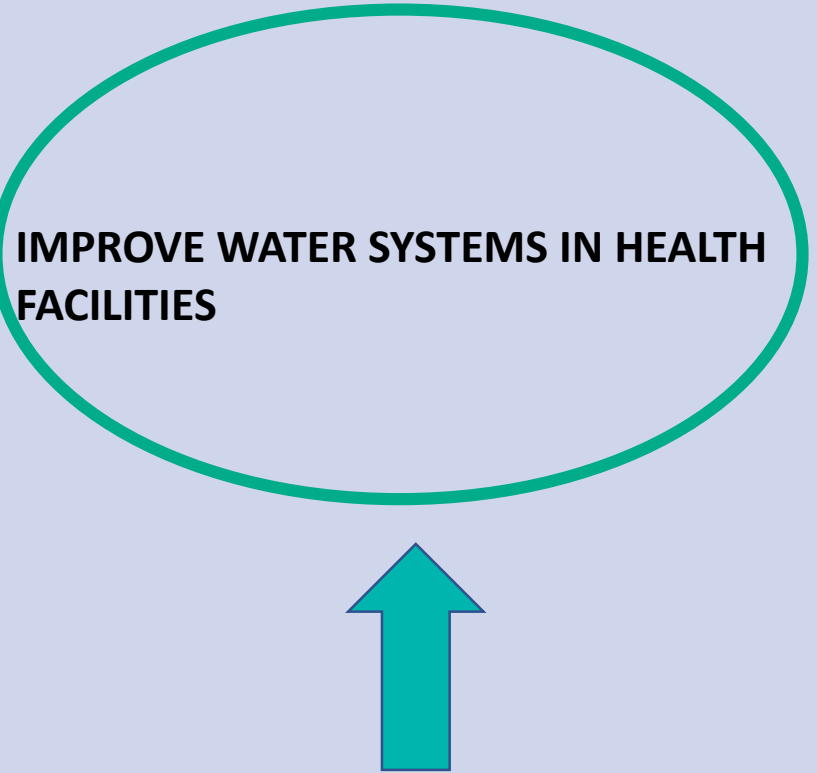
RECOMMENDATIONS	INDICATORS	ACTIVITIES (SUGGESTIONS)
 <p><b>ENSURE INFORMATION, KNOWLEDGE AND DATA SHARING BETWEEN WASH AND NUTRITION SECTORS</b></p>	<p>% of programs where both nutrition treatment and wash programs are implemented in the same area</p> <p>Number of times CMAM performance data are shared with the WASH sector</p>	<ul style="list-style-type: none"><li>• Improve global coordination between sectors, by signing a joint roadmap between WASH and Nutrition Global Clusters including to monitor jointly these 6 activities</li><li>• <b>Ensure that WASH and Nutrition sectors coordination are connected at country level and share data to improve geographic coordination and joint activities</b></li><li>• Implement MEAL processes in agencies at field level and improve data management.</li></ul>

# ENSURE THAT WASH AND NUTRITION SECTORS COORDINATION ARE CONNECTED AT COUNTRY LEVEL, AND SHARE DATA TO IMPROVE GEOGRAPHIC COORDINATION AND JOINT ACTIVITIES

## The South Sudan wash cluster targeting:



# RECOMMENDATION N°6

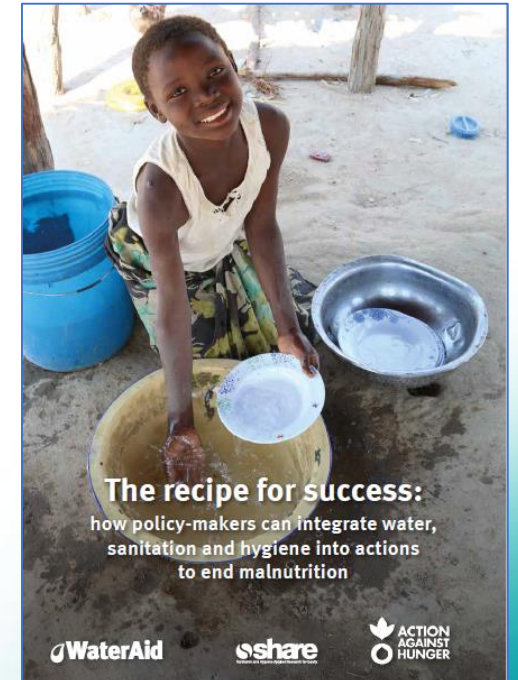
RECOMMENDATIONS	INDICATORS	ACTIVITIES (SUGGESTIONS)
 <p><b>IMPROVE WATER SYSTEMS IN HEALTH FACILITIES</b></p>	<ul style="list-style-type: none"><li>• 40-60 per patient/day in inpatient facilities; 5l per patient/day in outpatient facilities</li><li>• Free Residual Chlorine between 0,5 mg/l and 1mg/l Turbidity inf to 5 Nephelometric Turbidity Units (NTU)</li></ul>	<ul style="list-style-type: none"><li>• Systematic use of the WASHFIT Tool for the WASH In HCFs assesment</li><li>• <b>Ensure water quality is taken into account in Health System Strengthening programming</b></li><li>• Avocate at district level to have WASH dedicated human ressources in health facilities</li><li>• Nominate and train one staff (ideally 2) in charge of Wash per Health facility (cleaner could be trained to become a hygienist for ex)</li></ul>



# ENSURE WATER QUALITY IS TAKEN INTO ACCOUNT IN HEALTH SYSTEM STRENGTHENING PROGRAMMING

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- **ANALYSE INTEGRATION** of WASH within nutrition policy and vice versa – where to start: check if your country is part of The recipe for success report (2017)
- **HSS DIAGNOSTIC** - Include WASH questions (e.g. AAH' experience)
  - Can lead to prioritisation of WASH component in MoH action plan and budget at district level



# KEY REFERENCES

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- R4ACT factsheet EN & FR
- ACF R4ACT Evidence Based EN  
<http://research4action.org/wp-content/uploads/2020/09/GB-R4ACT-Final-Report-V092020.pdf>
- AAH WASH Nutrition Guidebook EN &FR  
<https://knowledgeagainsthunger.org/technical/washnutrition-a-practical-guidebook-on-increasing-nutritional-impact-through-integration-of-wash-and-nutrition-programmes/>
- BabyWASH EN &SP & FR  
<https://knowledgeagainsthunger.org/technical/baby-wash-and-the-1000-days-a-practical-package-for-stunting-reduction/>
- WHO, UNICEF Water and Sanitation for Health Facility Improvement Tool EN (2018)  
<https://www.washinhcf.org/wp-content/uploads/2019/04/9789241511698-eng.pdf>
- WaterAid, SHARE and AAAH The recipe for success: how policy makers can integrate water, sanitation and hygiene into actions to end malnutrition (2017)  
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**ALL DOCUMENTS HAVE BEEN UPLOADED TO THE CONFERENCE PLATFORM**