

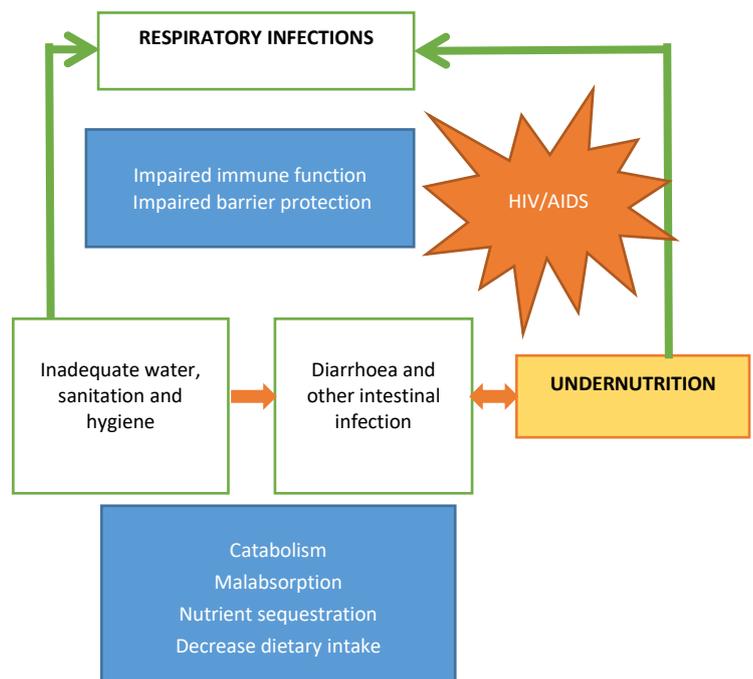
Guidance note on integrated WASH and Nutrition programming

Practical tips on how to design and implement integrated WASH and nutrition interventions.

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Why is there a push for planning joint WASH and nutrition activities?

The three main underlying causes of undernutrition (insufficient food intake, poor care practices and disease) are directly or indirectly related to inadequate access to water, sanitation and hygiene (WASH). There is a growing base of evidence that indicates that the WASH environment can be critical in shaping children's nutritional outcomes, especially stunting, by preventing the development of environmental enteropathy (see box below for definition) and diarrhoeal disease. According to WHO, 50% of undernutrition is associated with infections caused by poor water, sanitation or hygiene¹. WASH and Nutrition are also prominently placed in the 2030 Agenda for Sustainable Development. For the first time, WASH has its own dedicated global development goal in Sustainable Development Goal (SDG) 6 "Clean Water and Sanitation", while Nutrition finally has a specific target under SDG 2 "Zero Hunger".



Source: Pathway Linking WASH with Nutrition (WHO, 2007), Brown 2003, adapted ACF

What does it mean practically?

Overall, the core idea is to make Concern's WASH programmes more nutrition-sensitive (and vice versa); this means, interventions will address the underlying determinants of child nutrition and development, starting from conception until a child's second birthday – the first 1000 days of a child's life

What is Environmental Enteropathy?

Environmental enteropathy (EE) is a disorder of chronic intestinal inflammation caused predominantly by exposure to contaminated food and water. EE can lead to chronic malnutrition (stunting), anaemia (iron-deficiency anaemia and anaemia of chronic inflammation), impaired brain development, and impaired response to oral vaccinations.

What is Concern's experience in joint WASH & nutrition programming?

At global level, Concern is involved in technical networks aiming at developing guidance on linking WASH and nutrition. In particular, Concern was part of the steering committee for developing the "WASH'Nutrition guidebook for practitioners" (2018) and the "WASH'Nutrition e-learning course" (2019). Concern is also a core member of the

¹ World Health Organization (2008c) Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health. Available at: http://whqlibdoc.who.int/publications/2008/9789241596435_eng.pdf

Clean, Fed and Nurtured coalition (<https://www.cleandfednurtured.org/>) which focuses on WASH, Nutrition, Maternal Newborn and Child Health (MNCH), and Early Childhood Development (ECD) programming, policy development, and funding to improve child well-being in the early years.

At headquarter level, the WASH and Nutrition teams in the Strategy, Advocacy and Learning (SAL) directorate are working jointly to develop need-based guidance and tools to support the country programmes to better understand the link between WASH and Nutrition and to design, implement and monitor integrated programmes.

At Programme level, especially for the current round of Irish Aid funding, integrated WASH and nutrition interventions were developed in at least 12 of our country programmes. In addition, hygiene promotion activities have been incorporated in most of the behaviour change interventions aiming for improved Infant and Young Child Feeding (IYCF) practices. Concern also supports the establishment of handwashing stations and latrines in the health facilities with integrated nutrition treatment.

What type of joint activities can be planned?

Nutrition-sensitive WASH interventions can only be implemented if technical and financial support is coordinated between the two sectors: they encompass the following:

1. Hygiene behaviour (including handwashing, food and environmental hygiene)
2. Availability and accessibility of safe drinking water
3. Sanitation

WASH interventions can directly be integrated into the nutrition programme or indirectly through a coordinated approach to increase access to water, sanitation and hygiene in nutrition programme areas. Below are some key principles for WASH Nutrition joint programming:

➤ Elaborate common goal/objective

Planning should start with identifying a common goal/objective, to which both WASH and nutrition should contribute. A Theory of Change is formulated and activities are then identified to achieve the intended outcome. Finally, the team should develop a joint monitoring framework with clear indicators relevant to both WASH and nutrition.

➤ Define target areas and groups of the WASH intervention based on nutritional vulnerability

The integrated activities should be guided by the malnutrition situation of a given area², prioritizing pregnant and lactating women and children under two (first 1000 days of a child's life). However, depending on the context and programme goal, specific interventions can be designed for children under five, women of reproductive age and adolescent girls.

- **High Global Acute Malnutrition (GAM) prevalence** and high rates of associated diseases (i.e., diarrhoea and malaria) –response to nutritional emergencies to support lifesaving interventions;
- **High stunting prevalence** – longer term impact, more development-oriented programming;
- **Areas where nutritional status is likely to deteriorate** - immediate programming focussing on prevention of undernutrition, i.e. not waiting until high prevalence values have been reached.

➤ Start with a pilot and document learning

Start small and develop a robust plan to evaluate the WASH-nutrition integration pilot. Document the evidence and learning before considering scaling up in a similar context. Constantly modify the approach whenever necessary and consider adapting the approach before implementing in different contexts

² Wash and Nutrition guidebook, ACF.

➤ *Plan for joint WASH and nutrition behaviour change interventions*

When children are undernourished, they are more likely to suffer from diarrhoeal diseases and other infections. Behaviour change programmes have the potential to improve WASH and nutrition more sustainably by supporting communities combating the underlying factors of malnutrition. Scaling up these programmes will play a huge role in breaking the cycle of recurring illness.

➤ **Strengthen WASH and nutrition coordination**

Government resources are often bundled, particularly between interlinked sectors like WASH and nutrition. Concern can support the development and implementation of aligned sector action plans and foster stakeholder coordination.

Supporting WASH and Nutrition systems at meso and macro level while implementing WASH and nutrition activities at micro level is the most effective way to achieve impact at scale.



Think about BabyWASH!

Current research appears to validate the view that unsafe drinking water, poor sanitation and inadequate hygiene significantly increase the risk of undernutrition, in particular during the critical window of the first 1,000 days of a child's life, when a child is more vulnerable to the adverse effects of Faecal Transmitted Infections (FTI). The BabyWASH concept tries to integrate water, sanitation and hygiene with nutrition, early childhood development (ECD) and maternal, newborn and child health (MNCH) to achieve the ultimate WASH-nutrition integration. It is an age-targeted approach, which does not replace general household WASH interventions but compliments them with more targeted interventions for very young children (usually until the child's second birthday). Targeting mothers and their young children with BabyWASH activities will ensure more children enjoy the cognitive and physical development they need to reach their full potential. Central to BabyWASH is the focus on improving environmental hygiene practices affecting infants and young children, e.g. keeping animals away from the areas where their food is prepared and where children sleep and play.

Examples of BabyWASH activities³

Provision of:	Promotion of:
<ul style="list-style-type: none">▪ Household water treatment materials▪ Water container, jerry can▪ Child-friendly cups and containers for exclusive use▪ Reusable cloth nappies▪ Baby-friendly toilets or potties▪ Separation of domestic animals: corrals, fences▪ Handwashing stations (kitchen and toilets)▪ Safe and clean play spaces: mats/ plastic sheets and/or play yards▪ Pacifier chain and clip▪ Box or lid to protect food from flies, rats and other animals▪ Trash bin/ Incineration pits▪ Calm, clean and safe spaces for breastfeeding	<ul style="list-style-type: none">▪ Cleaning and maintenance of water storage containers at point of use and child's cup▪ Safe disposal of child faeces/ nappies▪ Cleaning of nappies and potties▪ Handwashing with soap or ash▪ Household basic hygiene and cleanliness▪ Prevention of animal excreta in vicinity of baby▪ Cleaning and maintenance of play spaces and objects (toys, pacifier, etc.)▪ Handling, preparation, reheating and storage of child food▪ Hygiene in the kitchen and feeding spaces▪ Adequate management of solid waste in order to avoid vectors

³ BabyWASH and the 100 days, ACF. Link available [here](#)

What are the implications in terms of Monitoring and Evaluation?

Establishment of a joint monitoring and evaluation system is crucial for a successful integrated WASH and nutrition programme. Concern has developed several standard indicators that can be used to monitor and evaluate integrated WASH and nutrition programmes. The Concern Standard Indicator Library can be found [here](#).

Please contact technical advisors in the Programme, Approaches and Learning Unit (PALU), WASH and nutrition teams for further guidance.

What are the low hanging fruits with regards to WASH and nutrition?

At a minimum, whenever Concern supports nutrition services in health facilities, we should ensure the WASH minimum package is available: access to safe drinking water, access to segregated latrine blocks, availability of handwashing stations with soap, solid and medical waste management and regular cleaning of the building and its facilities. Please ask technical advisors for specific guidance on the integration of WASH into health programmes.

Main resources

1. WASH and nutrition guidebook: [here](#)
2. WASH and nutrition e-learning course in English [here](#) and French [here](#)
3. Baby WASH learning brief: [here](#)
4. Baby WASH coalition: [here](#)
5. Wash and Nutrition Toolkit. Guide for practical joint action (UNICEF): [here](#)
6. Improving nutrition outcomes with better water, sanitation and hygiene: practical solutions for policies and programmes (WHO): [here](#)



Concern Worldwide
Strategy, Advocacy, and Learning Unit
52-55 Lower Camden Street
Dublin 2
00 353 1 417 77 00
www.concern.net

For more information contact:

Franck Flachenberg
Senior WASH Advisor SAL
franck.flachenberg@concern.net

Sajia Mehjabeen
Nutrition Advisor SAL
sajia.mehjabeen@concern.net