

# Horizontal Challenges: WASH and Nutrition Integration



Renuka Bery FHI360 USAID WASHplus Project







# Conceptual Framework for Child Nutrition

#### DISEASE **DIETARY PREVENTION** INTAKE & TREATMENT · Adequate amounts of Access to health services diverse and quality food Access to WASH · Proper child care and infrastructure and HEALTHY feeding practices CHILD proper hygiene behavior



Source: USAID, Technical Brief, 2013



# WASHplus' Overall Integration Approach

- Work with USAID implementing partners, government counterparts and any coalition of the willing
- Look for champions!
- Review and improve guidance on WASH within nutrition policies and guidelines – e.g. use clean water, apply hygienic practices
- Review and improve capacity building materials and job aids
- Identify country-specific Small Doable Actions to help people improve WASH practices
- Form a Community of Practice with existing IPs for collaboration
- Co-locate WASH programs (especially infrastructure) in nutritionsensitive areas
- Integrate 1-3 WASH indicators





Clinic

# WASH and Nutrition Integration:

(P)olicy and Programming

**Opportunities** 







Counseling



School

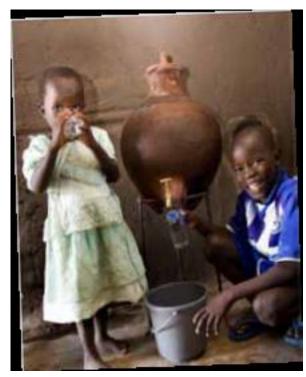


# Safe Feces Disposal

## **Focus on WASH behaviors**

### **Handwashing**





Safe Storage & Treatment of Water







# Small Doable Actions for WASH Behavior Change

- People rarely move from current to ideal practices
- Make it possible!!
- Identify, promote and facilitate improved behaviors that...
  - -Have significant **positive impact** on health
  - -Are **feasible** from 'actor' point of view in resource constrained settings
- Construct a continuum
- Integrate!!





#### ASSESSMENT AND NEGOTIATION

Father's/Hother's Name:	Name of the Villege Health Team:
Village:	Dates of Visits:

- Assess with the householder what they are doing now for each of the key behaviors and mark a check in the corner of the current practice.
- Based on the current behavior, discuss the improved behaviors to the right of the current practice. During your discussion, sek....
  - What problem the family will face to change the current practice to the improved behavior?
  - Discuss if there is any one in the family who opposes to change the current behavior due to culture or other reason.
- 2. Circle one, two or three behavior/s that you agreed upon to practice.
- 4. Seal the agreement as a commitment and make an appointment to see the improvement behavior.
- 5. Finally, hand this card to them to put it security on a wall or store in the family health card.

"It is all our responsibility to end open defecation, unhygienic practices and the diseases they bring!"











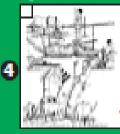




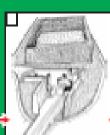


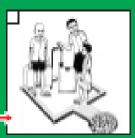


#### Keep Water source clean









#### Safe water handling





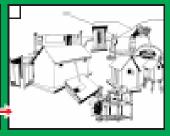




#### Cleaning your house and compound





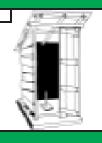


#### Keeping latrine clean









#### Essential times for hand washing













## **Integrated WASH & Nutrition Activity in Mali**

- WASH and nutrition components implemented by same implementing organization, from the start.
- Working towards establishing a regional body to coordinate WASH and nutrition interventions.
- Community selection done deliberately to target communes and communities with high rates of malnutrition and low prevalence of latrine use.
- WASH/nutrition linkages made at regional and national levels, e.g. national and regional CLTS forums

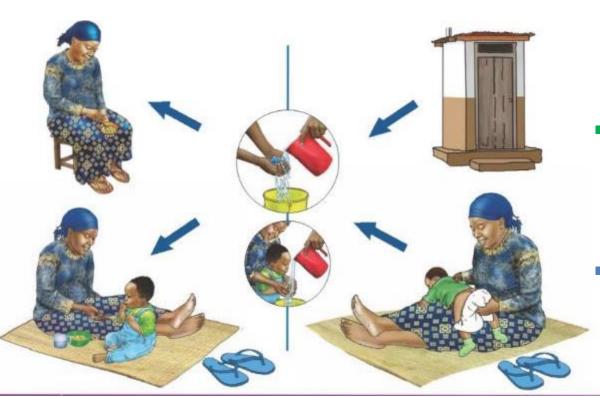




## **Integrated WASH & Nutrition Activity in Mali**

#### 5 themes

- Hand washing with soap
- Safe disposal of infant feces
- Safe water treatment and storage
- Exclusive breastfeeding
- Complementary feeding



Working through community health workers to promote an integrated set of Small Doable Actions to mothers with infant children

#### **Activities**

- total sanitation with sanitation marketing
- Screening and referring malnourished children
  - Rehabilitating of water supplies and promoting of point of use water treatment
  - Cooking demos w/ HW and POU promotion





## **Integrating WASH HIV/Nutrition in Uganda**



germs. Adhere to all personal hygiene practices like keeping fingernails short while handling food.



- Construct a tippy tap close to the kitchen to ensure hand washing with soap.
- Wash hands with soap before preparing food.
- Keep fingernails short and clean.
- Prepare raw meat or fish away from other raw foods.
   Don't allow juices to touch other foods.
- Wash area where food is prepared at least daily, with water and Jik, if available, otherwise soap.

- Wash raw vegetables and fruits under running water to remove germs, insects, and chemicals.
- Keep animals (such as chickens) away from food preparation area.
- Wash all the knives, cutting boards, and plates used after cutting fresh meat with soap and water.
- For utensils used to handle cooked and ready-to-eat food, wash with soap and water and store on shelf or wall.









# Results in Integrating WASH & Nutrition Activities



- In Mali
  - 10,000 latrines built
  - over 40 villages certified ODF
  - Over 19,000 children screened for malnutrition;
  - 7000 referred for services
- In Uganda, numerous implementing partners trained and operating with integration focus and new skills
- More waterpoints, tippy taps, handwashing in all countries
- Resources, capacity building materials, job aids available





# Lessons Learned and Challenges

- Planned vs. Opportunistic Integration
- One-way vs. Two-way Integration
- Dissonance in Targeting and Measurement

## Thank You!!

For more information or questions Renuka Bery <a href="mailto:rbery@fhi360.org">rbery@fhi360.org</a>

