WASH and Undernutrition
Practical integration in programming

*Action Against Hunger*

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Action Against Hunger | ACF-International fight against hunger & undernutrition. 35 years of emergency situations, conflicts, disasters, chronic food insecurity, outbreaks and other humanitarian crisis. Reaching 9 million people in 2013.

Sectors of intervention

Nutrition & Health
Care practices
Food Security and Livelihoods
Water, Sanitation and Hygiene
Disaster Risk Management
Advocacy
Where do we work?
Linking WASH and Nutrition beyond the theory

ACF: Strong focus on treatment and prevention of Acute Malnutrition

Pathways linking WASH with undernutrition (WHO, 2007), Brown 2003, adapted ACF
WASH in Nutrition Strategy 2012 outline:

- Proactive approach of WASH, health, nutrition and food security partners
- Target malnourished children & caretakers from health center to house
- Principle of WASH minimum package for nutrition centers & malnourished children & caretakers
- WASH investments in priority regions - nutritional status data (GAM>15%)
Immediate actions:

Minimum Water & Sanitation Facilities in Nutrition centers
- water access & storage, chlorine, handwashing, toilets

WASH minimum kit for patients
- Breastfeeding mothers + U2 // Caretaker + U5

Coordination of actors & monitoring framework

Secondary actions:

Improve WASH access in communities
- Based on priority nutrition & food security information
- Water points, latrines, hygiene & behavior change

Appropriated by WASH, Nutrition & Food Security Clusters + Governments
The WiN Sahel Strategy

ACF Review (Jan 2014)

*Cameroon, Senegal, Mauritania, Mali, Niger, Burkina Faso, Chad*

Various application between countries

- Require clear engagement at national level, Official National Strategy, operational guidance, indicators & targets
- Sustainable if WiN standards included in national Nutrition Protocol
- Too much focus on hardware & NFI, not enough at house
- Patient kit: soap, water treatment ± mosquito nets
- 2 indicators at regional level + operational indicators
- Opportunity for impact studies using health/nutrition + WASH data
Targeting of communities for WASH interventions

Pakistan - Sindh Province

ACF nutrition survey 2013

<table>
<thead>
<tr>
<th>Indicators (WHO 2006) (95% CI)</th>
<th>TMK</th>
<th>Badin</th>
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<tbody>
<tr>
<td><strong>Global Acute Malnutrition</strong></td>
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<tr>
<td>GAM-WFH-z&lt;2 / ± oedema</td>
<td>19.4% (16.1-23.2)</td>
<td>22.1% (18-26.8)</td>
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<tr>
<td><strong>Severe Acute Malnutrition</strong></td>
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<tr>
<td>SAM-WFH-z&lt;3 / ± oedema</td>
<td>5.1% (3.5-7.3)</td>
<td>5.6% (3.7-8.4)</td>
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<tr>
<td><strong>Stunting</strong></td>
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<tr>
<td>HAZ &lt;2</td>
<td>54.9% (49.2-60.4)</td>
<td>59.6% (51.4-67.2)</td>
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<tr>
<td><strong>Underweight</strong></td>
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<tr>
<td>WAZ &lt;2</td>
<td>47.6% (41.9-53.4)</td>
<td>51.5% (44.2-58.8)</td>
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<tr>
<td><strong>Global Acute Malnutrition</strong></td>
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<tr>
<td>MUAC&lt;125mm ± oedema</td>
<td>20.0% (16.4-24)</td>
<td>21.0% (17.2-25.4)</td>
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<tr>
<td><strong>Severe Acute Malnutrition</strong></td>
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<tr>
<td>MUAC&lt;115mm ± oedema</td>
<td>6.3% (4.5-8.7)</td>
<td>7.6% (5.5-10.5)</td>
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- Targeting of communities for WASH based on malnutrition
- Reorienting the priorities of the donors & partners *ECHO, PEFSA Consortium, DFID*
Understanding: Nutritional Causal Analysis

NCA: a protocol developed and tested by ACF

Structured, participatory, holistic study to build a case for nutrition causality in a local context, based on the Malnutrition Conceptual Framework. Not a statistical demonstration that can be generalized at national level.

Magnitude, severity
Seasonality, trends
Rating from community
Scientific evidence

Causal hypothesis

- major
- important
- minor
- untested

Participatory rating of causal pathways

Rating by NCA analyst
Reviewed by communities
Reviewed by local technical experts

Qualitative inquiry
Quantitative survey
Determine main pathways to Undernutrition

Validation by local community leaders and officials

NCA in Tapoa Province of Burkina Faso

1. Lack of education among women
2. Pregnant and lactating women malnourished
3. At home, women lack money to buy diversified food
4. HH lack money to access basic services
5. No food diversification
6. Early introduction of solid food
7. Improper lactating practices
8. Improper hygiene practices
9. Some food are taboo for pregnant and lactating women
10. Some food are taboo for children
11. Health problems are often referred to a local healer or magician first
12. Disease is seen as result of evil spirit or other unnatural factor
13. No birth spacing, multiple pregnancies
14. Access to water
15. Lack of sanitation
16. Access to the local market
17. Immunization is not 100% covered
18. Women do not have power in the HH and the society
19. Pregnant and lactating women are working hard
20. People do not see the need of specific food for children
21. Health and care practices not optimal in primary health centers
22. Socio-cultural barriers to hygiene and sanitation practices
Maximizing the potential of outreach field personnel

ACF-Kenya, ACF-Nigeria

- Joint community campaigns
  malnutrition screening (CMAM),
  diet & food diversification,
  breastfeeding & IYCF,
  hygiene & sanitation,
  water protection,
  malaria prevention

- IEC materials, guidebook and
  trainings culture sensitive
Maximizing the potential of outreach field personnel

ACF-Kenya, ACF-Nigeria

- Single team for community outreach, or cross-sector joint teams

Joint assessments, communication, community mobilization
Institutionalizing the nutrition security agenda

Figure 7: Nutrition security for all. Aim for a long-term, sustainable and at scale impact on undernutrition.
Institutionalizing the nutrition security agenda

- Assessment guidelines & methodologies
- Case studies & publications

Currently under development:

- M&E cross-sector guidelines
- Maximizing the nutritional impact of ACF interventions
DR Congo - 2012-2013
Effects of using *P&G Purifier of Water* in the treatment of Severe Acute Malnutrition for children under 5 - comparative study

**Average treatment time:** -4 days (30.4 to 26.4)

**Weight gain:** +0.7g/kg/day (6.6 to 7.3)

**Potential outcome:**
From “clean water must be good” / voluntary practice to:
a systematic inclusion in the medical treatment of Acute Undernutrition at reduced cost
Research on WASH and malnutrition

Next steps:

**ACF-Pakistan / JHU Bloomberg School of Public Health [2015]**
Randomized control trial with different PoU water treatment
800 patients
⇒ Length of stay; Weight gain; Recovery rate, Diarrhea episodes, Cost comparison

**ACF-Chad / Institut de Medecine Tropicale / ASRADD [2014-2015]**
Cluster-randomized controlled trial, WASH kit
560 patients
⇒ Relapse; Defaulter, Length of stay; Weight gain, Diarrhea episodes
Thank you

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