

Healthy Start: water, sanitation and hygiene for a healthy start in life

Healthy Start is WaterAid’s four-year advocacy priority (2015-2019) focused on improving the health and nutrition of newborn babies and children. We will do this by advocating for access to water, sanitation, and hygiene promotion to be integrated into health policy and delivery locally, nationally and internationally.

Why is WaterAid focusing on child health?

More than 1,400 children under five die each day from causes linked to lack of clean water and adequate sanitation, and poor hygiene practices – that’s one every minute.¹ Where these basic requirements for health are lacking, child health and nutrition are compromised, especially among poor and marginalised populations.

The problem: lack of WASH for child health

Pneumonia, undernutrition, trachoma, worm infections, cholera and polio are all either caused or exacerbated by inadequate WASH. Over 500,000 children die every year from diarrhoea caused by unsafe water and poor sanitation and hygiene.²

Although water, sanitation and hygiene are recognised as important for health, health systems in low-income countries are rarely tasked with ensuring adequate WASH access and

WASH, health and child rights

The Convention on the Rights of the Child is clear on children’s rights to health and nutrition:

Article 6: Every child has the right to life. Governments must do all they can to ensure that children survive and grow up healthy.

Article 24: Governments must provide good quality healthcare, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer countries achieve this.

Article 27: Every child has the right to a standard of living that is good enough to meet their physical, social and mental needs.

practices. This lack of formal responsibility and accountability by health systems, as well as the perception that WASH services are too costly to be attainable over the short term, creates a cycle of neglect.

Added to this, all too often the positive impacts of health interventions for children and newborns in one area are undermined by lack of water and sanitation interventions in another, e.g.:

- children may be de-wormed, but then quickly re-infected through poor sanitation and hygiene in schools and at home.
- nutrition programmes often focus on food and nutrient intake and neglect factors that hinder nutrient absorption

such as recurrent WASH-related diarrhoea and worm infections.

- while efforts to reduce maternal and newborn mortality often focus on increasing facility-based births and emergency obstetric care, newborns and mothers may be exposed to infections via unhygienic birth conditions in facilities that lack basic requirements such as running water.

How lack of WASH affects newborns



Sepsis

Whole-body inflammation caused mainly by bacterial infection

Diarrhoea

Pneumonia

Tetanus

How lack of WASH affects health and nutrition for children



Stunting

A condition that leads to short height for age

Undernutrition

Pneumonia

Diarrhoea

Schistosomiasis

A disease caused by a small, flat parasitic worm hosted by aquatic snails

Soil-transmitted helminths (worms)

Environmental enteropathy

A condition caused by repeated faecal-oral contamination that damages the intestine

The solution: galvanising the health and WASH sectors to act together

Dramatically reducing undernutrition, preventable childhood disease and newborn deaths from infection by including WASH in health policies and practice requires health and WASH stakeholders – from politicians to policy makers to professionals – joining efforts to make a healthy start for all children. WaterAid will therefore seek to create opportunities for WASH and health collaboration. We will also build alliances with the health sector locally, nationally and internationally to boost the profile of WASH and promote its integration into health services, facilities and policies.

What WaterAid will do

Healthy Start aims to put WASH at the heart of local, national and global health sector action. We will work with healthcare professionals and decision makers to act on evidence of the immense benefits of WASH for health (in health facilities and at home), and advocate for new and existing child health and nutrition policies and programmes to include and deliver WASH within a strengthened health system – without which, improved health outcomes for children are not sustainable.

By working closely with ministries including health, finance and education, healthcare professionals and associations, academics, global networks, civil society, community workers

and groups on the frontline of efforts to improve health, we will work to improve the survival, health and nutrition of babies and children, and draw attention to the importance of WASH in development.

How will we do it?

With our health and WASH sector allies we will identify key child health strategies, plans, programmes and initiatives to advocate for the inclusion, delivery and financing of WASH interventions. We will also hold governments to account for commitments made to improving child health outcomes, and highlight the importance of increased and sustainable WASH services in doing this.

At the same time, we will engage in programme work that demonstrates integrated or coordinated WASH and health approaches. Examples of such work may include assessing and responding to WASH needs of health centres or working with health extension programmes to deliver community-based hygiene promotion. This work will help us define and strengthen our advocacy actions.

What will success look like?

Our vision for a health sector with WASH at its heart is:

- Accessible, high-quality safe drinking water, sanitation and toilets, hygiene-behaviour promotion and supplies wherever women give

Healthy Start key recommendations

1. National governments ensure that water, sanitation and hygiene services (WASH) are embedded in all plans for reducing undernutrition, acute malnutrition, preventable childhood disease and newborn deaths, and/or in broader health systems plans that encompass any or all of these objectives. National governments ensure finances are made available and used accordingly.
2. International and national health and nutrition initiatives include WASH in their policies and ensure they are financed, monitored and delivered.
3. Every healthcare facility has clean running water, safe toilets for patients (separate for men and women, with locks and lights and child-friendly and accessible to people with disabilities), functional sinks and soap for health workers and patients in all treatment and birthing rooms.
4. No new healthcare facilities are built without adequate, sustainable water and sanitation services.
5. Healthcare systems are committed to including good hygiene practice and promotion in professional training, plans and actions. Staff and patients are informed and empowered to practice adequate hygiene measures.
6. Every birthing centre³ ensures basic hygiene and sterile conditions, particularly in delivery rooms and operating theatres – such as handwashing with soap, repeated cleaning and disinfection of facilities, and safe separation of human and medical waste from human contact.
7. Monitoring and assessment of progress towards universal health coverage⁴ includes data on the availability of water, sanitation and hygiene services at healthcare facility and household levels to inform strategies and planning.
8. The Sustainable Development Goals should include a dedicated goal for Water and Sanitation with ambitious targets for universal WASH access by 2030. The framework should ensure integration between WASH targets and health targets such as universal health coverage and prevention of under-five and maternal mortality.

birth, including health centres and at home, so that home births happen in a safe environment to prevent infections; handwashing and other hygiene practices are a core part of this.

- WASH facilities in homes and public spaces used by women, men and children to prevent

infection from unclean environments and unsafe water, for good women’s health, including at all stages of pregnancy, after birth, breastfeeding and when caring for young children.

- Hygiene training and commodities available for community and extension health workers,

traditional and other birth attendants and health professionals.

- Widespread hygiene awareness among pregnant women, breastfeeding mothers and parents to reduce infections such as diarrhoea, pneumonia and undernutrition.
- All children have equal access to clean homes and schools, safe food and good healthcare.

Who and what will we target?

We will target various stakeholders at local, national and international levels, as identified by country programmes and members.

National level: the target processes may or may not be operating in every country where WaterAid works; even if they are, they may have been adapted to fit a national context and be known by a different name. Whatever national strategy is running in each country on newborn health, child health or nutrition, we can influence ministers, decision makers and policy makers it to have WASH at its heart. We will identify national strategies, planning and policy processes on nutrition, child and newborn health and advocate to embed WASH both in plans and in their delivery.

International level: Global initiatives and partnerships relating to child and newborn health and nutrition are our main targets, as well as allies. These initiatives can create the political momentum necessary to drive the government action for which we are calling. Such frameworks, initiatives and calls to action also give us

platforms from which we can hold government to account, and take part in coordinated advocacy.

Each of the global initiatives we will prioritise has already highlighted WASH as critical to its success in one way or another; the goal of Healthy Start will be to create accountability for this and ensure it translates into meaningful financial and political commitment, capacity building and service delivery and, ultimately, improved outcomes for people living in poverty.

- Every Newborn Action Plan (newborn health)
- Scaling-Up Nutrition (SUN) (nutrition)
- A Promise Renewed (newborn and child health, and nutrition)

In addition we will identify any national strategies on nutrition, child and newborn health (if not linked to the processes above) and advocate to embed WASH in these strategies and in their delivery.

How we will influence these processes and initiatives

We will have a range of national and international tactics to engage with our key targets. We will **influence policy** by inputting into the global and national frameworks and strategies mentioned above (see ***Advocacy template and checklist*** for how), and provide examples of good practice and solutions that decision makers can use to prioritise WASH in health locally. We will maximise the impact of this by working with **ambassadors and alliances**, the media, and by running

standalone **Healthy Start events** in the build-up to national or global meetings, during international health conferences, and at events run by our key

target processes themselves. Nationally identified priorities and actions will inform our international advocacy.

WASH in health: rights for all

WaterAid believes access to safe water, improved hygiene and sanitation is a human right. These essential services underpin human development and transform lives, enabling people to overcome poverty. Better health outcomes are part of this.

Equality and non-discrimination are core principles of human rights. WaterAid will continue to highlight at every opportunity inequalities in WASH service provision and to contribute to the significant reduction of these inequalities. Healthy Start will show the consequences of unequal access to WASH for people’s health, and advocate for the inclusion of WASH in healthcare for the benefit of all – especially the most marginalised. Hallmarks of such provision are:

Availability: The human right to water entitles everyone to sufficient and continuous water for personal and domestic uses. Likewise, a sufficient number of sanitation facilities have to be available.

Quality: Water has to be safe for consumption and other personal uses, so that it presents no threat to human health. Sanitation facilities must be hygienically and technically safe to use. To ensure hygiene, access to water for cleansing and handwashing at critical times is essential.

Acceptability: Sanitation facilities in particular have to be culturally acceptable. This will often require gender-specific facilities, constructed in a way that ensures privacy and dignity.

Accessibility: Water and sanitation services must be accessible to everyone within, or in the immediate vicinity of, households, health and educational institutions, public institutions and places of work. Physical security must not be threatened when accessing facilities.

Affordability: The price of sanitation and water services must be affordable for all without compromising the ability to pay for other essential necessities guaranteed by human rights such as food, housing and healthcare.

1. UNICEF (2014) *Committing to Child Survival: A Promise Renewed – Progress Report 2014*. Available at: http://files.unicef.org/publications/files/APR_2014_web_15Sept14.pdf
2. Ibid.
3. Defined as any healthcare facility where women give birth.
4. Universal healthcare is where everyone has access to the health services they need without suffering financial hardship when paying for them and where prevention and treatment of disease, and care and support are all prioritised.