WASH in Nut WG12

Stockholm, SuSanA meeting
22/08/2015
Nutrition Framework (usaid, 2013)

DIETARY INTAKE
- Adequate amounts of diverse and quality food
- Proper child care and feeding practices

DISEASE PREVENTION & TREATMENT
- Access to health services
- Access to WASH infrastructure and proper hygiene behavior

HEALTHY CHILD
Acute malnutrition prevalence doesn’t reduce

- Undernutrition manifests as **stunting** (low height-for-age), **underweight** (low weight-for-age), and **wasting** (low weight-for-height)

- Undernutrition causes 45% of all child deaths\(^1\) and is responsible for 21% of global disease burden for children younger than 5 years\(^2\)

- Globally, stunting has decreased since 1990; wasting has stayed the same\(^3\)
Under 5 Mortality (WHO 2014)

- **51%** Neonatal (0 – 27 days)
- **15%** Diarrhoea
- **9%** Malaria
- **7%** Other non communicable diseases
- **4%** ARI, pneumonia
- **2%** Other condition
- **2%** HIV
- **4%** Measles
- **2%** Injuries

- **3.1 million children (47%)** die from under nutrition
- **2.1 million children (31%)** die directly or indirectly from WASH related diseases
- **Globally, 6,549,602 children died in 2012**
The Vicious Cycle
(WHO, 2007)
Linking WASH to undernutrition

- Poor WASH
  - Faecal-oral exposure
    - Environmental Enteropathy
    - Nematode infection
    - Diarrhoeal Diseases

Result: Poor nutritional status
WASH does impact Nutritional Status
(Spears, India, 2012)

Sanitation affects stunting

Average height for age (children)

Open defecation ratio at Household level
Diarrhea & Stunting (Checkley et al. 2008)
Causal analysis on the sector

Undernutrition (chronic) → Undernutrition (acute)

Cochrane review 2013
Spears, India, 2012
Fewtrell 2005
Wash projects
Infection

Strong evidence
Limited evidence
Lack of evidence
The SUN Movement (2009)
55 countries engaged

Objectives are:
• Engage and Inspire
• Share experience on scaling up nutrition through a multisector approach
WASH in NUTRITION Strategy: 5 axis

Focus your Wash interventions in areas with high (acute) malnutrition rates

Provide Wash minimum package (kits, message, standards) in HCs and HHs

Focus projects in priority on the ‘mother-children’ group

Emphasis on behavior change (not only on kits and standards)

Ensure proper coordination between Nutrition & Wash sectors
WASH in NUTRITION Strategy: actors

Practitioners

Institutions

Donors
That's all Folks!

Any Question?