WASH in Nut
WG12

Stockholm, SuSanA meeting
22/08/2015
WHO Mortality <5, 2014

Under 5 years old's Mortality - World (WHO 09-2014 on data 2012)

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
Still 6.6 million under 5 died in 2012 (data WHO 2014)

Child deaths declined between 2008 and 2012:

- measles (-80%)
- HIV/AIDS (-51%)
- diarrhea (-50%)
- pneumonia (-40%)
- malaria (-37%)
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 \(^3\)
Pathways linking WASH with undernutrition
(WHO, 2007), Brown 2003, adapted ACF
Linking WASH to undernutrition

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

→ Poor nutritional status
Sanitation & Stunting (Spears, 2012)
Diarrhea & Stunting (Checkley et al. 2008)
Causal analysis on the sector

- Undernutrition (acute)
- Undernutrition (chronic)
- Infection
- Wash projects

Cochrane review 2013

Spears, India, 2012

Fewtrell 2005

Strong evidence
Limited evidence
Lack of evidence

4 septembre 2015
2. Results

- Reduction of the length of treatment of 13% in the intervention group (26.4 vs. 30.4 days). However, reduction of 25% would have been needed for the intervention to be considered as cost-effective.

- Higher daily weight gain in intervention group, but not statistically significant.

- Additional studies needed to improve the result validity (with larger sample sizes, in context with longer average treatment time, including additional alternative intervention options to improve water quality) → Pakistan, PUR 2
Ouadinut Chad 2015

La région du Kanem au Tchad
1. Hypothesis (a)

Impact of Household WASH package to nutrition program in Chad

- Kanem region (see map)
- 1250 children in control group (receiving OTP treatment), 1250 in intervention group (receiving OTP treatment + household WASH package)
- **Household WASH package** = household water treatment and hygiene kit (water container, water disinfection consumables, soap, cup, hygiene promotion leaflet) + hygiene promotion sessions + household visit during the treatment.
1. Hypothesis (b)

1) Children affected by Severe Acute Malnutrition receiving OTP treatment and benefiting from a “home WASH package” have a lower prevalence of diarrhea during the course of their treatment.

2) They have better outcomes in terms of weight gain during treatment.

3) They are less at risk of relapse after successful treatment.
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 HC 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?