WASH and Nutrition Integration and Small Doable Actions

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SuSanA WASH and Nutrition Working Group
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WASHplus
Focus on Integration

• WASH and HIV
• WASH and Neglected Tropical Diseases
• WASH and Nutrition
• WASH in Schools

• Information on WASHplus’ work on integration
www.washplus.org
Conceptual Framework for Child Nutrition

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

Source: USAID, Technical Brief, 2013
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

Activities
- Community-led 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

Working through community health workers to promote an integrated set of Small Doable Actions to mothers with infant children
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/Mother’s Name: ___________________  Name of the Village Health Team: ___________________
Village: ___________________  Dates of Visits: ___________________

1. 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.
2. Based on the current behavior, discuss the improved behaviors to the right of the current practice. During your discussion, ask:
   - 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.
3. 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!”

Disposal of feaces

1. phrase
2. phrase
3. phrase

Safe water handling

4. phrase
5. phrase

Cleaning your house and compound

6. phrase
7. phrase

Keeping latrine clean

8. phrase

Essential times for hand washing

9. phrase
10. phrase

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Thank You!!

For more information or questions

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The following slides are to support answers in the Q&A session
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
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 nutrition-sensitive areas
• Integrate 1-3 WASH indicators