



The WASH and Nutrition Nexus

Current Operational Approaches, Lessons Learned and Practical Considerations for Future Programming

WSP BBL

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Outline

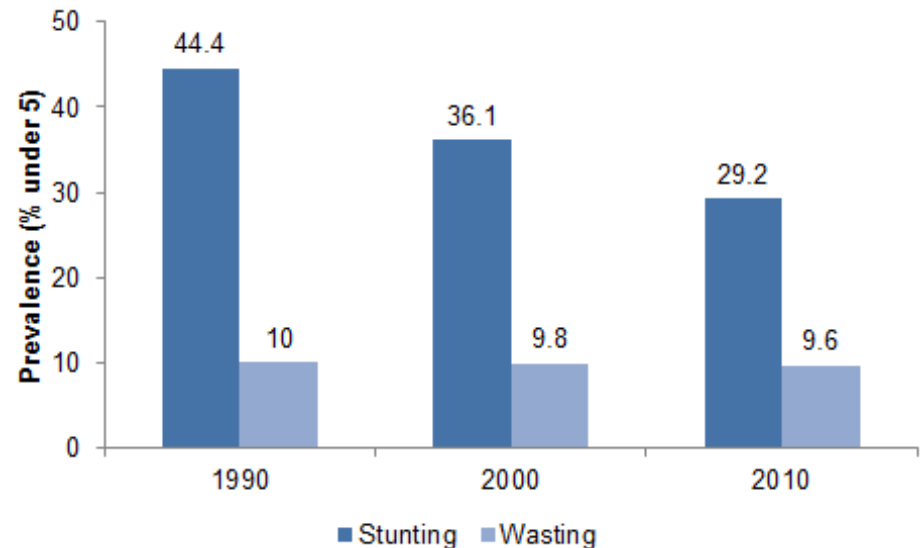
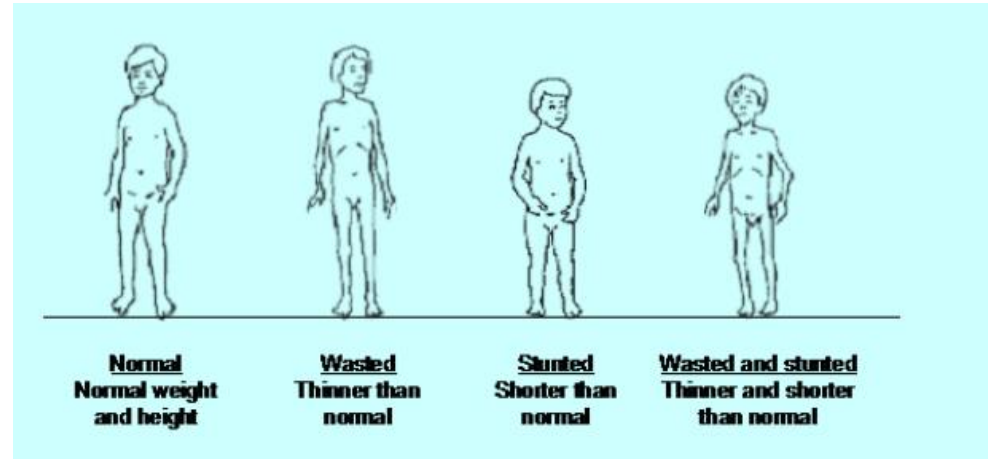
- The bottom line
- The background
- Evidence on WASH and nutrition
- Three examples of approaches to integration
- Key questions from the field examples
- Practical recommendations for future programming
- Next steps

Bottom line

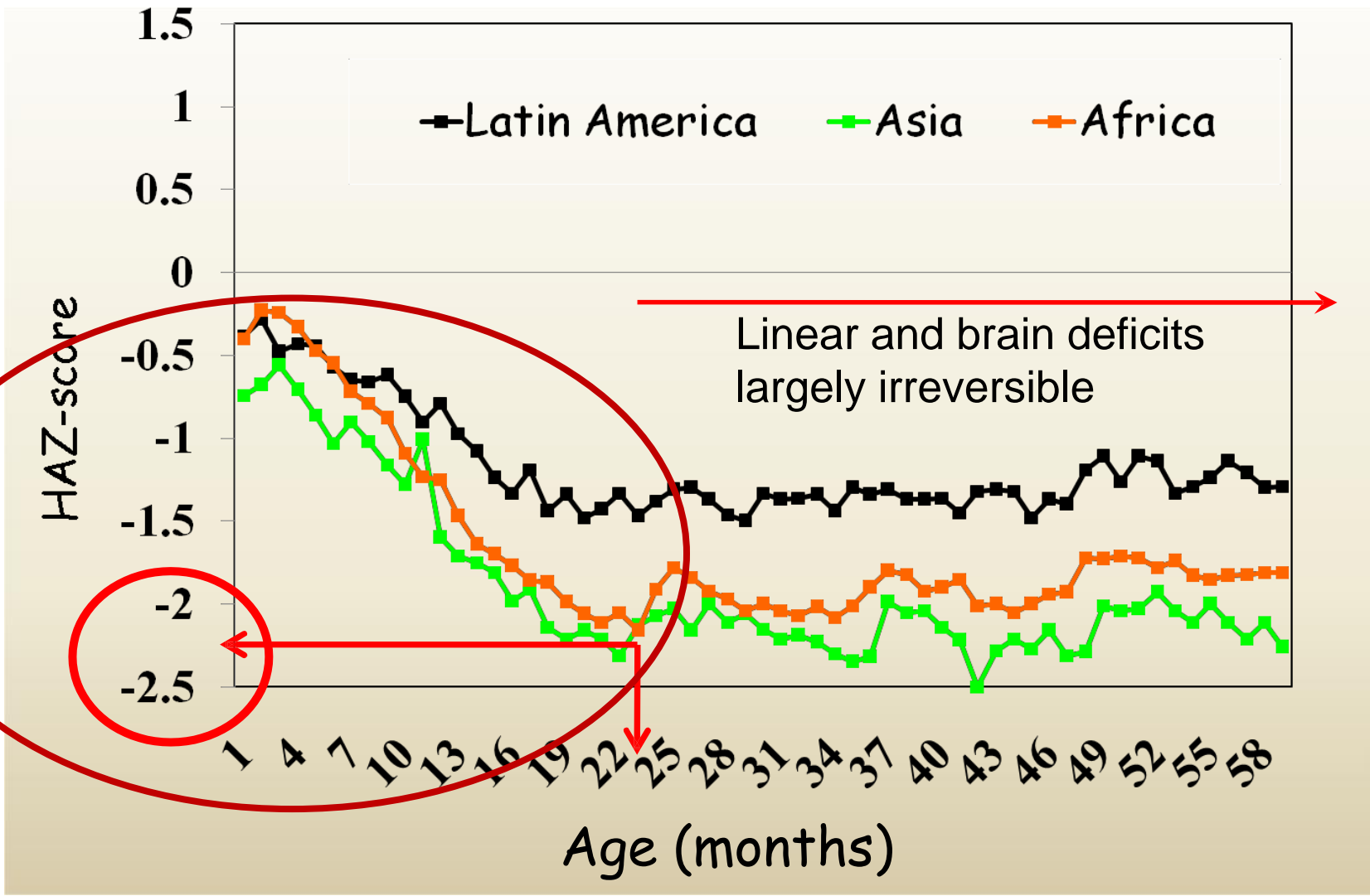
- There is enough evidence to support integration of WASH and nutrition programming
- There are opportunities for integration on behavior change, targeting and combining WASH sensitive with nutrition specific interventions
- Targeting poor, as opposed to universal coverage, can accelerate reductions in child undernutrition
- Leveraging existing resources and delivery channels has potential to increase scale, coverage and efficient use of resources

The burden of undernutrition

- 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 deaths¹ and is responsible for 21% of global disease burden for children younger than 5 years²
- Globally, stunting has decreased since 1990; wasting has stayed the same³

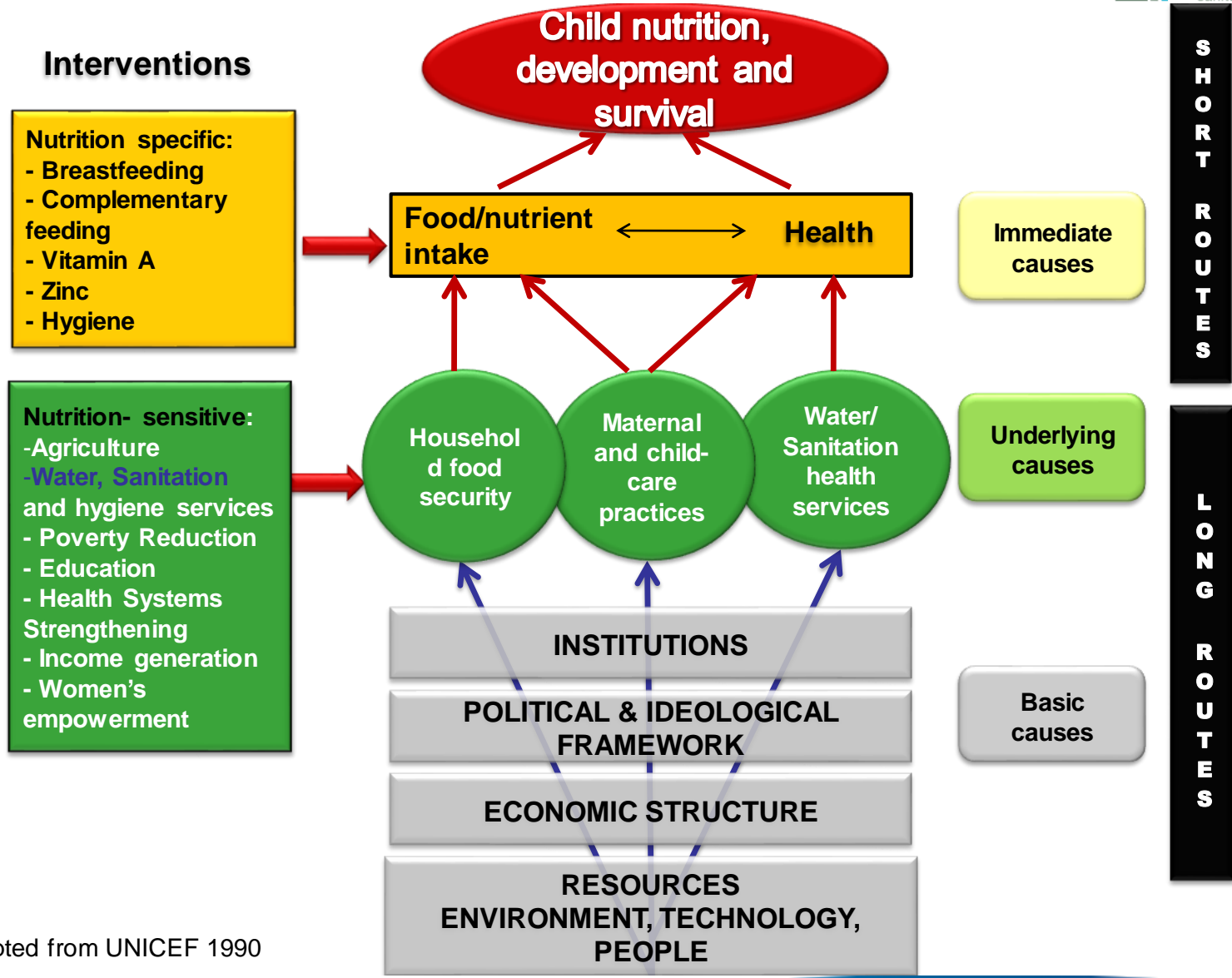


Irreversible damage beyond 2 years



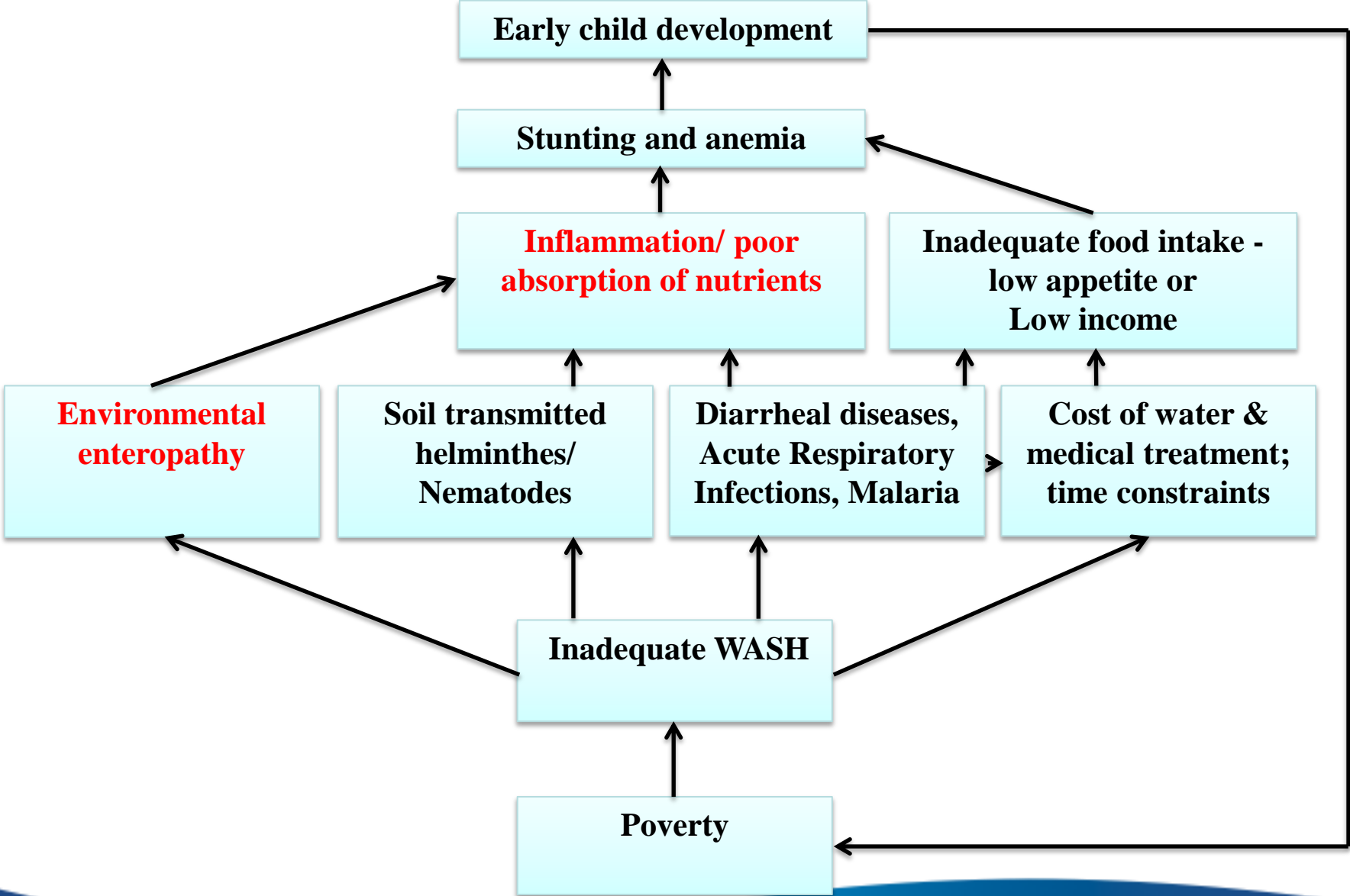
Source: Victora CG, et al 2010

Current Interventions



Adapted from UNICEF 1990

Pathways linking WASH and Nutrition



Current Evidence on WASH and Nutrition



Direct and indirect links	Quality of evidence	Strength of evidence
OD and stunting	Econometric analysis/ DHS	Strong
WASH and stunting	Most from observation studies	Suggestive
Water, hygiene and stunting	Experimental	Suggestive. Modest effect
WASH and underweight	Evidence from observation studies	Suggestive
Undernutrition through diarrhea	Substantial evidence but inconclusive on stunting	Suggestive on wasting. Relative contribution to stunting unresolved
Undernutrition through environmental enteropathy	Substantial evidence based on biological mechanisms	Strong on stunting. Suggestive on underweight

Lack of experimental evidence on impact of improved sanitation and water supply on HAZ

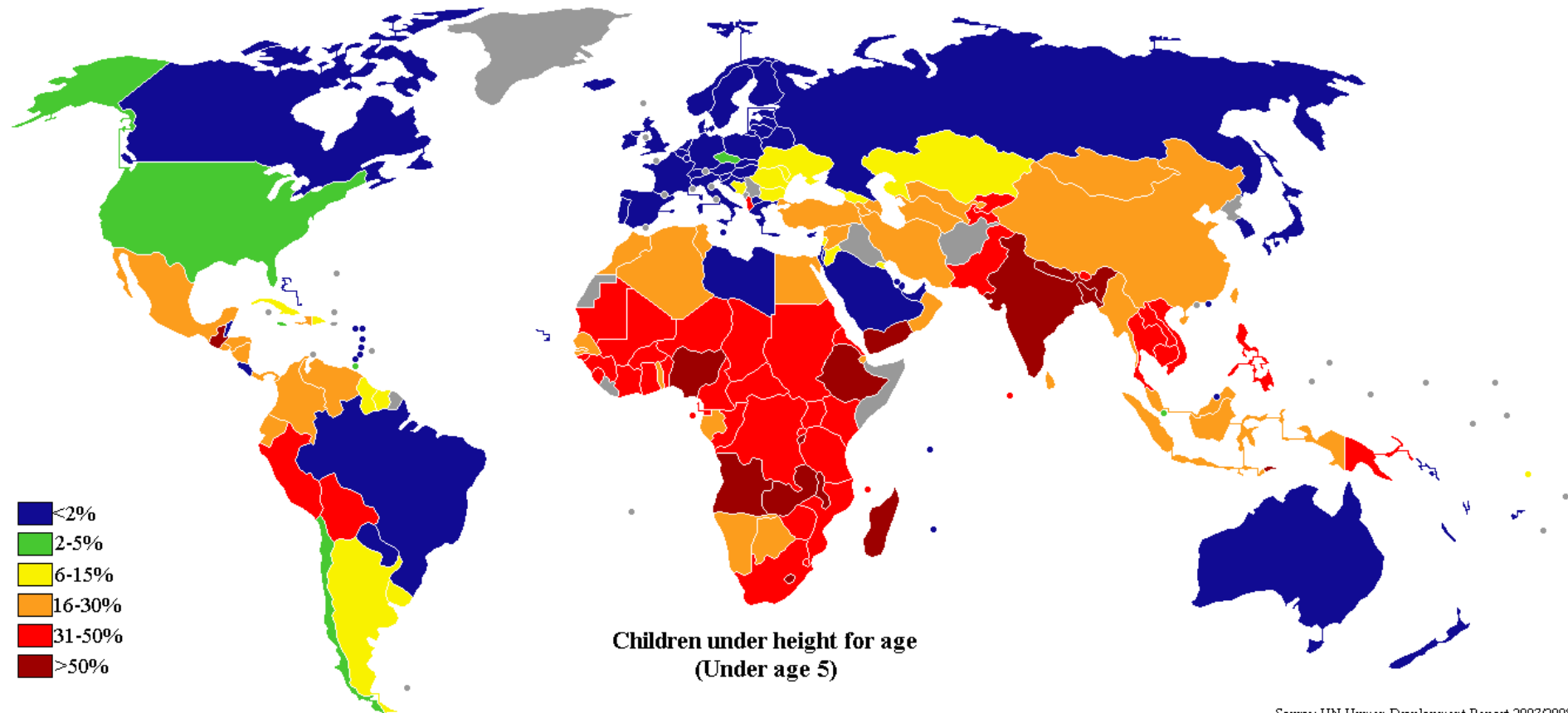
**Is there enough evidence to justify
integration of WASH and nutrition
programming?**

Three approaches to integration

- Targeting nutritionally vulnerable group
- WASH and nutrition behavior change
- WASH and nutrition-sensitive interventions

Approaches to Integration (1): Targeting Nutritionally Vulnerable

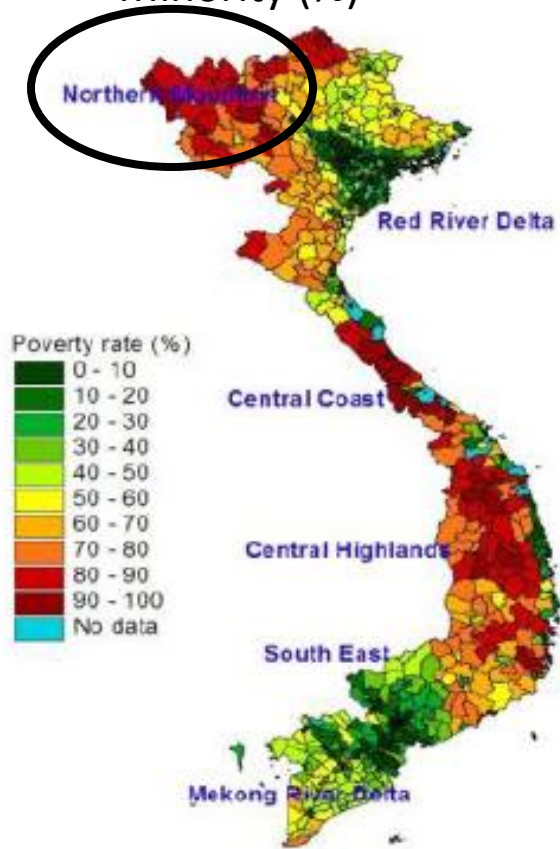
Global Prevalence of Stunting



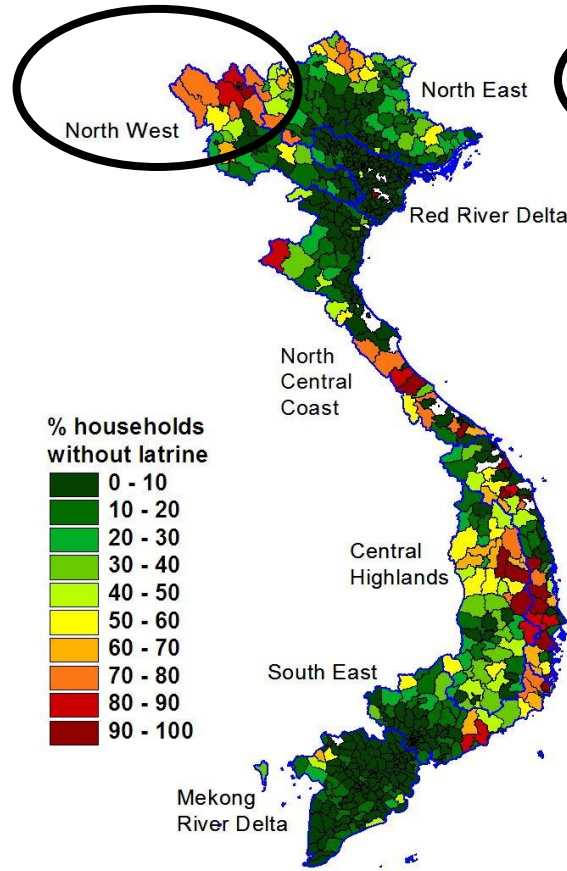
Source: UN Human Development Report 2007/2008

Targeting Nutritionally Vulnerable Zones

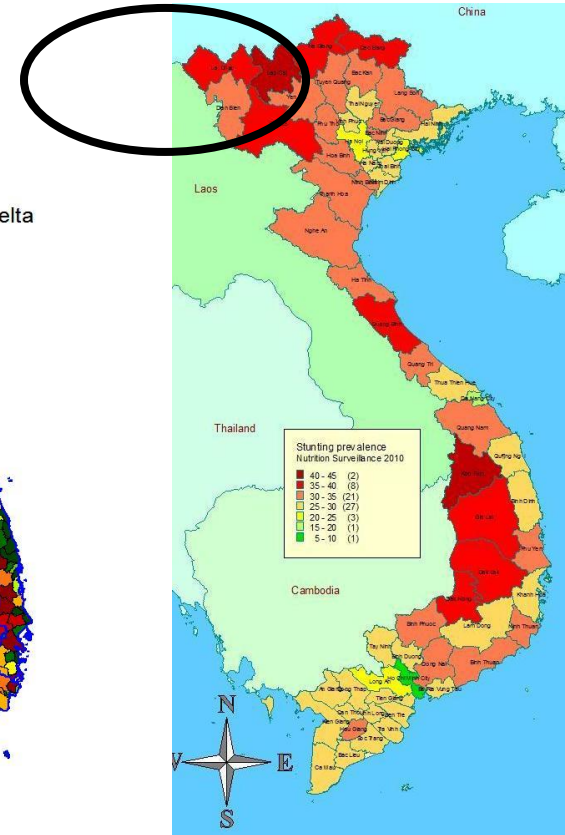
Poverty Rate
Among Ethnic
Minority (%)



% Ethnic
Minority HH
without a toilet



Stunting Rates %



Example: Targeting Nutritionally Vulnerable

SHOURHADO Project – Bangladesh



Example:

Targeting Nutritionally Vulnerable

SHOURHADO Project – Bangladesh

Outcomes

- ✓ Diet diversity score increased by 26 %
- ✓ Improved Vit A coverage
- ✓ Access to safe water increased from 57 to 72%
- ✓ Access to safe sanitation from 14 to 55%
- ✓ Stunting decreased from 56 to 40 % over 3 years among 6-24 months

Targeting by age and poverty, as opposed to universal coverage, can accelerate reductions in child undernutrition

Approaches to Integration (2): WASH and Nutrition Behavior Change



Example: WASH and Nutrition Behavior Change



Health Extension Program – Ethiopia

Health & Nutrition

- ✓ Maternal and child health
- ✓ Family planning,
- ✓ Immunization
- ✓ Adolescent health
- ✓ Disease prevention and control (HIV, TB, malaria, first aid)
- ✓ Nutrition

WASH

- ✓ CLTHS
- ✓ Water safety
- ✓ Food hygiene
- ✓ Personal hygiene
- ✓ Excreta disposal systems
- ✓ Solid and liquid waste management

Raises complexity in messaging

Approaches to Integration (3): WASH + Nutrition-sensitive interventions



+ Cash transfers with
conditionalities on
behavior change on
health

Example:

WASH + Nutrition-sensitive interventions



Philippines Conditional Cash Transfer Program (4Ps) + Rural Household Sanitation

Health and Nutrition

Target audience: Pregnant women and households with children under 14

Health conditionalities:

- ✓ Immunization
- ✓ Weight monitoring & nutritional counseling
- ✓ Deworming (age 6 – 14)
- ✓ Pre and post-natal care
- ✓ Family development sessions (FDS)

WASH

Target audience: 4Ps beneficiaries + community

- ✓ CLTS + sanitation supply chain (community)
- ✓ Access to financial products & latrine product demonstration as part of FDS (4Ps)
- ✓ Behavior change messages on sanitation as part of FDS (4Ps)

Challenges to integration

- WASH interventions aim for **community wide coverage** (e.g. sewerage, CLTS), while nutrition interventions are **targeted**
- **Lack of data** on nutrition, poverty and WASH access to guide targeting decisions
- Multiple messages increases **complexity** for implementing agency *and* for target audience
- Adequate infrastructure is required for successful WASH interventions – complicating **coordinated approach**
- Proper **timing and sequencing** of infrastructure inputs is essential for maximum exposure time to intervention

Key questions from field examples

- How can optimal **targeting** be done to accelerate reductions in child undernutrition?
- How can behavior change messages be **designed** to not overburden front-line staff and target audience?
- How can existing resources and delivery channels be effectively leveraged for integration?
- What are the **appropriate process indicators and outcome measures** for integrated approaches?
- How can **better co-ordination** be done to achieve shared objectives?

Practical Recommendations- Design and Implementation



- Strengthen enabling environment for **integration** at various administrative levels and with donors
- Utilize evidence base for advocacy and increase understanding of nutrition in WASH and other sectors
- Joint training in both sectors to break down sector silos through training and capacity building
- Nutrition to influence WASH targeting, and WASH to work with a nutrition lens
- *Think multi-sectorally but act sectorally*

- Develop an effective monitoring and evaluation framework to facilitate process and impact evaluation
- Include nutrition sensitive indicators in WASH projects (e.g. child height, weight, anemia)
- More work is needed to identify context specific WASH indicators that predict nutrition outcomes
 - Development of predictive biomarkers for EE is underway
 - Develop operational measures of environmental hygiene

Next steps

- Further consultations to document potential models for integration
- Develop and refine practical recommendations for design, implementation and evaluation further
- Identify potential operational research questions to address evidence gap
- Develop a theory of change for how cross-sectoral approaches in WASH and nutrition can reduce undernutrition

Bottom line

- There is enough evidence to support integration of WASH and nutrition programming
- There are opportunities for integration on behavior change, targeting and monitoring and evaluation
- Targeting poor, as opposed to universal coverage, can accelerate reductions in child undernutrition
- Leveraging existing resources and delivery channels has potential to increase scale, coverage and efficient use of resources

Thank You

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