

WASH & NUTRITION WORKSHOP REPORT

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BACKGROUND¹

An estimated 50% of global childhood undernutrition is linked to unsafe water, inadequate sanitation or insufficient hygiene², resulting directly and indirectly in 70,000 deaths and 860,000 deaths per year in children under five³. Poor WASH practices are thought to be major contributors to the current high malnutrition rates seen in Borno State, NE Nigeria.

Infant and Young Child Feeding in Emergencies (IYCF-E) is a lifesaving intervention which encompasses a range of multi-sectoral actions to support safe and appropriate feeding and care practices during emergencies. The activities focus on infants (0 – 12 months), young children (12 -24 months), pregnant and breastfeeding women. These groups are particularly vulnerable to the impact of poor WASH practices.

WASH & IYCF-E programming therefore share several common strategic objectives and can interact through activities such as ensuring breastfeeding mothers have enough to drink or young child excreta is safely disposed of. Jointly promoting good hygiene practices such as exclusive breastfeeding for the first 6 months of life can reduce morbidity and mortality due to faeco-oral transmission and disease-bearing vectors. Infants and young children also have specific hygiene needs related to handling and preparation of their food as well handling of their faeces.

Through integrated programming, greater outcomes and more efficient and cost effective use of resources can be achieved, as well as a reduction in competition for funding between sectors. Lastly, an integrated approach allows us to holistically address the multisectorial needs of mother-baby pairs.

¹ Adapted from UNHCR/Save the Children “IYCF-E Friendly Framework” – *DRAFT VERSION*

² Prüss-Üstün A, Corvalán C (2006) Preventing disease through healthy environments: Towards an estimate of the environmental burden of disease. Geneva, World Health Organization

³ WHO (2008) Safer Water, Better Health

PARTICIPANTS

A total of **27** participants attended the workshop from **11** NGOs as well as the Assistant Director for the Ministry of Water & Resources and the WASH and Nutrition Sector Co-Leads.

See [Annexe C](#) for full list of participants

WORKSHOP OBJECTIVES

The aim of the workshop was to ensure that by the end participants would be able to:

- ▶ Describe what IYCF-E is and why it is important in the Borno Context
- ▶ Explain how WASH interventions contribute to joint WASH & Nutrition outcomes
- ▶ Suggest priority integrated WASH & IYCF-E activities when designing & planning programmes in response to the emergency in North Eastern Nigeria

OUTLINE

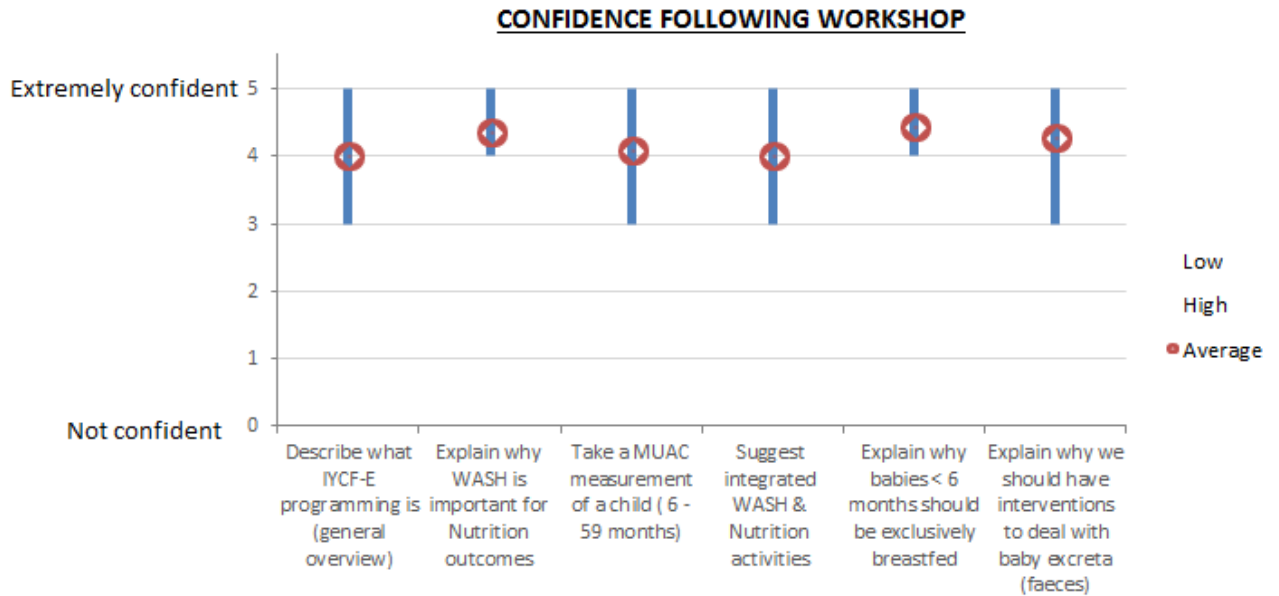
- Opening Remarks (*Assistant Director for Ministry of Water and Resources*)
- Myths & Misconceptions (*Group Activity*)
- Overview of IYCF-E programming and why it is important
 - Advantages of Breastfeeding & Introduction (*Activity – each participant reads out loud one advantage of BF and introduces themselves before placing it on the baby-mother-family-community*)
- Overview of Nutrition Programming in Borno State
- Linkages to WASH
 - Water
 - Young Children’s Excreta
 - Neonatal Health
- Example of integrated programming (*World Vision – Baby WASH*)
- Measuring MUAC & Recognising Oedema (*by Nut Sector Co-Lead*)
- Integrated Activities – Discussion & Prioritisation Exercise (*Group work*)

See accompanying PDF for full presentation

WORKSHOP OUTCOMES

Output:

- A set of feasible, integrated actions to be prioritised when designing and planning WASH & Nutrition programmes in the current context of Borno State.



Exclusive breastfeeding is commonly promoted within the WASH sector, however prior to the workshop many participants were uncertain of the reasoning behind this. Following a group discussion during the workshop, evaluation respondents all rated themselves as “very” to “extremely confident” in their ability to explain why infants < 6 months should be exclusively breastfed.

RECOMMENDATIONS

- Ensure WASH partners review any IYCF-E assessment tools with WASH-related questions and vice versa – arrange joint needs assessments & reports where possible, particularly assessments which investigate the link between poor WASH & nutrition outcomes
- Strengthen understanding of current young child excreta disposal practices and what interventions would be appropriate
- Arrange for WASH partners to attend IYCF-E TWG when agenda items are relevant and vice versa
- Establish a small WASH & Nutrition Integration task force to look further into the implementation of the identified priority integrated activities ([Annexe B](#)) & how these can be rolled out in practice. Encourage the inclusion of these activities in proposals and programme design.
- Ensure WASH issues which are relevant to nutrition outcomes are discussed in Nutrition Sector meetings and vice versa



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ANNEXE A: EVALUATION

RELEVANCE TO ROLE

On average, participants felt the workshop was **92%** relevant to their current work
(Low = 60, High = 100)

MOST SIGNIFICANT THING PARTICIPANTS SAID THEY LEARNED

- Integrating WASH in Nutrition
- I learnt that the bulk of malnutrition cases is also because of a lack of poor adoption of WASH measures.
- The many ways in which infant formula is counter-productive
- The linkage of WASH to nutrition and how it can be strategised and implemented in the various communities with poor WASH.
- Importance of WASH intervention on saving lives of children.
- Explain why WASH is important for Nutrition outcomes and Suggest integrated WASH & Nutrition activities
- I learned that in an unhygienic environment malnutrition can easily occur.
- That babies be on the mother's milk for at least more than a year. It is important for the child's development and the society's well been.
- Important of first breast milk to the baby. Exclusive breastfeeding. MUAC measurement of children 6-28 month.
- Baby poo is more dangerous than adult poo.
- Exclusive breast feeding for babies less than 6 months and taking a MUAC measurement

ACTIONS PARTICIPANTS SAID THEY WILL TAKE AS A RESULT OF THE WORKSHOP

Needs assessments

- Need Assessment on WASH and Nutrition
- Organise a joint WASH and Nutrition need assessment

Increased collaboration & joint planning

- Plan how to carry out proper WASH and nutrition exercise in the various communities here in Borno state
- Always collaborating with the nutrition team in most of our WASH activities.
- Educate future proposals write-ups
- Revise our activities accordingly.
- Have to discuss it further in our monthly WASH sector meetings
- Focus on integration In nutrition and WASH
- To convince the government to invest more on children's health.

Integrated activities

- I will make sure that at the course of my hygiene promotion I do nutritional assessment.
- Ensure that pregnant mothers, breastfeeding mothers have access to safe water.
- Training of WASH staffs on WASH and Nutrition integration

- Organize a joint project with other organizations and see that this reaches out to all the people of the community. Implement the project and see there is a positive response from the people of the community
- Integrate WASH activities with IYCF practically.
- Ensure that IDP camps, health facilities and host communities have sufficient water supply.
- Facilitate the proper disposal of faeces in emergency situations.
- Integrate IYCF-E and baby excreta disposal in hygiene promotion campaign.

Cross training & sensitisation

- Have a sensitization program for all in the locality
Train community volunteers on best hygiene practices on WASH as it relates to infant and young child feeding

Referrals

- Report cases of malnutrition to the nutrition department if discovered while carrying out our wash activities.
- And when I come across a malnutrition case I make sure that I refer to the nearest OTP.
- Referral of malnourished children to the clinic.
- Do referrals of malnutrition cases to the stabilization centres.
- I also make sure that I checked the OTP side to make sure that the referred patient are been considered.

| IMPROVE | KEEP THE SAME |
|---|---|
| <p>TIMING Early morning workshop would be preferred that mid-morning workshop</p> <p>More time....it was very short!</p> <p>That more time be added to the 2-3 hours.</p> <p>MORE By holding more workshop training on the subject matter to further strengthen the ideology in the minds of both teams</p> <p>Need more for the workshop</p> <p>The workshop is extremely good both in the presentation and the group work, but also want the workshop to be carried from time to time.</p> <p>And the materials particularly practicals like the MUAC measurements be elaborated more.</p> <p>By inviting all the staffs of nutrition and WASH.</p> <p>TEACHING METHODS</p> <p>The slides close to the end were too info heavy</p> <p>By providing more resource materials on the subject.</p> <p>By using drama to demonstrate child feeding in emergencies</p> | <p>Integration of nutrition and WASH</p> <p>The incorporation of wash into nutrition should be kept constant.</p> <p>TEACHING METHODS</p> <p>Interactive sessions</p> <p>The interactive session where all participants of the workshop were involved.</p> <p>The approach is really good; I mean the training technics....</p> <p>Presentation</p> <p>The materials are ok. EG the PPT presentation ETC</p> <p>CONTENT</p> <p>Taking MUAC measurement.</p> <p>The questions at the beginning were good to give perspective to what we learnt at the end, MUAC screening was v interesting and being in the middle was a good "break" from the rest of the info</p> |

OTHER COMMENTS

- Good training
- Workshops like this should be held often so as to encourage and enlighten various organizations on projects like this as a reminder and also find a means of implementation
- it is good to have similar trainings for more hrs to improve integration and common understanding.....on wash nut
- Excellent workshop
- Grateful for the opportunity to attend this short but very useful workshop. I hope it could be replicated often.
- Thanks you
- Please, you must be more open to the best hygiene practices that is obtainable in WASH so as to integrate them into nutrition and in the long run into breastfeeding for mothers because when breastfeeding is not done hygienically - it can lead to water diseases like diarrhoea in the event of contamination of breast milk with germs from an unwashed hand of the breastfeeding mother.
- I want be sharing nutritional information together i.e. we should be sending cases of SAM, MAM at any location been seen via mail

ADDITONAL QUESTIONS

An email was sent round to participants to answer questions they had after the workshop:

- **Is it possible to get malnutrition rate disaggregated by Ward, this is really important to prioritize the most affected before doing detailed assessment.**
- **On the issue of those children without mothers and their feeding formula**
- **What food supplements (apart from breastfeeding) can be given to a baby whose mother died during delivery?**
- **Does exclusive breastfeeding contribute to the intellectual development of a child and how?**
- **What happens if the mother is sick at the birth of the child?**

ANNEXE B – INTEGRATED ACTIVITIES

Process

Workshop participants were each given one category & provided with potential integrated activities (adapted from the UNHCR / Save the Children IYCF-E Friendly Framework- DRAFT VERSION). In small groups, participants then selected which activities they felt were most urgent and relevant for the Borno context. Any irrelevant activities were removed. Activities were then prioritised into the order shown here.

INFORMATION GATHERING AND SHARING

- Formalize **information sharing and discussion relevant to the wellbeing of children 0-23 months** between the two sectors. Identify which pre-existing forums (e.g. team or sector meetings) are most useful for regular reviews of information on IYCF and WASH, and ensure time is taken to discuss the implications of this information for WASH;
- Incorporate **questions about WASH and IYCF into discussions with PLW, caregivers** and community members, and invite both WASH and IYCF workers to attend these discussions;
- Incorporate IYCF questions in WASH assessment, KAP surveys etc.
- Develop clear procedures & criteria for WASH staff to identify & refer children with nutrition needs
- **Standardise Nutrition & WASH messages** on availability and access to services. Jointly plan dissemination opportunities in each other's programmes.
- Organise **joint needs assessments** at household level or at health and nutrition facilities.
- **Disaggregate assessment and monitoring data** for pregnant women, lactating women, 0-5 months, 6-11 months, 12-23 months;
- Collect **success stories**, including PLW and caregivers' accounts, to demonstrate the positive effects of quality WASH programmes on infant and young children's health and wellbeing;

WATER SUPPLY

- **Organise home visits** to support mothers and caregivers of children 0-23 months to maintain safe water at household level including water testing, checking appropriate use of items distributed, providing advice and explanations.
- **Design joint WASH and nutrition messaging around water supply and IYCF** – including access, use, quality and safety of water supply along with key, related IYCF-E messages targeted at this age group and their caregivers (i.e. ensure caregivers know that breastmilk contains ‘safe’ water and protects against infections including cholera);
- **Collaborate to ensure adequate safe water is available at health facilities & nutrition sites**
- **Prioritize caregivers of children 0-23 months and PLW in the provision of potable water** (including location of water points, water purification tablets, water trucking distribution points, water trucking vouchers)
- **Prioritize caregivers of children 0-23 months and PLW in the provision of and water related NFIs** (including supplies for safe household water collection and storage). The kits should be distributed at the admission to relevant services not at discharge;
- **Include PLW and caregivers of children 0-23 months in community consultations relevant to water supply:** including access to clean water (i.e. location of new water points should be as close as possible to PLW, timing of water distribution if rationed), quality of water (i.e. palatability, chemicals) and household level storage;
- Ensure caregivers have enough safe water to give to children when feeding ready to use foods / ready to use supplementary foods (e.g. Plumpy Nut)
- **Ensure caregivers of artificially fed infants have access to a safe water supply** to safely prepare breastmilk substitutes (BMS);
- **Consider water pump design (e.g. motorised) to reduce energy expenditure by pregnant & BF women**

SANITATION

- Through community consultation with caregivers of children 0-23 months, conduct a **more detailed and systematic assessment** of how mothers manage the excreta of babies and young children and how they can be supported in this;
- Ensure **messages around the disposal of children's faeces, waste water disposal** and hand washing are provided to caregivers of children 0-23 months through WASH and IYCF-E teams;
- **Consider special solid waste management needs of PLW and children 0-23 months** (i.e. disposal of diapers, provision of refuse containers, MHM) in design phase and consider the increased volume of solid waste for this group.
- If latrines are not safe or are not used by this age group, **design a response that helps caregivers safely dispose of children's faeces and has hand washing facilities** (at home and in breastfeeding corners);
- Distribute lidded potties for infants & young children
- **Consider the specific sanitation needs of PLW and children 0-23 months** (e.g. infant faeces management) as well as the enhanced risks of this target group to sanitation-related disease. Disaggregate population data per age group from early stage of assessment (0-5 months; 6-11 months; 12-23 months);
- **Engage with PLW and caregivers of children 0-23 months in discussions around siting, design and appropriateness of sanitation facilities**; ensure needs of PLW and children 0-23 months have been considered in their construction (menstrual hygiene management (MHM), excreta management, hand washing);
- **Provide information to households with children 0-23 months prior to community-level spraying** about the safety of insecticides and/or ways to limit discomfort/harm from the sprays.
- **Prioritize this age group when designing vector prevention and control plans** given their increased susceptibility to disease:
- **Collaborate to ensure that adequate WASH facilities are available at health facilities and nutrition sites**

~~Design a **referral mechanism by which IYCF programme participants can receive necessary personal protection equipment** such as insecticide treated nets;~~

HYGIENE PROMOTION

- Identify **referral networks for new parents** to receive a standard WASH kit;
- Through the IYCF-E programme, **engage mothers in community consultations to identify priority hygiene items** required for this target group;
- **Coordinate targeted hygiene promotion and IYCF activities for children 0-23 months:**
- **Prioritize PLW and children 0-23 months for the distribution of hygiene kits** (for household water treatment: appropriate dosage and/or specific dedicated storage, soap and menstrual hygiene products)

Coordinate behaviour change communication (BCC)/information, education and communication (IEC) materials that support integrated health, HIV, hygiene and nutrition promotion activities.

Standardise Nutrition & WASH messages related to feeding & care practices for infants & young children. Jointly plan dissemination opportunities in each other's programmes.

Include hygiene promotion as part of IYCF teaching (i.e. safe preparation of complementary foods);

Carry out hygiene promotion at Nutrition/ IYCF sites

Provide caregivers of artificially fed infants with targeted hygiene support including hygiene messaging and soap.

Consider unique washing needs for infants (i.e. establishing infant washing stations, providing infant tubs).

Work with IYCF team to ensure identified caregivers of artificially fed children obtain targeted support (as detailed in the IFE Operational Guidance⁴) including a "kit" including fuel, water purification tablets, and information on how to prepare BMS as safely as possible (Note: Care must be taken not to undermine breastfeeding, therefore breastfeeding mothers should also receive goods of the same or greater value);

Ensure Nutrition Teams have hygiene focal persons at facilities.

⁴ IFE Core Group (2007) *Infant and young child feeding in emergencies operational guidance for emergency relief staff and programme managers*, Available online: <http://files.enonline.net/attachments/1001/ops-guidance-2-1-english-010307-with-addendum.pdf> [10 Dec 2015]

ADDITIONAL CATEGORIES (*NOT COVERED*)

COORDINATION & ADVOCACY

- Collaborate to ensure adequate safe water and WASH facilities are available for health facilities and nutrition sites
- Collaborate to ensure adequate safe water and WASH facilities are available for nutrition outreach sites
- Identify & train a Nutrition/IYCF Champion from the WASH team to maintain knowledge and follow up specific integrated activities (e.g. referral)
- Enhance coordination through **information sharing and discussion relevant to the wellbeing of pregnant and breastfeeding women and children under 2** between the two sectors. Identify pre-existing mechanisms to coordinate integrated WASH and IYCF programming and ensure time is taken to discuss the implications of this information for WASH programmes;
- Utilize IYCF and WASH data to **advocate** for the needs of children 0-23 months of age and their caregivers with relevant authorities and donors - conduct **joint advocacy** for greater impact;
- Specifically consider **the identified needs and vulnerabilities of PLW and children 0-23 months** before designing WASH interventions (*Specific needs and vulnerabilities could include increased hygiene needs after delivery or to ensure safe breastfeeding, food and water borne diseases during pregnancy may harm her unborn baby, infant's immune system and resistance to disease is lower, handling of infant faeces, access to safe water for complementary food and feeding.*)

CAPACITY BUILDING

- Organise orientation sessions for WASH staff and volunteers on Nutrition
- Organise orientation sessions for Nutrition staff and volunteers on WASH
- Train WASH staff to do MUAC screening and referrals
- Organise joint / cross-sectoral trainings for volunteers on Nutrition & WASH
- Include IYCF-E / Nutrition in WASH training materials (key information only)
- Orient Nutrition Staff on WASH standards
- Train Nutrition staff to be Hygiene Focal Points for facilities, OTP sites etc.

ANNEXE C: ATTENDANCE LIST

| | Organisation / Agency | Name | Job Title |
|----|--|-------------------------|--|
| 1 | ACF | Abdu Mohammed | Roving wash PM. |
| 2 | ACF | ISa Adamu | Community mobilization officer |
| 3 | ACF | Sarmar | WASH PM Munguno |
| 4 | ACF | Alobu Innocent | WASH PM |
| 5 | Catholic Relief Services (CRS) | Jessica Delez | Program Manager II - Hygiene Promotion Team Leader |
| 6 | CIDAR (Centre for Integrated Development and Research) | Aishatu Aliyu | Project Officer -Hygiene Promotion |
| 7 | CIDAR (Centre for Integrated Development and Research) | Debra Mathias | Hygiene Promotion Officer |
| 8 | CIDAR (Centre for Integrated Development and Research) | Blessing Markus | Project Assistant - WASH |
| 9 | Danish Refugee Council | Rejoice Samuel Wakirwa | Emergency Project Assistant |
| 10 | Danish Refugee Council (DRC) | AbdulQadir Abba Sheriff | Emergency Assistant |
| 11 | Family Health international (FHI 360) | Henry Omara | WASH Coordinator |
| 12 | INTERNATIONAL MEDICAL CORPS (IMC) | ESTHER BITRUS ZIRA | WASH ASSISTANT |
| 13 | INTERNATIONAL MEDICAL CORPS (IMC) | BOLATITO OLADELE | WASH ASSISATANT |
| 14 | INTERNATIONAL MEDICAL CORPS (IMC) | IBRAHIM ABALI | WASH TECHNICIAN |
| 15 | Ministry of Water and Resources | M. Maaji Umar | Assistant Director |
| 16 | Norwegian Refugee Council | Lydia Luko | WASH Assistant |
| 17 | Norwegian Refugee Council | Fatima Mongouno | WASH Assistant |
| 18 | RUWASSA | Aisha Hamza | Program officer Hygiene Education |
| 19 | RUWASSA | HajaGana B Mala | WASH Officer |
| 20 | RUWASSA | Maryam Abdullahi | WASH officer |
| 21 | RUWASSA | Hauwa Anas | WASH officer |

| | | | |
|----|--|-------------------|-------------------------------|
| 22 | Sanitation and hygiene education initiative(SAHEI) | Fatima Waziri | Hygiene promoter |
| 23 | Sanitation and hygiene education initiative(SAHEI) | Fatima Umar Buba | Desk officer WASH |
| 24 | Save the Children | Emmanuel Etukodoh | WASH assistant |
| 25 | Solidarites International | Hyladzira Daniels | Hygiene Promotion Team Leader |
| 26 | UNICEF | Juan Luis Lopez | WASH Sector Co-Lead |
| 27 | UNICEF | Kirathi Mungai | Nutrition Sector Co-Lead |

ANNEXE D: PHOTOGRAPHS



