

Water, Sanitation and Hygiene (WASH) and Infant and Young Child Feeding

SET OF INTEGRATED ACTIVITIES

WASH plays a major role in reaching the goals of reducing morbidity and malnutrition as identified in the UNICEF conceptual framework. Poor WASH practices increase a child's risk of illness and malnutrition and put infants and young children at a high risk of death, particularly in situations such as NE Nigeria where exclusive breastfeeding is not widely practiced. Pregnant and lactating women (PLW), infants and young children are especially vulnerable to poor WASH conditions, and these groups have specific needs and risks. PLW may have increased hygiene needs after delivery and pregnant women are especially vulnerable to food and water borne diseases as these may harm her unborn baby. Infants and young children have specific hygiene needs related to handling of their faeces as well as access to safe water for complementary food and feeding, and they are at increased risks from contaminated water, food and other items in their environment as their immune system and resistance to disease is lower than in older children and adults. It is essential for IYCF actors to find ways to work with WASH actors to increase access to services for PLW and children 0-23 months. Many activities have several possible linkages and can achieve common outcomes¹:

Common strategic objectives

- Reduce the risk of contamination and stop the vicious circle of waterborne diseases, diarrhoea and morbidity in infants and young children through:
 - Improved access to safe water and food of sufficient quality and quantity
 - Improved access to quality sanitation and management of faeces
 - Improved food and environmental hygiene practices
- Improve WASH in hospitals, health and nutrition centres, schools and other institutions

Process

Workshop participants were each given one category & provided with potential integrated activities. 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.

¹ Adapted from UNHCR/Save the Children "IYCF-E Friendly Framework" - DRAFT
BORNO STATE – EMERGENCY RESPONSE – WORKSHOP DOCUMENT – NOVEMBER 2016

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 are adequate WASH facilities 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 Guidance²) 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.

² 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
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- 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.