

BabyWASH Coalition: Top Line Objectives

Introduction

“If you want to go fast, go alone. If you want to go far, go together.”

- African Proverb

Over the past year, there has been increased international focus on water, sanitation and hygiene (WASH) as a key missing piece in health programming. [The Lancet series](#) provided a focus on the need for WASH in nutrition, [the SHINE study](#) started to illuminate the link between WASH and early childhood development (ECD), a [WSP/UNICEF series](#) highlighted the lack of sanitation for children under 2, and a [new spotlight on health care facilities](#) by WHO/UNICEF highlights the poor WASH conditions that contribute to maternal and newborn mortality and morbidity. With the Sustainable Development Goals (SDGs) encouraging more cross-sector work and collaboration between different development players, a focused coalition addressing issues of sectoral integration is essential.

Rationale

Awareness of the gap in integration of WASH with maternal, newborn and child health (MNCH), nutrition and ECD is intensifying, as emerging evidence points to the substantial benefits of integration for lifelong health outcomes. Improved nutrition during pregnancy, lactation and in the first 2 years of life can reduce stunting, lead to better school performance and higher income, as well as reduce the risk for certain non-communicable diseases later in life. Improved WASH conditions during pregnancy and child birth can reduce maternal and newborn mortality and morbidity¹. Healthy WASH conditions and behaviours within a young child’s feeding and play areas can help to prevent environmental enteric dysfunction (EED), leading to a reduction in stunting². Even so, the practice of systematic integration between the sectors of WASH, MNCH, nutrition and ECD remains hindered on multiple levels, including policy, advocacy, financing, research and programmatic implementation.

Strategic organisational collaboration within this multifaceted milieu is essential. A focused coalition that leverages members’ respective strengths and portfolios around a shared vision of integrated sectors in the first 1,000 days can play an essential role in closing this gap and improving the health of children, mothers and caretakers.

Overall Purpose

Over the past few months, a core group of organisations interested in BabyWASH has come together to define the key gaps that a coalition should address and how to effectively fill these gaps. The core group has decided to pursue the following three objectives that will guide the direction of the coalition going forward:

¹ Benova L, Cumming O, Campbell OMR. (2014). Systematic review and meta-analysis: association between water and sanitation environment and maternal mortality. *Tropical Medicine and International Health*. 19(4): 368-387 <http://onlinelibrary.wiley.com/doi/10.1111/tmi.12275/abstract>

² Mbuya M, Humphrey J. Preventing environmental enteric dysfunction through improved water, sanitation and hygiene: an opportunity for stunting reduction in developing countries. *Maternal & Child Nutrition*. 2015

1. Develop lessons and guidance for programme integration

While there is a growing desire for organisations to integrate their programmes, there is little in the way of guidance that can assist in the integration of programmes. There is a growing research base about WASH and nutrition, but a dearth of information around MNCH integration and especially ECD integration. There are few success stories, case studies, or toolkits to follow for programme implementers. Therefore, the coalition will work to showcase programmes that demonstrate successful integration of MNCH, ECD, nutrition and WASH, and record learnings from examples where this integration was not successful. We will use these programmes to create guidance documents for integration as well as best practices. Where few programmes exist, subgroups of coalition partners may pilot programmes to showcase the results of integration.

2. Advocate for stronger focus on integrated care in the first 1,000 days

In order to change the mind-set of programme implementers and funders, there needs to be a much larger focus on the need for sectoral integration. Many of the barriers to integration fall into policy or attitudinal categories. Therefore, the coalition will focus on advocating with policy makers and funders by showcasing successful integrated programs. A change in the siloed nature of programming and donor funding would allow more intersectoral action to accomplish SDG 17. A key piece to share will be operational research on the benefits or consequences of programme integration as well as process research that explores how sectors can effectively and practically work together. This research will help provide examples of which types of integration are successful and which types are not, and will help to further refine what people should be striving for when they talk about integration. The coalition will be responsible for collecting and disseminating this research, and encouraging it to be carried forward where it does not currently exist.

3. Define integration metrics

Even when an organisation tries to integrate their programmes, there is no way to measure to what extent the programme is integrated because of a lack of integration metrics. The coalition will endeavour to find research and case studies that show what types of integration create a better return on investment and better overall health outcomes. This information will be used to draft a set of metrics to measure the level of integration that will assist in advocating for a stronger overall focus on sectoral integration.