

# Baby WASH integration for the promotion of optimal maternal and newborn child health

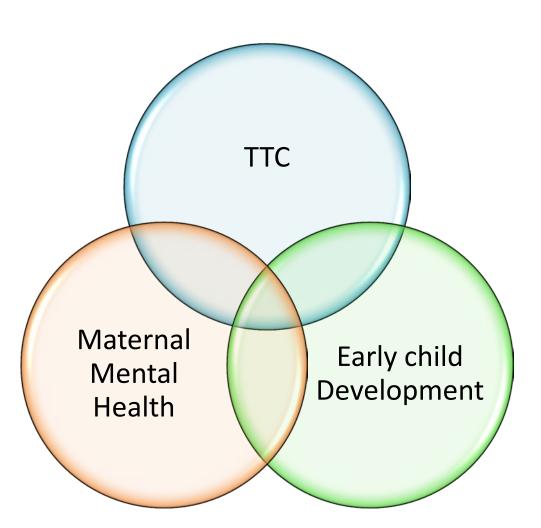
World Vision
Jerusalem-West Bank-Gaza



### **Presentations outline**

- □Introduction –JWBG integrated program
- □ Specific WASH interventions
- □ Indicators
- □ Results
- □Current research

### Enhanced TTC World Vision For Better Child Well Being Outcomes





- Is a Community Health Worker approach to extending primary health care counseling to the household level.
- one of the core approaches of World Vision's <u>Global Health and Nutrition</u> <u>Strategy known as 7-11</u>.
- It is Timed: During a woman's pregnancy and the first 1000 days of her child's life,
- It is Targeted: messages are delivered by visiting a woman's home so that key decision makers in the family, also receive the information.
- It is Counselling: the CHWs engage in discussion with the family to identify barriers to preferred health practices. They then work with the family to negotiate a feasible shift in their behaviors towards these preferred practices based on their individual circumstances.

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### **Maternal Mental Health**

 The trained CHWs provide Psychological First Aid for mothers who may be experiencing distress, basic helping and skills for mothers who may require more intensive emotional support, suicide and protection risk assessment and management, referral procedures.

Look	listen	link
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### Early Child development World Vision

### **Go Baby Go! Parenting Plus Model**

The trained CHWs will support the mother to improve child development outcomes by strengthening parenting skills, practices and family relationships.

#### GBG focuses on (but not limited to):

positive parenting approaches, parent-infant stimulation, learning for parents about child development (physical, emotional, social, cognitive/neural) and helping parents understand their role as children's first 'teachers' and building a strong foundation for lifelong positive attachment.







### Adapted 7-11 Interventions

Targets	Intervention (ttC + GBG+MHPSS)			
	Pregnant women	Children		
Core Interventions	<ol> <li>Adequate diet</li> <li>Iron/folate</li> <li>ANC</li> <li>HTSP</li> <li>Access to health care</li> <li>MHPSS</li> </ol>	<ol> <li>Early new-born care</li> <li>Appropriate breastfeeding</li> <li>Appropriate complementary feeding (all components, including responsive feeding)</li> <li>Hand washing, other personal and food hygiene</li> <li>Supplementation (Iron, Vit A)</li> <li>Immunization</li> <li>Care seeking behaviour and appropriate care for ARI and other common illness</li> <li>Oral rehydration</li> <li>Injury prevention</li> <li>Parents' ECD perceptions, behaviours/practices</li> <li>MHPSS promotion &amp; support</li> </ol>		

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## Mother

### Integration of WASH within the MNCH/N and ECD interventions

- Access to sufficient, clean water and sanitation.
- Proper Hand washing
- Water transfer and physical burden
- Birth preparedness
- Mother personal hygiene



- Clean Cord care .clean towels and clothes
- Early initiation and exclusive breastfeeding for 6 months
- Education on the provision of fresh and hygienically prepared complementary foods.
- Clean hands
- Water treatment/boiled
- Access to and use of improved sanitation facilities
- proper disposal of child faeces and handwashing with soap.
- Provision of sanitary and age-appropriate play/teething objects.
- Maintaining clean and protected eating and play
- areas.
- Provision of sanitary and age-appropriate play/teething objects.
- Diarhea and illness management

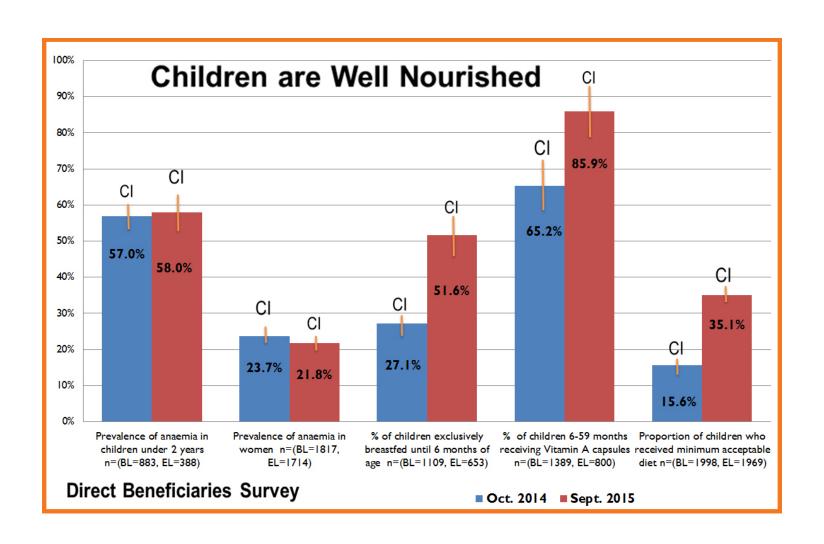


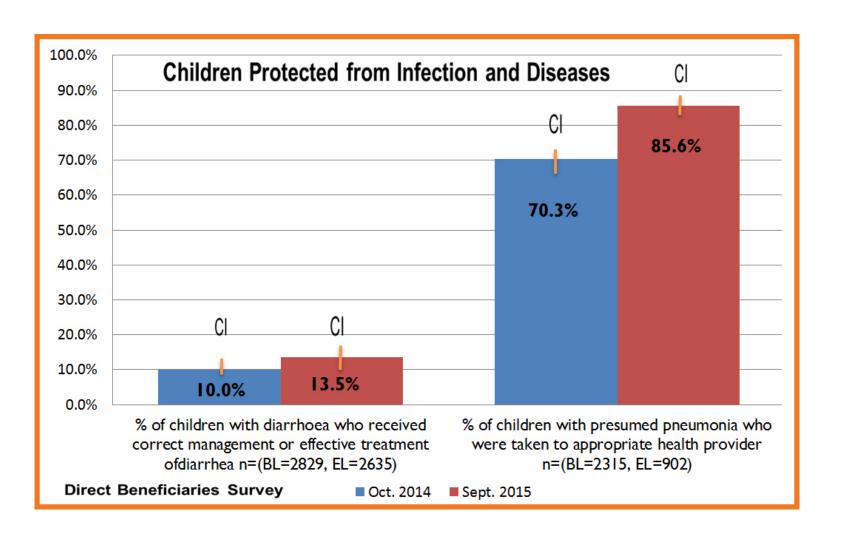
### **Covered indicators**

- ❖ People with access to a basic (improved) drinking water source
- ❖ People with access to basic (improved) household sanitation facilities
- ❖ People who have participated in hygiene behaviour change programming specific to environmental hygiene and ECD
- \* Exclusively breast feeding in the last 24 hours by
- ❖ Children 0-59 months with inadequate growth in the last two months
- ❖ Mothers/ caregivers with children 0-23 months who received nutrition counselling
- ❖ Mothers/ caregivers with children 0-23 months who received infectious disease counselling
- Pregnant mothers received counselling on clean postnatal practices
- Proportion of parents or caregivers with appropriate hand-washing behaviour

### **Covered indicators**

- Prevalence of diarrhoea in children under 5
- Prevalence of acute respiratory infections in children under 5
- Percent of women who give birth in a WASH safe delivery room.
- Proportion of households using unimproved drinking water who use an appropriate treatment method
- ❖ Proportion of households using safe water storage containers
- ❖ Proportion of households that have effective options for solid waste treatment Proportion of households with a designated place for handwashing where water and soap are present
- ❖ Proportion of parents or caregivers with children 0–23 months who report that their child's stools are safely disposed
- Proportion of caregivers who report knowing the correct handwashing time and procedure
- Proportion of caregivers who report using a clean, protected play area for their child
- Proportion of caregivers who report using a clean, protected eating area for their child





Indicator	PRE	POST
Washing hand after critical times	74%	92%



Water source					
Public network	Wells	Tanks	Other		
70.4%	17.1%	4.8%	5.6%		

Water amount / covering the family needs				
Yes No				
86.6%	13.4%			

Water treatment form the non-public networks					
		Use filter for			
boil water	Use sterilization pills	water	Other		
38.6%	9.5%	17.7%	34.2%		

sewage system availability					
Yes No					
88.3%	11.7%				

solid waste disposal					
				Useing waste	
Open container	Closed container	Anywhere	Burn	collector	Other
55.0%	17.0%	2.4%	3.9%	21.0%	.6%
Solild waste collection					
			Once a		
Daily	Once a week	Twice a week	month	Unregularly	Rarely
11.1%	23.8%	46.1%	2.7%	12.7%	3.6%

Water storage in houses					
Water tank	Containers	Water well	Other		
75.0%	.9%	16.5%	7.6%		

#### **World Vision**

### Research duration and location

- The research project started 1st January 2015 to 30th September 2017.
- The research will be undertaken in three WV-JWG ADPs – Bethlehem ADP, Central, East and North Nablus ADPs and South Hebron ADP
- The three research locations will be divided according to population size and in ways that to the best of WV-JWGs ability, limits contamination amongst communities receiving the intervention (EttC n=300) and control (ttC n=300).