WASH and HEALTH

BACKGROUND

Diarrhoea, pneumonia and birth complications are the top three killers of children under age 5 worldwide.

Each year diarrhoea alone causes the death of 760,000 children under 5 (11 per cent of all child mortality). Diarrhoea is also a leading cause of under nutrition in this age group and one-third to one-half of all child mortality cases are linked to under-nutrition.

UNICEF estimates that more than 90 per cent of deaths from diarrhoeal illnesses in young children can be attributed to unsafe or inadequate water, sanitation, and hygiene (WASH) practices.

Basic hygiene practices and better access to safe water and adequate sanitation for mothers and caregivers would greatly reduce under 5 deaths and improve child nutrition.

Combining nutrition, education, child protection with improved access to WASH aims to enable more people to gain access to improved WASH services and to assist households in gaining access to other services.

BABY WASH

BabyWASH is a World Vision initiative which aims to improve the integration of WASH interventions with maternal, newborn and child health (MNCH), nutrition and early childhood development (ECD), to enable a more profound impact on child health outcomes in the first 1,000 days of life (from conception up to 2 years of child live).

Emerging research confirms the urgency of addressing an integrated WASH, Health/ Nutrition and Education programme to facilitate children reaching their full developmental potential.

Integration is most important in the first 1,000 days, where MNCH, nutrition, WASH and ECD all play a critical part in child health, yet rarely are combined during programming.
Early Childhood Development (ECD)

The multi-sectoral ownership and response (health, nutrition, protection, WASH) for ECD aims to **protect the 43% of children** in low- and middle-income countries at risk of failing to reach their full developmental potential (Lancet, 2016).

**Environmental enteric dysfunction (EED)** in women of reproductive age may cause inflammation during pregnancy and adverse birth outcomes such as foetal growth restriction and prematurity, one of the leading risk factors for neonatal mortality. EED is believed to be an underlying cause of stunting (being short for age and is due to chronic malnutrition). Some studies show that children who live in “cleaner” (e.g., more sanitary and hygienic) households have reduced parasitic infections, less severe EED and greater linear and cognitive growth.

WASH has the biggest impact if the interventions focus on **five key hotspots of vulnerability**:

**Complementary feeding stage (above 6 months) - household level**
- Deliver key hygiene messages on hand washing, environmental sanitation, safe and hygienic waste disposal, water and food safety
- Promote continued breastfeeding for up to two years and beyond
- Promote and ensure clean and hygienic child eating and food preparation area
- Ensure access to clean water facilities for child, mother, and caregivers (drinking water purified, covered/sealed in container)

**Pregnancy – household level**
- Deliver key hygiene messages on hand washing, environmental sanitation, and water and food safety to mothers and caregivers in the home
- Ensure proper and appropriate hygiene and sanitation facilities for mother’s and caregiver’s at point of use

**Labor and Delivery – facility level**
- Promote clean and hygienic birth practices for mothers, caregivers, and birth attendants
- Ensure appropriate access to improved and clean sanitation and water facilities at health amenities and/or at mother’s place of delivery.

**Newborn (0-3 months) - household level**
- Promote clean and hygienic postnatal practices (hand washing, personal hygiene, clean cord care, infant feces disposal, etc.)
- Promote exclusive breastfeeding practicing for six months
- Ensure proper hygienic sanitation facilities and access to clean water facilities at child’s, mother’s and caregiver’s point of use