

Sahel Region Countries 2012–ongoing

INTEGRATING ESSENTIAL WASH INPUTS INTO NUTRITION PROGRAMMING DURING HUMANITARIAN EMERGENCIES

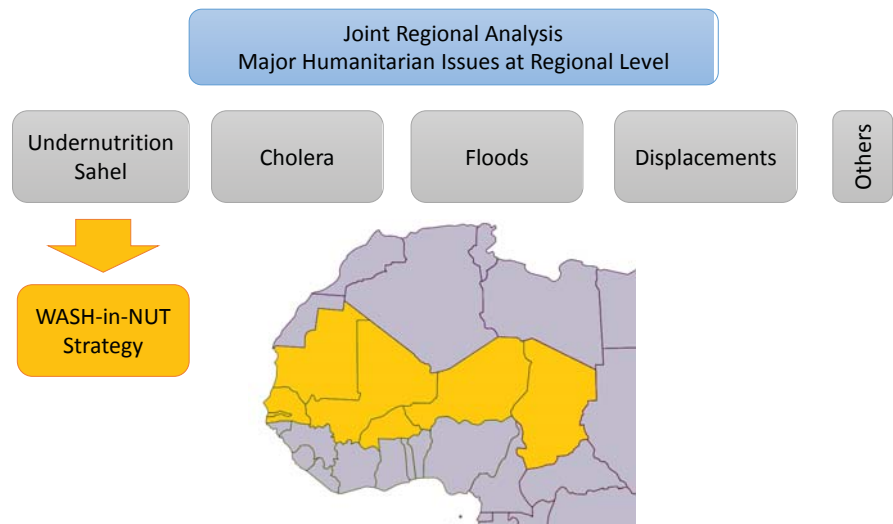
A Cross-Sectoral, Regional Approach to WASH in Nutrition in Humanitarian Programs

Context

In 2011 the Sahel experienced localized and prolonged drought leading to devastation of crops and livestock and elevated rates of severe acute malnutrition (SAM) in portions of eight countries. A strong humanitarian response was mobilized in West and Central Africa to the crisis, which was expected to affect at least one million children. The regional WASH Working Group (including the Red Cross, UNICEF, UNHCR, Oxfam, USAID, other donors, and NGOs) declared that assuring access to safe water and sanitation and promoting good hygiene practices should be key elements in all humanitarian responses to a nutritional crisis. The working group proposed aligning the WASH response to nutrition sector activities by mainstreaming a WASH “minimum package” of humanitarian program efforts. (See also the Mauritania case study, which describes implementation of the “minimum package” in a country setting.)

Activities/Channels

This major policy shift required consensus on minimum WASH hardware and software inputs and indicators, as well as processes for systematically integrating the WASH package (“WASH in Nut”) into traditionally vertical sectoral programs. The WASH Working Group proposed: 1) establishing cross-sectoral WASH in Nut focal points within partner organizations and key groups in the nutrition and food security sector, and 2) disseminating the strategy and ensuring integration of health and nutrition goals in WASH projects of various partners at the country level. Overall strategic objectives of the new approach are to:



- Target malnourished mothers and children at the household level with community-based activities complementing hardware activities in health and nutrition centers and in homes
- Reinforce the principle of the WASH minimum package, with a choice of responses dependent on the country situation (with optional phasing—e.g., household water treatment using sachets of PUR in the first stage, shifting to more sustainable use of SODIS)
- Give priority to behavior change at the household level and target priority regions or zones in conjunction with nutrition specialists

WASH actions as prevention (long term/development) measures should be nutrition-oriented and should target the geographical areas most affected by malnutrition.

The new approach also lays out a process for segmenting targets (under the categories of facility type and

beneficiary group) and phasing in activities over the short and medium terms. Priority targets include: 1) for facilities—in-patient facilities for malnutrition with medical complications; outpatient therapeutic programs; supplementary feeding centers; and 2) for beneficiaries—pregnant and breastfeeding mothers and children under two years at home; and mothers/caregivers with children under five years.

Proposed global indicators for regional and national monitoring of results are: 1) the percentage of nutritional centers delivering the WASH minimum package; and 2) the percentage of malnourished mothers/caregivers and children benefitting from the WASH minimum package in the home. Twelve proxy indicators are suggested to evaluate access and practices in the household (such as percent of households where the time taken to collect water is less than 30 minutes, percent of households using improved and well maintained toilets, percent of mothers washing hands with soap at critical times).

Results

The WASH in Nut strategy is now endorsed in the Humanitarian Action Plans of eight countries in the Sahel and by the DRC. The fundamental tool for the new approach is a matrix outlining the WASH minimum package with indicators and options by target group. (See Annex 2 in the first resource below.) Multiple indicators are suggested for discrete functions within each WASH package, with detailed examples of activities. For example, the hygiene package for nutrition centers includes distribution of household hygiene kits, with suggestions for materials. Monitoring data for WASH inputs at the facility level are being collected as part of the monthly UNICEF (sitrep) review process in eight countries in the region and disseminated by the UN Office for the Coordination of Humanitarian Affairs in West & Central Africa.

More than 100 organizations have picked up the approach

through ministries of health and water divisions and WASH clusters/sector groups. All programs funded by the European Commission, Humanitarian Aid and Civil Protection (are now asked to integrate a WASH in Nut component in their programs.

Lessons

The main support and funds during a nutritional crisis go to nutrition programs and nutrition actors, with little funding for WASH. However, minimum WASH inputs may not be costly and may focus primarily on behavior change. These can be supported by nutrition programs.

Major stakeholders became active in the Sahel during the food crisis of 2005. The WASH in Nut strategy was developed over several years but received a “push” by the crisis in 2011–2012 and was then put on paper. Monitoring of hardware inputs has been systematized, but monitoring of inputs at the household level remains a challenge.

Resources

“WASH in Nut” Strategy: Sahel Nutritional and food crisis 2012. https://wca.humanitarianresponse.info/en/system/files/documents/files/StrategyWASHinNutSahel_2012%5B1%5D_0.pdf

West and Central Africa Regional WASH Coordination Model—Experience at regional level in West and Central Africa. October, 2013. <https://wca.humanitarianresponse.info/fr/document/west-and-central-africa-regional-wash-coordination-model-experience-regional-level-%0B-west>

Visit the OCHA ROWCA website: <http://www.unocha.org/ochain/2010/rowca.html>

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