Greater than the sum of two parts- Integrating WASH and Nutrition for improved health outcomes in South West Tanna, Vanuatu

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Project Background

• The Tanna Integrated Water, Sanitation and Hygiene (TIW) project was funded by the New Zealand Ministry of Foreign Affairs and Trade. Project duration: 4 years

✓ long-term goal of reducing child malnutrition;

✓ medium term goals of reducing child diarrhoeal diseases and improving WASH and nutritional knowledge, behaviours, and practices.

• Rationale for project need:

✓ Difficult to reach remote locations such as those in South Tanna have significantly poorer health indicators to those in more accessible areas.

✓ WASH was identified as a priority sector by communities and other key stakeholders including the Ministry of Health working in this area.

✓ Long term presence in the area allow World Vision Vanuatu to understand and address the significant challenges of health programs implementation at community level given tribal system and traditional beliefs
Approach

Main project interventions aimed to support an integrated preventative approach to health:

- Participatory Hygiene and Sanitation Transformation (PHAST)
- Healthy Island Initiative
- WASH Management Committees (WMC)
- Village Health Volunteers (VHVs)
- Household visits to increase maternal and child health
- Construction/rehabilitation of water systems and toilets
- Community awareness to increase nutrition and health care/disease prevention
Access to VIP toilet ownership and use increased from 10.1% at baseline to 94.5% (p=0.000) and open defecation decreased from 32.4% to 0% (N=205).

Access to clean water increased from 28.8% at baseline to 98% (p=0.000). 96% of the project population have access to this water all year round.

Increases in hand washing facilities from 18% at baseline to 90.5%. Hand washing facilities made from bamboo poles. 77% of had a facility had soap, ash or lime next to them.
66% reported **hand washing with soap** after defecation as a result of the project interventions.

**Decreased diarrhoea prevalence among children under 5** from 11.7% at baseline to 8.5% possibly associated to hand washing behaviour and access to water.

**Gender:** Women involved in PHAST/CAP processes and well represented on the WMCs. Main benefits reported: Time saved from collecting water, convenience, privacy and security from having convenient water supplies and latrines, and safe spaces to vocalise their particular challenges to the rest of the community.
Project impact on Nutrition

16% point reduction in under 5’s who are **stunted**: 50.5% at baseline to 34.5% at the project’s close (p=0.000).

Reduction of 8.8% in the proportion of children under 5 who are **underweight** (p=0.010).

A statistically significant **increase** of 4.8% points (p=0.020) in **wasting** among children under 5, increasing from 3% in January 2015 to 7.8% in August 2016.

Tropical Cyclone Pam in March 2015, coupled with a severe 2015-2016 El Niño weather event severely impacted household food production, food availability, and community income.
Sustainability

Sustainability:
- **Water Management Committees** (WMCs)- Fund raising/community contribution; operation and maintenance of their water systems.
- Integration of **Village Health Volunteers** for nutrition, hygiene and sanitation awareness supported by the community members through the provision of incentives.
- **Community Action Plans** developed through PHAST training addressing MNCHN & WASH
- Engagement of village chiefs through traditional governance system
- Project participation and signed MoUs with the **Provincial Department of Rural Water**

**Rebuilding toilets after Cyclone Pam:** 95% of households rebuilt or repaired their toilets during the recovery process post-cyclone Pam (within 3-6 months). 48.4% with own savings and 47% rebuilt with support from their community Water Committee. These results indicate a strong technical understanding among target communities of how to build VIP toilets, while also demonstrating the importance now being placed by communities on access to sanitation facilities.
Conclusions

• “People have been living a certain way for many years, so it’s hard [to change]. But I think PHAST is the best model to use in Tanna. It’s practical - not classroom based - and gets the communities themselves to identify challenges....For women, PHAST works well. It allows women to voice their particular challenges, and voice these to the wider community.” - Joseph Joel, Provincial Water Manager for the Provincial Department of Rural Water

• “Before, we had no knowledge of health and hygiene and we had to walk along way to collect water. We had no toilets and only used the bush. Now, we have good VIP toilets and we have seen the importance of why we should use these toilets.” – Karimasanga mixed Focus Group.

• “Since our grandparents, we lived a life where almost every week we had sickness and disease. Now, methods of hand washing have contributed to our health, as it prevents us from getting sick. Now we apply the saying, ‘prevention is better than cure’.” – Karimasanga mixed Focus Group.

• “Now the pigs don’t eat our manioc, as they’re fenced. We can grow food close to the house. We used to have to travel very far to get to the garden, now we can tend to it very easily and grow a wide range of island kaikai.” – Ikakahak Women’s Focus Group.
Recommendations

✓ Use champion Water management committees to network and organise other WMC on adjacent villages.
✓ Linking the WMCs with the Savings and Loan programme – integration with other sectors
✓ Address the malnutrition prevalence through investigation of drought resistant crops and ramping up growth monitoring and treatment
✓ Having to leave the village for training was highlighted by some women during FGDs as creating a barrier to their participation.
✓ Ensure land ownership issues are addressed early so there are no delays in project implementation
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