A profile of Communities in a WASH/ Maternal, Newborn, Child Health (MNCH) Promotion Project in West Africa

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Canada
Our approach to address Stunting

Breastfeeding

- Breastfeeding education to parents (initiation, duration, exclusive breastfeeding)
- Ongoing breastfeeding support

Complementary Feeding

- Nutrition education and healthy child feeding practices

Water, Sanitation & Hygiene (WASH)

- Safe water access
- Food safety
- Hand washing education
- New hand washing stations
- Safe management of wastewater and solid waste disposal

Infectious Disease Causing Nutrient Loss

- Improved antenatal care

Exposure in Utero

- Improved antenatal care
Benin and Togo

Development index score
• Benin: 0.485
• Togo: 0.487

Maternal Mortality rates
• Lifetime risk of maternal death
  • Benin: 1 in 53
  • Togo: 1 in 80
• Or Maternal Mortality Rate
  • Benin: 400 per 100,000
  • Togo: 300 per 100,000

Stunting rates
• Benin: 34% under age 5
• Togo: 27.5% under age 5

Sources: UNDP Human Development Reports and Unicef Country Statistics.
WASH/MNCH Project Overview

- In partnership with Global Affairs Canada
- Started in 2016 in Benin and Togo in 279 communities over 4 years.
Intervention Overview

Rural Communities
- Safe WASH Access
- Community Health and Nutrition Promotion
- Gender Equality Promotion
- Sustainable WASH Practices

Regional Summits

Community Social Marketing

Village Health Clinics
- Improved Infection Control
- Nutrition Counseling Education
- Optimal Breastfeeding Support
- Increase Birth Delivery Capacity
Baseline Results

• Sample size: 3,863 households, 4,781 children under 5.

• **34.9% stunted overall in both Benin and Togo** (41% [95% CI 39.3% - 42.7%] in Benin and 21.8% [95% CI 19.6 to 24%] in Togo.)
  • 37.3% of male children were stunted and 32.8% of female children

• Exclusive breastfeeding: 79.8% of children under 6 months were only given breast milk within the last 24 hours.

• 67.4% do not use any sanitation facility.

• **diarrhea was prevalent among adults** (18%) and **children** (32%) in the last 30 days which decreases nutrient absorption and increases stunting risk.

• **18.9 % consuming from safe water** as defined by WHO
Early Indications

Early indications suggests

• Community Health Champions indicated a positive change of perspective on use of clinics
• High rate of referral to clinics

Midline Results so far

• Safe water usage increased from 19% to 93%
• Incidence of Diarrhea decreased from 32% to 19% compared to baseline
• Stunting rate
  • Overall % of stunted children did not change
  • Decline of 7% of stunting in second oldest age group of 3-4 years
Gender considerations

• MNCH affects the entire family structure
• It is imperative to include boys and men to participate in MNCH and WASH.
• Providing equal opportunity for women and girls to succeed
• Mainstreaming gender equality throughout project programming in order to achieve sustainable and equitable WASH, MNCH and Nutrition outcomes
  • Integrating principles of gender analysis across intervention methods
  • Sex disaggregated data
  • Allow communities to identify gender related barriers to health outcomes
  • Create environments to facilitate equal voice and participation
Early Insights

• The volunteering model for village health advocates can be challenging
• Behaviour change requires more than education. It is important that the target audience perceives personal benefits. Incentives may be important.
• Addressing stunting takes time
• Addressing stunting requires a multi faceted approach
  • Opportunity for collaboration beyond the WASH and Nutrition sector, requires partnership and collaboration with other sectors (Maternal Health, Gender, Environmental) to address the issue of Stunting
  • Need more dialogue among practitioners to integrate Nutrition, WASH and Gender programming
Thank you

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