



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

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WASH
FUTURES
Water, Sanitation & Hygiene Conference 2018



Collaboration for Universal WASH

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Consequences

Short Term Consequences

Long Term Consequences

Health

Developmental

Economic

Health

Developmental

Economic



Stunted Growth & Development



Direct Causes

Household & Family

Inadequate Complementary Feeding

Breastfeeding

Infection

Maternal factors

Home Environment

Poor Food Quality

Inadequate Feeding Practices

Food and Water Safety

Inadequate Breastfeeding Practices

Clinical & Subclinical Infection



Local Context

Community & societal factors

Political Economy

Health and Healthcare

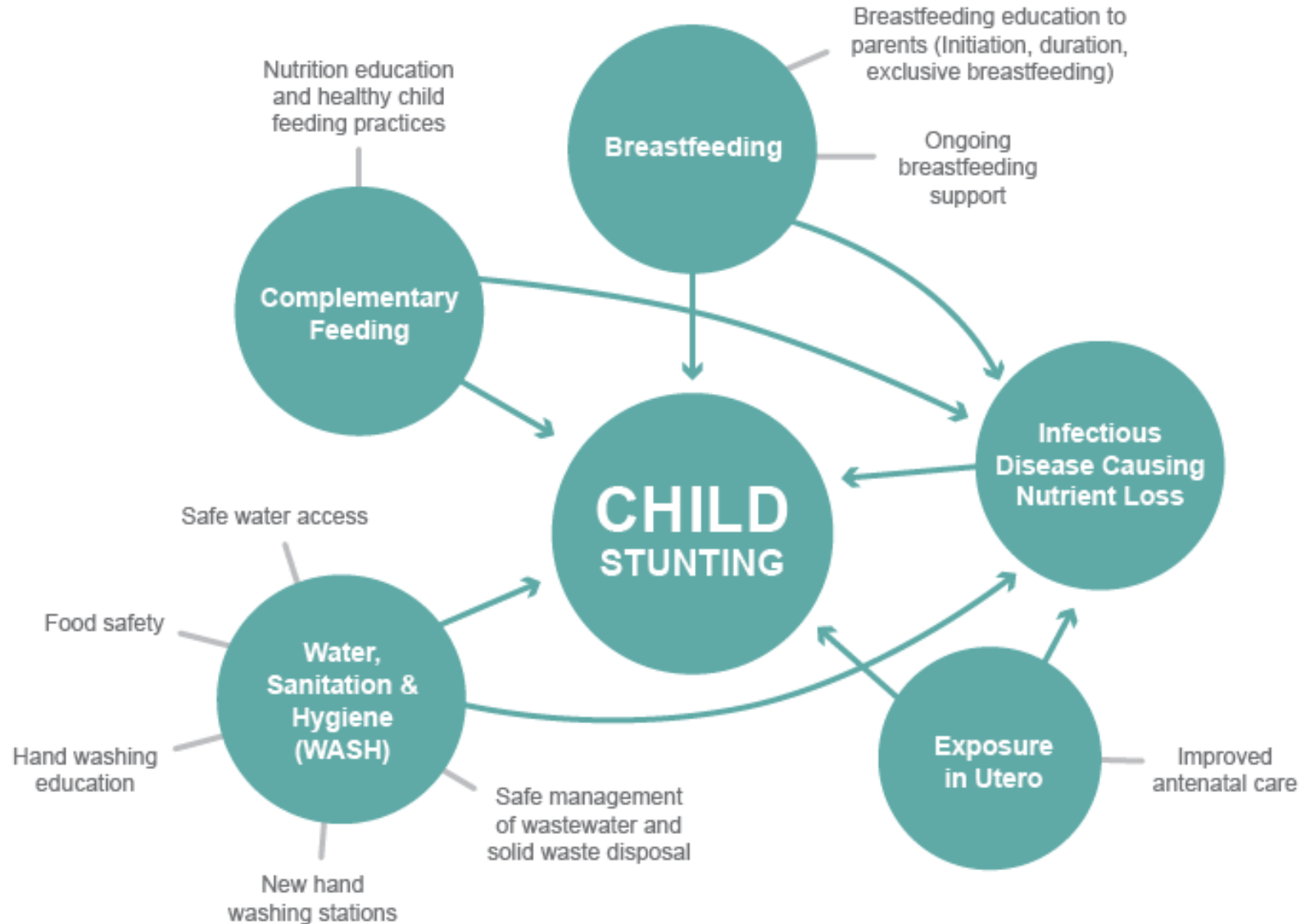
Education

Society and Culture

Agriculture & Food Systems

Water, Sanitation & Environment

Our approach to address Stunting



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



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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