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**WATER, SANITATION AND HYGIENE SERVICES BEYOND 2015:
IMPROVING ACCESS AND SUSTAINABILITY**

Integrating infant and young child feeding with Community-Led Total Sanitation: a case study of strategic partnership to fight stunting in Jigawa and Katsina States

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BRIEFING PAPER 2172

Jigawa and Katsina States have population of 3.5 million and 2.8 million and stunting rate of 57.7% and 56.2% respectively (MICS, 2010). The Infant and Young Child Feeding (IYCF) is a strategic intervention for promoting exclusive breastfeeding with emphasis on the community level intervention.

Community-Led Total Sanitation (CLTS) motivates communities to stop open defecation and become environments where all households use latrines.

Combining the two strategies is an offshoot of partnership between UNICEF WASH and Nutrition sections playing very important role in the Child Survival and Development cluster. This intervention promotes messages of exclusive breastfeeding; safe defecation and hand washing with the aim of preventing malnutrition from the onset. Area of synergy between the two sections could be summarized as: good hygiene is crucial to avoid diarrhoea and other illnesses. In communities targeted, all households now use latrines while practice of hand washing after defecation has increased.

Preamble

The intervention, as earlier stated, was an offshoot of a partnership between the Water, Sanitation and Hygiene Section and the Nutrition sections. It was aimed at ensuring that the opportunistic infections that worsen the health status of malnourished children are prevented from on-set. Also involved in this partnership are the: Primary Health care Development Agency; Local Government Primary Health Care department; and the WASH departments of the Local Government Areas.

This intervention involves series of activities ranging from capacity building of government partners; community demonstration and triggering of communities towards stopping open defecation. This integrated intervention promotes messages of exclusive breastfeeding; safe defecation and hand washing with the aim of preventing malnutrition from the onset. The areas of synergy between the two sections are summarized in the notion that: good hygiene is crucial to avoid diarrhoea and other illnesses.

Besides, the following promotional messages are very key; Wash your hands with soap and water before preparing foods and feeding baby; Wash your hands and your baby's hands before eating; Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom; Feed your baby using clean hands, clean utensils; Use a clean spoon or cup to give liquid to your baby; Store the foods to be given to your baby in a safe clean place.

The intervention also includes construction of water and sanitation facilities in the health centers to allow access to these facilities by patients and the health workers for the purpose of improved health.

Methodology

Integration of the two concepts involved some steps which are as follows;

Point 1. Inter-sectoral Collaboration: Several agencies at the state level of government who were involved in the implementation were brought together at the planning stage. The Ministry of Water Resources, the Rural

Water and Sanitation Agencies (RUWASA), the Ministry of Health and the State Primary Health Care Development Agencies had an orientation/planning meeting to level understanding on the planned interventions and develop a plan for its roll out. Collaboration was also fostered at the LGA level between the Local Government WASH units and the staff situated at the health centers under the state health system board.

Point 2. In Katsina, a Steering Committee on Nutrition in the office of Secretary to the State Government was established and mandated to anchor the entire process and coordinate how the integration is implemented in the communities. In Jigawa, the Gunduma Health System Board, a State Agency in charge of Primary Health Care was given the responsibility to coordinate the integration.

Point 3. Joint training of WASH Officials and the State/Local Government Nutrition Officers was conducted. The agenda jointly developed had both IYCF and CLTS Concepts and the methodology for merger at the community level. The training also involved the strategy for implementing while communities were selected for piloting. During the training, facilitation teams were formed with each comprising both Nutrition and WASH Officers especially from the state level and a group of Resource Persons for professional support.

Point 4. Training of staff from the designated health centers on the five (5) domains of Hygiene, namely: Safe excreta disposal; Safe water chain; Hand washing; Food Hygiene; Environmental Sanitation. This was aimed at equipping the staff with the knowledge of the importance of promoting safe hygiene practices among their patients.

Point 5. Community Triggering: In Katsina, all the communities under the Community-based Management of Acute Malnutrition (CMAM) in Kaita & Sandamu LGAs were triggered in Community-Led Total Sanitation (CLTS). In Jigawa State, fifteen CMAM communities were selected for piloting.

Point 6. Collaboration and working together between WASHCOMs and the Nutrition Support groups the community level.

Point 7. Demonstration of hand washing for nursing mothers and supply of hygiene promotion materials such as posters distributed to CMAM centers and provision of WASH facilities at the CMAM centers

Point 8. Hygiene talks with emphasis on hand washing with soap and provision of complimentary feeding at the CMAM Centres on clinical days by the State primary Health Care Development Agency.

What are the outcomes?

Although, there has not been any deliberate efforts to evaluate the interventions, but attempts have been made to visit the target communities and document the findings. It was observed that all households now have and use latrines & most of the communities no longer practice open defecation. All the hitherto defecation sites in such communities have disappeared resulting in clean, safe and friendly environments and children look neater than before.

The level of synergy and working together between staff of the relevant agencies at the state LGA and community level to achieve a common goal has increased and the challenge of isolated interventions is coming to an end. We see the health and the WASH sections addressing Malnutrition which was unprecedented. It is believed that this is going to spur further collaborations among the various sections

Children of intervention communities appear to be cleaner and healthier as compared to other nearby non-intervention communities, reduction in the number of drop-out children from schools and increased enrolment, retention and completion was also noticed in intervention communities.

Exclusive breastfeeding is on the increase and knowledge of preparation of complimentary feeding increased; and Health centers now have WASH Facilities providing access to patients and health workers while the knowledge and practice of hand washing increased especially among nursing mothers and care givers. Communities have reported that there is reduction in the incidence of water and sanitation related diseases among the children.

As part of their daily obligation, hand washing is demonstrated in health centers by health workers to sensitize mothers and care givers to the importance of hand washing to their health and the health of their children. This is unprecedented.

Two of the beneficiaries in two of the communities had this to say as the outcomes of the intervention;

"We now wash our hands with soap after packing our children's faeces and before feeding them" says a nursing mother Rakiya Mohammed of Yalwan damai community, Birninkudu LGA Jigawa state.

"We now keep our kitchen utensils clean and cover our food before serving; our children are no longer as sick as before" says Rabi Alhaji Hashimu of Kangire community, Birninkudu LGA Jigawa state.

What are the lessons learnt

Ignorance of the nursing mothers concerning good hygiene practices contributes more to stunting than the rate of poverty as is widely believed.

Fighting stunting is a multi-sectoral task that requires strong partnership between the Nutrition, health and the WASH Sectors for durable impact to be made. The three sectors are strongly linked as they complement one another. For instance, maintenance of proper sanitation, food and personal hygiene & hand washing in the communities helps in reducing incidence of water and sanitation-related diseases; improves eating habits & nutrition, and thereby contributes to reduction in morbidity and mortality rate among children.

Unsafe hygiene practices go a long way in boosting stunting and therefore increased knowledge and practice of safe hygiene and sanitation behaviors contribute immensely to the fight against stunting and other malnutrition manifestations.

The experience has proved right the notion that children from households at the lowest ebb of poverty have greater tendency to suffer from acute malnutrition with a strong correlation of practices in the lowest ebb of sanitation ladder.

Conclusion

The integrated intervention is still new and is being piloted in very few states and communities at the moment and the outcomes, so far, reveal that if the government is engaged for its scale up, stunting rate in affected communities will drastically reduce.

So far, a great number of the households in the affected communities now have and use latrines and there is reduction in the incidence of diarrheal diseases especially among children. Among malnourished children who had benefited from the Community-based Management of Acute Malnutrition interventions, the rate of relapse has drastically reduced in the target communities. It is hoped that integration of IYCF into CLTS will address the high rate of acute malnutrition in most communities.

Having seen the outcomes of the interventions in the target communities, the governments of Katsina and Jigawa have drawn up plans to replicate this intervention in more communities and this we are expecting to support to materialize.

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Note

The integration was based on the platform of the SHAWN Project which has resources for WASH components of the integration.

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