

# Global Nutrition Cluster Perspective on WASH/Nutrition Linkages

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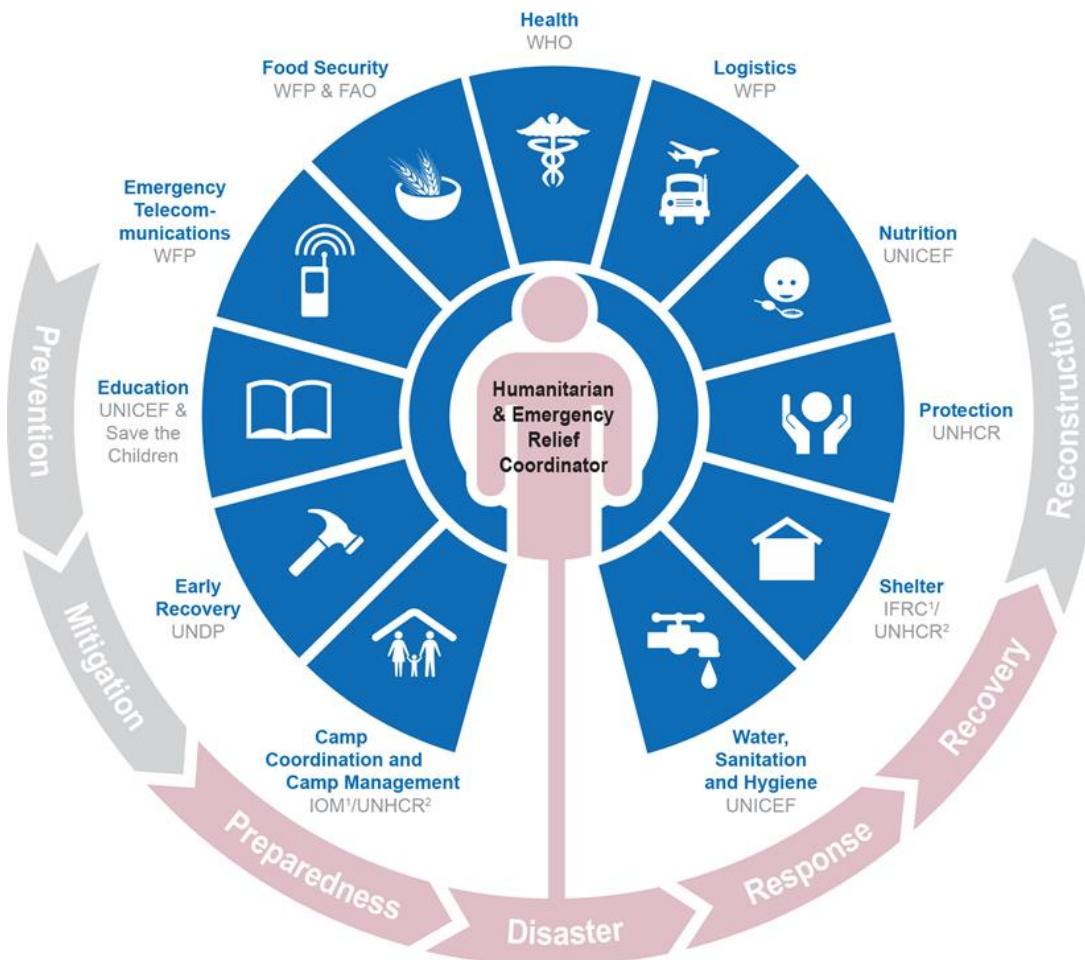


# Presentation Outline

- **Overview of the Nutrition Cluster** – How it functions at both Global and Country levels
- Demonstrate in **practical and programmatic terms what are the opportunities for WASH and Nutrition linkages in Humanitarian setting**
- What are the **key factors preventing better integration between WASH and Nutrition**
- What **action** we need to take at **both global and country level to address those challenges**



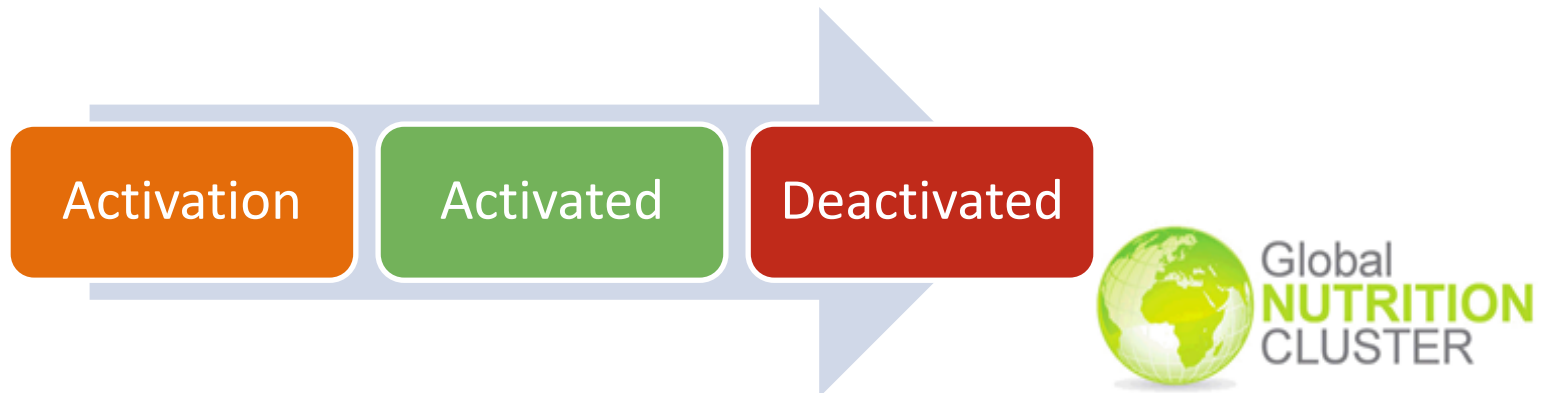
# Inter-cluster coordination Within Humanitarian Coordination Framework



**Still challenging.... But progresses**

# THE CLUSTER APPROACH

The purpose of Clusters is to ensure a well **coordinated, strategic, adequate, coherent** and **effective** humanitarian response.



# 6 CORE CLUSTER FUNCTIONS

1

- SUPPORTING SERVICE DELIVERY

2

- INFORMING STRATEGIC DECISION MAKING OF THE HC/HCT

3

- PLANNING AND STRATEGY DEVELOPMENT

4

- ADVOCACY

5.

- MONITORING AND REPORTING

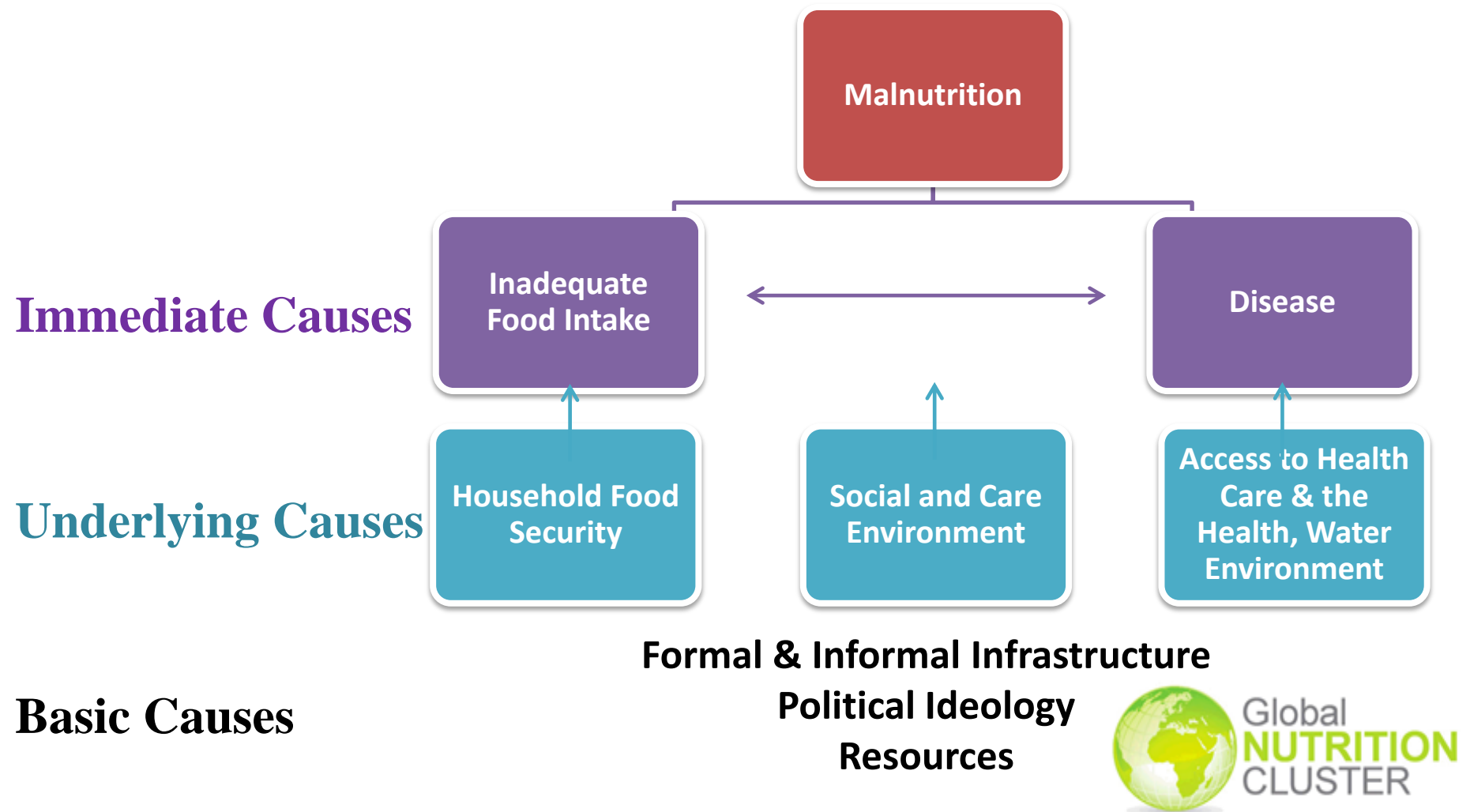
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- CONTINGENCY PLANNING/PREPAREDNESS/CAPACITY BUILDING



# Why is WASH Important

## Causes of Malnutrition



## HOW THE WASH CLUSTER CAN BE NUTRITION SENSITIVE?

### Geographic focus

Regions of highest burden of stunting  
Regions of highest burden of acute malnutrition  
Regions of highest burden of food insecurity  
Feed the Future Zones of Influence  
Regions needing multi-sectoral investments to build resilience  
Regions with high burden of infectious diseases  
Regions undergoing humanitarian crises

### POPULATION FOCUS

- Populations with high prevalence of stunting, anemia and micronutrient deficiencies, and acute malnutrition among under fives, as well as prevalence of maternal anemia and low body mass index (BMI)
- Women during pregnancy and lactation
- Children from birth through five years, with special emphasis on 0-2 years
- Adolescent girls
- Adults with acute malnutrition

### MONITORING AND EVALUATION

- Estimate prevalence of diarrhea and Environmental Enteric Dysfunction (EED)  
At Household and facility level:
  - % with safe water availability, accessibility
  - % with safe water storage
  - % with water treatment supplies
  - # and % with correct hygiene practices and access to hygiene supplies and commodities
  - # of hygiene kits distributed to nutrition program beneficiaries
  - # of men/women functioning toilets
  - # of persons trained in hygiene and nutrition promotion
  - # of hygiene and nutrition promotion sessions performed
  - % covered with rehabilitation or creation of irrigation systems

### STRATEGIC PLANNING

- At Household and facility level:
  - Promote and facilitate increased access to and use of safe water supply and sanitation and the key hygiene practices (safe drinking water, hand-washing with soap, safe disposal of excreta, food hygiene, water treatment and safe storage of water, community promotion of sanitation, improve water supply)
  - Jointly promote essential WASH, food and environmental hygiene, and nutrition actions in community and facility-based nutrition assessments, counseling, and education
  - Promote increased availability and affordability of essential commodities to facilitate hygiene practices (e.g., water treatment products, soap, hand washing stations, sanitation options)
  - Develop multiple use water systems that provide water for both domestic (e.g., drinking water) and productive uses (e.g., to support crops and livestock for income generation)
  - Distribution of hygiene kits to nutrition programs beneficiaries

### NEEDS ASSESSMENT

- Nutrition lens: assess needs of support to nutrition programs (at HH, community and facility levels) and targeting common population groups:
  - Estimate water diseases prevalence
  - Assess water quality, quantity, accessibility, storage
  - Excreta disposal: practices, technical aspects, solid waste disposal, wastewater disposal
  - Hygiene and nutrition promotion: # of key staff to be trained, # of targeted HH, communities, specific needs for sensitisation

The advantages of a multisectoral needs assessment are:

- Fewer gaps and duplications in assessment coverage.
- More efficient use of resources, enabling organizations to cover more locations.
- Less chance of assessment fatigue in disasteraffected communities.

Designate a formal partner among the cluster group to be the focal person and warrant of the inclusion of gender and women empowerment at cluster level.

# Nutrition-specific interventions

## Micronutrient Supplements

- Vitamin A
- Iron-Folic Acid



## Treatment & Mgmt of MAM/SAM



## Therapeutic Zinc for Mgmt of Diarrhea



## Food Fortification (Vita, Iron,) (oil, sugar, flour, dairy)



## Malaria Control & Prevention using Insecticide Treated Nets & Nutrition Education



## Universal Salt Iodization

## Optimal Infant and Young Child Feeding and Breastfeeding Promotion



Pregnancy until 2 years old



## Deworming



## Promotion of Improved Water Sanitation and Hygiene (WASH) Practices including Hand washing

## Nutrition Throughout the Life Cycle

Pregnancy

Birth

Infancy

Childhood

Adolescence

Adulthood



CLUSTER



## Package for Water and Sanitation

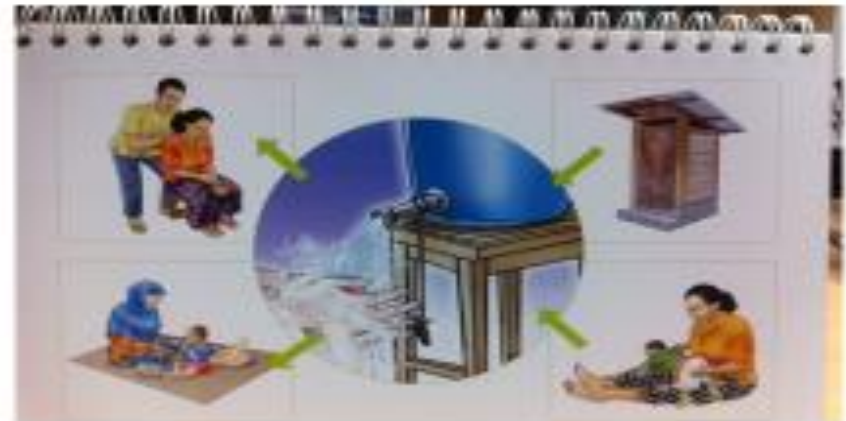
1. Communication on hand washing with soap
2. Communication on safe disposal of faeces, especially children's faeces
3. Elimination of open defecation and increased access to sanitation
4. Facilitate access to water for hand washing and hygiene practices

## Convergence has often looked like this...



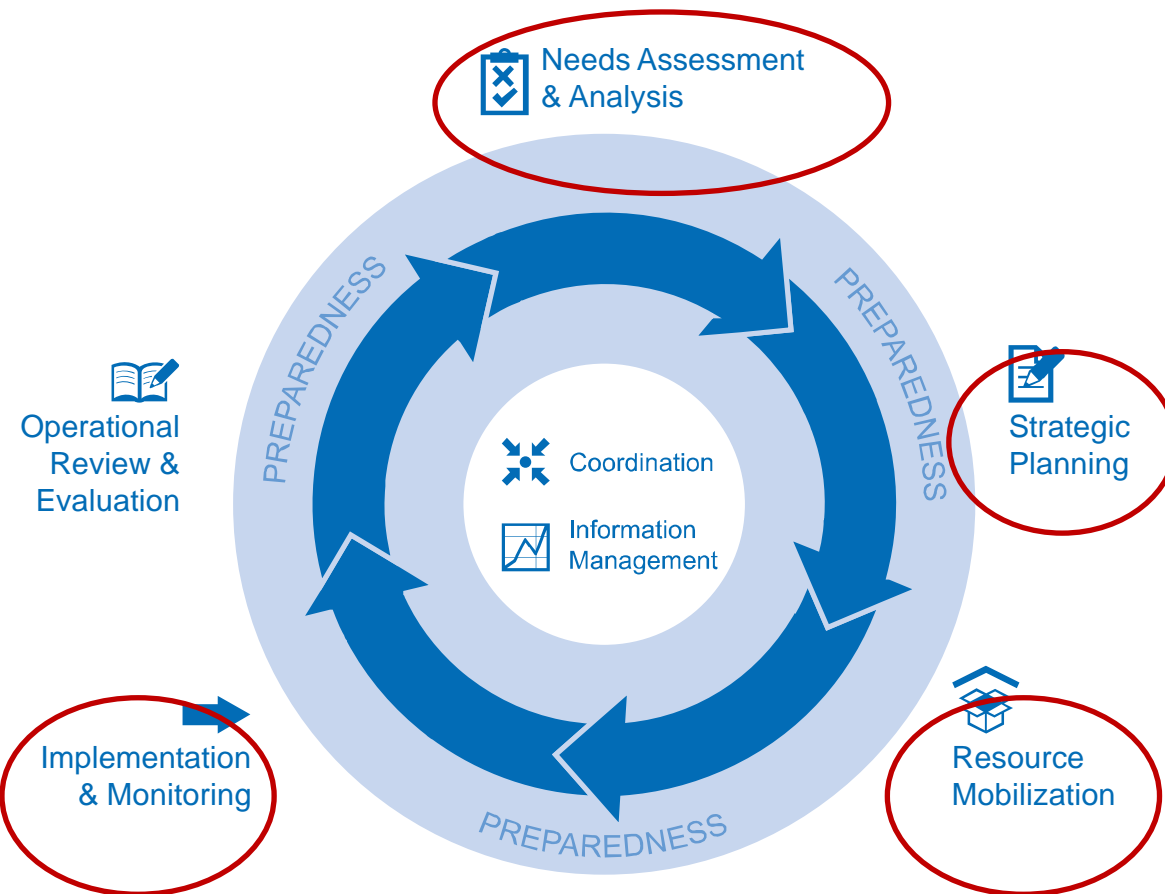
- Wash hands before feeding children an adequate diet (diversity, frequency, consistency, breastfeeding, etc).

- Wash hands after using the toilet and after cleaning child's faeces.
- Wash hands before eating and before feeding children.



... and this is good, but we need to do more

# How to Plan for Nutrition Sensitive Interventions Using Humanitarian Programme Cycle (HPC)



1. Joint Assessments and analysis
2. Formulation of key inter-cluster strategic objectives (strategic outcomes) by the HC/HCT.
3. Definition of cluster objectives by each cluster (cluster outcomes) with inter-cluster elements
4. Identification cluster outputs (cluster projects of partners) containing **inter-cluster elements** to achieve the strategic objectives

# Application – the «WASH in Nutrition» Strategy for the Sahel

- **Context : A chronic situation worsened by a new drought in the Sahel**
  - Sahel region marked by an irregular rainy season with localized and prolonged droughts, affecting food security (crop and livestock production)
  - Elevated Acute malnutrition rates with millions of children affected
- **Strategic Objectives**
  - Priority regions or zones were targeted on the basis of nutritional status data (in general areas with acute malnutrition rates higher than 15% were prioritized)
  - Mothers/carers of malnourished children at the household level were prioritized with a community-based behavior change communication activities that complemented the ‘hardware’ activities in health/nutrition centres and the community at large.



# Avoid gaps and duplications by clarifying responsibilities and accountabilities

AREA OF POTENTIAL OVERLAP	SPECIFIC ACTIVITY	RESPONSIBILITY		
		HEALTH CLUSTER	WASH CLUSTER	NUTRITION CLUSTER
Assessment	Conduct WASH assessments	In health facilities	Outside health facilities Support other clusters as requested	At nutrition rehabilitation centres and wet feeding programs. Support WASH assessment in communities where malnutrition is of concern.
Monitoring	Monitor and share WASH related information with other clusters	Disease status and trends (evidence based) in health facilities	WASH indicators (more perception based) outside health facilities. Support other clusters as requested	Trends in hygiene and water related illness at nutrition rehabilitation centres, wet feeding programs and at the community level (from nutritional surveys) where malnutrition is of concern
Information Management (IM)	Develop and monitor IM system	Gather, analyze and disseminate evidence based health information. Share with other clusters	Gather, analyse and disseminate WASH information. Share with other clusters	Gather, analyze and disseminate evidence based nutrition information. Share with other clusters

# How does it apply?

1. Definition of the cooperation needs among cluster based on strategic objectives
2. identification of input needed for each cluster (request mode)
3. Identification of output needed from each cluster (service delivery mode)

IDENTIFICATION OF INPUTS FROM OTHER CLUSTER TO THE <u>NUTRITION CLUSTER</u>						
	Output 1 ex.: management of Severe Acute Malnutrition	Output 2 Access to safe water and hygiene in nutrition centres	Output 3 Detection of malnutrition cases	Output 4 Prevention of malnutrition at community level	Output 5	Synthesis of needs per cluster
WASH Cluster	0	20 000 hygiene kits build 50 latrines boys/girls in 50 nutrition centres	0	Rehabilitation of 20 wells and 10 boreholes 200 copies of Hygiene promotion- C4D material	0	20 000 hygiene kits Rehabilitation of 20 wells and 10 boreholes 200 copies of Hygiene promotion- C4D material

IDENTIFICATION OF INPUTS FROM OTHER CLUSTER TO THE <u>PROTECTION CLUSTER</u>						
	Output 1	Output 2	Output 3	Output 4	Output 5	Synthesis of needs per cluster
Cluster WASH						
Cluster Nutrition						
Cluster protection						
Cluster Education						
Cluster Shelter						
Cluster ...						

IDENTIFICATION OF INPUTS FROM OTHER CLUSTER TO THE <u>EDUCATION CLUSTER</u>						
	Output 1	Output 2	Output 3	Output 4	Output 5	Synthesis of needs per cluster
Cluster WASH						
Cluster Nutrition						
Cluster protection						
Cluster Education						
Cluster Shelter						
Cluster ...						

	Nutrition	Protection	Education	Shelter	...
WASH					





# Common challenges for cluster coordination

- **Quality of coordination**

The quality of the coordination is still very person dependent –developing skill set

- **Coordination costs - Capacity**

There is a tendency to underestimate coordination costs. In a major emergency, multiple functions are required and a cluster team is needed – not just a coordinator.

- **Information management**

Inadequate appreciation for IM causes delays in the compilation of and sharing of information to enable effective coordination.

- **Accountability**

Good coordination makes efficient use of the capacity available and makes inter-sectoral coordination effective



# Common challenges for humanitarian response

- **Joint and inter-sectorial assessments**  
The quality of the response plan depends on the sharp assessments
- **Strategic response planning**  
Too often clusters are working in siloes – integration by common objectives is a first step but... timing issues in sudden emergencies....
- **Sound leadership**  
Good inter-cluster coordinators / HC / HCT are key to enhance inter-cluster coordination but clusters need to have good framework that are technically sound
- **Costing**  
A good costing of the response is more than the sum of each cluster implementation plans
- **Response monitoring**  
Joint / integrated indicators- the challenge of integrating agencies and sectors....





# Suggestions for better link the two cluster

- Framework for regions and countries to be adapted at country level
- Intervention packages
- Better Funding arrangements to implement nutrition sensitive interventions
- Accountability Framework
- Monitoring and reporting on progress
- Better documentation of linkages in the Humanitarian WASH/Nutrition linkages
- Linkage between Humanitarian and development



# QUESTIONS

