

## Healthy Start: Advocacy guide and checklist

**Healthy Start is WaterAid’s four-year advocacy priority (2015-2019) focused on improving the health and nutrition of newborn babies and children. We will do this by advocating for access to water, sanitation, and hygiene promotion to be integrated into health policy and delivery locally, nationally and internationally.**

Different countries will be at different stages in terms of their policies and plans on newborn and child health, and nutrition. There may not be separate plans for each – rather a broad health plan may address all themes.

The following list of steps will help guide your Healthy Start advocacy planning. The checklist is based on advocacy planning experience in country programmes and will help identify what you are aiming to achieve, key entry points for influence, and decisions about which activities to choose.

### Healthy Start advocacy guide

**Healthy Start overall advocacy objective:** Child survival rates and health outcomes are improved by ensuring that global, national and local health policies and programmes prioritise and integrate WASH.

**Healthy Start advocacy sub-objectives:**

- **Newborn:** Roadmaps developed by selected global platforms and national governments to reduce neonatal mortality increasingly incorporate WASH in their policies, activities, monitoring and accountability for performance.

- **Child health:** Roadmaps developed by selected global platforms and national governments to reduce child mortality and morbidity increasingly incorporate WASH in their policies, activities, monitoring and accountability for performance.
- **Nutrition:** Global and national platforms and plans on nutrition increasingly incorporate WASH in their policies, activities, monitoring and accountability processes especially relating to child nutrition and stunting.

### Step 1: Compile national and regional statistics

To make your case with decision-makers, health ministries, donors or other stakeholders, statistics about your country or region such as these can help.

**Newborn health (e.g.):**

- Percentage of health facilities with water and sanitation (may not be available)
- Percentage of newborn deaths per year nationally and locally
- Percentage of births in facilities attended by a skilled birth attendant

### Child health (e.g.):

- Percentage of diarrhoeal deaths nationally and regionally, and as a percentage of all childhood deaths
- Prevalence of soil-transmitted helminths (worms) in children under the age of five
- Prevalence of other faecally transmitted infections in children under the age of five
- Leading causes of mortality and morbidity in children under the age of five nationally

### Nutrition (e.g.):

- Prevalence of stunting, severe-acute malnutrition and trends
- Exclusive breast-feeding rates

## Step 2: Identify national plans, policies and strategies to target for child health

List all the national (and regional where relevant) policies and plans regarding health and nutrition that cover child and newborn health – some nutrition plans will sit outside the health sector (in several countries, the Ministry of Agriculture leads on nutrition). This may require identifying other policies including those on maternal health, integrated management of childhood illnesses (IMCI), infectious disease etc. Most should have already been identified in the health system scoping studies conducted for Healthy Start. Identify any commitments or national roadmaps that have been drawn up.

## Step 3: Identify key allies

These may include:

### *Government*

- Ministries of Health (these have primary responsibility for WASH in healthcare facilities, and for drawing up policy and setting the regulatory framework)
- Ministries of Water and Sanitation
- Ministries of Women, Children and/or Families (depending on government structure)
- Members of Parliament
- Chief Medical Officers
- Local government: health authorities and district WASH officers will most likely implement policy

### *Practitioners, their associations and researchers*

- Doctors, nurses, midwives, community health workers, traditional birth attendants, paediatricians, managers at healthcare facilities, nutritionists etc
- Health policy think tanks
- Research institutes, health academics and universities
- Professional health associations representing doctors, nurses, dentists, midwives, etc
- Nurses and Midwives Associations, e.g. (some national examples); World Medical Association National Medical Associations in each country.

### *INGOs/multilaterals*

- World Health Organization (most important in this group). WHO regional offices are sources of information on other available partners
- UNICEF

*NGOs/CBOs in the WASH, children's and health sectors*

*Parents and teachers*

*Women's groups*

*Children's groups*

*Patients' groups*

*Donors*

*Private sector actors*

- Medical suppliers – e.g. Unilever on cleaning products and hygiene promotion
- Private health providers

*WASH and health journalists*

## Advocacy checklist

Once you have gathered your evidence base for the state of child and newborn health and nutrition in relation to access to WASH, and identified the key processes, strategies and policies that relate to the issue, here are some suggested questions to ask and steps to take for engaging with these processes in your country.

### Are there child health-related working groups or platforms in your country?

- If yes**, do they work together to inform and influence policy and programme direction?
- If no**, where possible identify key allies to work together to set one up.
- If it's not possible to work as part of an alliance or to get one going, you can still work through the following steps as a WaterAid Country Programme.

### Are there other existing national plans that relate to child health?

- If yes**, influence forthcoming revisions to better address child survival.
- If no**, work with the responsible ministries to learn why there is not yet a child survival platform.

### Is WASH recognised as important for achieving the outcomes of your country's national and/or local child health plans?

- Yes: go to next question.**
- No: what action/steps to take?**
  - As a member of your country's CSO newborn/nutrition/child health platform (or another alliance, e.g. a group of NGOs with a shared interest in child health):
    - Collect information on the links between lack of WASH and newborn illness and death in your country and prepare a briefing.
    - Include details on the unique position of health/neonatal practitioners in helping explain the vital role of WASH in improved newborn health – and therefore how important it is to get them on board in lobbying for WASH to be an integrated part of health policy.
    - Meet those implementing your country's national health plan and present your case/findings for consideration and for inclusion as important factors in achieving the outcomes of your country's health plan.

**Is WASH clearly stated in strategy objectives/pillars of the national newborn/nutrition/child health plan?**

**Yes: go to next question.**

**No: what action/steps to take?**

– In an alliance with others):

- Use the advocacy guide in this leaflet to collect information on the links between lack of WASH and newborn/nutrition/child illness and death in your country and prepare a briefing.
- Include information on how topics that ARE included in the national plan – e.g. on the provision of trained birth attendants, or de-worming programmes, or nutritional supplements – and identify why WASH is important to the plan.
- Meet those implementing your country’s child health plan and present your evidence as to why WASH should be included in the plan.

**Are WASH access indicators included in national newborn/nutrition/child health plans (e.g. percentage of mother and child health facilities with adequate water supply and sanitation; percentage of healthcare facilities with functional handwashing facilities in delivery rooms and neonatal units)?**

**Yes: go to next question.**

**No: what action/steps to take?**

– As a member of your country’s CSO newborn/nutrition/child health platform (or another NGO alliance):

- Meet those implementing your country’s newborn/nutrition/child health plan and explain the importance of WASH indicators for ensuring progress on newborn/nutrition/child health outcome indicators.
- Be ready to suggest what the WASH indicators could be.
- Ensure all indicators are embedded in the monitoring framework of the national plan.

**Are there clear roles and responsibilities for relevant government departments/other agencies for delivering WASH interventions? Is there coordination of the interventions between stakeholders and integration where appropriate?**

**Yes: go to next question.**

**No: what action/steps to take?**

– As a member of your country’s CSO nutrition platform newborn/nutrition/child health platform (or another NGO alliance):

- Use the advocacy guide in this leaflet to set out how assigning responsibility and ensuring coordination on interventions that target health and WASH improves their chance of success.
- Include details such as that most health sector actions to leverage sanitation require long-term involvement from other sectors, and that inter-sectoral coordination requires leadership support, clear definition of roles and agreed accountability for outcomes. Recommend stakeholders build relationships across ministries e.g. infrastructure, WASH, education, environment, local government.

**Have WASH interventions been costed and budgeted for? Is finance available?**

**No: what action/steps to take?**

– Work with your CSO platform to define and cost activities to be included in WASH intervention budgets and influence the national plan on newborn/nutrition/child health processes.