



SYNERGIZED

WASH AND NUTRITION

PROGRAMMING

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GLOSSARY

<http://www.whatworks.co.ke/downloads/Glossary-Final.pdf>

INTRODUCTION AND OVERVIEW OF TOOLKIT

WHY DO WE NEED A TOOLKIT?

The evidence for the contribution of WASH to Nutrition outcomes, particularly in reducing stunting, has been growing over the last five years. A summary of this evidence is included in the **Additional Resources** section at the end of this introduction and in the tools for advocacy described in Module 1. The compelling arguments for linking WASH and Nutrition are presented in the diagram below.

MAKING THE CASE FOR INTEGRATING WASH AND NUTRITION

- 1 Sanitation and hygiene interventions implemented with 99% coverage reduce diarrhea incidence by 30%
- 2 A vicious cycle exists between diarrhea and undernutrition: children with diarrhea eat less and are less able to absorb the nutrients from the food; undernourished children are more susceptible to diarrhea when exposed to fecal materials from the environment
- 3 Odds of stunting at 24 months increase substantially with each diarrheal episode and day of illness before 24 months
- 4 Better understanding environmental enteropathy (subclinical inflammation) helps explain why purely nutrition-specific interventions have failed to reduce undernutrition in many contexts
- 5 The return on investment in nutrition has high benefit-cost ratios. For every dollar spent on nutrition under the "First 1,000 days," the government can save up to USD166
- 6 Development programming often focuses on a single issue, such as WASH or Nutrition, which does not foster solutions to address the complexity of stunting in its totality

Source: Cambodia Sub Working Group for WASH & Nutrition, 29 September 2015 presentation.

The strong evidence has in turn caused a number of stakeholders in the Health, Nutrition and WASH sectors to redesign their strategies to encourage greater integration of WASH and Nutrition programs. This is in line with the thinking that Nutrition targets will not be reached through nutrition-specific interventions alone but need to be combined with a range of nutrition-sensitive approaches in other sectors, specifically in WASH.

The key message that emerges from the evidence base is 'SHIT STUNTS'.

A number of guidelines and briefs have been produced which outline the 'why' and the 'how' of WASH in Nutrition, including the 2015 UNICEF/USAID/WHO document *Improving Nutrition Outcomes with Better Water, Sanitation and Hygiene: Practical Solutions for Policies and Programmes*. However, the managers and project officers responsible for implementing programs in the countries in ESARO required a toolkit for the 'what to do' to move their current sector-specific programs to a more synergized approach in order to maximize joint outcomes.

HOW WAS IT DEVELOPED?

The toolkit has emerged from consultations with WASH and Nutrition professionals, both within and outside of UNICEF, to learn about their experiences and draw out the good practices on integrated WASH and Nutrition programming. A review report was produced, which captured the latest global evidence and practice in the region and identified bottlenecks to more integrated programming. Key bottlenecks identified during the review process include:

- Limited staff time, capacity or interest
- Siloed, restricted or uncoordinated funding cycles
- Limited knowledge of other sectors
- Lack of evidence
- Lack of time allotted to show program impact
- Lack of accountability in coordination structures
- Uncoordinated government ministries
- Difficulty in monitoring 'another outcomes area'



Guidance and tools were then developed to target the key bottlenecks and support UNICEF staff to implement synergized programming.



WHERE CAN IT BE USED AND WHO IS IT FOR?

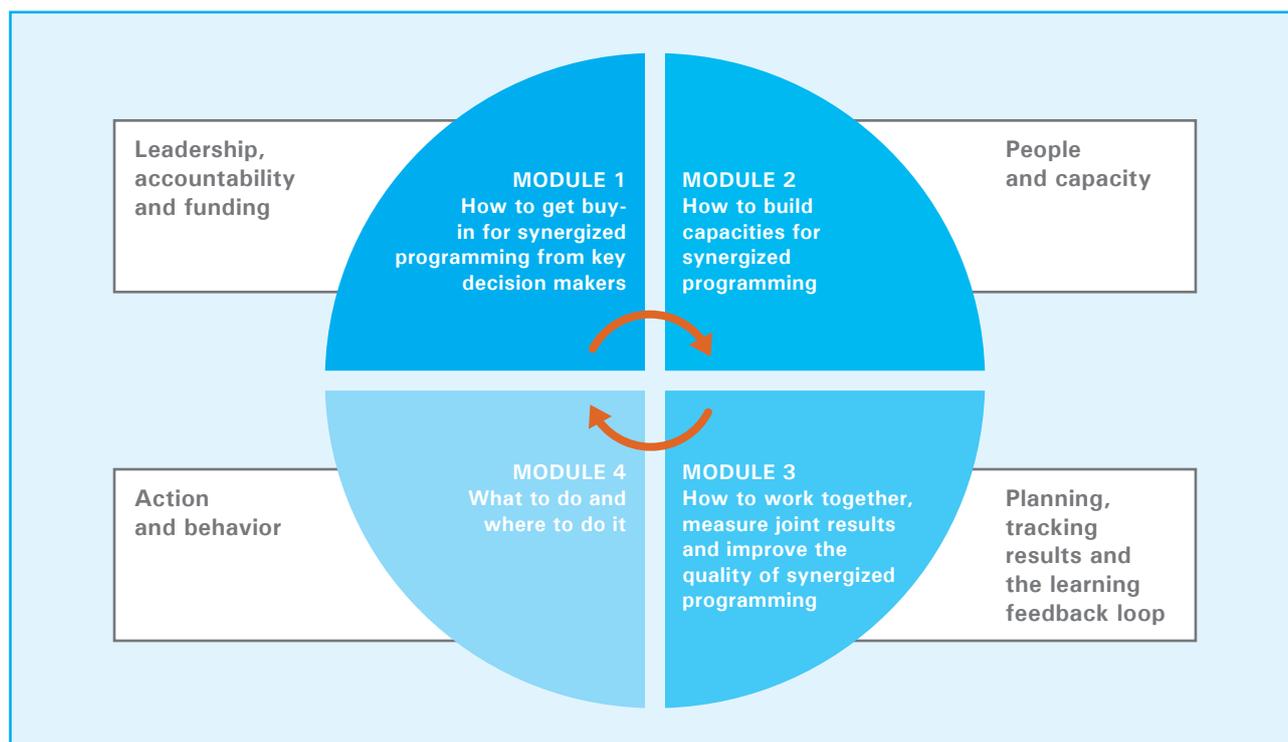
This toolkit has been designed for use in a variety of contexts. It is neither a development manual nor an emergency manual but includes tools and case studies which have been developed from countries which are categorized as fragile as well as those that are more stable and where UNICEF programs are more focused on system strengthening and child development. All countries in sub-Saharan Africa are, at national or sub-national level, priority settings for the implementation of synergized programming due to the prevalence of stunting and open defecation. However, even areas without high stunting or open defecation rates would benefit from increasing the collaboration of Nutrition and WASH.

The tools are aimed at UNICEF section chiefs and program managers in the Health, Nutrition and WASH sectors but the narrative of the toolkit is designed to be accessible to a multi-sectoral audience. You do not have to be a WASH or Nutrition expert to understand it. It was commissioned by UNICEF for use by UNICEF country offices but it could also be useful to the UNICEF partners who are implementing WASH and Nutrition projects.

WHAT IS IN THE TOOLKIT AND HOW SHOULD IT BE USED?

The toolkit is modular and is intended to be used as a source of tools which can help the user progress from implementing sector-specific programs to effecting synergized WASH and Nutrition programs. Every UNICEF country office in ESA has a different context and is at a different stage in its WASH and Nutrition programming so the user can select which modules and which tools they find most relevant and useful in their context.

MODULE CONTENT



Each module is accompanied by:

- Tools – to be used or adapted to help the program team with specific components of synergized programming
- Case Studies – examples of how other programs have solved problems and overcome barriers
- Additional Resources – links to additional material and resources which might be useful

There are several manuals and guidance documents available for integrating WASH and Nutrition. What makes this toolkit different is that it is specifically targeted and designed for the needs of UNICEF staff.

WHAT IS SYNERGIZED SERVICE DELIVERY?

The toolkit is modular and is intended to be used as a source of tools which can help the user progress from implementing sector-specific programs to effecting synergized WASH and Nutrition programs. Every UNICEF country office in ESA has a different context and is at a different stage in its WASH and Nutrition programming so the user can select which modules and which tools they find most relevant and useful in their context.

CONVERGENCE VS INTEGRATION

CONVERGENCE



WASH and Nutrition come together with the common aim of reducing stunting

Overlapping delivery of WASH and Nutrition interventions in the **same geographic area**

Little or no communication between WASH and Nutrition actors

INTEGRATION



WASH and Nutrition unify program components to reduce stunting into one joint program

Joint delivery of WASH and Nutrition interventions targeting the same **HH/individuals**

Significant communication between WASH and Nutrition actors

A multi-sectoral strategy guides all program components for both sectors

THE THIRD WAY - SYNERGIZED PROGRAMMING



WASH and Nutrition come together with the common aim of reducing stunting

Coordinated and collaborative action allows delivery of WASH and Nutrition interventions, achieving maximum synergy and targeting areas with high levels of acute malnutrition or stunting

Relevant WASH activities are incorporated in Nutrition programs and vice versa

Joint monitoring and analysis provides information on outputs and outcomes in both sectors and encourages inclusive decision making on adjustments to programming to achieve better outcomes in both sectors

Collective learning builds capacity and trust for cross-sectoral programming

Significant communication between WASH and Nutrition actors

Policies, strategies and plans for each sector reflect deep understanding and delineate simple to complex multi-sectoral actions

INTRODUCTION AND OVERVIEW OF TOOLKIT

The principle behind this toolkit is that outcomes in both the Nutrition and the WASH sectors can be maximized if there is a move towards synergized service delivery. There is, so far, very little evidence to suggest that joint or fully-integrated programs have more impact than single-sector initiatives targeting the same communities, and the management of joint programs is difficult in the UNICEF context. However, the evidence compels us to ensure that vulnerable women and children live in a clean environment and have access

to nutritious food for them to reach their full potential. The best way to achieve this is by delivering programs that maximize the potential for synergy between the two sectors' activities; hence the aim is to have synergized WASH and Nutrition programs. A possible Theory of Change for moving from single-sector programming to synergized programming is shown in the diagram on page 11. A link to the full description of this Theory of Change is provided in the **Additional Resources** section.



ADDITIONAL RESOURCES FOR UNDERSTANDING THE TOOLKIT

Additional resources prepared specifically for this toolkit

- [Summary of the evidence for synergized WASH and Nutrition programming](#)
- [Description of the Theory of Change for synergized WASH and Nutrition programming](#)

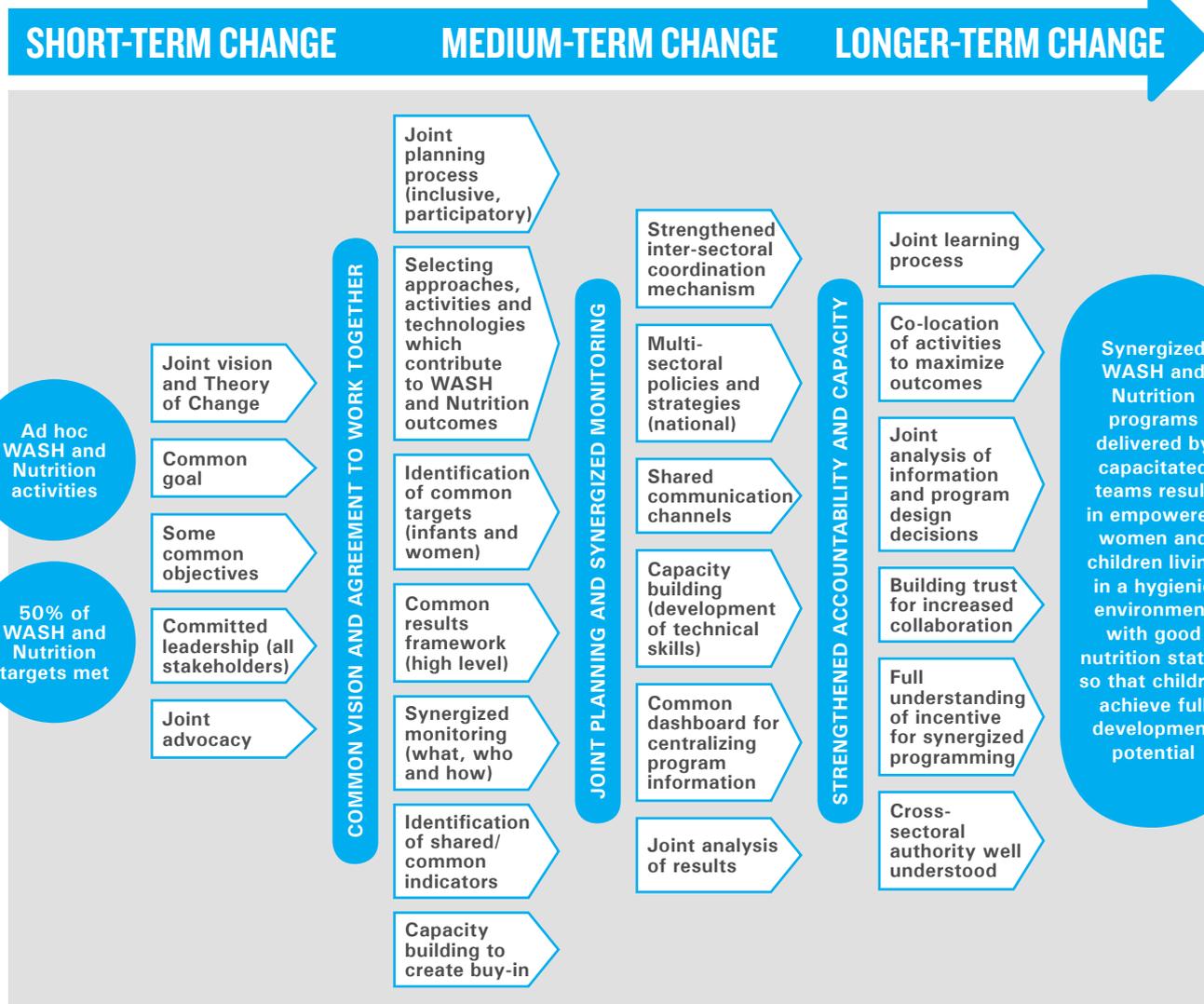
Links to other useful resources

- Humphrey, J. (2009). Child undernutrition, tropical enteropathy, toilets, and handwashing. *The Lancet*, 374(9694), 1032-1035.
- Mbuya, M. and Humphrey, J. (2015). Preventing environmental enteric dysfunction through improved water, sanitation and hygiene: an opportunity for stunting reduction in developing countries. *Maternal and Child Nutrition*, DOI: 10.1111/mcn.12220.
- UNICEF/USAID/WHO document (2005). *Improving Nutrition Outcomes with Better Water, Sanitation and Hygiene: Practical Solutions for Policies and Programmes*. Geneva: World Health Organization http://www.unicef.org/media/files/IntegratingWASHandNut_WHO_UNICEF_USAID_Nov2015.pdf

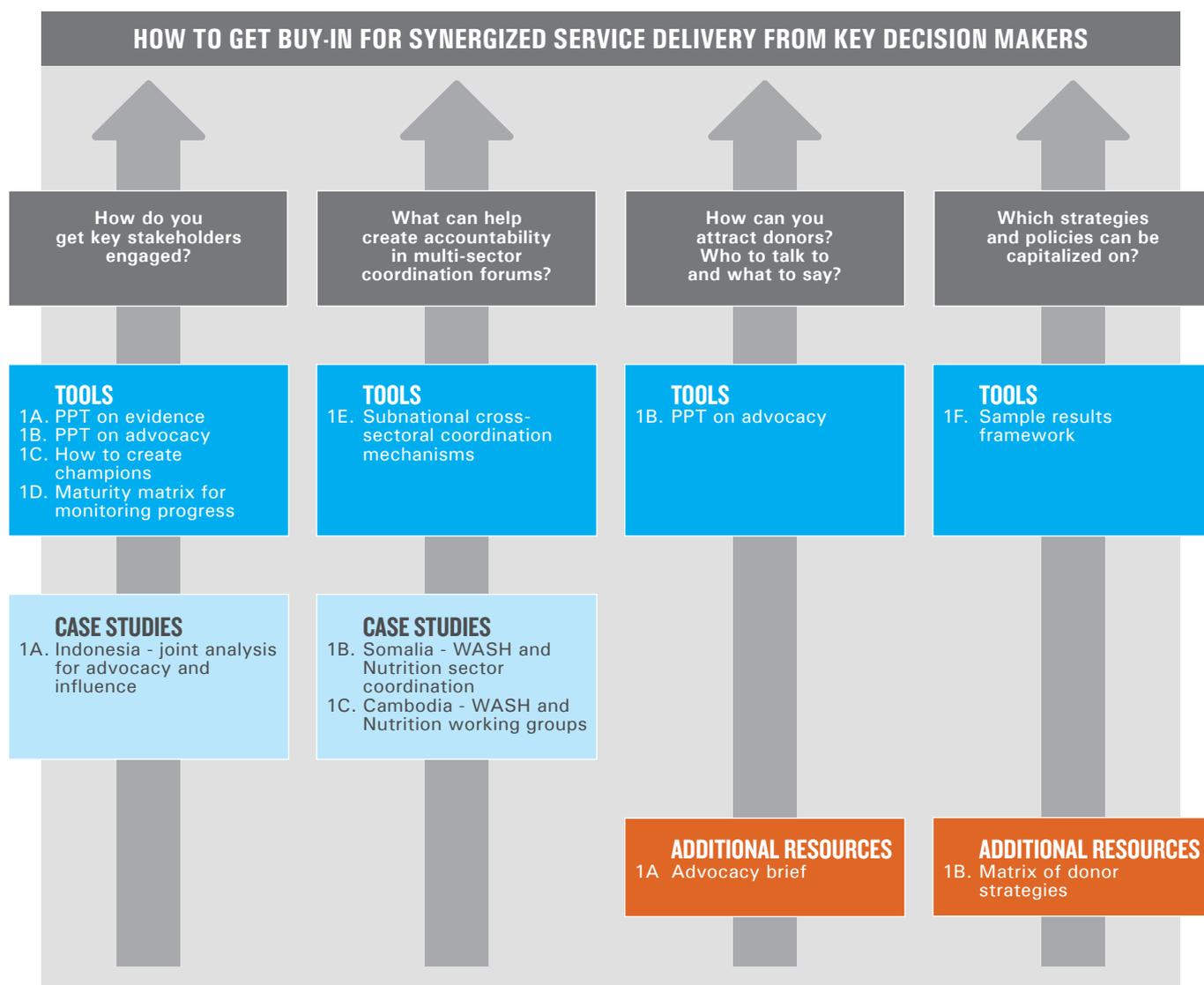


THEORY OF CHANGE

PATHWAYS OF CHANGE



MODULE 1: HOW TO GET BUY-IN FOR SYNERGIZED SERVICE DELIVERY FROM KEY DECISION MAKERS



MODULE OVERVIEW

The focus of this module is on motivating key decision makers to support the synergized delivery of WASH and Nutrition services. Key decision makers in this context include leaders (both within UNICEF country offices and within government partners at various levels), donors and people with influence in local authorities (including sector coordinators).

The key bottlenecks to getting buy-in for synergized WASH and Nutrition service delivery include:

- Lack of sufficient evidence that joint programming delivers better nutrition or WASH outcomes
- An unsupportive enabling environment – a siloed sectoral system, separate funding streams, weak cross-sectoral coordination and lack of accountability
- Sector specialists with limited understanding of cross-sector programming and how to contribute to outcomes outside of their own sector
- Leaders who are resistant to change, especially where it involves system change or adaptation

This module will answer these key questions:

- How do you get key stakeholders engaged?
- What can help create accountability in multi-sectoral coordination structures?
- How can you attract donors? Who to talk to and what to say?
- Which strategies and policies can be capitalized on?

HOW DO YOU GET KEY STAKEHOLDERS ENGAGED?

The best way to get stakeholders engaged is to present compelling evidence of the extent of the problems and the possible solutions. Where possible, the solutions should be backed by credible evidence of success in similar contexts. The arguments for why WASH is important to Nutrition are often well understood by nutrition practitioners but not by WASH specialists or senior management. It is important to identify your key decision makers (directors of water, public health and nutrition in national government, UNICEF deputy representatives, local opinion leaders) and make them aware of the extent of the stunting and malnutrition problem and the strong link between poor WASH practice and the infections that lead to stunting and malnutrition. The evidence was summarized in the introduction to this toolkit but here are some suggestions on how and where to get these messages across to key stakeholders.

- Arrange an informal, in-house presentation, maybe over lunch time, to present the latest thinking on the contribution of WASH to Nutrition. **Tool 1A** is a PowerPoint of the evidence which can be used to inform colleagues about the links between WASH and Nutrition and current thinking. **Tool 1B** is an advocacy PowerPoint which puts the evidence together with the arguments for synergized programs. More material for advocacy is provided in the advocacy brief prepared for this toolkit (see the link in the Additional Resources box for this module).
- Add this as a theme to be explored in WASH and Nutrition sector coordination (or cluster) forums. Present the arguments for greater synergy and encourage an action plan on this theme. Try to create 'champions' who will take up the issue and maintain momentum. Examples of how to create champions for synergized WASH are provided in **Tool 1C**.



- Lobby local politicians and opinion leaders using a summary of the issues specific to their area that they need to address. Economic arguments are often compelling for this audience.
- Provide examples of where synergized programming has led to better nutrition and WASH outcomes. WASHplus has a number of case studies which can be found in the Additional Resources box. This includes lessons learned from integrated programming in Mali, Bangladesh and Uganda and shows that good results can be achieved.
- Try to overcome reluctance to change by showing that this can be achieved through a step-by-step process, starting with small adjustments to current programming. Use the **Theory Of Change** and **Tool 1D**, which presents a maturity matrix that helps to measure how programs are moving from ad hoc, sectorally based activities to synergized programming.
- Organize a WASH and Nutrition symposium or carry out a full theory of change workshop to bring stakeholders together to discuss the evidence, advocate for better synergy and agree on a joint vision

- Involve your communications department and design a communications strategy to target different stakeholders with specific messaging on why synergize programming is important.
- Carry out a joint analysis of the WASH and Nutrition situation in a particular area. **Case Study 1A** explains how joint analysis of data in Indonesia was used for advocacy. The World Bank Water and Sanitation Program has also carried out analysis of sanitation and stunting in a number of countries and produced Research Briefs which show the importance of sanitation for reducing stunting. Consider using these for advocacy or carrying out your own analysis.

WHAT CAN HELP CREATE ACCOUNTABILITY IN MULTI-SECTORAL COORDINATION STRUCTURES?

One of the weaknesses frequently mentioned during country consultations is the lack of incentive for anyone to take responsibility for synergized programming. Managers at all levels are held accountable for their own sector's achievements and are comfortable with this. Accountability for outcomes across sectors is more uncomfortable for managers with an already heavy burden of responsibility. One way to overcome this is to make effective coordination between WASH and Nutrition one of the annual performance targets for key government and NGO staff implementing projects (see **Module 2** for examples of how to do this). Similarly, funding agreements for both WASH- and Nutrition-specific projects should include a requirement to report on how activities are contributing to outcomes in the other sector.

Creating the willingness to take responsibility for multi-sectoral outcomes often depends on an individual's conviction that this will achieve greater results in their own sector. The advocacy tools discussed above can help with this but here are some other arguments which can be used.

- Cross-sectoral coordination can allow projects to capitalize on opportunities **and reduce costs**, for example, in community and household visits, which will in turn lead to increased outputs. **Case Study 1B** on WASH-Nutrition coordination in Somalia and Case Study 1C from Cambodia provide examples of this.
- WASH-Nutrition coordination does not necessarily require new coordination structures, which would need to be managed and would add to managers' workloads. Effective coordination can be achieved through existing structures with the addition of a WASH or Nutrition agenda item. **Tool 1E** shows a typical sub-national coordination structure with opportunities for multi-sectoral coordination highlighted.
- In countries where the Scaling Up Nutrition (SUN) initiative has been adopted, appropriate coordination platforms, national strategies and plans may already exist and these may hold key staff accountable for nutrition-sensitive WASH
- Joint monitoring/exposure field trips can be a powerful way to interest managers in multi-sectoral activities and to highlight the benefits to be gained by good coordination. The waste of resources caused by duplications in WASH and Nutrition programming and the missed opportunities caused by non-synergized activities can be demonstrated most clearly at health facilities and communities.

Be cautious about creating unsustainable structures specifically for cross-sectoral coordination within a specific donor project. If a coordination body has no function within existing government structures, there will be no accountability for the outcomes from this body and it will cease to exist once donor funding has ended.

HOW CAN YOU ATTRACT DONORS? WHO TO TALK TO, WHAT TO SAY?

It is a common misconception that synergized programming requires its own funding stream. While it can be helpful, there may also be some very relevant options within existing funding. It would be useful for key people from both sections or sectors to take the time to review major grants and look for opportunities.

Attracting donors takes time and tenacity. Donors are unlikely to fund synergized programming based on one meeting alone. It is an ongoing process that requires taking the time to build relationships, create a dialog and gain trust. It also requires the demonstration of credibility to gain respect. Some ideas:

- Prove your credibility by knowing what you're talking about, being objective and trustworthy, respecting standards in practice, delivering on existing timelines and agreements
- Know the donor – research and understand their priorities, strategies and interests with respect to Nutrition and WASH synergy and other relevant cross-cutting issues, both globally and in-country, and demonstrate your knowledge in discussions
- Know the issue – what, why, who, how, when? What is the evidence base for Nutrition and WASH synergy? Is there country-specific data or information?
- Know who else is doing what in country for synergized Nutrition and WASH programs. Maintain strong engagement in relevant country processes and platforms; e.g., the SUN Movement, Renewed Efforts Against Child Hunger and Undernutrition (REACH)
- Pull together with other colleagues in your sector to gather the evidence, analyze it and present it
- Take advantage of formal meetings and informal opportunities for building relationships which would support synergized programs
- Consider partnering with other agencies with knowledge, expertise and experience of implementing synergized programming; e.g., an NGO with the practical experience to present a case study example or national partners who can demonstrate part of the national agenda
- Get the timing right – know the donor cycle in-country; approaching donors at the right time can be crucial, as can knowing that a last-minute or one-off meeting will not clinch it. Is there a key event to which a discussion or presentation can be linked? A launch event or an external visit? Build off existing momentum. There is currently considerable interest in WASH and Nutrition programming (see the Global Nutrition Report 2016).

WHO TO TALK TO?

Which donors?

Talk to donors with known interest in funding Nutrition and WASH both globally and in country.

Table 1.1 shows the top five bilateral donors funding UNICEF for Nutrition and WASH between 2010 and 2014. Note that the funding landscaping may change and there may be other donors to talk to in country. **Table 1.2** indicates which donors are funding existing synergized programming, in which countries.

TOP FIVE BILATERAL DONORS FUNDING EXISTING ESAR COUNTRY PROGRAMS, 2010–2014

Sector	Bilateral Donors	Sector	Bilateral Donors
Nutrition	UK	WASH	UK
	Canada		Netherlands
	EC		EC
	Netherlands		Canada
	USA		USA

Source: UNICEF country offices.

EXAMPLES OF UNICEF COUNTRY OFFICES ALREADY RECEIVING FUNDING FOR SYNERGIZED PROGRAMMING, ACCORDING TO DONOR, 2016

Donor	UNICEF Country Office
UK	Malawi
EC	Zambia, Mozambique
ECHO	Madagascar
Netherlands	Ethiopia, Burundi, Rwanda

Source: UNICEF country offices.

If you are unsure of which donors to prioritize in country or which will help you to reach a broad audience, consider arranging to make a presentation on synergized programming at a donor group meeting. **Tool 1B** is a PowerPoint for advocacy for synergized programming. The narrative advocacy brief reflecting the PowerPoint can also be circulated (see **Additional Resources**). Potentially interested donors can then be followed up through individual meetings.

Who within a donor to talk to?

- Identifying the right individual(s) within the donor organization to talk to can be crucial. Nutrition and WASH may cut across different units or departments within the donor structure; e.g., both may come under Health within the human development department, or WASH may be funded by humanitarian donors whilst Nutrition is funded through a development program. Start with an established contact. Remember, the same barriers to intra-office coordination that exist within UNICEF may also be present.
- Aim to talk to as many relevant staff in the organization as possible. Different individuals have different styles and may see the potential opportunities differently.
- Aim to engage at senior decision-making level
- Consider an across-the-office presentation

WHAT TO SAY?

What to say and how it is said are both crucial. What you say must be credible and evidence-based. It needs to be pitched at the right level and pertinent to donors' priorities and strategies, both globally and within the country (see the matrix of donor strategies in Additional Resources). **Tool 1B** is an advocacy PowerPoint that can be personalized to include country-specific data and analysis. The advocacy brief reflecting the PowerPoint can be circulated (see Additional Resources).

Key talking points (covered in the advocacy brief and the PowerPoint)

- How is WASH and Nutrition a priority area in your country?
- What is the evidence base? Use **Tool 1A** and Additional Resources.
- Personalize the evidence with country-specific information. Some examples are: relevant information from nutrition causal analysis, overlay maps of stunting and open defecation, or graphs showing how trends of acute malnutrition and diarrhea fluctuate together.
- How is it consistent with national government priorities and interest, e.g., multi-sectoral nutrition action plans for nutrition, common results frameworks for undernutrition?
- How will it contribute to meeting Sustainable Development Goal (SDG) Nutrition or WASH targets?
- How does it fit with the key priorities of the donor, both globally and in-country? A matrix of relevant donor strategies and policies can be accessed from the **Additional Resources** section.
- How will it contribute to meeting donor commitments and results targets in-country, consistent with the donor's country operational plan or strategy?
- What is the economic case? Although there is limited information on synergized programming, there is strong evidence for the economic argument for investing in nutrition and the high returns on investment in low-cost interventions.
- What is the value for money of synergized programming?
- What is the donor's comparative advantage in synergized programming in-country?
- What is UNICEF's comparative advantage?
- What are the opportunities for leveraging off what is already going on in-country? Are there synergies and potential existing entry points?
- Present examples of what UNICEF is doing in other countries
- Present examples of what the donor is funding in other countries
- Present lessons learned from existing programs
- Propose pilot studies to start, especially if there is some flexibility in existing funding to embed this

WHAT STRATEGIES AND POLICIES CAN BE CAPITALIZED ON?

International strategies, policies and frameworks

The SUN initiative is the strategy which provides the most opportunities for support of synergized programming at a national level through its emphasis on nutrition-sensitive approaches.

A link to a document summarizing the international strategies, policies and frameworks that support synergized programming can be found in the Additional Resources box.

Individual donor strategies and policies

The link to the summary matrix of the global Nutrition and WASH strategies of the top five traditional donors can be found in the Additional Resources box. The table indicates donors' priorities and opportunities. As well as global strategies and policies, it is important to focus on country priorities, strategies and operational plans. These may be available online, e.g., DFID's Devtracker: <https://devtracker.dfid.gov.uk/>, or can be requested from the donor office. Focus on how synergized programming will help the donor meet its stated goals and results within country.

Designing a program to capitalize on strategies for integrating Nutrition and WASH

If your advocacy is successful, you will have generated interest in synergized WASH and Nutrition programming. To capitalize on this and fit within current donor strategies which encourage integration, a common results framework is needed. **Tool 1F** provides a generic results framework for synergized WASH and Nutrition programming which can be adapted to your context.

ADDITIONAL RESOURCES FOR HOW TO GET BUY-IN

Additional resources prepared specifically for this toolkit

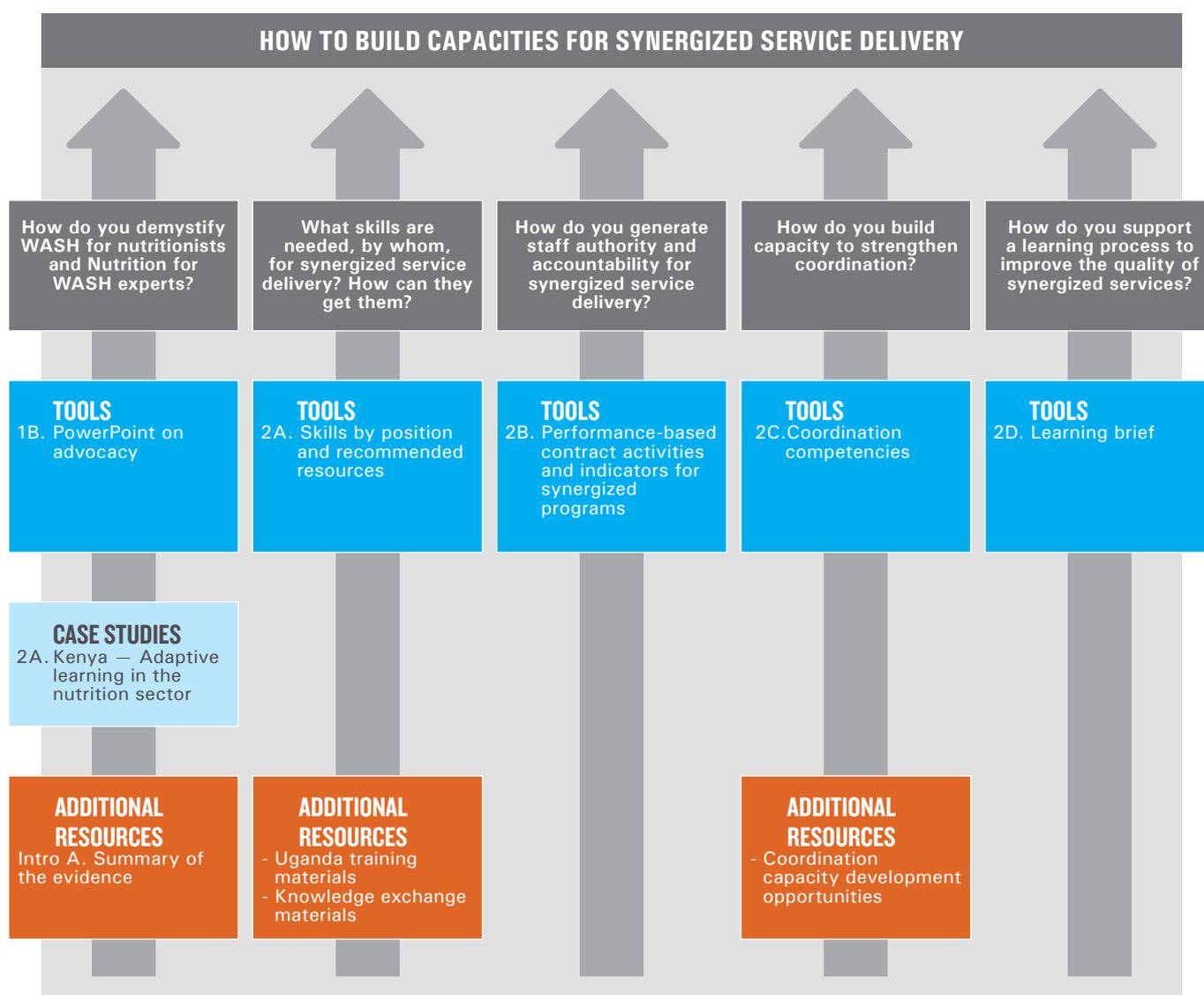
- [1A. Advocacy brief](#)
- [1B. Summary of donor strategies and policies](#)

Links to other useful resources

- Economics of Sanitation – materials needed to conduct this analysis online: <https://www.esitoolkit.org/>.
- FANTA – country nutrition advocacy tools: <http://www.fantaproject.org/focus-area/country-level-nutrition-advocacy>.
- WASHplus learning brief – Integrating WASH and Nutrition: http://www.washplus.org/sites/default/files/resource_files/wash_nutrition-brief2015.pdf.
- Full set of publications and resources from WASHplus: <http://www.washplus.org/resources/tools/2016/07/15/wash-nutrition-integration-compendium-resources.html>.
- Water and Sanitation Program stunting research briefs: <https://www.wsp.org/sites/wsp.org/files/publications/WSP-Tanzania-Stunting-Research-Brief.pdf>.



MODULE 2: HOW TO BUILD CAPACITIES FOR SYNERGIZED SERVICE DELIVERY



MODULE OVERVIEW

The focus of this module is on developing people and capacities in order to ensure the effective and synergized delivery of WASH and Nutrition services. For the purposes of this module, capacities are considered as comprising resources, motivation and authority.

The tools and notes presented consider bottlenecks from both the available literature and from UNICEF section chief interviews. The key bottlenecks to building capacities for effective synergized WASH and Nutrition service delivery include:

- Lack of time for and interest in getting involved in another sector (those concerned are busy with sectoral responsibilities)
- Lack of evaluation and reporting criteria for synergized services from supervisors or donors
- Limited knowledge sharing and training opportunities between sectors (each sector is still learning internally and it is hard to prioritize integration)
- Low capacity within stakeholders, especially government ministries, for synergized services
- Low capacity for coordination

This module will answer these key questions:

- How do you de-mystify WASH for nutritionists and Nutrition for WASH experts? (Overcoming resistance to moving out of silos/lack of motivation)
- What skills are needed, by whom, for synergized service delivery? How can they get them? (Resources)
- How do you generate staff authority and accountability for synergized service delivery? (Authority)
- How do you build capacity for, and support and strengthen, coordination?
- How should you support a learning process to improve the quality of synergized programming?

HOW DO YOU DEMYSTIFY WASH FOR NUTRITIONISTS AND NUTRITION FOR WASH EXPERTS? (OVERCOMING RESISTANCE TO MOVING OUT OF SILOS/LACK OF MOTIVATION)

Individual sectoral responsibilities can already be overwhelming and it can be challenging to find the time to prioritize synergized WASH and Nutrition services. In-depth consultations with some UNICEF country offices have indicated that one of the biggest motivators for prioritizing synergized services is understanding the evidence. Once both sectors understand the value of what they can accomplish by working together rather than continuing to work in silos, they will be motivated to support synergized services. The USAID/UNICEF/WHO document *Improving Nutrition Outcomes with Better Water, Sanitation and Hygiene: Practical Solutions for Policies and Programmes* (2005) provides a good description of the current evidence for WASH and Nutrition to program together. Although it is compelling, not everyone will necessarily have the time or the inclination to read it. Therefore, **Additional Resource Intro A** summarizes the evidence in four pages for a quick read and **Tool 1B** is a PowerPoint on advocacy which can be used for presentations.

Some ideas on how to communicate the evidence:

- Circulate the documents on email and ask everyone to read them
- Upload the documents to a relevant webpage
- Communicate some basic knowledge of WASH to nutritionists and vice versa through lunchtime seminars
- Hold a workshop where the evidence can be represented and create time and space for a discussion on its application to your country program (do not forget to invite key stakeholders who may boost your authority by supporting your work, for example, the UNICEF Deputy Representative or maybe key government officials or donors)
- Personalize the evidence with country-specific information. Some examples are relevant information from nutrition causal analysis, overlay maps of stunting and open defecation, or graphs showing how trends of acute malnutrition and diarrhea fluctuate together.

Capacity building for nutrition advocacy: an example from Uganda

A key gap identified in Uganda in the process of establishing a national nutrition action plan was limited advocacy skills among nutrition stakeholders and others. In response, FHI360, in partnership with the PROFILES technical working group, developed a series of training tools. Although the primary audience is the nutrition sector, multi-sectoral activities have been systematically targeted for training. This involves individuals from the departments of health, administration, budgeting and planning, WASH, agriculture, education and gender. This training aims to empower participants with advocacy and networking skills for improved nutrition outcomes at the regional, district, and community levels. For more information, follow the [link in the additional resource box below](#).

In addition to the currently available evidence there are several ongoing studies which are examining specifically how working together affects key indicators. A description of those studies can be found in **Additional Resource Intro A**.

Demystifying your sector so that it can be understood in lay terms can be challenging. Cross-sectoral advocacy is a key objective in Uganda's Nutrition Action Plan (2011–2016). As such, in partnership with FANTA, the Ugandan Ministry of Health has developed nutrition advocacy training materials.

Find the link in the Additional Resources box.



WHAT SKILLS ARE NEEDED, BY WHOM, FOR SYNERGIZED SERVICE DELIVERY? HOW CAN YOU GET THEM? (RESOURCES)

A comprehensive understanding of each sector is not necessary. However, some key skills and concepts are required in order to implement synergized services. **Tool 2A** details some suggested skills by position and provides a list of some available resources to support skills development. In addition to Tool 2A and the note below on developing skills in government and NGOs, UNICEF occasionally also offers Stretch Assignments, which can be for cross-sectoral work. Ask your supervisor or human resource office about these.

A note on developing skills within government and NGO partners

The capacity development opportunities as well as the skills identified in **Tool 2A** work can be used with government and NGO staff as well. For the development of some of the foundational cadres working on synergized services (e.g., community-based workers) there are a number of tried and tested materials available that can be borrowed or adapted. See below for a [link to materials](#) being used to train community-based workers in Uganda. In addition, knowledge exchanges (often called study tours or exchange visits) can be useful for increasing knowledge, awareness of opportunities and sometimes skills. They are often conducted in unstructured and ad hoc ways, which limits their productivity. The World Bank has created comprehensive knowledge exchange guides to improve on the outcomes and overall experience. There are guides and additional materials available through the [link below](#).

HOW DO YOU GENERATE STAFF AUTHORITY AND ACCOUNTABILITY FOR SYNERGIZED SERVICE DELIVERY? (AUTHORITY AND ACCOUNTABILITY)

Authority is the power or right to make decisions or give orders. Accountability is the obligation or willingness to accept responsibility. Both are essential for the long-term success of synergized services.

Authority

The sections and the staff supporting implementation must have the authority for synergized WASH and Nutrition services. Typically, authority at UNICEF is generated in the front office and moves through the hierarchy of the organization. This means that, in many cases, authority for the sections to work together will come from the representative or the deputy representative to the section chiefs and from there to the section staff. Why is this important? Consider the implications for sustainability in the following two scenarios: i) The deputy representative and section chief of a program agree to prioritize synergized services and then section staff work on planning and implementing those services. ii) A P3 in the Nutrition section decides to work on synergized services. What happens when that P3 leaves?

How can authority be generated?

- Ensure those who generate authority are motivated to synergize services (see the question above – the hypothetical P3 will then have others in the Nutrition section who continue to synergize services as it has been supported by management)
- Ensure that there is clear communication of that authority through the hierarchical chain (options: notes for the record, meeting minutes, performance-based contracts such as UNICEF's Performance Evaluation Reviews [PERs], country plans, etc.)

Accountability

The country consultations which preceded the development of this toolkit strongly indicated that a key challenge experienced in multi-sectoral forums was establishing accountability for joint actions. While the accountability being discussed in this module is specifically personal accountability, it is also essential for ensuring implementation of multi-sectoral actions. Within UNICEF, accountability for synergized actions can be ensured by including activities and indicators in Performance Evaluation Reviews. **Tool 2B** provides some guidance on suggested activities and indicators. These indicators and activities can be used in any performance-based contract, not just PERs.

A note on generating accountability and authority within government and NGO partners

The ways to promote accountability and authority within UNICEF also hold for government and NGO partners.

- Authority must be generated from the upper echelons of government (relevant ministries or other senior offices such as the Office of the President, etc.) or from the country-level senior management or headquarters of NGOs
- Accountability should be built into job descriptions, performance indicators, etc. **Tool 2B** may be helpful.

HOW DO YOU BUILD CAPACITY FOR, AND SUPPORT AND STRENGTHEN, COORDINATION?

A key barrier to synergized services is the lack of capacity or accountability in coordination systems. While this is a complex issue, often, with political barriers, there are some actions that can be considered.

- **Accountability.** Coordination structures should generate work plans with SMART indicators as well as roles and responsibilities. There should also be timely follow-up on the work plans.
- **Authority.** Much like personal capacity, the coordination system requires authority in order to be effective. That authority comes from the pivotal stakeholders in the coordination system — the government and the UN, as well as donors and NGOs.
- **Respected leadership.** The coordination system should be chaired by someone with coordination competencies who holds sway with the stakeholders. See [Tool 2C](#) for a description of these competencies. This description may help you when establishing an accountable coordination system.
- **Capacity development opportunities.** Several opportunities exist for supporting the development of coordination skills. UNHCR's Coordination Toolkit ([link below](#)) is a good place to get an overview. AMREF also have an interesting governance, leadership and management training program ([link below](#)).



WHAT CAN UNICEF DO TO SUPPORT BETTER COORDINATION FOR SYNERGIZED ACTIONS?

- Ensure authority is generated
- Follow up on the accountability mechanisms to ensure they are in place
- Support selection of respected leadership for coordination
- Provide support for capacity development opportunities



HOW DO YOU SUPPORT A LEARNING PROCESS TO IMPROVE THE QUALITY OF SYNERGIZED SERVICE DELIVERY?

Carving out time for reflection on what is and is not working for synergized programming will support better results and better use of funds, and reduce frustration. Learning events can take a few hours every quarter or every six months. Information generated from the learning event should then be incorporated back into program design. Events should not be desk exercises conducted by one person sitting in the head office. It is essential that they include those who are implementing and monitoring the synergized program.

Pointers for a learning event

- Preparation work pre-learning event — do a brief analysis of whether or not the program is meeting its set objectives
- Present the objectives of the program and the analysis of how it is doing with respect to those objectives
- Discuss the factors that have supported achievements in the program. Discuss the factors that are bottlenecks to achievements in the program. If the team needs prompts, they could analyze the program using the WHO health system strengthening pillars or a simpler division of enabling environment, services (community and facility) and monitoring and evaluation.
- Plan how to address the bottlenecks and, if appropriate, how to further support the enabling factors
- Change the program design if necessary

Tool 2D is a brief on how to implement a learning approach within a program. **Case Study 2A** details a Real Time Learning experience within the Kenyan Nutrition sector.

ADDITIONAL RESOURCES FOR UNDERSTANDING THE TOOLKIT



Additional resources prepared specifically for this toolkit

- **Additional Resources Intro A.**

Summary of the evidence for synergized WASH and Nutrition programming

Links to other useful resources

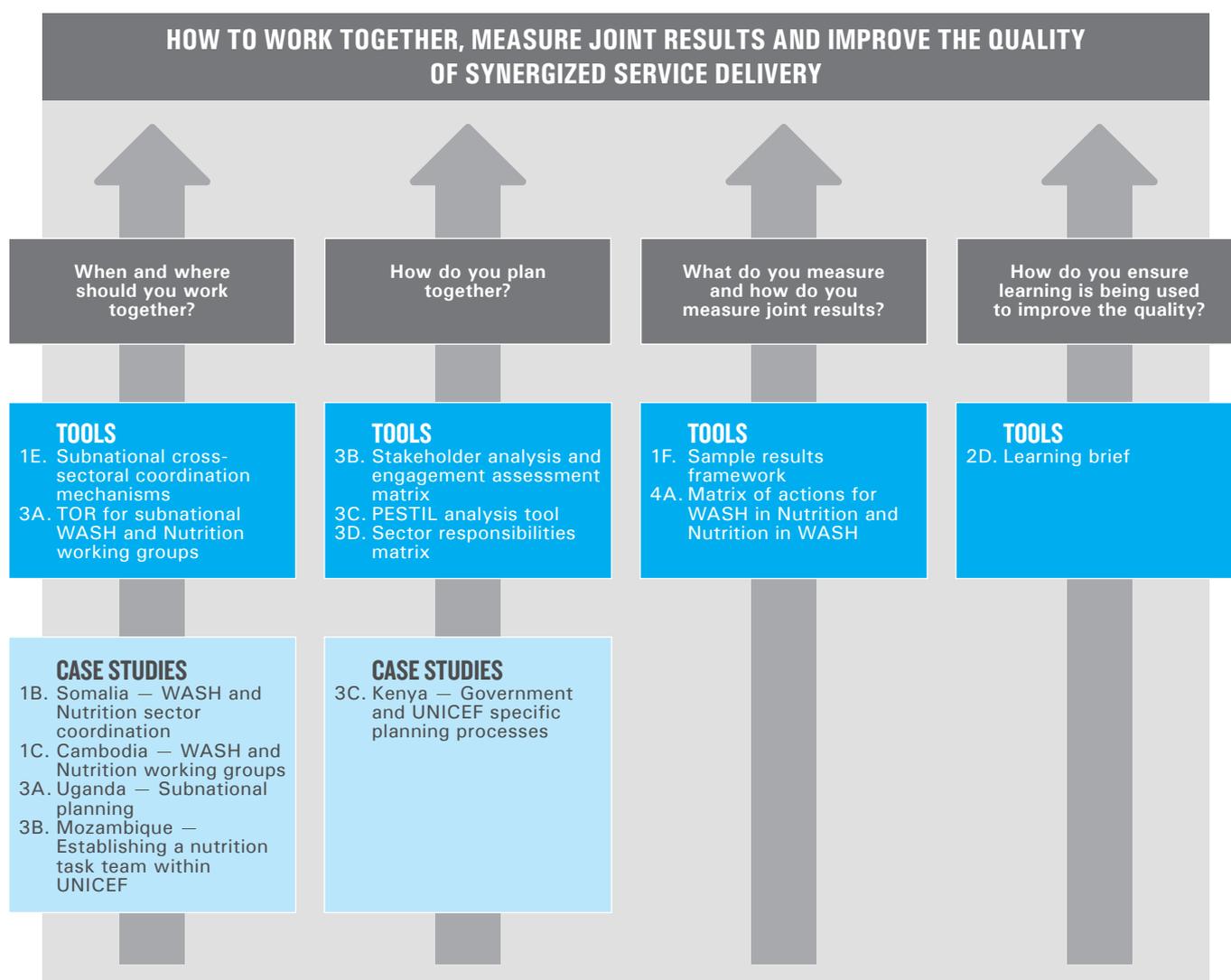
- AMREF – Training program on governance, leadership and management: www.amref.org/info-hub/capacity-building/governance-leadership-and-management
- FANTA III – Uganda: Nutrition Advocacy Training materials. <http://www.fantaproject.org/countries/uganda/uganda-nutrition-advocacy-training>
- **Uganda training materials**
- UNHCR – Coordination Toolkit: www.coordinationtoolkit.org
- UNICEF/USAID/WHO document, 2005, *Improving Nutrition Outcomes with Better Water, Sanitation and Hygiene: Practical Solutions for Policies and Programmes*: http://www.unicef.org/media/files/IntegratingWASHandNut_WHO_UNICEF_USAID_Nov2015.pdf
- World Bank, 2015. *The Art of Knowledge Exchange: A Results-Focused Planning Guide for Development Practitioners*: <https://openknowledge.worldbank.org/handle/10986/17540>

MODULE 3: HOW TO WORK

TOGETHER, MEASURE JOINT

RESULTS & IMPROVE THE QUALITY

OF SYNERGIZED SERVICE DELIVERY



MODULE OVERVIEW

The focus of this module is to guide stakeholders on how to strengthen coordination, improve the monitoring of actions and establish learning and feedback mechanisms. One of the critical bottlenecks in synergized WASH and Nutrition programming, identified through interviews and secondary data across the ESARO region, is weak coordination among key actors at national and subnational levels. This makes it difficult to carry out joint planning, implement joint actions or measure joint results and hence compromises the quality of synergized WASH and Nutrition services. Studies have shown that if WASH and Nutrition staff are not required, through specific monitoring and evaluation indicators, to deliver on certain activities, integration is unlikely to occur.

The tools and notes of this module consider the critical obstacles to working together, measuring joint results and improving the quality of synergized service delivery. The underlying causes of weak coordination and monitoring that this module addresses include:

- Lack of shared or common outcome areas for WASH and Nutrition programs
- Weak resource capacity for implementation of synergized WASH and Nutrition actions
- Non-responsive information management systems for WASH and Nutrition programs
- Siloed planning mechanisms exclusive to each of the sectors

This module aims at guiding WASH and Nutrition stakeholders in developing functional planning and coordination mechanisms, tracking program results and establishing continuous learning for program quality improvement. It serves to answer the following key questions:

- When and where should you work together?
- How do you plan together?
- What do you measure and how do you measure joint results?
- How do you ensure learning is being used to improve the quality of synergized service delivery?



WHEN AND WHERE SHOULD YOU WORK TOGETHER?

Coordination mechanisms between WASH and Nutrition actors should build upon existing structures at the national and subnational level, if already established. This provides an enabling environment for better outcomes and greater impact from synergized WASH and Nutrition actions. However, where these structures have not been established, they need to be initiated through a participatory stakeholder forum at the national and subnational level. Systematically coordinated joint actions will prevent the overlap of actions, which may be counterproductive and may result in avoidable wastage of resources from either sectors. Hence strong coordination will result in increased returns on investment. **Case Study 1B** provides an example of how coordinated planning and delivery of services resulted in greater achievements in Somalia.

Most of the ESARO countries have already rolled out the Scaling Up Nutrition (SUN) Movement, which brings together multi-sectoral actors. The effectiveness of the SUN Movement varies from country to country with some actively promoting multi-sectoral approaches to nutrition but others relatively inactive. A SUN PowerPoint shows that the key challenges facing SUN coordination are:

- Competing parallel systems and structure
- Conflicting agendas and interests at different levels
- Lack of decision-making authority accompanied by limited capacity to position nutrition outcomes at the core of development discussion
- Limited coordination and capacity beyond national level
- Limited engagement of local or community-based civil society organizations and the private sector



Below are suggested mechanisms for activating national and subnational coordination platforms.

At national level the stakeholders contribute to coordination through

- **Establishing or activating a joint WASH and Nutrition taskforce.** This can be spearheaded as a one-off activity by the Ministry of Health with support from other line ministries (Agriculture, Water and Education) and partners, including UNICEF. See an example of a successfully established national multi-sectoral coordination platform in Cambodia under [Case Study 1C](#).
- **Attending and contributing to the other sector coordination meetings.** The coordination meetings should be consistently held under the leadership of the designated ministry on a monthly or quarterly basis. Participants should be notified well in advance on the dates for the meeting and the draft agenda.
- **Exchanging information on best practices in WASH and nutrition programming.** Forums for learning among stakeholders should be held at least twice a year. A learning network should also be developed in which members can share emerging lessons on a continuous basis.
- **Defining the terms of reference for the national working group.** Stakeholders should participate in the formulation of the terms of reference for the national working group. The terms of reference should, among other things, delineate the objectives of the group, its membership and reporting lines, the frequency of meetings and their dates.



At subnational level the key focus of coordination is on

- **Holding a joint meeting for WASH and Nutrition stakeholders.** This will be a one-off event agreed upon by the key WASH and Nutrition actors at the subnational level. The meeting may decide to form a joint working group for a specific task.
- **Attending and contributing to the other sector coordination meetings.** WASH and Nutrition coordination meetings should consistently be held under the leadership of the designated ministry on a monthly or quarterly basis. Participants should include representatives of the other sectors to ensure cross-sectoral coordination. [Tool 1E](#) illustrates this mechanism. [Case Study 3A](#) and [Case Study 3B](#) show how this was done in Uganda and Mozambique, respectively.
- **Providing capacity-building opportunities, e.g., workshops, field visits and learning events within coordination platforms.** The subnational coordination platform should be proactive in identifying and creating capacity-building opportunities for its members. These should be offered at least once per quarter.
- **Interpreting and disseminating national policy and guidance on synergized WASH and nutrition programming.** To realize this mandate, all members should be familiarized with the provisions of the national policy and guidance at least twice a year and after any critical revisions to the policy and guidance.
- **Defining the terms of reference for the subnational working group, where necessary.** Stakeholders should participate in the formulation of the terms of reference for the subnational working group. The terms of reference should, among other things, delineate the objectives of the group, membership, frequency of meetings and dates. [Tool 3A](#) gives an example of terms of reference for this working group.

HOW DO YOU PLAN TOGETHER?

Start by agreeing on a common vision and common objectives between UNICEF sections and decide how a planning process can be brought together. **Case Study 3C** provides an example of entry points for joint planning based on the Kenya planning cycle of the UN and the Government of Kenya. Government and NGO partners can be encouraged to establish or activate coordination platforms at national and subnational level to provide a conducive environment for joint planning among stakeholders. Effective planning should be bottom-up, taking into consideration the prevailing factors at subnational level. Planning together should be based on joint analysis and coordination by all relevant actors at both national and subnational level. Joint planning is more effective at the onset of new programs, when the WASH and Nutrition situation has been collectively analyzed. It can also facilitate lobbying for joint funding to foster synergized WASH and Nutrition programs. The national planning cycle for UN country teams and governments provides an opportunity for synergized WASH and Nutrition programming and some countries, like Mozambique, have developed a joint-agency, multi-sectoral agenda for the reduction of undernutrition.

These proposed actions can help to achieve joint planning:

- **Identify and engage key stakeholders early to facilitate synergized programming.** This should be done prior to the establishment of the national and subnational coordination platforms and should be representative of the varied contexts at the points of service delivery, e.g., urban or rural contexts. Identify potential stakeholders and assess their impact, interest and how they can be involved in synergized WASH and Nutrition actions using **Tool 3B**, the stakeholder analysis and engagement assessment matrix. UNICEF, together with the concerned line ministry or ministries, should plan, manage and control stakeholder engagement.
- **Identify WASH and Nutrition priority target areas by assessing the prevailing WASH and Nutrition conditions at national and subnational level.** The conditions or parameters to be considered under WASH during the assessment include access to potable water by mothers or caregivers and children, household toilet and latrine coverage, prevalence of WASH-related diseases and awareness of critical hygiene practices like handwashing with soap at critical moments. The parameters to consider under Nutrition include the prevalence of severe acute malnutrition (SAM) and stunting among children in various locations. Save the Children used this type of mapping for planning in three different countries (see the links in the Additional Resources box for more details). The Safe Water and AIDS Project (SWAP) planned and implemented simultaneous WASH and Nutrition behavior change activities in communities in Kenya. Find the links in the **Additional Resources** box.
- **Identify common targets to which WASH and Nutrition programs should contribute.** Do this during the joint planning forums based on the existing problems in the WASH and Nutrition sectors. The joint targets may include a reduction in the prevalence of stunting and WASH-related diseases among children below five years of age or promotion of important nutrition and WASH products.

- **Identify key factors that determine successful synergized actions and strategies for addressing these factors.** This should be done during the formation of the national and subnational coordination platforms. The PESTIL analysis tool (**Tool 3C**) can be used to identify political, economic, social-cultural, technological, institutional and legal factors affecting synergized WASH and Nutrition programs. A SWOT analysis can also be done within the organization to identify key factors that promote or hinder synergized WASH and Nutrition programming. Other sector-specific tools such as the WASH bottleneck analysis tool (WASHBAT) and the marginal budgeting for bottlenecks tool (MBB) can also be adapted to identify barriers to synergized programming. Lastly, policy briefs and reviews can also ensure that an enabling environment is promoted for synergized WASH and Nutrition programming.
- **Design a common monitoring plan or framework with jointly agreed, measurable indicators** that help to track progress towards achieving the desired results of synergized WASH and nutrition actions
- **Agree roles and responsibilities between different actors.** An example of this is provided in **Tool 3D**. This is a sector responsibilities matrix which can be applied to sectors at the subnational level. Ideally, sectors should take time to review the sample provided and adapt to their context and need.

WHAT DO YOU MEASURE AND HOW DO YOU MEASURE JOINT RESULTS

Measurement of synergized WASH and Nutrition results can be achieved by developing a simple, responsive, transparent, relevant and decentralized monitoring and evaluation system. Special attention should be given to process indicators for synergized programming. This will necessitate the adoption of key indicators and corresponding activities at each of the identified integration levels for synergized programming. The indicators should be agreed upon during the joint planning forums and key people at national and subnational level should be mandated to track changes over time, based on the indicators. Sample indicators are suggested in **Tool 4A**, a matrix of activities with associated monitoring indicators, and in **Tool 1F**, the sample results framework in Module 1.

Some suggestions for monitoring progress:

For leadership, accountability and funding

- Focus on stakeholder engagement through coordination forums and other platforms. This will also ensure that synergized actions are well documented and information on progress is disseminated in a timely manner to key national and subnational stakeholders.
- Monitor the development of policies favorable to synergized WASH and Nutrition programming, taking into consideration the outcome and frequency of policy and strategic review forums

For people and capacity

- Consider conducting a baseline capacity needs assessment among the key actors. This can be done by sending self-administered questionnaires to each of the key actors with questions focusing on their knowledge, attitude and practices with reference to synergized WASH and nutrition programming.
- Include indicators which specifically measure staff capacity development as part of the program. This can be part of the learning process described in Module 2.

For planning, tracking results and the learning feedback loop

- The joint monitoring system should ideally build upon existing systems such as HMIS to easily track results, avoid duplication of efforts and obtain information that can be generalized

Caution! Although most countries in ESARO have incorporated Nutrition and WASH indicators into the HMIS, the data captured is not regularly collected since the main focus at health facilities is on monitoring incidences of disease.

Consider

- Retraining staff to track WASH data and Nutrition data reliably. Get their buy-in by explaining how it will improve their services and reduce their workload. Provide supportive supervision to newly trained staff.
- Establish a platform for joint monitoring and analysis of WASH and Nutrition results
- Find ways to disseminate information on WASH and Nutrition status to all the key stakeholders in a timely manner for their action
- Include monitoring of trends in WASH and Nutrition as a requirement in job descriptions of sector managers at national and sub-national level and in health facilities

For action and behavior

This aspect of monitoring focuses on the level of joint participation between WASH and Nutrition at the implementation stage for both development (rural and urban) and emergency contexts. It further looks at the changes in behaviors among the key target groups (e.g., the proportion of mothers washing hands before feeding their children) that are important to achieve both WASH and Nutrition outcomes. Tool 4A provides a sample activity and monitoring matrix for WASH in Nutrition and Nutrition in WASH which can be used to track progress on action and behavior or provide ideas for indicators.

Lessons learned for integrated WASH and Nutrition programs so far strongly suggest that indicators for both WASH and Nutrition should be included in the planning frameworks **from the start of the program**, otherwise it is difficult to measure achievements in both sectors.



HOW DO YOU ENSURE LEARNING IS BEING USED TO IMPROVE THE QUALITY OF SYNERGIZED SERVICE DELIVERY?

One bottleneck to successfully synergized WASH and Nutrition programs is the limited information on the integration of WASH and Nutrition program activities. Whereas some organizations have documented relevant lessons from their experiences in joint programming, the information is not always applicable for all contexts. Therefore, there is need for ongoing learning within given contexts. It is vital for synergized programs to make space and time to reflect on successes and failures and use the learning from these to improve program design.

We propose the following learning strategies to aid in continuous program quality improvement:

- Organize online meetings and webinars to share findings interactively and respond to questions
- Organize learning exchanges, seminars or training events and workshop to share experiences in synergized WASH and Nutrition actions
- Document key lessons in case studies, learning notes, field reports, technical publications and research reports
- Disseminate findings through coordination platforms, peer review journals and research publications
- Organize reflection sessions every six months (or yearly if this is not possible), share synergized program results and discuss successes or failures as well as bottlenecks to successes. Analyze failures and successes and incorporate findings into improving program design.

Tool 2D provides an example of a learning and feedback process which can be used to strengthen learning and knowledge management in WASH-Nutrition programming. **Case Study 2A** shows how this learning approach was applied to a nutrition program in Kenya.

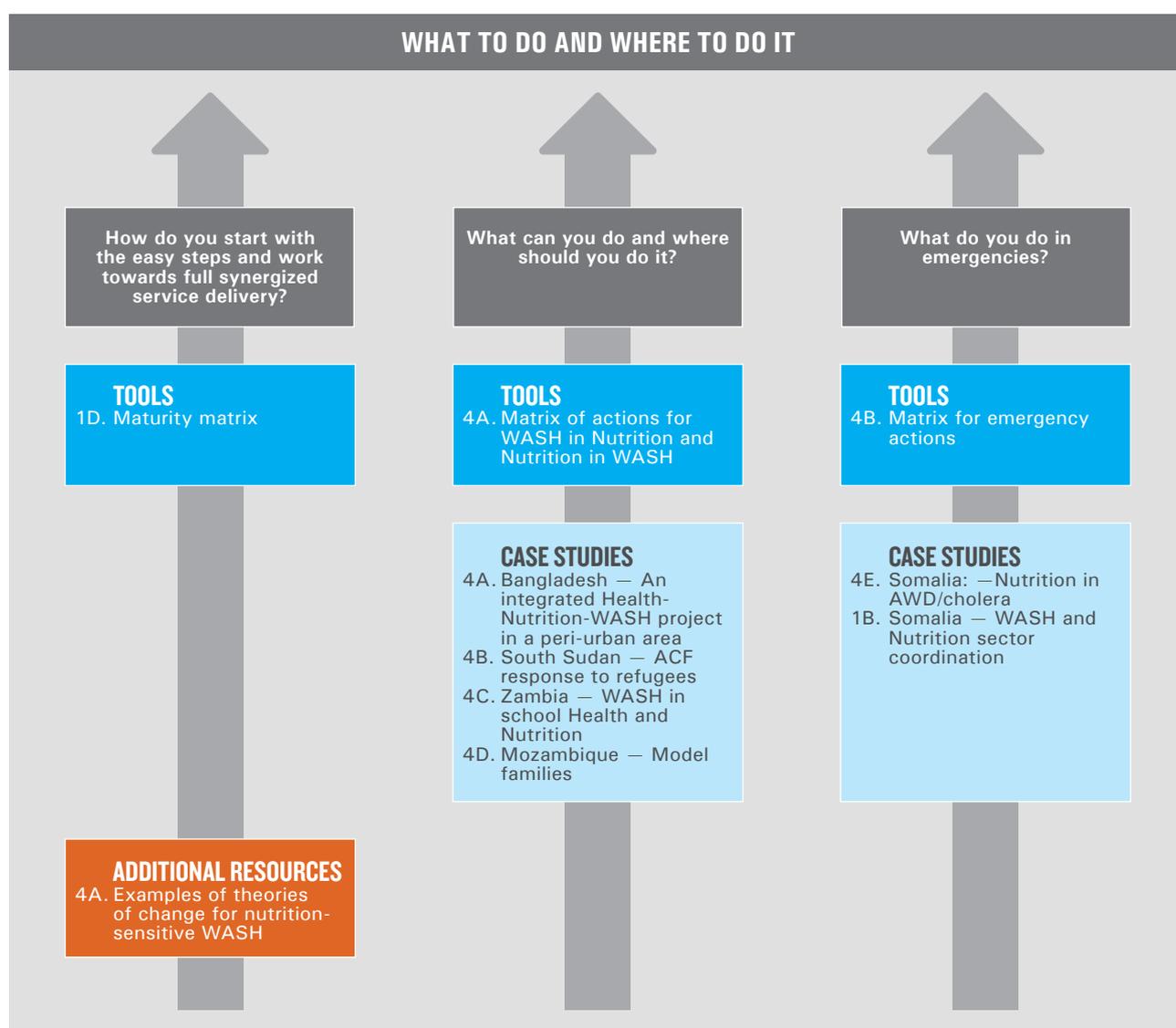
ADDITIONAL RESOURCES FOR WORKING TOGETHER

Links to useful resources

- MMB tool: http://www.sandy-campbell.com/sc/KTC_Module_3_files/KTC%20Module%203%20%E2%80%93201.1.4b%20%E2%80%9320Knippenberg%20et%20al%20no%20year.pdf.
- **Save the Children joint mapping**
- Scaling Up Nutrition (SUN)—PowerPoint: *Strengthening multi-sectoral coordination at country level: update and lessons learnt from SUN Countries*: http://www.fao.org/fileadmin/user_upload/nutrition/docs/policies_programmes/CAADP/east_central_africa/presentations/1._Patrizia_CAADP_MEETING_SUN_Powerpoint_presentation.pdf.
- SWAP WASH and Nutrition behavior change activities—WASHplus (2008). *Social Marketing of Multiple Health Products in Western Kenya*: http://washplus.org/sites/default/files/kenya-social_marketing2015.pdf.
- WASHBAT tool: <http://www.ircwash.org/sites/default/files/watersanitationandhygienebottleneckanalysisistool.pdf>.



MODULE 4: WHAT TO DO AND WHERE TO DO IT



MODULE OVERVIEW

The focus of this module is on identifying what to do and where to do it for the effective and synergized delivery of WASH and Nutrition services. The good news is that your program probably has more entry points and opportunities for synergized actions than you know. A common question is what is different about this programming? At an implementation level, some key differences may include targeting (pregnant women and children under two years, the 1,000 days), expanded actions and the diversification of entry points.

This module can help you decide how to start or, if you have started, how to move towards more complex actions. In addition, the scoping study found that few countries understood what opportunities existed for synergized actions during emergencies.

The tools and notes presented consider bottlenecks from the available literature and from UNICEF Section Chief interviews. The key bottlenecks to defining what to do and where to do it for synergized WASH and Nutrition service delivery include:

- Not knowing clearly how or where to start supporting synergized services
- Feeling constrained by sectoral responsibilities and lack of funding for synergized services
- Lack of awareness of what types of synergized services can be implemented in emergencies

This module will answer these key questions:

- How do you start with the easy steps and work towards full synergized service delivery?
- What can you do and where should you do it?
- What about in emergencies?



HOW DO YOU START WITH THE EASY STEPS AND WORK TOWARDS FULL SYNERGIZED SERVICE DELIVERY?

Where do you start? Obviously, where you start and how you progress will vary according to the context and the funding opportunities. Included in this toolkit is a sample theory of change and a maturity matrix (see [Additional Resources Intro B](#) and [Tool 1D](#)) to guide progress from ad hoc to fully synergized programming. A country team can decide to use this sample or it can be adapted to your context. However, the first step when deciding to work together as WASH and Nutrition is deciding on a joint vision and the expected impact. Essentially, define what you expect to achieve by working together. That can help further on in the process, when defining the actions. If the right people are involved in that discussion (depending on context, that could be UNICEF internally or UNICEF with government, donors or other stakeholders), it can also help to establish accountability and authority for working together. Some teams may find it helpful to establish a theory of change or project impact pathway at the activity level. Although the diagram showing the pathways linking WASH and Nutrition does not necessarily explain how sections can work together, it can help establish the specific contributions of the different sectors to a particular outcome. Examples can be found in [Additional Resource 4A](#) – see the [Additional Resources](#) box below.

When starting out

- Consider where you are on the standard progression – maybe you are already carrying out some of the actions without realizing it
- Consider how far you can go with your current resources or entry points and when you would require additional resources

Using the pathways diagram to decide where to start synergized WASH and Nutrition actions

The WASH and Nutrition pathways diagram shows the ways in which WASH relates to Nutrition and can be used to identify the actions that are most likely to have an impact on Nutrition in a particular context. For example:

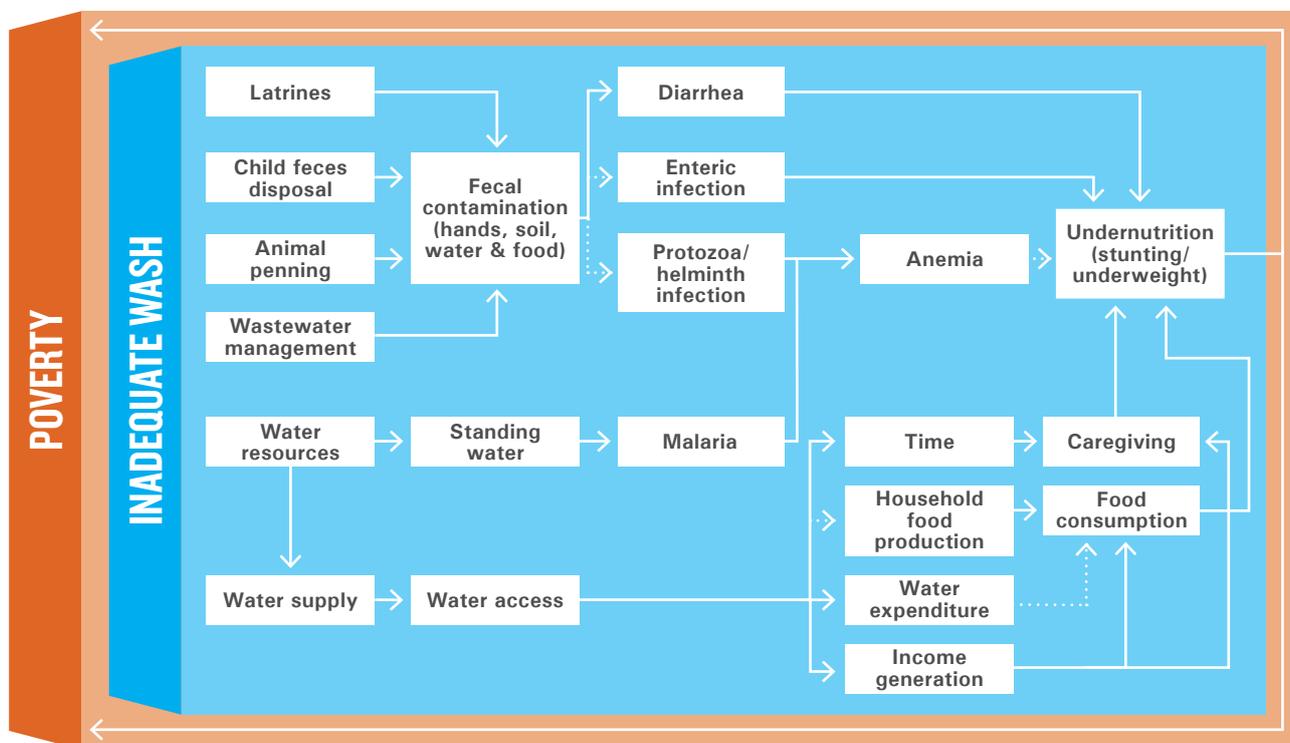
- *Communities in semi-arid and arid climates frequently have limited water sources and women frequently walk long distance to fetch water, especially in the dry season. The most significant pathways for this target group are probably women's time and household food production. Therefore, activities which bring water closer to the household and provide adequate water for livestock and small-scale agriculture are likely to have a major impact on nutrition.*
- *Households in urban areas usually have good access to water but sanitation facilities are either expensive or too unhygienic or unsafe to use, and close living conditions mean a high risk of transmission of diarrheal disease. In this environment, improvements in sanitation can have a major impact on diarrhea and on stunting rates.*
- *In rural villages with reasonable water access but poor environmental sanitation, the most likely pathway affecting nutrition is the contamination of water, soil and hands by open defecation and by animal feces. The most effective actions in this case would be improving sanitation and hygiene practice, and providing options for safe drinking water.*

WHAT TO DO AND WHERE TO DO IT

WHAT CAN YOU DO AND WHERE SHOULD YOU DO IT?

In order to decide where and when to intervene, it is useful to recall the pathways through which hygiene and sanitation are likely to affect Nutrition.

PATHWAYS LINKING WASH AND NUTRITION OUTCOMES



Adapted from Chase and Ngunjiri (2016).

To limit the effects of poor WASH on Nutrition it is necessary to eliminate microbial ingestion. Although this may be obvious, it is worth repeating when choosing actions. Consider the pathways above that are most relevant to your country context and seek to eliminate them.

In addition to the above, consider the following guiding points.

- Where does the evidence point to the greatest gains for synergized programs?
 - Pregnant women and children 0–2 years of age and their caregivers (the 1,000 days)
 - Urban areas and areas with high population density
- Where are the current opportunities in existing programs?
- Are there opportunities to develop new programs or reorient new or existing programs to achieve synergized actions?

Some common entry points to consider are

- Nutrition service points
- Health facilities
- Schools
- Communities
- Community-based workers
- Community committees (such as community health committees)
- Religious leaders

WHAT TO DO AND WHERE TO DO IT

Tool 4A provides an overview of the types of actions that can be implemented at different entry points using a standard framework that exists in most Nutrition and WASH programs. If your current UNICEF program is fairly inflexible (with strict deliverables or financial constraints) this could be a good place to start. Various activities in the tool can be implemented for little or no additional cost. One fairly simple process that can be conducted at community level and can improve synergized programming is ‘small doable actions’ (SDAs). See the note on behavior change communication for more information. A comprehensive example of synergized programming at activity level can be found in ACF’s response to South Sudanese refugees in Uganda. For more details see **Case Study 4B**. **Case Study 4C** is an example of a school Health and Nutrition program in Zambia that includes key WASH actions.

If you have some flexibility in your program, consider a reorientation towards children 0–2 years of age and their caregivers (see the **box on BabyWASH**) and consider targeting specific programs at areas of high population density (see the **box on urban areas**).

A note on women’s empowerment

Women’s empowerment is commonly identified as a causal factor in undernutrition. Disempowered women find it difficult to change their behavior and advocate for more resources for themselves and their children against opposition from decision makers in the household. A critical and often hidden factor in the care of infants and small children is the workload of the mother. In dryland areas, the biggest burden is often related to fetching water and so bringing water closer to the household can have a major impact on care practices and hence nutrition. When designing interventions targeted at women and children it is critical to consider these questions:

- Will a woman be able to do what is expected of her in the intervention, considering her position in the family and community?
- Will it be a burden on her time to participate in the intervention? What are the opportunity costs?

Urban areas

*One of the key lessons drawn from the evidence base is that the greatest gains in nutrition through sanitation programs come in peri-urban areas. This is due to population density – the denser the population, the denser the open defecation and the greater the impacts on health and height growth in children. ‘Evidence points to a strong association between reductions in the density of open defecation and improvements in child height’ (Spears et al, 2014). This is important as, for the large part, most of UNICEF’s programs tend to be concentrated in rural areas with a low population density. We often assume that these are the locations in which we can have the greatest impact and in some ways this is true. However, for Nutrition, peri-urban areas can be equally important, and the same is true of sanitation. To maximize investment, UNICEF programs need to consider specifically targeting areas of high population density. **Case Study 4A** provides an example of peri-urban targeting in Bangladesh.*

A note on behavior change methodologies

While knowledge is only one step on the way to changing behaviors, communicating the ways in which sanitation and hygiene affect nutrition could make an important difference. This may especially be true for community-based workers (community health workers, community health volunteers, etc.). In order for them to effectively communicate the linked sanitation and hygiene and nutrition behaviors, it is important for them to understand the causal pathways. Most evaluations of community-based workers and their capacity development focus on message retention but not on their understanding of why certain messages and behaviors are key.

In addition, in the scoping study stage of the development of this toolkit, several UNICEF country office teams expressed concern about their ability to affect change with synergized programs as their current behavior change communication programs were not demonstrating sufficient results. Most communication for development (C4D) initiatives focus on promoting uptake of an ideal practice. However, in practice, people rarely move from a poor practice to an ideal one in one jump (for example, moving from a situation in which no family members wash hands with soap to one in which all family members wash hands with soap at all critical times).

BabyWASH

BabyWASH refers to key water, sanitation and hygiene interventions targeting pregnant women and children under two years old. It addresses the fact that the vulnerability of children to stunting in the first 1,000 days of life (conception to two years old) is significant and can cause permanent delays in development. In addition, BabyWASH is supported by research which links environmental enteropathy to stunting and therefore stresses the importance of including hygiene measures in a wide range of interventions.

The main goal of BabyWASH is to interrupt the key pathways through which poor sanitation affects the health and development of the target groups. This includes hygiene as a key component in nutrition, early childhood development (including play and feeding) and pregnancy and delivery. Unlike many current WASH programs, it considers the importance of both human and animal feces in the home and play environment.

Key interventions are focused around five hotspots of vulnerability (pregnancy, labor and delivery, the newborn period, the onset of complementary feeding and the onset of mobility) and include (but are not limited to)

- *The separation of young children and animals*
- *Safe cleaning and storage of feeding and cooking utensils*
- *Handwashing at critical times, including after caring for animals*
- *Hygiene for infants and adults during complementary feeding*
- *Hygienic play areas for children*
- *Safe WASH in healthcare facilities*

*For more details see
www.babywashcoalition.org.
 Email admin@babywashcoalition.org
 to find out about collaborating
 with other experts in your area.*

WHAT TO DO AND WHERE TO DO IT

In recognition of this, WASHplus has developed the concept of ‘small doable actions’ (SDAs) for WASH. It is similar in approach to the Trials of Improved Practices (TIPs), developed by the Manoff Group, with which Nutrition teams may be more familiar. Both approaches, instead of expecting ideal behaviors to be adopted immediately, construct a continuum of behaviors ranging from the unacceptable to the ideal. Small doable actions or ‘improved practices’ are behaviors that are deemed feasible for householders in resource-constrained settings and effective at personal and public health level. Behaviors that meet these two criteria — feasibility and effectiveness — are included in the menu of options for behavioral improvement. More information on SDAs and TIPs can be found in the links in the [Additional Resources](#) box. This small steps approach to behavior change may be a simple way to embed or integrate WASH messaging into Nutrition programming. A similar set of Nutrition actions and messages could also be embedded in WASH as described in the Box on Nutrition and CLTS in Kenya. Another way in which some countries are dealing with the complexities of behavior change is to use social pressure to promote it. In Mozambique there is a certification process for model families — those that exhibit a set of desirable public health characteristics. Read more about it in [Case Study 4D](#).



Nutrition and community-led total sanitation (CLTS)

Within the eastern and southern African region and further afield there is interest in using the CLTS platform to spread information about Nutrition. Implementation is just starting and therefore there is little information available on best practices and ideal operational modalities.

In Kenya, UNICEF is working with the Kitui County Government and IDINSIGHT to pass on key messages on hygiene and nutrition for children under two years of age. IDINSIGHT’s role is to evaluate and monitor the process and ultimately to support the design of a method for integrating Nutrition into CLTS. Initial results from the trial are expected in February and March 2017. The current process that will be evaluated is:

- **Triggering.** *A few nutrition points are incorporated into the triggering.*
- **Post-triggering events.** *Two meetings are facilitated by a public health officer, one focusing on hygiene for children under two years old and the other on nutrition for this age group*
- **Follow-up visits.** *Community health volunteers conduct a minimum of four follow-up visits to support the adoption of key practices.*

The nutrition messaging focused on a few key messages on breastfeeding, complementary feeding and the importance of health facility visits for services like deworming and micronutrient supplementation. In addition, the sanitation components include messaging on yard cleanliness and keeping young children away from both human and animal feces.

WHAT DO YOU DO IN EMERGENCIES?

Specific synergized actions can be supported during response to emergencies or crises. This is especially true of outbreaks of infectious diseases such as cholera, acute watery diarrhea (AWD) and measles. **Tool 4B** provides some examples of synergized emergency actions. Consider the following when implementing synergized actions during emergencies.

- Bear in mind the nature of the emergency and the types of programs involved — use existing programs as entry points where possible
- Select actions that can be quickly and easily implemented — staff involved in emergency response may already be overwhelmed
- Use realistic reporting requirements during emergencies. Complicated indicators will only produce frustration and may result in poor quality reporting.
- For endemic or cyclical emergencies, consider how preparatory work for some of the actions can be accomplished before crises hit

Case study 4E describes how acute watery diarrhea and cholera outbreaks are addressed within Nutrition programs in Somalia. In addition, **Case Study 1B** specifically discusses how better coordination between Nutrition and WASH during an acute emergency allowed more hygiene services to reach vulnerable groups.

Identifying and targeting vulnerable communities during an emergency response

During the famine in Somalia in 2010–2011, the hospitals and health facilities filled up with children with acute malnutrition and, in some cases, acute watery diarrhea or cholera. In a good example of collaboration, the public health team working for local NGO SOPPHA worked with nutrition teams in the health facilities to identify where the children admitted for treatment had come from. The public health team then followed up with a visit to each child's household to carry out a risk assessment, looking for patterns of poor sanitation, hygiene or water access which might be causing or exacerbating the nutrition situation of children in that neighborhood. The team was then able to take action to improve water and sanitation access for the households in that area and to protect the children from further outbreaks of disease and malnutrition.

Similar initiatives are possible in rural areas but a system of monitoring and follow up is required to be able to record any positive impact from the WASH activities on admissions to nutrition centers from a specific community.

ADDITIONAL RESOURCES FOR UNDERSTANDING THE TOOLKIT

Additional resources prepared specifically for this toolkit

- **4A. Theories of change for nutrition-sensitive WASH**

Links to other useful resources

- BabyWASH Coalition, hosted by World Vision International: www.babywashcoalition.org
- Spears, D. & Haddad, L., 2014. *The Power of WASH, Why Sanitation Matters for Nutrition*,
- **WASHplus learning brief: Small Doable Actions**
- Trials of Improved Practices, The Manoff Group: www.manoffgroup.com/approach_developing.html



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