

Nutrition & WASH

- Poor sanitation = poor nutrition
 - Recurrent diarrhoea
 - Long-term effects
- Impact = **integrated projects**
- History of rural cf urban development



Nutrition and WASH: Ensuring a child's best start in life

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Introduction – link to earlier speakers and the aspects of “resilient food systems”. Nutrition is an obviously important one.

If you google the terms “nutrition” “sanitation” and “child” you come up with 8,640,000 results – NGOs, UN and other international agencies web sites; news articles; all over the world; a lovely poem by a Ugandan child on sanitation and nutrition; and some research. All of it, most importantly the research, supports the statement that poor sanitation (and hygiene practices) is intrinsically linked to poor nutrition outcomes for children. Research shows links through recurrent diarrhoea resulting directly from poor sanitation and hygiene practices, as well as longer-term effects (tropical enteropathy is my new favourite term). We know that malnourishment directly contributes to one third of all deaths in U5s, as well as setting them up for ongoing health and learning struggles throughout life.

And years of experience show us that the most effective way to bring about real impact on the lives of children is to then integrate our activities.

Nutrition in South Asia



- Dominated by India
- WHO rank of **1**
(~1/3 of **all** stunted U5s are Indian; 48% of Indian U5s are stunted)
- Trend is decreasing, but not fast enough
- Also includes Pakistan (42%), Bangladesh (43%), Afghanistan (59% - world's highest), Nepal (49%), Bhutan (48%)

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Manifestations of inadequate nutrition

Undernutrition in children can manifest itself in several ways, and it is most commonly assessed through the measurement of weight and height. A child can be too short for his or her age (stunted), have low weight for his or her height (wasted), or have low weight for his or her age (underweight). A child who is underweight can also be stunted or wasted or both.

Each of these indicators captures a certain aspect of the problem. Wasting is used as a way to identify severe acute malnutrition. Weight is known to be a sensitive indicator of acute deficiencies, whereas height captures more chronic long-term exposure to food insecurity and deficiencies, and infections. Measuring height for age becomes a proxy indicator of a child's overall development in terms of physical stature, mental development and adult potential.

Food and nutrition

Undernutrition is not just about the lack of food. An individual's nutritional status is influenced by three broad categories of factors – food, care and health – and adequate nutrition requires the presence of all three.

Poor infant and young child feeding and care, along with illnesses such as diarrhoea, pneumonia, malaria, and HIV and AIDS, often exacerbated by intestinal parasites, are immediate causes of undernutrition. Underlying and more basic causes include poverty, illiteracy, social norms and behaviour.

Maternal nutrition and health greatly influence child nutritional status. A woman's low weight for height or anaemia during pregnancy can lead to low birthweight and continued undernutrition in her children. At the same time, maternal undernutrition increases the risk of maternal death during childbirth. Household food security, often influenced by such factors as poverty, drought and other emergencies, has an important role in determining the state of child and maternal nutrition in many countries.

Nutrition security is an outcome of good health, a healthy environment, and good caring practices in addition to household food security. Food Security is necessary but not sufficient condition for nutrition security.

MDGs

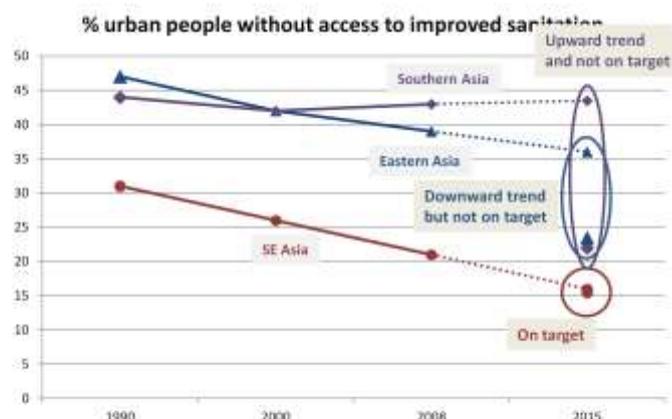
Several countries in South Asia, and a few in East Asia, are making insufficient progress to achieve the MDG target 1 – to halve by 2015 the proportion of people who suffer from hunger – against the indicator of the prevalence of stunted U5s. For example, a recent analysis conducted by UNICEF shows that in South Asia, stunting prevalence declined by more than 25% among children from the richest families, while the decrease was 14% among children from the poorest families.

Nutrition in East Asia & SE Asia

- Dominated by China - WHO rank of **2** (15% of U5s are stunted)
- Trends are decreasing stunting and wasting
- Also includes Indonesia (37%), Philippines (34%), Viet Nam (36%), Myanmar (41%), Timor-Leste (54%), Lao PDR (48%), DPRK (45%)

Sanitation in Urban Asia

- Rapidly growing population, also rapidly urbanising
- MDG targets
- Models for development



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The issues for urban sanitation in Asia are not all that different to those for other sectors in Asia – rapidly growing populations, also rapidly urbanizing and, in many cases, increasing standards of living and consequential resource use.

Many of you might know of WHO & UNICEF's Joint Monitoring Programme for the water & sanitation MDG (target 7C) – to halve by 2015 the proportion of people without access to safe drinking water and improved sanitation facilities. The picture for urban Asia looks like this:

- SE Asia seems to be on target
- Eastern Asia, dominated by China, while trending down will not meet the MDG target
- Southern Asia, dominated by India, doesn't even trend down – 600 million people in India defecate in the open.

To unpack a bit further:

- Improved sanitation does not include shared facilities, which for India in particular, is a dominant form of sanitation in urban areas, especially slums (eg. the Sulabh projects).
- Different countries measure "access" in slightly different ways.
- Variation within the regions is high, eg. SE Asia includes Thailand and Laos.
- Initial measurements are less accurate and consistent than measurements since then.
- Gains made in easier to reach populations, we're now left with the more difficult, more vulnerable people and further gains will be more difficult.
- The RRA-like models used to make gains in rural communities are not necessarily replicable in urban communities.

Challenges and What's Next

- Equity within larger geographical areas (wealth / poverty, urban and rural, ethnicity, gender)
- Reaching the hard to reach
- Complementarity & a multi-sectoral approach – nutrition is not just food, sanitation is not just toilets

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Complementarity and a multi-sector approach

In line with the global SUN and REACH approaches, UNICEF and the EU have instigated a 4 year Maternal and Young Child Nutrition Security Initiative in 5 countries, encompassing both the nutritive aspect of a diet as well as the importance of having a sanitary environment and adequate care and health services

The 5 countries have a high burden of undernutrition and with potential for success: Bangladesh, Indonesia, Lao PDR, Nepal, and the Philippines (national prevalence of stunting ranging from 30 to 48%)

Clearly this is not business as usual.