Clean Fed and Nurtured: Intersectoral Collaboration Beyond Environmental Enteropathy

> Julia Rosenbaum, Renuka Bery, Sandra Callier USAID/WASHplus, FHI 360

> > Hanna Woodburn, PPPHW

Peggy Bentley, UNC



# What is Clean, Fed & Nurtured?

- Integrated programming
  - Water, sanitation, hygiene (WASH)
  - Nutrition
  - Early child development
- Consultative Meeting
  - To kick start a community of practice and movement to promote a thriving child



# **Objective of this session**

- To advance the global conversation to different stakeholders and actors already engaged in WASH
- To engage new energy and talent in promoting flowers to bloom everywhere across the WASH-nutrition-early child development nexus



# Why Integrate these Sectors?

- No sector succeeding on its own
- Dyads of integration
- Growing evidence pointing to growth and development needed for a thriving child



# **Review of the evidence**



# Safe Feces Disposal

# **Review of the Evidence**

30% ++

## Focus on WASH behaviors for Diarrhea Disease Reduction....



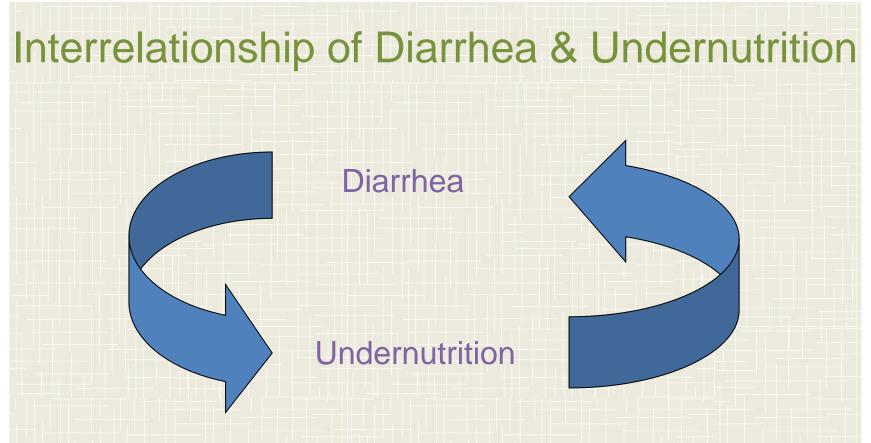
#### Handwashing

43%

Safe Storage & Treatment of Water



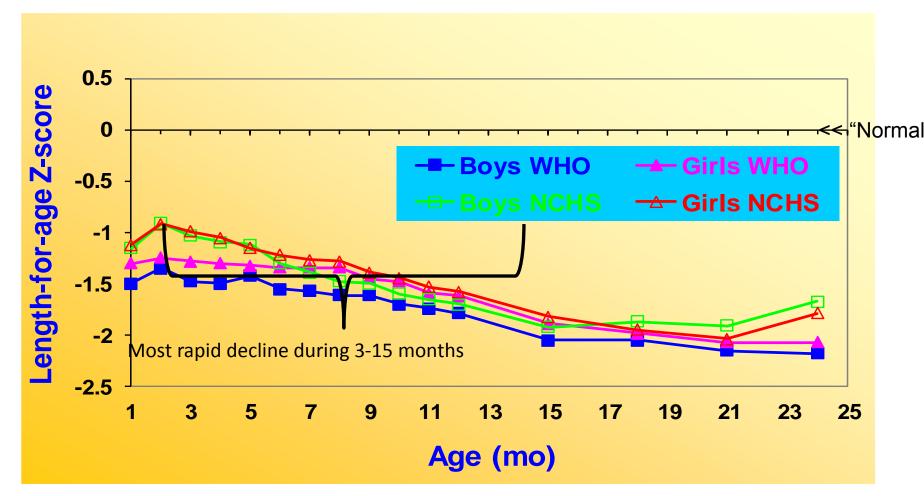




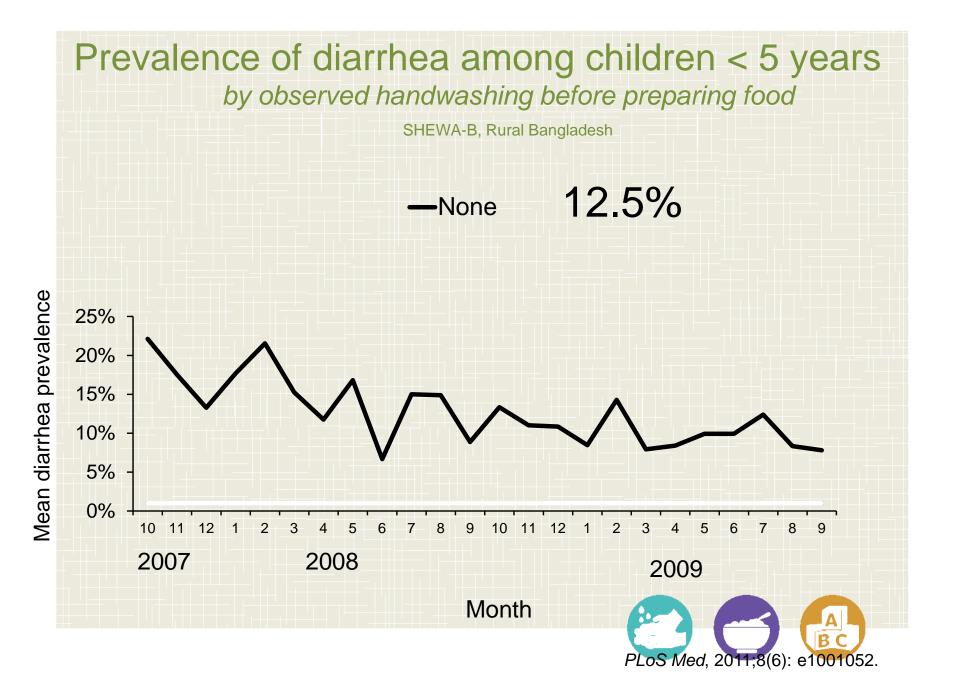
Children with diarrhea tend to eat less
With diarrhea, nutrients from food are not well-absorbed
Undernourished children are more susceptible to diarrhea

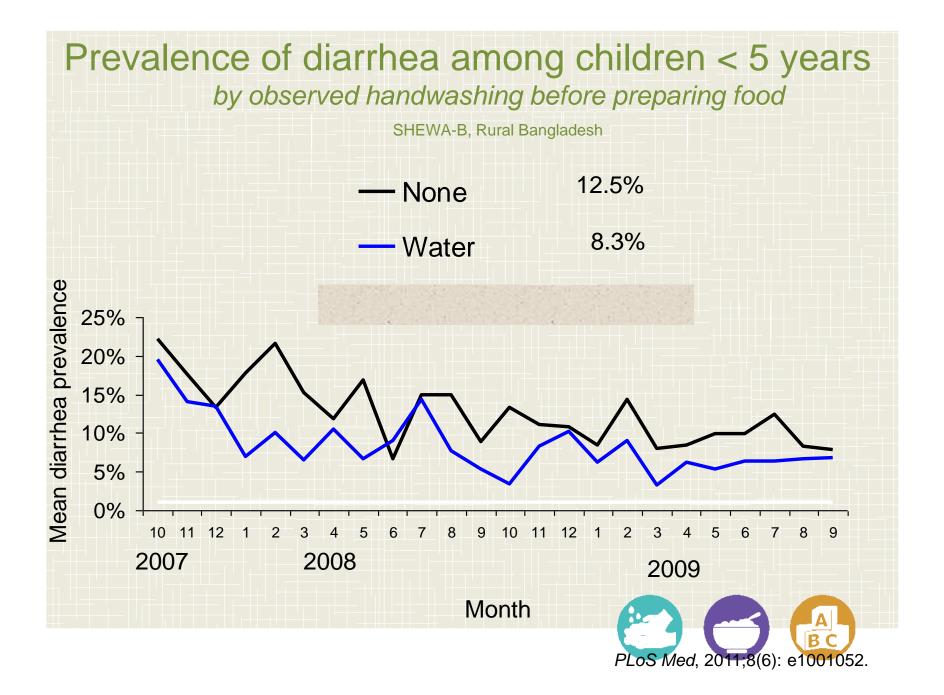


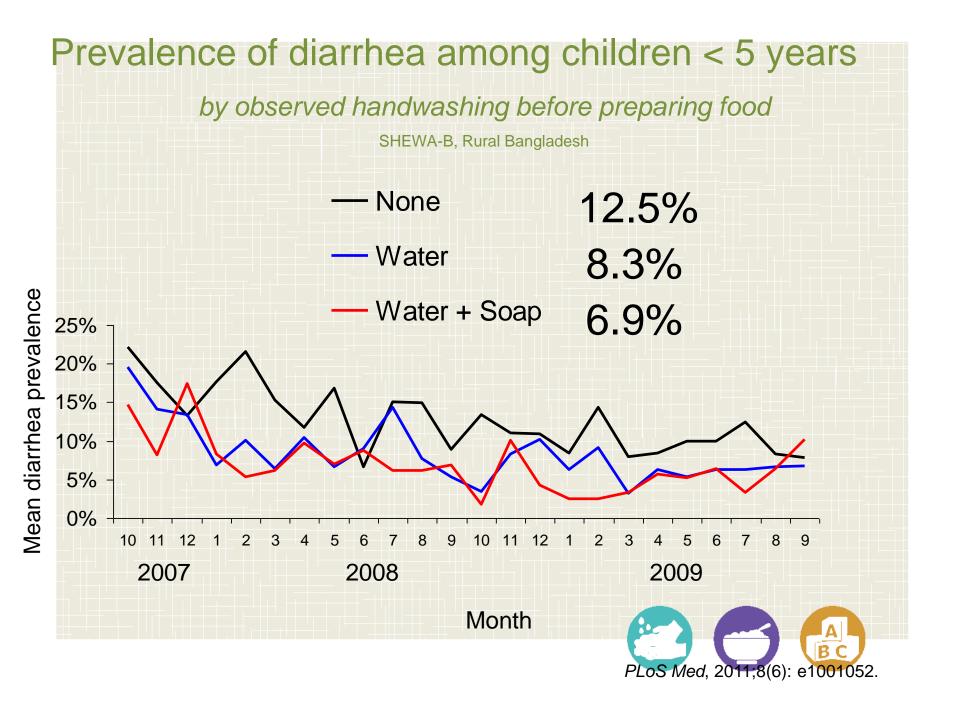
# Most stunting damage occurs during complementary feeding age



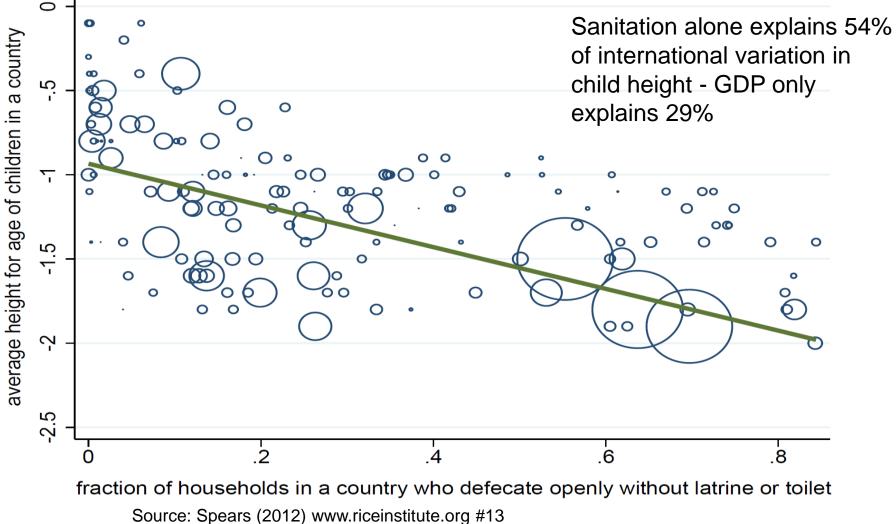
KK Saha et al (ICDDR,B), Food and Nutrition Bulletin 2009







# Open defecation accounts for much of excess stunting



Each data point is a collapsed DHS survey round (country-year) proportional to population.

#### .... But something else is going on...

### What is causing all this stunting? Cause #1: Malnourished Mother Cause #2: Poor Diet (inadequate weaning foods) Cause #3: Diarrhea



#### However:

Evidence exists that the effect of WASH interventions on linear growth is <u>independent</u> of its effect on diarrhea

In several studies, WASH had a bigger effect on growth than it did on diarrhea

.... there is something else going on...



Slides stolen from Cornell U Division of Nutritional Sciences, Laura Smith . R Stoltzfus, F Ngure, B Reid, G Pelto, M Mbuya, A Prendergast, J Humphrey

# Cause #4: The Environmental Enteropathy Hypothesis





- A subclinical condition of the small intestine, called environmental enteropathy (EE)
- Characterized by:
  - Flattening of the villi of the gut, reducing its surface area
  - Thickening of the surface through which nutrients must be absorbed
  - Increased permeability to large molecules and cells (microbes)
- Likely causes:
  - Too many microbes in the gut
  - Effects of toxins on the gut



Slides stolen from Cornell U Division of Nutritional Sciences, Laura Smith . R Stoltzfus, F Ngure, B Reid, G Pelto, M Mbuya, A Prendergast, J Humphrey

#### What else might be happening? Household observations shed light...

<u>Most frequent:</u> 38 times in 6 hours 75% visibly dirty <u>Dirtiest</u> Soil (3 ate average 11 bites) chicken faeces, stones



## If allowed, toddlers consume poultry feces

#### Peruvian shantytown families:

- Households who owned free-range poultry:
  - Average ingestion of poultry feces by toddlers per 12-hour observation period was 3.9 times
    - Marquis GM et al., Am J Public Health 1990

#### **Rural Zimbabwe:**

- Not selected for poultry ownership:
  - 3 of 7 toddlers directly ate chicken feces during a 6-hour observation period.
    - Ngure F et al., submitted, 2012

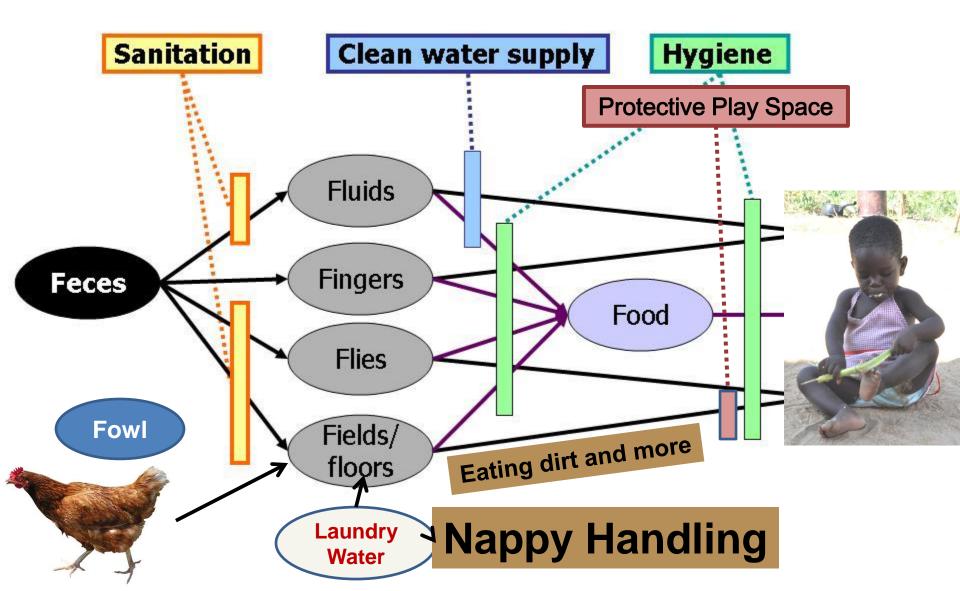


Slides stolen from Cornell U Division of Nutritional Sciences, Laura Smith . R Stoltzfus, F Ngure, B Reid, G Pelto, M Mbuya, A Prendergast, J Humphrey

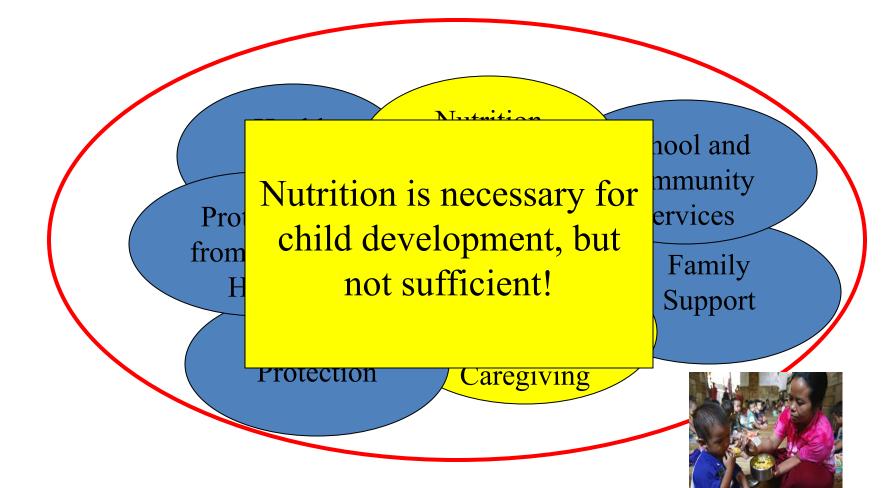
	% HH with E coli + sample	E coil/ Per gram	Average E Coli Per Day
Infant Food	0%	0	0
Drinking Water	54%	2	800
Soil in Iaundry area	60-80%	70	1,400
Chicken feces	100%	10,000,000	10,000,000

Clearly, kids must stop eating dirt and chicken poop!

# Routes of fecal disease transmission and protective barriers for babies!

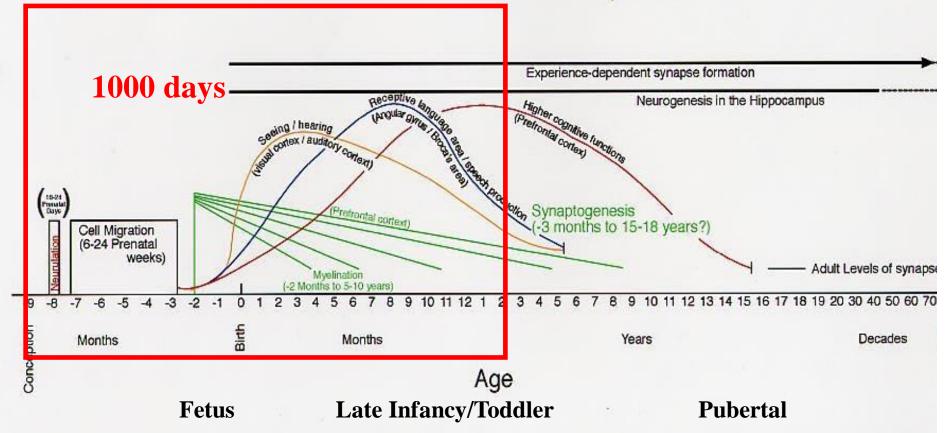


# Child Development: Multiple Contributing Factors



#### **Developmental Perspective**

#### Human Brain Development



Thompson & Nelson, 2000

# 2007 & 2011 Lancet Series on Child Development

- Over 200 million children < age 5 y in low & middle income countries do not reach developmental potential
  - Nutrition: Chronic undernutrition, micronutrient deficiencies
  - Lack of early learning opportunities
  - Extended to social & environmental risks
- Efficacy of early interventions
  - Early childhood policies & programs to reduce inequalities
  - Cost of not investing in child dev programs
  - Need for policies/procedures to scale up

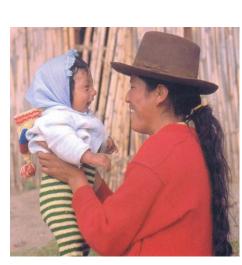
www.globalchilddevelopment.org



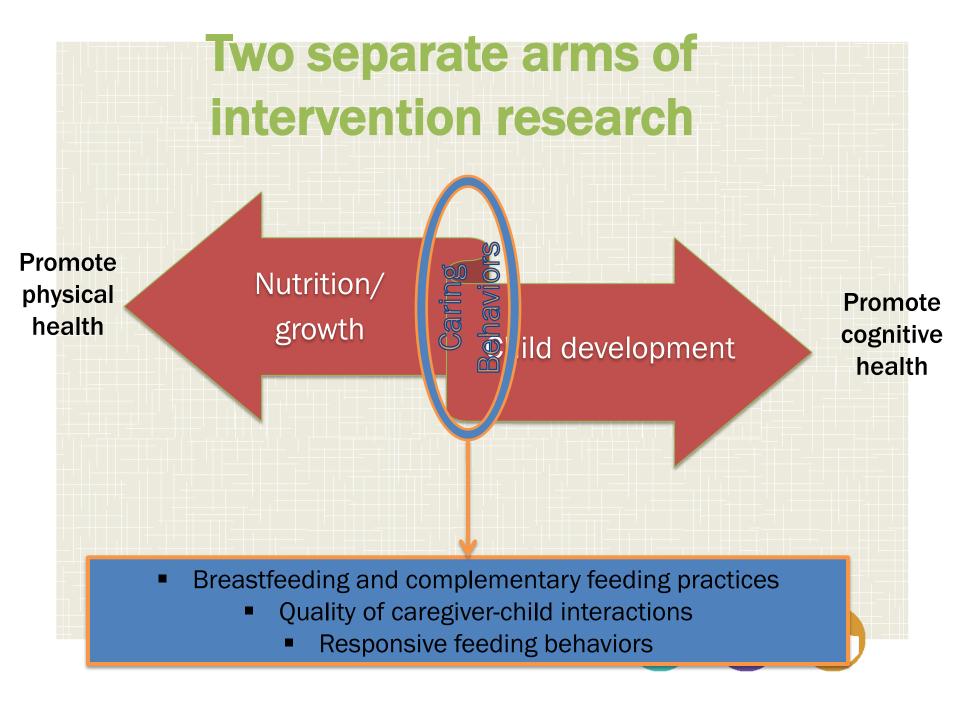
# **Target of Interventions**

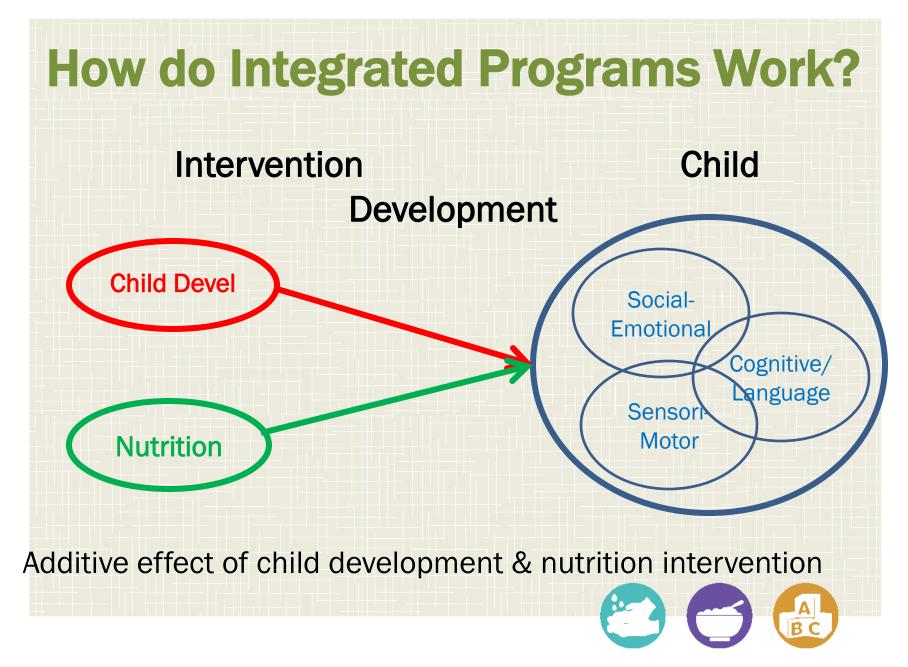
- Prenatal
  - Prevent Toxic stress/LBW/Prematurity
- Infancy
  - Breastfeeding, complementary feeding
  - Responsive Parenting
  - Opportunities for early learning
  - Routines to promote regulation
  - Family support

Kramer et al., 2008; 2007 & 2011 Lancet series on Child Development









#### Not just about child survival ... and not just about more / better food

- Key period for formation of the brain, laying the foundation for development of cognitive, motor and socio-emotional skills
- Adequate nutrition for pregnant women and infants is necessary for 'normal' brain development
- Lack of micronutrients especially critical to optimal infant cognitive and motor development.
- Children with restricted development in early life are at risk
  - later neuropsychological problems,
  - poor school achievement,
  - early school drop out,
  - low-skilled employment and lower wage earnings,
  - poor care of their own children
- Some of damage is irreparable if not addressed before age 2\*\*
- Contributes to the intergenerational transmission of poverty.

# Building the Case for Integration: The 3 Legged Stool

••

# **Objectives of CFN Meeting**

- Develop a shared understanding of the impacts on child growth and development of WASH, nutrition, and ECD, alone or in synergy
- Reflect on existing and potential programs that integrate two or three of the sectors
- Begin a global conversation that will identify future concrete actions



# **CFN Meeting Participants**

- Academics and Researchers
- Practitioners
- Private Sector
- Donors



# **CFN Topics**

- Session 1: Panel on Evidence
- Session 2: Field Program Examples
- Session 3: Shared Indicators
- Session 4: Priority Household Practices
- Session 5: Future Actions



# **Challenges to consider**

#### **Monitoring and Evaluation**

How can we develop common indicators?

#### **Overload of messaging**

 The same people become responsible for sharing multiple behavior change messages and approaches...how do we prioritize



# **Commitments and Actions**

What types of commitments did participants make?

- To gain a deeper understanding of the household practices each sector currently promotes related to child growth and/or development
- To identify household practices that could be promoted across sectors
- To identify opportunities for integration, promoting household practices from each sector



## **Commitments + Actions = Progress**

What has happened in the past four months?

- Development of hygiene actions by age cohort guidelines
- Organizational integration
- Sharing knowledge & continuing the conversation



# **Get involved!**

#### **Discussion topics**

- What are you already doing that contributes to this area?
- What could you do?
- What barriers do you see to doing them?
- What would help you to do them?

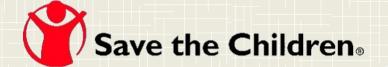
#### **Commitment**

Get involved in Clean, Fed, and Nurtured

















Supportive Environments for Healthy Communities

http://www.washplus.org/wash-nutrition