

## Case study 4B.

### Uganda - Integrated emergency response for South Sudanese refugees in Adjumani and Kiryandongo settlements

#### Context

Action Against Hunger (ACF) has been responding to the South Sudan refugee crisis in Uganda since March 2014. The goal of Action Against Hunger's response is to contribute to the reduction in malnutrition-related morbidity and mortality.

Action Against Hunger recognized that in order to achieve optimal nutrition status it was necessary to address both the immediate and the underlying causes of malnutrition amongst targeted households, including access to food, access to WASH to prevent diarrhea, and maternal and child care practices, among others. Action Against Hunger has therefore employed an integrated approach, combining nutrition-specific and nutrition-sensitive WASH and livelihood interventions to address both the immediate and underlying causes of malnutrition amongst targeted households. This approach takes cognizance of the various linkages between WASH and Nutrition.

#### Key messages

1. Positive nutritional outcomes are dependent upon WASH interventions and Nutrition actions
2. Poor WASH conditions create an additional burden of undernutrition
3. Many opportunities for co-programming WASH in Nutrition programs exist and are described here



The Water and Development Strategy calls for increased integration of Water, Sanitation, and Hygiene (WASH) and Food Security programs. At the nexus of WASH and Food Security programs lies Nutrition. Improvements in WASH and Nutrition in themselves confer benefits, but their

complex interactions are inextricably linked. Action Against Hunger has explicitly used this approach in its program intervention throughout the project's implementation.

## Activities

Activity	Implementation Description and Linkage
Minimum WASH kit for mother and child during treatment of acute undernutrition	<ul style="list-style-type: none"> <li>• At the outpatient therapeutic program (OTP) and supplementary feeding program (SFP) sites, key WASH activities are practiced. For instance, safe water is provided before the appetite test is conducted. Safe drinking water is also provided for the caregivers.</li> <li>• WASH kits are distributed to enable integrated management of acute malnutrition (IMAM) beneficiaries to translate their knowledge into practice. The kits include safe water collection and storage containers, household water filters, cooking equipment, soap for personal hygiene and laundry, dental hygiene supplies, digging kits for constructing sanitation facilities for safe fecal disposal and cleaning equipment for environmental hygiene.</li> <li>• Information, education and communication (IEC) materials are used to disseminate key messages to mothers during visits to health facilities; most are talking guides.</li> <li>• During monthly outreaches at the health facilities, when patients come for follow-up, the importance of handwashing with soap and water before food preparation is emphasized. Patients are advised to set aside a place for washing hands with soap and water, located near areas where food is prepared and children are fed, and near latrines. Complementary feeding and a proper diet (including diverse foods in the right quantity and at the right frequency) are promoted together with handwashing, with demonstrations to reinforce these behavioral practices and to advocate safe drinking water and dietary diversity.</li> <li>• Household water filters are provided and demonstrations conducted during WASH sensitizations for clients enrolled in the clinics and nutrition programs</li> </ul>
Targeting of WASH in communities, with criteria from the nutrition situation	<ul style="list-style-type: none"> <li>• Throughout the project implementation process, Action Against Hunger has emphasized a synergized approach; for example, the WASH and Nutrition officers conduct joint sensitization sessions. Nutrition staff pass on WASH messages during the Nutrition sessions and vice versa, to enable beneficiaries to address undernutrition. The Nutrition project manager oversees the implementation of both Nutrition and WASH interventions.</li> </ul>

Activity	Implementation Description and Linkage
	<ul style="list-style-type: none"> <li>• Nutrition and WASH utilize the same community-based structures (village health teams and refugee leaders) to conduct Nutrition and WASH activities. Capacity-building integrates WASH and Nutrition. Members of the community based structures receive training in participatory hygiene and sanitation transformation (PHAST) and infant and young child feeding (IYCF) practices.</li> <li>• ACF also uses the mother-to-mother support group (M2MSGs) approach in Nutrition and WASH improvement. These groups comprise of IMAM beneficiaries and mothers with infants less than two years old. The groups pass on key Nutrition and WASH messages and these are replicated in their communities. They also utilize synergized IEC messages that, for example, educate about WASH practices and infant and young child feeding (IYCF), with an emphasis on environmental hygiene to reduce the causes of stunting. The mothers also follow up on activities like the construction of sanitation facilities and nutrition and WASH improvements among IMAM beneficiaries.</li> <li>• The project uses already-established contact points, for example, SFPs and OTPs (for visiting caregivers), mother/father or care group meetings and home visits by community health workers to promote behavior change in individuals and households regarding handwashing, use of latrines, safe disposal of babies' stools, etc.</li> <li>• Support is provided for community meetings on hygiene promotion in which participants discuss problems related to hygiene in their communities and how best to address them.</li> <li>• The school WASH component targeting children as agents of change integrates WASH and Nutrition. The school hygiene clubs are targeted for WASH and Nutrition education. Aside from peer WASH promotion, the clubs run school vegetable gardens which serve to educate children on the importance of nutrition. They can transfer this knowledge to peers and their families.</li> <li>• Health centers are targeted in the joint activities; for example, the routine WASH campaigns involve health centers as well as schools and markets, and brooms and brushes are provided for compound cleaning in health facilities as well as schools.</li> <li>• Households with severe acute malnutrition (SAM) are targeted for routine water quality testing (in the households and at water sources) to establish the causes of diseases. Water purification tablets (Aquatabs) are provided to treat water so that these diseases do not recur.</li> </ul>

Activity	Implementation Description and Linkage
	<ul style="list-style-type: none"> <li>The program’s monitoring and evaluation framework also tracks Nutrition-WASH synergy. Although the overall focus is Nutrition, the indicators of success include WASH as well as Nutrition. Reporting highlights both WASH and Nutrition achievements.</li> </ul>

## Lessons learned

- Capacity enhancement in the several community structures for WASH and Nutrition (VHTS, Mothers’ group leaders, etc.) has led to a greater number of resourceful people in the community. Members of these structures also have more contact time which they can use to ensure replication and sustainable knowledge transfer, resulting in improved WASH and Nutrition.
- The nutritional interventions have led to construction of more WASH facilities in the beneficiary communities
- A critical mass of beneficiaries has been exposed to multifaceted interventions, thus ensuring gains in health improvement, nutritional wellbeing, livelihood enhancement and overall community empowerment
- Working with M2MSGs contributes significantly to increasing coverage of both WASH and Nutrition interventions at household level; this is important in our context as short funding timelines mean interventions need to scale up rapidly
- The integrated packages have led to positive changes. However it has been challenging to attribute the improvements to a particular sector (Food Security and Livelihoods [FSL] and Nutrition, WASH and Nutrition, etc.)
- The physical capacity and time required to establish household hygiene facilities like pit latrines is a challenge for women. .

## Conclusion

Children without symptoms of diarrhea might suffer from environmental enteric dysfunction. Both diseases are harmful for a child’s health and long-term development and contribute to malnutrition. Hygiene-related activities contribute just as much to reducing stunting as nutrition-specific activities. Therefore, WASH programs and Nutrition programs should at least promote handwashing.



*The lead mother of a mother-to-mother support group demonstrates how to make a tippy tap for handwashing.  
Source: UNICEF Uganda*