



International Federation
of Red Cross and Red Crescent Societies

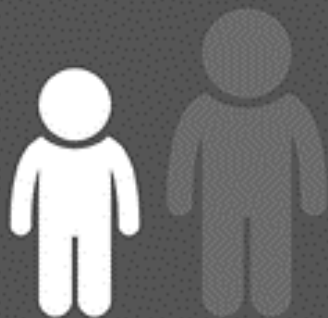
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IFRC's perspective on Nutrition and WASH -

**Paris – WASH & Nutrition Forum
27-28 November 2017**

Nutrition- Malnutrition

MALNUTRITION COMES IN MANY FORMS



stunting
(people are too
short for their age)

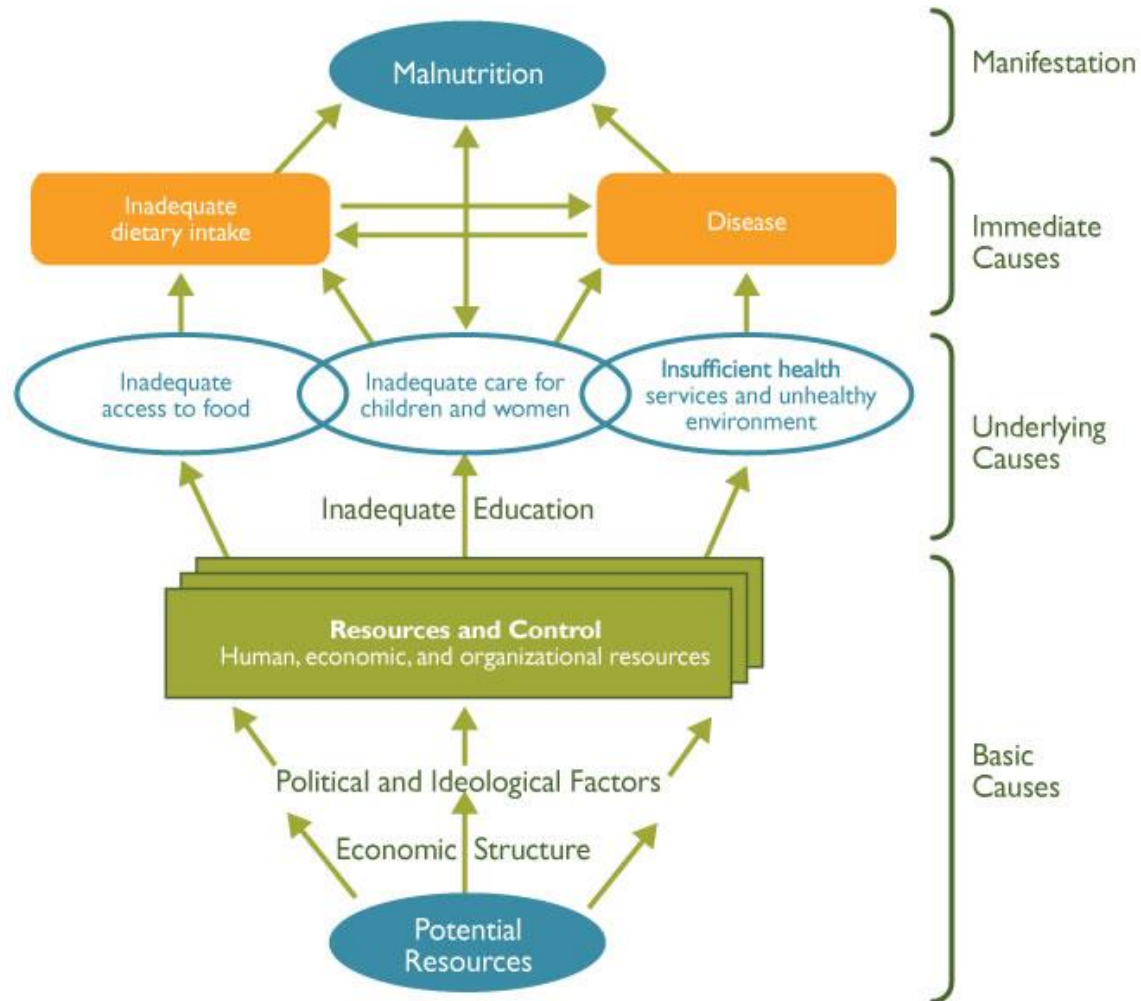


wasting
(people are too
thin for their height)



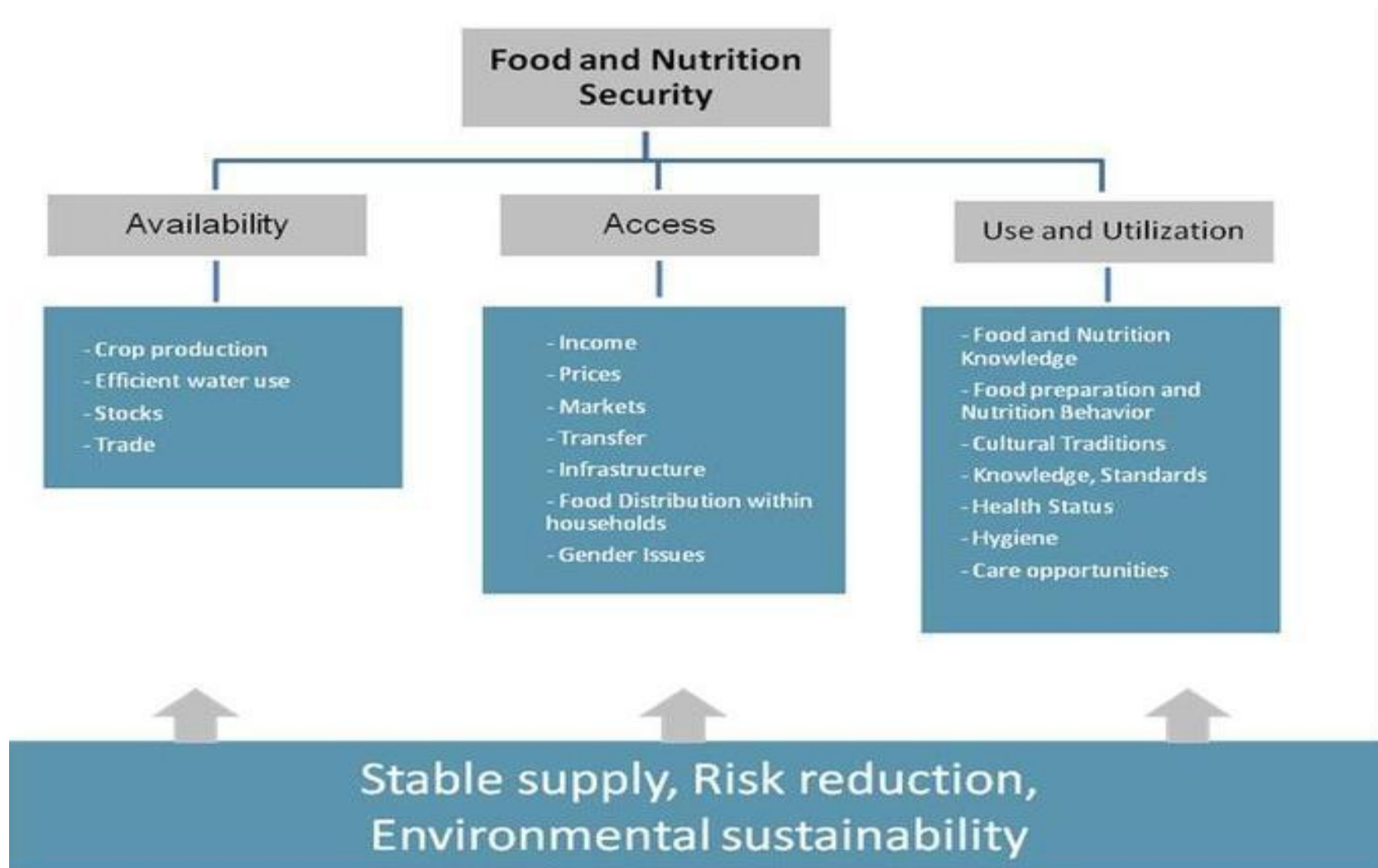
obesity
(people are
overweight)

Malnutrition Root causes – UNICEF model

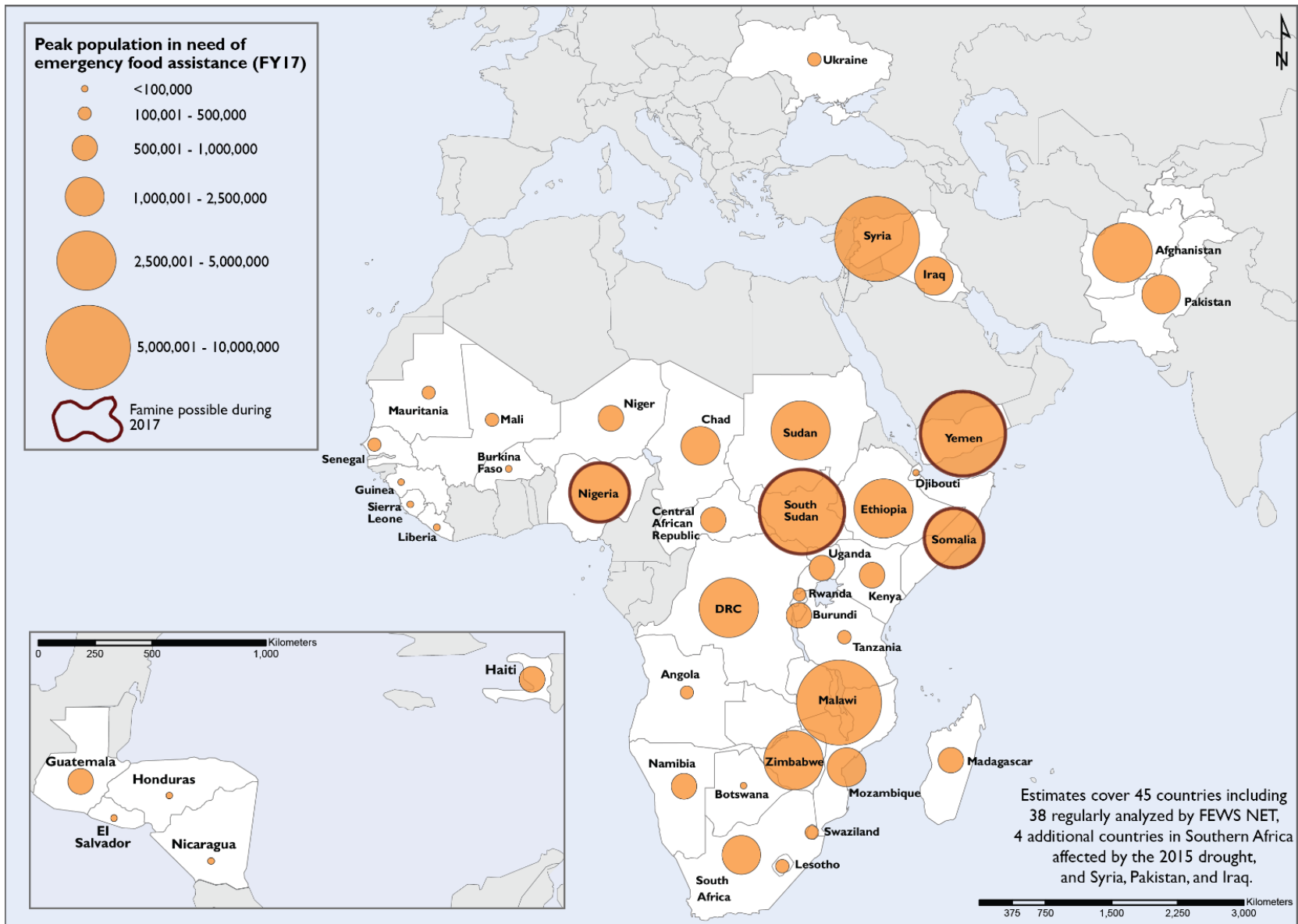


Adapted from UNICEF 1990

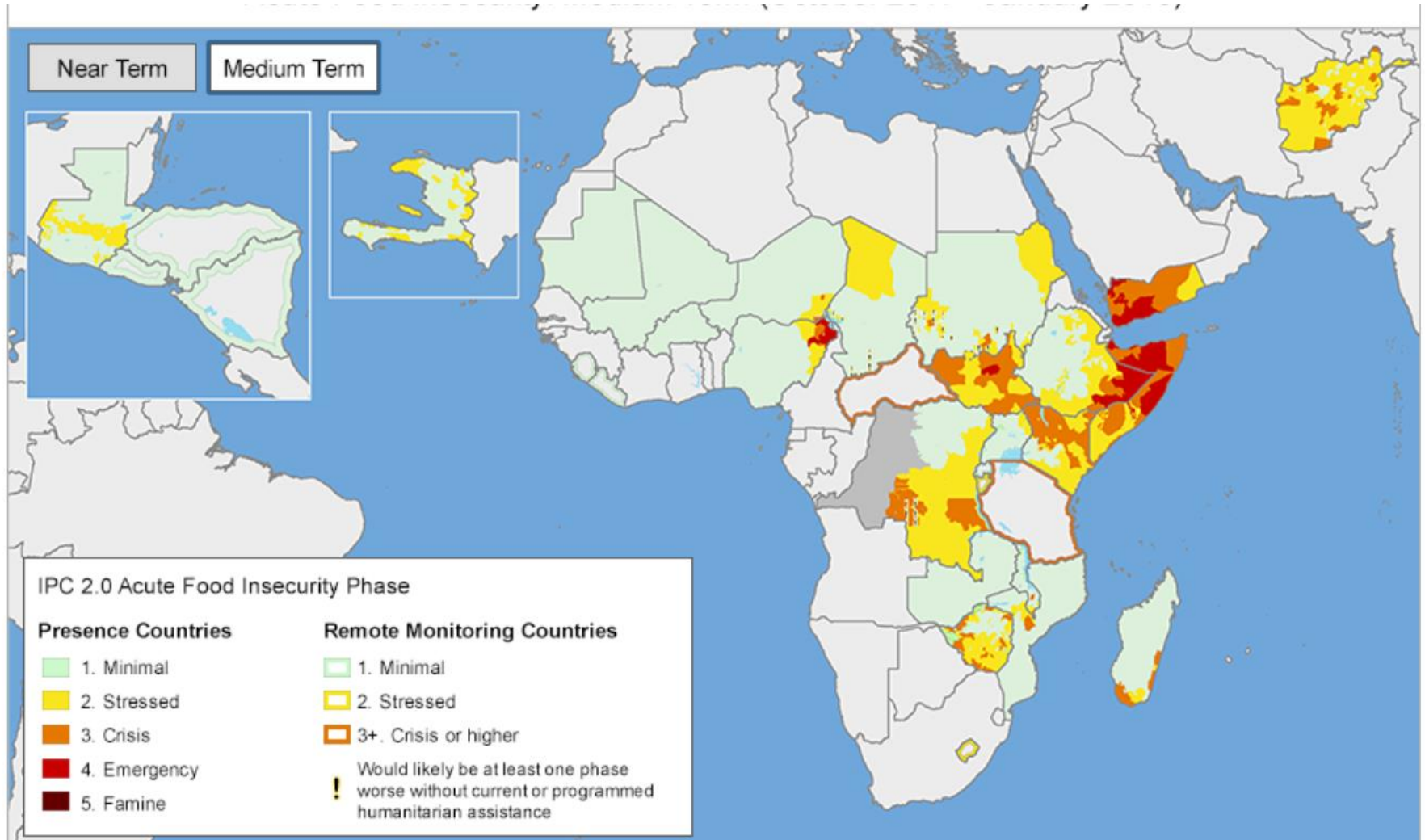
3 pillars of food security (simplified)



Unprecedented food security needs in 2017



Acute Food security Oct 2017- Jan 2018 (FEWS NET)



Global hunger Index - 2017

- Longer term positive progress in reducing hunger in the world. Level of hunger decreased by 27%
- Millions of people still experiencing chronic hunger and deep inequalities at regional, national and sub-national level. 20 million people currently at risk of famine.
- GHI: 119 countries assessed extremely alarming (CAR) or alarming range (8); serious range (44); moderate range (24); low range (43); lacking data (13) of which 9 of concern (Somalia, S-Sudan and Syria, DRC, Eritrea, Burundi... some of them might have highest levels of hunger
- Regions struggling most : South-Asia and Africa -south of Sahara

Global statistics- Undernutrition (WHO)

- Overall population undernourishment 13% (18.2% in 2000)
- U5 stunted 27.8% (37.7% in 2000)
- U5 wasted 9.5% (9.9% in 2000)
- Malnutrition is responsible for 45% of deaths of all U5 children
- 15% of all births worldwide are low birth weight
- 38% of pregnant women are anaemic
- 12% of mortality in children U5 can be attributed to suboptimal infant feeding practices



Critical 1000 day window

SDGs for Food security, WASH and Health





WHO 6 nutrition targets

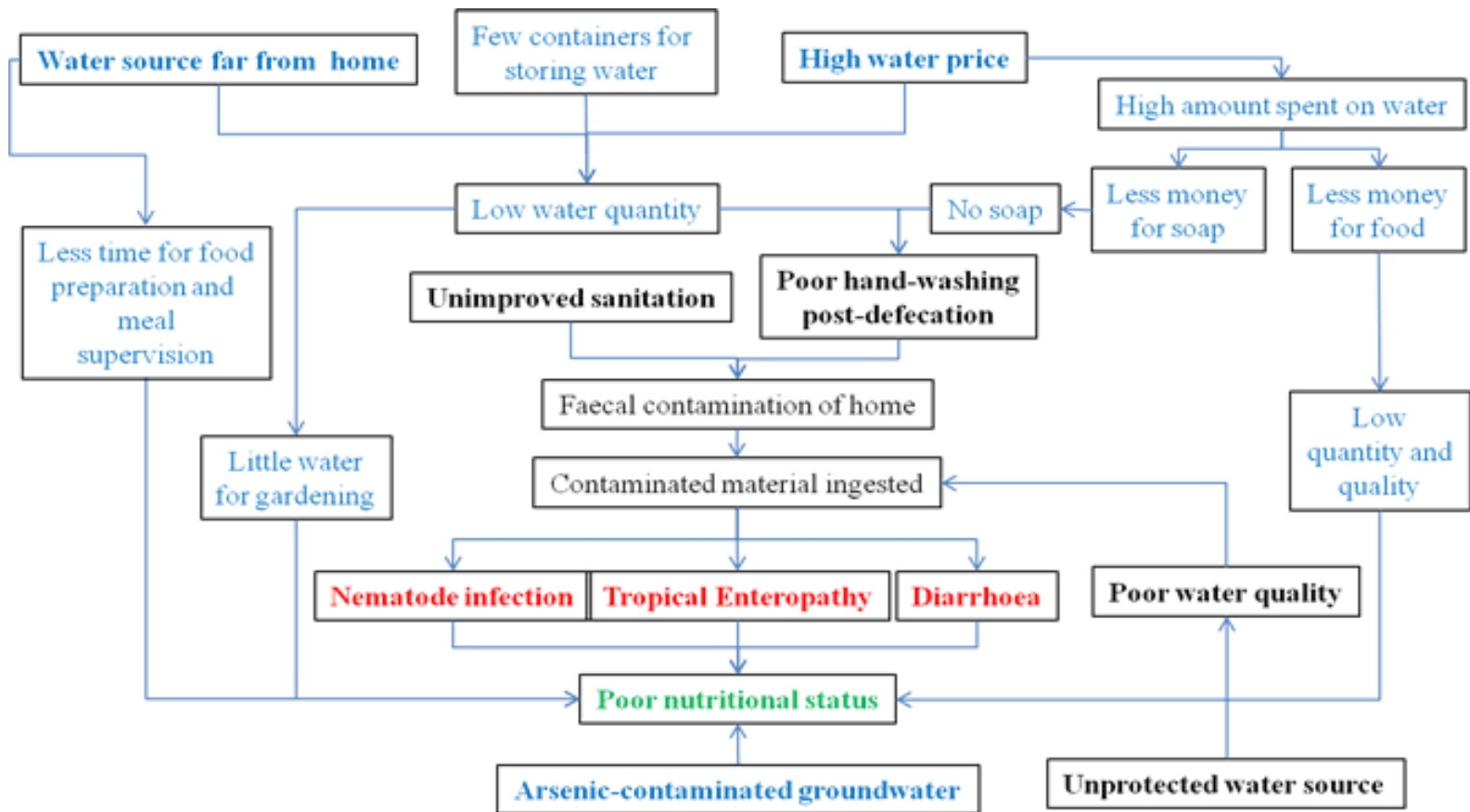
1. Childhood stunting - 40% reduction in the number of children U5 who are stunted
2. Anemia in women of reproductive age - 50 % reduction
3. Low birth weight - 30% reduction
4. Childhood overweight – zero increase
5. Exclusive breastfeeding - up to 50 %
6. Childhood wasting - to <5%



RCRC WASH and Health programming well placed to contribute to achieving the targets

Conceptual framework- how poor water, sanitation and hygiene might impact child nutritional status

(London School of Hygiene and Tropical Medicine)





WASH and Nutrition relationship

- A growing body of evidence indicates that access to safe drinking-water, sanitation, and hygiene (WASH) services has an important positive impact on nutrition and childhood diseases. Poor WASH conditions create an additional burden of undernutrition.
- Diseases such as *diarrhoea*, *tropical enteropathy* and *nematode infections* have negative effects on nutritional status in children
- WASH interventions - > improved measures of nutritional status in children
- Indirect pathways could also contribute: – time taken to collect water – the purchase of water – water for livestock etc.



Evidence based actions for WASH

(malnutrition is preventable, predictable and treatable)

- Nutrition-sensitive interventions in WASH
 - safe food storage and handling practices
 - Treatment and storage of HH drinking water
 - Promotion and education about handwashing with soap and other key hygiene practices
 - vector control, environmental sanitation
 - School WASH/facility WASH
 - Access to water (quantity, quality, affordable, not time-consuming, livestock)

Integration nutritional monitoring to community wash programming

IFRC action: scale-up WASH programming

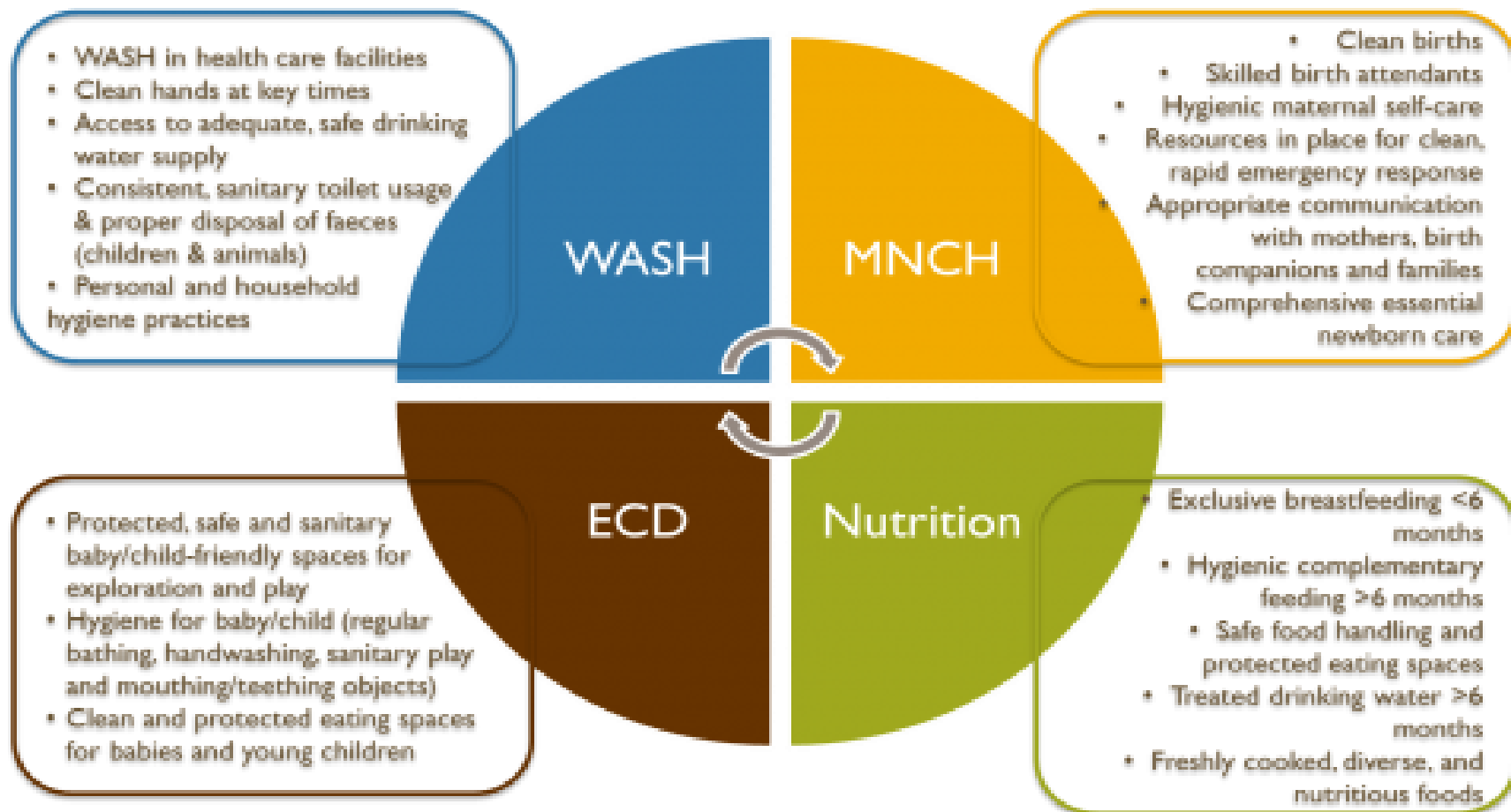
IFRC strategic direction for WASH recognises the overlap between WASH, health, Nutrition, education and having special focus on Cholera

- **GWSI** supports the design and implementation of a common integrated approach aim to improve access to safe water and adequate sanitation as well as supporting the application of good hygiene practices and community water management.
- **One WASH concept** compliments the GWSI with special focus on eradication of cholera by increasing sustainable WASH activities in cholera hotspots, embedding WASH programming in nutrition activities and catering for livestock water supplies when appropriate.

RC action: Nutrition programming- nutrition matters!

- Nutrition is cross-cutting, multispectral problem that requires multisector solutions to address immediate, underlining and basic causes
- Nutrition- specific and nutrition- sensitive approaches
- Community base programming: **WASH, CBHFA, ECV, MNCH...**
- Targeted and prioritised against the needs of the community, adapted to local context and based on NS strengths
- Development and emergency settings
- 1000 d. focus
- Operational research- impact studies needed

Integrated programming for improved outcomes





Lots of new initiatives and guidelines

- **ACF – Wash and Nutrition guideline**
http://www.actioncontrelafaim.org/sites/default/files/publications/fichiers/manuel_wash_nutrition_online.pdf
- **WHO - Improving nutrition outcomes with better water, sanitation and hygiene**
http://apps.who.int/iris/bitstream/10665/193991/1/9789241565103_eng.pdf?ua=1
- **IFRC – Nutrition Matter**
<http://www.ifrc.org/Global/Publications/Health/Nutrition-matters.pdf>
- **1000 days** <http://thousanddays.org/>
- **Babywash coalition** <http://babywashcoalition.org/>
- **Can Water, sanitation and hygiene help eliminate stunting. Current evidence. Cumming and Cairncross**
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5084825/>

Thank you

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