**Baby WASH guide**

Introduction

## **Purpose of this guide**

The purpose of this baby WASH is to help Concern country staff understand the concept of Baby WASH and integrate baby WASH activities into existing or new programmes to improve the health and nutrition of infants and young children under two years of age.

The guide is currently divided into three four sections each with its own objective:

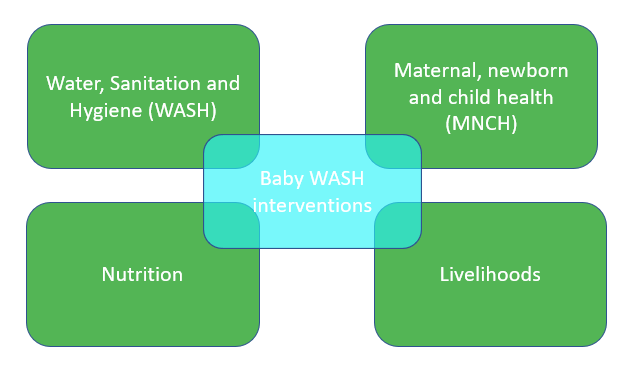
* **Introduction:** to explain what baby WASH actions are and why they are important
* **Module 1**: to provide guidance and tools to prepare for an initial gap analysis and to carry out the initial asssessment of baby WASH risk, practices and opportunities.
* **Module 2:** to provide guidance on working with communities to design baby WASH interventions that are relevant to their context.
* **Module 3:** to provide guidance on how to monitor and evaluate baby WASH interventions

This guidance was developed by Concern HQ nutrition, health and WASH teams with support from Chloe Angood from the Emergency Nutrition Network, in close consultation with Concern country teams. The guidance was first released in December 2020 and will be piloted and reviewed in 2021.

## **What is baby WASH?**

Baby WASH is a set of actions targeted to points of vulnerability across the first 1,000 days of life (conception through to a child’s second birthday). They aim to prevent infection during pregnancy, delivery, and a child’s first two months of life. It gives special focus to interrupting the faecal-oral infection route (human or animal poo entering the mouth) particularly for young children. The overall goal of these actions is to reduce risk of illness, undernutrition and death in children under two years of age.

**Figure 1: How baby WASH interventions overlap with other sectoral programmes**



## **What should baby WASH actions aim to do?**

Baby WASH actions should be tailored in response to community needs. They may be targeted to households, communities or health facilities and will be most effective when nested within existing programmes that are already addressing or will address basic needs across the WASH, nutrition, health and possibly livelihoods sectors. Table 1 shows what additional baby WASH activities should aim to do to prevent infection during critical periods of vulnerability across the first 1,000 days of life. The priority baby WASH areas covered in this guide are highlighted in blue (see next section for further explanation).

**Table 1: What additional Baby WASH activities aim to do across the first 1,000 days of life**

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions that should already be covered by wider programming** | **Vulnerable periods during the first 1000 days** | **Additional Baby WASH activities should aim to:** | |
| Improving access to quality water services & sanitation  Promoting basic hygiene, nutrition and health practices  Improving access to essential health services and strengthening health systems  Improving access to livelihoods, nutritious diet and coverage of basic needs | Pregnancy | * Ensure optimal hygiene during pregnancy * Prevent pregnant women from carrying heavy loads such as water for the household | |
| Labour & delivery | * **Ensure a clean birth (at health facility or at home)** | |
| Early infancy (first six months) | * **Ensure safe disposal of infant faeces (‘poo’)** | * Exclusive breastfeeding: critical for nutrition and to prevent infection |
| Mobility/ exploration (starting to crawl) and complementary feeding (6-23 months) | * **Ensure clean household environment and safe play space (free of animal faeces)** |
| * Ensure hygienic complementary feeding |

The specific activities a programme undertakes to promote these actions should be tailored to local needs and preferences and should involve not just mothers, but also men, community leaders and health workers. Activities will likely include a mix of social behaviour change communication (SBCC), supporting households to build skills to undertake ‘small do-able actions’ and strategies to improve access to tools people may need to carry out the new baby WASH practices. It is ideal if at least some channels for social and behaviour change communication (SBCC), particularly at community level, are already established. For more detailed examples of possible Baby WASH activities please see Module 1 and 2.

## **Which baby WASH actions does this guidance focus on?**

This guide focuses on the three baby WASH actions that are not already typically covered by existing Concern programmes. These three are also the ones that are likely to fit best with the WASH, nutrition, health and livelihoods activities that Concern usually supports. Figure 2 outlines the three focal areas, and they are also highlighted in blue above.

**Figure 2: Focal areas of baby WASH for this guidance**

1. Safe disposal of infant faeces
2. Clean household environment and safe play spaces (free from animal faeces)
3. Clean birth

## **Why are baby WASH actions important?**

The risk of infection is high during pregnancy, delivery and the first two years of life, which impacts child and maternal mortality, nutritional status and quality of life.

***Safe disposal of child faeces & clean household environment/ play spaces***. As soon as babies can crawl, frequent hand-to-mouth behaviours of infants are common. These increase the risk of environmental contamination, which can lead to diarrheal illness. Research suggests that the proper disposal of human and animal faeces in the immediate household environment can reduce diarrhoeal disease in children by more than 30%.2 An association between WASH interventions and reductions in child wasting is supported by strong logic, although evidence that clearly demonstrates this is so far lacking.[[1]](#footnote-1) It is also hypothesised that interrupting the faecal-oral transmission route can avoid environmental enteric dysfunction – a disorder of the gut that can lead to stunting, [[2]](#footnote-2) although again, more high quality evidence is needed to support this.[[3]](#footnote-3)

***Clean birth***. Labour and delivery are times when both mother and child are at risk of unexpected complications, infection, and death. Around 40% of deaths for all children under five occur in the neonatal period; most of these deaths can be prevented. Research shows that ‘clean’ childbirth could avert six to nine percent of the 1.16 million newborn deaths in sub-Saharan Africa.[[4]](#footnote-4) Handwashing by both the mother and birth attendants alone could decrease the risk of neonatal death by over 40%, tetanus by over 36% and cord infection by 49%.[[5]](#footnote-5)

1. Stobaugh, H. (2020). Impacts of WASH on acute malnutrition: from available scientific evidence to informed action. R4ACT. [↑](#footnote-ref-1)
2. Humphrey, J.H. (2009). Child undernutrition, tropical enteropathy, toilets and handwashing. Lancet. 2009;374:1032-1035 [↑](#footnote-ref-2)
3. Pickering, A. et al. (2019) The WASH Benefits and SHINE trials: interpretation of WASH intervention effects on linear growth and diarrhoea.The Lancet Global Health, Volume 7, Issue 8, e1139 - e1146 [↑](#footnote-ref-3)
4. <https://www.who.int/pmnch/media/publications/aonsectionIII_3.pdf> [↑](#footnote-ref-4)
5. World Visions International, Baby WASH toolkit, version 1, 2017 [↑](#footnote-ref-5)