

BabyWASH Toolkit Introduction

BabyWASH is a World Vision initiative which aims to improve the integration of water, sanitation and hygiene (WASH) interventions with maternal, newborn and child health (MNCH), nutrition and early childhood development (ECD), to enable a more profound impact on child health outcomes in the first 1,000 days of life. The initiative was developed due to a recognised gap in the integration of programming in these sectors across the partnership. BabyWASH is not a new programme model and therefore is not a holistic package of all the interventions required in the first 1,000 days. Essential interventions that are well established and should already be taking place are not necessarily stressed again in this toolkit. Instead, this guide highlights a subset of interventions that have been under-emphasized due to historically poor levels of integration and communication between sectors. These selected interventions are viewed specifically through a sanitation and hygiene lens.

Emerging research confirms the urgency of addressing an integrated WASH, Health/ Nutrition and Education programme as early as possible in life to facilitate children reaching their full developmental potential. Doing so could potentially:

- Save 31,000 mothers and 420,000 babies each year through more hygienic birth practices. (WHO 2014)
- Reduce the 45% of child deaths each year linked to malnutrition. (WHO 2016)
- Reduce the 50% of malnutrition associated with unsafe water, inadequate sanitation, or insufficient hygiene. (WHO 2008)
- Reduce diarrhoea rates by 30-40% through proven hygiene practices. (WHO 2014)
- Reduce risk of neonatal mortality by 44% by early initiation of breastfeeding. (Lancet 2014)
- Increase multi-sectoral ownership of ECD, to impact reduction of the 200 million children under five globally who do not reach their full developmental potential due to environmental conditions associated with poverty, malnutrition and poor health. (Lancet 2013)

Projects that rely solely on interventions from a single sector can suffer limitations in their impact because they aren't addressing the complete needs of a person. This is most obvious in the first 1,000 days, where MNCH, nutrition, WASH and ECD all play a critical part in child health, yet rarely are combined during programming. **Strategic research conducted for this toolkit creation reveals the gaps in programming where BabyWASH may have the biggest impact on maternal, newborn and child health, nutrition and well-being in the first 1,000 days. Therefore, BabyWASH interventions focus on five key hotspots of vulnerability:**

Pregnancy



Labour & Delivery



Newborn Period



Onset of mobility and exploration



Onset of complementary feeding



This BabyWASH toolkit aims to provide the World Vision Partnership and national offices (NOs) with the “start up” support they need to advocate, socialise and educate World Vision staff on BabyWASH, help to conceptualise into Technical Approaches (TAs) and Technical Programmes (TPs), assist with grant proposals and resource mobilisation, plan and implement BabyWASH pilot projects, monitor and evaluate, and eventually scale up intentional integrated BabyWASH activities.

Globally, World Vision is leading the way by investing in, forming and co-leading a BabyWASH Coalition, made up of more than 30 members, to which this toolkit will be shared. Through this Coalition, we will demonstrate that World Vision is a key advocate for integrated programming focused on the first 1,000 days of a child’s life. We will use our experience, expertise and field resources to support global efforts to improve the health outcomes, nutritional status and lifelong development potential of young children, substantiating WVI as a thought leader in BabyWASH.

Frequently Asked Questions

What is the Evidence?

There is much emerging evidence of the links between WASH and nutrition. However, evidence of links between WASH, ECD and MNCH is less developed, especially for children under 2. It is clear, however, that a cleaner environment will prevent infection during birth and reduce disease rates for babies that crawl and explore their area with hand-to-mouth activities. We need to advocate for more research, but that should not keep us from implementing common sense measures now.

Aren’t we Already Integrating?

Yes! Many programmes have integrated pieces to them. However, our siloed nature of funding and reporting prevents a lot of these messages from coming through, and limits the freedom for implementers to integrate across more sectors. A pivot to BabyWASH thinking will allow us to look for where programmes would benefit from integration and broadcast stories of success.

Will Integration Dilute my Targets and Stretch Programmes Thin?

Not everything needs to be integrated. We are striving for optimization of integration focusing on 5 key hotspots during the first 1,000 days: pregnancy, labour and delivery, newborn period, onset of complementary feeding, and onset of mobility and exploratory play.

Why are Some Sectors Not Included?

The goal of BabyWASH is to begin the conversation of integration around the most obvious sectors to integrate. Lessons we learn now will translate to other sectors and other age ranges to cause more integration overall. As sector opportunities for integration present themselves, they are encouraged to be included in BabyWASH programming.

Key Interventions

The BabyWASH concept encompasses key aspects of MNCH, nutrition, ECD and WASH during the first 1,000 days of a child’s life. Some of the most relevant interventions during this time frame are as follows:

Early Childhood Development



- Proper nutrition in the form of exclusive breastfeeding for 6 months followed by continued breastfeeding and hygienically prepared complementary foods and fluids is essential for young children to reach their developmental potential
- Sanitary and safe teething objects are necessary to protect the child from disease
- A clean and protected play space is needed that protects the child from environmental contaminants (such as chicken faeces) but still allows the child to explore and learn, coupled with handwashing for babies/infants, mothers and caregivers
- Key ECD messages can be provided to mothers and caretakers while they are giving birth at a facility and during postnatal visits

Maternal, Newborn and Child Health



- Mothers and trained birth attendants need to be counselled to prepare for a water and sanitation safe birth for both home and facility
- Hygienic birth practices must be used including handwashing, clean cord cutting and the use of chlorhexidine
- Prenatal and postnatal care visits should include essential WASH, ECD and nutrition messages for mothers/ caretakers
- Improved WASH in health facilities can improve dignity of birth and create more confidence for mothers to choose a facility birth
- Reducing mothers water carrying burden during pregnancy and in the first weeks post-delivery can improve health outcomes

Water, Sanitation and Hygiene



- WASH interventions during child birth can reduce maternal and newborn mortality, sepsis, tetanus and other infection
- Proper handwashing at the home reduces diarrhoeal disease
- Proper disposal of infant faeces is essential yet not often practiced
- Open defecation-free status of a community improves environmental sanitation and lowers risk of children suffering from environmental enteric dysfunction
- WASH infrastructure at health facilities is critical, including running water and soap in delivery rooms, and a designated latrine for mothers in labour

Nutrition



- Nutrition interventions alone cannot decrease the stunting rate, WASH interventions are necessary as well
- Immediate exclusive breastfeeding for 6-months and continued breastfeeding to 2 years and beyond is the highest impact intervention to reduce neonatal and child mortality
- At the onset of complementary feeding, food must be nutritious, balanced and prepared and fed responsively in a hygienic manner
- Proper nutrition messages can be combined with ECD and hygiene messages at the time of birth and during postnatal visits
- Proper nutrition during pregnancy supports a successful and healthy pregnancy