



World Vision

# BabyWASH

Targeting mothers and children in the first 1,000 days of life

BabyWASH aims to improve health and well-being in the first 1,000 days of life by integrating water, sanitation and hygiene (WASH) with maternal, newborn and child health (MNCH), nutrition, and early childhood development (ECD). Ensuring WASH services are available and used before, during, and after child birth have been shown to aid overall recovery and reduce maternal and newborn mortality, stunting, infections like sepsis and tetanus, and disease. The effects of poor WASH during the first 1,000 days of life can determine whether a child will reach his or her full developmental potential. World Vision recognizes this important period of life and has developed a multi-sectoral, integrated approach to align with the Sustainable Development Goals in order to address these disparities.

*World Vision is a global Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.*

## FAST FACTS

- 22% of child deaths in the first month of life is due to infection related causes (pneumonia and sepsis)<sup>1</sup>
- 50% of diarrhoea episodes and 33% of respiratory diseases could be prevented by immediate exclusive breastfeeding for six months<sup>2</sup>
- 159 million children under 5 face stunted growth, in which 25% of that stunting can be attributed to repeated bouts of diarrhoea<sup>3,4</sup>.
- 43% of children under 5 in low- and middle-income countries are at risk of not reaching their full developmental potential<sup>5</sup>

## Five Hotspots of Vulnerability



Pregnancy



Labour & Delivery



Newborn Period



Onset of mobility & exploration



Introduction of complementary feeding

## Evidence

The first 1,000 days of life are an incredibly vulnerable time for both mother and child. The majority of maternal deaths occur during delivery and in the first week postpartum. Almost half of the deaths for children under five occur in the first month of life. Many of these deaths are infection-related and preventable through improved WASH. Additionally, the growing body of evidence suggests that reducing environmental exposure to fecal matter, including animal feces, in the first 1,000 days reduces infection rates and consequently leads to lower rates of stunting and better cognitive development for children. The opportunities for the greatest impact on morbidity and mortality outcomes for women and children have been identified during five “hotspots” where targeted multi-sectoral programming is essential. Intervening at these time points can make the greatest impact on health and livelihood.

## Integration

The idea of integration within the BabyWASH framework is to bring together the WASH, MNCH, nutrition, and ECD technical sectors to intentionally address the unique multi-faceted needs of children in the first 1,000 days from pregnancy to age 2, with the common goal of improving the quality of lives of mothers and children.

BabyWASH recognizes four different typologies of integration:

- 1) **Co-location:** Different sectoral programs are implemented in the same place with similar, or potentially shared, target audiences
- 2) **Coordination:** Program elements or messages are coordinated and harmonized among sectors, information is shared across sectors to limit duplication and to facilitate learning from one another, but training and implementation activities are separate
- 3) **Collaboration:** Field workers come together to strategize, plan, and implement joint activities within a program under a specific common goal
- 4) **Synergy:** Partners are trained across disciplines and individuals are expected to deliver coordinated program elements from more than one sector



BabyWASH encourages integration in any form to achieve better health outcomes, and encourages organisations to explore how to optimize and incorporate higher levels of integration to advance maternal and child well-being.



# Interventions

BabyWASH is not an intervention package. It is a structural framework and lens to help discern where gaps may exist in proposed interventions. The following essential interventions have been identified as traditionally underprioritised and therefore are important to focus on. They are not considered comprehensive, and any organisation utilizing this BabyWASH framework should analyse existing programming areas to determine gaps in the first 1,000 days and prioritise interventions to fill the identified gaps.

## Pregnancy

- **Prepare** household for a WASH Safe birth to protect against maternal and newborn sepsis
- **Prepare** household for a clean environment to protect infant from diarrhoea

## Labour, Delivery, & Postnatal

- **Facilitate** a WASH safe birth at health facilities to protect against maternal and newborn sepsis by assuring water and sanitation availability
- **Facilitate** a clean birth (6 cleans) with a skilled birth attendant by supporting materials and training for clean birth

## Newborn, Infancy, & Early Childhood

- **Protect** children against diarrhoea by assuring a clean community environment
- **Protect** children against diarrhoea by assuring a clean household environment for infants & young children
- **Protect** against and aid in recovery from poor health outcomes by promoting breast feeding and increasing nutrient intake

## Spotlight: Zambia



World Vision Zambia began the initial stages of Baby WASH in 2016. It began in collaboration with the Center for Global Safe WASH at Emory University, utilizing their WASH Conditions Assessment Tool (WASHCon) in 52 Health Care Facilities (HCFs) across 4 provinces. The WASHCon tool looks at the following 5 domains in HCFs: 1) water supply, 2) sanitation facilities, 3) handwashing facilities, 4) waste management, and 5) cleaning routines. World Vision is closely collaborating with the Ministry of Health to utilize the assessment results to inform an integrated approach to addressing the key gaps and barriers. The integrated approach will include access to safe water within the delivery room, sanitation and hygiene infrastructure, nurse and midwife capacity building, and targeted medical equipment and supply donations.



## Sources

<sup>1</sup>World Health Organization (2015). *Causes of child mortality, 2015*. Retrieved from [http://www.who.int/gho/child\\_health/mortality/causes/en/](http://www.who.int/gho/child_health/mortality/causes/en/)

<sup>2</sup>Victora, Cesar G et al. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475. doi: 10.1016/S0140-6736(15)01024-7

<sup>3</sup>WHO, UNICEF, and World Bank Group (2015). *Levels and trends in child malnutrition*. Retrieved from [http://www.who.int/nutgrowthdb/jme\\_brochure2015.pdf](http://www.who.int/nutgrowthdb/jme_brochure2015.pdf)

<sup>4</sup>Walker, C.L.F., et al. (2013). Global burden of childhood pneumonia and diarrhoea. *The Lancet*, 381(9875), 1405–1416. doi: 10.1016/S0140-6736(13)60222-6.

<sup>5</sup>Black, Maureen et al. (2016). Early childhood development coming of age: Science through the life course. *The Lancet*, 389, 77-90. Retrieved from: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31389-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31389-7/fulltext)