

GLOBAL WASH PROGRAM 2020

Making the WASH'NUTRITION &
HEALTH 2020 AGENDA operational
through the Theory of Change

Expertise & Advocacy Department
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FOREWORDS

The realisation of the ISP 2016-2020 shall combine projects increasing the undernutrition treatment coverage and efficacy (such as **No Wasted Lives**) with projects aiming at improving preventive measures to reduce the undernutrition caseload: this is the aim of **the Global WASH Program**.

AAHⁱ International Strategic Plan (ISP) 2016- 2020 is committed to ensure nutrition securityⁱⁱ, which encompasses access to good nutrition, safe environment, clean water, sanitation, knowledge and adequate health and care practices. The integration of WASH, Nutrition & Health, and Mental Health and Care Practices (or Behavior Changes) is the future. A multi-sectorial approach is essential for long-term, sustainable and scaled impact on under-nutrition and general health outcomes. WASH, Nutrition & Health, Food Security and Care Practices integration addresses most direct and underlying causal factors leading to under-nutrition including diseases aggravating malnutrition in a context-specific manner.

The WASH'Nutrition & Health 2020 Agenda is an AAH network effort that aims at improving Health and Nutrition outcomes by implementing integrated strategies within WASH, Nutrition & Health and MHCP by 2020. The agenda analyses the main challenges in integrating WASH, Nutrition & Health, MHCP efforts and offers the best adapted solutions to build a common goal for 2016-2020. It also aims at presenting the main contributions from AAH and its commitments for the next four years.

The **Global WASH program** will budget and secure functions and activities in order to make the ISP 2016-2020, the WASH'Nutrition & Health 2020 Agenda and the Theory of Change a tangible difference in the Humanitarian context of undernutrition. The operationalisation of the Agenda will:

- Be international (AAH International Network level)
- Be aligned with 2016-2020 ISP
- Reflect the Theory of Change which is embedded into ISP 2020: producing knowledge through research and technical development, building our teams and partners capacity, advocating on the WASH'Nutrition and Health integration at all levels, and ultimately implement integrated projects at field level, in most of the ACF 50 missions
- Priorise current activities already concurring to the WASH'Nut & Health Agenda
- Consider the realisation of the enabling environment, both internal to AAH and external
- Map external partners and engage them in the most coherent way on the project
- Communicate on the programme and stimulate donors to support it
- Include it into AAH members action plans
- Monitor through a proper MEAL approach its impact on the ISP2 goals, especially **goal 1** (reduction on mortality in children under 5 years old), **goal 2** (reduction in prevalence of chronic and acute undernutrition) and **goal 5** (countries and international community strategies on undernutrition are improved)

This programme shall consider priority AAHIN transversal agendas such as:

- Gender approach & Protection
- Knowledge Management
- Innovation
- Partnership

I - OVERALL OBJECTIVES

AAH aims at influencing stakeholders to increase and document the integration of WASH, Nutrition and Health from the household to the highest levels of the health systems. We will also lead by example through the implementation of state-of-the-art and evidence-based projects, to demonstrate the advantages of integration and to fill the knowledge gaps to better inform key practices. This leads to five Overall Objectives:

- O.O.1 WASH stands into Nutrition / Health policies and financial plans
- O.O.2 WASH is integrated into the health systems
- O.O.3 WASH activities are integrated at household and community level to prevent (and treat) undernutrition and improve public health
- O.O.4 WASH & Nutrition sectors are aligned during/ before emergencies
- O.O.5 Increase Evidences on the link between WASH & Nutrition

II – EXPECTED OUTCOMES & OUTPUTS

O.O.1 WASH stands into Nutrition/Health Policies and Financial Plans

A – RATIONALE

1. Advocate for WASH integration into national plans

Improving access to WASH should be embedded in policies, plans and/or programmes on health and nutrition. Improving access to the quality of services should be part of WASH, Nutrition and Health national policies and strategic plans. Environmental Sanitation, in particular regarding feces and waste management and hygiene, should be considered at all levels (political, financial, civil society networks). WASH, Nutrition and Health sectors should align their efforts to achieve an effective prevention of under nutrition as well as public health improvement. Coordination mechanisms should be developed or improved between those sectors. Develop integrated and flexible funding and investment mechanisms, particularly in the largely under-funded sanitation sub-sector. Bilateral and multilateral donors as well as national governments funding strategies should be challenged and supported in order to increase funding for integrated projects. This is made possible through national advocacy developed through SUN and SWA (Sanitation and Water for All) networks aligning.

2. Facilitating meaningful contribution of the civil society from local to global levels

Civil society must also be mobilized and advocate for integration. Civil society participation is at the heart of the new Development Agenda and the realization of the Sustainable Development Goals. In line with AAH's ISP 2020 strategic Objective 3, it is crucial to work in networks and alliances and play our part in building the worldwide movement of citizens, civil society and social movements raising their voices for urgent action by world leaders and national politicians to deliver nutrition security for all. For this reason, AAH shall increase its supports to civil society networks and initiatives such as the Butterfly Effect, a global advocacy coalition of over 90 civil society organizations from all world regions that works to: 1) Mobilize and facilitate meaningful NGO and CSO participation and contribution in the international water agenda (SDGs, World Water Fora, Climate) by pooling knowledge and resources and exert greater influence over decision-makers and promote South-South initiatives.

B - EXPECTED OUTCOMES AGAINST THEORY OF CHANGE

- R1** Better integration of nutrition security issues (including the human right to water and sanitation)ⁱⁱⁱ in all policies in the countries or regions with high prevalence of undernutrition are achieved through advocacy
- R2** Improved global, regional, national and sub-national coordination between WASH, Nutrition and Health sectors is achieved through advocacy and leadership
- R3** Multi-sectorial programs benefit from increased and more flexible funding mechanism both at global (bilateral, multi-lateral) and national levels
- R4** WASH, Nutrition & Health and MHCP (Behavior Change) integration and funding is scaled up in our countries of intervention through platforms such as SWA and SUN
- R5** WASH civil society is structured and vocal at global level

O.O.2 WASH is integrated into the Health Systems

A - RATIONALE

1. Health System Strengthening becomes a WASH priority

WASH programs will strongly connect to and support AAH HSS strategy. Public Health policies should increase their focus on Environmental Sanitation & integrate WASH minimum standards. This integration must be ensured at all levels of the health care pyramid and funded accordingly, for limiting health care-associated infections, but also undernutrition and WASH-related diseases in health centers. Mechanisms to maintain and sustain hygiene standards at the health facility level should be in place. The humanitarian actors need to enhance staff training on operation and maintenance of WASH services to guarantee the sustainability and safe management of the WASH infrastructure. Thus, strengthening regular monitoring and maintenance is essential for a sustainable integration of WASH facilities in the Health system.

B - EXPECTED OUTCOMES AGAINST THEORY OF CHANGE

- R1** National Policies and strategies in targeted ACF countries include WASH in Health services
- R2** WASH standards are part of national Health System Strengthening strategies
- R3** National Health systems are strengthened by ensuring the sustainability of WASH services

O.O.3 WASH is integrated at Household & Community level to Prevent (and treat) Undernutrition and Improve Public Health

A - RATIONALE

1. WASH'Nutrition Strategy, Baby WASH and MHCP Approach

The WASH'Nutrition Strategy, conceptualized by AAH in 2015, is the standard approach in any contexts facing undernutrition. It both applies to emergency and development contexts. It relies on the 15 years' experience of AAH on child care practices and behavior change promotes geographical and programmatic integration between the 3 sectors, focus on the mother child dyad, behavior change, improvement in coordination of the relevant sectors including Early Childhood Development and the deployment of a minimum package WASH both in Health centers and at Household level. This strategy is aligned with the Nutrition Security concept. WASH'Nutrition strategy shall be spread at scale through AAH partners, such as the Red Cross & Red Crescent Movement. Nutrition MHCP & WASH integration implies focusing more on the transmission route, on babies' excreta management, on immediate hygiene environment, on playing areas and infant feeding environment. This suggests considering a range of WASH and MHCP prevention measures, including "Baby WASH"iv. Considering behavior change as a key to ensure a lasting impact on nutritional status is also essential. The 1000 days and adolescence (through supportive programs for pregnant and parenting teens) are the two key windows of opportunities to target.

2. Human Rights and water governance

Since 2006, AAH has been examining the issue of water governance and the right to water through a range of projects that include research, advocacy and communication and training material. AAH has intensified since 2013 its work on water and sanitation governance, running a number of studies on its missions (Kenya, South Sudan, Djibouti, Pakistan, ...) and today, the organisation is a member of a number of bodies engaged with governance, including the UNPD's Global Water Solidarity Platform (as a member of the steering committee) as well as the OECD Water Governance Initiative that has led to the development of the 12 Principles of Water Governance adopted by the 34 OECD member states in June 2015. AAH is currently increasing its focus on operational governance of water within its missions, seeking to increase the consistency, fairness and durability of projects primarily via governance studies in the field.

3. A WASH sector properly coordinated and funded

Investing in WASH provides benefits that expand beyond the water and sanitation sector. Between 26% of childhood deaths and 25% of the total disease burden in children under five could be prevented through the reduction of environmental risks, including by reducing unsafe water, sanitation and inadequate hygiene. Specifically, diarrhoeal diseases are among the main contributors to global child mortality, causing about 10% of all deaths in children under five years. WASH also leads to improved nutrition. Moreover, improved WASH in health care facilities leads to a reduction in maternal mortality, as well as increased use of health centers and facilities, and WASH in schools leads to increased attendance for girls. A large financing gap however has been identified as one of the greatest barriers to achieving the water related SDGs. To meet Targets 6.1 and 6.2, capital financing would need to triple to US\$ 114 billion per annum and operating and maintenance costs need to be considered in addition. Beyond this global figure, there are large variations in financing needs from region to region and country to country. Hence, financing strategies are needed based on evidence and realistic proposals for how to fill the gaps. Innovative approaches such as "Waterpreneurs" investors-practitioners-private sector linkage will be explored, supported and promoted.

B - EXPECTED OUTCOMES AGAINST THEORY OF CHANGE

- R1** WASH/Nutrition Strategy, MHCP and Baby WASH approaches are implemented systematically in AAH relevant missions (this is systematically yearly monitored since 2013)
- R2** WASH-related infections leading to undernutrition (including intestinal worms, malaria and EEDv) are targeted by WASH, Nutrition and Health programs
- R3** Under 2 and under 5 children, pregnant women and caregivers will be specifically targeted in AAH programs, either for undernutrition treatment and prevention, faecally transmitted diseases, malaria and Acute Respiratory Infections
- R4** AAH multisectoral programs systematically include Child Care Practices / behavior change component
- R5** Water Governance Studies and Research supports Human Right to Water implementation
- R6** Advocacy and capacity building WASH Sector is properly coordinated and better funded

O.O.4 WASH, Nutrition, MHCP are aligned during/before Emergencies

A - RATIONALE

1. DRM (response, prevention, surveillance, preparedness, resilience) Health focus

Surveillance systems (at national level) must be improved and systematically enforced for early outbreaks detection to be able to deliver an early response to outbreaks. Preparedness and response strategies must be articulated with Health Systems Strengthening interventions and coordination at national level (Clusters). National health policies must have operational and effective mechanisms of Disaster Risk Management (DRM). Preparedness must be strengthened with an adapted and rapid response plan. Strengthening preparedness allows on one side to improve our response plan but also to increase communities' resilience. This includes forming teams to respond effectively to emergency situations (ERM). Community approach, specific projects around hygien and burials in case of outbreaks, work on the stigma, support to ill people and their care takers shall be systematically considered.

2. Input the Climate Change Agenda and mainstream Water Adaptation

Water is at the heart of climate change and it is through water that climate change will most notably impact on our societies and ecosystems. Climate change affects the whole water cycle, leading to disrupted rainfall patterns and runoff, rising sea levels, desertification, etc. These changes will have a major human, economic and environmental impact, affecting access to water and sanitation, agriculture, food security, health, energy and ecosystem preservation, etc. There will also be an increased risk of water-related natural disasters. Climate change impact is a reality impacting several sectors of intervention of ACF (nutrition and food security especially). Water has a major adaptation and mitigation role to play in tackling climate change. Water therefore needs to be factored into climate-related strategies and policy and, in turn, climate change should be systematically included as a component of water policy and strategies. And this at all levels: national, regional and local.

B - EXPECTED OUTCOMES AGAINST THEORY OF CHANGE

- R1** Strengthening surveillance systems in AAH missions is as part of (the HSS) strategy
- R2** Health system capacities is built in terms of prevention and preparedness, connected to an AAH surge capacity to respond rapidly and adequately to outbreaks, developed in coherence with the Clusters systems advocacy and capacity building agendas
- R3** WASH outbreaks such as cholera will see AAH missions committed either in preparedness & response
- R4** Community management initiatives for outbreaks preparedness and response are scaled up
- R5** Water is included as a key topic of the Climate Change Agenda

O.O.5 Increase Evidences & Uptake on WASH, Nutrition & MHCP link

A - RATIONALE

Multi-sector programming research must be coordinated and upscale to better understand linkages between environmental conditions, behavior & child care practices and nutritional status. It could represent a great advocacy and programming tool (especially research on links between WASH and under nutrition such as EED, microbiota and diarrhea).

Effectiveness and efficiency of multi-sector programming need to be further quantified and demonstrated. Cost-effectiveness analysis (CEA), following an effectiveness analysis, should be used to improve program efficiency and accountability but also transparency of financial information and is needed for advocacy purposes and promote informed decision-making within an organization.^{vi}

Research findings and best practices must be used to inform decisions from all stakeholders. Innovative approaches such as mobile phone application to improve barrier analysis (WASH'Em research project) or AAH contribution to Wikipedia through Wikewater project will raise AAH profile and build expertise of our partners.

The contextual analysis of the multiple causes of undernutrition (through the Link NCA tool) must inform and be applied to programming, to take into account all major causes of undernutrition and promote at the same time the multi sectoral nature of programs in communities.

Appropriate monitoring, evaluation, accountability and learning (MEAL) should support and demonstrate the impact of WASH activities on public health and nutrition outcomes at the community level, to sustain their impact by strengthening implementers' accountability.

Uptake must be systematically achieved for decision-making by all stakeholders. Advocacy messages must be based on evidence and best practices.

B - EXPECTED OUTCOMES AGAINST THEORY OF CHANGE

- R1** Relationship between WASH, Nutrition and Health and MHCP is explored by AAH, who invests in WASH'Nutrition peered operational research
- R2** AAH WASH'Nutrition interventions are monitored and evaluated in order to quantify the effectiveness and to prove the financial benefits of multi-sectorial programming
- R3** Investments from AAH and donors / governments funding are prioritised accordingly to WASH'Nutrition research and evaluation results, through advocacy
- R4** Research is uptake through a systematic process, benefiting to AAH, practitioners and the donors / governments
- R5** AAH Missions intervening in an undernutrition context implement & promote among themselves & their partners a multisectoral analysis of undernutrition causes (NCA)
- R6** Nutrition Security and best multi-sector programming (especially to treat and prevent better SAM through WASH and MHCP/ behavior change programming) is reached by AAH partners through evidence-based advocacy and AAH knowledge on best practices sharing
- R7** AAH will invest in MEAL, and especially impact measurements based interventions
- R8** AAH will continue promoting WASH & MHCP innovative approaches to raise AAH profile and benefit to the whole WASH, Nutrition and Health sectors

IV – PRIORISING ACTIVITIES & COUNTRIES

A – RATIONALE FOR IMPLEMENTING THE PROGRAM

1. The implementation of the WASH'Nutrition & Health Agenda will start during the period 2016-2020 but shall indeed be extended as it is at the center of ACF WASH, Nutrition & MHCP Departments' strategy. Activities will therefore be prioritised during this period, based:

- a) On existing projects and initiatives that are aligned with the agenda and will go on;
- b) On new (operational, research or advocacy) conjuncture priorities;
- c) On all AAHIN expertise developed in the past through WASH, Nutrition and MHCP sectors.

2. The Agenda implementation will only be possible according to the achievement of both an internal and external enabling environment. This means that AAH, in endorsing at the highest level the WASH'Nutrition & Health 2017-2020 agenda, tacitly commits to support it and invest in it. In parallel, AAH will continue to work on basic and structural causes at global level, to ensure the agenda feasibility. This enabling environment development is essentially advocacy based and includes various dynamics such as:

- a) Realisation of the Human Right to Water and Sanitation;
- b) Realisation of the SDGs, its most visible achievement;
- c) Support to the WASH sector coordination (Global Architecture);
- d) Support (mainstreamed into the sector) to the Climate agenda.

3. The ultimate goal of the WASH'Nutrition & Health Agenda is its operationalization, both for AAH and its partners. Several of our missions are, or will be, specifically targeted to implement the agenda, based and in respectful coherence with their own strategy. In parallel, each project will propose missions where they will be specifically relevant (or where they already happen). Projects benefiting from current support (internal or external funding) and that could be upscale or that could leverage new projects, will be characterized.
4. The projects proposed will be aligned with the four steps of the Theory of Change, in order to stick to the ISP 2020 frame as well as missions' strategic frames. A priority will be given to knowledge transfer, for example between MHCP and WASH sectors in AAHIN (in missions and at global level) on behavior change and child care practices approaches that include a strong component on hygiene practices and domestic health practices.
5. Global projects and campaigns will be identified specifically, especially for advocacy purpose.
6. Donors will be multilaterally approached by AAHIN members to engage on this programme.
7. AAH All members are welcome to make the set of activities grow, within the frame defined by the program. A consultation will occur as soon as IEC endorse it.
8. Impact of the whole program will be looked at, and expressed through indicators, according to ISP 2020 MEAL plan.

B – UPSCALING THE GLOBAL WASH PROGRAM

1. The initial aim of the program is to secure resources (such as a Technical¹ / Advocacy and Research² capacity) in order to support the global agenda frame.
2. The second phase will be to look for external funding and partnership (IFRC, Waterpreneurs, WASH'Em phone application, Water governance studies, UNHCR, etc) in order to either fund jointly the agenda activities, either to develop cost recovery from partners and other AAHIN members (through Global Services Tool). Additional support resources such as in the field advocacy officers and Geneva based Advocacy resource focused on WHO & Right bodies shall be funded in priority through those partnerships.

¹ Senior Technical Advisor, Jean Lapegue, already secured financially

² Research officer on WASH'Nutrition, Mathias Altman, kindly provided by the DEP Research Department

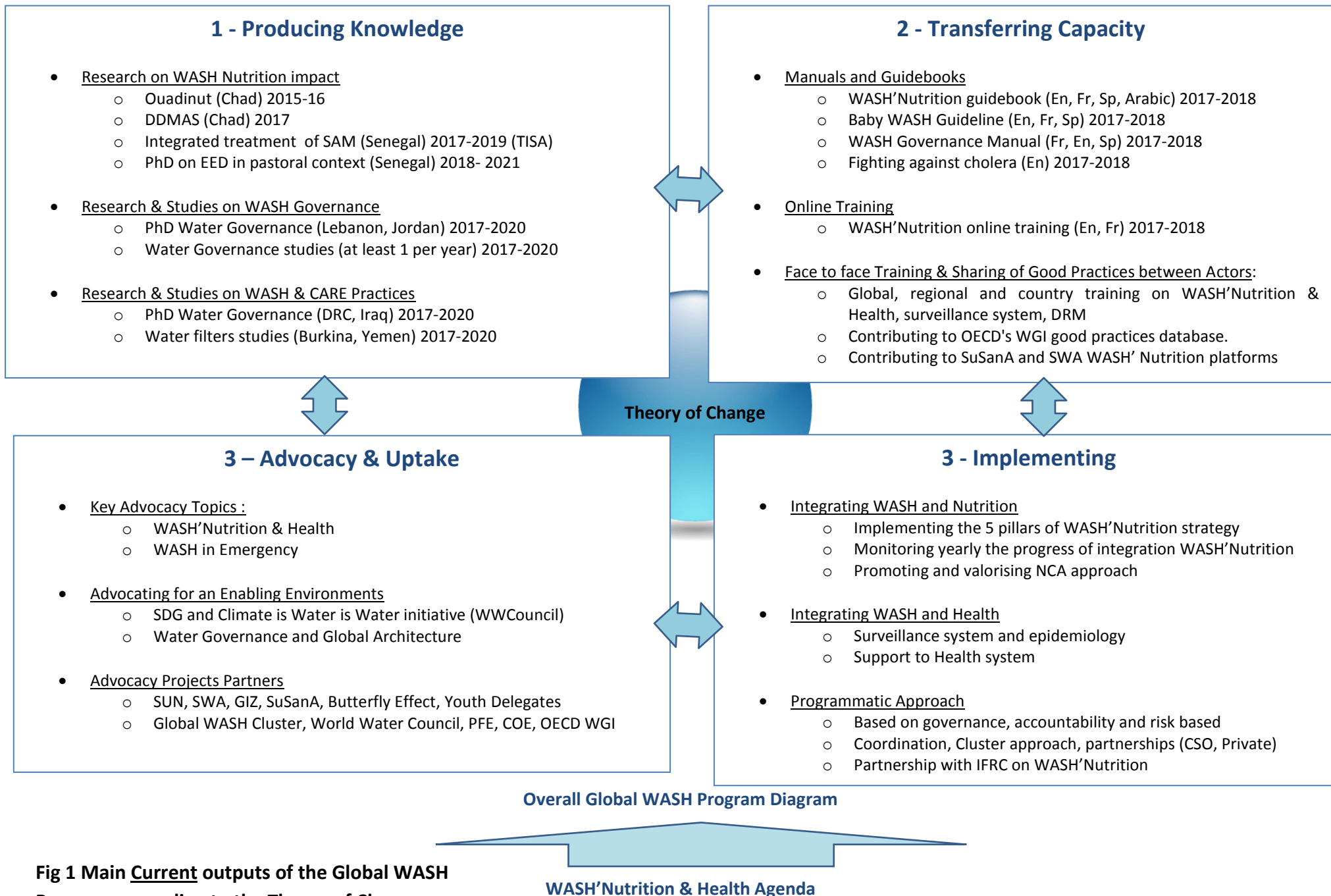


Fig 1 Main Current outputs of the Global WASH Program, according to the Theory of Change (11/07/2017)

V – MAIN INDICATORS

A – PROGRAM INDICATORS

Step of the Theory of Change	Thematic	Indicator forecasted for 2017-2020	AAH Missions involved
1 - Producing Knowledge	Research on WASH impact on Nutrition and on integrated treatment	2	Chad, Senegal
	Integrated Approach impact on undernutrition ³ . EED ⁴ impact.	1	Burkina Faso
	Behaviour Change in Emergency contexts	1	Iraq, DRC
	Water Governance Research: comparing strategies	1	Jordan, Lebanon
	Water Governance studies at community level, shared in OECD Best practices	3	To be defined
	Water Governance OECD indicators testing	2	Jordan + 1 mission to be defined
	WASH'Nutrition Manual (French, Spanish, English, Arabic)	4	All AAH missions
2 - Knowledge Transfer	WASH' Nutrition self-training module (French, English)	2	All AAH missions, Partners
	AAH missions and partners are trained in WASH'Nutrition Regionally	2	WARO, ESARO, MERO, SEA
	MOH is supported in term of WASH Standards	2	To be defined
	Enforce the capacities of communities' health workers (CHW) in WASH'Nutrition	3	All AAH missions
	AAH will support early warning system and train staff to report new cases in communities and therefore be able to detect abnormal cases of disease.	3	All AAH missions
	Training on Water Governance is done to AAH and other practitioners	3	All AAH missions
3 - Implementing	Implementing the 5 pillars of WASH'Nutrition strategy in new mission	5	All AAH missions with undernutrition
	Monitoring yearly the progress of integration WASH'Nutrition	3	All AAH missions with undernutrition
	Support to Health system and reinforcement of the surveillance systems	6	All AAH missions
4 – Advocacy and Uptake	Analysis of WASH integration in nutrition plans and nutrition integration in WASH plans compiled in the publication “Recipe for success”.	8	Chad, Mali, Niger, Nigeria, Cambodia, Zimbabwe, Ethiopia, and Madagascar
	Findings and recommendations of “Recipe for success” are shared	2	Chad, Niger, Global
	Revision of Nutrition & Food security National plans to include WASH indicators	2	Chad, Madagascar
	CSO are involved in the design and promotion of integrated policies and good	3	Madagascar, Chad , Djibouti

³ Contribution of the WASH sector although the research is piloted by FSL Department AAH France

⁴ Environmental Enteric Dysfunction

practices in countries such as Chad, Djibouti and Madagascar. (NUTRIS project).		
Supports to specific advocacy campaigns (SUN, SWA, Decade of Action for Nutrition, No Wasted Lives, Every Women Every Child, Climate is Water etc.) and initiatives (SuSanA, Butterfly Effect, Coalition Eau, etc.).	6	Global
Increased coordination and engagement of SUN and SWA on WASH'Nutrition at global (SUN, SWA) and country levels (focus WARO).	12	Burkina Faso, Chad, Ivory Coast, Guinea, Liberia, Mada, Mali, S. Leone, Mauritania, Níger, Nigeria & Senegal
Development and dissemination of with key partners (SUN, SWA, WaterAid, and GTO) country good practices integrating WASH'Nutrition	8	Burkina Faso, Liberia, Madagascar, Nepal, Mauritania, Bangladesh, Cambodia & Pakistan
International conferences where Results of WASH'Nutrition research and recommendations are disseminated	5	WWW2017, R4Nut 2017, WEDC2017, and 2 other conferences to be selected 2018-20
Missions are supported in developing advocacy at the national level for improved WASH'Nutrition integration (based on the WASH'Nutrition survey).	3+	Madagascar, Chad, Djibouti (NUTRIS) plus missions requesting
Strengthening of capacities of CSO on WASH'Nut advocacy in countries	3	Madagascar, Chad, Djibouti
Butterfly Effect is connected to AAH Missions	6	All AAH missions
Youth WASH Delegates are ambassador for WASH in their regions	4	All countries

Notes

ⁱ Action Against Hunger

ⁱⁱ Nutrition Security Policy, A common multisectoral understanding and approach to address undernutrition, AAH International, 2014

ⁱⁱⁱ The resolution 64/292 of the General Assembly of the United Nation from 3 August 2010 “recognizes the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights.”

^{iv} Baby Wash and the 1000 days, a practical package for stunting reduction, AAH-Spain, 2017

^v Environmental Enteric Dysfunction

^{vi} Cost-effectiveness guidelines: An introduction and overview of key concepts for cost-effectiveness analysis within ACF, AAH - 2013.