



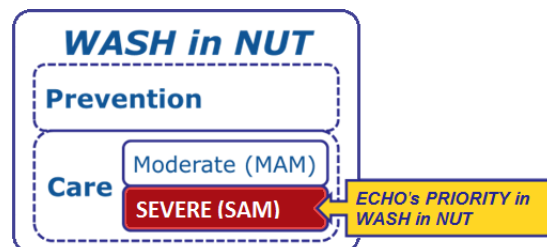
Technical Issue Paper (TIP) WASH ' NUT

ECHO's Technical Issue Papers (TIP) presents a synthetic overview and update on technical aspects of ECHO supported humanitarian interventions. They consolidate lesson learnt from the field in relation to ECHO's sector policies.

The TIPs assist ECHO experts in the appraisal, monitoring and quality control. As support tools they are not normative prescription but rather have to be read with the specific context of operations in mind.

The following TIP has been elaborated by Damien BLANC (WASH Advisor, West Africa Regional Office) together with "Aquarius", ECHO's Technical Working Group for Water, Hygiene & Sanitation and Shelter.

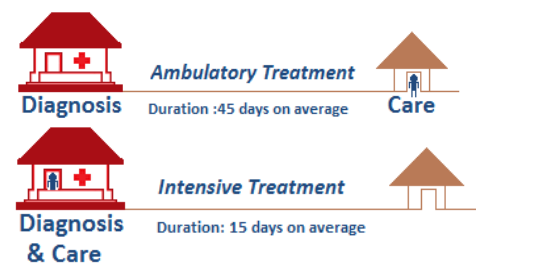
In the Humanitarian Aid domain, WASH in NUT refers to any type of intervention aiming at complementing the prevention and the treatment of undernutrition through the strengthening of access to water, hygiene and sanitation (WASH) services. DG ECHO's focus in WASH in NUT is mainly on the management of Severe Acute Malnutrition (SAM), where access to safe water is considered critical for the efficiency of the treatment itself, and for the prevention or further undernutrition episodes.



The management of SAM encompasses two levels of intervention

Ambulatory treatment: The SAM is diagnosed and related treatment intakes provided at the health unit level, but the care is insured by the family at household level.

Intensive/ inpatient treatment (estimated about 15% of SAM cases): It is provided when severe complications are diagnosed. The beneficiary is hosted in the facility until complications are treated. Once addressed, the beneficiary starts regular ambulatory treatment.



DG-ECHO entry point in WASH in NUT is the treatment at household level (WASH'NUT)

It mainly consists in providing affected households with a Minimum WASH Package to insure safe access to water supply and hygiene along the duration of their ambulatory treatment of SAM¹.



WASH'NUT activities can be completed by three types of intervention:

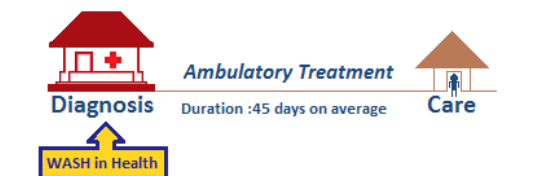
WASH in Health consists in strengthening the access to WASH service in health facilities. In the framework of SAM treatment, it consists in securing the following WASH related services intervening in the test of appetite provided to admitted children:

- ↳ Access to safe drinking water ; and
- ↳ Hand washing with clear water and soap.

It can include long lasting outputs dedicated to the intensive care dedicated to the treatment of SAM affected children with complication.



The Extended Package (or Complete Package) consists in extending the Minimum Package beyond the sole duration of the SAM treatment until the end of the high relapse risk period (60 days on average). It consists mainly in renewing the consumables involved in the access to safe water and hygiene practices.



The WASH in NUT strategy can be strengthened by:

- ↳ producing further scientific evidence of the added value of WASH'NUT in terms of reduction of treatment duration or reduction of SAM relapse; or
- ↳ Strengthening sustainable local access to minimum package items (such as household water treatment).



Those three types of complementary intervention cannot be considered as stand-alone strategies.

They must be considered as an opportunity to complete the care involved in the Minimum Package.

And they must be envisaged according to the interest and capacities of the partner.



¹ Or as part of an Infant and Young Child Feeding (IYCF) approach.

WASH in NUT Minimum Package consists in:

For household consumption :

- ☞ 450g of soap /p/months for each member of the family until the end of the SAM treatment;
- ☞ Consumable to insure <5 NTU turbidity and ≥0.5 mg/l Free Residual Chlorine (FRC) for drinking water for 15l/p/day in each household;
- ☞ A 20l capacity bucket with a lid and a tap² ; and
- ☞ A 20l rigid jerrycan with a cap.

WASH in HEALTH centers in charge of ambulatory treatment consists in:

For the SAM diagnosis and monitoring services operations:

- ☞ Sustainable water supply (5l/outpatient/d);
- ☞ Sufficient storage water storage capacity (5l/outpatient/d);
- ☞ Clear (<5 NTU) and chlorinated (≥0.5mg/l FRC- at all time) drinking water; and
- ☞ A hand washing station with minimum 20 liters minimum volume, equipped with clear water and soap (or ≥50 mg/l FRC at all time).

For the services maintenance :

- ☞ Chlorination consumable to secure <5 NTU turbidity and ≥0.5 mg/l FRC for drinking water, ≥50 mg/l FRC solution for handwashing and >0.5g/l FRC for surface, equipment, tool & latrines disinfection;
- ☞ Tools and consumables to measure the quality of water (turbidimeter, pool tester, phenol red tabs for pH and DPD n°1 for FRC) ;
- ☞ Cleaning and disinfection tools (sprayer, sponges, cloth and broom); and
- ☞ A buffer stock for repair and renewal of equipment (tap washer, buckets).

WASH in HEALTH centers in charge of Intensive treatment consists in:

For the SAM diagnosis and monitoring services operations:

- ☞ Sustainable water supply (5l/outpatient/d);
- ☞ Sufficient storage water storage capacity (5l/outpatient/d);
- ☞ Clear (<5 NTU) and chlorinated (≥0.5mg/l Free Residual Chlorine –FRC- at all time) drinking water; and
- ☞ A hand washing station with minimum 20 liters minimum volume, equipped with clear water and soap (or , ≥50 mg/l FRC at all time).

For inpatients (SAM with complications) services:

- ☞ Sustainable water supply (40l/inpatient/d);
- ☞ Sufficient storage water storage capacity (40l/inpatient/d);
- ☞ Clear (<5 NTU) and chlorinated (≥0.5mg/l Free Residual Chlorine –FRC- at all time) drinking water;
- ☞ A hand washing station with minimum 20 liters minimum volume, equipped with clear water and soap (or , ≥50 mg/l FRC at all time);
- ☞ Latrine with properly isolated pits (air tight slabs, ventilation pipe covered by mosquito mesh <3mm, defecation hole covered or with water siphon);
- ☞ Contamination risks free latrines (against runoff water and flood, minimal distance from the water source of 30 m and 1.5m above the aquifer);
- ☞ Free (unlocked door) and discrete (hidden-to-public-sight entrance) access to latrine; and
- ☞ Gender separated latrine and one latrine for the exclusive use of staff working for the facility.

For the services maintenance:

- ☞ Well maintained latrines (absence of excreta in and around the latrine);
- ☞ Chlorination consumable to secure <5 NTU turbidity and ≥0.5 mg/l FRC for drinking water, ≥50 mg/l FRC solution for handwashing and >0.5g/l FRC for surface, equipment, tool & latrines disinfection;
- ☞ Tools and consumables to measure the quality of water (turbidimeter, pool tester, phenol red tabs for pH and DPD n°1 for FRC) ;
- ☞ Cleaning and disinfection tools (sprayer, sponges, cleaning cloth and broom); and
- ☞ A buffer stock for repair and renewal of equipment (tap washers, buckets).

For all health facilities, trained staff assigned to:

- ☞ water supply;
- ☞ the preparedness and renewal of chlorinated water; and
- ☞ the disposal of solid and medical waste.

Without being an obligation, access to safe water in the lobby of SAM diagnosis service is recommended

WASHNUT Extended package consists in:

For household consumption:

- ☞ 450g of soap /p/month for each member of the family; and
- ☞ Consumable to insure <5 NTU turbidity and ≥0.5 mg/l FRC for drinking water for 15l/p/day for each person of the household until end of the high relapse risk period (60 days on average).

Some further tips to the TIP

Monitoring of household chlorination can be mainstreamed to the monitoring of therapeutic feeding in order to reduce its related operational costs.	Complete package may contribute to the decrease of defaulter as it may act as incentive for registering the child at health facility level once treatment is over.	Local purchase using vouchers for basics supply such as soap, buckets or bleach should be preferred	Monitor the attractiveness of the WASH package which may capture populations from other health catchment areas.
Chlorinated water must be stored in the shade and over chlorinated when prepared in order to secure the required FRC content	Use of tabs is not recommended at health facility level. Bleach is to be preferred as it is cheaper and more accessible at local level.	Chlorination tabs do not have the same disinfection potential. Instruction must be carefully read by promoters when introduced or product changed	Content and free-of-charge WASH package information must be posted in the facility and reminded while training beneficiaries on their use.

Further reading

- WHO, UNICEF & USAID *Improving nutrition outcomes with better WASH - practical solutions for policies and programmes, 2015*
- ACF, *Investir davantage dans l'eau, l'assainissement et l'hygiène est indispensable pour lutter contre la sous nutrition, 2014*
- ACF, UNICEF, ECHO: *Manuel WASH in NUT [to be released in 2016].*

Please also refer to http://ec.europa.eu/echo/what/humanitarian-aid/water-sanitation-hygiene_en

² In addition to another 20l bucket (with lid) and pre-treatment filter cloth for high turbidity water treatment.