



WASH'NUTRITION AND HEALTH 2020 AGENDA

Agenda to improve water, sanitation, hygiene and nutrition outcomes by implementing water, sanitation, hygiene, nutrition and health integration strategies by 2020



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ABOUT THIS AGENDA

In order to achieve long-term, sustainable and scaled impact on undernutrition and general health outcomes, a multi-sectoral approach is needed that integrates WASH, Nutrition and Health. This approach addresses the most direct and underlying factors that lead to undernutrition, including diseases that aggravate malnutrition in certain contexts. As a holistic approach, integration has the potential to enhance existing strategic and adapted responses at all levels; from individual to household, community and system level.

Action Against Hunger's International Strategic Plan (ISP) 2020 is committed to nutrition security,¹ which encompasses access not only to good nutrition but also to a safe environment, clean water, sanitation, knowledge and adequate health and care practices. As such, a multi-sectoral approach is required to achieve nutrition security, which refers to a long-term, sustainable and at-scale impact on the nutritional status of populations. The multidimensional nature and causes of undernutrition call for coherent and coordinated responses that transcend traditional sector boundaries. The causes of undernutrition must be addressed through a multi-level approach and common goals. The different approaches are from nutrition-specific programmes addressing the immediate causes, as well as nutrition-sensitive interventions addressing the underlying causes in order to create an environment that enables knowledge, behaviour change, capacity building, advocacy, resources and monitoring. Integration between sectors increases the coherence, efficiency and effectiveness of programmes, and allows interventions to either complement one another or to work together. Action Against Hunger's ISP 2020 aims to mitigate the consequences of hunger, address the causes of hunger and change the way hunger is perceived and addressed. The integration of WASH, Nutrition and Health (including Mental Health and Care Practices) is the way forward, and this Agenda provides a list of priorities for integration in order to achieve maximum impact on Nutrition and Health.

The improvement of health systems and ensuring minimum hygiene standards will help to prevent and treat undernutrition. Empowering communities and helping them to be resilient to crisis situations can also drastically improve the prevention of water-related diseases and undernutrition, if accompanied by safe access to water and sanitation. Behaviour change in communities will allow the sustainable integration of the different sectors. Action Against Hunger calls for greater attention on neglected tropical diseases and health care-associated infections. All these efforts should be supported by international, national and local coordination mechanisms (such as clusters system) to achieve the common goal of reducing undernutrition.

¹ Nutrition Security Policy, A common multisectoral understanding and approach to address undernutrition, Action Against Hunger International, 2014.



THE LINKS BETWEEN UNDERNUTRITION AND WASH

This agenda analyses the main challenges in integrating WASH, Nutrition and Health efforts and offers the best adapted solutions to bypass them as a common goal for 2016-2020. It also presents the main contributions from Action Against Hunger and its commitments for the next four years.

Undernutrition is responsible for 3.1 million child deaths annually (WHO, 2014). It has serious consequences on individual health and development, as well as undermining economic growth and perpetuating poverty. Yet all this is unnecessary, as causes of undernutrition are preventable.

Factors and pathways leading to undernutrition are diverse, complex and most often interconnected. Key factors that influence nutritional status are food, caring practices, and access to health care and a healthy environment. All of them are linked to water, sanitation and hygiene (WASH).

Environmental exposure accounts for 23% of the global disease burden (WHO, 2016): it is estimated that diarrhoeal deaths caused by poor WASH conditions account for 1.5% of the global disease burden (WHO, 2014), and poor sanitation and water coverage affect billions of people.

Morbidity and mortality are aggravated by inadequate hygiene practices. Inadequate WASH conditions facilitate the ingestion of faecal pathogens, which leads to diarrhoea, intestinal worms and environmental enteric dysfunction, the three key pathways from poor WASH to undernutrition. 50% of undernutrition is associated with recurrent onsets of diarrhoea: frequent illness can impair nutritional status and in turn, poor nutrition can increase the risk of infection. This forms “a vicious circle” of recurring sickness and further deterioration of nutritional and immunity status. Other WASH-related diseases such as malaria, acute respiratory infections and neglected tropical diseases are also known to be associated with decreased immunity and undernutrition.

The first 1,000 days between a woman’s pregnancy and her child’s second birthday is a critical time in term of child health, but also offers a unique window of opportunity to build healthier and more prosperous futures.



WASH interventions are critical in breaking the faecal-oral pathogen transmission pathways and consequently preventing diarrhoea, other infectious diseases and child mortality.²

WASH interventions have the potential to prevent the transmission of pathogens, reduce the disease burden and bring significant health and non-health benefits. Beyond the impact on disease reduction, a growing base of evidence indicates that the WASH environment can be critical in shaping children's nutritional outcomes. This is especially true for the effects of WASH conditions on stunting, while the impacts on wasting are currently being explored.³

The evidence is sufficient to justify the importance of integrating WASH into actions, policies and strategies addressing undernutrition.

Action Against Hunger aims to influence 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, in order to demonstrate the advantages of integration and to fill the knowledge gaps to better inform key practices:

- 1** Include WASH in nutrition and health policies
- 2** Integrate WASH in health systems
- 3** Implement WASH integrated activities at household and community level
- 4** Align WASH & Nutrition efforts during emergencies
- 5** Strengthen the evidence on the link between WASH & Nutrition

² WASH'NUTRITION, A practical guidebook on increasing nutritional impact through integration of WASH and Nutrition programs, Action Against Hunger, 2017

³ Research projects conducted by Action Against Hunger in Chad (Ouadinut 2015-2016, DDMAS 2017), Pakistan (R2HC-PUR 2016-2017), previously Democratic Republic of the Congo (PUR 2012-2013).

1 SYSTEMATICALLY INCLUDE WASH IN BOTH THE NUTRITION AND HEALTH POLICIES, STRATEGIES AND FINANCIAL PLANS

CHALLENGES

Today, the world's attention is turning to the implementation of the 2030 Agenda for Sustainable Development. However, to reach the Sustainable Development Goals (SDGs), integration will be essential: linking Goal 2 (Zero Hunger), Goal 3 (Good Health and Well-Being), Goal 5 (Gender equality) and Goal 6 (Clean Water and Sanitation) will definitively impact on Health and Nutrition outcomes.

Other global commitments concerning WASH and nutrition can serve as a basis for advocacy efforts and for generating political will to strengthen integration. These include: Resolution 65/6 on the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, 2012; WHO /UNICEF Global Action Plan for the Prevention of Pneumonia and Diarrhea; Convention on the Rights of the Child; WHO Global Strategy on WASH and Neglected Tropical Diseases; ICN 2 Framework for Action; and the human rights to water and sanitation (A/HRC/RES/33/10, A/RES/64/292), among others.

In addition to these global commitments, WASH and nutrition in national planning processes and advocacy efforts could also be supported through global multi-stakeholder platforms such as the Scaling Up Nutrition Movement (SUN) and the Sanitation and Water for All partnership (SWA).

SOLUTIONS

1 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 waste management and hygiene, should be considered at all levels (political, financial, civil society networks).

2 WASH, Nutrition and Health sectors should align their efforts to prevent undernutrition effectively and to improve public health. Coordination mechanisms between those sectors should be developed or improved. Civil society must also be mobilized and advocate for integration.

3 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.



ACTION AGAINST HUNGER'S COMMITMENTS

- 1** Action Against Hunger will advocate for the consideration and better integration of nutrition security issues (including the human right to water and sanitation)⁴ in all policies in the countries or regions with a high prevalence of undernutrition.
- 2** Action Against Hunger will advocate and demonstrate leadership for improved global, regional, national and sub-national coordination between the WASH, Nutrition and Health sectors. We will support joint working groups and will promote specific advocacy campaigns (SUN, SWA, Decade of Action for Nutrition, No Wasted Lives, Every Women Every Child, etc.) and initiatives (SuSanA, Butterfly Effect, Coalition Eau, etc.).
- 3** Action Against Hunger will advocate for increased and more flexible funding mechanisms for multi-sectoral programmes, from targeted bilateral, multilateral donors and national governments.
- 4** Action Against Hunger will promote the scale-up and replication of WASH, Nutrition and Health integration through the documentation and dissemination of good practices at policy, funding and implementation levels in our countries of intervention.

⁴ 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."



2 INTEGRATE WASH AT EACH LEVEL OF THE HEALTH SYSTEM

CHALLENGES

Ensuring that healthcare facilities meet and sustain WASH standards⁵ would be a precondition for achieving SDGs 2 and 3, and for treating undernutrition. A 2015 WHO and UNICEF report highlighted that 38% of healthcare facilities lack a clean water source and 33% do not use or do not have soap for hand washing. In low- and middle-income countries, the prevalence of nosocomial infections varies between 5.7% and 19.1%. The most vulnerable to those infections are newborns. Immuno-deficiency, and thus undernutrition, increases the risk of infections and vice-versa. Today neonatal deaths (0 to 27 days) account for 45% of the under-five mortality rate. On top of this failure, hygiene norms in health services are difficult to reach due to the lack of governance strategies or implementation of proper monitoring indicators and adequate surveillance systems. The sustainability of infrastructure and accountability are also at stake: without a proper operation & maintenance component, supported by the regular training of operators, WASH facilities can facilitate the transmission of pathogens.

SOLUTIONS

- 1** Public Health policies should increase their focus on environmental sanitation and integrate WASH minimum standards. This integration must be ensured at all levels of the healthcare pyramid and funded accordingly, for limiting not only health care-associated infections, but also undernutrition and WASH-related diseases in health centres.
- 2** Mechanisms to maintain and sustain hygiene standards at the health facility level should be in place. Humanitarian actors need to enhance staff training on the operation and maintenance of WASH services, in order to guarantee the sustainability and safe management of the WASH infrastructure. Strengthening regular monitoring and maintenance is essential for a sustainable integration of WASH facilities in the Health system.

ACTION AGAINST HUNGER'S COMMITMENTS

- 1** Action Against Hunger will advocate for policies and strategies that integrate WASH in health services, and will support local and national governments in the definition of context-specific WASH norms & standards in healthcare facilities.
- 2** Action Against Hunger will support the systematic implementation of WASH standards as part of its Health System Strengthening Strategy:
 - Coordinate with the Nutrition and Health sectors, in our intervention areas and at the right times, to prioritize and select health centres in need of immediate support.
 - Provide timely support and adapted resources to health services to address public health issues and practices (long term facilities improvement or direct supply and temporary solution during emergencies).
 - Provide technical advice to health services on WASH facilities designs.

⁵ "WASH in Nut" strategy, Regional WASH group, West and Central Africa, 2014.



3 Action Against Hunger will strengthen Health systems by ensuring the sustainability of WASH services:

- Support capacity building by integrating hygiene standards specific sessions in all training of health workers.
- Ensure engagement of health care personnel and patients to promote best practices, in particular hand-washing with soap at critical times.
- Support setting up operation, maintenance mechanisms and support consumable supply chains to ensure sustainability.
- Build the WASH'Nutrition capacity of community health workers (CHW) in order to ensure good hygiene practices for mothers or caretakers of malnourished children.

3 IMPLEMENT INTEGRATED ACTIVITIES FOR NUTRITION SECURITY AT HOUSEHOLD AND COMMUNITY LEVEL

CHALLENGES

To prevent undernutrition and improve general public health and nutrition outcomes, interventions should be community-based. WASH interventions do not usually focus enough on the 1000 days window of opportunity, from pregnancy to a child's second birthday, when children are the most vulnerable to their environments⁶ and can face irreversible cognitive and physical developmental, social and emotional issues, and are at higher risk of mortality. WASH interventions do not systematically address the key causes of Environmental Enteric Dysfunction (soil contamination, animal and human faeces, infant foods contamination). Although there is a strong and demonstrated link between the three main faecal-orally transmitted diseases (EED, helminthiasis and diarrhoea) and undernutrition, some WASH-related diseases are still neglected at prevention level (especially malaria, Acute Respiratory Infections often connected to personal and immediate environmental hygiene, and other NTDs). Finally, WASH, Nutrition and Health and MHCP projects should consider a transversal Behaviour Change approach with perceptions and barrier analysis on common issues to ensure efficiency and sustainability of interventions. The challenge resides in the appropriate tools used to enhance behavioural changes and secure their long-term pursuit.

SOLUTIONS

- 1** The 1000 days and adolescence (through supportive programs for pregnant and parenting teens) are the two key windows of opportunity to target. Pregnant or lactating women are essential targets of WASH, Health and Nutrition projects and important mediators for peer education, as they are in the best position to share good practices with their peers.
- 2** Nutrition and WASH integration implies focusing more on the “field” transmission route, on babies' waste management, on the immediate hygiene environment, on playing areas and on the infant feeding environment. This suggests considering a new range of WASH prevention measures, called “Baby WASH”.⁷
- 3** The contextual analysis of the multiple causes of undernutrition 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 programmes in communities.
- 4** Considering behaviour change as a key to ensure a lasting impact on nutritional status.
- 5** Appropriate Monitoring and Evaluation (M&E) 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.

⁶ Approximately 70% of deaths associated with diarrhoea occur during the first two years of life, according to: . Global Health Estimates 2015: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2015. World Health Organization, 2016

⁷ BabyWASH and the 1000 days, a practical package for stunting reduction, Action Against Hunger-Spain, 2017

ACTION AGAINST HUNGER'S COMMITMENTS

1 Action Against Hunger will implement integrated WASH'Nutrition programmes at scale, including: geographic targeting of projects according to Nutrition indicators; promotion of the mother-child dyad in strategy and programming; prioritisation of programmes with a big coverage to increase impact.

2 Action Against Hunger will prioritise household interventions that address caregiver hygiene and health behaviours, keep children away from faecally transmitted diseases and prevent malaria and Acute Respiratory Infections. This includes the Baby WASH strategy, a specific age-targeted approach along the 1,000 days continuum, which complements existing household WASH interventions with more focus on pregnant women and very young children.

3 Action Against Hunger will promote and systematise the use of multi-sectoral analyses of undernutrition causes such as Nutrition Causal Analysis (Link NCA),⁸ Nutrition Multi-sectoral Seasonal Calendar,⁹ etc. and promote research on the benefits of multi-sectoral interventions on undernutrition. We will strengthen our own and partners' teams' capacities on cross-sector understanding. We will ensure the application of lessons learned in programming, implementing projects and advocacy campaigns.

4 Action Against Hunger's multi-sectoral programs will systematically include a Behaviour Change component and will:

- Apply existing and robust Behaviour Change approaches such as the 10-steps model for Assisting Behaviour Change.¹⁰ Each step of this approach provides important information for triggering, facilitating and maintaining a behaviour change process.
- Promote Barrier Analysis as a tool to identify behavioural determinants by a comparison between doers and non-doers, highlighting normative pressure and cultural beliefs. Barrier Analysis should be used at the beginning of a Behaviour Change programme to determine key messages and activities, decreasing obstacles to intervention.
- Monitor behavioural changes through regular monitoring visits at household level, and measure the effect of interventions through tools like individual scales and observation grids according to perceptions and barrier analysis results. These will be done at the beginning and end of projects, with representative sampling.
- Accompany WASH infrastructure improvement in communities with suitable education and capacity building (e.g. on the proper use, operation and maintenance of WASH facilities). Emphasis is given to behavioural change strategies so as to sustain health benefits.
- Adopt psychosocial support, care practices and protection components for more effective behavioural change and a more sustainable impact. As regards Action Against Hunger's tools and methodologies, we recommend participatory methods of mobilising communities, integrating their perceptions, and prioritising problems.

5 Action Against Hunger will invest in M&E and multi-sectoral programming on undernutrition. We will prioritise interventions based on the impact measurements and will strengthen the Monitoring and Evaluation of its programmes, through the multisector M&E guidelines and strategy.

8 Nutritional Causal Analysis is a mixed method developed by Action Against Hunger to identify the most relevant factors leading to under-nutrition in a local context for improving Nutrition Security. Tools and support are available at: <http://linknca.org>

9 Nutrition Multi-Sectoral Seasonal Calendar, a rapid and multi-sectoral tool to better understand and address the seasonal peaks of wasting - Technical Sheet, Action Against Hunger 2012

10 ABC-Assisting Behavior Change, Part 1: Theories and Models, and Part 2: Practical Ideas and Techniques, Action Against Hunger, 2013

4 ALIGNING WASH AND NUTRITION EFFORTS DURING HUMANITARIAN EMERGENCIES

CHALLENGES

During emergencies and epidemics, where environmental conditions favour the spread of communicable diseases, water supply and water quality improvements may have minimal impact if not accompanied with improved waste management and adequate hygiene behaviour. The Ebola Virus Disease (EVD) outbreak highlighted the lack of preparedness of the WASH and health sectors and the gaps in coordination and decision-making regarding roles and responsibilities for Infection Prevention and Control (IPC).¹¹ The EVD outbreak was a wake-up call on the importance of managing outbreaks – especially by reinforcing health systems and promoting environmental sanitation – many of which have re-emerged in the past 10 years, including Severe Acute Respiratory Syndrome (SARS, induced by poor hygiene and lowering weight) and Middle East Respiratory Syndrome (MERS-CoV).

SOLUTIONS

- 1** Surveillance systems must be improved and systematically enforced for early outbreak detection. Surveillance is essential in order to detect an abnormal number of new cases and to be able to deliver an early response to outbreaks.
- 2** 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 Disaster Risk Management (DRM) mechanisms. For sustainable development, preparedness and response strategies should be considered in HSS interventions.
- 3** Preparedness must be strengthened with an adapted and rapid response plan. Strengthening preparedness allows response plans to be improved, as well as increasing communities' resilience. This includes, for instance, forming teams to intervene in emergency situations and simulation exercises. It also includes epidemic prevention and catastrophe reduction mechanisms, such as targeting vulnerable populations and sensitizing populations before a crisis event.



ACTION AGAINST HUNGER'S COMMITMENTS

1 Action Against Hunger will engage in strengthening surveillance systems as part of a HSS strategy. We will support early warning systems and train staff to report new cases in communities and therefore be able to detect abnormal cases of disease. We will advocate for the centralized collection of data at the ministries level and work closely with them for early preparedness. Action Against Hunger will also support the integration or linkage of disease surveillance systems with other surveillance mechanisms for DRM, in order to be more effective.

2 Action Against Hunger will invest in strengthening capacities for Disaster Risk Management (DRM). We will invest in strengthening health systems for both prevention and preparedness, maintaining their surge capacity to respond rapidly and adequately to outbreaks. In addition to focusing on health systems, Action Against Hunger should invest in strengthening DRM systems, which coordinate outbreak management between various public bodies (water ministry, MoH, food security, and so on). We will work with the WASH, Nutrition and Health Clusters at national and sub-national levels.

3 Action Against Hunger will streamline its response to outbreaks, including at the very least WASH responses, for infection protection and control. We will continue our strong involvement in cholera response and other WASH-related infection preparedness and response. We will consider outbreaks as entry points to intervene in an area in order to prevent the nutrition situation from deteriorating, in particular for WASH-related diseases such as malaria and NTDs. Action Against Hunger will engage our emergency expertise, which has proven to be essential in EVD-type outbreak control.

4 Action Against Hunger will invest in piloting and scaling up promising community management initiatives for outbreak preparedness and response. We will:

- Base our projects on holistic, low cost and participative methods to provide the best possible intervention in a crisis situation.
- Strengthen community resilience during a crisis situation by enhancing their capacity to build and manage WASH infrastructures, in order to anticipate outbreaks and prevent further resurgence by ensuring real and sustainable improvements.
- Support the use of PVCA, which is an investigation method using participative tools and involving local actors in their own diagnosis of the risk of disaster.
- When a risk is identified, enable risk management plans to be prepared at the community level, as part of the Emergency Preparedness and Response Plan.
- Enhance water disaster preparedness, climate change adaptation and integrated water resources management¹² as part of building resilience and reducing mortality and economic losses due to water-related diseases and water resource shrinking.¹³



¹² Water resources management such as sharing knowledge, enhanced governance, micro basin and shallow aquifers surveillance and recharge, water safety plans, irrigation in relevant regions, etc.

¹³ Water disaster preparedness and sustainable water resources management are key elements for disaster risk reduction, AGWA and SIWI for COP 20, 2014.

5 STRENGTHEN THE EVIDENCE ON THE LINKAGE BETWEEN WASH AND NUTRITION TO IMPROVE PROGRAMMING AND ADVOCACY

CHALLENGES

One of the main obstacles for integration uptake and buy-in by donors is the limited evidence on the impact and cost-effectiveness of WASH and Nutrition integration, which would prove the efficiency and sustainability of implementing multi-sectoral programs. Along with that, evidence-based tools and guidance for multi-sectoral project management are lacking.

Another challenge is the lack of evidence on the link between the immediate sanitary environment and nutrition (WASH interventions and environmental enteric dysfunction among others). Research about the impact of WASH on Nutrition is essentially about chronic undernutrition in the Asian context. Although an association between WASH and chronic undernutrition has been shown,¹⁴ little evidence exists on the link between WASH interventions and Severe Acute Malnutrition (SAM) treatment effectiveness and efficiency. There are still remaining questions such as the impact of a safe environment at household- or community-level and its impact on the prevalence of Global Acute Malnutrition.

SOLUTIONS

- 1** Multi-sector programming research must be coordinated and scaled up in order to better understand linkages between environmental conditions and nutritional status. It could represent a great advocacy and programming tool, especially research on links between WASH and severe acute malnutrition, but also on EED, microbiota and diarrhoea.
- 2** The effectiveness and efficiency of multi-sector programming need to be further quantified and demonstrated. A cost-effectiveness analysis (CEA), following an effectiveness analysis, should be used to improve programme efficiency and accountability as well as transparency of financial information. Cost-effectiveness analyses are necessary for advocacy purposes and to promote informed decision-making within an organisation.¹⁵ Cost-effectiveness (efficiency) studies on WASH, Nutrition & Health integration should prove the financial benefits and sustainability of implementing multi-sectoral programmes. It is essential to know what works and at what cost in order to prioritise investments and improve the efficiency of Action Against Hunger's programmes.
- 3** Research findings and best practices must be used to inform decisions from all stakeholders. Research uptake must be systematically achieved for decision-making by all stakeholders. Advocacy messages must be based on evidence and best practices.

¹⁴ Checkley, 2008, Spears 2012

¹⁵ Cost-effectiveness guidelines: An introduction and overview of key concepts for cost-effectiveness analysis within ACF, Action Against Hunger - 2013.



ACTION AGAINST HUNGER'S COMMITMENTS

1 Action Against Hunger will invest in operational research and development to measure accurately the relationship between WASH, Nutrition and Health. For instance, we will promote research on pathogen measurement in soil and their link with enteropathies (EED). We will also continue to measure the effect of WASH interventions¹⁶ on the treatment of Severe Acute Malnutrition.

2 Action Against Hunger will evaluate its interventions in order to quantify accurately the effectiveness of multi-sectoral programming. We will support studies on WASH and Nutrition integration to prove the financial benefits and sustainability of implementing multi-sectoral programmes.¹⁷ We will use the results to prioritise investments and advocate for adequate fund allocation from governments and donors.

3 We will ensure that Action Against Hunger's research results are validated by the scientific community (for example through peer reviewed articles or conferences), and will share our findings with field practitioners and donors.

4 Action Against Hunger will use its findings for evidence-based advocacy and share its knowledge on best practices to achieve Nutrition Security and best multi-sector programming with other partners. We will re-adjust our advocacy objectives and interventions aimed at treating and preventing Severe Acute Malnutrition in the case that WASH interventions are proven to have a positive impact on Severe Acute Malnutrition treatment.

16 In its Research Strategy 2016-2020, Action Against Hunger commits to the following to improve the treatment of undernutrition (Pilar 2): Investigating the impact and the cost-effectiveness of multi-sectoral, integrated treatment packages on prevalence of acute and chronic undernutrition (e.g. WASH-in-Nut; psychosocial care & nutrition).

17 In the first pillar of our Research Strategy 2016-2020: Demonstrating the impact and cost-effectiveness of multi-sectoral, nutrition-sensitive interventions (e.g. social protection, cash transfers, WASH-in-Nut, behaviour change, women's empowerment, agroecology) to improve nutritional security in the short and longer-terms.

FOR FOOD.
AGAINST HUNGER
AND MALNUTRITION.

FOR CLEAN WATER.
AGAINST KILLER DISEASES.

**FOR CHILDREN THAT GROW
UP STRONG.**
AGAINST LIVES CUT SHORT.

**FOR CROPS THIS YEAR,
AND NEXT.**
AGAINST DROUGHT
AND DISASTER.

FOR CHANGING MINDS.
AGAINST IGNORANCE AND
INDIFFERENCE.

**FOR FREEDOM FROM HUNGER.
FOR EVERYONE. FOR GOOD.**

FOR ACTION.
AGAINST HUNGER.

