

Moms and WASH: A Recipe for Life



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Objectives of Presentation

- Describe USAID's WASH programming to impact maternal health outcomes
 - USAID Water and Development Strategy
 - Integration of WASH in antenatal care (ANC) platform
 - Integration of WASH and nutrition
- Identify gaps and priorities for the future
 - WASH in health care facilities
 - WASH and maternal health in the post-2015 agenda

Increasing Access to WASH in USAID's Water and Development Strategy

- **Goal:** *To save lives and advance development through improvements in water supply, sanitation, and hygiene (WASH) programs, and through sound management and use of water for food security.*
- **Target**
 - 10 million with new/improved water supply
 - 6 million with new/improved sanitation
 - Key hygiene behaviors adopted in priority countries
- **30 priority countries**
- **Special emphasis on sanitation and sustainability**

- Diarrheal disease reduction in children under 5
- Reduction in maternal and child mortality
- Decreased incidence of waterborne illnesses during pregnancy
- Reduced time spent on collecting water
- Reduced burden on pregnant women
- Improved personal and food hygiene



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Integrating WASH interventions through antenatal, delivery and postnatal services in Malawi

Program objectives

- Increase water treatment and improve hand hygiene at home
- Increase attendance at antenatal and postnatal care visits and delivery at health facilities.



Rationale for integrating interventions into Antenatal Care (ANC) Services

- **Advantages of integrating interventions into ANC:**
 - High coverage
 - Teachable moment
 - Use of trusted providers
- **Potential to reduce mortality:**
 - Maternal mortality (460/100,000 live births)
 - Infant mortality (58/1,000 live births)



ANC Intervention in Malawi: 2007–2008

- Clinic staff trained in water treatment and hand washing.
- 15,000 water hygiene kits (WHK) distributed.
- Three free refills of WaterGuard (WG) and soap provided at ANC, delivery, and postnatal visits as incentive for clinic attendance.
- Health surveillance assistant (HSA) home visits provided ongoing education and monitoring.
- Population Services International (PSI) led advertising and product distribution.

ANC Intervention in Malawi





ANC Intervention in Malawi Program Timeline

- **Population:** 400 pregnant women who received kits
- **Locations:** 15 health facilities in Blantyre and Salima
- **Data:** Use of WaterGuard; demonstration of hand washing

2007

2008

2010

Baseline Survey
&
Program
Implementation

1 year
Follow-up
Evaluation
Survey

3-year
Follow-up
Evaluation
Survey

Confirmed WG Use and Purchase



**Observed WG bottle
in home**

+



**Positive test for
chlorine in
stored water**

+



**Reports WG
purchase after
free bottles**

Results

| | 2007 Baseline (N=198) | 2008 Follow-up (N=198) | 2010 Follow-up (N=198) |
|--|--------------------------------------|---------------------------------------|---------------------------------------|
| Confirmed WG use (<i>WG bottle + residual chlorine</i>) | 1% | 62% | 28% |
| Confirmed WG use and purchase (<i>WG bottle + residual chlorine + purchase</i>) | 1% | 33% | 22% |
| Demonstrated proper hand washing | 22% | 60% | 50% |

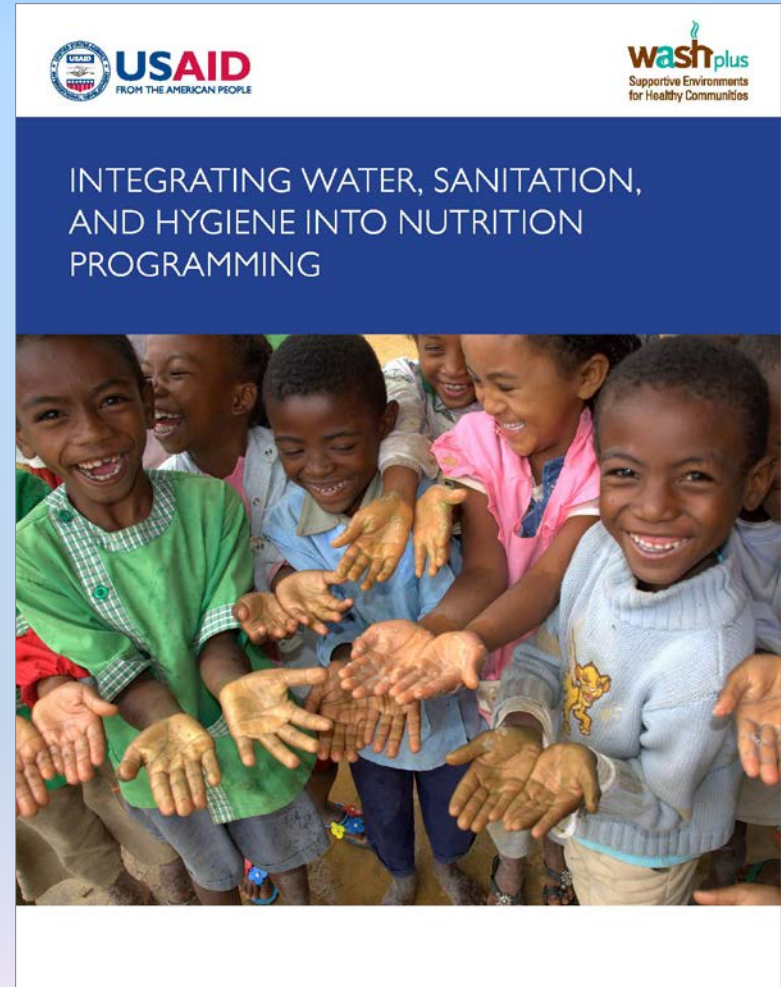
Increase % women with 4+ ANC visits

Increase % women delivering at health facility

WASH and Maternal Nutrition

WASH is a factor in ensuring that mothers are well-nourished before conception by preventing:

- intestinal worms
- diarrhea
- environmental enteropathy



Next Steps: WASH in Health Care Facilities (HCF)

- WASH facilities often sub-optimal or absent
- 46% of 54,507 health care facilities (in 40 countries) have access to drinking water



Reference: *Landscape report on the status of water, sanitation, and hygiene and environmental conditions in health care facilities (draft)* .WHO, 2014.





Photo: Sheena Currie – Jhpiego



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WASH in Health Care Facilities

- WHO spearheading initiative on WASH in HCF including:
 - monitoring/risk assessment
 - development and implementation of norms and guidelines
 - advocacy/partnerships.
- Must be accompanied by inclusion of WASH in HCF in national budgets as part of overall WASH service delivery- usually by local government
- We have a role to play

Next Steps: WASH and Maternal Health in the Post-2015 Agenda

- WHO/UNICEF JMP and UN Water post-2015 proposals call for
 - Global monitoring of WASH in health care facilities and schools for the first time
 - Universal WASH coverage in health care facilities by 2030
- WASH also in post-2015 health agenda-opportunity to join forces

Conclusions

- Harness potential synergies between WASH, maternal and reproductive health
- Promote integration of WASH in maternal health project design
- Foster joint policies and programming across Ministries relevant to maternal and newborn health
- Focus on WASH in HCF
- Actively engage in post-2015 process