

POLICY BRIEF

Improving water supply, Sanitation and Hygiene: A prerequisite to Improving child nutrition

by The National Food and Nutrition Commission of Zambia

Current situation

In Zambia about 4.8 million people are living without clean water and 6.6 million do not have access to sanitation facilities such as toilets and waste disposal facilities. Recent evidence shows that diarrhoeal diseases which are associated with poor water and sanitation occur in about 26% of children in Zambia. This has negative effects on the nutrition status of children particularly in the first 1000 most critical days of a child's life. The present scenario shows that Zambia needs to accelerate its efforts in addressing issues of water, sanitation and hygiene if it is to save the lives of many children, increase economic growth and to meet the Millennium Development Goals.

Currently there is substantial evidence that water supply and sanitation improvement, together with improvements in positive population behavior can have significant positive effects on the population and health through reduction of diseases such as diarrheal diseases, intestinal helminthes and skin diseases. This in turn can lead to reduced morbidity which has a direct effect on stunting and other nutrition related indicators. Such improvements have been associated with reductions in the incidence of diarrheal diseases by 22% and reduce deaths by 65%.

Current government's efforts

The Ministry of Local Government and Housing (MLGH) with its partners through the National Rural Water Supply and Sanitation Program (NRWSSP) and National Urban Water Supply and Sanitation Program (NUWSSP) has been implementing interventions aimed at providing safe water supply and sanitation and hygiene in both rural and urban communities. For water supply this includes drilling boreholes with community involvement to ensure ownership of facilities in rural areas and commercial utilities

provide water supply in urban areas. There is an increasing need to strengthen Household Water Treatment (HWT). The aim of government, through National Rural Water Supply and Sanitation programme is to increase access to clean and safe drinking water from 37 percent in 2005 to 75 percent by 2015 and access to adequate sanitation from 13 percent in 2005 to 60 percent by 2015.

Water, sanitation, and hygiene (WASH) activities require a multisectoral approach hence the many players performing different important roles. These include other Government Ministries, Cooperating Partners, Civil Society, communities and Non-Governmental Organisations

Water, sanitation, and hygiene have been linked to child illness which affects the nutrition and growth of children and death; in various ways;

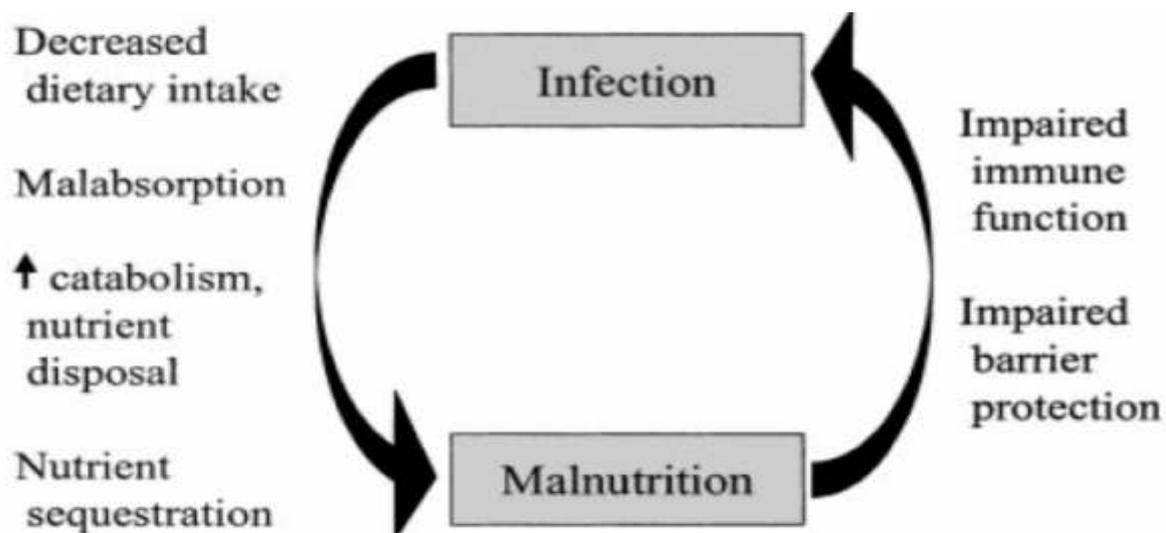
- Poor water, sanitation, and hygiene slows the growth of children. Poor growth that occurs in about one quarter to one third of children below 5 years is as a result of intestinal infections most of which are as a result poor sanitation and hygiene.
- It is now known that improvements in access to water, human waste disposal and quality of water can reduce diarrheal illnesses. Access to water reduces diarrheal illnesses by 25%, improved waste disposal by 22% and improved quality of water by 6% respectively.
- Hand washing with soap can reduce the risk of suffering

Children who suffer from illnesses which are as a result of unsafe water supply and sanitation lose appetite as there is poor absorption of nutrients in the gut, and increase in nutrient needs.

from diarrheal infections therefore there is need to raise awareness on the importance of hygiene among communities. It reduces the risk diarrhoea illnesses by 46% and mortality by 17%

- About one third of the children who die before reaching the age of 5 years, die because of and diarrheal diseases and;
- Reduction in disease burden explained above helps to improve on child growth and development.
- Children who suffer from illnesses which are

as a result of unsafe water supply and sanitation lose appetite as there is poor absorption of nutrients in the gut, and increase in nutrient needs. This affects child growth and compromises the immune system. In children who are already poorly nourished, it worsens the severity and duration of disease that easily leads to malnutrition. Reoccurrence of the diseases may worsen the nutritional status even further. It becomes a cycle of a problem.



Women being the main providers of care in households and communities especially for young children, labour to get water for drinking; produce and prepare food; maintain personal hygiene; clean, wash and dispose of waste. This makes it difficult for them to participate in other social and economic activities that improve their wellbeing and bridge the gap of gender inequality. When adequate water, sanitation, and hygiene are provided it allows them and girls to save more time which can be used to carry out other activities such as income generation, educational attainment and improved child care and feeding.

Call to Action

Policy makers from various sectors have a role of ensuring that policies are put in place that meet

the specific needs of all populations groups. They also have a responsibility of ensuring that such policies are operationalized. With respect to water and sanitation Policy makers should ensure that there is adequate water and sanitation, and practice of good hygiene by mobilising resources and supporting the programs that address water, sanitation and hygiene strategies in the following areas:

Clearly WASH is directly linked to the disease burden especially diarrhoeal diseases and therefore contributes to stunting in children especially in the 1000 most critical days.

- a) Developing and providing sustainable water supply and sanitation services in rural, urban and peri-urban areas;
- b) Enhancing capacity in effective planning, implementation and monitoring of programmes for water supply and sanitation services delivery;
- c) Strengthening human, technical and financial capacity of institutions for

improved water supply and sanitation service delivery in the rural, urban and peri-urban areas;

- d) Enhancing communication and advocacy for improved sanitation and hygiene practices in order to make people recognize where their health problems originate and how to improve sanitation by their own actions.
- e) Increase budget allocation to the WASH

sector especially Sanitation and Hygiene.

Clearly WASH is directly linked to the disease burden especially diarrhoeal diseases and therefore contributes to stunting in children especially in the 1000 most critical days. There's therefore a need for increased advocacy for increased investment in WASH activities including those aimed at behaviour change.

References

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