

## **Accompanying Fact Sheet**

Linking Water, Sanitation and Hygiene (WASH) and Maternal, Newborn and Child Health (MNCH)

### **WASH and Child Health**

- Diarrhoea is the second leading cause of death in children under five in developing countries, and the leading cause in Sub-Saharan Africa. Globally about 760,000 children die each year from diarrhoeal disease. (WHO, 2013; UNICEF and WHO, 2009)
- There are an estimated 1.7 billion cases of diarrhoea each year. Frequent bouts of diarrhoea weaken children, making them more vulnerable to the effects of malnutrition and of other serious diseases such as malaria and pneumonia. (*ibid*)
- The only way to prevent diarrhoea is through better access to water and sanitation services, and through improved hygiene practices, especially hand-washing with soap. However, there are still 2.5 billion people worldwide without improved sanitation and 768 million without improved water. And over one billion people are still forced to engage in the dangerous practice of open defecation, making them particularly susceptible to disease. (JMP, 2013)
- There is new evidence directly linking WASH to the physical (and mental) stunting of children, with researchers finding that children living in unhygienic environments, and especially where open defecation is common, are even more vulnerable than previously thought. (Ngure *et al*, 2014; Spears *et al*, 2013)

### **WASH and Maternal Health**

- There is a growing body of evidence showing significant links between inadequate water and sanitation in communities and maternal mortality. The burden of hauling water from distant sources is linked to poor weight gain during pregnancy, faecal contamination of the environment and of drinking water disproportionately affects pregnant women, poor personal hygiene (due in part to lack of water) is a major contributing factor to high levels of obstetric fistula, and hookworm infestations (caused by poor sanitation) is linked to anaemia and the risk of haemorrhage. (Simavi, 2012).
- A recent meta-analysis of studies from Sub-Saharan Africa (where almost 90% of maternal deaths occur) indicated that women in households with poor sanitation and lack of water have a significantly higher risk of maternal mortality. (Benova *et al*, 2014).
- The critical need for good hygiene in midwifery is well recorded, and there is a strong association between birth attendants' hand-washing practices and neonatal survival rates. (Rhee *et al*, 2008).

- The lack of adequate water supplies and sanitation facilities in health centres is a basic prerequisite for good care (and to prevent hospital-acquired infections), especially in maternal health and obstetric units. However, a recent estimate indicates that fewer than half of hospitals and health centres in the developing world have functional water and sanitation systems (WHO, 2014). A recent study in Tanzania found that only 24 percent of actual delivery rooms have adequate WASH conditions (Benova, 2013).
- Adequate menstrual hygiene management is only possible where private washing facilities and adequate water supplies are present. The majority of schools in least developed countries do not have adequate WASH facilities; a factor linked to poor attendance and performance rates among girls. (Sommer & Sahin, 2013; UNICEF, 2013).

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