WHAT LIES BEHIND A GOOD NUTRITIONAL STATUS?
The Link NCA methodology has been created by Action Against Hunger as a starting point for improving the relevance and the effectiveness of multisectoral nutrition-sensitive programming. It is a mixed-method combining quantitative and qualitative study with participatory phases leading to the identification of undernutrition risks factors and pathways in a local context.

Results of the Link NCA studies intend to improve multi-sectoral programming to tackle undernutrition problems.

The Link NCA strives to answer the following research questions in a specific context for a precise study population:

1. What is the prevalence and severity of wasting and/or stunting in the study population?
2. What is the prevalence of known risk factors among the population and key “nutrition vulnerable groups”?
3. What are the causal pathways of undernutrition by which certain children in this population have become stunted and/or wasted?
4. How have the stunting and/or wasting in this population and its causes changed a) over time due to historical trends, b) seasonally due to cyclical trends, c) due to recent shocks?

It is estimated that 50% of child undernutrition is associated to recurrent diarrhoea and intestinal infections linked to WASH unsatisfactory conditions.

The underlying determinants of undernutrition include food insecurity, inappropriate care practices, poor access to health care, and an unhealthy environment, including inadequate access to water, sanitation, and hygiene.

Poor WASH conditions facilitate ingestion of faecal pathogens, which leads to diarrhoea, intestinal worms, and environmental enteric dysfunction, a "chronic infection of the small intestine caused by extended exposure to fecal pathogens". This directly relates to the body's ability to resist and respond to sickness by affecting the absorption of nutrients and decreasing the body's immunity. Indirect links between WASH and nutrition refer primarily to a broader socio-economic environment such as access and affordability of water, sanitation, and hygiene services, distance from the household to a water point, education, and poverty.

To know more about the methodology and to download all the link NCA study reports, please consult www.linknca.org

The quantitative phase from secondary data, SMART nutrition survey and Risk Factor Survey assesses undernutrition status and the prevalence of known risk factors (1 - 2).

Qualitative methods incorporated throughout the protocol addresses the questions regarding how and why undernutrition or good nutrition occurs and consider the interactions between causes, common feedback loops and the evolutions of the causes through the time and seasons (3 - 4).

Finally, data generated are triangulated and reviewed through a participatory process to generate consensus on undernutrition causality and to better inform programs (5 - 6).
Method

The authors carried out a meta-analysis from the 12 most recent Link NCA studies, conducted from the beginning of 2014 to the end of 2016, in 10 different countries (Chad, DRC, Ethiopia (3), Kenya, Uganda, Mauritania, Bangladesh, Cambodia, India and Philippines).

Descriptive statistics have been used to summarize the results per Link NCA study.

Studies were grouped according to the region where they were conducted (8 for Africa and 4 in Asia) and results were compared between the regions as well as by sector/risk factor category and region.

Results

R1 – In African context, the five risk factor sectors are perceived as equally contributing to undernutrition. In Asian context, WASH and FSL sectors are perceived as more critical factors to undernutrition than the three others.

Other risks 11,2%

FSL: Food Security & Livelihoods MHCP: Mental Health and Care Practices.

Proportion of different WASH components appearing as “major” risk factors for undernutrition in the 12 African studies

Proportion of different WASH components appearing as “major” risk factors for undernutrition in the 8 Asian studies

R2 – In African context, among WASH factors, Water Access and Personal Hygiene factors are perceived as more critical to undernutrition. In Asian context, Sanitation factors are perceived as more contributing to undernutrition.

R3 - Poor WASH conditions have been consistently perceived as main causes of undernutrition by the communities

Association between poor WASH conditions and poor nutritional status has been widely perceived by the communities. WASH-related risk factors such as presence of open defecation practices in the community, unhygienic environments (including inadequate waste management), inconsistent access to safe water, insufficient domestic water supply, and poor hygiene practices are consistently identified as one of the main causes of undernutrition.

RECOMMENDATIONS FOR BETTER INTEGRATION OF WASH AND NUTRITION INTERVENTIONS

1. Joint situation analysis and planning. Conducting joint assessments by WASH and nutrition technical sectors is more likely to foster a comprehensive understanding of the situation and encourage an integrated response. The Link NCA methodology is a suitable tool as it engages multidisciplinary stakeholders in causal analysis and transfers the results into multisectoral programme planning and response.

2. Co-ownership of the results. Participatory process is essential for establishing accountability and co-ownership of the results. One way to incentivize sectors to work together is to incorporate specific indicators into the project objectives of another sector and/or to set a common specific objective for both sectors.

3. Geographical co-location of WASH interventions in nutritionally vulnerable areas. Pathway diagrams (visual examples of interaction among different risk factors) demonstrate where key interventions would have the greatest impact on undernutrition. It can help in the selection of geographical area, level, and type of intervention. The use of low-cost and easy-to-apply mapping techniques can improve decision-making.

4. WASH and nutrition co-messaging. Timing, location, and potential synergies among interventions should be carefully thought out to ensure activities have maximum participation without overburdening women. Delivering key WASH and nutrition messages in an integrated manner can save resources, identify areas of overlap, and reinforce them through joint communication channels.

5. Communication and coordination between WASH and nutrition stakeholders. There is a need for ensuring regular communication and information sharing among key stakeholders as well as establishing a well-coordinated management and reporting structure. Even when strong synergies are not possible, there are still options for aligning interventions as long as there is good coordination, communication, and collaboration between actors.


Refer to the web link on the back cover.
For concrete guidance and examples of good practice from the field, we recommend consulting WASH’ Nutrition: A Practical Guidebook on Increasing Nutritional Impact through Integration of WASH and Nutrition Programmes (Action Against Hunger/UNICEF/ECHO, 2017).

Any organization planning to conduct a Link NCA study can receive support from the Link NCA Technical Unit
For more information, please consult: http://linknca.org/support.htm

References of the article:

Relationship between water, sanitation, hygiene, and nutrition: what do Link NCA nutrition causal analyses say

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