

Understanding the Links between WASH & Child Nutrition - Part II

Thursday, November 17, 2022 | 8:30-9:30 am ET



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PRO-WASH
Practices, Research and Operations
in Water, Sanitation and Hygiene

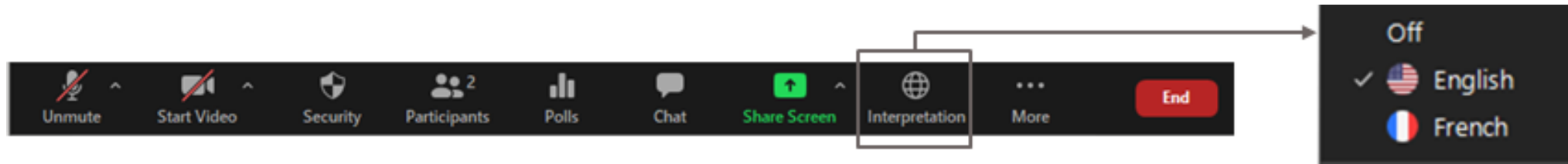
BEFORE WE BEGIN...

Everyone must select a language!

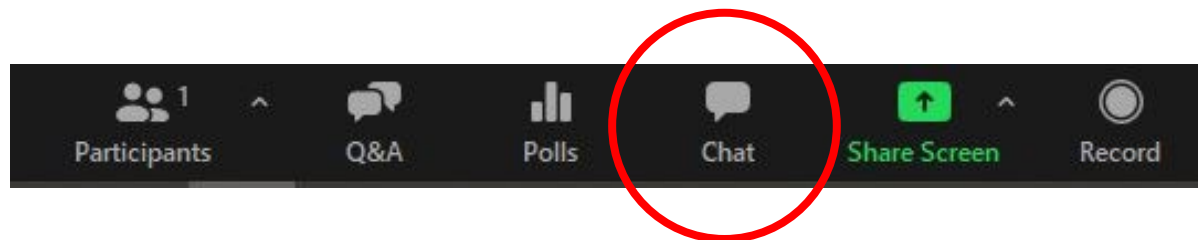
Click “interpretation” at the bottom of your Zoom window and select English or French.

Chacun doit choisir une langue !

Cliquez sur « interprétation » au bas de votre écran Zoom et sélectionnez anglais ou français.



Post your questions in the chat box at the bottom of your screen.



MODERATOR & PRESENTERS



Steve Sara

Senior WASH
Advisor

PRO-WASH, Save
the Children



**Lominito
Lomoru**

Health Systems
Strengthening
Advisor, Turkana,
Kenya

USAID/Nawiri
Activity



Abby Harvey

PhD Student

UC Berkeley



John Mboya

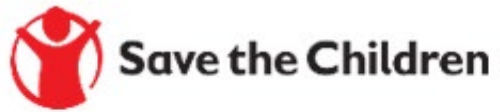
Associate
Research
Manager IPA

MPH student
UC Berkeley

USAID/Nawiri Consortium and Location



African Population and Health Research Center



TURKANA, SAMBURU, COUNTIES



Nawiri Project Overview

Goal: Persistent Acute Malnutrition is Sustainably Reduced in Samburu and Turkana

01

Purpose 1: Vulnerable households maintain food security despite exposure to shocks & stresses

02

Purpose 2: Vulnerable households have low disease burden

03

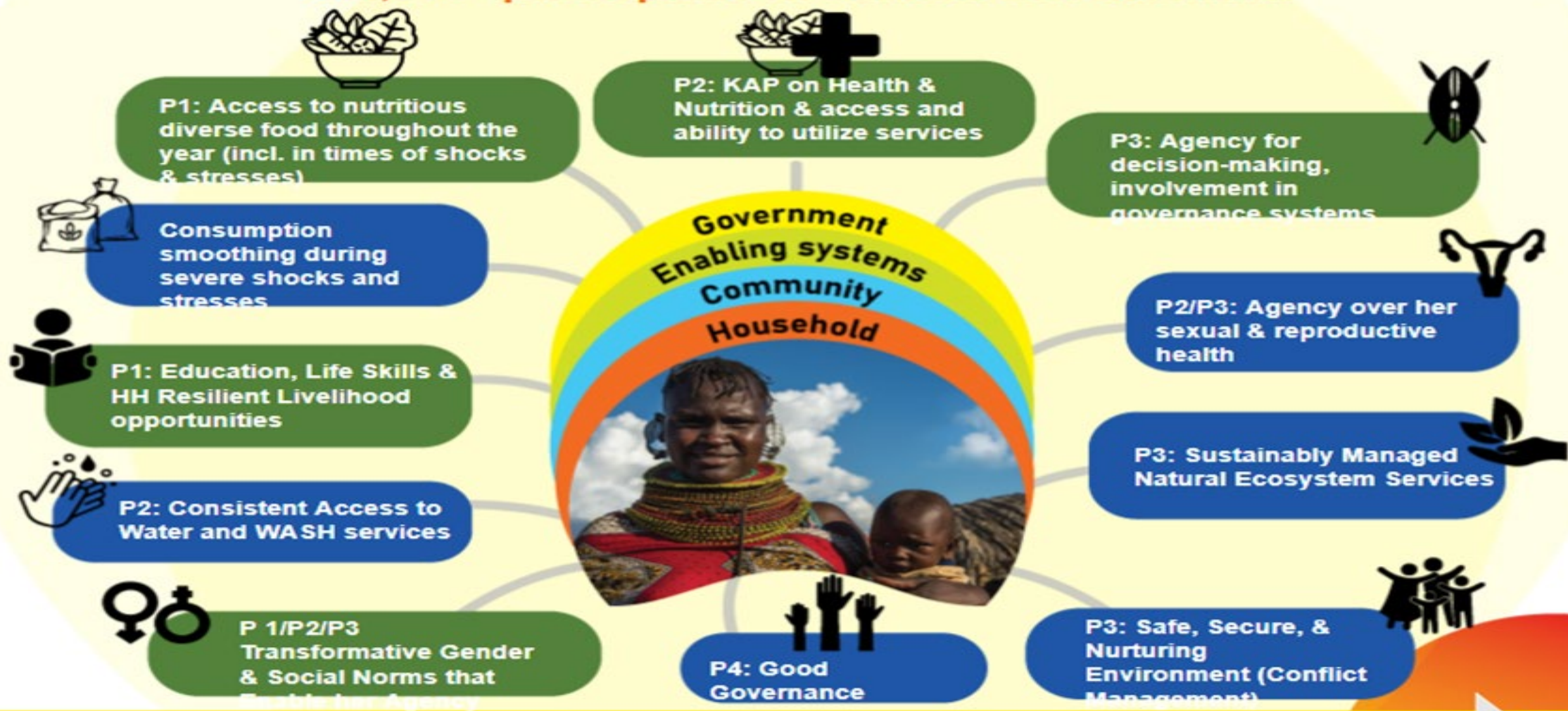
Purpose 3: Stable & resilient nutrition enabling environment

04

Purpose 4: Formal institutions monitor, learn and adapt to more effectively manage and scale interventions to prevent and respond to acute malnutrition



Pathway to Sustainable Reductions in Acute Malnutrition for “471,361” participants in Turkana and Samburu



P3/P4: Government, private and civil society actors prioritize and integrate adolescent health and nutrition in planning and budgeting and provide a responsive and inclusive enabling environment, and contextually relevant nutrition services

Pathogen transmission to children under two in Turkana South and Samburu North, Kenya

Presented by:

Abby Harvey, UC Berkeley

John Mboya, UC Berkeley & IPA

Principal Investigators: Amy Pickering,
Angela Harris, Sammy Njenga



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SCALE

Strengthening Capacity in Agriculture
Livelihoods and Environment



PRO-WASH

Practices, Research and Operations
in Water, Sanitation and Hygiene

Background & Motivation

Background

Addressing malnutrition in young children is vital

Malnutrition in children under 5



- Malnutrition occurs primarily between birth and 5 years of age
- The first two years of life are vital to long-term child nutrition, cognitive development, and later health and educational outcomes
- Forms of child malnutrition such as stunting and wasting that develop in the first two years of life have been shown to persist into adolescence and adulthood
- Moderate and severe wasting increase child mortality

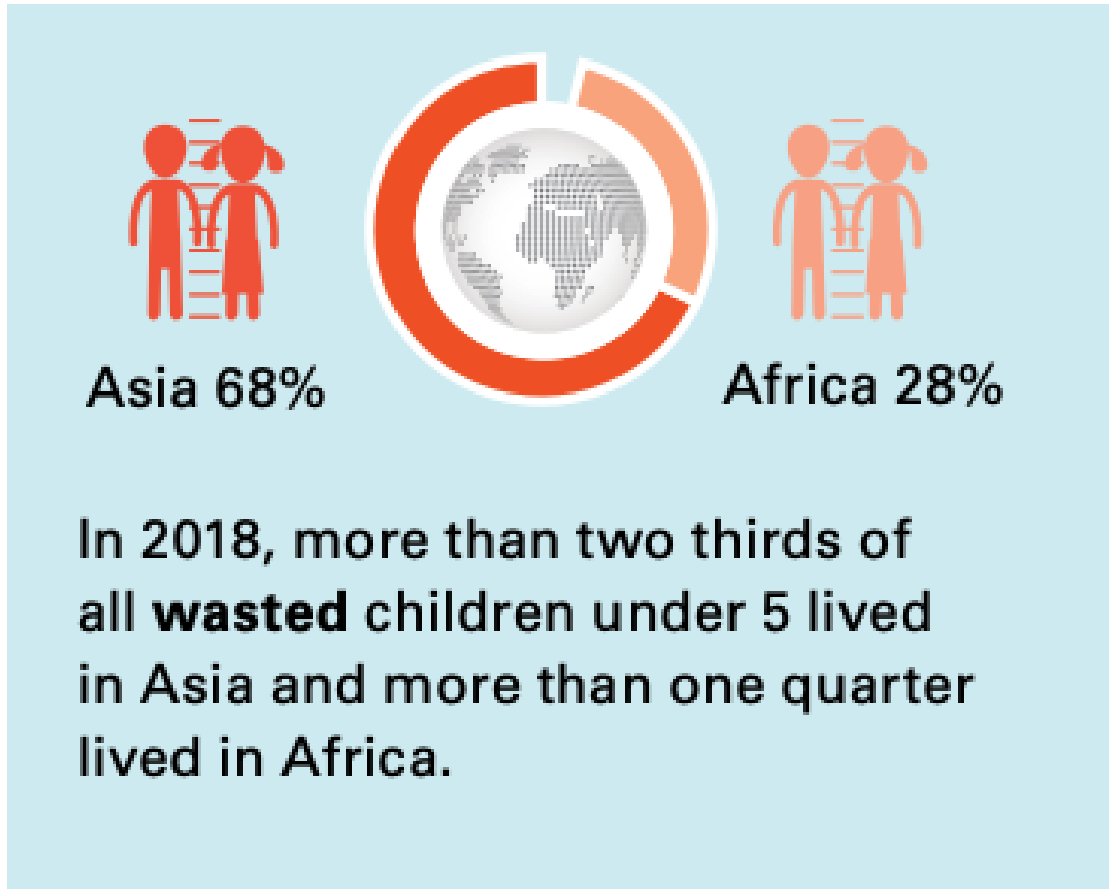
Worku, B. *et al.* The relationship of undernutrition/psychosocial factors and developmental outcomes of children in extreme poverty in Ethiopia. *BMC Pediatrics* **18**, (2018).

Mwene-Batu, P. *et al.* Long-term effects of severe acute malnutrition during childhood on adult cognitive, academic and behavioural development in African fragile countries: The Lwiro cohort study in Democratic Republic of the Congo. *PLOS ONE* **15**, e0244486 (2020).

UNICEF, World Health Organization, The World Bank. Levels and trends in child malnutrition: key findings of the 2021 edition of the joint child malnutrition estimates. 2021.

Background

1 in 5 deaths among children under 5 are attributed to severe wasting



Wasting is particularly a problem in areas with conflict and climate shocks (e.g. drought)

Jonah, Sambu, & May. A comparative analysis of socioeconomic inequities in stunting: a case of three middle-income African countries. Archives of Public Health. 2018.

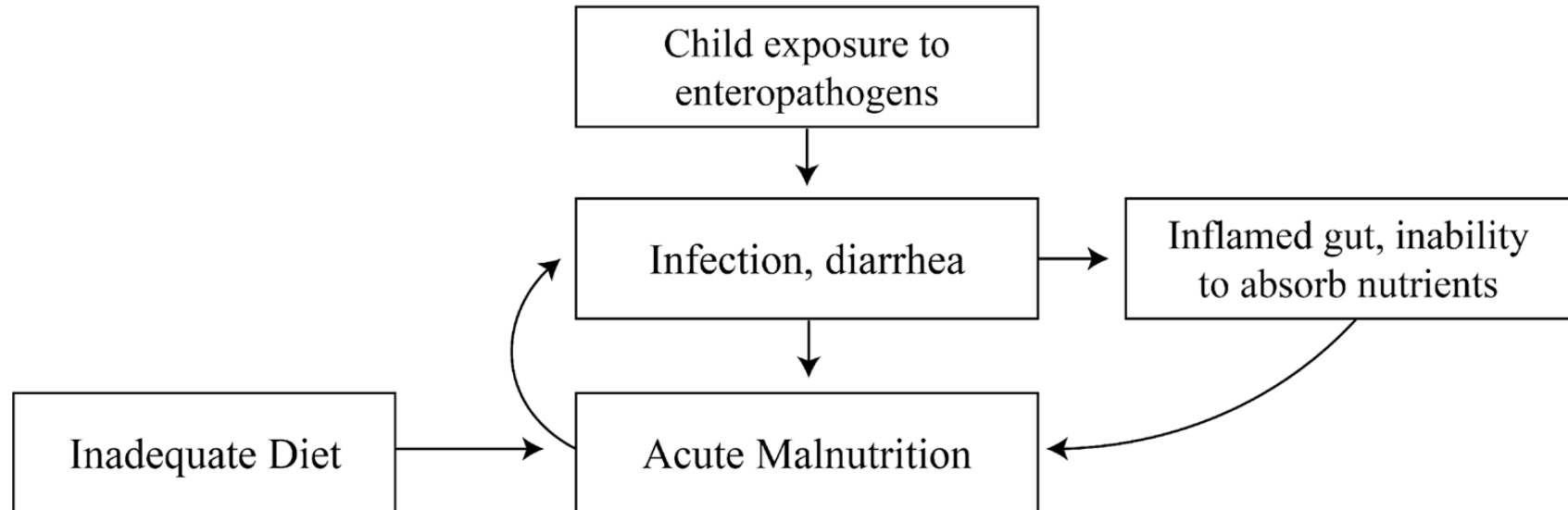
Data and Analytics Section of the Division of Data, Research and Policy, UNICEF New York together with the Department of Nutrition for Health and Development, WHO Geneva and the Development Data Group of the World Bank, Washington DC. March 2019

UNICEF, World Health Organization, The World Bank. Levels and trends in child malnutrition: key findings of the 2021 edition of the joint child malnutrition estimates. 2021.

Background

Enteric pathogen exposure contributes to malnutrition

Malnutrition can be driven both by lack of adequate diet and by pathogen exposure

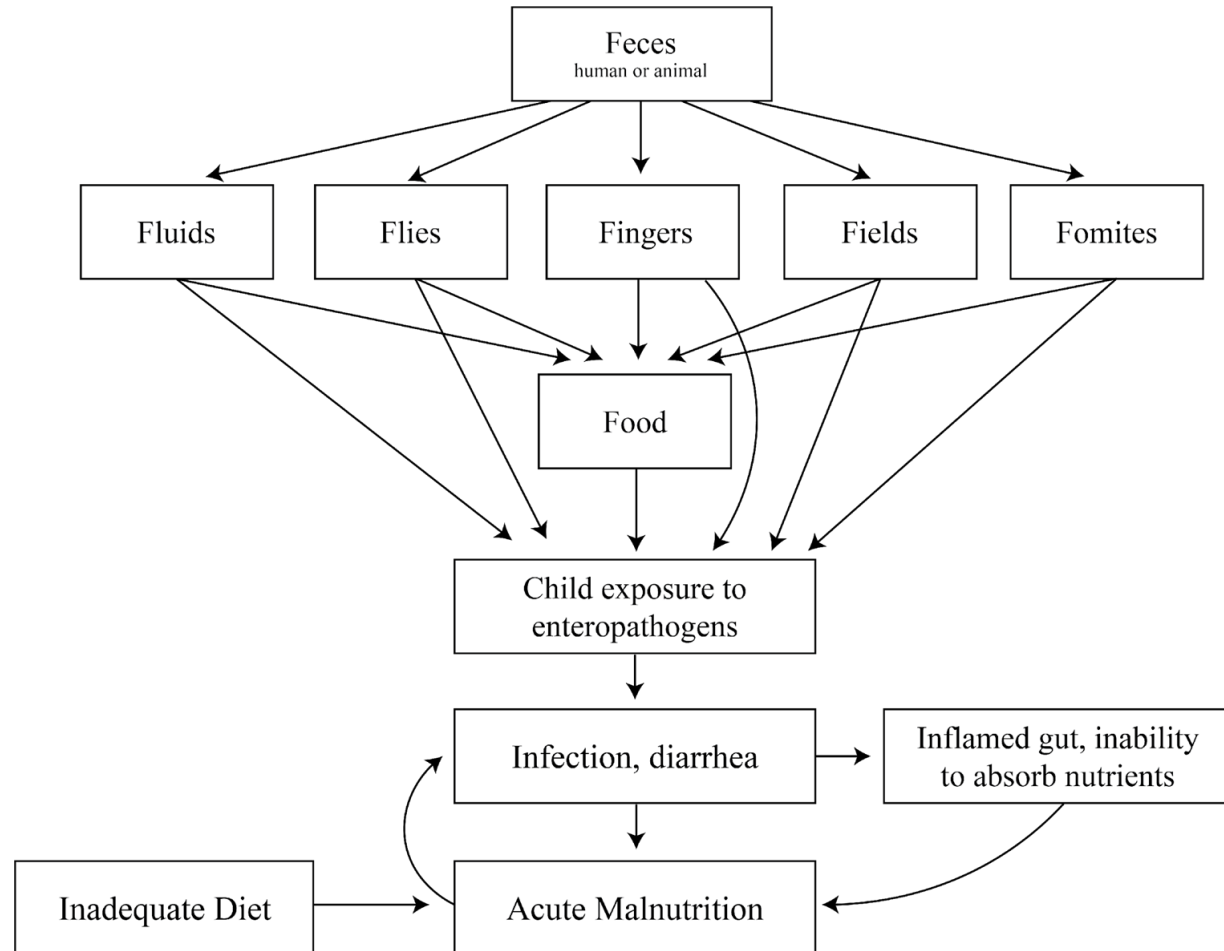


Budge, S., Parker, A. H., Hutchings, P. T. & Garbutt, C. Environmental enteric dysfunction and child stunting. *Nutrition Reviews* **77**, 240–253 (2019).

Guerrant, R. L., Oriá, R. B., Moore, S. R., Oriá, M. O. & Lima, A. A. Malnutrition as an enteric infectious disease with long-term effects on child development. *Nutrition Reviews* **66**, 487–505 (2008).

Background

Children exposed to enteric pathogens through the environment



Research Question

How are children under 2 in Turkana and Samburu Counties, Kenya, exposed to enteric pathogens?

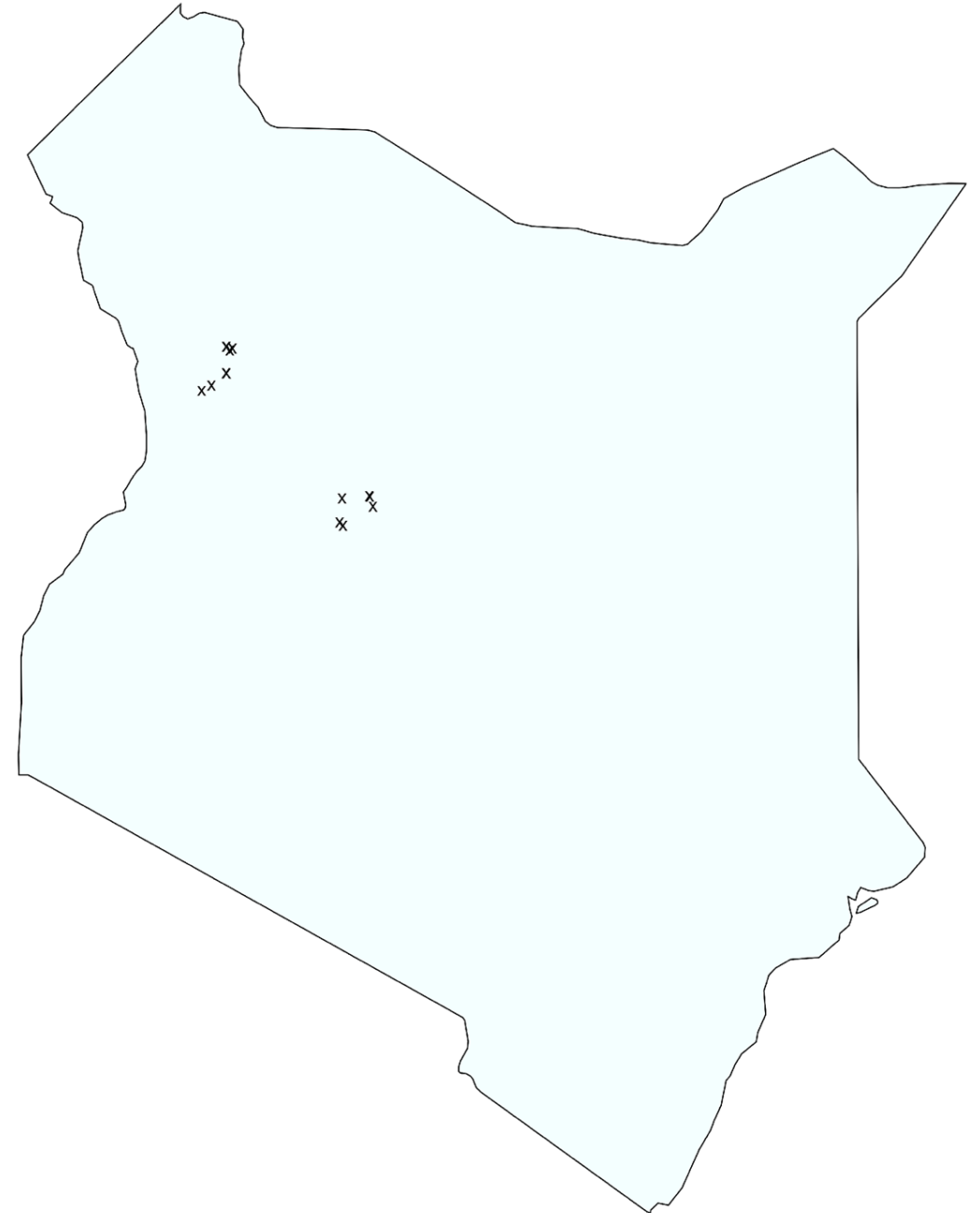
Research Objectives

1. Determine pathogen profiles of child fecal, soil, and food samples (**not presented today**)
2. Longitudinally sample young children (0-6 months) to identify first exposure to enteric pathogens (**not presented today**)
3. Quantify *E. coli* contamination levels in household environmental reservoirs
4. Identify dominant exposure pathways, and understand differences by child age
5. Recommend interventions for piloting in collaboration with the study community

Background

Study Site

- **Turkana South** and **Samburu North** sub counties, Kenya
- Rural, low-income setting
- Pastoralist and agro-pastoral communities with high livestock ownership
- <5% have access to improved sanitation
- High rates of gastrointestinal illness in children
- GAM prevalence:
 - 16% Samburu
 - 26% Turkana



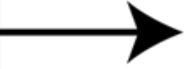
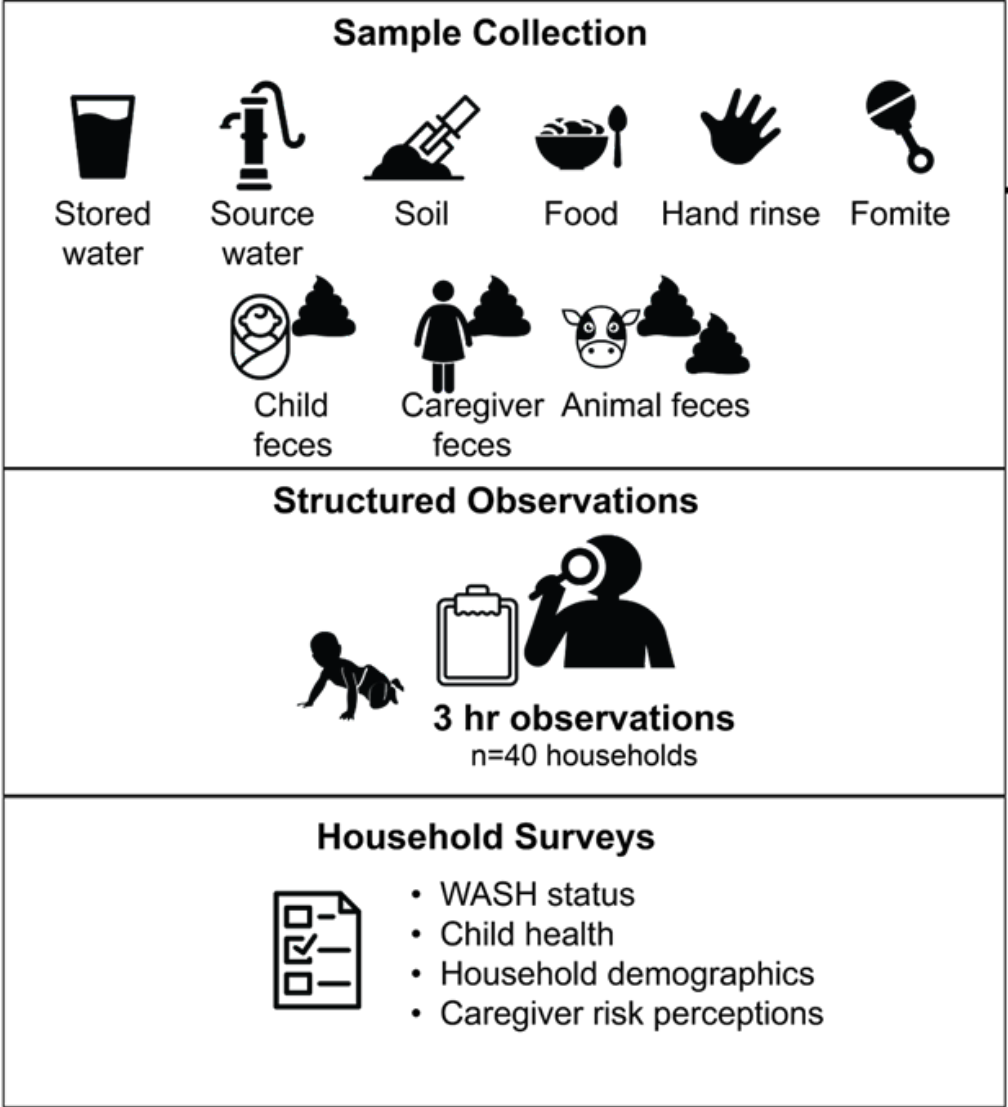
Methods

Study Design

Household Enrollment

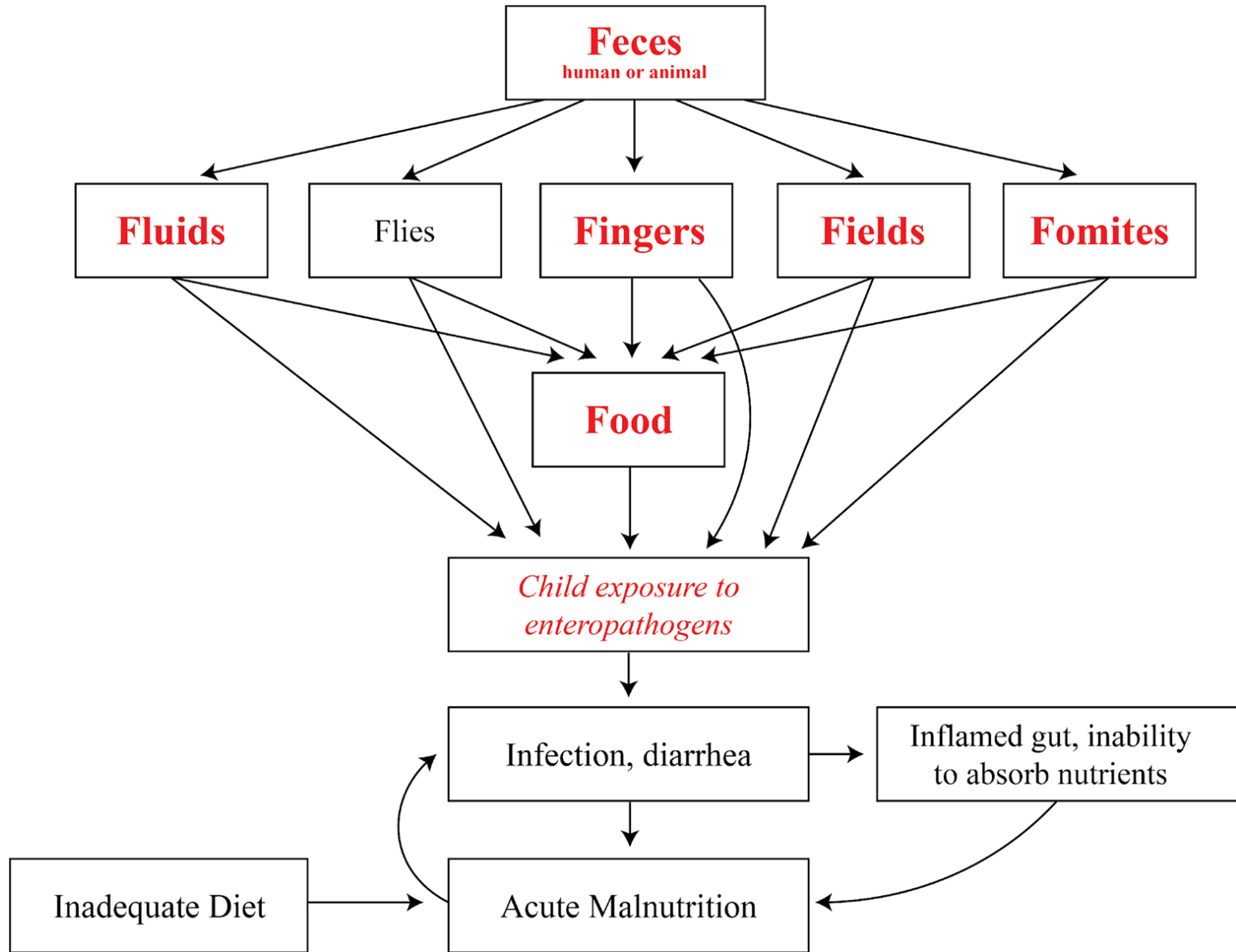


Samburu North n=50
Turkana South n=50

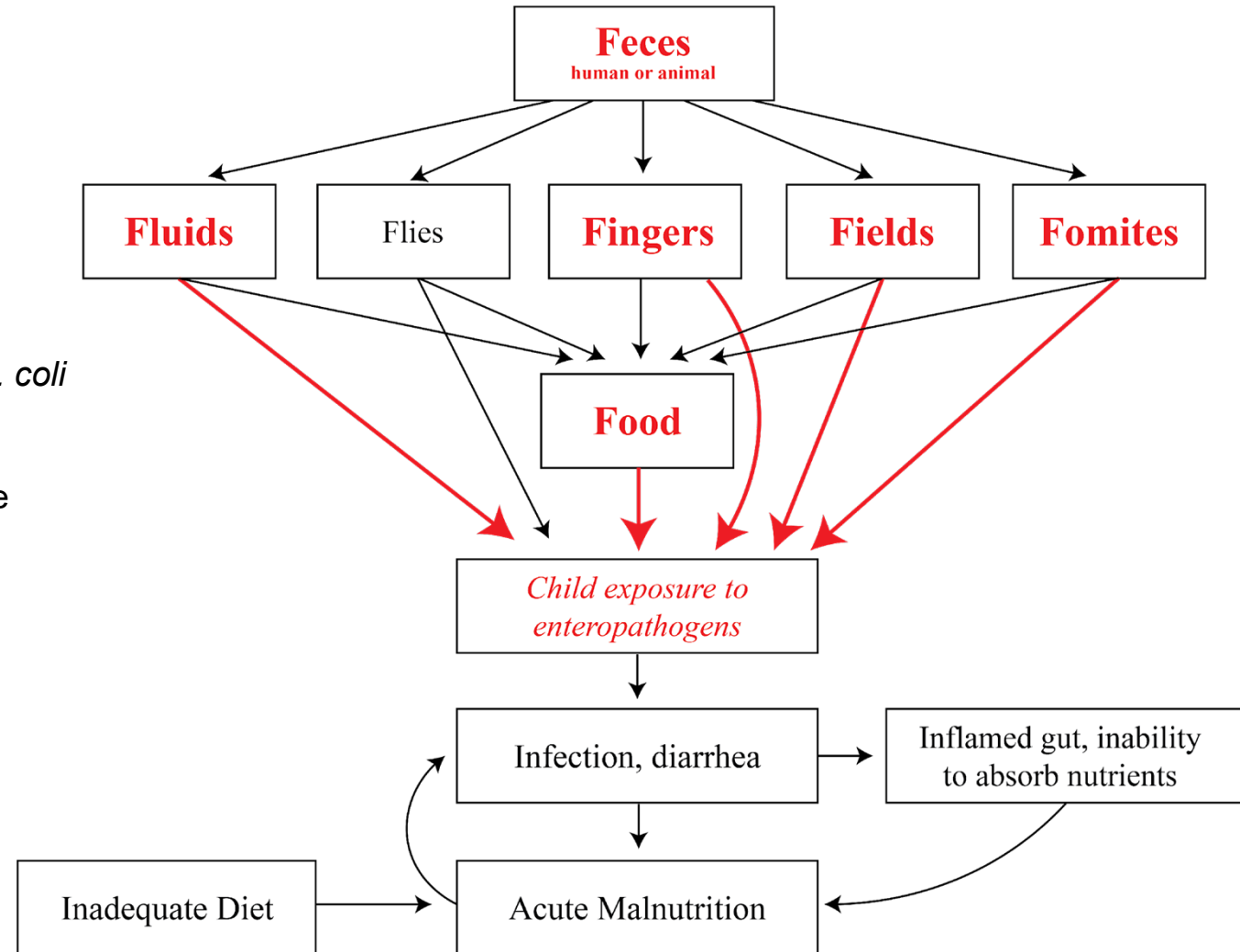


Quantify *E. coli*
IDEXX Colilert media
MPN method

Quantify levels of 30+ enteric pathogen targets
qPCR TaqMan Array Card (TAC)
Ongoing work



Quantitative Microbial Risk Assessment - QMRA



Modeling child exposure to *E. coli*

- *E. coli* concentrations
- Child behavior
- Parameters from literature

Results

Results are preliminary and may change
after further analysis

Household characteristics



0

Households treat drinking water



41%

Have latrine



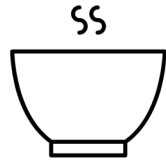
4%

Have handwashing station



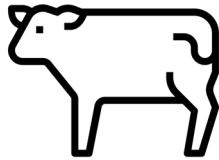
64%

Below Kenya poverty line



66%

Below Kenya food poverty line



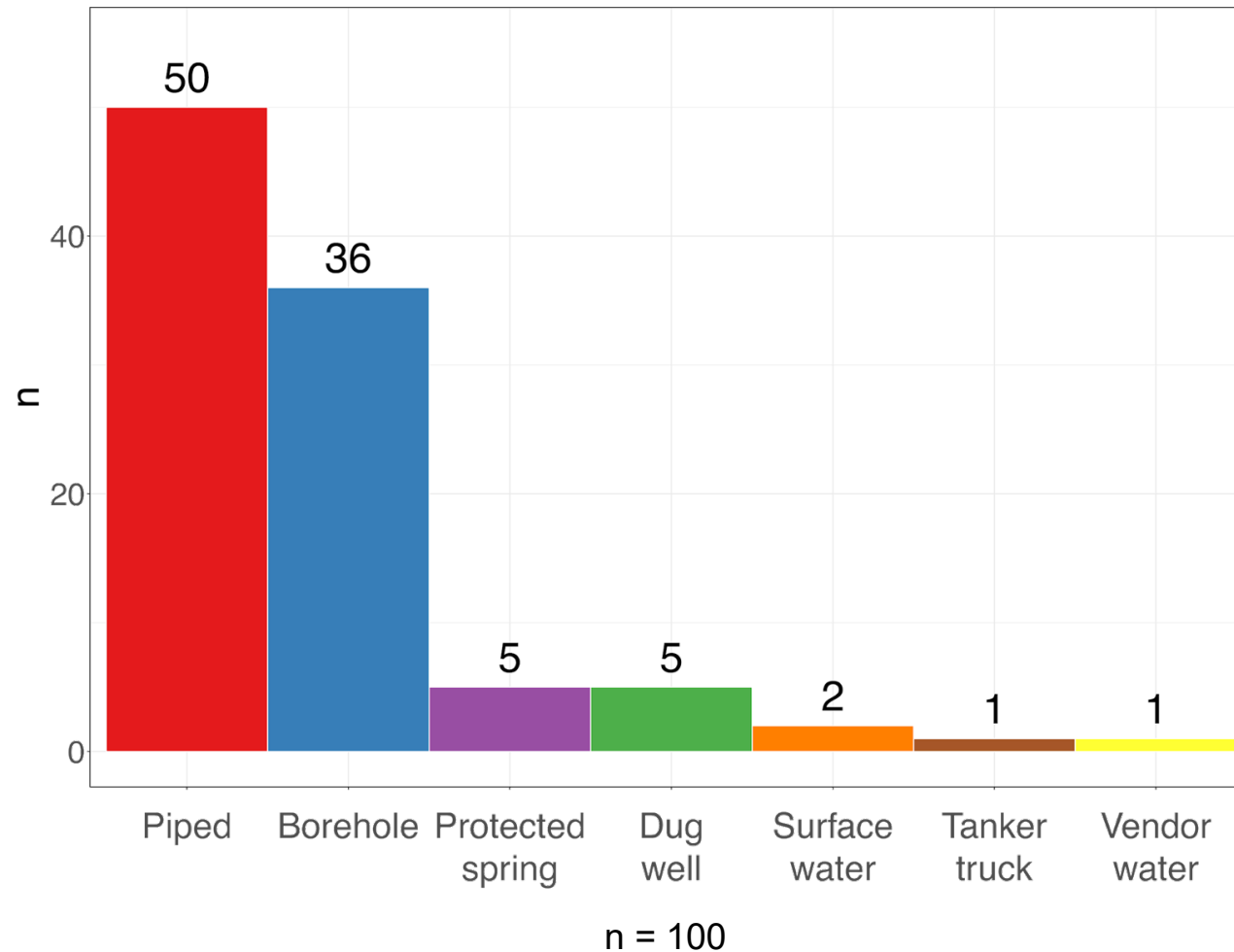
86%

Own livestock



Limited water access in study regions

Drinking water source type

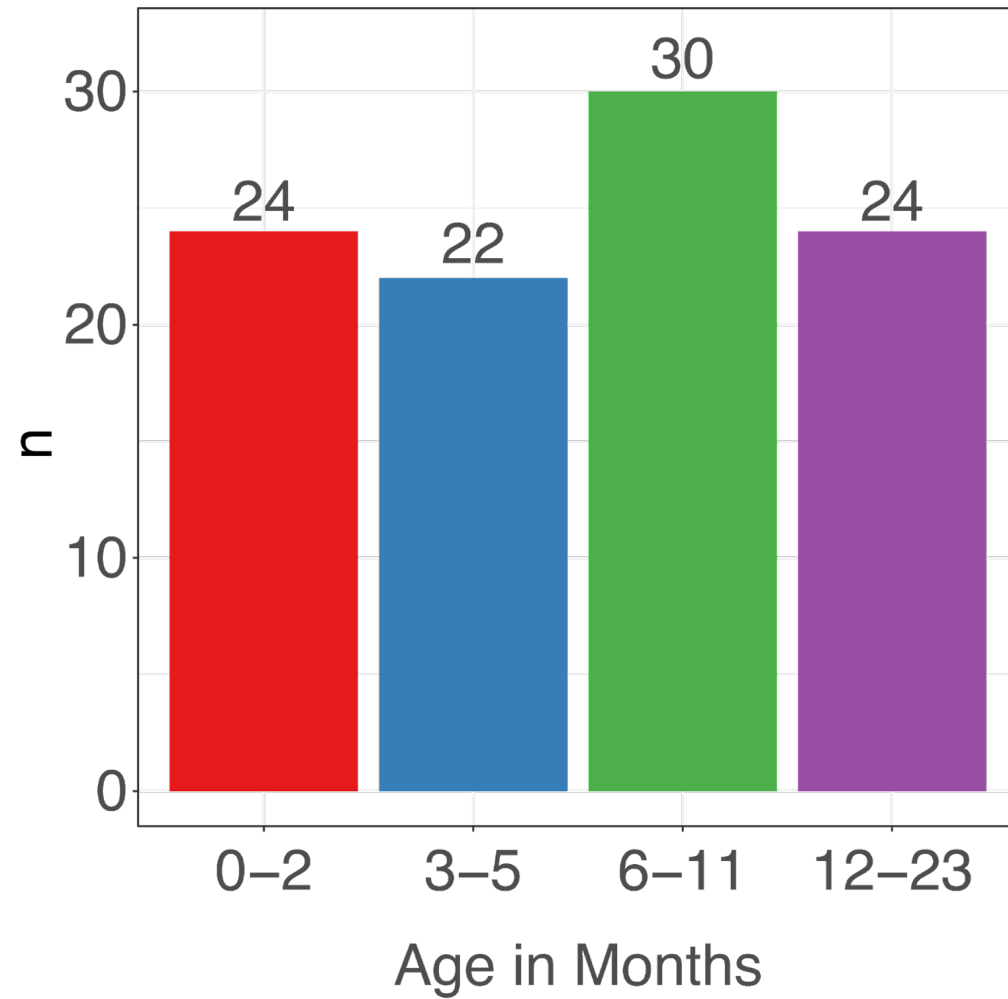


66%

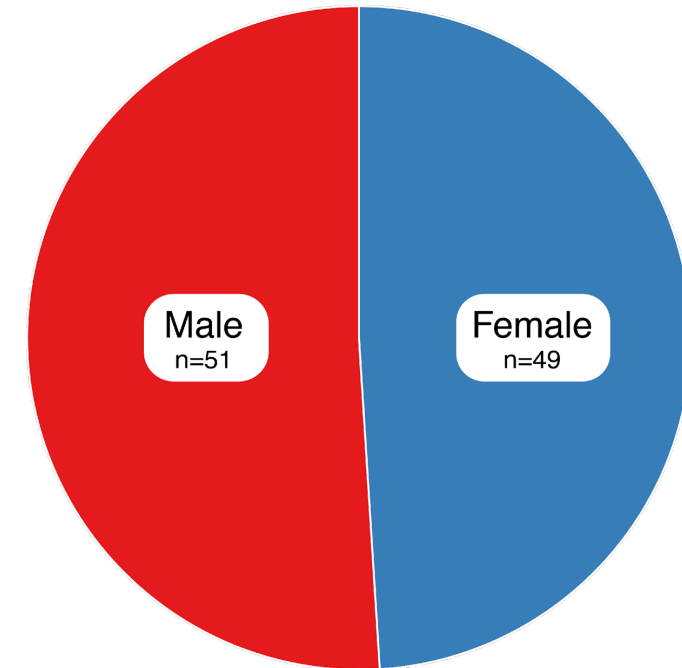
Source not available when needed in last 2 weeks

50% source was out of water
8% lack of fuel/electricity

Child Enrollment



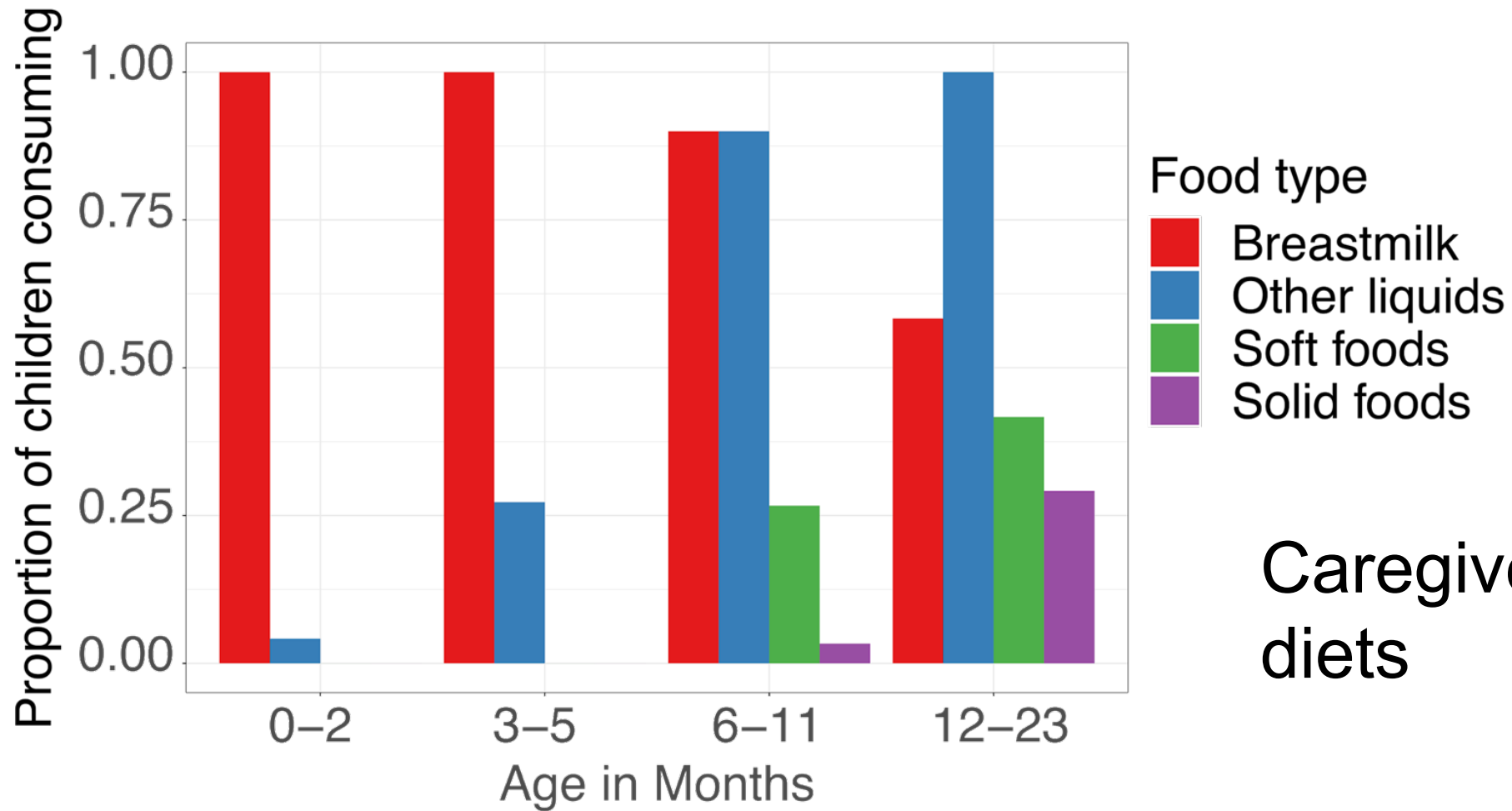
Child Gender



Samburu: 50

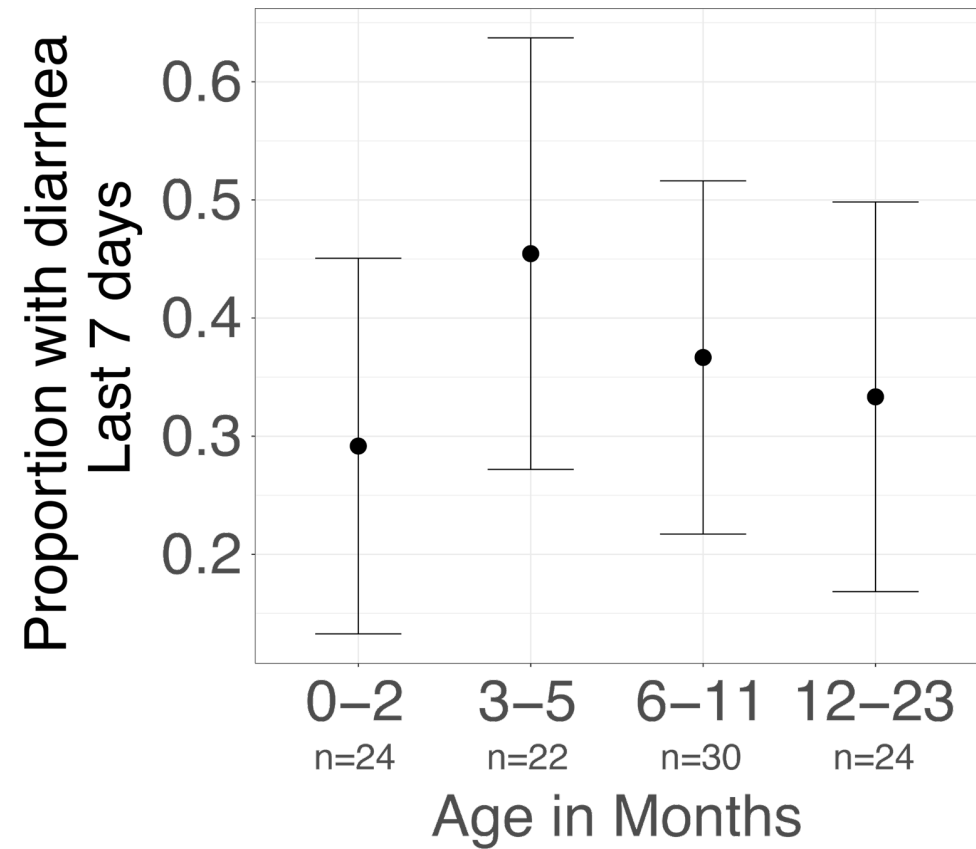
Turkana: 50

Child food consumption & health

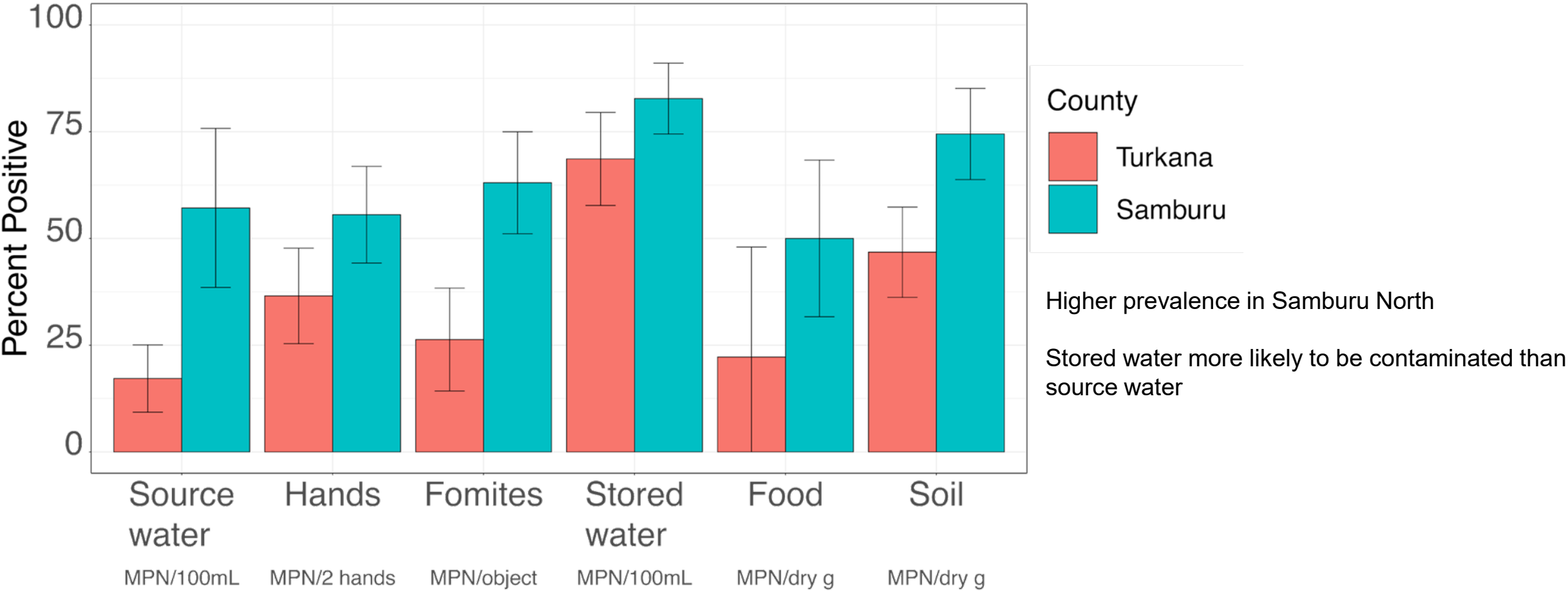


Caregiver-reported
diets

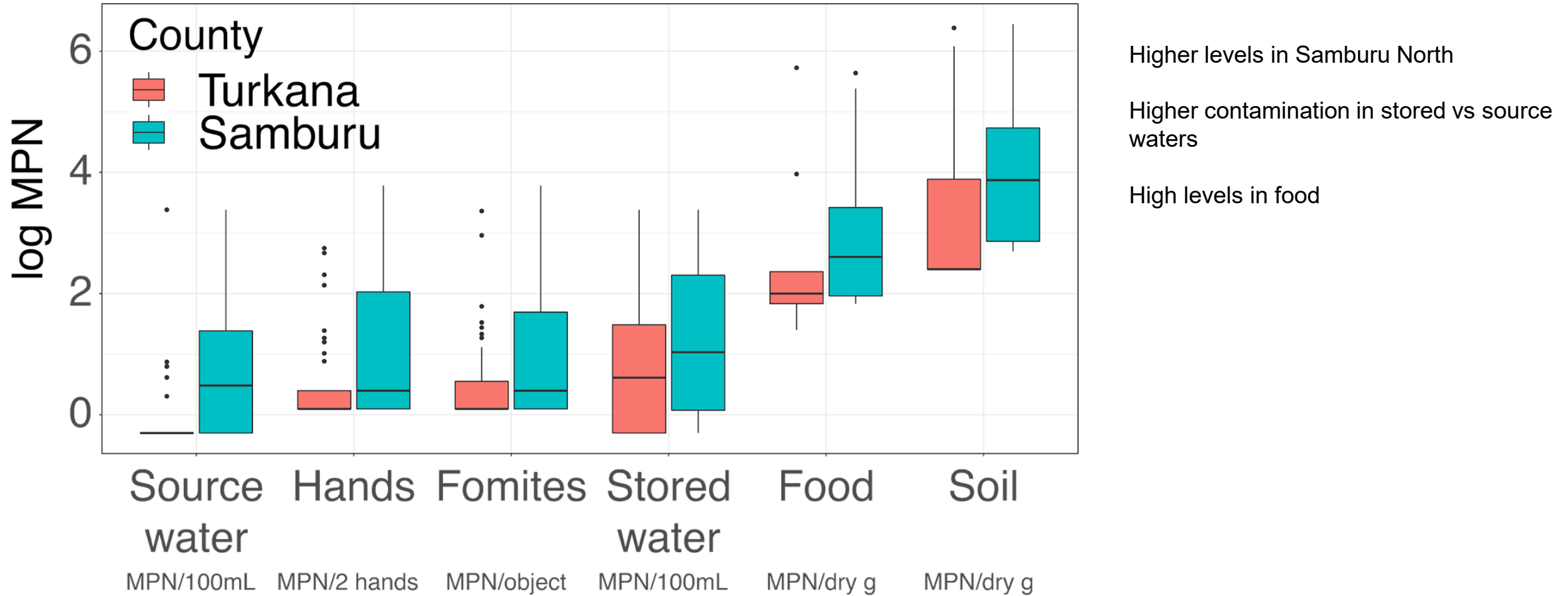
Child food consumption & health



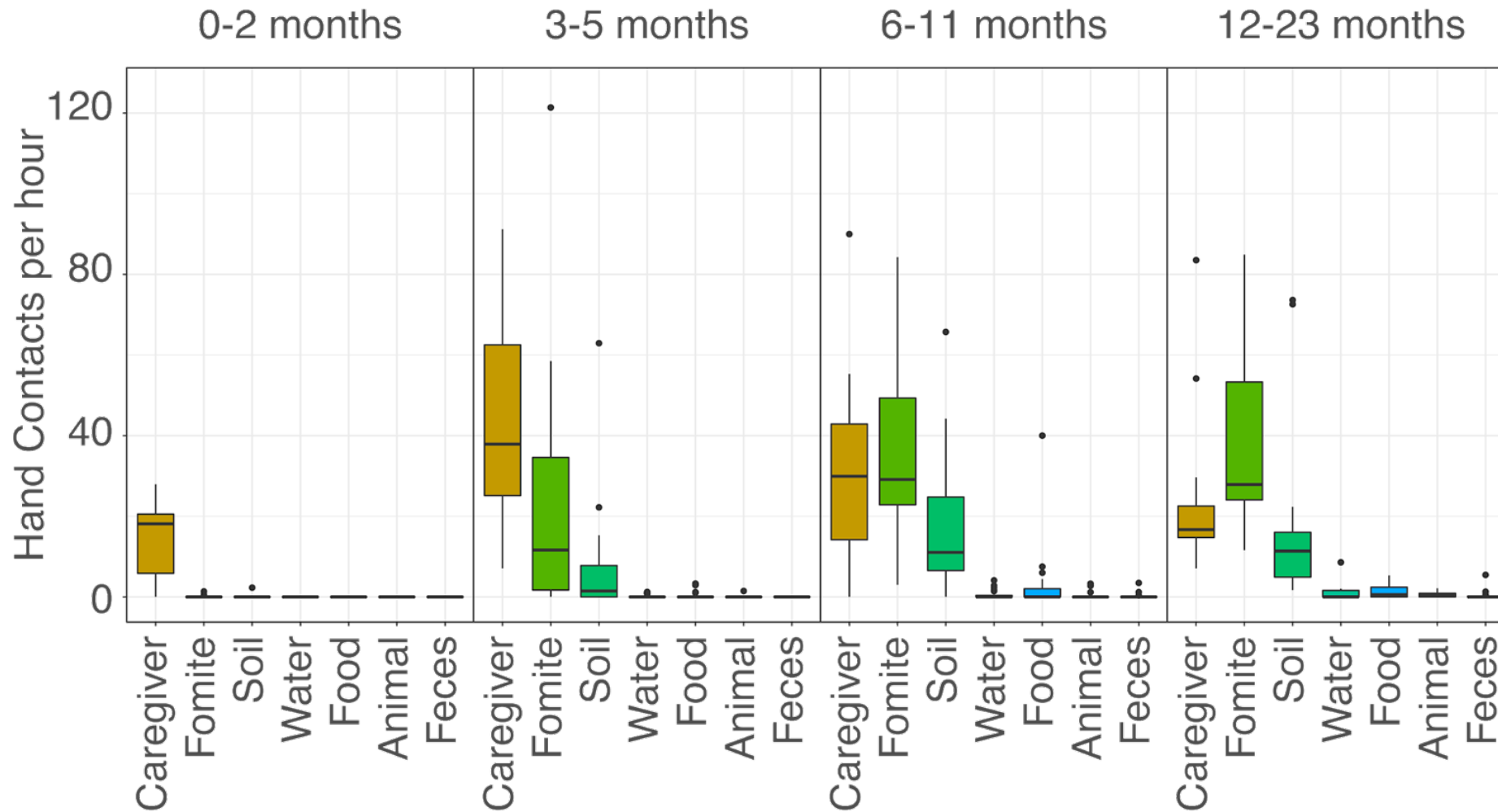
E. coli (proportion contaminated) in household environmental reservoirs



E. coli levels in household environmental reservoirs



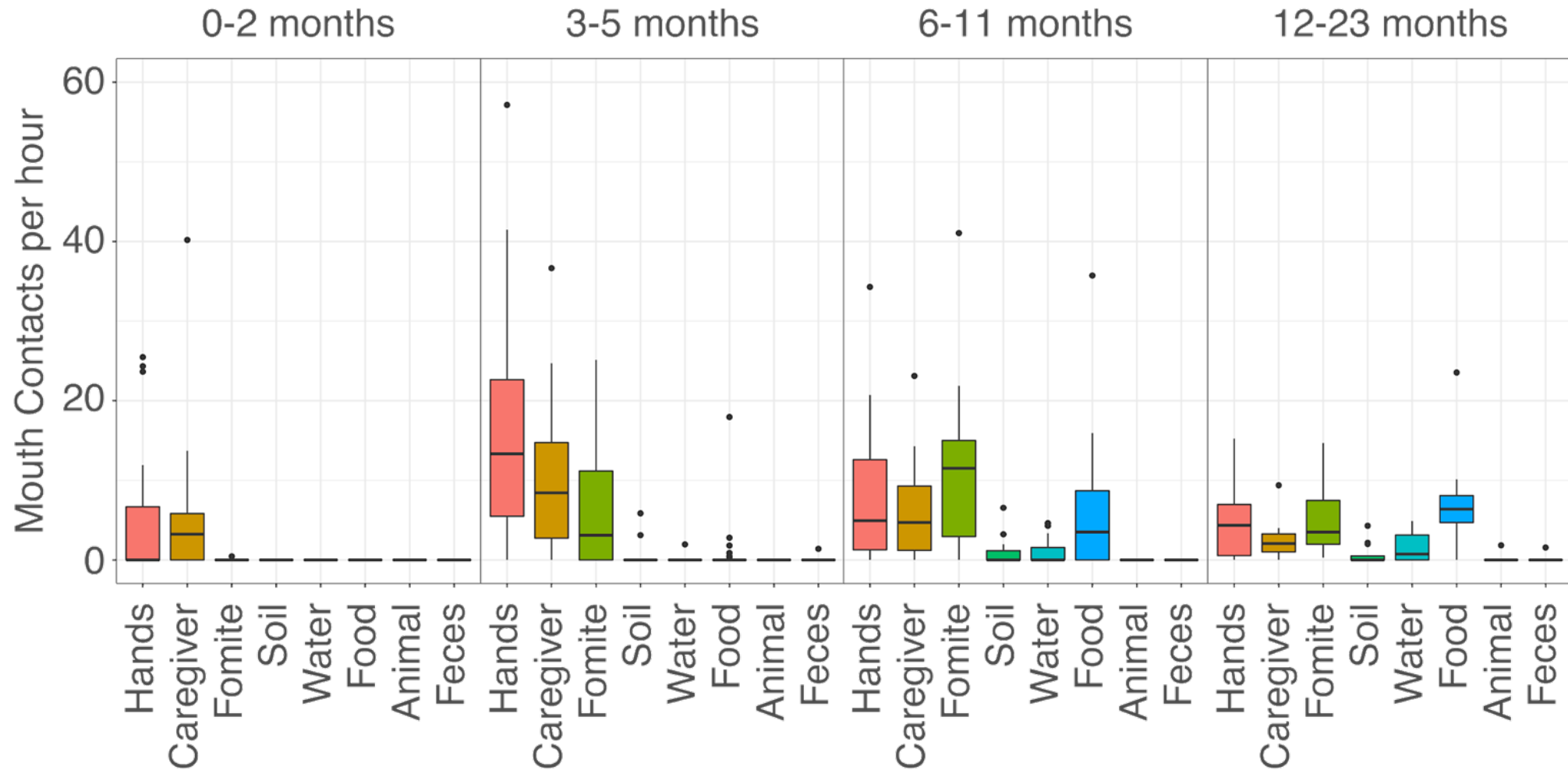
Child behavior – hand contacts with various objects



Frequency of hand contacts increases with age

Transition from mostly contacting caregiver to contacting fomites & soil as children age

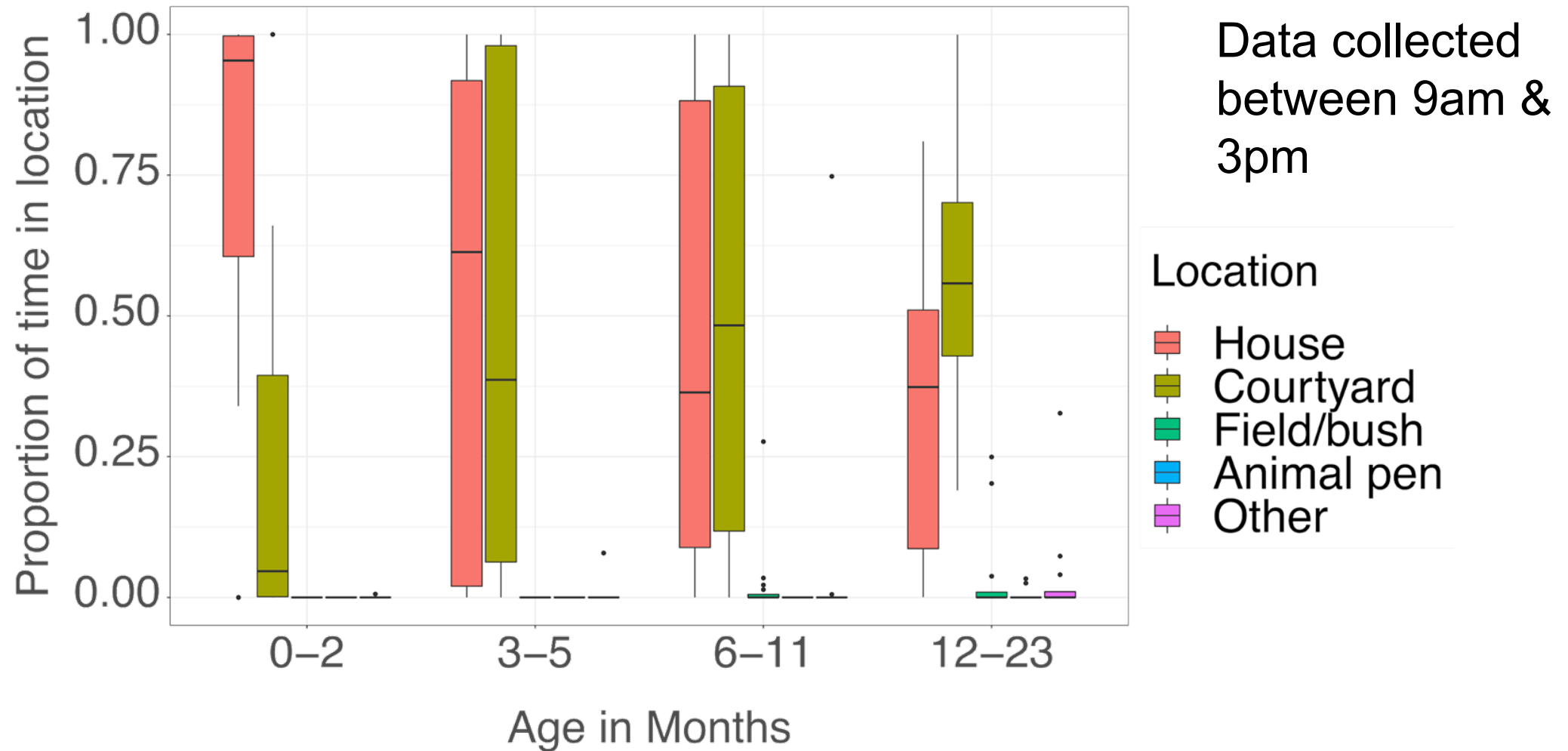
Child behavior – mouthing objects



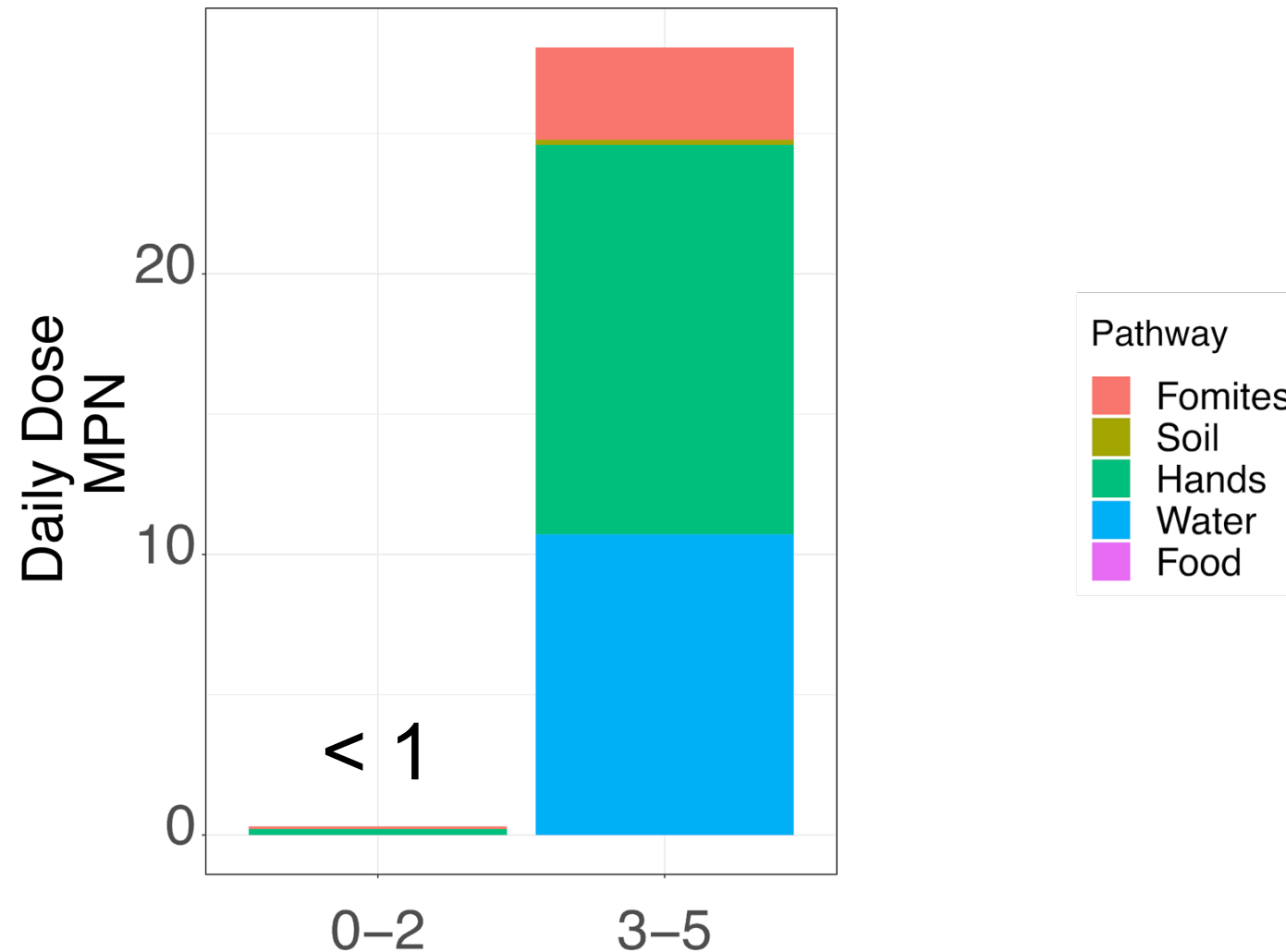
Mouthing behaviors peak around 3-6 and 6-12 months

Frequent mouthing of child's hands

Where do children spend their time?



QMRA: Food, hands, and water are dominant exposure pathways



Children over 6 months are exposed to highest *E. coli* levels

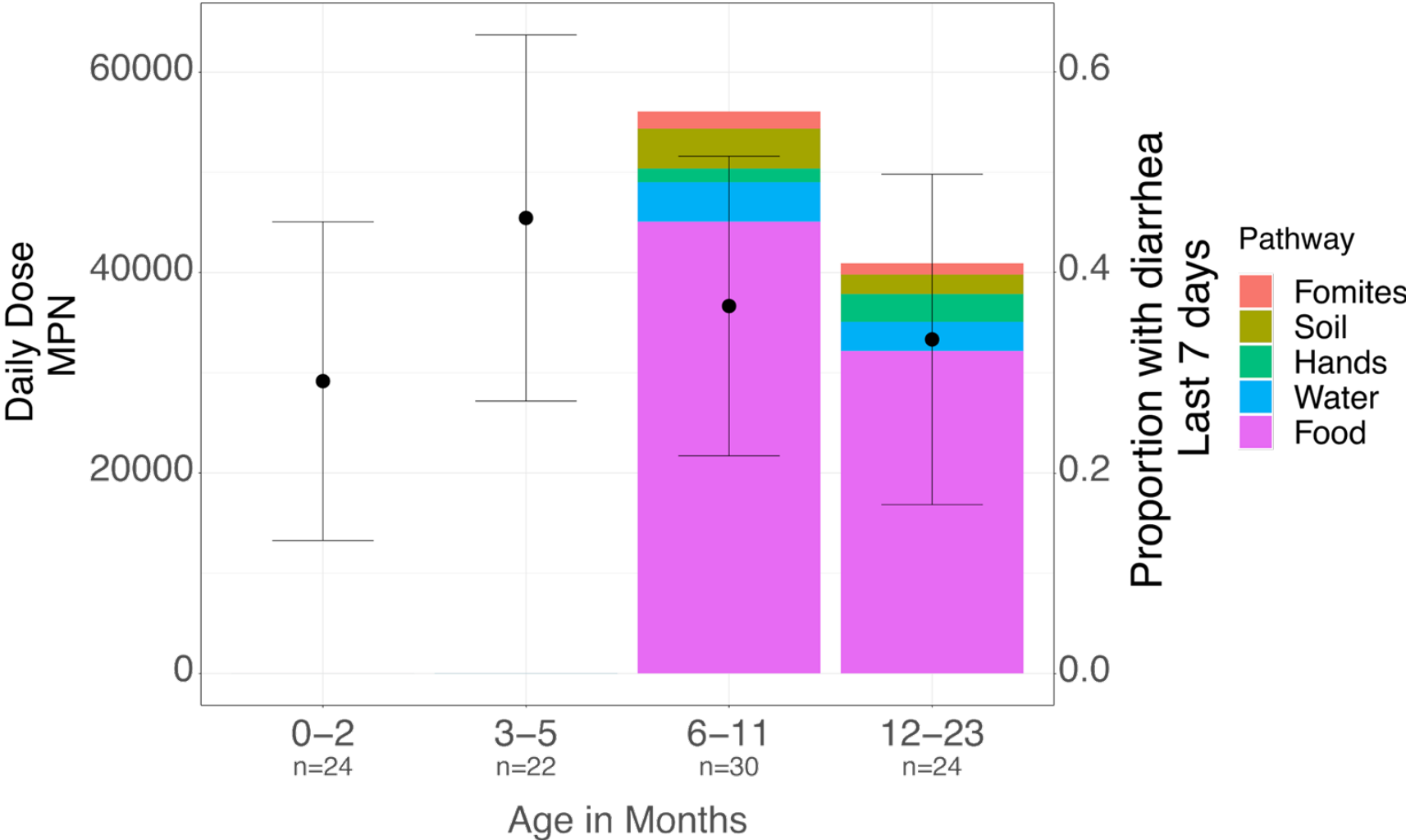
Food dominant pathway for children who consume food

Diarrheal prevalence high even in age groups with low *E. coli* doses

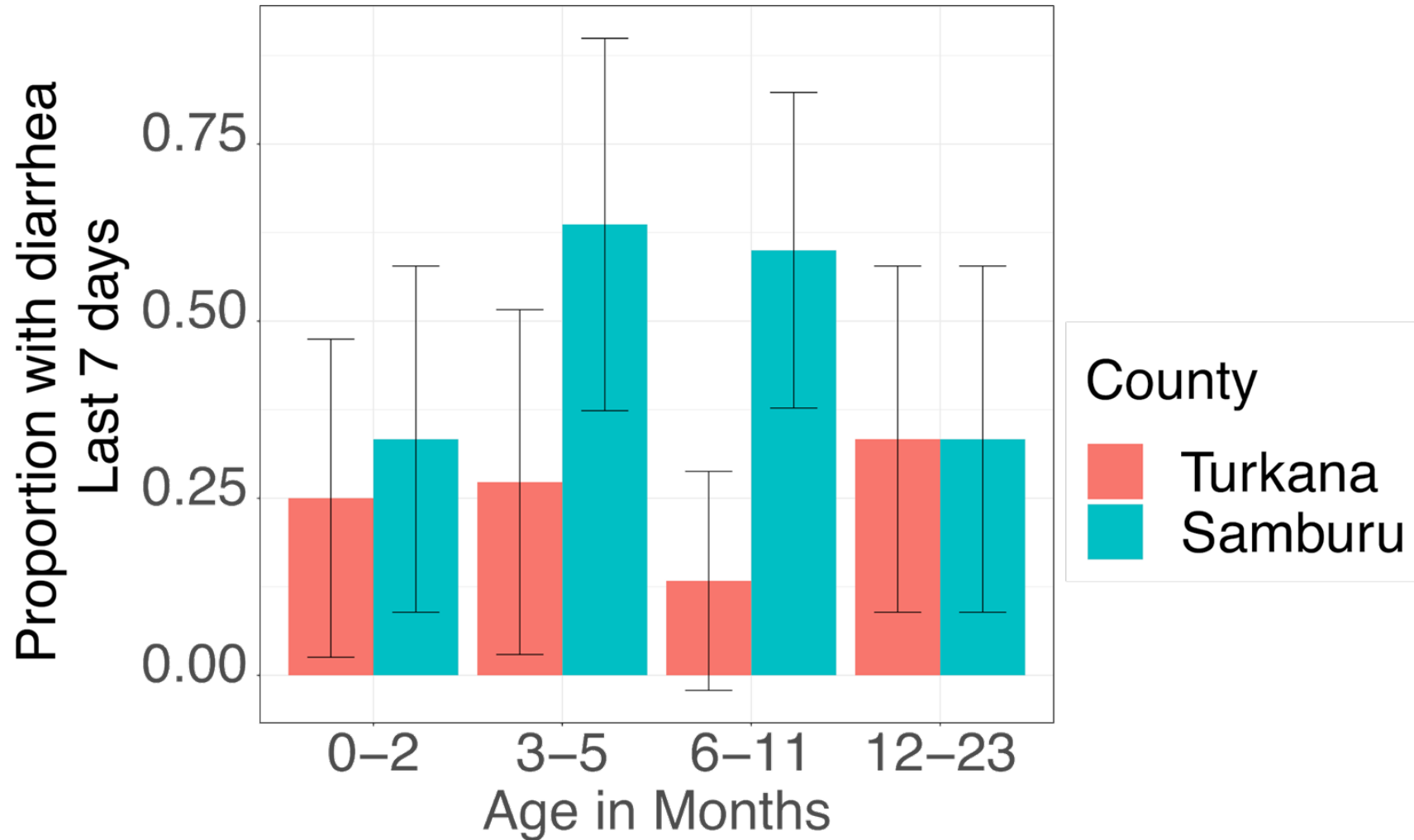
Infectious Dose is plausible for many pathogens

EHEC: <100 cells
 O157:H7 <100 cells
 Shigella: <100 organisms
 Campylobacter: 500 organisms

Giardia: 25-100 cysts
 Cryptosporidium: ~100 oocysts
 Norovirus: 18 cells

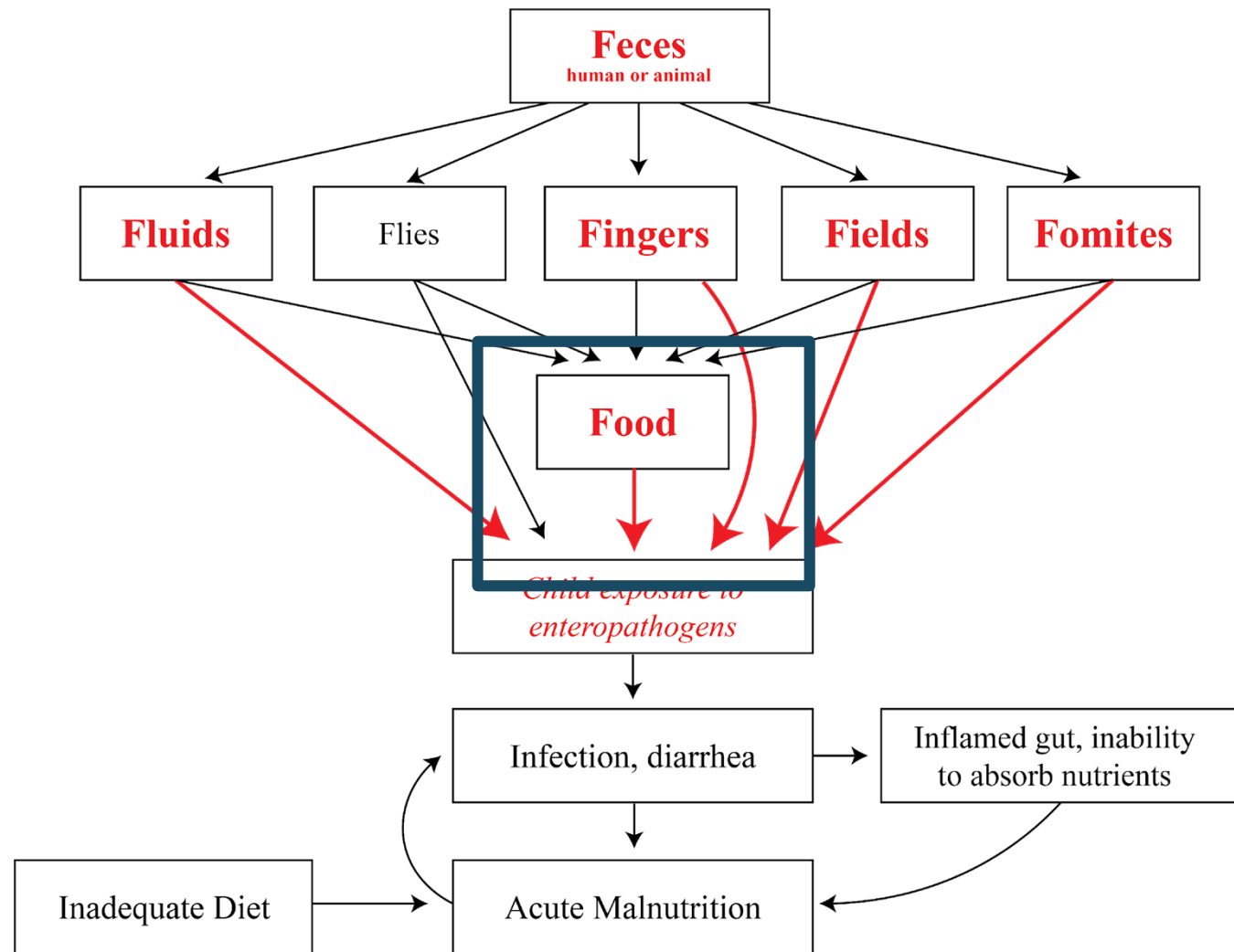


Differences between counties



Food most important pathway in both sites

Hands and water relatively more important in Turkana



Food hygiene & storage practices

28 food samples collected

9 Turkana South
19 Samburu North

In food preparation area

| Flies | Trash | Animal feces |
|-------|-------|--------------|
| 54% | 43% | 21% |

46%

Food stored uncovered

43%

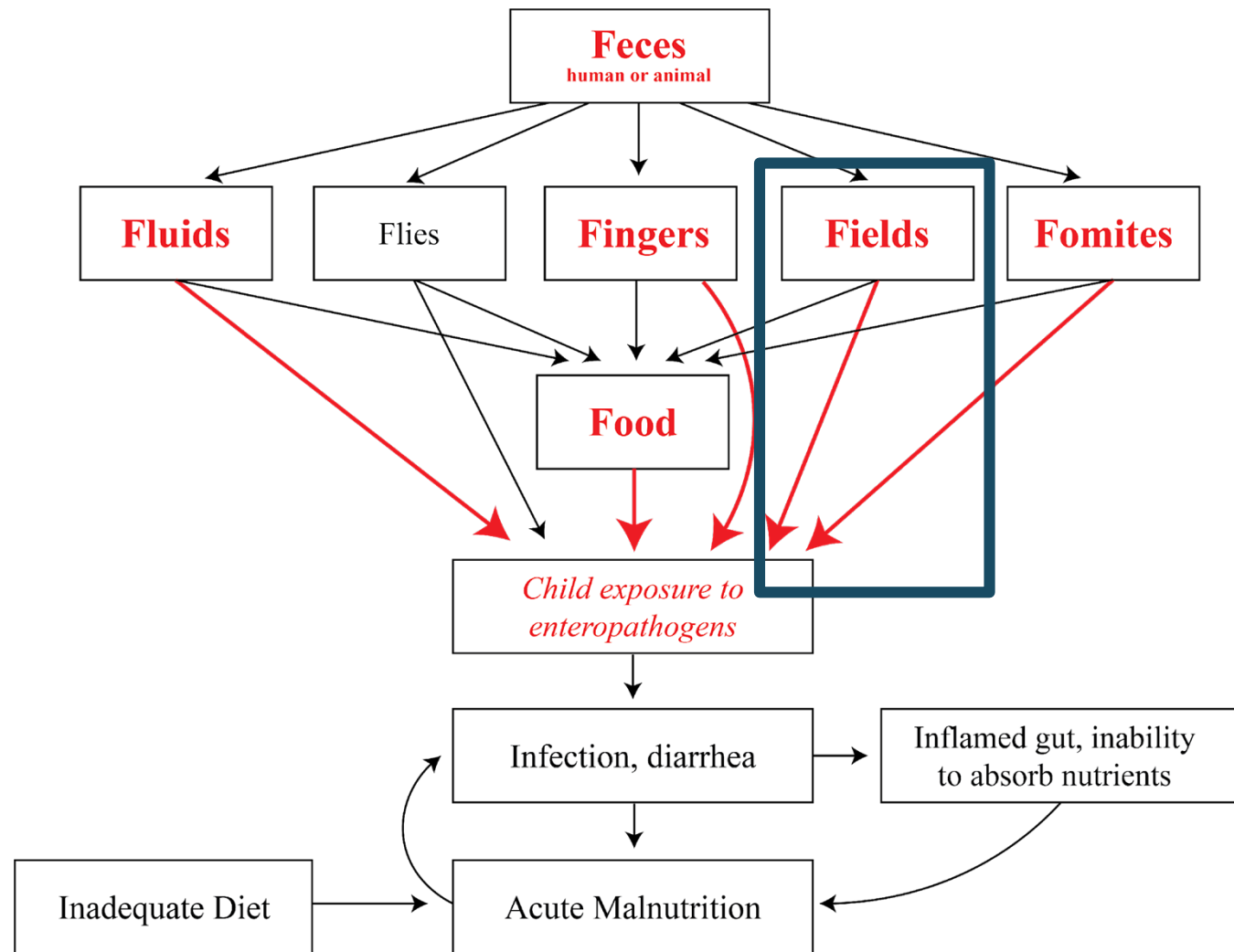
Food stored on ground

64%

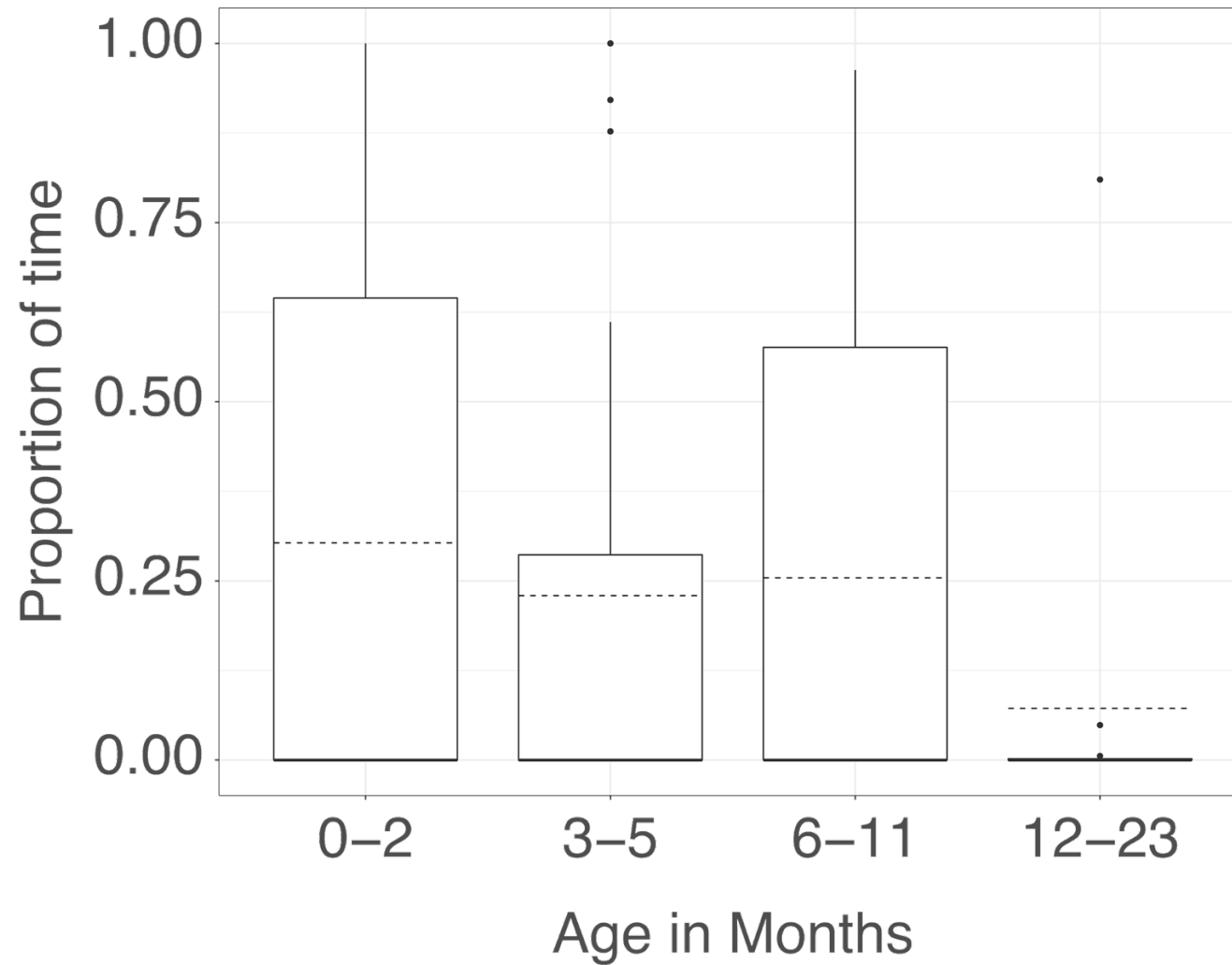
Food not reheated before serving

57%

Food cooled without lid



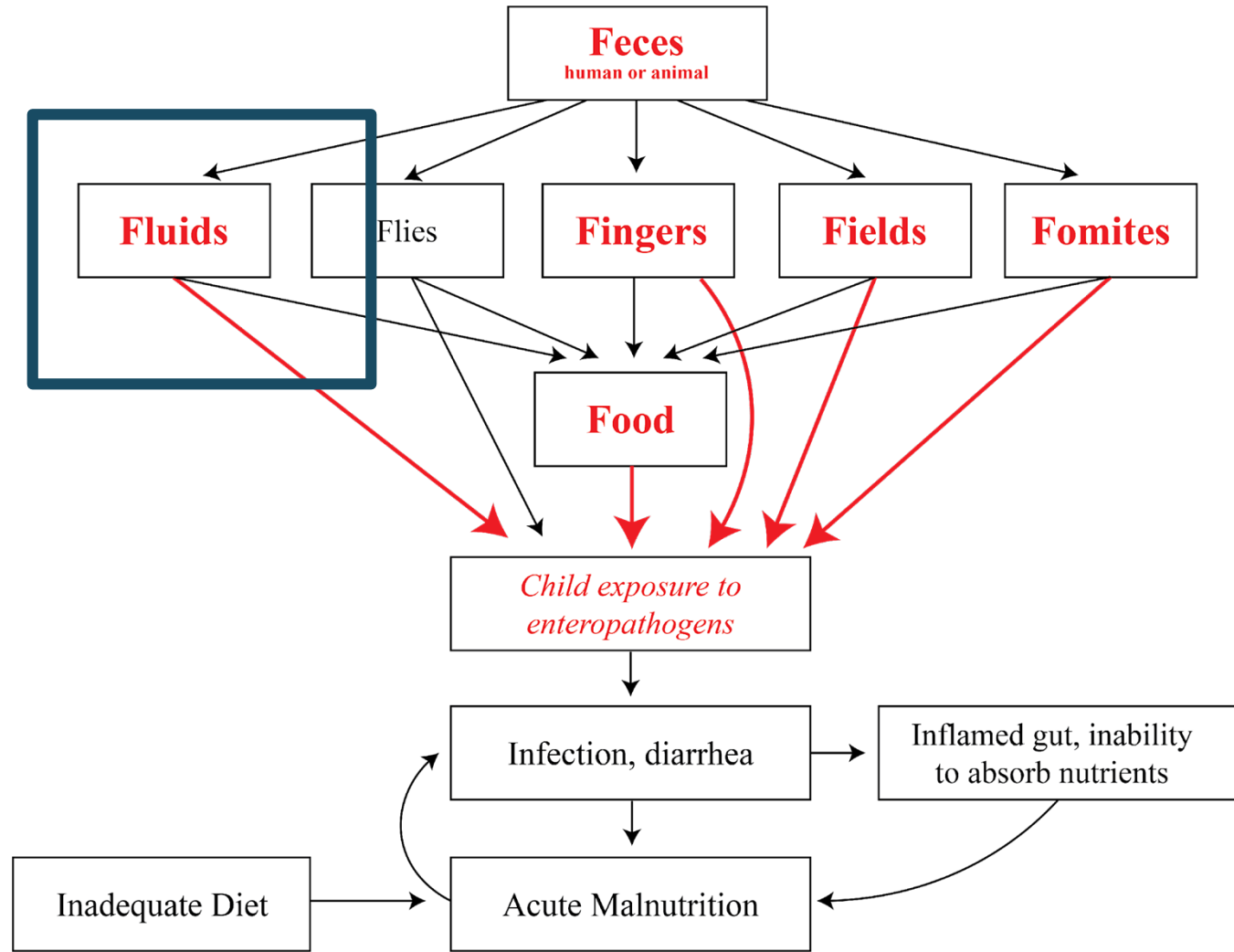
Time spent on improved flooring

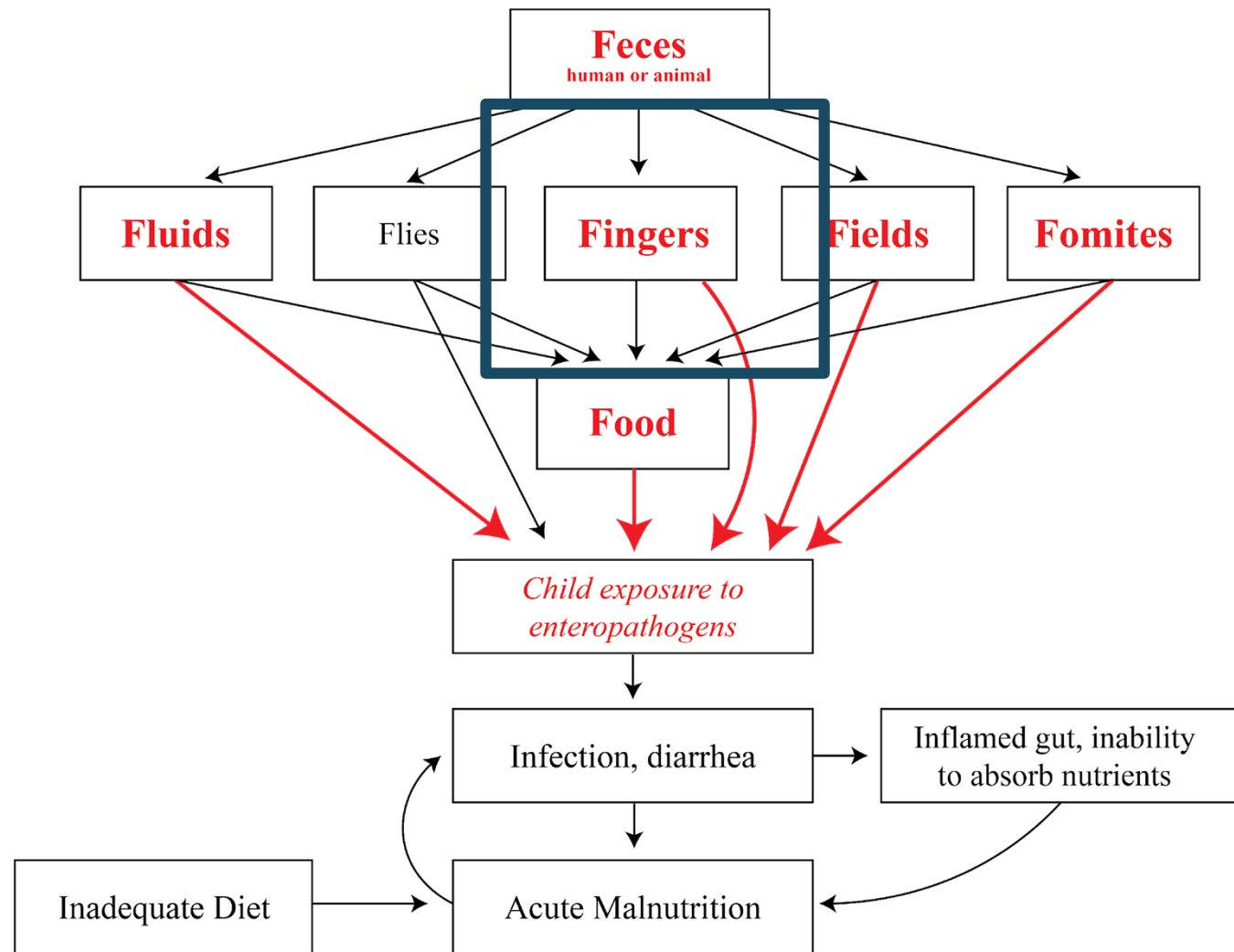


Stored water more contaminated than source water

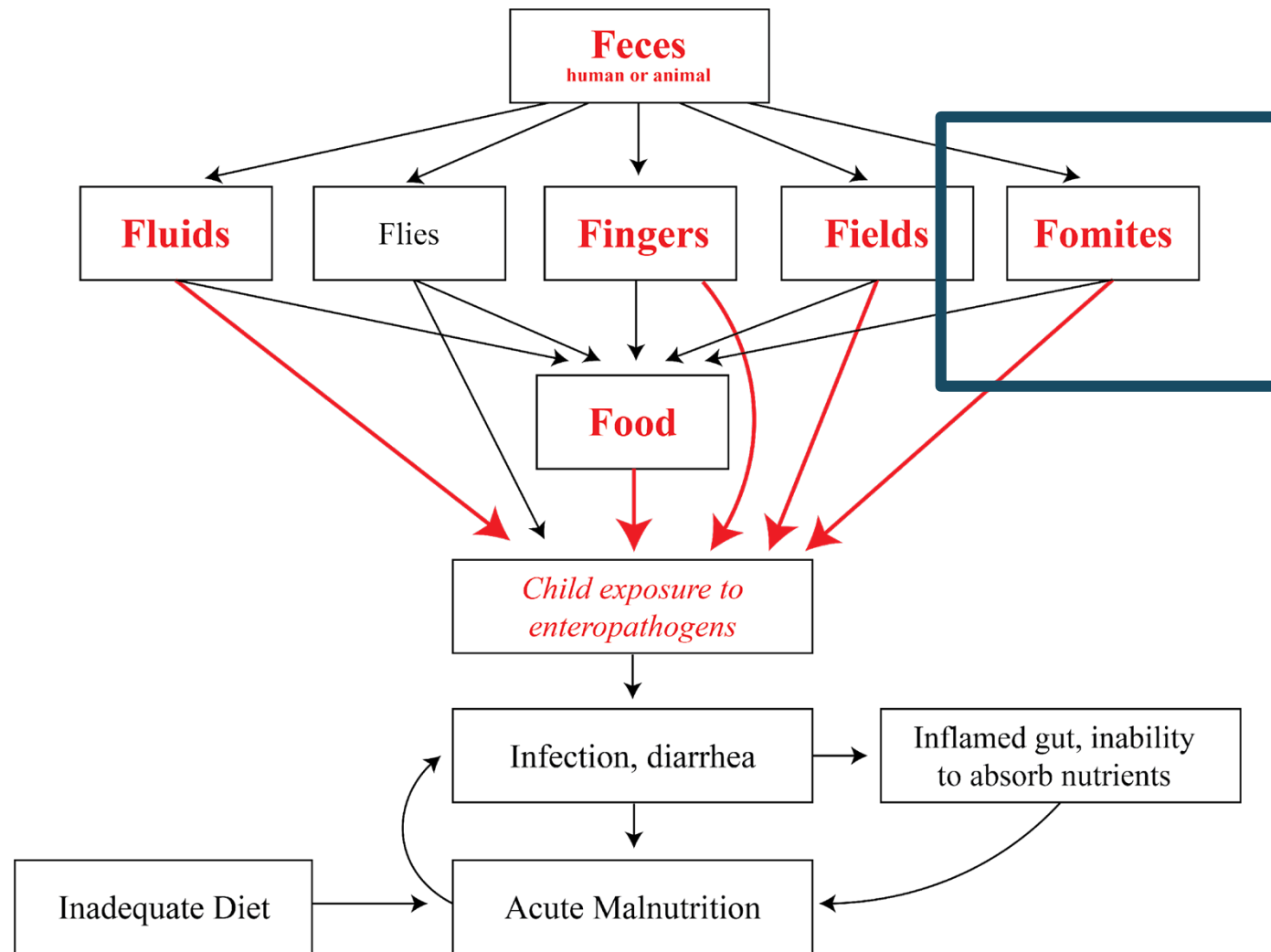
Median water age of 10 hours

Primarily stored in jerrycans on the ground indoors

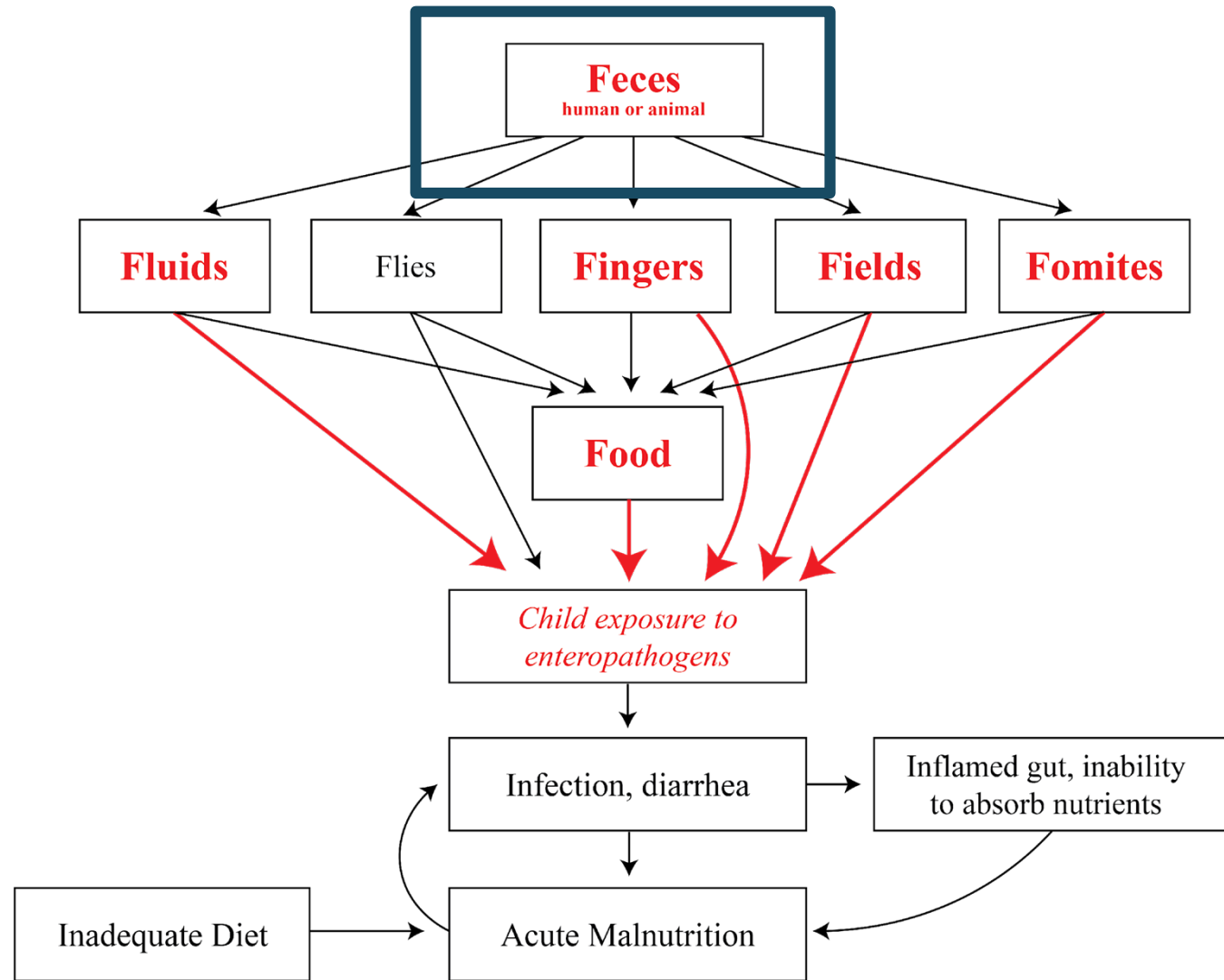




Only 4% of households have handwashing facilities



Kids are mouthing household objects, often picked up from the ground



Animal ownership & sanitation practices

Disposal of animal feces in the compound

86%

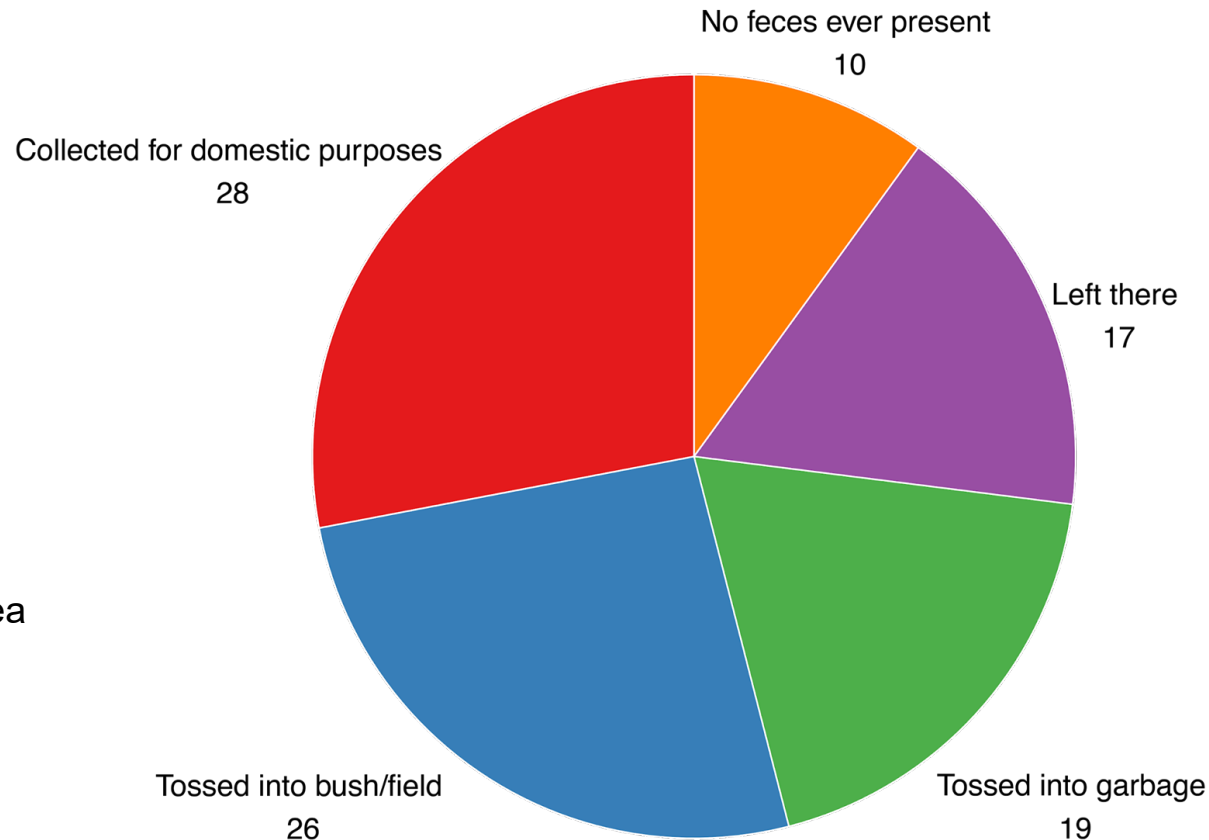
Own livestock

77%

Animals enter home

35%

Animals enter sleeping area



98%

Observed animal feces in courtyard

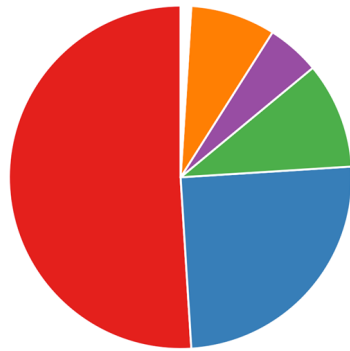
21%

More than one type of animal feces present

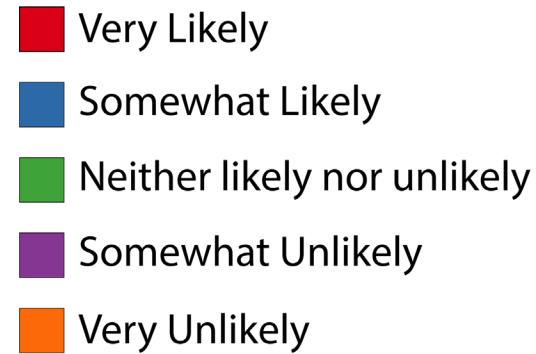
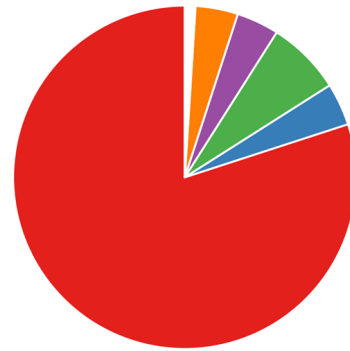
Caregiver risk perceptions

How likely is your child is to get diarrhea after contacting...

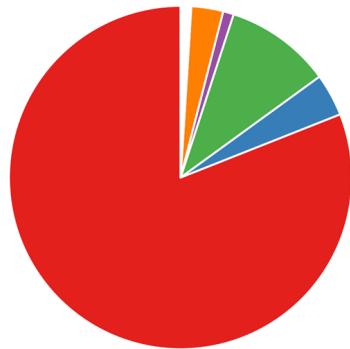
Chicken Feces



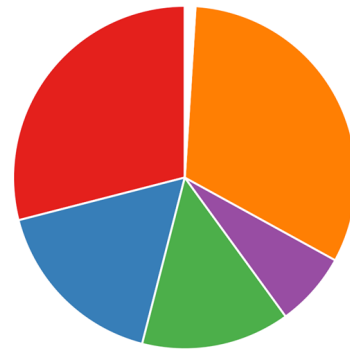
Soil



Human Stool



Caregiver Hand




Recommendations

Recommendations

Conduct focus group discussions with community members to determine best interventions



Recommendations

Conduct focus group discussions with community members to determine best interventions

| Intervention | Ideas | Priority | Who? | Stakeholders |
|---|---|----------|------------------------|------------------------|
| Food Hygiene & Safety  | Engage Community Health Volunteers (CHVs) on how to improve food hygiene Potential food hygiene practices: <ul style="list-style-type: none">• Store food in sealed containers• Fully cook foods and reheat before serving• Boiling / cleaning utensils and surfaces• Drying racks for utensils (can be locally made) | HIGH | Caregivers CHVs | Government NGOs |




Recommendations

Conduct focus group discussions with community members to determine best interventions

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| Child Hand Hygiene  | Explore methods easiest for caregivers to wash child hands Enabling environment for handwashing | MEDIUM | Caregivers CHVs | Government NGOs |




Recommendations

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| Drinking Water  | Explore best strategies for chlorinating water | MEDIUM | Government NGOs | Evidence Action Government |

Recommendations

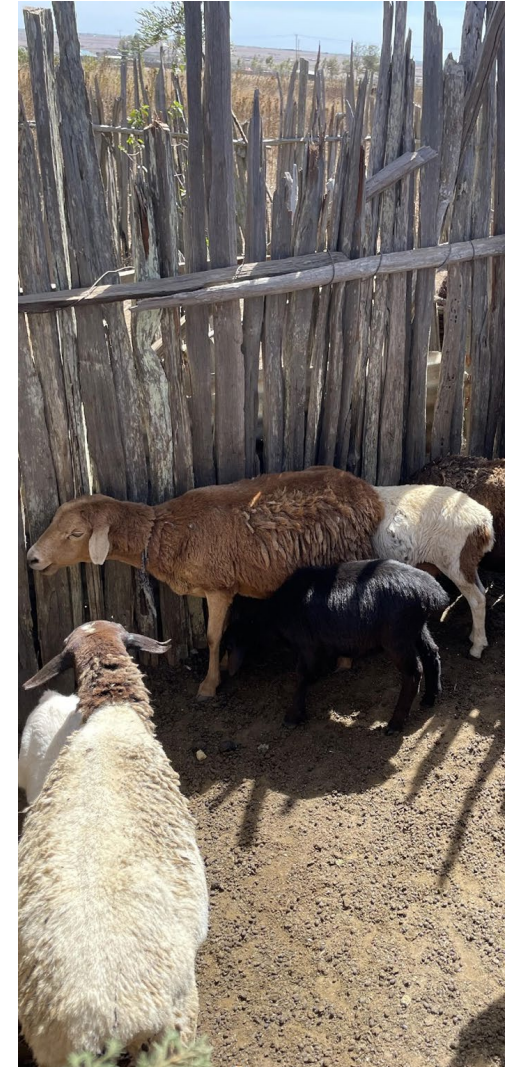
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| <div style="border: 1px solid red; padding: 10px; font-size: 24px; font-weight: bold;"> Results are preliminary and may change after further analysis </div> | | | | |
| Child Hand Hygiene  | Explore methods easiest for caregivers to wash child hands Enabling environment for handwashing | MEDIUM | Caregivers CHVs | Government NGOs |
| Drinking Water  | Explore best strategies for chlorinating water | MEDIUM | Government NGOs | Evidence Action Government |
| Animal feces  | Get input from community members on potential strategies for keeping animals out of the house and sleeping area | MEDIUM | Caregivers Livestock handlers | Government NGOs |

Conclusions

Conclusions

- Multiple pathways are important for exposure to *E. coli*
- High diarrheal illness in youngest age groups with lower *E. coli* exposure – still important to interrupt transmission to these age groups.
- Obtain community input when designing programs or needed infrastructure
- Engage government to explore options for community-level infrastructure or services



Acknowledgements

Funding from PRO-WASH

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Sylvie Araka, Laboratory Analyst, Kenya Medical Research Institute

Abby Harvey, Graduate Student Researcher, UC Berkeley

Jeremy Lowe, Graduate student, UC Berkeley

Q&A Session

Thank you!

Join us for our last webinar in the series:

Part III on December 6, 2022

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