Providing adequate water, sanitation and hygiene (WASH) services is a key public health challenge in today’s world.

Every year, 1.7 billion cases of diarrheal disease are recorded worldwide. Over 760,000 children under five die as a result, despite the fact that diarrheal diseases are both preventable and treatable. An estimated 663 million lack access to safe drinking water, which is deemed the leading cause for such diseases.

Access to safe and sufficient water and improved sanitation as well as maintaining good hygiene is crucial to human health, well-being, dignity and development. Across a range of settings, International Medical Corps works to provide these most basic human needs no matter how challenging the conditions by prioritizing the prevention of WASH related diseases as part of our comprehensive approach to health.
By 2025, half of the global population will be living in water-stressed regions.

Children who are malnourished or individuals with impaired immunity – such as people living with HIV/AIDS – have increased susceptibility to life-threatening diarrhea. Water, sanitation and hygiene (WASH)-related diseases account for 50% of the bed occupancy in health care delivery services in developing countries, adding an extra burden to services that are often already overstretched.

With hundreds of thousands of deaths each year caused by unsafe drinking water, poor sanitation and insufficient hygiene practices, International Medical Corps prioritizes the prevention of WASH-related diseases as part of our comprehensive approach to health interventions. In doing this we focus on the following key areas:

- The provision and improvement of reliable, safe and clean water access
- The provision and improvement of sanitation
- The promotion of safe hygiene practices

International Medical Corps implements WASH projects across a range of settings including communities, refugee camps, schools and health facilities. We work throughout the disaster cycle, during the initial emergency relief, through the recovery phase and into development, responding to natural disasters, disease outbreaks such as cholera and Ebola, mass population movement as a result of conflict and other complex emergencies. Throughout all of our programs, we actively engage communities and relevant authorities in the development and implementation of sustainable WASH interventions.

WASH services are critical in health care facilities where the risk of patients contracting infections is high. As a public health-focused organization, our goal is to improve WASH services systematically at health care facilities, to protect patients, caregivers and staff from nosocomial (hospital-acquired) infections and ensure quality care. Our WASH services include:

**WASH IN EBOLA TREATMENT UNITS:**

International Medical Corps was one of the few international NGOs to treat patients infected with the Ebola virus at the source of West Africa’s 2014 outbreak, the world’s largest to date. Before it was over, more than 28,000 confirmed cases and over 11,000 deaths were recorded. During the outbreak, our experts were on the ground in Guinea-Bissau, Guinea, Liberia, Mali, and Sierra Leone. The outbreak placed a significant strain on the region, which already lacked robust public health infrastructure, possessed little capacity for appropriate infection prevention or control measures and had few acute care facilities and providers. Because of the highly contagious nature of the Ebola virus, significant WASH infection prevention and control measures were essential to maintain in Ebola treatment units to ensure the safety of suspected patients and staff.

**WATER:**

International Medical Corps works with beneficiaries to meet their water needs in emergency and development contexts through the provision of adequate, safe and potable water for drinking, along with personal and domestic hygiene at community and institutional facilities. Access to safe water is an essential component in the fight to reduce the burden of disease. With nearly 800 million people in the world still lacking access to safe drinking water today, International Medical Corps believes that improved access to safe water can reduce diarrheal disease rates by as much as 25%.

**SANITATION:**

International Medical Corps considers improvement of sanitation infrastructure and services to be essential components of our comprehensive approach to health care. True to our mission of working closely with those most affected by disasters, we actively engage communities and relevant authorities in the development and implementation of sustainable WASH programs. Moreover, we support communities as they promote sanitation in early recovery or development phases through community-centered approaches.

**HYGIENE PROMOTION:**

Hygiene promotion encompasses a systematic attempt to adequately promote personal, domestic, environmental and food hygiene practices that prevent or mitigate the transmission of diseases. Promoting safe hygiene is especially important in post-disaster settings, where individuals are more vulnerable to illness and death from disease. In a camp setting, where large numbers of people live in highly congested, often-unsanitary conditions, the spread of water, sanitation and hygiene-related diseases can easily occur. Diarrheal and infectious diseases transmitted through a feacal-oral route pose a significant risk to such populations without the consistent practice and promotion of personal and domestic hygiene. Simple hand washing with soap can reduce diarrhoeal disease incidence by nearly half and respiratory diseases by nearly a quarter, yet handwashing is only practiced by one in every five people in the world. Mothers who regularly wash their hands can reduce fatal infections in new-borns. The practice accounts for 16% of the total lives saved among children under five.
International Medical Corps supports WASH interventions within communities and at institutional facilities during active emergencies. In acute emergencies such as the Haiti earthquake and Japan tsunami, our WASH interventions have saved many lives. In addition to responding to emergency needs, we work to address more chronic water scarcity and sanitation issues in countries such as:

ETHIOPIA

In Ethiopia, International Medical Corps improves WASH infrastructure by constructing communal latrines at health centers; installing roof rainwater harvesting systems; procuring and donating water storage containers and water purification materials for households and health posts; and rehabilitating water borehole and shallow hand-dug wells. We also work in three Somali refugee camps to improve access to sanitation and hygiene facilities for over 130,000 refugees. Through mass awareness campaigns and home visits, International Medical Corps educates refugees on hand-washing, hygienic latrine usage, safe-water chains and solid waste disposal. In addition, we provide training to health workers and community volunteers.

CENTRAL AFRICAN REPUBLIC

In CAR, International Medical Corps provides capacity building for health staff on WASH topics, and ensures that Infection Prevention Control (IPC) protocols are put in place in health facilities. The protocols include procedures for health facility cleaning and disinfection, and ensure that safe drinking water is available and solid waste generated in the health facility is bifurcated and safely disposed.

CAMEROON

International Medical Corps current WASH interventions in Cameroon focus on reducing the prevalence of WASH-related diseases through the provision of safe drinking water, improvement of sanitation facilities and hygiene promotion. Since poor WASH conditions remain associated with a significant proportion of death and disease among children under five, International Medical Corps carries out WASH interventions to reduce diarrhea among malnourished children. In addition, we promote behavior changes for sustained improvements in water and sanitation access and hygiene practices through community mobilization and participation.

KENYA

The remote and arid Samburu district of northern Kenya’s Rift Valley Province is one of the most water-scarce regions in the country. In this area, local residents limit themselves to about one half liter per day during the eight-month dry season – or about 1/600 of what the average American consumes. To increase water supply, International Medical Corps installs rainwater harvesting systems at health facilities and constructs latrines at schools. We also form community support groups that share and teach each other about important hygiene practices. To teach health facility staff and community health workers about key hygiene practices and train them on basic care and maintenance of sanitation and hygiene facilities. In addition, we built two large sand dams, a borehole and a piped water system in Samburu County to boost access to clean water. These water systems reduce the number of women who walk for hours to a water source by at least 50% in the beneficiary communities.
YEMEN
In Yemen, roughly half the country’s population struggles daily to find or buy enough clean water to drink or grow food. Conditions in Yemen have deteriorated further since armed conflict broke out in March 2015. International Medical Corps currently provides hospitals in Sana’a, the capital, with thousands of liters of water per day. At one hospital in particular we provide 24,000 liters of water a day—an amount sufficient to support 600 patients. Our WASH teams also distribute hygiene kits to the displaced amid the violence. In 2016, in response to one of the world’s largest cholera outbreaks, we responded in five of the country’s most severely hit governorates, by setting up diarrhea treatment units and oral rehydration points, and distributing hygiene kits, water purification tablets and IV fluids.

AFGHANISTAN
International Medical Corps addresses critical lifesaving WASH needs and gaps among targeted districts in Afghanistan within our community health programs. We rehabilitate water systems and truck clean water to returnee camps and other vulnerable populations. In a country where only just over one quarter of the population have access to improved sanitation facilities, we operate a Community Led Total Sanitation (CLTS) program with the goal of ending open defecation through behavior change strategies. Our WASH teams work closely with communities to educate them on the risks of open defecation and empower them to spread the knowledge to their peers. We encourage the formation of Family Health Action Groups, which work with community health workers to foster behavior change around sanitation and hygiene at the household level.