



Save the Children

5th Initiative against Diarrheal and Enteric diseases in Asia
(IDEA)

StC WASH, Cholera and diarrhoeal diseases

Humanitarian WASH, SCUUK



Save the Children

Hanoi – March 2017

Overview

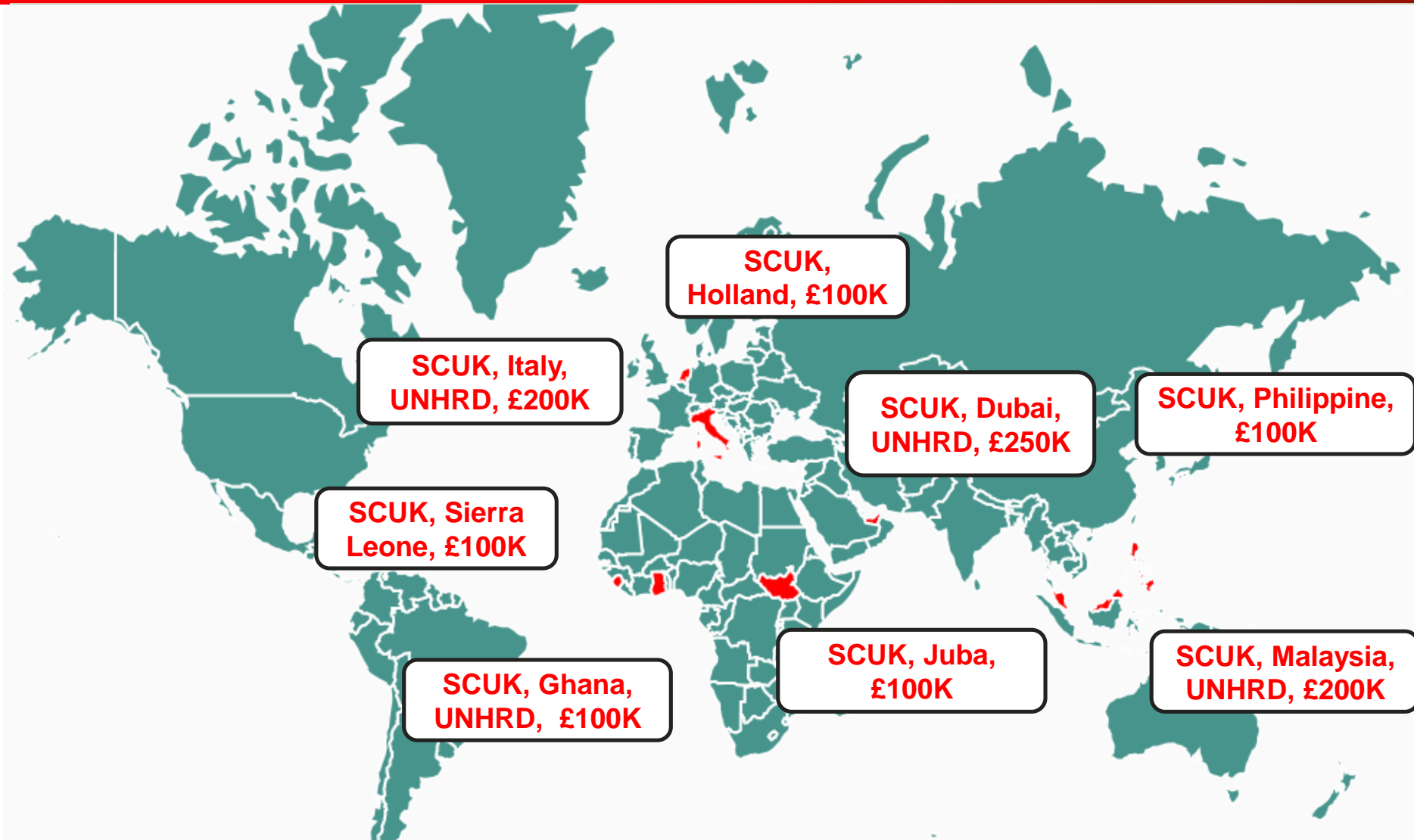


- ✓ **StC and Approach to Cholera**
- ✓ **StC WASH involvement**
- ✓ **Preparedness**
- ✓ **WASH behaviour change**
- ✓ **Humanitarian Response**
- ✓ **WASH discussion?**

StC Global Approach to cholera

- **Emergency Health Unit (4 teams within 72h)**
- **Prepositioning stocks – see next**
- **Country programmes** – (Development + Humanitarian 120 COs)
- **Working with partners** – Local if no human. access in conflict.
- Internationally to provide lasting solutions to the global burden
- **Multi-sector approach** (Humanitarian Public Health Team: Health, Nutrition, WASH + EHU)

Global Pre-positioning of Stocks



StC WASH objectives in cholera

- **Keep faecal matter away from drinking water and food**
- **Inactivate cholera in contaminated water of food before consumption**
 - **Provides WASH facilities for medical teams and patients in CTCs/CTUs/ORPs**
Keep them ready and functional (all but medical ;-)

WASH and Cholera

Hygiene Promotion/ Prevention/ Preparedness

Awareness, Training of CHW, and Community Mobilizations
Behaviour change.

Pre-positioning of stocks.

WASH facilities and material for a safe Environment

Soap and hygiene kits supply

Access to improved water sources

Improved Sanitation (Waste water, Sewage) – Waste Disposal

Treatment of Cholera outbreaks

Re-hydration ORS with potable water.

Building, running, maintaining functional CTCs/CTUs/ORPs

Disinfection of homes of patients (spraying).

Safe burial practices

Active Surveillance of Hotspots / Community outreach

**Preventive/
Preparedness**

**Breaking the
transmission**

**Facilities of
CTCs/CTUs/
ORPs**

**Active
surveillance
for Hotspots**



WASH Cholera Preparedness

CTC Mahama Refugee Camp - Rwanda

Setting up a preventive CTC with 70 beds

Without WASH facilities a CTC CAN'T OPERATE



- Equipping the CTC with material (buckets, consumable, etc)
- Periodical Trainings CTC staff
- Periodical Trainings of CHWs
- Infection Prevention Control (IPC), using of PPE
- **Importance of breastfeeding for infants**
- Water Supply, Sanitation and Waste disposal (facilities and SoPs)
- Water treatment / storage for drinking, cooking, hand-washing, disinfection, spraying and washing purposes

WASH Cholera

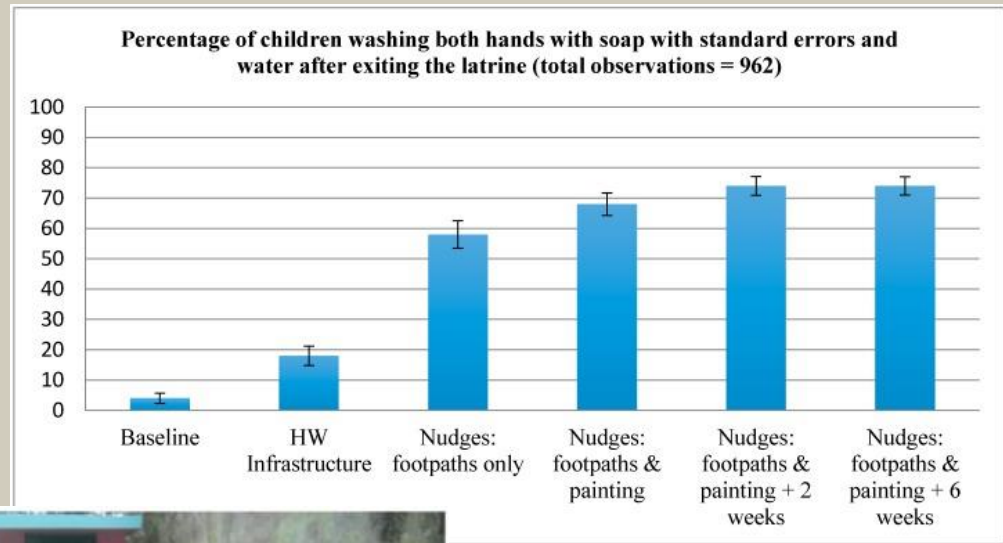
Preparedness/Standards

Type	Target	Notes
Mobile clinic	2 litres per day per patient (infrequent) 5 litres per day per patient (frequent)	Max distance to water source = 100m Min storage capacity = 1 - 2 days
Out-patient consultation	5 litres per patient / consultation	Max distance to water source = 100m Min storage capacity = 3 days
In-patient consultation	40 – 60 litres per patient per day	
Operating theatre / delivery	100 litres per intervention	
Cholera centres	60 litres per patient per day 15 litres per carer per day	
Ebola centres	125 – 250 litres per patient per day	
Staff	5 litres per person per day	Max distance to water source = 100m
Kitchen	10 litres per person per day	Min storage capacity = 1 - 2 days
Toilets	20 – 40 litres per user per day (flush toilet) 3 – 5 litres per user per day (pour-flush toilets) 1 -2 litres per person per day (anal cleansing)	

WASH Hand-Washing for Children

1/2

Nudging Hand-washing: Cluster Randomized Trial in Bangladesh - 2016



- baseline (4%),
- increased to 68% the day after nudges
- Increased to 74% at both 2 weeks and 6 weeks after*

Int J Environ Res Public Health. 2016 Jan 14;13(1). pii: E129. doi: 10.3390/ijerph13010129.

Behavior Change without Behavior Change Communication: Nudging Handwashing among Primary School Students in Bangladesh.


Dreibelbis R¹, Kroeger A², Hossain K³, Venkatesh M⁴, Ram PK⁵.

WASH Hand-Washing for Children

2/2

Hidden Surprise: Randomized Control Trial in Myanmar - 2017



Formative research  Rakhine

Design 

Trial in IDPs camps in

WASH Humanitarian Cholera Responses




WASH Response in Nepal 2016

Coordinated by EDCD with support Clusters (Health and WASH)
Action Plan for several INGOs

included




Field Response



**Water testing to
the core affected
areas**



**Monitor of Water
Quality at
sources**



Hygiene Promotion at HH level
(WDCs)
Water treatment (Chlorination at HH, bulk and bucket)
WASH Desks (IEC, chlorine, HR,
etc.)
Mobile team, keep monitoring and follow-up

WASH what next? What questioning?

Lack of evidence of health impacts from WASH interventions?

Yes in Humanitarian

Not in Development



SCUK Humanitarian seeking for:

- Partnerships (research institute, academic)
 - New funding systems
 - Innovative research methodologies...
 - Link engineers with doctors!
- What about Environmental Health? Is WASH in charge?
 - What are the main cholera determinants in Emergency and in Development?
 - Alternative motivators to health messaging?