



One-third of child deaths result from diseases related to poor water, sanitation and hygiene (WASH) practices. Save the Children USA's WASH programs span a variety of development and humanitarian sectors (including agriculture, education, health and nutrition, and livelihoods) to achieve the goal of reducing death and illness of mothers and children. Our WASH programs work through a variety of approaches and methodologies, providing essential services at health, nutrition and school facilities, as well as reaching into the community.

THE CLEAN HOUSEHOLD APPROACH

Our flagship Clean Household Approach (CHA) prevents common childhood infections and contributes to improving child nutrition. This multifaceted approach looks at the combination of behavior, technologies and environmental factors contributing to reductions in pneumonia, diarrheal disease, soil transmitted helminth infections (intestinal worms), and environmental enteric dysfunction (chronic intestinal inflammation), especially in children under the age of two. In contrast to traditional and broad community-centered WASH programs, the CHA focuses primarily at the household level, where young children are most commonly exposed to environmental contaminants like soil, animal feces and contaminated food. The approach specifically targets the Essential WASH Actions of caregivers aimed at reducing the amount of environmental contaminants that children ingest. These include: safe disposal of human feces, handwashing with soap, safe storage

and treatment of drinking water, hygienic handling and safe

storage of food, and preventing infants and young children from consuming soil and animal feces. To support consistent practice of these behaviors by caregivers, the CHA integrates market support activities (e.g., market research, marketing tools, access to microfinance, and training for local vendors and entrepreneurs) for WASH products and services as well as policy work aimed at ensuring quality, affordable and attractive WASH products and services are available for household use.

Through the *Victoire sur la Malnutrition* project in Burkina Faso, households gained improved access to basic handwashing stations with soap and water (16 percentage point increase) and improved sanitation services (23 percentage point increase).

KEY FACTS

- 844 million people worldwide lack access to a basic drinking water services (WHO, UNICEF).
- Three billion people lack access to a basic sanitation (toilet) service (UNICEF).
- Diarrhea, pneumonia, sepsis and other WASH-related infections account for an estimated 33% of deaths among children under the age of five (Cronk, 2018).
- Only an estimated two% of health facilities in low and middle-income countries adequately provide all water, sanitation and waste management services (Allegranzi *et al.* 2011).
- An estimated 16% of patients acquire an infection during their stay at a health facility in low- and middle-income countries (UNICEF).
- Sepsis and other infections account for 22% of neonatal deaths and 11% of maternal deaths (UNICEF).

WASH IN HUMANITARIAN SETTINGS

When crisis strikes, we work early on to ensure access to clean water, adequate sanitation and proper hygiene to reduce diarrheal disease, typhoid fever, vector-borne disease and scabies. In these settings, personal hygiene, especially hand-washing, is critical to prevent the outbreak of disease. Our activities include rehabilitating and building latrines and water access points in communities, health facilities and schools, providing supplies (such as soap), encouraging and supporting community water committees to ensure sustainable local water supplies, and spreading messages to promote personal hygiene.

THE CLEAN CLINIC APPROACH

Save the Children's Clean Clinic Approach (CCA) supports health facilities to make incremental and effective cleanliness and infection prevention improvements without relying on external investments. Through a ten-step process, we work with ministries of health to define criteria to institutionalize performance recognition and accountability within health systems. Achieving and sustaining ideal WASH conditions at a health facility can demand significant funding, staff, training and policy work. However, the CCA recognizes that some of the most common and impactful barriers to improving WASH conditions at facilities are behavior, management and/or motivation. After assessing and prioritizing WASH needs at clinics in a target area, we work with governments to establish clean clinic criteria, and then with clinics to develop action plans to meet those criteria.

The CCA institutionalizes a performance-based certification and monitoring system that produces routine, facility-level cleanliness data to make informed decisions at each level of the health system. It improves cleanliness and hygiene behaviors that reduce postpartum and neonatal infections in facilities. Through our work on USAID's flagship Maternal and Child Survival Program, we have implemented the first-ever cleanliness and infection prevention standards, monitoring systems and improvement guidelines in postnatal care spaces in DRC, Guatemala, Kenya, Mali and Nigeria.

WASH IN SCHOOLS

WASH is a critical component to our comprehensive School Health and Nutrition (SHN) programs. Our school WASH interventions improve health and educational achievement, and promote gender equality among school-aged children by integrating WASH into early child care and development programs and primary and secondary schools. We are a global SHN leader and have been implementing WASH in schools for over 20 years, contributing to selection of key indicators and definition of service ladders for WASH in schools for the Joint Monitoring Program (JMP). In addition to WASH facilities, key interventions include hygiene education, health services such as deworming, and sound policies, including support for menstrual health in schools.

Save the Children believes every child deserves a future. In the United States and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children - every day and in times of crisis - transforming their lives and the future we share.



Photo credit: Kate Holt / MCSP

CLEAN CLINIC APPROACH IN DRC

A health provider at the Lilanda Health Center in the Democratic Republic of the Congo (DRC) demonstrates proper handwashing technique. Within five months of the introduction of the Clean Clinic Approach, the number of women who gave birth in the maternity ward increased from an average of five and reached 20 to 25 births per month. Prior to our work at the facility through USAID's Maternal and Child Survival Program, women had to take a risky journey to deliver at the hospital. We also supported health facilities to increase their basic cleanliness scores by an average of 47 points (out of 100).

In Bangladesh, we introduced nudges or environmental cues (painted footprints leading from toilets to a handwashing station and handprints on the station) in schools to urge kids to wash their hands after using the toilet. The handwashing rate increased by 70%, which was sustained even six weeks after the intervention. The results are very encouraging and demonstrate that strategic environmental nudges can have a positive and potentially lasting influence on handwashing behaviors among school-aged children.