



# Environmental Health at the IRC

2013

## Inadequate Water and Sanitation is One of the World's Leading Killers

2.5 billion people lack improved sanitation facilities, and 768 million people still use unsafe drinking water sources, according to the latest estimates of the WHO/UNICEF Joint Monitoring Program, released in early 2013<sup>1</sup>.

1.6 million people die every year from diarrheal diseases attributable to lack of access to safe drinking water and basic sanitation. 90% of these are children under five<sup>2</sup>.

### How the IRC is Responding:

The International Rescue Committee is engaged in Environmental Health (EH) programs in 19 countries across the world. The programs are focused around five key EH activities:

**Emergency response for disaster affected populations:** The IRC responds rapidly to emergencies caused by war and natural disasters. For instance, the IRC is operating at scale within Syria in the midst of the ongoing conflict, providing life-sustaining services to 15 camps for displaced persons within the country, and supporting communities shattered by the conflict.

**Ensuring access to essential EH services:** IRC offers poor and vulnerable communities a range of essential EH facilities, activities and goods to prevent disease, increase personal safety, improve food security and provide minimum conditions for human development. Over the past year, we have provided 812,000 people with access to safe water, and 480,000 with improved sanitation.

**Hygiene Promotion:** IRC promotes hygiene practices that are consistent with good health, including hand washing at appropriate times, proper excreta disposal and safe methods for handling and storing water. IRC's hygiene promotion reached 1.3 million people over the past year.

**Community Capacity Building:** Strengthening local partner organizations' skills and capacity is essential to the sustained delivery of clean water, improved hygiene and sanitation. For example, in September 2008, IRC handed over 49 boreholes equipped with hand pumps to local communities in northern Uganda. The communities and local government feared that the hand pumps would eventually fail because the nearest spare parts were located over 180km away. With local government support, IRC established local spare parts depots and worked with Water User Groups to ensure the maintenance of water systems. They provided the groups with training on leadership and business development so that they could provide a profitable repair service at an affordable price, and ultimately transition into viable businesses. These communities continue to access water from their hand pumps.

**Research and learning:** The IRC remains focused on ensuring that our interventions are evidence-based, cost-effective and sustainable. Through evaluation and research, the IRC contributes to the global evidence base around WASH best practices. One example of this is a comprehensive study on hand washing behaviors in long-term refugee populations in Thailand, Kenya, and Ethiopia. The findings of this research study enabled the EH team to develop improved communication plans to increase hand washing in refugee settings.

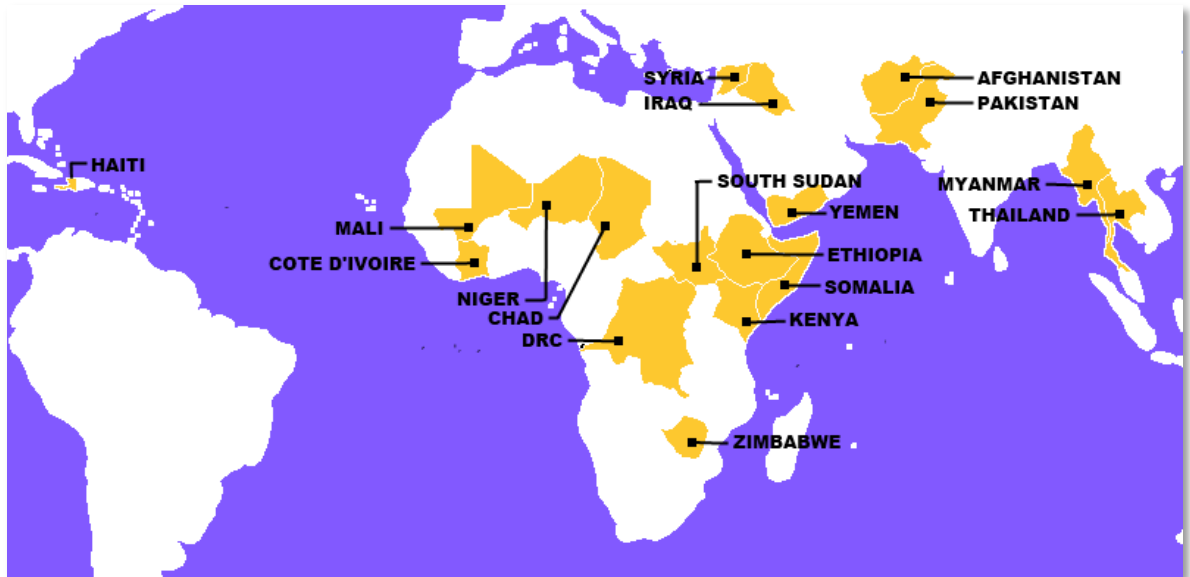
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<sup>1</sup> <http://www.unicef.org/wash>

<sup>2</sup> [http://www.who.int/water\\_sanitation\\_health/mdg1/en](http://www.who.int/water_sanitation_health/mdg1/en)

## The IRC EH Team:

The IRC's global EH programs are supported by a core technical unit consisting of eight technical advisors who have the responsibility of ensuring that high quality is maintained across all interventions. The technical advisors provide day-to-day support to country programs, and are engaged in improving the wider environmental health field. They play a leading role in the global WASH Cluster and other technical working groups, and in forming collaborations with research institutions and NGO partners. The skill-sets of these advisors include behavior change communication, public health, engineering, research, training and capacity-building.



The IRC's current Environmental Health interventions

## Where We're Headed:

The IRC looks to continue its leadership role in providing responsive, effective and cost-efficient programming at scale, to combat the huge burden of unsafe water, sanitation and hygiene on the world's poor. Ongoing initiatives are working to improve IRC's ability to provide:

***Integration of climate change adaptation and disaster risk management into programming:*** Our experience in the field highlights the increasing and critical need to ensure that communities have the resources they need to survive and thrive in a changing world.

***Improved consideration of menstrual hygiene management in programming:*** Consideration of women's hygiene needs in emergency settings and in institutional WASH has long been a neglected area within Environmental Health programming. Through research and innovative programming, IRC is working to lead the development of improved approaches.

***Improved behavior change through community health clubs:*** Hygiene promotion is proven to be one of the most effective and cost-efficient approaches to improving child health, but achieving sustained behavior is often one of the greatest challenges. The IRC is pioneering new approaches, including the formation of Community Health Clubs at neighborhood level.

For more information, please contact the IRC's EH Senior Technical Advisor:  
[Liz.Walker@rescue.org](mailto:Liz.Walker@rescue.org)