



The Ebola Crisis & Innovative WASH Solutions

September 28, 2016



Welcome

Facilitator

Hanna Woodburn, Secretariat Director
Global Public-Private Partnership for Handwashing



Key Information

- Deadliest Ebola outbreak in history with approximately 29,000 reported cases and 11,000 fatalities between December 2013 and April 2016
 - Triggered an unparalleled global response as the Ebola virus became a global threat
 - In March 2015, Liberia achieved Ebola-free status. Sierra Leone and Guinea achieved Ebola-free status shortly thereafter,
- although cases continued to be reported until as recent as May 2016
- There is no proven vaccine for Ebola. Improved WASH practices, community engagement, and social mobilization continue to be essential to preventing a resurgence



Agenda

Global Communities: Developing Disease Resistant Communities in Liberia

- **Alice Urban**, Program Development Manager
- **Franky Li**, WASH Specialist

UNICEF: Asking “What’s next?” from a Lead Agency Perspective

- **Gaelle Fohr**, Sanitation and Hygiene Consultant; former Sanitation and Hygiene Regional Specialist for UNICEF WCARO

U.S. Centers for Disease Control & Prevention: Lessons Learned about Improving Infection Prevention and Control and WASH from the Ebola

- **Dr. Nora Chea**, Medical Epidemiologist, International Infection Control Program, Division of Healthcare Quality Promotion

Questions & Answers



Developing Disease Resistant Communities in Liberia



Presenters

Alice Urban, Program Development Manager

Franky Li, WASH Specialist



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Before Ebola: Focus on Sanitation

- Sanitation coverage as low as **12-15%**

Early CLTS Challenges

CLTS introduced in 2010;
little progress until 2013

No government structures
at county & district level
for CLTS coordination,
implementation,
sustainability

Lack of adequate
monitoring of
community progress

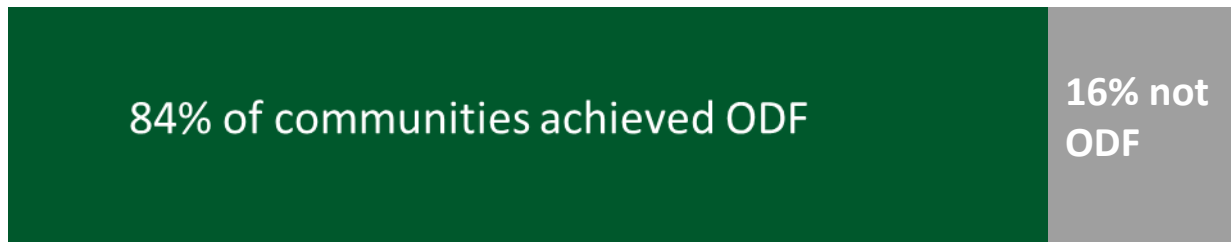
Lesson: Intensive
sustained engagement is
key to CLTS success

CLTS Adaptations

- Broaden **definition of ODF**
- Develop **localized hardware solutions** – slabless VIP and reed-based handwashing station
- Build **government structures** to support CLTS and engage **traditional leaders**
- Build **critical mass of CLTS communities** by triggering in clusters across the most populated counties
- Create a **Natural Leader Network (NLN)** to implement CLTS more cost effectively



CLTS Results: Pre-Ebola



This was achieved with a **0% subsidy**.



Ebola response from trusted sources:

Natural Leaders deployed quickly to deliver initial hygiene supplies and health messaging.

- Trusted source of info
- Demonstrated efficacy in ODF achievement
- Knew community context

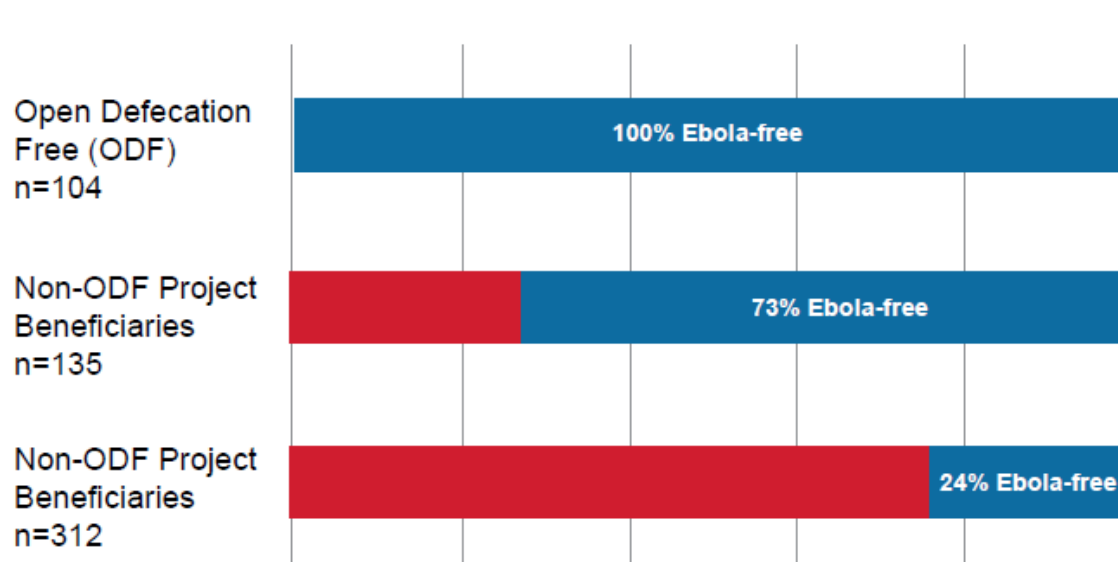
Environmental Health Technicians were in place, with capacity to take on more responsibility.

- Integrated into gov't system
- Proven CLTS efficacy
- Rapidly shifted to other EH duties (burial teams)

Unintended Results

100% of Sampled Open Defecation Free (ODF) Households Remain Ebola-free

73% of households in non-ODF CLTS communities remain Ebola-free compared to only 24% of non-beneficiary households



Post-Ebola Momentum

	Pre-Ebola	Post-Ebola	Total
# comms triggered	352	2,124	2,476
# comms ODF	311	1,492	1,803
% ODF	88%	70%*	73%*

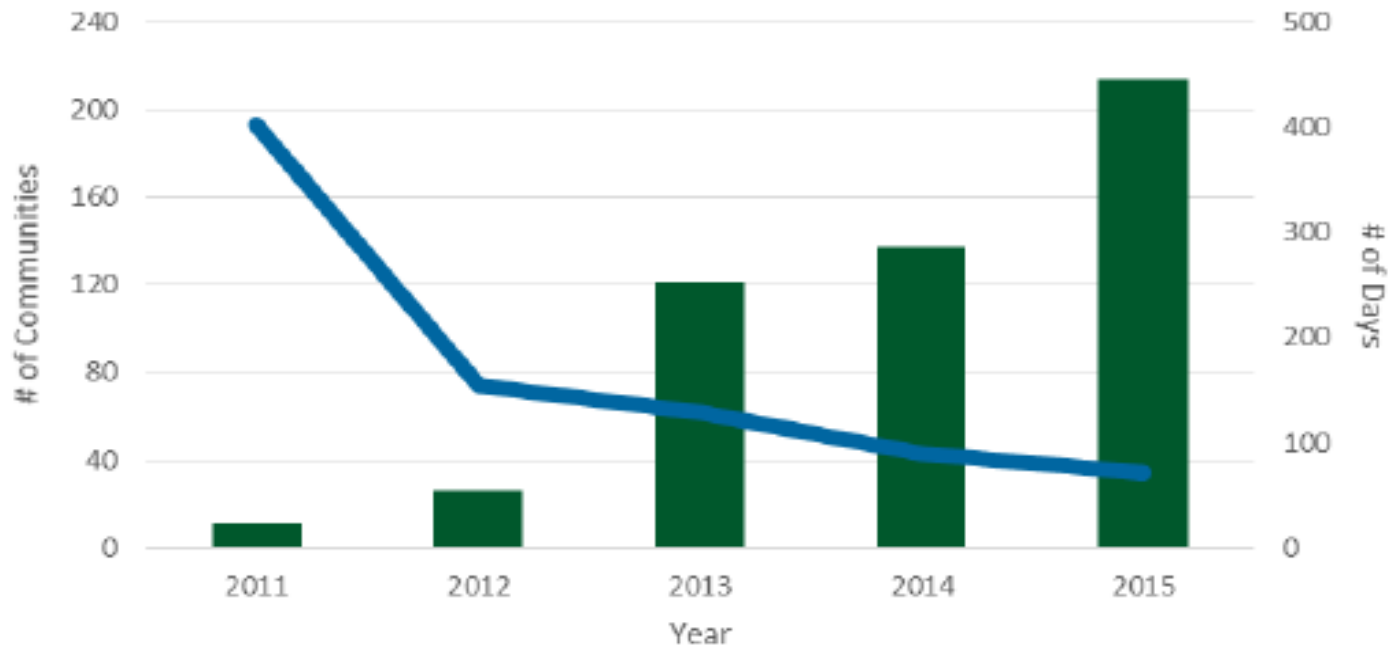
*verification ongoing



Post-Ebola Momentum

More communities attain ODF status quicker over time

The time for communities to attain Open Defecation Free (ODF) status decreases over time as natural leaders establish networks, public outreach increases, and efficiencies are realized.



■ # of Communities Verified as ODF — # of Days to ODF Verification



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Key Lessons

- CLTS can be **more than just a tool for sanitation promotion**. Momentum can be harnessed to promote other community health and development objectives.
- Involving **Natural Leaders (NL) and CLTS communities in other public health programming related to disease surveillance improves the dissemination of health messages** (polio/measles vaccination campaigns, cholera prevention, EVD awareness, etc.) from the Ministry level down to the communities.
- CLTS and NL engagement in other health-related activities (surveillance, social mobilization, vaccination campaigns, maternal and child health, etc.) has raised government awareness of the need for **more targeted support to the community-level health system** and demonstrates a more low-cost, sustainable option.

Ebola Outbreak

Developing innovative WASH/Handwashing package



Presenter

Gaëlle Fohr, Sanitation and Hygiene Consultant

Outline of the Presentation

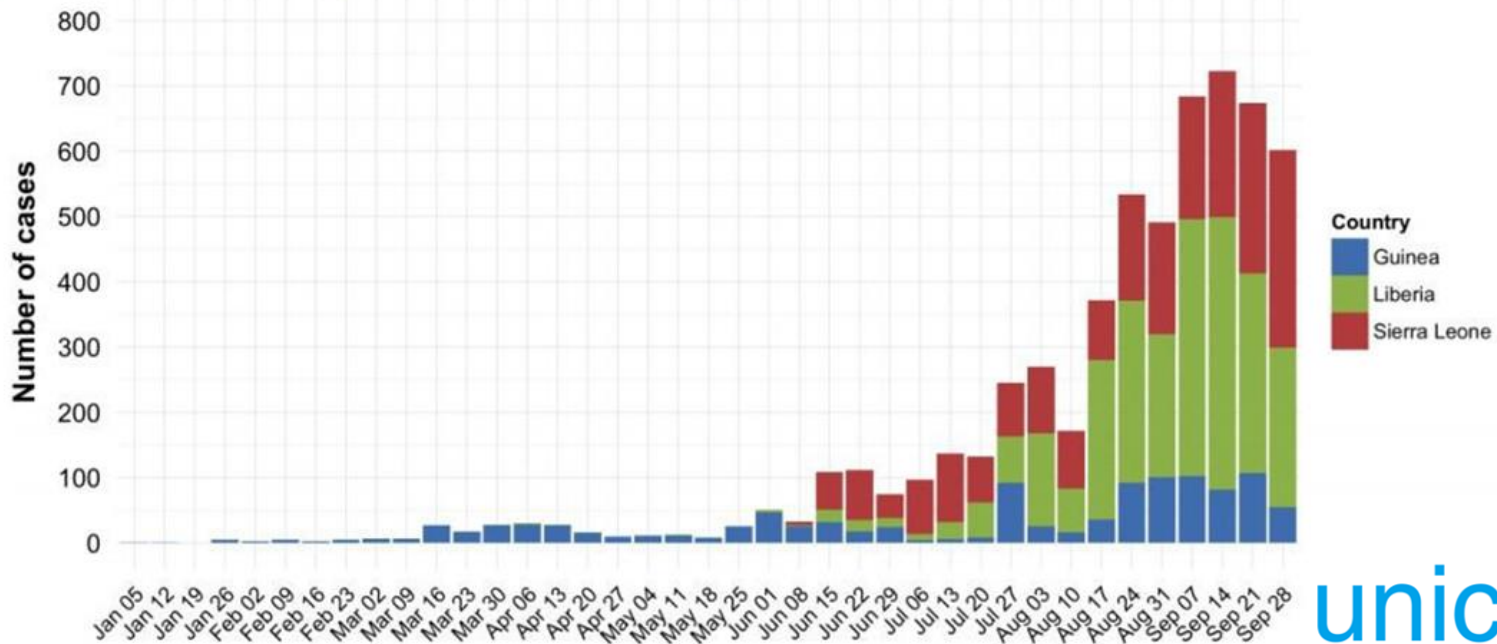
- Ebola: Fighting the unknown
- Developing the appropriate WASH package
- Handwashing debate and activities
- Impact and Lessons learned



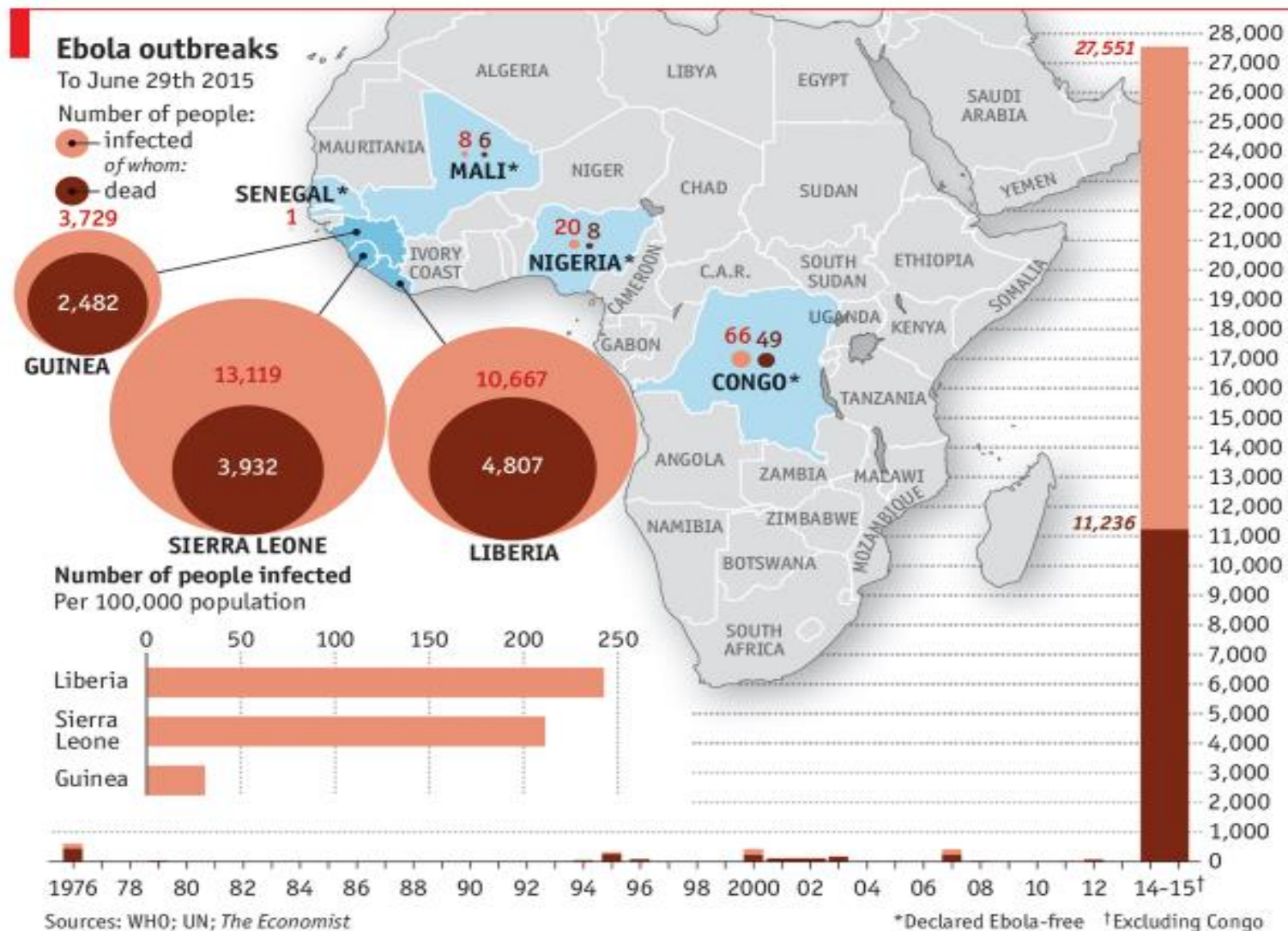
Ebola: Fighting the Unknown

- First Ebola outbreak affecting several countries (3 large scale + sporadic cases in others)
- World Health Organization declared EBOLA an international public health emergency 8/08/2014, UNICEF corporate L3 30/08/2014
- No guidelines for WASH response in large scale Ebola
- A lot of fear to intervene in such context/media frenzy

Figure 1: Confirmed and probable cases of Ebola virus disease in Guinea, Liberia, and Sierra Leone



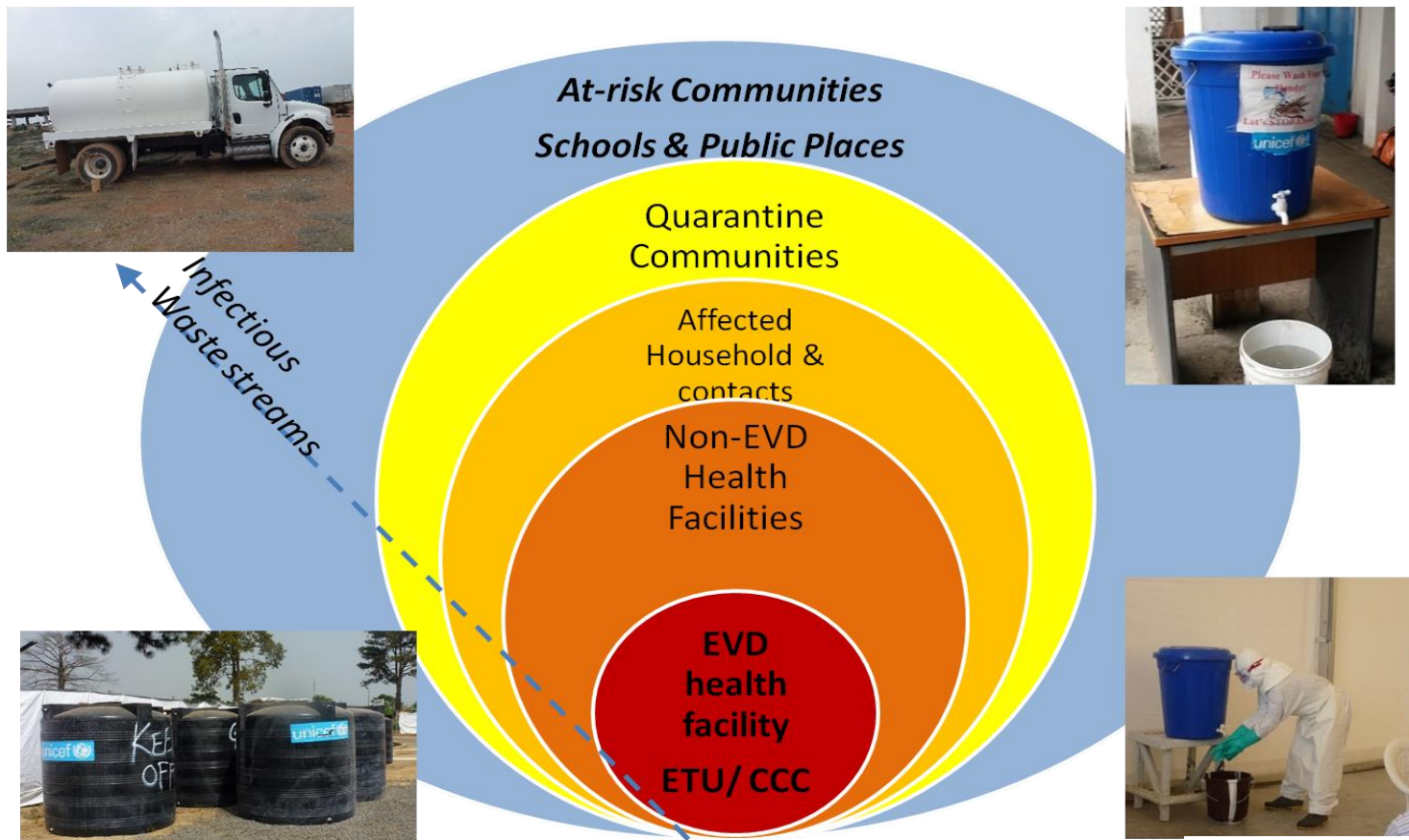
Ebola: Fighting the Unknown



Developing the Appropriate WASH Package

- First priority: Provision of WASH facilities in Ebola centers/case management

WASH minimum packages



Developing the Appropriate WASH Package

- **WASH in Ebola centers:** drinking water, sanitation (latrines patient/staff), hygiene/disinfection: Infection Prevention and Control (IPC) including **Handwashing (chlorine)**
- **WASH in Health facilities:** Focus on **Handwashing (chlorine/Soap)** and IPC – supplies + training
- **WASH in Affected Household:** Focus on IPC and **Handwashing (chlorine)** – supplies + prevention message
- **WASH in Quarantine communities:** Provision of WASH emergency items and **handwashing guidelines (chlorine/soap)**

Developing the Appropriate WASH Package

- **WASH in communities:**
 - Door to Door promotion: preventive behaviour (no touch policies + burial) + **handwashing soap**
 - Mass media campaign on all protective behaviors
 - Stay at home campaign – distribution of soap + messages
- **WASH in school:**
 - Development and dissemination of the Safe school protocol - Feb 2015 (IPC, **handwashing**)
 - Distribution of supplies in all schools
 - Creation and dissemination of IEC material for children
 - Monitoring of safe school protocols by the government

Early referral/ no touch policy key behaviours to stopping disease transmission: Handwashing only a contributing factor

Handwashing Debate

What should we promote, where and who will do it?

1. Should we promote handwashing knowing that it is not the key protective behaviour or concentrate on the no touch policy, burial... might give a wrong sense of security?
2. Handwashing with Chlorine or Soap: effectiveness? difficult for people to perform? availability of supply? risk of soap being perceived as not effective for the future!
3. Who should do handwashing promotion? WASH NGO trained – Social mobilization actors scaling up?
4. How should we do the promotion with the non touch policy, no possibility of community meeting?

Handwashing Activities in Sierra Leone

- Handwashing in Ebola and health is a component of IPC: medical personal will be in charge - use of chlorine – **Mandatory**
- Handwashing in public place: official building, check point, supermarket... mostly with chlorine – **Mandatory**



Handwashing Activities in Sierra Leone

- Handwashing with soap in communities should be promoted
 - Using all personal trained (door to door) and available medias
 - Handwashing prevention/soap distribution can be use as entry point/reminder of the situation to introduce others behaviours
- Handwashing with soap in school as part of safe school protocol with provision of supplies – creation of new norms



Handwashing with soap (HWWS) during Ebola



Self-reported changes in behaviors (August, Sept, Dec 2014)

Impact of Handwashing Promotion

- Improved knowledge and practice of Handwashing with soap/chlorine
- During the outbreak a new social norms was created: washing hand with soap or chlorine before entering public place (school)
- The contribution of Handwashing in ending the outbreak is unknown? Case management: early referral and containment are key to reducing transmission
- Evidence that community empowerment (ODF communities) is a protective factors (Liberia study)

Lesson learned from EBOLA

- Production of 'timely guideline' is paramount for emerging context (UNICEF, WHO) - the Ebola framework can be reused
- Importance of coordination of efforts to avoid confusion of message (IPC, social mobilisation, wash cluster/sector)
- Building on experience of local actors especially community development actors (eg CLTS, WinS)
- Knowledge management should be improved (separate team?) to build evidence for the future

Open Question?

- In the future, what should be promoted handwashing with soap or chlorine (HTH)/NADCC? Does it depend on the type of disease and location (household, public space)?
- How do we sustain the handwashing social norms create during the outbreak? How do we monitor it?
- Coordination of Hygiene promotion sub cluster (WASH) with the discussed 'social mobilisation cluster'?

Students When to Wash Hands

Wash your hands to stay healthy. Wash your hands with soap and water for 20-30 seconds. Tell your teacher if the water is finished.



When you get to school



Before and after you eat



After you use the toilet



After playing



After touching pee, poop, vomit, snot, spit, or blood

If you feel sick, call
117
Together, we can get to zero!

U.S. Centers for Disease Control and Prevention

Thank you

For more information, please contact

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Happy children returning to school

Lessons Learned on IPC and WASH from Ebola Response in Liberia, Guinea, and Sierra Leone



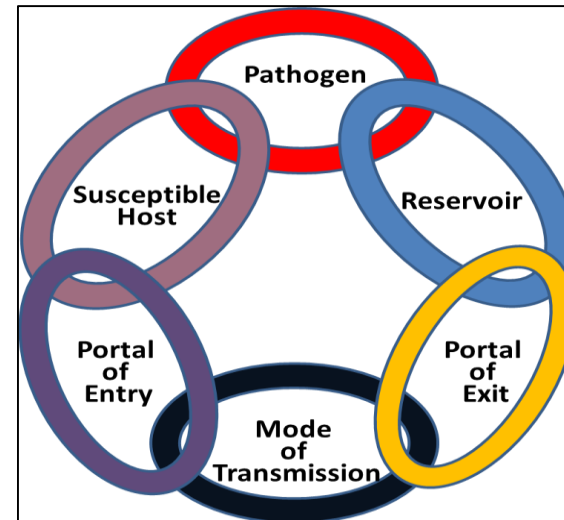
Presenters

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Introduction to Infection Prevention and Control

- Prevention of transmissions occurring in healthcare facilities
- Basic elements causing transmissions
 - Pathogen
 - Reservoirs
 - Ports of exit
 - Modes of transmission
 - Ports of entry
 - Susceptible hosts



Standard Precautions

- Standard precautions are a foundation for preventing infections in healthcare settings
- Important elements of standard precautions
 - Hand hygiene
 - Personal Protective Equipment (PPE)
 - Prevention of sharp injuries and injection safety
 - Environmental cleaning
 - Waste management
 - Disinfection and sterilization of medical equipment

WASH for Standard Precautions

- Need Collaboration with WASH
 - Hand hygiene
 - Environmental cleaning
 - Prevention of sharp injuries and injection safety
 - Waste management
 - Disinfection and sterilization of medical equipment
- Ok on its own
 - Personal protective equipment (PPE)

Improving Hand Hygiene During Ebola Response



- Expensive
- Not available
- Loss

Need WASH for clean and safe water

Improving Hand Hygiene During Ebola Response



Entrance of a hospital in Guinea

Improving Environmental Cleaning



An operating table in a hospital in Guinea



A cart in an operating room in a hospital in Guinea



Shelves of a cart in an operating room in a hospital in Guinea

Improving Sharps Safety



**A needle sticking on an IV bag
in a hospital in Guinea**



**Safety boxes used in a hospital
in Guinea**

Improving Waste Management



West storage area in a hospital in Guinea

Improving Disinfection of Medical Equipment



**A bucket used for disinfecting medical equipment
in a hospital in Guinea**

Key Take Home Messages

- WASH is the basic need for IPC in healthcare settings
- For sustainability, national policy and strategic plan for IPC must include a section on WASH
- There should be collaboration between WASH and IPC at all levels
 - International (e.g., WHO, CDC, UNICEF)
 - National (e.g., IPC Working Group should include representatives from WASH)
 - Facility (IPC and WASH Working Groups should be integrated)

Key takeaways for the WASH & SBC sectors

- CLTS engagement in other health-related activities has raised government awareness of the need for more targeted support to the community-level health system and demonstrates a more low-cost, sustainable option
- CLTS can be more than just a tool for sanitation promotion and momentum can be harnessed to promote other community health and development objectives
- Technical guidance and evidence-based knowledge must be provided at the RO/HQ level
- Knowledge and Information Management must be supported and cross-sectoral monitoring should be clearly defined between sectors/clusters to reduce gaps or overlaps between IPC and WASH programs
- IPC programs within healthcare structures must integrate improved WASH practices at all levels and WASH is critical for IPC in healthcare settings
- For sustainability, national policy and strategic plans for IPC must include a section on WASH



Questions?



Thank You!

PPPHW

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