



# WASH in Health care facilities: Realities, issues and requirements

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# WASH in HCFs – Definition

**WHO and UNICEF’s Joint Monitoring Program defines ‘basic’ WASH in a healthcare facility as:**

1. Water	Water from an improved source is on premises
2. Sanitation	Improved facilities are usable, separated for patients and staff, separated for men/women and providing menstrual hygiene facilities and meeting the needs of people with limited mobility
3. Hygiene	Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets

- WASH in HCFs: SDG 6, SDG 3.8 (quality of care)
- 2018 study by Bartram & Cronk reviewed environmental conditions in health care facilities in 78 LMICs and found:
  - 50% of HCFs lack piped water, 33% lack improved toilets, 39% lack handwashing soap
  - Only 2% of HCFs provide all four among water, sanitation, hygiene, and waste management services
  - **Inequalities exist:** rural facilities are less likely to have basic WASH, and many services are not accessible to people with disabilities

- Exact global burden of healthcare-associated infections is *unknown* in many developing countries
  - Complexity of the diagnostic criteria
  - Absence of national surveillance systems (World Health Organization, 2011)
- These infections are estimated to account for approximately 10% of hospital admissions worldwide
  - In resource-restricted settings particularly low- and middle-income countries, the prevalence rates of healthcare-associated infections are estimated at 15 - 31% (WHO, 2011)

# Impact of poor WASH in HCFs

- Lack of WASH puts health workers, staff, and patients at risk
- Poor WASH is a primary contributor to healthcare-acquired infections (HCAIs)
- HCAIs lead to increased mortality and morbidity, longer hospital stays, and higher healthcare costs
- Sepsis, resulting from infection, causes 7% of child deaths, and is the third most common cause of maternal mortality
- Infections, including sepsis, led to nearly 400,000 newborn deaths in 2016 alone, accounting for 15% of neonatal mortality
- Poor WASH contributes to anti-microbial resistance (AMR) - a growing public health concern that leads to approximately 700,000 deaths each year
- Lack of WASH also limits the quality of care that health workers can provide, and can deter patients from seeking care in facilities

- **UN Secretary General issued call to action on WASH in HCFs in 2018:**

“Today, I am using the launch of the Water Action Decade to make a global call to action for water, sanitation and hygiene – or WASH -- in all health care facilities. A recent survey of 100,000 facilities found that more than half lack simple necessities, such as running water and soap - and they are supposed to be healthcare facilities. The result is more infections, prolonged hospital stays and sometimes death. We must work to prevent the spread of disease. Improved water, sanitation and hygiene in health facilities is critical to this effort.”

<https://www.un.org/sg/en/content/sg/statement/2018-03-22/secretary-generals-remarks-launch-international-decade-action-water>

# WASH in HCFs – requirements

- Improvement of WASH services
- Improvements in IPC practices
- Maintenance and sustainability of existing services
- Good governance



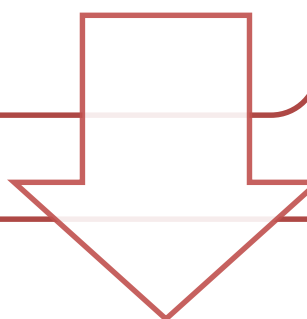
- A study to determine the level of health care workers' compliance with hand hygiene guidelines & to determine factors influencing compliance in Kenya: a case of Embu level 5 hospital (*Maingi Sylvester, 2015*)
  - Moderate compliance rate of 46.6% among health workers
  - Professional category, level of education and the level of knowledge of health care workers,
  - Availability of disposable paper towels and alcohol-based hand gel influence compliance with hand hygiene guidelines
- Recommended:
  - Provision of continuous training on hand hygiene protocols
  - An improvement in the provision of hand hygiene infrastructure particularly clean tap water, hand washing soap, alcohol-based hand gel, disposable hand towels & posters on hand hygiene



- The recognition that despite the recognition that the practice of hand hygiene being a simple effective action for preventing healthcare-associated infections (HAIs), poor compliance among healthcare providers is a major problem worldwide
- In alignment with the national infection prevention & control guidelines (2010): Need to train on the 5 crucial moments for hand washing
  - Practice of hand hygiene before touching a patient;
  - Before performing a clean, sterile or aseptic procedure;
  - After body fluid exposure risk;
  - After touching a patient
  - After touching patient environment or surroundings

# Amref Activities: health facilities

Contribute to reducing HAIs

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By contributing to changing  
sanitation & hygiene behavior  
*(hand hygiene practice recognized  
as most important IPC practice)*

# Amref (sample) activities: health facilities

- Mapping health care facilities in the intervention areas
- Assessment of WASH infrastructure in the health care facilities
- Sensitizing health management committees on sanitation and hygiene activities including menstrual hygiene management
- Orientation and sensitizations of health workers on sanitation and hygiene activities including menstrual hygiene management
  - **E.g. KSHIP: 809** health care workers in 48 health facilities have been sensitized and oriented on sanitation and hygiene
- Involving health facility health staff to participate in sanitation and hygiene promotion in various sensitization meetings

# Amref (sample) activities: health facilities



- Introducing Immediate corrective measures in health facilities which include regular cleaning of latrines, trimming of grass, repair of latrine doors
- Incorporating S & H messages in the health talks at the facilities
- Supporting renovations of sanitation facilities and provision of hand washing facilities
  - Construction & renovation of sanitation facilities in health facilities → based on [needs assessment](#) in the health facilities
- Continuous monitoring
- Outcome & impact evaluation

# Maraigushu Dispensary – Naivasha Sub-County, Nakuru County



# Nyamathi Dispensary, Naivasha Sub-County, Nakuru County



# Orientation of Health Management Team on sanitation and Hygiene at Eserian Hotel Naivasha in March 2017



# Some learning

- Budgetary allocation for health care facilities from onset
  - Flexibility: needs assessment
- Collaboration: government-led
- Complementing: broader infrastructure development agenda at health care facilities
- Both: hardware & behavior change communication
- Challenge:
  - Solid waste management
  - Water



