



WASH in HCF

Global Learning Event

Kathmandu, Nepal

28-30 March 2017

From Assessment to Action: WASH in HCF Conditions
in Zambia, Uganda, and Malawi

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Context and Background

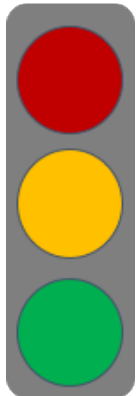
- The **Center for Global Safe WASH** at Emory University developed an assessment tool to evaluate WASH conditions within HCF in low- and middle-income countries.
- The purpose of the tool is to:
 1. Develop a comprehensive overview of the status of WASH conditions in HCF within a particular region.
 2. Provide real-time data to prioritize programmatic activities to improve WASH in HCF.
 3. Contribute to the evidence base for advocacy and action in the area of WASH in HCF.

WASHCon Domains

Domains		Sub-Domains
	Water Supply	<ul style="list-style-type: none"> • Access & Source • Quality • Quantity
	Sanitation Facilities	<ul style="list-style-type: none"> • Accessibility • Quantity • Infrastructure
	Handwashing Facilities	
	Environmental Cleanliness	<ul style="list-style-type: none"> • Equipment & Supplies • Ward Hygiene
	Waste Management	<ul style="list-style-type: none"> • Segregation • Disposal/Treatment

WASHCon Tool

- Each domain receives a “**traffic light**” score to help identify gaps and strengths at the facility to prioritize interventions.
- Data from the tool is compared to the JMP indicators for WASH in HCF.
- Findings are shared in as 1) **dashboard** for central implementers and 2) **reports** generated for facilities.



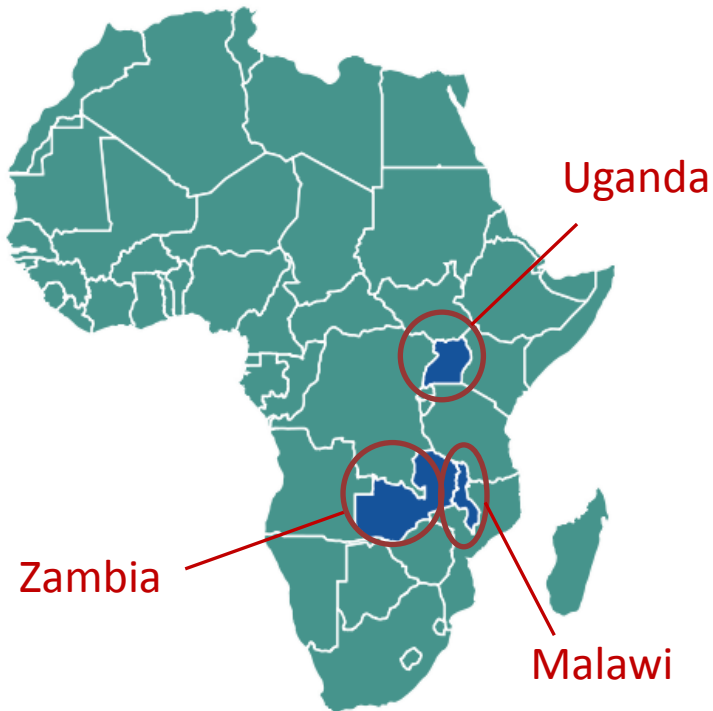
Traffic Light Score	Criteria
Unimproved/No Service (Score of 1.0 – 1.7)	HCF has made little or no progress toward achieving basic WASH indicators
Limited Service (Score of 1.8 – 2.7)	HCF has made some progress towards achieving basic WASH indicators
Basic Service (Score of 2.8 – 3.0)	HCF has achieved “basic” WASH indicators

Objectives

1. To assess hospitals and health centers on the **conditions** of WASH, scoring the facilities in tandem with the JMP service ladder rungs.
2. To implement **improvements** within the HCF in coordination with HCF staff and local government.
3. To share the conditions **data** with local government and scientific community to build the evidence base for WASH in HCF.

WASHCon Implementation

In 2016, the tool was used to assess 118 HCF in three countries with two partners:



- Zambia: **52 HCF** through World Vision (May 2016)
- Malawi: **15 HCF** through the Synod of Livingstonia (September 2016)
- Uganda: **51 HCF** through World Vision (November 2016)

Outcomes: Zambia

- World Vision held a findings **dissemination meeting** with government officials.
- An **improvement plan** was developed to address the issues identified by WASHCon:
 1. The government is ensuring provision of hand hygiene facilities and cleaning materials.
 2. Construction of WASH facilities, in particular handwashing stations, is scheduled to start.
 3. World Vision, in collaboration with facility directors, is educating health centre staff on WASH in HCFs.
 4. Water quality monitoring is being done by Environmental Health Technologist (gov't staff) in the health centres.



Outcomes: Malawi

- The Synod plans to use of WASH FIT to direct the implementation phase, beginning May 2017.
 - Initial focus on handwashing stations (lowest scoring domain and large potential for impact)
- In the process of creating a WASH FIT team at each HCF, with an overseeing Synod/MOH WASH FIT Team to train and advise the individual HCF teams.
- An additional 15 government HCF in the region be assessed and invited to participate in WASH FIT.

Malawi Dashboard

Facility	Water Supply	Sanitation	Cleaning Routines	Handwashing Facilities	Waste Management
Kavuzi	2.2	2.5	2.8	2.2	2.4
Mpasazi	2.1	2.1	3.0	1.5	2.6
Mlowe	1.8	2.2	3.0	2.0	2.4
Mabili	2.3	1.9	3.0	2.0	2.4
Bandawe	2.7	2.4	2.6	2.0	2.6
Enukweni	2.0	2.3	3.0	2.0	2.7
DGMH	1.9	2.5	3.0	1.6	2.8
Msumbe	2.0	2.4	2.8	1.5	2.5
Zunga	2.0	2.5	3.0	2.5	2.5
Ekwendeni	2.5	2.3	2.8	1.4	2.6
Embangweni	1.9	2.0	3.0	1.4	2.6
Kalikumbi	2.3	2.3	3.0	1.5	2.2
Mharaunda	2.2	2.3	2.9	2.0	2.7
Luwuchi	1.8	2.4	3.0	1.8	2.4
Tcharo	2.1	2.4	3.0	2.0	2.4



CLEANLINESS IS LIFE

- LET US NOT SIT ON OUR PATIENTS BEDS TO AVOID CROSSINFECTION.
- TO ALL HEALTH WORKERS WORKING HERE AT THE HOSPITAL, LET US REMEMBER TO WASH HANDS BEFORE & AFTER GLOVING AND EXAMINING EVERY PATIENT.

Data from Uganda

KEY FINDINGS

- 9.62% of the Health Centres reached had basic water supply systems.
- 7.69% of the facilities had basic sanitation facilities.
- 28.8% of the Health Centres carried out routine cleaning.
- 11.54% of the HCF had handwashing facilities with water and soap at the time of the visit.
- 15.38% of the HCF were properly managing their wastes as guided by the assessment tool.

The Health Centres assessed were either Health Centre III or Health Centre IV where deliveries and admissions are conducted.

Outcomes: Uganda

- World Vision is using the findings for **fundraising** and **advocacy** through the dissemination of results to government and NGO partners.
- All domains were found in great need of improvements and are addressed in the plans:
 1. Increase access to safe drinking water with emphasis on water access in delivery rooms via pipe systems.
 2. Waterborne latrine designs with handwashing facilities incorporated.
 3. Construction of incinerators and placenta pits and awareness raising around waste management.
 4. Training on operation and maintenance of new facilities.

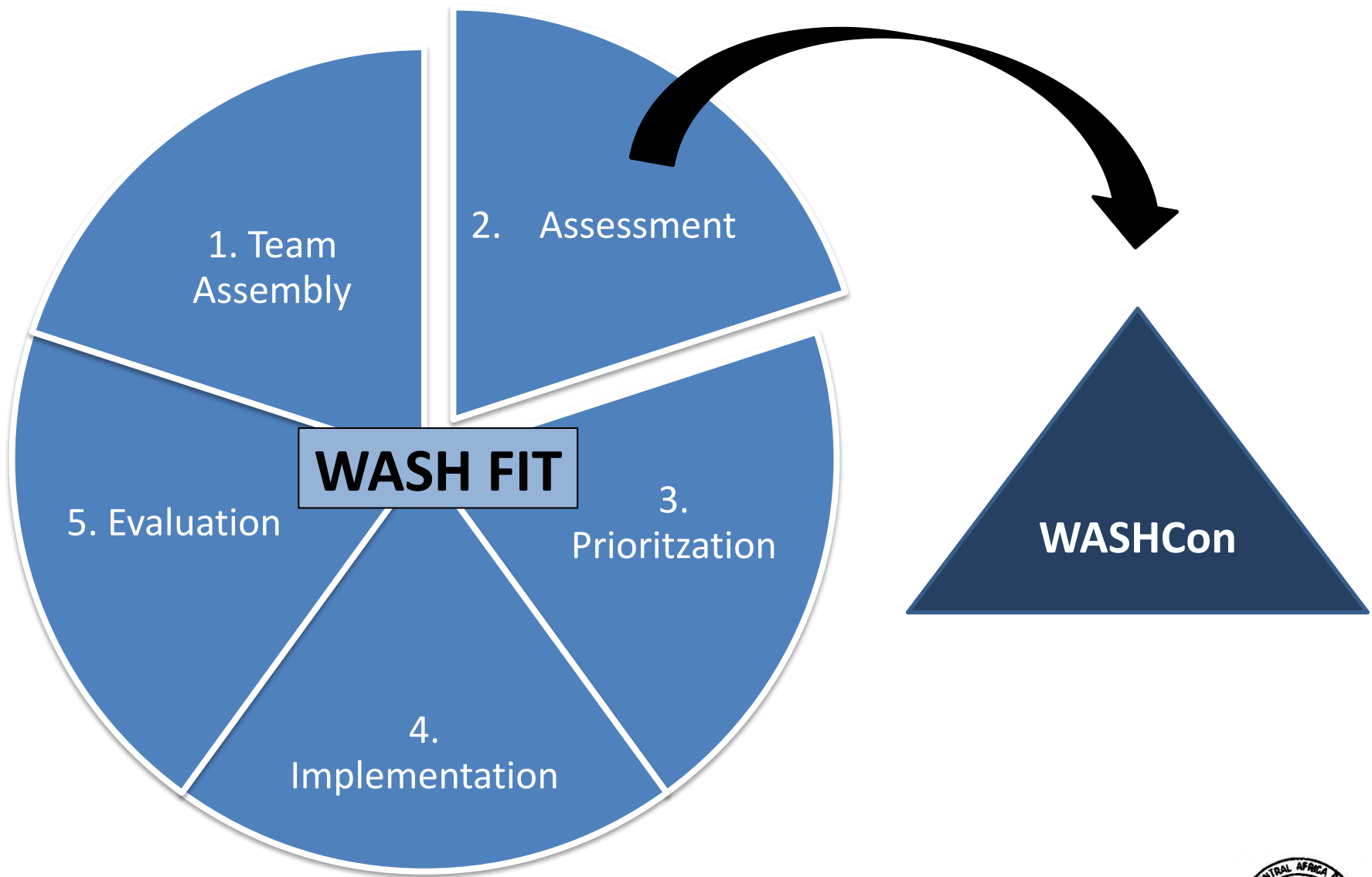


Strengths

- WASHCon, in concert with WASH FIT, provides a **risk-based planning approach** to WASH interventions.
- **Capacity building** allows for assessments and evaluations to continue once implementation is underway.
- **Incorporation of key local groups** has raised awareness, identified roles and responsibilities, and allocated budgets:
 - Local government
 - Health officials
 - Environmental/WASH officials

Challenges

- Health sector's apparent limited experience in WASH.
- Identified challenges with approaching WASH in HCF for these groups:
 - Low prioritization of WASH
 - Limited budget and available resources
 - Understaffing
 - Lack of monitoring and enforcement of policies
 - Lack of technical knowledge on the best infrastructure design for HCF.
- Additionally, these assessments were conducted prior to the clarity around WASH FIT's use, so the approach was added in after the fact.





Opportunities & Threats

- A major **opportunity** here is the **risk-based planning** approach including assessment and prioritization for more appropriate, needed, and sustainable interventions.
- The major **threat** here is jumping into implementation **without working actively** to not only engage the **health sector**, but to also encourage them to lead the process.

Next Steps

- WASHCon continues to be **improved** based on user feedback and findings. It will be used with UNICEF Uganda in 100+ facilities in April.
 - Added a **management module** to better align with WASH FIT
 - Adding a **WASHCon LTE** for monitoring purposes (post-baseline assessment)
- **WASHCon for Emergency Preparedness (EmPrep)** is for HCF vulnerable to emergencies (diarrheal outbreaks, climate change, natural disasters, etc).

Zambia: In Depth



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