MDGi – ER2 WASH in Health

the Zambian experience

From Pilot to Scale up

Hilton Chibeleka
London - March 2016
OVERVIEW OF IPC WASH in HEALTH

- MDGi context: EU funded-Accelerating Progress Towards Maternal, Neonatal and Child Morbidity and Mortality Reduction in Zambia
- Pilot in 4 Health Facilities (9 months)
  - Partnership with NGO CIDRZ for implementation

- WASH in Health programme is IPC oriented
## WASH PACKAGE AND PRIORITIES

<table>
<thead>
<tr>
<th>BARRIERS TO DISEASE TRANSMISSION</th>
<th>INTERVENTIONS (Soft+Hard)</th>
<th>Infection Prevention Efficiency</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disinfection + cleaning</td>
<td>Liquid chlorine production units + training (potential income generating activities)</td>
<td>++++</td>
<td>+</td>
</tr>
<tr>
<td>Safe drinking Water</td>
<td>Water supply, Storage, Treatment (chlorine dosing)</td>
<td>+++</td>
<td>+++</td>
</tr>
<tr>
<td>Hand washing</td>
<td>Supply hand washing stations and sanitizers, practice</td>
<td>++++</td>
<td>+</td>
</tr>
<tr>
<td>Sanitation - toilets</td>
<td>Build / rehabilitate toilets, maintenance</td>
<td>++++</td>
<td>+++</td>
</tr>
<tr>
<td>Sanitation medical wastes</td>
<td>Equipment for solid waste collection, storage and disposal (pits, incinerators…)</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>Standard Operating Procedures</td>
<td>IPC committee; develop simple standards + capacity building</td>
<td>++++</td>
<td>+</td>
</tr>
</tbody>
</table>
ACTIVITIES

Hand washing and drinking point
Personnel Protective Equipment
Chlorine Production
Waste incineration
IPC on site training
Waste management supplies
Big clean-up
New ablution block
IPC Training of Trainers
Water Quality Results

Water Quality Results - % of Samples per site at

Baseline [May]

Midline

Endline [Aug]

Concerned mobile water points

Learning:
Disinfection SOP not applied
Need for more robust solutions
- Chlorine dosing pumps
- Emphasis on SOPs
- Fixed water points where possible

WHO / Zambian water quality standards
Hygiene status (hand touch sites)

Hygiene Status: proportion of **key surfaces-hand touch sites** that "passed" [<5cfu/cm²]

---

**Total Aerobic Colony Count (ACC)**
2.5 to 5 cfu/cm² is classified as **hygiene failure**[1,2,3]

A pass is defined as having <2.5 Colony forming Units (cfu)/cm²

<table>
<thead>
<tr>
<th>% of sites passed</th>
<th>Baseline</th>
<th>Endline</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kanyama</td>
<td>15.8</td>
<td>27.3</td>
<td>73%</td>
</tr>
<tr>
<td>Chipata</td>
<td>45.7</td>
<td>52.2</td>
<td>14%</td>
</tr>
<tr>
<td>Chipokota</td>
<td>26.3</td>
<td>60.7</td>
<td>131%</td>
</tr>
<tr>
<td>Chipulukusu</td>
<td>21.7</td>
<td>55.5</td>
<td>156%</td>
</tr>
</tbody>
</table>

---

Findings:
- >50% drug resistance (10 commonly used antibiotics)
- Only approx 30% of antibiotic still sensitive
- 1 antibiotic (out of 10) sensitive for all 4 indicator pathogens
**SCALING UP NOW**

- **Current rolling-out and take-aways -> 51 additional health facilities**
  - GRZ ownership through MoH leadership in scaling up phase with UNICEF direct support
  - Institutionalization framework: DIRECT implementation by Districts, Provinces and Ministry
  - Increase mentoring/support period
  - Joint IPC assessments conducted in 51 HF validated by MoH
  - IPC WASH in Health Training of Trainers at Prov/District level
  - Provinces and Districts to develop action plans and budget
  - Continue outcome research: evidence based implementation
  - HCF Equipment and supplies through LOCAL vendors for after sale services (maintenance and spare parts)

- **Challenges**
  - Inadequate funding for impact research to generate evidences of direct benefit to patients
  - Insufficient funds to institutionalize operations of the project (fuel, salt, power...)

- **Opportunities**
  - Leveraging EIB funds for country wide scaling up (harmonization of WASH package)