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ENSURING MOTHER AND CHIDHEALTH AT THE HOSPITAL

WITH WASH IN HEALTH CARE FACILITIES: FOCUS ON AUTONOMOUS CHLORINE PRODUCTION IN ZAMBIA

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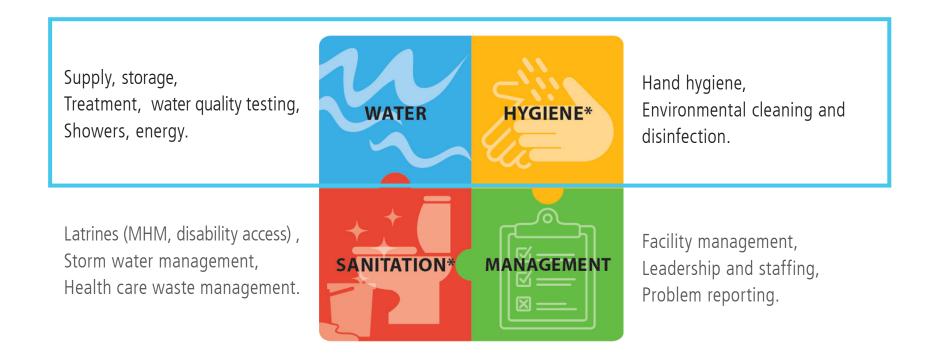
PROCESS **& TECHNOLOGIES**

FOR INFECTION PREVENTION **CONTROL IN HEALTH CARE FACILITIES**

INTRODUCTION

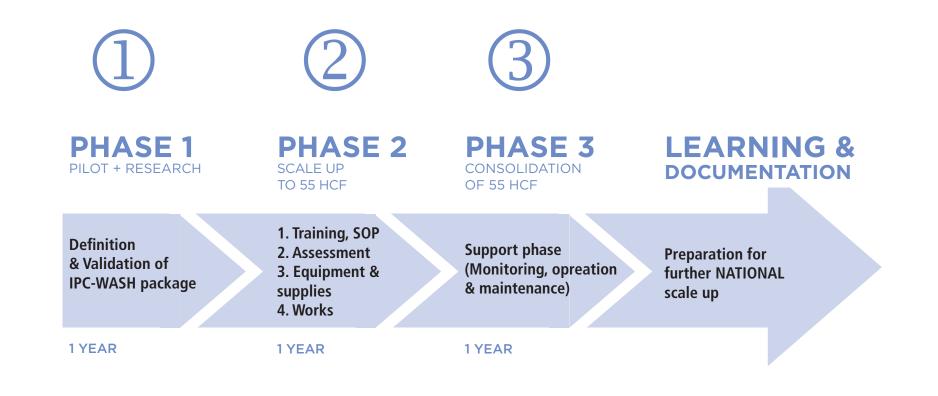
Amongst the 1'690 health care facilities (HCF) existing in the country, 80% are located in rural areas with more than 90% of all HCF water supply infrastructure requiring either repair or replacement (Namonje, 2017) putting especially mother and newborns at risk of being infected with hospital acquired diseases (UNICEF, 2018).

WASH infection prevention and control (IPC) package introduced by UNICEF to support local govern-ments in improving access to hygiene in hospitals.



PILOT PROJECT

The **Ministry of Health of Zambia** with support from **UNICEF Zambia** designed in 2016 an integrated WASH package for infection prevention and control to mitigate health care-associated infections. The package was rolled out in 55 HCF in two provinces (Lusaka and Copperbelt) with EU funding to ensure improved conditions for mother and newborns (UNICEF, 2018).

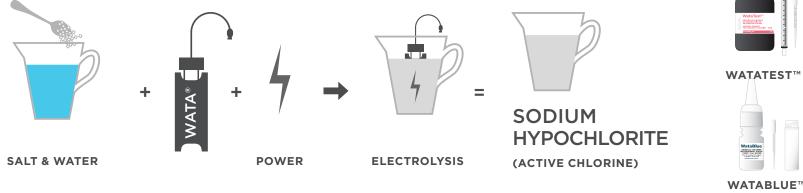


WATA[™] technology, developed by Antenna Foundation, is based on a simple process of electrolysis which transforms a salt water solution into sodium hypochlorite. The solution may be used directly to treat drinking water, clean surfaces or disinfect wounds.

15 L

OF ACTIVE CHLORINE I









WATATM PRODUCT RANGE

30 L

OF ACTIVE CHLORINE I

PRODUCTION & QUALITY CHECK

APPLICATIONS

LESSONS LEARNT:

60 L

OF ACTIVE CHLORINE IN

4h30

CONCLUSIONS **AND OUTLOOKS**

was demonstrated

IPC WATATM IN THE WORLD



2 L

F ACTIVE CHLORINE IN

2h30

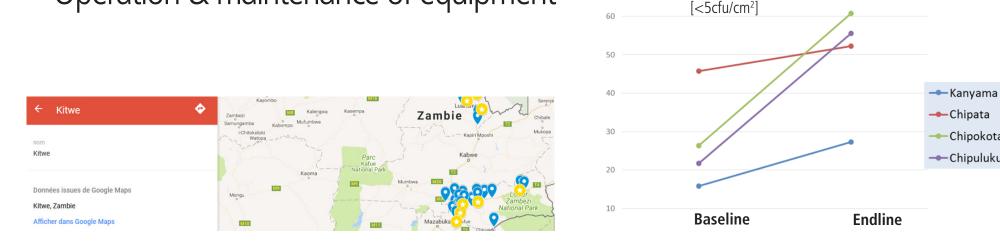
0.5 L

OF ACTIVE CHLORINE IN

3h

CHALLENGES

- Rotating staff and regular need for training refreshers
- Supply chain of reagents (Regular quality control of water with WataBlue[™] is key to ensure safe water in HCF)
- M&E is required to follow improvement and shall be ensured by MoH
- Operation & maintenance of equipment



RESULTS

- Improved hygiene status on surface contamination (cf. baseline study Namonje, 2017)
- Increased use of chlorine (with proper M&E)
- Reduction of spending for bleach
- General satisfaction of HCF staff

Hygiene Status: proportion of key surfaces-hand touch sites that "passed"

Endline Improvement

55.5

- Innovative & efficient approach for autonomous on-site chlorine production (for remote HCF): the value of WATATM technology in improving hospital hygiene and guaranteeing high-quality disinfection at lower cost and in sufficient quantity
- Monitoring & Evaluation to ensure the ongoing efficiency of the project is key (e.g. Mwater online application)
- Autonomy and self-management of rural HCF achieved
- **National scaling-up** of WASH-Infection Prevention and Control (more than 1'600 HCF)

IPC IN BURKINA FASO

- 26 HCF in Burkina Faso equipped with WATA[™] with Ministry of Health (2013-2015)
- Potential scale up to 2,000 HCF

IPC IN CHAD

80 HCF in Chad equipped with WATA[™] with UNICEF (start 2018)

References

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