



Quality, Equity, Dignity

A Network for Improving Quality of Care
for Maternal, Newborn and Child Health

WASH IN HEALTH-CARE FACILITIES: LINKS WITH THE NETWORK FOR IMPROVING QUALITY OF CARE FOR MATERNAL, NEWBORN AND CHILD HEALTH



Standard 8, Quality statement 8.1: Water, energy, sanitation, hand washing and waste disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their families (1).

Global situation of WASH in health-care facilities

In 2015, for the first time, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) assessed the status of water, sanitation and hygiene (WASH) in health-care facilities in low- and middle-income countries (2). With nearly 40% of facilities lacking improved water, and nearly 20% without sanitation, WHO, UNICEF and partners committed to address the situation at a global meeting, with the aim of achieving universal access in all facilities, in all settings by 2030 (3).

Action plan activities are centred around four main areas: advocacy/leadership, monitoring, evidence, and facility-based improvements, which have a strong focus on nationally and locally driven solutions (4).

Links between WASH and the Quality of Care agenda

Achieving and maintaining adequate WASH services in health-care facilities is critical for meeting several targets under Sustainable Development Goal (SDG) 3 (good health), especially 3.1 and 3.2 on reducing maternal and neonatal mortality and 3.8

Photo: Children take water from water filters, at Zilla Parishad Higher Primary School in Bhatari, India, in June 2012. ©UNICEF/Vishwanathan



on universal health coverage. SDG 7 (clean energy) and SDG 13 (climate change) provide further momentum and resources for comprehensively addressing environmentally sound infrastructure services in health-care facilities.

Clean and safe health-care facilities increase trust in and demand for services, improve the experience of care, strengthen staff morale and performance, and reinforce the role of staff in setting societal hygiene norms. Such services also strengthen the resilience of health systems to prevent disease outbreaks, allow effective responses to emergencies (including natural disasters and outbreaks) and bring emergencies under control when they occur.

For example, a systematic review of 54 studies on quality of maternity services found that, while the interpersonal behaviour of the caregiver was the

most highly correlated with satisfaction, cleanliness and availability of functioning toilets and drinking water were also important factors influencing perceptions of quality (5). These findings are supported by cross-sectional studies in Bangladesh and India, where the patient rating of services was highly correlated with clean toilets, availability of drinking water and hand hygiene facilities (6,7). Patients who are satisfied with their experience are more likely to trust and cooperate with their health-care provider, and comply with treatment.

To ensure that increasing demand and use of services is met with quality service provision, improvements in WASH services and hygiene practices in health-care facilities must be addressed. WASH is included in the Quality of Care framework for maternal and newborn health to ensure specifically targeted efforts in quality improvement in this area.

Quality statements linked to WASH

Water, sanitation and hygiene quality statements build on existing WHO standards for water, sanitation and hygiene in health-care facilities detailed in *Essential environmental health standards in health care (8)*, but with a specific focus around the time of childbirth.

To reach Quality Standard 8.1, the following inputs must be realized:

- Protected water source at the facility which provides water to meet demands of the facility
- Waste disposal bins in all treatment areas to allow segregation of waste at point of generation
- Hand hygiene stations, with water and soap (or alcohol-based hand rub) in all wards
- Sufficient energy infrastructure (including a back-up power source) to meet electricity demands of the facility
- Written, up-to-date protocols and awareness-raising materials on cleaning and disinfection, hand hygiene, operating and maintaining water, sanitation and hygiene facilities and safe waste management
- Sanitation facilities on premises that are available, usable and accessible, and sufficient in number for staff, patients and visitors, are separated by gender, and include at least one toilet that meets the needs for menstrual hygiene management
- Sufficient trained, competent staff on site, with clear descriptions of their responsibilities
- Sufficient funds for rehabilitation, improvement and continuous operation of maintenance of WASH services



Photo: Women hold their babies in the paediatric unit of the regional hospital in Zanzibar, Tanzania in April 2014. ©UNICEF/Kate Holt

- A fuel management plan and local buffer stock as required
- Preventive risk plan for managing and improving WASH services
- Energy management plan supported by an adequate budget, maintained by staff and regulated by a competent authority.

What are countries doing to improve WASH in health-care facilities?

Many countries are taking action to improve WASH in health-care facilities as part of the quality of care. For example, the “Clean and Safe Hospitals” (CASH) campaign in Ethiopia launched in 2015 has significantly improved WASH in 249 health-care facilities through training, staff accountability, community engagement, innovative technologies and their management by the private sector, and auditing and recognizing high-performing hospitals. While impact studies are ongoing, staff report improvements in satisfaction and significant uptake of services. A similar inclusive national model is being implemented in India under the name “Kayakalp” and engagement with communities to demand and seek safe and clean facilities has been noted as particularly instrumental in driving change.

WASH FIT: A tool for integrating WASH with quality-of-change improvement activities

In 2015, WHO and UNICEF developed the Water and Sanitation for Health-care Facility Improvement tool (WASH FIT) (9). WASH FIT is a framework to guide small, primary health care facilities in low- and middle-income settings through a continuous cycle of improvement, through assessments, prioritization of risk, and defining specific, targeted actions. These actions are integrated into a facility’s existing activities, in particular feeding into Infection Prevention and Control (IPC) and specific quality-of-care improvement activities. WASH FIT encourages small, incremental changes to improve the cleanliness and safety of a facility, resulting in improved health outcomes and a better experience of care. Improvements are made with the long-term aim of reaching health-based targets and meeting standards included in national accreditation



schemes. To date, WASH FIT has been implemented in a number of African countries, including Chad, Liberia, Madagascar and Mali. Additional training and WASH FIT activities are planned in a number of other countries, including Cambodia, Kenya, Lao People's Democratic Republic, Malawi and Tajikistan.

Notes and references

1. Standards for improving quality of maternal and newborn care in health facilities. Geneva: World Health Organization; 2016 (http://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/, accessed 30 January 2017).
2. WHO, United Nations Children's Fund. Water, sanitation, and hygiene in health care facilities: status in low- and middle-income countries and way forward. Geneva: World Health Organization; 2015. (http://apps.who.int/iris/bitstream/10665/154588/1/9789241508476_eng.pdf?ua=1, accessed 2 February 2017).
3. Water, sanitation and hygiene in health care facilities – urgent needs and actions. Global meeting, 17–18 March 2015, Geneva, Switzerland. Meeting report. Geneva: World Health Organization, New York: United Nations Children's Fund; 2015. (http://www.who.int/water_sanitation_health/facilities/wash-in-hcf-geneva.pdf?ua=1, accessed 2 February 2017).
4. A knowledge portal has been established to share, exchange and further mobilize global, national and local action relating to the global action plan (<https://www.washinhcf.org>).
5. Bleich SN, Özaltın E, Murray CJ. How does satisfaction with the health-care system relate to patient experience? *Bull World Health Organ*. 2009;87(4):271–8. doi:10.2471/BLT.07.050401.
6. Hasan A. Patient satisfaction with MCH services among mothers attending the MCH training institute in Dhaka, Bangladesh [thesis]. Nakhonpathom, Thailand: Mahidol University, Faculty of Graduate Studies; 2007.
7. Ray SK, Basu SS, Basu AK. An assessment of rural health care delivery system in some areas of West Bengal – an overview. *Indian J Public Health*. 2011;55(2):70. doi:10.4103/0019D557X.85235.
8. Adams J, Bartram J, Chartier Y, editors. Essential environmental health standards in health care. Geneva: World Health Organization; 2008 (http://www.who.int/water_sanitation_health/publications/ehs_hc/en/, accessed 2 February 2017).
9. WASH FIT is currently being published and will be available at www.washinhcf.org in March 2017.

Photo: Gift Moses holds her newborn baby girl in the Mbeya Regional Hospital in Mbeya, Tanzania in April 2014. ©UNICEF/Kate Holt