



## MINISTRY OF HEALTH

### **TERMS OF REFERENCE FOR WATER, SANITATION AND HYGIENE (WASH) IN HEALTH CARE FACILITIES TECHNICAL WORKING GROUP.**

#### **I. Background**

Fully functioning water, sanitation, hygiene (WASH) and health care waste management services are a critical aspect of infection prevention and control (IPC) practices and ensuring patients safety and quality of care. Such services are also essential for creating an enabling environment that supports the dignity and human rights of all health care seekers, especially mothers, new-born, children and health care providers. WASH and health care waste management services are also critical for preventing and effectively responding to Hospital Acquired Infections (HAIs). The COVID-19 pandemic has exposed gaps in these basic services.

Many facilities in low-middle-income countries (LMIC), including Kenya lack plans and budgets for WASH in HCFs, which has great impact on IPC. This lack of services and systems, compromises the ability to provide safe and quality care and places health care providers and those seeking care at substantial risk of infection and loss of dignity.

Climate change and its impacts on WASH and health services, gender-specific needs, and equity in service provision and management require rigorous attention, adaptable tools and regular monitoring.

The 2018 global call to action on WASH in health care facilities by the United Nations (UN) Secretary-General elevated this issue among all UN agencies, partners and Member States. Building on the global call, all the 194 World Health Organization (WHO) Member States approved a resolution on WASH in health care facilities at the 2019 World Health Assembly. The resolution calls on all countries to establish baselines and set targets, embed WASH in key health programmes and budgets, improve and maintain infrastructure, and regularly report on progress.

The 2019 Joint report by World Health Organization (WHO) and United Nations Children and Education Fund (UNICEF) on Water, sanitation and Hygiene (WASH) in health care facilities titled “*An unmet need*”, “*The world can no longer afford to overlook the fundamentals*” glaringly brought forward the gaps in WASH. As a highlight, the report noted that 90% of healthcare workers still do not adhere to recommended hand hygiene practices, and up to one million mothers and new-borns die from preventable infections linked to unclean births.

A report of an assessment done by the Ministry of Health in 2019 titled Kenya Health Facility Assessment (KHFA), found that, the mean availability of standard precaution for infection prevention items nationally was 65%. Further, only 12% of health facilities were found to have all items for standard precaution for infection prevention. Additionally, an assessment conducted by the Ministry of Health with support from WHO and UNICEF (May 2022) found that; 63.7% of the health facilities had adequate water. However, the report revealed that water was unsafe in half (49.5%) of the facilities assessed. Similarly, 58% of the facilities did not have adequate hand washing stations, 62% had no functioning hygiene stations at points of care, 45% had no dedicated decontamination areas, while 21% lacked reliable sterile material supply or sterilization equipment.

**The Goal of WASH in HCF** is to improve the quality of care and health outcomes through reduced infections, greater uptake of services, and more productive and confident health care staff.

**The Objective of WASH in HCF** is to provide a framework for facilities to monitor and improve WASH services where resources are limited. It helps facility managers and staff to ensure their facility is clean, safe for patients and staff and support dignity of all users.

Kenya has customized and adapted WASH FIT materials and is in the process of rolling-out WASH in HCFs. Already, 38 Counties have each 2-trained master TOTs. MoH intends to rollout WASH FIT implementation in all the 47 counties, and has an ambitious target of enrolling all health care facilities across Kenya by December 2027.

## **2. Objectives of the WASH in HCF TWG**

- Support MoH, County Governments and other WASH actors to have an enabling environment to implement WASH in HCFs through WASH FIT, which is a risk-based management approach to improve quality of care through the assessment of seven domains in HCFs, namely water, sanitation, hand hygiene, healthcare waste management, environmental cleaning, energy & environment, and management and workforce.
- Support MoH and WASH sector to improve coordination, harmonization and resource mobilization for WASH in Health Care Facility Improvement rollout.
- Provide strategic guidance and support development of innovative approaches, technologies and tools for Health and WASH sector on WASH in HCFs.
- Support staff capacity building, supportive supervision, M & E and evidence-based research through oversight, advocacy and coordination.
- Support documentation and dissemination of emerging best practices; facilitate political good will from policy makers, advocacy and communication.
- Provide advisory to the National Government on issues pertaining to rollout of WASH in HCF in all the 47 counties.

### **3. Main Tasks of the TWG**

- Organize regular (quarterly) WASH in HCF TWG review meetings through the line Ministry, MoH.
- Provide technical inputs and review WASH in HCF implementation, tools, plans and achievements in the Country.
- Closely work with other related TWGs, including IPC, HCWM, Climate Change Health and Energy, OHS and exchange information.
- Identify priority gaps and recommend solutions on the implementation of WASH in HCF in the Country.
- Analyse bottlenecks in the implementation of WASH in HCF and guide appropriately.
- Support development/ review of training manuals, standards, guidelines and resource mobilization tools.
- Continuous capacity building and staff recruitment to support the MoH.
- Support the work plan preparation, MERL including annual joint sector review.
- Support operational research, knowledge management and innovations (HUB).
- Any other task that may arise in the course of implementation.

### **4. Guiding principles of TWG**

- TWG membership shall be identified from stakeholders with an interest on WASH in HCFs.
- Technical standards promoted shall be in line with MoH, WHO/UNICEF and evidence based guiding principles.
- Meetings shall be held quarterly, Reports and updates provided in progress of work.
- All sector stakeholders shall have the opportunity to feedback into the work of the TWG prior to presentation in plenary for validation.
- Closely work with other related TWGs, including IPC TWG.

### **5. Work modalities / Frequency of Meetings of the TWG**

- TWG will meet on quarterly basis, with MoH being the secretariat and the convenor. The venue will be selected by the members and informed to all by the convenor. Minutes shall be prepared on rotational basis and shared by secretariat. UNICEF and WHO will be the co-convenors supporting MOH.
- For the meeting to proceed, there must be a quorum (50%) representation.
- Members will be notified on the date, time and venue of the meeting at least before 5 working days.
- Members are expected to give timely feedback on documents and emails whenever required.
- Members shall actively and consistently participate in the meeting and provide appropriate contributions.

### **6. Duration of the TWG operation**

The Lifespan of the TWG is 4 years, and process of renewal or reconstitution will be initiated by the convenor, MoH. The co-convenor of the committee will be on a rotational basis. This TOR may be reviewed from time to time as need may arise.

## **7. Membership of TWG**

The TWG shall comprise of individuals representing government ministries, private sectors NGOs and development agencies, with skills and biased towards WASH in HCFs.

### **Composition of the TWG;**

1. MoH
2. MoWSI
3. UNICEF
4. WHO
5. World Bank
6. USAID
7. AMREF
8. APHRC
9. TDH
10. SWAP
11. WSSUP
12. WASH Alliance

The final composition of this TWG will be reviewed and agreed by the convenor, MoH

### **8. Recommended TWG Members field of expertise:**

- Civil / WASH / Public health / Sanitary engineers dealing with WASH
- Public Health / Env. Health Officer dealing with WASH in HCF
- IPC Expert
- Research specialist
- Communication Specialist
- M & E Specialist
- Program manager / resource mobilizer.
- Sociologist / Anthropologist

### **9. Budget and other TWG support**

MoH and development partners will fund and support the TWG to meet its mandate. MoH, the secretariat will always inform in advance scheduled meetings or activities, and issues related to the same.