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Introduction

At a healthcare facility (HCF) level, water sanitation and hygiene (WASH) refer to all formally recognized facilities, such as the provision of water supply and sanitation services, including health care waste management, general hygiene promotion and keeping the environment within the HCF clean and free of germs.¹ Water Sanitation and Hygiene (WASH) also encompasses various interventions, including campaigns to promote proper sanitation and hygiene behaviours.

With the onset of COVID-19 in March 2020, the need for adequate safe and clean water sanitation and hygiene services in HCFs cannot be overemphasized for its critical role in providing primary health services. For example, evidence shows that HCFs with adequate handwashing facilities, when supported with soap, prevent the transmission of diseases from person to person, including contaminating surfaces touched with unsanitary hands.²³

The lack of proper water supply and sanitation services, on the other hand, is seen to put people at risk of infections, including COVID-19, within the health care facility. The lack of proper WASH services in HCFs compromise patient safety and dignity and can increase the spread of infections that could undermine efforts to improve health care, especially child and maternal health. However, despite the Sustainable Development Goals (SDGs) emphasizing universal health coverage, including access to WASH services for all, in Zambia, only 60% of the population have access to safely managed drinking water, and 26% to safely managed and basic sanitation services.⁴

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To ensure access to clean water and sanitation is enhanced in rural health facilities amid the COVID-19 pandemic and contribute to attaining the SDG 6 and Vision 2030,⁵ World Vision supports HCFs with adequate water, sanitation, and hygiene services.

Technical Approaches

With the onset of the COVID-19 pandemic in March 2020, World Vision Zambia began enhancing water supply, sanitation and hygiene in health care facilities to improve the Infection Prevention and Control (IPC) of COVID-19. Target beneficiaries included all HCFs within World Vision Zambia's operational areas, including targeted facilities outside WVZ's functional areas that received donor support to implement infection prevention and control programmes.

¹WHO., (2019) Water, sanitation and hygiene in health care facilities: Practical steps to achieve universal access. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 ²Burton, M., et al., (2011). The effect of handwashing with water or soap on bacterial contamination of hands. International journal of environmental research and public health, 8(1), 97-104.

³Langley, J. (2002). From soap and water, to waterless agents: Update on hand hygiene in health care settings. Canadian Journal of Infectious Diseases, 13(5), 285-286. ⁴https://www.globalwaters.org/wherewework/africa/zambia

⁵Vision 2030 aims to achieve clean and safe water supply and sanitation for all by 2030 by improve access to appropriate, environmentally friendly sanitation by all Zambians; attainment of 80 percent access to clean water supply to all by 2015 and 100 percent by 2030; attainment of 68 percent access to sanitation to all by 2015 and 90 percent by 2030; and fully integrated and sustainable water resource management.

A needs assessment was conducted in all facilities within the catchment area to determine HCFs needing support to enhance infection prevention measures at the HCF level. A community-driven needs assessment was performed to improve ownership of the programme among key community members, such as traditional leaders, primary health care workers, government officials, men and women and people living with a disability. Key community members were engaged to review the lists of HCFs provided to ascertain which facilities would qualify for support. Once the HCFs were identified, stakeholder capacity was built, WASH hardware and materials were provided, followed by routine monitoring of IPC activities.

Capacity building

The IPC programming involved capacity building of health care staff, volunteers and communities in good WASH & IPC practices, riding on existing WASH behavioural change approaches such as Community-Led Total Sanitation (CLTS),⁶ Participatory Hygiene and Sanitation Transformation (PHAST)⁷ and BabyWASH.⁸ The critical components of the training included hand washing, correct use of sanitation and hygiene facilities, waste management, menstrual hygiene management, and operation and maintenance.

WASH Hardware and Materials

The World Vision IPC programme involved supplying or installing hardware such as drilling boreholes, constructing ablution blocks, and installing mechanized water systems in HCFs. In addition, IPC materials were made available in all the targeted HCFs to enhance compliance with IPC standards.

In collaboration with other partners, including private businesses and UN Agencies, the programme also supplied protective and medical equipment to frontline health personnel and other essential workers as a contribution towards combating the COVID-19 pandemic.

Monitoring Processes

To ensure WASH facilities were used effectively and learn on how to improve IPC programming, monitoring of all the interventions in HCFs was done monthly, quarterly, semi-annually and annually, using different tracking field monitoring tools, which included; standard field monitoring tools, capacity building monitoring tools, training reports, and other data collection tools e.g. distribution lists, questionnaires, COVID-19 Isolation Centre distribution checklists and beneficiary list.

Key Outcomes of the IPC Interventions

The World Vision IPC programme strengthened infection prevention and control measures in health facilities and designated

isolation centres. Further, the programme increased access to safely managed drinking and washing water through boreholes and mechanized water systems that include piping water inside the facilities and handwashing facilities. As can be seen in the case study presented below, the World Vision IPC programme enhanced the cleanliness of the facilities because of the increased efficiency of cleaners brought about by increased access to clean water. The enhanced cleanliness also helped reduce stress levels and

Text Box 1: Key Outcomes of the IPC Intervention

The key outcomes of the IPC interventions were:

- Strengthened IPC in HCFs.
- Increased access to safe drinking water.
- Efficiency among HCF cleaners.
- Increased motivation and protection against COVID-19 among health care providers.

retention of patients to the facility especially expecting mothers. In addition, the programme also helped reduce anxiety levels and fear among health care workers for lack of protective and medical equipment to frontline health personnel and other essential workers, as a contribution towards combating the COVID-19 pandemic. This, in turn, also increased the motivation levels of health care providers.

⁶Community Led Total Sanitation refers to an approach intended to improve hygiene practices in a community by achieving behavioural change that leads to abandonment of open defecation practices. It refers to community's collective lasting actions and interest in ending opening defecation by building and using toilets to enhance hygiene standards at community level. <u>https://en.wikipedia.org/wiki/Community-led_total_sanitation</u>

⁷Participatory Hygiene and Sanitation Transformation is a learning methodology that seeks to empower communities to improve hygiene behaviours, reduce diarrhoeal diseases and encourage effective community management of water and sanitation services. <u>https://sswm.info/humanitarian-crises/urban-settings/hygiene-promotion-community-mobilisation/important/participatory-hygiene-and-sanitation-transformation-%28phast%29</u>

⁸BabyWASH is an approach that aims to integrate water, sanitation and hygiene (WASH) into maternal, newborn and child health (MNCH), early childhood development (ECD) and nutrition, to have a more profound impact on child health outcomes in the first 1,000 days of life. <u>https://www.wvi.org/babywash/about-babywash</u>

Text Box 2: Case Study on Improving Health through WASH

Kampekete Rural Health Centre is located 50km away from Chongwe district and has a population of 5,135 inhabitants.



Chongwe district and has a population of 5,135 inhabitants. Grace Chakulya, works as a cleaner at Kampekete RHC, and has been working at the health care facility for two years now. Grace spends most of her time working as a volunteer at the clinic because she loves helping people ensure they live in a clean and safe environment free from infections. However, the water supply at Kampekete RHC has always been erratic and unreliable. Sometimes mothers would have to wait for the water to be available before they could bath after delivery. "The absence of water at the facility posed a danger to the mothers, the newborn babies, health care workers, as well as other patients at the clinic because even the general cleaning was not thoroughly done. Sometimes I had to leave stains in the delivery room only to clean

the next day because the water was not sufficient to clean up spills,'' Grace said

We are happy now that the construction of the ablution blocks, installing of the mechanized water system, and piping water inside the HCF has improved access to clean and safe water at all critical points of care and has helped improve infection prevention and control, especially during the COVID-19 era, at Kampekete Rural Health Centre.

Limitations and Challenges

Despite efforts to enhance infection prevention and control in HCFs during COVID-19, challenges that affect adequate IPC still exist. For example, in some health care facilities, there was a general lack of adherence to set up IPC measures/guidelines to be used at the facility level. Further, some health care facilities did not follow adequate cleaning protocols. Thus, despite providing satisfactory WASH services, the benefits of achieving a safe and clean environment were not achieved in facilities without acceptable IPC guidelines and proper cleaning protocols.

Further, there was a challenge of funds for the maintenance and operation of WASH facilities. In rural health care facilities, access to funding to buy soap tends to be inadequate due to budgetary issues. When funds are not available for supplies such as soap, health care facilities tend not to purchase supplies required for use within the facilities. Where things like soap are unavailable, there is still a chance of infection at the health care facility because surfaces are not properly sanitized, and people cannot wash hands to eliminate germs.

Other challenges pertained to lack of political will to support IPC interventions and inadequate healthcare facility equipment and PPEs for health care workers.

Opportunities

The WASH Technical Programme has established good networks and coalitions with several partners such as UNICEF, and this has cemented the partnerships to create more opportunities for future funding. In addition, World Vision believes that these partnerships will further enhance IPC in other health facilities without WASH facilities.

Our Call to Action

Policy Makers

- Allocate sufficient resources to HCFs for IPC interventions.
- Ministry of Health to provide cleaning protocols and strengthen the development of cleaning schedules in HCFs.

Partners

• There is a need for a multisectoral approach towards the supply and maintenance of WASH facilities in HCFs.

Programme Implementers

- To enhance maintenance of WASH facilities, there is a need to establish or strengthen Water Committees managed by the communities in which the benefiting facilities are located.
- Enhance engagement of local leaders and develop existing strategies to ensure sustainability measures are in place.
- Scale-up awareness of hygiene practices and adherence to IPC guidelines.

References

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