



WASH in Health Care Facilities

Advancing health-related human rights
of women, adolescent girls, and children
through capacity development in WASH

The Need for WASH in Health Care Facilities



1 in 4
lacks basic
water services

2016 GLOBAL SNAPSHOT*



1 in 5
lacks
sanitation services



1 in 6
lacks
hygiene services

Water, sanitation, and hygiene (WASH) services are a pre-requisite for **quality health care**

and they increase the resilience of a high-quality health system.¹

Limited or inequitable access to WASH decreases service uptake, trust in service providers, and compliance to treatment regimes.² Inadequate WASH infrastructure, technology, and knowledge contribute to continued disease outbreaks such as cholera, increased neonatal and maternal mortality, and accelerated spread of antimicrobial resistance and health care associated infections such as *C. diff* or MRSA.^{3,4}

In addition, lack of adequate WASH services undermines efforts made to improve child and maternal health,² further excluding marginalized or vulnerable populations from health-related rights. Poor WASH services for children result in stunting, malnutrition, diarrhea, anemia, and mortality,⁵ while lack of WASH for pregnant women can result in anemia,⁶ malabsorption,⁷ miscarriage,⁸ and death.⁹ In low- and middle-income countries, 1 in 5 babies who die in their first month could have survived were they to have had clean water and hygienic conditions in place for their birth.¹⁰ Insufficient safe water and hygiene in health care facilities not only puts both mothers and babies at greater risk, but also makes mothers less inclined to seek health care when needed.¹⁰

Where WASH infrastructure exists, care and maintenance of technologies may not occur due to inaccurate, irrelevant or non-existent standards, policies, and procedures deemed necessary to maintain and sustain WASH services and infrastructure.¹¹ Regular WASH capacity building for health care staff using and maintaining infrastructure helps them grow in the competencies fundamental to maintaining WASH services in health care facilities.²

WASH is a critical component to achieve quality and accessible health services when using a multi-sectoral approach. Using mutual learning and knowledge sharing to increase capacity in this sector is essential to advance the health, rights, and well-being of women, adolescent girls, and children. Increased capacity in this sector will help to improve the quality of health care facilities by enabling health care workers to ensure the safety and dignity of their patients. Furthermore, using a human rights-based approach, including non-discriminatory practices and participation from various stakeholders ensures that health care practices are targeting the core barriers, such as unjust power relations and discriminatory practices, which drive inequitable health outcomes.¹²

The Vital Role of **Health Care** Workers in WASH

WASH-related diseases are preventable. Low-cost technologies to improve health that are simple to operate and maintain do exist. WASH infrastructure is one part of the solution; another—often more complex—challenge is sustained behaviour change of health care workers to practice hand hygiene at ‘key moments’.² In addition, although health care workers are vital in disseminating WASH messages and motivating behaviour change among the patients under their care, they are often not equipped, under-resourced, and lack the specific knowledge and skills. Health care settings are ideal to reinforce messages of handwashing with soap, use of sanitation facilities, and water treatment, which expand the improvement of patient practices beyond health care premises.² With effective capacity building on persuasive delivery of WASH messaging to patients and families, providing the right information at the right time, health care workers can promote solutions appropriate to the local context and thus improve health outcomes. All workers engaged in the health system, including doctors, nurses, midwives, and cleaning staff should have access to up-to-date information on WASH and infection prevention and control practices, during pre-service training and as part of their regular professional development.

* This means that:

- water was not available from an improved source on the premises
- they had unimproved toilets or no toilets at all
- they lacked hand hygiene facilities at points of care, as well as soap and water at toilets

Note:

These global indicators do not consider all aspects of minimum standards for WASH in health care facilities, e.g. water quality and quantity are not included in the definition of basic water; safe management of fecal waste is not considered in basic sanitation. The gaps in WASH would be far greater if all these aspects were considered.²

CAWST's Role in supporting WASH in Health Care Facilities

The WHO/UNICEF Joint Monitoring Programme introduced service ladders for achieving basic WASH services in health care facilities in 2019.² Aligned with these service ladders, CAWST offers support to achieve basic or limited services in water, sanitation, and hygiene in a gender-responsive manner. These solutions are best suited for smaller health care facilities (e.g., health posts, health clinics, health centres) and may not be suitable for hospital facilities.

We provide services in the following areas:

Water

Training and consulting on the selection, operation, and maintenance of point-of-use water treatment technology options that can be operated and maintained by health facility staff on-site. We also advise on the design and construction of rainwater harvesting systems on the premises of health care facilities.

Sanitation

Training and consulting on the design and construction of appropriate, accessible, and usable sanitation facilities that are gender responsive, including menstrual hygiene facilities and management. We also support capacity development activities for the ongoing maintenance of sanitation facilities, delivering activities or supporting your team to deliver the activities.

Hygiene

Training and consulting on the design, construction, and maintenance of low-cost, functional hand hygiene facilities at points of care and within 5 metres of toilets. We also support capacity development activities for the ongoing maintenance of hand hygiene facilities, delivering activities or supporting your team to deliver the activities.

Needs Assessment

Assessing the current status of WASH in health care facilities in your target area and develop recommendations for improved water, sanitation, and hygiene facilities. We can also develop a capacity development strategy, to enable successful long-term operation and maintenance of WASH technologies and sustained behaviour change by health care workers.

Behaviour Change & Capacity Development

Consulting to incorporate WASH behaviour change messaging and education into capacity development activities for health care workers, to address persistent barriers to adequate WASH. For example, we can design capacity development activities and train staff to deliver activities that optimize hand hygiene compliance to enhance infection prevention and control practices that reduce transmission of WASH-related diseases.

Monitoring & Evaluation

Supporting the development and use of measurement approaches, technologies, and systems to collect timely and useful data to learn, adapt, and improve WASH services in health care facilities and WASH behavioural outcomes in target audiences.

Our services work to advance gender equality by:

- Building the capacity of female health care workers and partner organization staff to deliver health care services that meet the WASH needs of diverse groups of women, adolescent girls, and children.
- Increasing women's capacity to take action to immediately impact the health and well-being of themselves, their families, and communities.
- Creating the conditions for increasing equitable use of health services by women, adolescent girls, and children.

Furthermore, our approach addresses some of the key environmental health risk factors, including contaminated water sources and inadequate sanitation services, that contribute to mortality and morbidity, particularly for women, adolescent girls, and children.

The Sustainable Development Goals (SDGs) have brought the importance of infection prevention and control (IPC) to the forefront of high-quality health care systems strategies.

A recent WHO report highlighted that in health care facilities where WASH services were limited, 15% of patients were estimated to develop one or more infections while admitted to hospital, contributing to the increase in antimicrobial resistance, costs in health expenditure and morbidity and mortality rates.⁴

CAWST (Centre for Affordable Water and Sanitation Technology) was founded in 2001.

Since then, we have helped more than 1,490 clients in 87 countries to start, scale up, or strengthen their WASH programs. We focus on developing the local knowledge and skills of our in-country clients, who range from small local organizations to governments and international NGOs, by offering subsidized training and consulting services worldwide, and free open-content education materials and resources. More than 17,000 registered users from over 150 countries—and counting—have accessed our WASH education and training resources.

Our interdisciplinary team collects the latest research in WASH technologies and implementation approaches, and applies best practices in adult learning. We also learn from and share the expertise of our global network of clients who have implemented WASH programs.

We specialize in WASH capacity building for non-networked systems:

- helping local implementers to design and deliver better WASH programs, and local organizations to train more effectively
- developing quality, context-appropriate, adaptable training resources.

Quality Health Care starts with WASH

Increase your resilience and ability to overcome persistent barriers to WASH in health care facilities. Let us help you get there.

Aditya Rayala

Partnerships and Funder Relations
+1 403 243 3285 ext.221
arayala@cawst.org
cawst.org

References

1. Water and Sanitation for Health Facility Improvement Tool (WASH FIT). Geneva: World Health Organization; 2017
2. World Health Organization and the United Nations Children's Fund, WASH in health care facilities: Global Baseline Report 2019, WHO and UNICEF, Geneva, 2019. Licence: CC BY-NC-SA 3.0 IGO.
3. Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016. Licence: CC BY-NC-SA 3.0 IGO.
4. 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 IGO.
5. Korpe, P.S., & Petri, W.A. (2012). Environmental Enteropathy: Critical implications of a poorly understood condition. *Trends in Molecular Medicine*, 18(6), 328-336. <https://doi.org/10.1016/j.molmed.2012.04.007>
6. Brooker, S., Hotez, P. J., & Bundy, D. A. (2008). Hookworm-related anaemia among pregnant women: a systematic review. *PLoS Negl Trop Dis*, 2(9), e291. <http://dx.doi.org/10.1371/journal.pntd.0000291>
7. SA Maternal and neonatal Clinical Network (2014). Clinical Guideline: Giardiasis(Policy). Department of Health, Government of South Australia.
8. Li, X.-L., Wei, H.-X., Zhang, H., Peng, H.-J., & Lindsay, D. S. (2014). A Meta Analysis on Risks of Adverse Pregnancy Outcomes in Toxoplasma gondii Infection. *PLoS ONE*, 9(5), e97775. <https://doi.org/10.1371/journal.pone.0097775>
9. Labrique, A. B., Sikder, S. S., Krain, L. J., West, K. P., Christian, P., Rashid, M., & Nelson, K. E. (2012). Hepatitis E, a Vaccine-Preventable Cause of Maternal Deaths. *Emerging Infectious Diseases*, 18(9), 1401-1404. <https://doi.org/10.3201/eid1809.120241>
10. WaterAid. (2015). Healthy Start: the first month of life. Retrieved from wateraid.org/what-we-do/our-approach/research-and-publications/view-publication?id=02c3b5d6-4ffd-4844-8d5a-0083e8e522ff
11. Frenk, Julio, Lincoln Chen, Zulfiqar A. Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, et al. 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet* 376(9756): 1923-1958.
12. World Health Organization (2017). Human rights and health. <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>