The role of WASH in health care facilities & linkages with quality of care

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WASH in HCF globally

Many health care facilities still lack basic water, sanitation and hygiene facilities

![Graph showing proportions of healthcare facilities without basic water, sanitation, and hygiene facilities in different regions.]

**Fig.43** Proportion of healthcare facilities without basic water, sanitation and hygiene facilities

- **Sub-Saharan Africa**: 42% (No improved water source within 500m)
- **Latin America and the Caribbean**: 16%
- **South-eastern Asia**: 22%
- **Sub-Saharan Africa**: 43% (No improved sanitation)
- **Latin America and the Caribbean**: 36%
- **South-eastern Asia**: 35%
- **Sub-Saharan Africa**: 42% (No soap for handwashing)
- **Latin America and the Caribbean**: 20%
Many women give birth in settings with inadequate WASH

- **Less than ½** of women had access to basic water and sanitation services in maternity units in 4 countries in East Africa
- Only **44% of birthing facilities** had basic WASH while **less than ¼** of delivery rooms had basic WASH

High contribution to infections and sepsis

- In high mortality settings, up to **50% of neonatal mortality** is due to infections
- **30-40% of infections** that lead to neonatal sepsis deaths are transmitted at the **time of childbirth**

Importance of WASH in HCF

- Facilities better prepared to continue to provide WASH in disasters; climate related events
- Health and Safety
  - Reduced health care acquired infections
  - Reduced anti-microbial resistance
  - Improved occupational health and safety
- Climate change and disaster resilience
- Disease prevention and treatment
  - Outbreak prevention and control (e.g. cholera, Ebola)
  - Diarrheal disease prevention and control
- WASH
  - More efficient services
    - Disease/ deaths averted
  - Healthcare costs
  - Staff morale and performance
    - Improved satisfaction and ability to provide safe care
  - Community WASH
  - People centered care
    - Increased uptake of services; e.g. facility births, vaccinations
  - Health staff model good behavior; improved hygiene practices at home
Essential environmental standards in health care - WHO 2008

Water quantity
Water quality
Hand hygiene facilities
Excreta and wastewater disposal
Health care waste disposal
Cleaning
Control of vector borne diseases
Information and hygiene promotion

Standard 8 – cross cutting

The health facility has an appropriate physical environment, with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications.

8.1: Water, energy, sanitation, hand hygiene and waste disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their families.

→ WASH in HCF underpins safe and quality service provision for achieving UHC
WASH FIT

**Water & Sanitation for Health Facility Improvement Tool**

- A risk-based, management framework for undertaking continuous WASH improvements as part of **wider quality improvements** in HCF
- Designed for LMICs in primary & some secondary facilities
- Used in Chad, Liberia, Mali, Madagascar, Laos
- **Ghana, Ethiopia & Malawi** planning to implement and integrated with existing activities
What should countries commit to?

- **WASH in HCF standards** should be established and enforced, placing people at the centre, to improve quality of care.

- **WASH in HCF indicators** included in national health monitoring systems to track progress, guide improvements, and improve people-centred quality.

- Cost of WASH upgrades & maintenance included in national **health & facility level budgets**.

- **WASH & health to combine advocacy efforts** to reach global & national goals.

- **Jointly implement & document lessons** learned from improving WASH and QoC in HCF.
For more information:

WASH in HCF knowledge portal: www.washinhcf.org

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