

# Water, Sanitation and Hygiene in Health Care Facilities- Urgent needs and action



**Global Meeting**  
*17-18 March 2015*  
*Geneva, Switzerland*

# Meeting Objectives

- Present global data on access, monitoring and policies on water, sanitation and hygiene (WASH) in health care facilities
- Share regional and country examples of successful strategies and approaches for improving WASH in health care facilities
- Strategize through a global action plan on how to, collaboratively, address gaps and prioritize activities

# Planned Meeting Outcomes

- Agreed global action plan framework
- Compilation of commitments
- Meeting report



# Agenda

## Day 1

- Overview of the problem, synergies within existing health efforts
- Way forward: *Policies/standards, monitoring, facility level improvements, operational research,*
- Release of global report and reception!

## Day 2

- Group work and drafting of action plan, financing and human resources, compilation of commitments, next steps

# Information folders

- Just released WHO/UNICEF review
- 10 Key Facts and Q&A on review
- Draft action plan
- Snapshot of global and national activities
- Summary of webinar on monitoring
- Healthy Start; WaterAid
- Also available: WHO/UNICEF Joint Monitoring Programme 2014 Report, 2015 WHO Burden of Disease Report

**Water, sanitation and hygiene in health care facilities**  
Status in low- and middle-income countries and way forward



# Action Plan Framework

*Vision (example): To ensure that every health care facility, in every setting, has sufficient and functioning water and sanitation services in order to provide quality and safe care to all patients.*

## Strategic Objectives (examples):

SO 1. National policies and standards

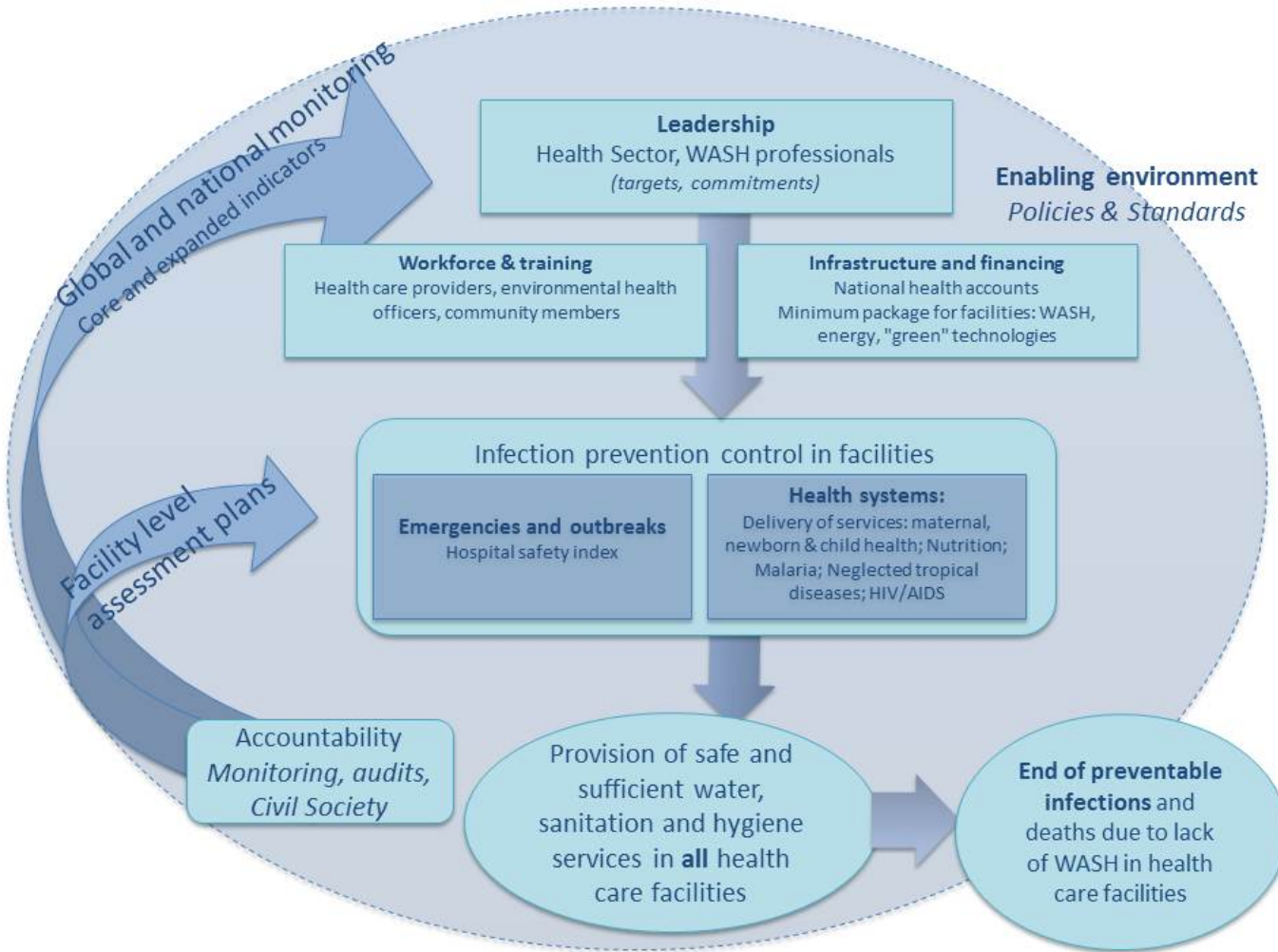
SO 2. Coverage targets

SO 3. Adequate human and financial resources

SO 4. Monitoring and operational research

SO 5. Leadership, advocacy, accountability

# Action Plan Conceptual Diagram



# *Maji ni Uhai*-Water is life

Questions? Input? Reactions?





**Step 1:  
Describe WASH Systems**

Describe the key characteristics of each of the WASH systems (water supply, excreta disposal, grey water disposal, health-care waste, vector control infection control, handwashing) from source to disposal noting any emergency related damage along with actions required to bring back into service.

**Step 2:  
Assess Hazards**

Assess current (or potential) public health hazards of each of the WASH systems from source to disposal along with control measures.

**Step 3:  
Assess Water Quality**

Perform basic water quality testing to ensure that water is fit for human consumption.

**Step 4:  
Key Informant Interviews**

Interview key health-care facility staff to ascertain their perception of WASH related problems and ideas for potential solutions.

**Step 5:  
Determine Control Measures**

Prepare a comprehensive list of critical control measures to address WASH systems damage and public health hazards and bring WASH services up to the levels described in Chapter 3

**Step 6:  
Prepare a WASH Action Plan**

Prepare a comprehensive WASH Action Plan clearing describing who will do what, where, when and how, what resources are required, who will pay, and who will monitor.

Example of facility-based, WASH risk assessment and management plan



# Lack of Sanitation in Health Facilities in Chad and N Cameroon



Open defecation in Mandelia District Hospital, Chad



Clogged latrines (built 2010) in Meskine Health Care Centre, Cameroon



# Lack of Improved Water in Health Facilities in Chad and N Cameroon



Unprotected well for health care facility in Mokolo, Cameroon (next to Minawawa Refugee Camp)



Contaminated well for health care facility in Meskine, Cameroon



# WHO Recommendations-H<sub>2</sub>O Quantity

Activity	Quantity of Water Required
Staff	5 litres/person/day
Outpatients	5 litres/consultation
Inpatients	40–60 litres/patient/day
	15 litres/carer/day
Operating Theatre or Maternity Unit	100 litres/intervention
Dry / Supplementary Feeding Centre	0.5–5 litres/consultation (depend on waiting time)
Wet Supplementary Feeding Centre	15 litres/consultation
Inpatient Therapeutic Feeding Centre	30 litres/patient/day
	15 litres/carer/day
Cholera Treatment Centre	60 litres/patient/day
	15 litres/carer/day
Acute Respiratory or Isolation Ward	100 litres/patient/day
	15 litres/carer/day
Viral Hemorrhagic Fever Isolation Ward	300–400 litres/patient/day
	15 litres/carer/day

Depending on size of facility, number and type of patients, minimum quantity may range from 600-14,000 liters/day.

## Source

WHO (2008) *Essential environmental health standards in health care*. World Health Organization, Geneva.



**World Health  
Organization**

# WHO Recommendations-H<sub>2</sub>O Quality

- Holistic approach to risk assessment and risk management advocated through Water Safety Plans
- Guidelines cover microbial, chemical and radiological aspects
- For household water treatment, three levels of performance (*highly protective, protective, limited protection*) based on removal of bacteria, protozoa and viruses
- Monitoring, including water quality testing, important for confirming appropriate treatment



## Sources

WHO (2011) *Guidelines for drinking-water quality*.

WHO (2011) *Evaluating household water treatment performance: health based targets and microbiological performance specifications*.

# WHO Recommendations-Hygiene and Sanitation

- Designated handwashing station with soap and water in every ward/consulting room, service area, and near latrines/toilets
- Ensure sufficient materials (detergent, mops, buckets and chlorine) for disinfecting; 1% chlorine stock
- Ensure sufficient number of toilets/latrines (1:20)
- Health care waste is segregated, collected, transported, treated and disposed of safely
- Also covers food hygiene, stormwater, control of vector borne disease



## Sources

WHO(2002) *Environmental health in emergencies.*

WHO (2008) *Essential environmental health standards in health care.*