National Stakeholders' Workshop on Water, Sanitation and Hygiene services in Healthcare Facilities in Uganda

Workshop Report

Hotel Africana, Kampala

21-Sep-17

Contents

ACRONMYS

AMREF	African Medical and Research Foundation
CSOs	Civil Society Organizations
E.coli	Escherichia coli
ECD	Early Childhood Development
HCF	Health Care Facilities
HCW	Health Care Waste
JMP	Joint Monitoring Program
LMIC	Low and Medium Income Countries
MakSPH	Makerere University School of Public Health
MNCH	Maternal, Newborn, and Child Health
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
NMR	Neonatal Mortality Rate
SDGs	Sustainable Development Goals
UDHS	Uganda Demography and Health Survey
UNICEF	United Nations Children's Fund
USA	United States of America
VHT	Village Health Team
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

1. Introduction

Water Sanitation and Hygiene (WASH) is a major barrier to many preventable diseases and is a precursor to health promotion. Healthcare facilities like all other premises require high levels of WASH in order to effectively fulfill their mandate of health repair of health. A recent study in 54 low and middle income countries (LMIC) by WHO/UNICEF (2015[1]) revealed that 38% of health care facilities (HCF) did not provide users with access to an improved water source .In developed countries, quite a significant number of research projects have been conducted to assess the relationships between healthcare acquired infection and water quality in hospitals. In the USA alone, more than 2 million nosocomial infections occur in about 10% - 15% of all hospitalised patients causing significant morbidity, mortality and a resultant financial burden (Pittet, 2008[2]). Risk of Hospital Acquired Infections for the new-borns (neonates) are about 3-20 times[3] higher than in LMIC .Although nosocomial infections have been attributed to a number of hospital sources, perhaps the most disregarded, critical and controllable source of nosocomial pathogens is hospital water supply (WHO 2015[4]). In Uganda the occurrence of nosocomial infections has enormous public health implications especially on neonatal and maternal health. The 2016 Uganda Demographic and Health Survey (UDHS) indicates that the Neonatal Mortality Rate (NMR) has not changed in the last five years with 81 babies dying in the first month of life and 16 women everyday die from pregnancy and child birth related causes.

In recognition of these problems, the World Health Organization (WHO) / United Nations Children's Fund (UNICEF) Joint Monitoring Programme (JMP) have included in the for the post-2015 Sustainable Development Goals that by 2030 all HCFs should have an improved water source and hand washing facilities that have both water and soap available for hand washing near food preparation, sanitation, and patient care areas (WHO and UNICEF, 2014). The JMP global indicators have been contextualized by Ministry of Health as a way of tracking WASH in Healthcare facilities. There is also a proposal by the MOH to conduct a national WASH assessment ascertain the status of WASH in Healthcare facilities in Uganda.

While progress on WASH in healthcare facilities has been made, the breadth of partners engaged remains small. A one-day national workshop on WASH in healthcare facilities was proposed to raise awareness among individuals and specific government departments and to move towards the integration of WASH into the health sector agenda. To scale-up and institute change in WASH in healthcare facilities in Uganda, actors from across the health sector must be involved. Also, the WASH sector must be engaged to provide technical expertise as well as other key stakeholders such as development partners, private health service providers, academic institutions, and NGOs.

The event was action-oriented and provide an opportunity for key actors at to share information and to discuss further actions to strengthen WASH in healthcare facilities. A strong focus was on lessons learned from on-going initiatives (e.g. coordination, monitoring, actual services, etc.) and future embedding of WASH in healthcare facilities with other health efforts including maternal and child health, quality of care, universal health coverage, health system resilience, and infection prevention and control, among others.

[1] WHO & UNICEF 2015. Water, sanitation and hygiene in health care facilities: status in low and middle income countries and way forward Geneva.

[2] PITTET, D., ALLEGRANZI, B., STORR, J., BAGHERI NEJAD, S., DZIEKAN, G., LEOTSAKOS, A. & DONALDSON, L. 2008. Infection control as a major World Health Organization priority for developing countries. *J Hosp Infect,* 68**,** 285-92.

[3] Zaidi AK, Huskins WC, Thaver D, Bhutta ZA, Abbas Z, Goldmann DA. Hospital-acquired neonatal infections in developing countries. Lancet. 2005; 365 (9465):1175-88.

[4] WHO nd. Health care-associated infections FACT SHEET.

1.1. Workshop objectives and expected outcomes

- Stakeholders understand the importance of WASH in HCF and the current status in Uganda
- Defined list of needs to harmonize WASH in HCF activities within the quality of care agenda.
- Recommendations to improve WASH in HCF generated

2. Workshop proceedings

2.1 Opening remarks

Opening remarks were made by the Dean of the school of Public Health of Makerere University who was represented by Dr. John Sempebwa. In his remarks he appreciated the collaboration between his institution, Emory University, CARE International in Uganda, Assist and the other stakeholders in the study on WASH in Healthcare facilities. He re-affirmed his commitment to continue in partnership with research and development organizations.

He concluded his remarks by observing that Research and its outcomes in WASH in HCFs in Uganda are incredibly important in order to achieve proper WASH throughout the country.

Figure 1: Dr. John Sempebwa giving opening remarks on behalf of the Dean MakSPH

2.2 Remarks from the Chairperson of the Parliamentary committee on WASH

Hon. Christine Amongin, the chairperson of the Parliamentary Committee on WASH emphasized the need for synergy on WASH deliverables in the country. She stressed that behavior change must be addressed otherwise all our efforts (as WASH fraternity) will fail.

The further observed that there is need to strengthen institutions in order to address WASH issues and to close the gap between CSOs and the Government as they complement Government efforts.

"With many challenges regarding WASH, we should prioritize the challenge of water. Without water we can't address hygiene and sanitation" she concluded.

Figure 2: Chairperson of Parliamentary WASH committee making her remarks

2.3 Baseline WASH Assessment in HCFs

Findings in Uganda, By Dr. Richard Mugambe MakSPH

A baseline assessment was conducted by MakSPH, through Emory University, in conjunction with Care International, Assist International, UNICEF and World Vision. It was conducted on: 12 health facilities in Western and Eastern Uganda, 9 health facilities in Karamoja (UNICEF), and 52 health facilities in Hoima (World Vision) with the following objectives:

- Baseline assessments in western Uganda
  - To determine the status of WASH in health facilities to guide the selection of intervention areas
  - To determine a basis for monitoring impact of WASH interventions in selected districts/hospitals
  - To determine the capacity of the health facilities to sustain the water treatment systems
- Baseline in Karamoja and Hoima
  - To determine the status of WASH in health facilities to guide interventions and advocacy (on request by World Vision and UNICEF)

Methodology employed use of laboratory analysis of water samples for E.coli, total coliforms, Psuedomonas aeruginosa, Residual chlorine and turbidity of water; Observation for WASH infrastructure, water acsess and use practices as well as water treatment and maintenance; and Interviews to determine Knowledge, attitudes and practices using the WASHcon tool. Finally there were KI interviews with hospital leadership and staff.

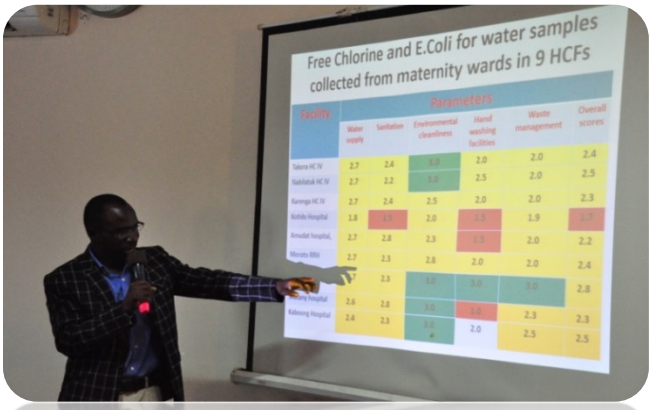

Figure 3: Dr Richard Mugambe discussing findings from the baseline assessment.

Findings indicate that:

WASH in HCFs is not an issue of presence of facilities but issues of utilization of these facilities. Emphasis on need for standards on WASH for HCFs is of paramount importance.

The study concluded that: The status of WASH in HCFs is very poor as there is general lack of access to water, poor quality water, and inadequate provision for hand washing and there is need to collaborate with other sector players.

2.4 Presentation on Galvanizing Actions for WASH improvement in HCFs in Uganda
By Mary Fiona Aber of World Vision

She reported that, in November 2016, Care international and Emory University in partnership with World Vision Uganda conducted an assessment of WASH in 52 health care facilities in which deliveries and admissions are conduced, in Hoima District. The findings are summarized in the table below:

Parameter	Finding
Basic sanitation facilities.	7.69%
Basic Water supply systems.	9.62%
Hand washing facilities with water and soap at the time of the visit.	11.54%
Proper waste management.	15.38%
Routine cleaning.	28.8%

This led to the introduction of an Integrated Approach of the Baby WASH concept which is focused on achieving improved child well-being in the first 1,000 days of life. It believes that integrated approaches are better than "siloed" programming and encourages key multi-sectoral actions between the sectors of:

- Water, Sanitation and Hygiene (WASH)
- Maternal, Newborn and Child Health (MNCH).
- Nutrition
- Early Childhood Development (ECD).

Baby WASH interventions focus on five key hotspots of vulnerability which are: Pregnancy, Labor & Delivery, Newborn Period, Onset of mobility & Exploration and on Onset of complimentary feeding.
Baby WASH requires a more holistic view of WASH, combining sectors in nutrition, maternal child health, early childhood development, and WASH. There is an important linkage between WASH and Nutrition (or malnutrition), a phenomenon known as Environmental Enteric Dysfunction (or Environmental Enteropathy). A multi sectoral action plan would depend on context and agreement in the multi sectoral working group. She however noted that there are several barriers to integrated approach including, policy barriers, aid architecture, institutional barriers, attitudinal barriers, and lack of evidence to support this concept. It is a welcome approach though and it ought to be adopted by WASH sector players.

2.5 Introduction to WASH in HCFs By Collins Mwesigye from World Health Organization (WHO)

Mr Mwesigye reiterated the importance of Multi sectoral collaboration in addressing WASH issues. He stressed that Uganda must have national standards for HCFs (regarding WASH) and the need for evidence collection and reporting.

2.6 The need for action on WASH in HCF in Uganda; Global and local perspectives By Habib Yakubu EMORY University

Figure 4: Mr. Habib Yakubu of EMORY University making his remarks

Mr Yakubu noted that there is currently not enough research to support WASH related projects and yet Development Partners (donors) give money where there can be an impact and impact is measured through research. He said that, one of the common issues found for WASH in HCFs is that although there might be access to water on the premises of the HCF, the percentage of year round access drops by more than half. The quality of water also leaves a lot to be desired. Another consideration when addressing WASH is that there is a complexity of water use in communities. You have to address the multiple populations, multiple uses and multiple water quality needs (high quality water needs v. water needs) He noted that, in Uganda, there is a high reliance on rainwater and huge sanitation and solid waste management issues (especially in HCFs)

2.7 Provision of Water in Rural Healthcare facilities, By Martin Akonya MWE

The water sector is responsible for provision of water for HCFs. Health centers are prioritized where MWE is constructing piped water. It's the government's responsibility to provide water to HCFs

2.8 Policies and Standards for WASH in HCFs including experiences on WASH implementation in HCFs By Fred Mulabya MoH EHD

Mr. Mulabya informed the meeting that the standards for WASH for HCFs exist although scattered. Such as: 75lt. of water needed per person for each day, Adequate access to a safe water point, Facilities installed for hand and facial washing at every sanitary convenience with running water and soap. He stressed that implementation of the standards is the challenge.

3. Sharing of Experiences in WASH in HCFs by:

3.1 Francis Musinguzi for WATERAID

With the existing challenges, there should be: Strengthened WASH coordination, Harmonized WASH standards and policies in health service delivery, Clear WASH indicators and data and WASH financing for child health in healthcare service delivery prioritized.

3.2 Hajra Mukasa from AMREF

She observed that there are several key interventions that ought to be tried for WASH and they include: Community dialogues, Building capacity of health workers, Facilitation of VHTs to follow up with mothers on WASH.

One of the main achievements AMREF has seen in their interventions is an improved relationship between the community and health care workers.

3.3 Stephen Wandera for UNICEF

It's important that WASH interventions take into account appropriate services based on health center capabilities. One of the main challenges found is sustaining the facilities that UNICEF has provided to HCFs. HCFs can't afford upkeep of facilities.

3.4 Grace Kanweri from Water for People

Water for people is doing a lot of work on management of healthcare waste at HCFs using low cost "incinerators". They also offer theoretical training in management of healthcare waste.

Need for institutional strengthening when addressing WASH

3.5 Hannington Segirinya from ASSIST International the Safe Water Program

Provided several hospitals with water filtration systems from GE and trained staff on how to properly use them. Equipment maintenance and training is essential for keeping these systems from failing

4. Recommendations

The participants identified the following recommendations:

1. Ministry of Health and the Lower Local Governments should revitalize the Health Unit Management Committees of HCFs to take care of all HCF needs, including WASH

2. NGOs working with Health care facilities should share exit plans with HCFs; ensure the exit plan conforms to government regulations; put in place specific mechanisms for exiting; and also perform official handover.
3. Ministry of Health develops and disseminates policies for WASH in HCFs
4. Health Care Facilities develop internal guidelines or policies for WASH
5. Ministry of Health should establish incinerators or other suitable technological options for Health care waste management at every health sub district.
6. Health care facility managers should establish cost effective ways of sustaining WASH projects at HCFs including find alternative and cost effective sources of water supply systems
7. Ministry of Health to dedicate funding for WASH in HCFs (5% - 15% must remain at HCFs)
8. Research institutions to engage in applied research and development of WASH
9. Ministry of health to organize regular refresher trainings on WASH in HCFs (internal trainings every 6 months)
10. The Health facility managers should use the services of existing companies on healthcare waste management.
11. Ministry of health should recruit staff to the required ceiling for HCFs
12. Healthcare facilities to implement the Integrated infection control program

Annex 1: Workshop program

8:00 – 8:30AM	Registration	Constance Bwire
8:30 – 8:40AM	Welcome Remarks Introduction the Workshop Objectives	Dr John Sempebwa
8:40 – 8:50AM	Galvanizing Actions for WASH improvement in HCFs in Uganda	Emanuel Opoki (World Vision)
8:50 – 9:00AM	Introduction to WASH in HCFs	Collins Mwesigye (WHO)
9:00 -9:20 AM	The need for action on WASH in HCF in Uganda. Global and local perspectives	Habib Yakubu (EMORY University)
9:20 – 9:30 AM	WASH indicators in HCFs	Eisha Grant Child and Maternal Health (MOH)
9:30 – 10:00 AM	Baseline WASH Assessment in HCFs. Findings in Uganda	Habib Yakubu (EMORY University)
10:00– 10:15 AM	Tea/Coffee Break	
10:15 -10:30 AM	Provision of Water in Rural Healthcare facilities	Martin Akonya (MWE)
10:30 – 11:40 PM	Sharing of experiences in WASH in HCF • AMREF • UNICEF • WATERAID • Water for People	Hajra Mukasa Stephen Wandera/Prakash Francis Musinguzi Cate Nimanya
11:40 -12:00	Policies and Standards for WASH in HCFs including experiences on WASH implementation in HCFs	Fred Mulabya (Environmental Health (MOH)
12:00 -12:30	Sustainability of Water Filtration Systems and handing over of the certificates	Hannington Segirinya
12:20 – 1:15PM	Lunch Break	
1:15 – 1:40 PM	The status of sepsis and other WASH related conditions among mothers and neonates in Uganda	Eisha Grant (Maternal and Child Health)
1:45 – 3:15 PM	Breakout Discussions "Caravan": Challenges, opportunities and recommendations for WASH improvement in HCFs • Water Supply and quality • Waste Management • Sanitation • Hygiene	David K. Ssemwanga
3:15 – 3:30 PM	Tea/Coffee Break	
3:30 – 4:30 PM	Plenary Discussion: 1. Summary from Drivers 2. Recommendations	David K. Semwanga
4:30 – 4:45PM	Closing Remarks	Chairperson Parliamentary on WASH (Christine Amongin)

Annex 2: Workshop Participants

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Annex 3: Sample Certificate of participation