

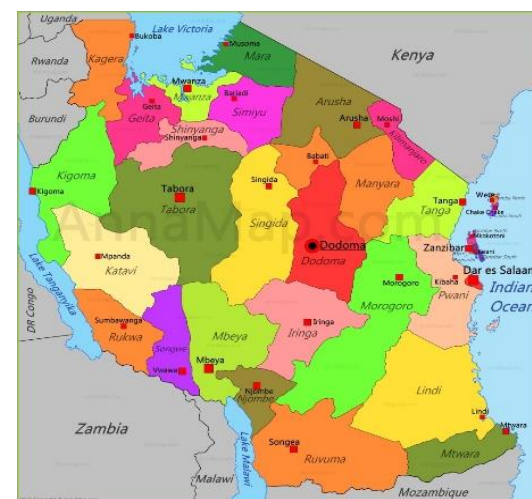


# United Republic of Tanzania

# Country Context



- The United Republic of Tanzania (URT) has 31 regions and over 135 districts
- Population of over 55 million of which children under 18 years make up about 50%.
- About 17% are children under five
- Annual Population growth is about 2.7 per year
- Health care services are provided by both the public and the private sector with over 7,800 active HCFs, Government 5,700 HCFs



# Country Context



- Health care services are hierarchically divided into three levels:
  - **Large HCFs** consisting of national, specialized, zonal, referral regional and district hospitals (285)
  - **Medium HCFs** specifically health centers which provide outpatient care and a limited number of inpatients (834)
  - **Small HCFs** comprising of dispensaries, which mainly provide outpatient care and outreach activities (6700).

# 1. Establish baseline



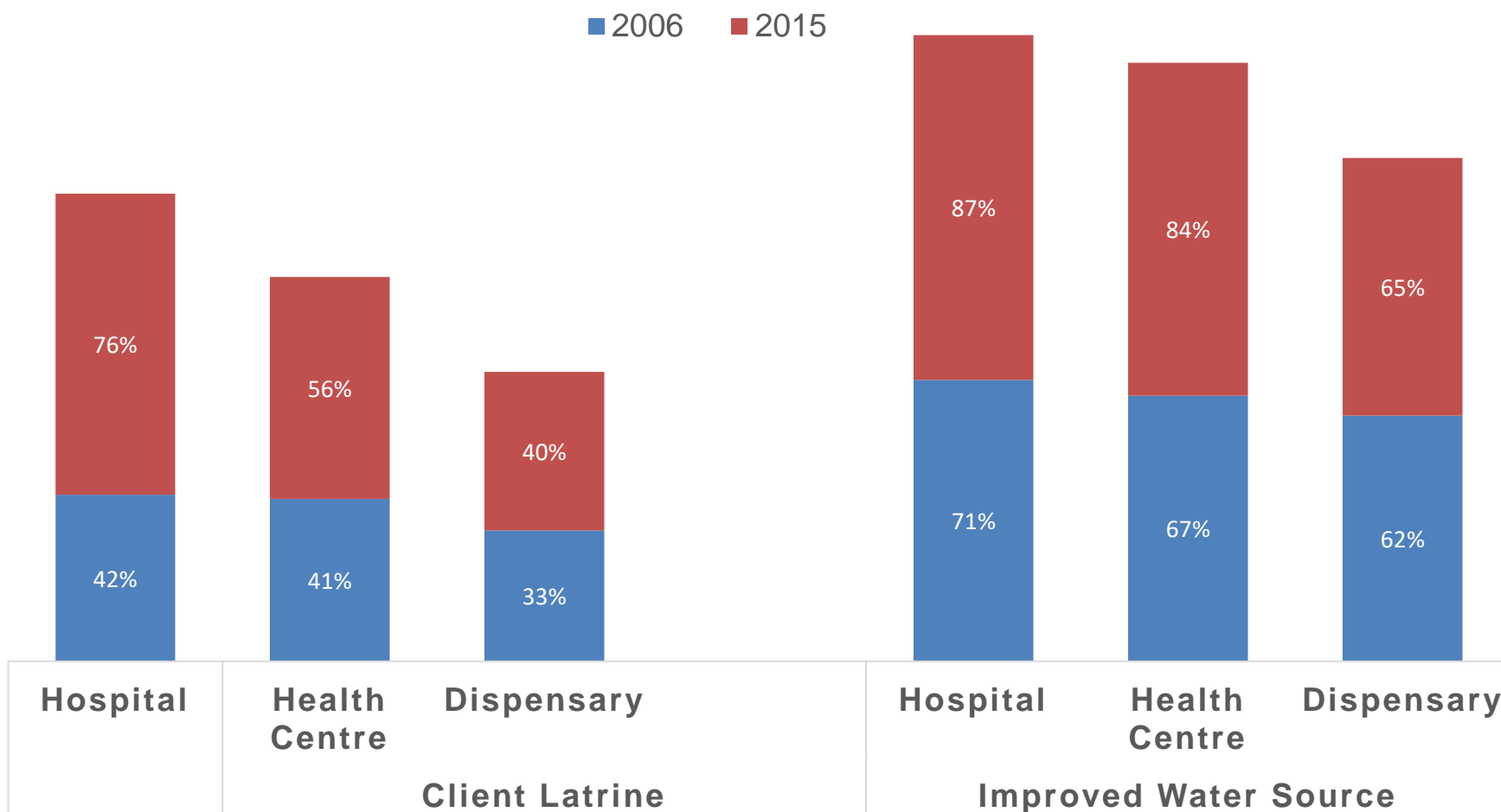
- No Exclusive Baseline have been conducted at the moment;
- Some data are obtained from National Surveys, assessment and routine monitoring
- 2014-2015 Tanzania Service Provision Assessment Survey show that:
  - 68% of Healthcare facilities have an improved water source in the facility
  - 44% of Healthcare facilities have a functioning toilet facility
  - The situation is not impressive in lower level health care facilities such as dispensaries
- Assessment conducted by UNICEF and the National Institute for Medical Research (NIMR) in 7 districts established that:
  - 42% of healthcare facilities surveyed had no functional handwashing facilities in delivery rooms
  - 41% of Healthcare facilities had a piped water supply into the facility buildings
- Critical need to Conduct National Baseline with respect to global tools and standards

# Underserved Areas

## Percentage of Health Care Facilities with WASH Services



Source: NBS 2006; 2015



## 2. Develop and implement roadmap



- Dedicated roadmap for WASH has not been developed yet;
- WASH in HCFs is included as one of strategic areas in several strategic plans (HSSP V-2015-2020 and WSDP II documents);
- An integrated roadmap is required;
- Tanzania has been implementing Healthcare Waste Management Programme Since 2006;
- Also is part of Health Care Waste Management Strategic Plan

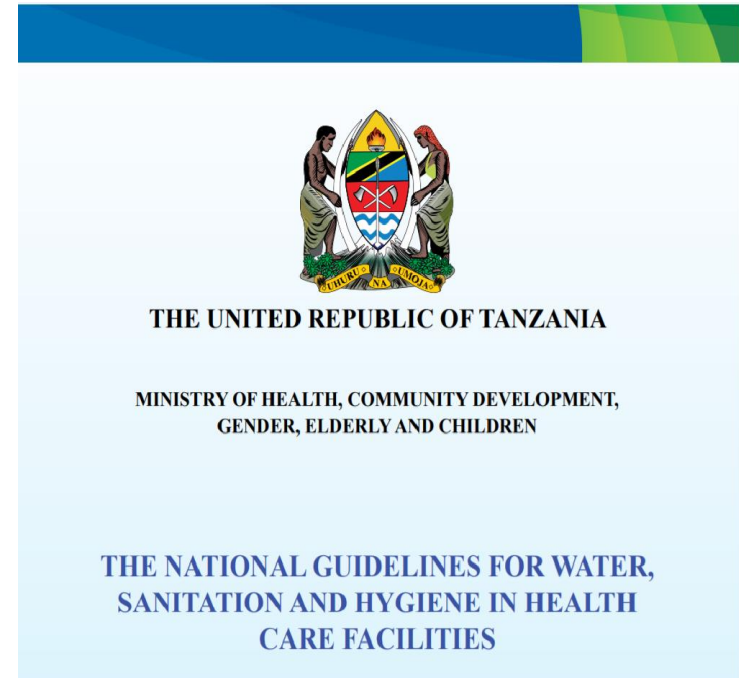
### **Targets and Linkages to SDGs**

- The country has formed a technical Working Group with a responsibility of ensuring linkages of targets, indicators and data definition to SDGs in which a template of indicators and data definition of WASH in HCF is in place.

# 3. Establish and implement standards



- National guidelines for WASH in HCFs is in place
- IPC Standards:
- Dispensaries (2015),
- Health Centers (2015), and
- Hospitals (2012)
- National IPC Guidelines for Health Care Services in Tanzania (June 2018)



<https://www.washinhcf.org/resource/national-guidelines-for-wash-services-in-health-care-facilities-tanzania/>

### 3. Establish and implement standards, cont'd.



#### **Regulation of standards process or plan**

- Under the Public Health Act, 2009: all HCFs are required to provide and maintain facilities and services for the control of infections through adequate supply of safe water, hygiene practices and management of HCWs
- Under Section 176 of the act: Institutions that contravene to provisions commit an offence and liable to a fine not exceeding TZS 500,000 (US\$200) or to imprisonment for a term not exceeding six months or both



# 3. Establish and implement standards, cont'd



## Targets

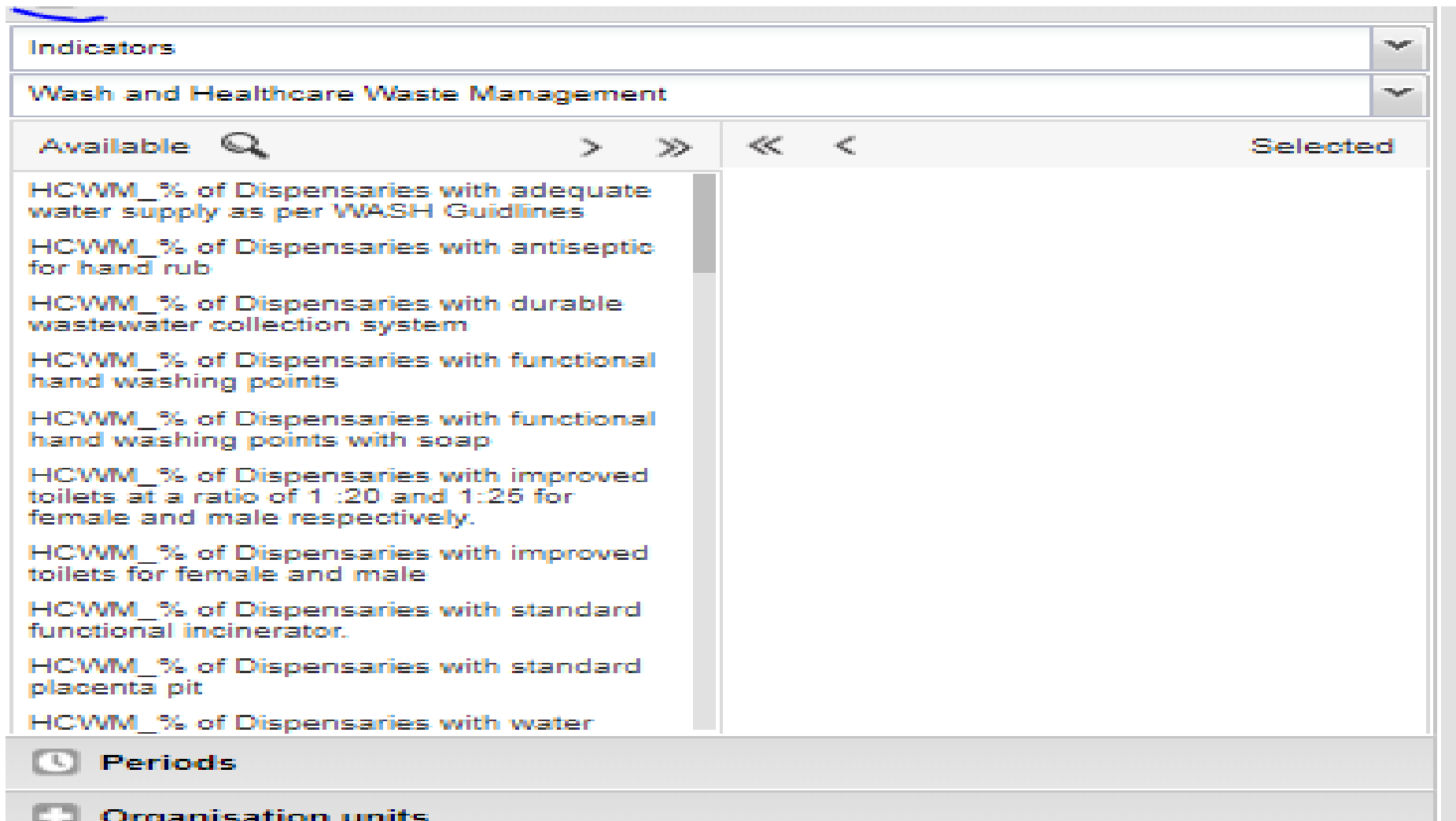
### WSDP II/ NSC Phase II

- WASH in 1,000 health facilities rehabilitated and management of healthcare waste strengthened in 600 health facilities by 2019

### Assessing progress and use of incentives process/plan:


- Performance indicators in place and monitored:
  - Availability of improved latrine.
  - Availability of functional hand washing facility and soap
  - Availability of safe water.
  - Health Care Waste Management
- NSMIS is used to track the progress of various indicators based on type of HCF

# 3. Establish and implement standards, cont'd





Indicators

Wash and Healthcare Waste Management

Available  > >> << < Selected

- HCWM\_ % of Dispensaries with adequate water supply as per WASH Guidelines
- HCWM\_ % of Dispensaries with antiseptic for hand rub
- HCWM\_ % of Dispensaries with durable wastewater collection system
- HCWM\_ % of Dispensaries with functional hand washing points
- HCWM\_ % of Dispensaries with functional hand washing points with soap
- HCWM\_ % of Dispensaries with improved toilets at a ratio of 1 :20 and 1:25 for female and male respectively.
- HCWM\_ % of Dispensaries with improved toilets for female and male
- HCWM\_ % of Dispensaries with standard functional incinerator.
- HCWM\_ % of Dispensaries with standard placenta pit
- HCWM\_ % of Dispensaries with water

 **Periods**

 **Organisation units**

# 5. Integrate WASH into health programming



## Key opportunities for integration & examples

- The Ministry is currently reviewing health sector to address key and emerging issues including WASH in HCFs.
- Reviewing of Health Policy 2007 will also take onboard issues of WASH in HCF

## Opportunities and plans for further integration

- Integrate WASH in the HCFs guidelines for planning and budgeting.
- Through the CCHP each HCF is required to incorporate WASH activities into Comprehensive Hospital Operational Plan (CHOP).

## 6. Allocate regular funding



### Country funding/current budget lines

- WASH in HCFs is included in CHOP for each HCFs however items are scattered in the plan depending on activity to be implemented (supplies, rehabilitation or construction)
- In the 2019/2020 NSC budget TZS **17.2 Billion** have allocated for WASH in HCFs into **86** councils (**@ 0.2 Billion ceiling**)

### Plans to address gaps

- MoH working in collaboration with PORALG in development of guidelines, distribution and capacity building

# 7. Establish a multisectoral coordination mechanism



## **Country multisectoral coordination mechanism, responsibilities & accomplishments**

- WASH in HCFs is part of the NSC as such overseen through WSDP thematic working groups

## **Process/plan for strengthening the committee**

- ToRs for the committee will be reviewed to include key aspects and stakeholder for WASH in HCFs and monitoring under SDG

## 8. Develop a health workforce



### Training, mentoring and/or investments in process or planned

- Training of a core national facilitation team, districts and lower levels teams in the implementation of WASH services in HCFs
- Develop a system for tracking Health Care Associated Infections (HAIs) by June 2020
- Produce tools and simplified versions to facilitate implementation
- MoH to work with district and regional levels to appoint focal persons responsible for WASH in HCFs

### **Use/adaptation of WASH FIT (or other tools) including numbers of facilities and key results**

- The Ministry will collaborate with UNICEF and WHO to identify effective tools such as WASH FIT to speed up and sustain gains on WASH in HCFs



*“Do not call it a health care facility if there is no WASH”*

**WATER, SANITATION AND  
HYGIENE IN HEALTH CARE  
FACILITIES**