



Water, Sanitation and Hygiene in Health Care Facilities in Zimbabwe: An Overview

SUMMARY

This fact sheet provides an overview of water, sanitation and hygiene services in health care facilities in Zimbabwe based on data from the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, the Vital Medicines Availability and Health Services Survey, and a regional scoping study on WASH in Health Care Facilities. Although the majority of health care facilities in Zimbabwe had access to basic water services (81%), only a fraction offered basic sanitation services (4.4%) and only slightly more than half had access to basic hygiene services (58.2%) in December 2018. In most facilities, basic health care waste management is being conducted (98.4%), but no data is available to estimate the level of service for environmental cleaning. In total, only 3.2% of facilities have access to basic WASH and waste management services. In order to accelerate efforts to improve WASH in health care facilities, Zimbabwe will strengthen the enabling environment by improving institutional arrangements, increase dedicated financing, and establish robust planning, monitoring and review mechanisms.

Introduction

Water, sanitation and hygiene (WASH) services in health care facilities (HCFs) are vital to provide quality health services, reduce the risk of healthcare associated infections, and protect the dignity of all patients and staff [1]. The ongoing Coronavirus Disease (COVID-19) outbreak has also highlighted the importance of improving WASH in HCFs to reduce the risk of infections among patients and service providers [2].

A global baseline report 2019 by the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) revealed [1]:

- 1 in 4 HCFs had no water service.
- 1 in 5 HCFs had no sanitation service.
- 1 in 6 HCFs had no hygiene service.

In May 2019, the World Health Assembly passed a resolution in which member states committed to developing a national roadmap, setting targets, monitoring progress over time, mobilizing resources, and strengthening health systems [3].

In September 2019, global stakeholders gathered in Zambia to translate the “resolution” into the “revolution” through eight practical steps with concrete country and partner commitments [4]. The Government of Zimbabwe also presented six concrete commitments to address this urgent need (Box 1).

“Every birth should be supported by a safe pair of hands, washed with soap and water, using sterile equipment, in a clean environment”

Henrietta Fore, UNICEF Executive Director

Key Information

Data Sources

This fact sheet summarizes the analysis of data from the following sources:

- Vital Medicines Availability and Health Services Survey from December 2018 [5]; and
- UNICEF Scoping Study in Eastern and Southern Africa [6]

Access figures are presented in accordance with service ladders — **basic, limited, and no service** — as defined by the JMP (see Table 2).

Key Findings

- **1 in 5** HCFs in Zimbabwe does not have access to basic water services.
- **1 in 10** HCFs in Zimbabwe does not have access to any water service.
- **1 in 25** HCFs in Zimbabwe has access to basic sanitation services.
- **4 in 10** HCFs in Zimbabwe do not have access to basic hygiene services.
- **1 in 10** HCFs in Zimbabwe does not have access to any hygiene service.
- **98.4%** of HCFs in Zimbabwe have access to basic waste management services.
- **3.2%** of HCFs in Zimbabwe have access to basic WASH services.

Table 1: Proportion of health care facilities in Zimbabwe by level of access to WASH services as of December 2018. N=1,450.

JMP Service Ladder	Water	Sanitation	Hygiene	Waste Management
Basic	80.8%	4.4%	58.2%	98.4%
Limited	8.6%	95.0%	32.0%	1.4%
No Service	10.6%	0.6%	9.8%	0.2%

Figure 1. Sanitation facility at a rural health centre in Zimbabwe.



BOX 1:

ZIMBABWE COUNTRY COMMITMENTS ON WASH IN HCFs

- *The Ministry of Health and Child Care (MOHCC) in collaboration with WHO and UNICEF will conduct a **health facility assessment on WASH and Infection Prevention and Control (IPC) activities** by mid-2020 to obtain a national baseline.*
- *Zimbabwe will **develop and implement new WASH standards and set national targets** by mid-2020 so that new health facilities will include sanitation facilities that meet basic access criteria.*
- ***Develop a National Plan** by 2021 to improve and maintain the existing facilities to reach the basic access level.*
- ***Develop indicators to facilitate more accurate measurement** of WASH conditions at health facilities.*
- ***Integrate WASH and IPC indicators** into health programming and monitoring by 2021.*
- ***Empower and train staff** to implement WASH in HCFs.*

Table 2: JMP service ladders on WASH in Health Care Facilities

	WATER	SANITATION	HYGIENE	WASTE MANAGEMENT	ENVIRONMENTAL CLEANING
BASIC SERVICE	Water is available from an improved source ¹ on the premises.	Improved sanitation facilities ² are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.	Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets.	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training.
LIMITED SERVICE	An improved water source is within 500 metres of the premises, but not all requirements for basic service are met.	At least one improved sanitation facility is available, but not all requirements for basic service are met.	Functional hand hygiene facilities are available either at points of care or toilets but not both.	There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met.	There are cleaning protocols and/or at least some staff have received training on cleaning.
NO SERVICE	Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 metres from the premises; or there is no water source.	Toilet facilities are unimproved (e.g. pit latrines without a slab or platform, hanging latrines, bucket latrines) or there are no toilets.	No functional hand hygiene facilities are available either at points of care or toilets.	There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of safely.	No cleaning protocols are available and no staff have received training on cleaning.

Source: WHO/UNICEF (2019). *WASH in Health Care Facilities: Global baseline report 2019*.

Enabling Environment

The UNICEF scoping study assessed the enabling environment of WASH in HCFs by five building blocks [6]:

1. Sector Policy and Strategy
2. Institutional Arrangements
3. Sector Financing
4. Planning, Monitoring and Review
5. Capacity Development

The scoping study scored these building blocks with 34 indicators and suggested that Zimbabwe needs to focus on strengthening **institutional arrangements**, **sector financing**, and **planning, monitoring and review** as priority building blocks. While **sector policy and strategy** and **capacity development** building blocks were fairly strong, they could be further improved through the use of Water and Sanitation for Health Facility Improvement Tool (WASH FIT).

Some of the recommended actions based on the findings from the regional UNICEF scoping study and the global meeting on WASH in HCFs held in Zambia in 2019 include the following:

- Developing a national roadmap, a national plan, standards, and targets on WASH in HCFs
- Developing or updating national documents to include protocols on WASH, menstrual hygiene management, and people with disability
- Piloting or implementing WASH FIT with relevant training
- Developing a national operations and maintenance (O&M) plan for WASH in HCFs with clear roles and responsibilities of stakeholders at all tiers of HCFs
- Developing a resource mobilization strategy
- Allocating a national budget for WASH in HCFs
- Integrating the Sustainable Development Goals (SDGs) indicators on WASH in HCFs into the Zimbabwe Health Information System

Conclusion

The available evidence suggests that HCFs have a relatively high level of coverage with basic water services and waste management services while the level of access to basic sanitation services is very low in Zimbabwe. Hygiene promotion and environmental cleaning also need to be emphasized more to ensure that patients and healthcare providers can use their facilities with dignity. Furthermore, enabling environment on institutional arrangements, sector financing, information management, and capacity development can be further strengthened.

Government of Zimbabwe made country commitments on WASH in HCFs at the global meeting in Livingstone, Zambia. Zimbabwe will collect national data to inform actions, develop national roadmaps and standards, and implement activities against national targets. A strong commitment to sector financing would be vital to achieve government commitments on WASH in HCFs.

As the first step, Government of Zimbabwe, in collaboration with UNICEF and WHO, established a technical working group on WASH in HCFs. This group includes representatives from various branches of Ministry of Health including Environmental Health Services, Family Health, Quality Control, Health Promotion, Health Information, IPC, and Epidemiology and Disease Control. The National Institute of Health Research, Health Professions Authority, and Civil Society Organizations will be also represented to ensure that Zimbabwe implements evidence-based interventions in response to the needs on the ground.

*“WASH in health care facilities is **critical for achieving quality care and Universal Health Coverage** and ought to be a priority in health systems strengthening.”*

Dr. Tedros Ghebreyesus
WHO Director General

BOX 2:

COMMITMENTS FROM WASH IN HCF TASKFORCE MEMBERS

Mr. Victor Nyamandi

*Ministry of Health and Child Care
Director of Environmental Health Services*

“The involvement of environmental health is critical as the department has the mandate to monitor and regulate WASH in health institutions. The department oversees implementation and reporting of WASH programmes in the country and cuts across the public and private sectors. The department has the legal mandate to carry out sanitary and hygiene inspections of health facilities and it interacts with health care providers on WASH and hygiene issues. The department has WASH experts stationed in almost all health care facilities throughout the country and this gives it the ability to over the implementation and state of WASH facilities in the country. This commitment will enhance my mandate.”

Dr. Trevor Kanyowa

*World Health Organization
Technical Advisor of Family and Reproductive Health*

“Despite high coverages of certain high impact interventions (e.g., facility delivery, skilled care at birth), the outcomes have not been correspondingly good. This means the country has issues with the quality of care being provided in health facilities. Infections are an important cause of the morbidities and mortalities for mothers and children. To improve the quality of maternal, newborn and child health in facilities, there is a definite need for safe water and good quality of sanitation facilities. WHO could support development of guidelines in WASH, advocate for any policy changes, set quality of care standards, build core health worker capacities, monitor implementation of quality initiatives, and build partnerships.”

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Photo Credits

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