

**Zanzibar Case Study**  
**WASH & CLEAN Tool Adaptation**  
**October 2014**

WaterAid, the Soapbox Collaborative, the Pemba Public Health Laboratory and the Ministry of Health in Zanzibar *Improving Maternal Health in Zanzibar through Improved WASH* study objectives:

- To assess the coverage of functional WASH and IPC facilities in maternity units across Zanzibar
- To assess stakeholders' perceptions of cleanliness and IPC system failures
- To inform the design of a phased improvement plan in support of improving the quality of care in maternity units with regard to WASH and IPC in Zanzibar

**Adaptation process**

Within the Zanzibar project several changes were made to the WASH & CLEAN tools. Examples of changes made to the Facility Needs Assessment Tool (renamed the Facility Questionnaire) and the Walkthrough Checklist are provided below to illustrate the adaptation process. These changes were driven primarily by three factors: the project objectives, the local context and the project partners and skill set.

**Project Objectives**

The formal and informal objectives of the project drove much of the changes made to the tools.

Because the first objective of the study was to assess IPC and WASH at the national level, there was a need to collect data from a representative sample of facilities and a much higher number of facilities compared to the number of facilities included in the WASH & CLEAN study. Thus it was concluded that the Facility Questionnaire should be applied to all of the maternity units in Zanzibar. To ensure the amount of data generated was manageable given the resources, the resulting adaptations focused on changing the tool to capture primarily quantitative data.

Secondly, one of the informal objectives of the study was to further test the validity of the Facility Questionnaire including whether observation versus staff reports was a better format to capture some of the information gathered by the tool. With this in mind, an extra section of the facility questionnaire was added to include eight observations with the aim of comparing the results of these observations with the questions asked in an interview format by the same tool. For example, availability and sterility of scissors to cut the cord was asked in an interview format and was also observed.

## **Local context**

Facility visits across Zanzibar, as well as the pilot study and an informal stakeholder analyses, informed the researchers of some of the local characteristics that were then incorporated into the Facility Questionnaire.

Because the prevalent religion on the islands is Islam, questions relating to specific hygiene practices were added. For example, questions regarding the availability of water for anal cleaning compared to other forms of anal cleaning such as toilet paper, that were deemed inappropriate for the context.

Specific questions to assess the levels of crowding, bed sharing and relatives' practices on the maternity ward were included in the Facility Questionnaire and local IPC guidelines consulted to ensure that information complying with local standards was sought.

## **Project Partners & Skill Set**

The project partners contributed a further focus to the Walkthrough Checklist. In collaboration with WaterAid additional questions were included on water sources. Water sampling for microbiological analysis was also performed in addition to environmental swab sampling.

The quantitative skills of the researchers also allowed for rethinking of some of the observation questions of the Walkthrough Checklist with the aim of having sufficient statistical power to assess whether the microbiology results and observed cleanliness were consistent with each other.

## **Implementation**

Tool revisions were made following the processes described above and feedback from the study Steering Committee and relevant permissions for data collection obtained.

Piloting of the Facility Questionnaire took place in four health facilities before being rolled out to the remaining 37 facilities across Zanzibar. Piloting of the remaining tools - the adapted Walkthrough Checklist, the semi-structured interviews and an additional Sanitation Questionnaire - took place in three facilities (including the piloting of swab sampling in one facility) before data collection was completed using these tools in a further seven facilities.

As the WASH & CLEAN Toolkit went to print in October 2014, data collection and data entry had been completed in Zanzibar and analysis was underway. Initial feedback from the stakeholders was very positive, with plans to use the tools to conduct a similar study on mainland Tanzania.