

Engaging Health Facility Staff in Applying National Standards Contributes to Improving WASH Standards

Suaahara II (2016–2023) is a USAID-funded project dedicated to improving the health and nutrition status of women and children who fall within the 1,000 days period, from conception until a child reaches 24 months of age, in Nepal.



Context

Adequate water, sanitation and hygiene (WASH) services are essential to minimize the risk of healthcare-acquired infections; they also improve staff morale, patient dignity and uptake of services, and can reduce the cost of healthcare. Effective infection prevention and control measures, such as hand-washing facilities at the point of care, could reduce healthcare-associated infection by 55% and improve newborn survival rates by 44%.

WASH services in many healthcare facilities in low- and middle-income countries are below WHO standards. A WHO study of 54 countries in 2015 found that 38% of the healthcare facilities did not have an improved water source, 19% did not have adequate sanitation and 35% did not have soap and water for hand-washing. Such lack of services compromises the prevention and control of infections and, consequently, the ability to provide basic services such as child delivery and childcare.

This program brief highlights *Suaahara II's* efforts in engaging health facility staff in applying WASH standards in order to improve WASH in health facilities that serve marginalized communities.

WHO Recommendations, April 2020:

- ▶ Provide universal access to public hand hygiene stations and make their use obligatory, and
- ▶ Improve access to and the practice of hand hygiene in healthcare facilities

(Source: Hand Hygiene for All Initiative: Improving Access and Behavior in Health Care Facilities, WHO, 2020)

In Nepal, a WaterAid study from 2016 found that 45% of the health facilities were not equipped with soap and water for hand-washing in toilets.^{III} Likewise, the National Health Facility Survey of 2021 found that 40% of the health facilities did not have soap and water in the outpatient area.^{IV} Moreover, data from the 2022 Nepal Demographic and Health Survey show that while child mortality has decreased, the neonatal mortality rate has remained constant at 21 out of 1,000 live births since 2016. So, improving WASH facilities and practices in health facilities is likely to be an important factor in improving neonatal survival rates as well as in bringing down healthcare-associated infections and general mortality.

Key Activities to Improve WASH in Health Facilities

Suaahara II's WASH in health facility component included a baseline assessment followed by tailored technical support to improve WASH facilities. This involved informing the Health Facility Operation and Management Committee (HFOMC) members about the national WASH in health facilities standards; a checklist-based assessment of the condition of WASH facilities; and technical drawings to improve WASH infrastructure as well as estimates for their construction. By the end of the assessment, a tailored action plan was developed by the HFOMC with support from *Suaahara II*. The implementation of this plan was followed up through onsite visits by *Suaahara II* staff. Finally, an endline assessment was carried out using the same checklist as used at the baseline survey to assess the changes in WASH facilities and practices at the health centers. Besides, local-government ownership was promoted by engaging the municipal representatives in the process of assessing, choosing and supporting health facilities, with a focus on those serving marginalized communities. The endline study was carried out over a period of 6–12 months after the baseline assessment, and technical support was provided to the selected health facilities.

^IWHO. (2020). "Hand Hygiene for All Initiative: Improving Access and Behavior in Health Care Facilities".

^{II}WHO. (2015). "Water, Sanitation and Hygiene in Health Care Facilities: Status in Low-and-Middle Income Countries and Way Forward.

^{III}WaterAid. (2016). "Assessment of WASH Services in Healthcare Facilities in Nepal".

^{IV}Ministry of Health and Population, Nepal; New ERA, Nepal; and ICF. (2022). Nepal Health Facility Survey 2021 Final Report. Kathmandu, Nepal: Ministry of Health and Population, Kathmandu; New ERA, Nepal; and ICF, Rockville, Maryland, USA.

National Standard on Water, Sanitation and Hygiene in Healthcare Facilities

WATER




- Healthcare facilities must have an improved source on their premises that always supplies water.
- Drinking water should always be made available to staff, caregivers and patients, including children and people with limited mobility (at every story of a multistory building).
- Drinking water points should be separated from the water stations used for hand-washing and other purposes even if the water is from the same source.
- The quality of drinking water should meet the National Drinking Water Quality Standards 2005.
- Healthcare facilities should have safe, secure water storage on their premises; they should also have two full days of backup water in case of interruptions in the main water supply.

SANITATION



- Healthcare facilities should have adequate functional and accessible sanitation facilities for healthcare workers, support staff, patients and caretakers.
- Health facilities should have sanitation facilities that are child friendly, gender friendly and accessible to people with limited mobility.
- In an outreach setting, health facilities should have separate toilet blocks for males, females and people with limited mobility.
- Toilets should be clean and without waste, visible dirt and stagnant water.
- Cleaning materials (i.e., water, soap, disinfectant, mops, scrub brushes, etc.) should be made available for performing regular cleaning.

<p>HYGIENE</p> 	<ul style="list-style-type: none"> Healthcare units should have functional hand-hygiene facilities like those that are available in critical areas such as OPDs, IPDs and emergency wards; this means these facilities should be available waiting areas, labs, maternity units and all toilets. Healthcare units should have accessible hand-washing facilities for children and persons with limited mobility in or nearby toilets, waiting areas and maternity units.
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Results of the Assessment of WASH Facilities

The baseline and endline assessments of the conditions of WASH facilities were carried out from December 2020 to June 2022 in 357 health facilities that serve the marginalized communities of 190 municipalities in 32 districts of five provinces (Bagmati, Gandaki, Lumbini, Karnali and Sudurpashchim). The assessments covered at least 20% of the health facilities in the selected districts. The endline assessment was conducted after six months of the first intervention workshop by *Suaahara II* WASH officers/coordinators.

Key Findings

Key Indicators	Baseline	Endline
WATER		
Health facilities with any improved water source within their premises	95%	96%
Health facilities with functional water-storage tanks with minimum storage sufficient for two days	69%	86%
Health facilities with separate drinking water facility	51%	75%
Health facilities using any appropriate drinking water treatment method	79%	90%
Health facilities with presence of E. coli bacteria in drinking water (based on water-quality test reports)	27%	13%

SANITATION		
Health facilities having basic sanitation facility (toilet)	98%	99%
Health facilities having adequate sanitation facility (separate toilets for males and females and also for the differently abled)	7%	12%
Health facilities with clean toilets	33%	60%
Health facilities having cleaning materials in all toilets	19%	31%
HYGIENE		
Health facilities having hand-wash facility with soap and water in all toilets	38%	70%
Health facilities having hand-wash facility with soap and water at all points of care	14%	40%
HEALTH FACILITY OPERATION AND MANAGEMENT COMMITTEE		
Discuss progress or status of WASH facilities in last Health Facility Operations and Management Committee meeting	22%	33%



The WASH in Health Facility program was very helpful for us. Through this program, we got to know about different WASH policies and the standards required to be maintained at health facilities. We immediately placed a water filter for drinking at the waiting area for visitors and patients and put dustbins in the female toilet and the birthing center. Toilets are now regularly cleaned and a hand-washing facility has been placed in the health facility premises. We are now committed to prioritize and allocate budget for further improvements in WASH facilities in our health post. We are very thankful to the *Suaahara* team for sharing such influential messages to enhance the WASH status of the health post.

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Conclusion

- The WASH facilities at the health centers were grossly inadequate and did not meet the national standard on WASH in healthcare facilities both at the baseline and endline though remarkable improvements were seen at the endline compared to the baseline.
- As *Suaahara II*'s work demonstrates, even low-cost interventions to raise awareness on the national standard on WASH in health facilities and providing minimum technical support to the health facility staff and HFOMC members can trigger improvement in WASH facilities.
- Only limited progress has been made on high-cost infrastructure development like construction of separate toilets for males, females and people with limited mobility.

Recommendations

- Awareness-raising on the national standard on WASH in health facilities should be scaled up to other health facilities to stimulate doable improvements.
- Access to funding for WASH infrastructure development in health facilities should be prioritized by the local government to reduce facility-based infections and associated mortality.
- The national Multi-sector Nutrition Plan and the Nepal Health Sector Strategic Plan should include activities to improve WASH in health facilities aligning with the national standard, including in terms of indicators and monitoring mechanisms to track improvements vis-à-vis the national standard.

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