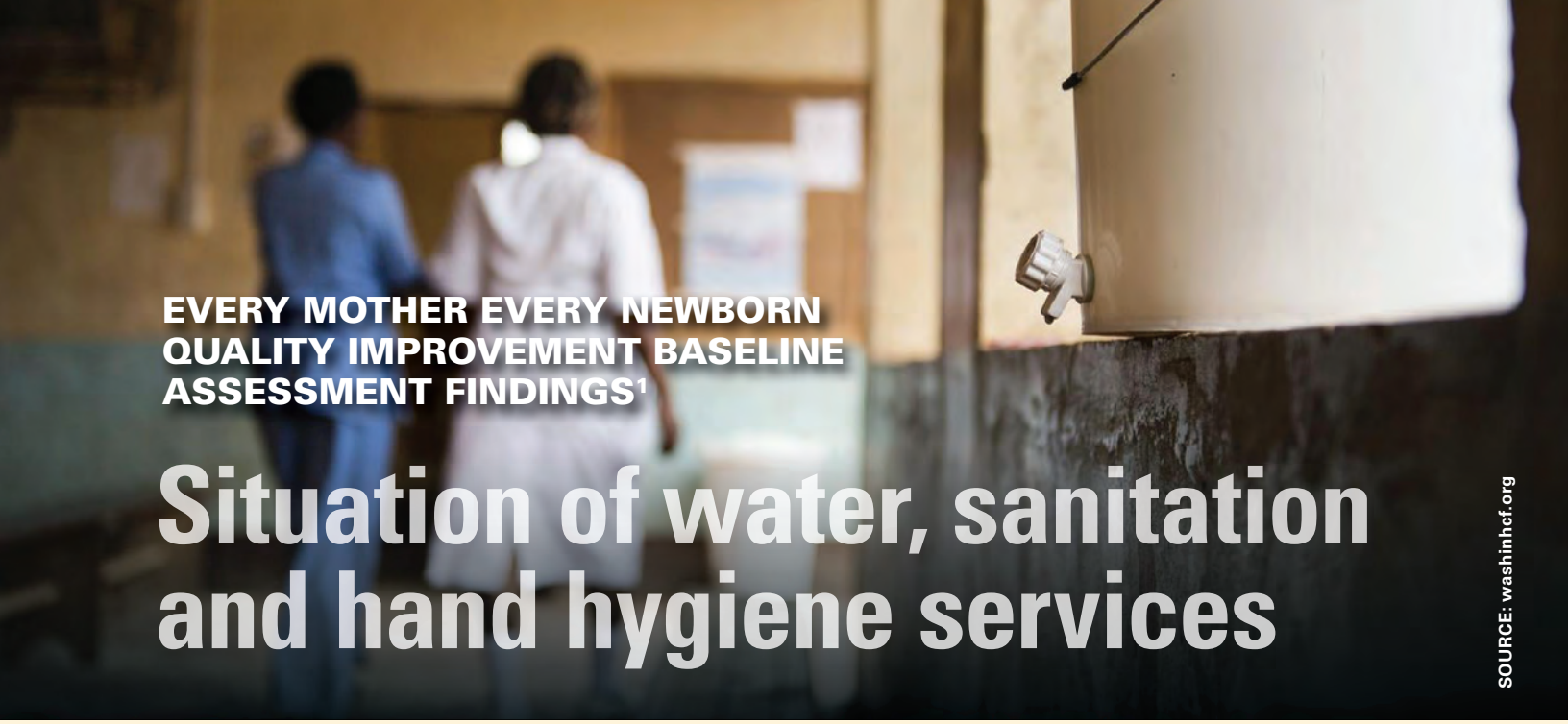


EVERY MOTHER EVERY NEWBORN QUALITY IMPROVEMENT BASELINE ASSESSMENT FINDINGS[1]

Situation of water, sanitation and hand hygiene services

SOURCE: washinhcf.org

Introduction

WASH services are intrinsically linked to quality improvement efforts in health care facilities. The scarcity of WASH services is still a significant contributor to maternal infections and deaths globally (1). They are also critical for achieving a number of health aims such, maternal and newborn health, and quality universal health coverage (UHC) (2) and infection prevention and control (IPC) (3). WASH services further strengthen health systems to prevent disease outbreaks, and to effectively respond to emergencies.

WASH and human rights

The international human rights community has similarly highlighted the importance of WASH services. Key milestones include a United Nations General Assembly resolution recognizing "the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights" (4), and a Human Rights Council resolution affirming that this right is "inextricably related to the right to the highest attainable standard of physical and mental health, as well as the right to life and human dignity" (5). Under the human right to water and sanitation everyone is entitled to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses (6).

Attention to WASH services in health care facilities and their relation to quality improvement efforts has gained significant momentum. An extensive multi-country review of WASH services in health care facilities by UNICEF and WHO (7) revealed that urgent action is needed to close the existing gap in service provision. In this context, in 2015 WHO and UNICEF committed together with

[1]Findings are drawn from baseline assessments conducted in selected districts in Bangladesh, Ghana and Tanzania. Data was collected between April and June 2016 by the International Centre for Diarrhoeal Disease Research (Bangladesh), the Navrongo Health Research Centre (Ghana), and the National Institute for Medical Research (Tanzania). The quotes are taken from field mission records in three countries.

partners to improve WASH services and practices in health care facilities, and launched a Global Action Plan (2) with the vision "to ensure that by 2030, every health care facility, in every setting, has safely managed, reliable water, sanitation and hygiene facilities and practices to meet staff and patient needs in order to provide quality, safe people-centered care, with particular attention to the needs of women, girls and children".

Quality Improvement standard for "water, energy, sanitation, hand hygiene and waste disposal facilities to be functioning, reliable, safe and sufficient to meet the needs of staff, women and their families" (8) is a basic condition for provision of safe and dignified maternal and newborn care.

Findings

Provision of water

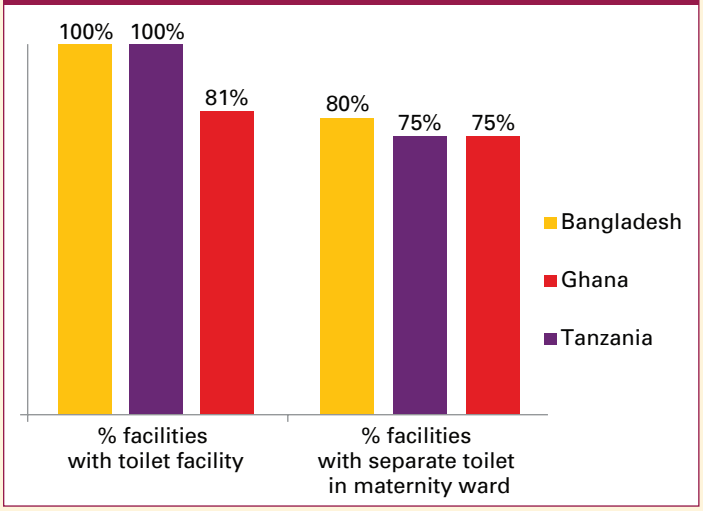
- The main source of water for cleaning and drinking in facilities in Ghana and Tanzania was pipe born water (respectively 62% and 67%), which is considered an improved water source but is not necessarily safe. A substantial proportion of water supplied through pipes can still be contaminated, especially where water supply is intermittent or treatment is inadequate (9). For this reason, systems to check the quality of water are very important, however these were available in only one quarter of facilities in Ghana, and 42% of those in Tanzania.

"When the facility construction is approved, there was no budget for water supply, it was community's responsibility to arrange water. Community is poor and cannot afford to have bored well." – Medical officer in charge

Presence of a functioning toilet

- A toilet facility was available in all of the facilities in Tanzania, however in 19% of cases in Ghana such a facility was missing. A separate toilet for clientele of the maternity ward was missing in one quarter of facilities in both countries (Figure 1).

FIGURE 1: Sanitation assessment: toilet facilities in hospital/health center



- In addition, the maternity toilet was reported as being "clean" in two thirds (67%) of facilities in Tanzania, and less than half (44%) of facilities in Ghana. This means a significant proportion, one third (33%) in Tanzania and over half (56%) in Ghana, were considered unclean.

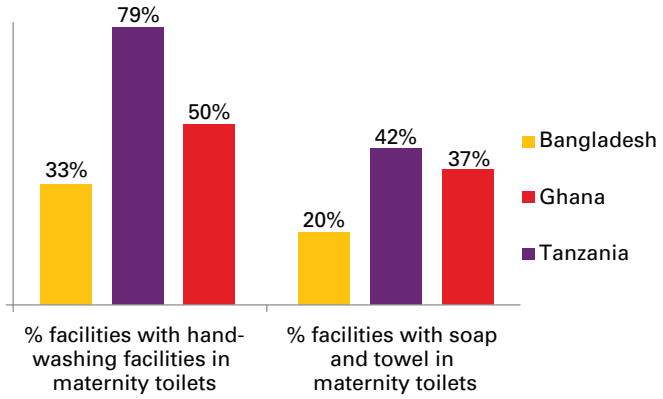
"We need to retain women and their babies for 48 hours after birth for effective post-natal care. Who will be willing to stay in a place with no toilet?" – DoH official

Hand-washing facilities and practice

- Hand-washing facilities in the maternity toilet were available in three-quarters (78%) of facilities in Tanzania, but only half (50%) of those in Ghana. In addition, soap and a towel in maternity toilets were available at a rate of only 42% in Tanzania, and 37% in Ghana, with negative consequences for hand hygiene where these items are missing (Figure 2).

- Sinks with running water and soap during delivery were available as follows in Bangladesh: emergency room (49%, N=387), labour room/

FIGURE 2: Hygiene assessment: hand-washing facilities in maternity toilets



ward area (18%, N=387), delivery room/ area (28%, N=387), post-operative ward (1%, N=387), female ward (3%, N=387) (Figure 3).

- Staff and health workers were found to maintain hand hygiene during delivery at low rates in Bangladesh. Health workers complied with the "five moments" of hand hygiene at a rate of only 1%(N=387); staff washed their hands before and after examining patients in only one-fifth of cases (19%, N=387), and in over half of cases (57%, N=74) health workers were found not to dry their hands after washing, with implications for hand hygiene.

Infection Prevention and Control Standards and Waste Disposal

- Gaps were found in facilities' adherence to Infection Prevention and Control (IPC) standards in Bangladesh, where only 28% (N=387) of skilled attendants wore personal protective equipment (PPE) during deliveries and only 13% (N=387) used the equipment (gowns, goggles or gloves) correctly (Figure 4).

"We are sick and tired of wound infections in women having a cesarian delivery and sepsis rate among admitted newborns. It is clearly a failure of infection prevention. Changing behavior of health providers is so important."
– A hospital director

- Regarding waste disposal in Bangladesh, none of the facilities displayed puncture-proof sharps containers in each clinical area (N=387); where sharps containers were used, they were filled beyond the recommended limit of ¾ full in the majority (82%) of cases (N=387). In addition, well-ventilated, maintained and protected placenta-pits, which allow for disposal of placentas so that they degrade naturally, were available in only one fourth (26%, N=387) of facilities.

- The delivery unit was cleaned after delivery in 63% of facilities in Bangladesh (N=387), indicating that in over one third of cases this procedure was not followed.

"Our hospital needs forty janitors and we have only five. We struggle to maintain cleanliness. No doubt the place stinks."
– Medical Superintendent of a district hospital

FIGURE 3: % Facilities with sinks with running water and soap in Bangladesh

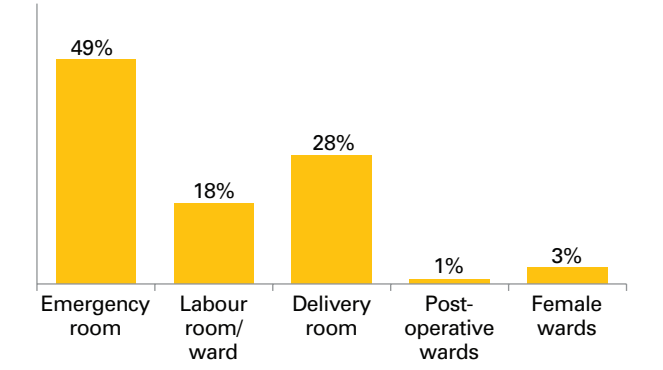
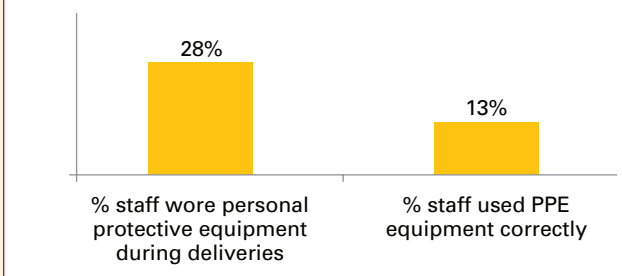


FIGURE 4: Adherence to Infection Prevention and Control Standards in Bangladesh



Power sources

- The National electricity grid served as the main power source in the majority (83%) of facilities in Tanzania, and a back-up power supply was found in two-thirds (67%) of facilities. All the health facilities in Ghana were reported to be connected to the national electricity grid as their main source of power.

Key messages

- Ensuring WASH services in health care facilities is fundamental for quality improvement efforts. It significantly reduces the risk of infection for patients and health workers, among other benefits.
- Urgent action is needed to address the significant gaps in WASH service provision in health care facilities, so that national goals for the quality of care for mothers and newborns can be achieved.
- Quality health care for all can only be achieved if WASH and health actors work collaboratively and effectively together.

Recommendations

- Countries should implement national standards and policies on WASH in health care facilities and have dedicated budgets and human resources to improve and maintain WASH services.
- New tools are available to guide improvements in quality of care through WASH in health care facilities, such as the WHO Standards for improving quality of maternal and newborn care in health facilities (8), and the UNICEF and WHO Water and Sanitation for Health Facility Improvement Tool (10).

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