



Water, Sanitation, and Hygiene at the Health Center: The Health System's Unaccounted for Responsibility

February 2017

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Introduction

WHO estimated in 2008 that unsafe water, sanitation, and hygiene (WASH) was responsible for nearly one-tenth of the global disease burden.¹ Interventions have focused on broad health outcomes, but scant attention has been paid to the specific needs of newborns and mothers. The following piece outlines some of the challenges facing WASH in maternal and perinatal health and proposes actions to address them via improved WASH in health care facilities (HCF), greater leadership for ministries of health (MOHs), increased coordination with other sectors, and better accountability.

Challenges

Why hasn't the WASH sector better integrated their efforts with health care systems and health governance to improve maternal and perinatal health? A multitude of challenges face the WASH sector's role in primary health care, especially in providing quality maternal and newborn care:²

1. **Evidence:** Though WASH for child health has received great attention, the data linking WASH with maternal and perinatal health outcomes has been limited.³ The measurement of health service quality and performance outcomes as a function of WASH is almost completely absent.
2. **Technical:** Efforts toward incorporating WASH concerns into HCF often involve uncoordinated technical interests, with two primary professional sets at play—engineer/technicians and health professionals. Engineers build infrastructure. Biomedical health professionals treat diseases. Neither group has adequate training in the other's specialty. The more behavioral and managerial aspects of WASH in HCF are often neglected.
3. **Institutional Governance:** WASH in HCF rarely has an institutional home; instead, its governance gets bundled under “water and sanitation” or “water resources,” which in turn are divided among multiple ministries, government bodies, and interests (e.g., urban planning, public works, water, rural development, lands, mines, energy, forestry, environment, health). If included in the planning of MOHs at all, WASH in HCF is often a low or decentralized priority.
4. **Global Policy and Accountability:** While WHO and other development agencies work with governments to develop standards and protocols in WASH, no entity has assumed the bottom line accountability and mandate for WASH in HCF.

5. **Financial:** Like many sectors that cross disciplines and institutional entities, WASH in HCF financing is vertical and spread across entities and interests—health, water resources, rural development, public works, social welfare, and so on. There is often a lack of clarity over who is responsible for improvements and who should pay.

Recommendations

Despite the political, technical, institutional, and financial barriers, MOHs need to assume accountability for improving maternal and perinatal outcomes through improved WASH in HCF. The following recommendations aim to help achieve this outcome.

1. **Empower MOHs with the WASH in HCF mandate.** MOHs should ensure that each facility budgets for WASH improvements. Some improvements (e.g., infrastructure) may require a MOH to engage other actors (e.g., the Ministry of Water), while others (e.g., hygiene, management) can be integrated into existing systems.

“Improving services will require a number of elements starting with leadership from the health sector.”
—Source: Cronk et al. (2015)
2. **Focus on management.** Health management should access and oversee funding for WASH projects while ensuring staff are both validated and held accountable for improved WASH behaviors at facilities.
3. **Invest in health worker capacity.** University teaching hospitals require more robust WASH curricula that provide health staff the tools to understand and problem-solve around WASH.
4. **Accountability to the community.** While experience shows many community-managed schemes are unsustainable, communities served by health facilities can have a representative role in managing health facilities to strengthen accountability.
5. **Integrate with other cross-sectoral health platforms.** Quality and health systems strengthening offer two platforms with which WASH in HCF improvements can integrate. Velleman and colleagues recommend that “efforts to reduce maternal and newborn mortality and morbidity should adequately reflect WASH as a prerequisite for ensuring the quality, effectiveness, and use of care services.”⁴
6. **Include WASH indicators in regular monitoring and develop coaching supervision approaches.** Providing regular supervision serves to motivate health care workers while also holding them accountable.

“It is critical that we try to include an indicator related to WASH in health sector performance measurement.”
—K. Islam, WaterAid Bangladesh
7. **Improve measurement.** MOHs should collect national data on the links between WASH and maternal and perinatal health and the effectiveness of WASH programs on maternal and perinatal outcomes.

Conclusion

As the evidence base documenting the profound impact that WASH has on maternal and perinatal health outcomes grows, an accountability gap for improved WASH in HCF has emerged. MOHs have the health mandate, but WASH in HCF ultimately gets diffused across a range of disjointed interests. By mandating and empowering MOHs to plan for and invest in WASH in HCF, maternal and perinatal outcomes can be improved.

Notes

- 1 Prüss-Üstün, A., et al. 2008. *Safe water, better health: Costs, benefits and sustainability of interventions to protect and promote health*. Geneva: World Health Organization.
- 2 Cronk, Ryan, and Jamie Bartram. 2015. *Water, sanitation and hygiene in health care facilities: Status in low and middle income countries and way forward*. Geneva: World Health Organization.
- 3 Campbell, O. M., L. Benova, G. Gon, et al. 2015. Getting the basics right: The role of water, sanitation and hygiene in maternal and reproductive health—a conceptual framework. *Tropical Medicine and International Health* 20, no. 3: 252–267. ISSN 1360-2276. DOI: 10.1111/tmi.12439.
- 4 Velleman, Y., E. Mason, W. Graham, et al. 2014. From joint thinking to joint action: A call to action on improving water, sanitation, and hygiene for maternal and newborn health. *PLoS Med.* 11, no. 12: e1001771.