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LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND
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**WASH in health care facilities: initiatives, challenges and
lessons from Nepal post emergencies**

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Almost one-fifth of health care facilities (HFCs) in Nepal do not have access to WASH services posing serious threat to patients and staff while jeopardising the dignity of vulnerable population seeking health services including pregnant women and the disable. Though Nepal has been able to reach many hard to reach areas with health services, ensuring infection prevention from health facilities is still a challenge. The 2015 Earthquake further devastated the situation. Under various initiatives in the last five years, significant efforts were undertaken to assess and improve the situation. Over 600 HCFs mostly in the earthquake affected districts were supported for improved WASH services while development of guidelines on WASH in HFCs is in progress. Incorporating indicators on WASH services in HFCs into the Health Management Information System and putting in place a viable mechanism for operation and maintenance of WASH facilities are few of the priority areas.

Background

Access to WASH services in health care facilities is key to ensure provision of quality care. Inadequate or absence of WASH services may lead to spread of infections. As quoted in WHO and UNICEF (2015) health care associated infections affect hundreds of millions of patients every year, with 15% of patients estimated to develop one or more infections during a hospital stay. Global assessment of the status of WASH services in health care facilities in 54 low and middle income countries shows 38% of facilities lack access to rudimentary level of WASH (WHO and UNICEF, 2015). Provision of WASH in health care facilities doesn't only contribute to prevention of infections and spread of diseases but also uphold dignity of vulnerable population including pregnant women and the disabled. Yet, many health facilities lack of basic WASH services compromising the ability to provide safe care and prevent serious health risk to those seeking treatment (WHO and UNICEF 2015). In addition, infant and children are susceptible to infections due to poor WASH facilities in health centres together with negligence of mothers, caretakers and health care personnel. Healthcare-associated infections (HAIs) are infections acquired while receiving treatment for another condition in a healthcare setting. These are associated with a number of risk factors, including the health status of the patients, the type of medical procedure, the presence of pathogenic microorganisms and the physical environment where the healthcare is provided. The risk of acquiring HAIs is universal and affects every healthcare facility and system around the world. Impacts include prolonged hospital stays, financial burdens, long-term disability, excess deaths and increased resistance of microorganisms to antimicrobials (USAID, 2016). This paper will present the status of WASH in health care facilities in Nepal, issues and challenges being faced, lessons learned and way forward to achieve the national goal.

WASH status in health care facilities in Nepal

Nepal is one of the developing country, progressing toward better health outcomes. Nepal is also aiming to achieve the national target for universal access to drinking water and sanitation services by end of 2017. While a significant progress has already been witnessed in improving basic coverage to drinking water and sanitation, one of the challenges in achievement of this goals is ensuring Water Sanitation and Hygiene (WASH) facilities in institutions including schools and health care facilities (HCFs). In the last two decades,

the number of health facilities that includes, health posts, primary healthcare centres, hospitals, out-patient therapeutic centres and rehabilitation centres for treatment of malnutrition have increased drastically to ensure availability as well as accessibility to services closer to communities. In Nepal there are altogether around 4418 health care facilities including health posts, primary health care centres, hospitals, urban clinics and community health units that is functional under government system. In addition, there are about 1257 registered private health care service sites that are providing services of various levels mostly on peri-urban and urban areas of Nepal (Government of Nepal, 2014).

Nepal has made considerable progress in reaching many hard to reach areas with health services through HCFs which contributed to achieving the MDG 4 target for under five children mortality and bringing the status of progress on maternal mortality on track. Despite this achievement, the quality service that includes insuring infection prevention from health facilities is a challenge due to inadequate attention to WASH facilities in HCFs. A gap in ensuring infection prevention through WASH practices in the health care centres has been identified by many small studies and surveys.

As part of addressing the information gaps, a limited number of studies has already been conducted. Nepal Health Facility Survey 2015 revealed that about 8 in 10 facilities have improved water sources and client latrine while about half of the facilities have both soap and running water (Government of Nepal, 2015). In health care facilities where drinking water is not available, it is not surprising to come across a situation where patient attendants were being asked to arrange few buckets of water especially during the delivery. The 2015 devastating earthquake in Nepal severely affected the infrastructures including WASH facilities in HCFs in 14 mostly affected districts. This necessitated special consideration to rehabilitation and reconstruction of WASH facilities in HCFs as part of WASH response in communities and schools.

Issues and challenges

While the services are fairly distributed around the country for providing health care services, provision of WASH facilities has been a neglected area. Availability of safe water supply, functional toilets, and handwashing facilities in HCFs are critical for preventing infection transmission from the health care facilities to the beneficiaries. Unfortunately, WASH services and behaviours are the least prioritised area amongst the health policy makers and the service providers. Lack of information on WASH services in health facilities and demand for the services from the health care facilities are also contributing factors to this situation. WASH related information are mostly not reported by the district as well not requested by the central government.

Ensuring WASH facilities starts with availability of the basic data on needs of these facilities which is very limited in case of Nepal. Information on WASH health facilities and its requirements are basically not available. The Management Division of the Department of Health Services has developed and endorsed the “Health Facilities Establishment, Management and Quality Assurance Standards”, which has incorporated only the availability of basic WASH facilities in various segments of HCFs (labour rooms, patient attendance rooms, waste management, placenta pits etc.) and does not touch upon basic WASH facilities such as safe water supply, child, gender and disable friendly toilets, hand washing stations, and menstrual hygiene management facilities. District Level Program Management Directive that had developed the HCF questionnaire looks only into the basic area of water supply in the HCF premises such as source of water, quality of water, location of water, while comprehensive information on WASH health facilities is not available.

During the past 5 years of initiation and further on advocating for WASH in health care facilities, several challenges were identified. These includes challenges of:

1. Provision of WASH facilities as one of the priority area as an integral component of quality services in HCFs,
2. Reflection of WASH needs in the service support demand activities being submitted to central government similar to other supports,
3. Provision of standardized WASH service to enable the health workers to practice hygiene behaviours and prevent infection,
4. Inclusion of indicators on WASH facilities in HCFs in the health management information systems,
5. Putting in place sustainable mechanism for operation and maintenance of WASH facilities in HCFs, and
6. Awareness raising among community and HCF members on need and effective use of WASH facilities to avoid potential infections

Initiatives on WASH in health care facilities

In order to improve the status of WASH facilities in HCFs, Department of Health Services together with UNICEF, WHO and selected organizations have initiated a number of projects to address some of challenges described in the earlier section. Under the Government of Nepal and UNICEF new country program (2013-2017), evidence based bottleneck analysis was done to understand the situation of the health status in targeted districts. Eleven tracers were used for collecting the evidence for HCF including one tracer for WASH facilities. This led to the development of action plan at district level to address the bottlenecks identified related to WASH facilities. UNICEF then supported provision of WASH facilities in HCFs in close coordination with the District Water and Sanitation Office. Typical WASH facility included wash basin, attached toilet to the labour room, and reliable water supply system.

Under the UNICEF supported emergency recovery programme, various HCFs were supported especially those providing services to deprived communities. These included communities with children having higher level of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) and those who are vulnerable to diseases especially those affected by disasters such as flood and landslides. Taking health care facility based infection as one of the factors contributing to malnutrition among children, the programme focussed on (i) engaging with Local Health Care Management Committees (LHMCs), (ii) assessment of health care facilities on WASH services, (iii) identifying gaps on WASH facilities, (iv) joint planning and cost sharing with LHMCs and communities, (v) construction/reconstruction/rehabilitation of WASH facilities, (vi) providing orientation to health team and Female Community Health Volunteers on WASH counselling together with nutrition, antenatal, postnatal care and other relevant counselling sessions, (vii) orientation on operation and maintenance prior to formal handover of WASH facilities, and (viii) inclusion of WASH curriculum in nutrition/health counselling and training packages. These initiatives proved to be very productive especially in making communities and health care workers understand the importance of WASH in health care facilities and promoting improved hygiene behaviours to reduce cases of infection and mal-nourishments. Furthermore, the engagement of LHMCs from the beginning of the project has brought about the understanding and ownership of the WASH facilities also ensured that these facilities are maintained and sustained by the LHMC and health care workers for better services even after handover of the facilities.



Photograph 1. WASH facilities in Hoske Health Post in Kavre district (under construction)



Photograph 2. WASH facilities in Hoske Health Post in Kavre district (after completion)

So far, WASH facilities were provided/rehabilitated in more than 100 HCFs in Terai region affected by flood, and 500 HCFs in 14 earthquake districts under the UNICEF supported WASH Programme. The interventions included construction of child, gender and disabled friendly WASH facilities, facilities attached to birthing centres, menstrual hygiene pits, solid waste management pits, burning pits, placenta pits, hand washing facilities in all service rooms, water supply and safe water option provision for patients, caretakers and health workers, provision of IEC materials for counselling, clean-up campaigns in the health centres and catchment communities as part of WASH awareness and trickling of these works in the community.

Engagement of local communities through LHMCs in the project right from inception proved to be a very positive strategy in ensuring ownership and effective operation and management of the WASH facilities in the HCFs. In addition, the local leaders who were part of the LHMCs were also capacitated on different aspects of WASH. These leaders played a very important role in generating demands for WASH facilities as well as hygiene promotion in their respective communities.

With much of advocacy at national level as part of the sectoral initiative, the Nepal Health Sector Strategy III recognized promotion of healthy lifestyle and healthy environment through multi-sectoral actions by expanding access to clean water, water conservation, including waste management while building code of health facilities. Free counselling services on hygiene and sanitation is also part of the strategy. Further, the Hospital Management Strengthening Program 2015-2016 has developed a checklist for minimum service standards for district hospital, where water, sanitation, hygiene and infection prevention control has been stated as minimum standards for any districts level government hospitals. Currently Nepal is developing the WASH in Health care facility standard guideline under the leadership of Management Division of Department of Health Services which focuses on standardizing WASH facilities in different level of HCF.

Key lessons

The key lessons learned from the implementation of UNICEF supported HCF initiatives:

1. Establishing link between WASH services and infection prevention is critical to motivate the health administration for provision of WASH service in the HCFs and also for the effective use of WASH facilities by health personnel and incoming patients. Unless provision of WASH services is included as an integral part of HCF package, WASH will remain a secondary and less prioritized interventions especially in rural and hard to reach areas as compared to other facilities being provided in the HCFs.
2. Lack of policy support contributes to poor status of WASH in HCFs. Strong national policy and regulations backed by legal framework are critical to generate demand for provision of WASH services and adherence to standards and norms as well as ensuring effective monitoring.
3. Engagement of Local Health Management Committees (LHMCs) from the very beginning of the project is critical in creating understanding on the importance of WASH in preventing infections and ownership of the WASH facilities. This also ensures the maintenance and sustainability of services the handover of completed WASH facilities.
4. The roles of local authorities responsible for water supply in terms of technical support and ensuring continuous supply of safe water is of paramount importance to keep HCFs clean and safe. A clear guidance on the local health and WASH team's engagements and supports could bring about clarity on the nature of support, funding modality, quality assurance mechanism and monitoring of hygiene behaviours in the facilities that could trickle down to hygienic behaviours in target population and communities.
5. Better results could be achieved if the routine HCF monitoring and progress reporting mechanism also include parameters related to WASH such availability, quality and functionality of WASH services in the HCFs. This will lead to improved planning and actions at sub-national and national levels.

Way forward

While several initiatives for WASH in Health facilities at policy and implementation level have already been initiated to address aforementioned challenges, there are still many challenges to be addressed to achieve the bigger health gain through reduction of infection. One of the core areas of work that needs to be strengthened is the institutional structure and mandate to educate and ensure WASH as critical component of HCFs. Further some of the key areas that need additional effort in future works includes (i) strengthening health infrastructure information management system to generate information on WASH as a critical priorities of each facilities, (ii) ensuring WASH as one of the progress milestone of every health care

facilities, (iii) dedicated fund to ensure operation and maintenance of the WASH facilities, (iv) ensuring provision of WASH facilities in planned HCFs, (v) engagement of national and local WASH authorities and local coordination committees (District and Village WASH Coordination Committee, Local Health Management Committees) for technical support, implementation and monitoring of construction, utilization of WASH services, and (vi) ensuring hygiene behaviour of the HCFs personnel would lead to regular counselling and further ensuring hygiene behaviours for infection prevention among the vulnerable children and families, to reduce one of the silent emergencies of the country.

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Notes

Disclaimer: The views expressed in this paper are those of the authors and do not necessarily reflect the views of the government/organizations they work for.

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