

Engaging Health Facility Staff on National Standards raises WASH Standards

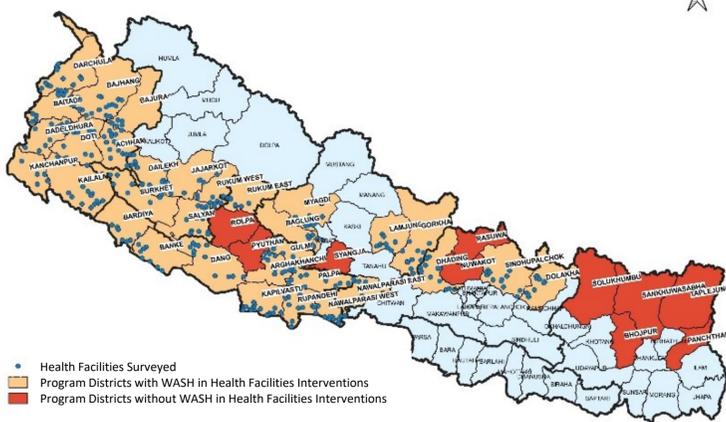
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Context

Adequate water, sanitation, and Hygiene (WASH) services are essential to minimize the risk of healthcare-acquired infections, improve staff morale, patient dignity, and uptake of health services, and can reduce the cost of healthcare. Effective infection prevention and control measures, such as hand washing facilities at the point of care as well as for patients, 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 from 2015 found that 38% of healthcare facilities do not have an improved water source, 19% do not have improved sanitation, and 35% do not have soap and water for hand washing. This lack of services compromises the prevention and control of infections and, consequently, the ability to provide basic services such as child delivery and sick childcare.



This study aimed to assess the impact of engaging health facility staff in raising awareness about Nepal's National WASH Standards in Health Facilities and its subsequent effect on improving WASH services in health facilities in Nepal.

Methodology

- A study include baseline and endline assessments of WASH status in 357 healthcare facilities across 32 districts of five provinces in Nepal covering at least 20% of health facilities in each district.
- The health facilities were selected based on different criteria like; agro-ecological zone, remoteness, economic (equity quintile), predominant caste/ ethnic groups prioritizing the health facilities with the higher risks scores according to above criteria.
- 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 study employed a quantitative questionnaire and a checklist- based assessment, with data gathered through key informant interviews and observations.
- Followed by the baseline assessment, interactive workshop was organized informing the Health Facility Operation and Management Committee members and health facility staff about the national WASH in health facilities standards and deviation on WASH status in their health facilities
- A tailored action plan was developed by the health facilities by the end of interactive workshop.
- Regular technical support and onsite mentoring visits including costed technical drawings to improve WASH infrastructure in health facilities were provided for the implementation of the action plan developed.
- 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 measuring the improvements eight months post-intervention.

Results

- The study found that the WASH services in health facilities were grossly inadequate and did not meet the National Standard on WASH in health care facilities both at baseline and endline though remarkable improvements were seen at the endline compared to the baseline.
- The findings demonstrate that even low-cost interventions such as raising awareness about national WASH standards and providing minimal technical support can drive meaningful improvements in WASH in health 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.
- These results underline the importance of scaling up WASH awareness of health facilities staff and management committees to improve overall healthcare quality, reduce infections, and enhance patient outcomes, especially in marginalized communities.

Key Findings	Baseline	Endline
HCFs with separate drinking water facility	51%	75%
HCFs using any appropriate drinking water treatment method	79%	90%
HCFs having adequate sanitation facility	7%	12%
HCFs with clean toilet(s)	33%	60%
HCFs having hand wash facility with soap and water for all available toilets	38%	70%
HCFs having hand wash facility with soap and water at all points of care	14%	40%



The WASH in Health Facility program has been incredibly helpful to us. It opened our eyes to the WASH policies and standards that need to be followed in health facilities. Right away, we set up a water filter in the waiting area for visitors and patients and added waste bins in the female toilet and at the birthing center. Our toilets are now cleaned regularly, and we've installed a hand-washing facility in our health facility premises. Moving forward, we're committed to prioritizing and budgeting for further improvements in WASH at our health post. We're very grateful to the program team for sharing such valuable guidance that's made a real difference in our facility's WASH status.

The Chairperson, Health Facility Operation and Management Committee, Rakhupile Health Post and Outpatient Therapeutic Center, Raghuganga Rural Municipality-3, Myagdi District

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 Plans 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.