



## **Toward ending Health Care Facility acquired infections through robust WASH interventions in Kamwenge**

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**September 2018**

### **Introduction**

Water For People is supporting Kamwenge District Local Government to implement the Everyone Forever model. The model is aimed at demonstrating that attainment of access to universal WASH services is possible. The main focus is on ensuring every school, health care facility, and household has access to sustainable water, sanitation, and hygiene services. Water For People has supported the district to reach out to Health Care Facilities (HCFs) with interventions to help address the spread of infections that are HCF-acquired. Water For People has implemented the interventions in 27 Public HCFs, including 16 Health Center II, 9 Health Centre III and 2 Health Centre 4.

### **Background**

Kamwenge Public Institutions WASH Levels of Service prior to the intervention stood at 3.7% (Water For People Annual Monitoring Data, 2017). One of the gaps identified to account for the low coverage was inappropriate hygiene, sanitation, and water management practices as well as lack of adequate infrastructure. Water For People, in partnership with the Centers for Disease Control and Prevention (CDC), has implemented a HCF Assessment to establish baseline information, trained HCF workers on Knowledge, Attitude, and Practice, and assessed the patient care areas for proper placing of the handwashing with soap (HWWS), drinking water stations, and waste management bins within the facilities. The HWWS, drinking water stations, and waste management bins supplied to the 27 HCFs are a short-term intervention, and the program has plans to implement long-term actions as development of water supply and sanitation infrastructure to total WASH service delivery in the target HCFs.

### **Problem Statement**

Water For People, in partnership with CDC, conducted a baseline survey aimed at assessing and establishing the WASH status of HCFs. Of the private (35) and public (27) HCFs in Kamwenge, 43% did not have water and soap for handwashing. Twelve percent had handwashing facilities with no water, and 43% had water for handwashing without soap. Out of samples taken from 43 sources of water for HCFs, 37% tested positive for E. coli. Of those tested positive, 32% of the water sources were improved and 67% unimproved. Thirty three percent of HCFs were sorting waste according to infectious, non-infectious, and sharps. Another gap in the HCF was inadequate knowledge of appropriate hygiene, sanitation, and safe water management practices by HCF staff.

### **Scope of Work**

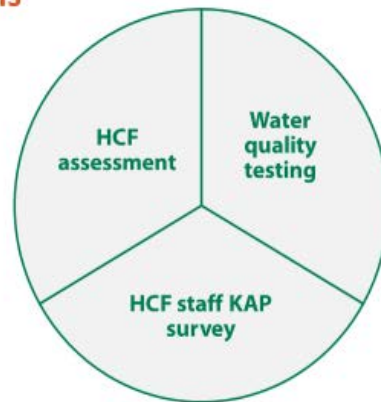
Water For People conducted a baseline survey to establish the prevailing handwashing, drinking water, and waste management facilities and practices in HCFs. The baseline was done with

support of CDC. It started with training of enumerators who mainly included the Health Assistants. The enumerators were oriented on the data collections tools and trained on key facts about WASH in HCFs, the baseline tool included 3 sections for capturing data on:

- 1) General characteristics of the HCF
- 2) Water Quality Testing
- 3) Health Care Facility Knowledge, Attitude and Practice (see Figure 1)

**Figure 1: Illustration of the 3 data collection tools**

### Assessment tools



*Source: CDC Presentation, 2017*

The baseline findings were disseminated to the members of the District Health Team and In-charges of HCFs. The dissemination of the baseline findings was integrated with the training of In-charges of 29 HCFs of which 27 are government and 2 are Private Not for Profit (PNP). The PNPs were brought on board in order to acquire the skills to enable them to adopt what is implemented in the government HCFs.

Water For People, in partnership with CDC, trained the In-charges and District Health Office team in a Training Of Trainers (TOT), to cause appreciation of WASH issues and the need to prioritize them at the planning level both by the district and the HCFs.

#### **The Health Facilities of Intervention**

Kanara HCII, Malere HCII, Rwenjaza HCII, Ntonwa HCII, Nkongoro, Busiriba HC II, HCII, Bukurungu HCII, Buhanda HC II, Kabingo HCII, Kakasi HC II, Bihanga HCII, Kiziba HC II, Kyakarafa HCII, Kiyagara II, Kimuli Kidongo HC II, Kamwenge HC III, Rwamwanja HC III, Bwiizi HC III, Kicheche HC III, Biguli HC III, Bunoga HCIII, Bigodi HCIII, Nyabbani HC III, Rukunyo HC IV and Ntara HC IV

After the training of the In-charges, Water For People and CDC distributed handwashing, drinking water storage, and waste management facilities. The distribution of supplies was done with participation of the District Health Office staff to empower the district to conduct follow up and monitoring of proper usage. The supplies included plastic 20 litre jerrycans with taps on a stand

for drinking, 25 litre and 20 litre plastic tanks with taps for handwashing, locally fabricated metallic stands for the drinking and handwashing containers, color coded bins, waste bins, and boxes for sharps, liquid soap, Water Guard, and drinking cups.



Photo 1: CDC staff (inset middle and first from right), Water For People Senior Program Officer (second from right) and Nurses (first and second from left) at Bigodi Health Centre III, during the delivery of the WASH supplies to the HCF

The liquid soap and Water Guard were a one-off support to demonstrate the ideal situation, and the In-charges were encouraged to plan for more supplies as they run out. Lined-fenced and thatched waste pits were constructed at the HC III facilities for proper final disposal of the waste.

The quantities of the supplies per HCF varied based on the number of patient care areas and patient health worker interaction areas, as well as the nature of activities in the different care areas. This variation is also visible across different departments within the same HCF depending on how much of the activities require drinking and handwashing with soap and waste bins. For example, spaces where health workers administer oral medicine to patients require drinking water for patients to take the medicine. The case in point is in the anti-retroviral (ARV) and antenatal clinic where clients have to take ARVs and de-wormers respectively. Similarly, for spaces where examinations involve touching of patients and body fluids, handwashing stations and soap were provided.

Water For People has on a quarterly basis supported the District Health Office staff to conduct support supervision of the WASH interventions in the HCFs to ensure proper management of the installed facilities, as well as backstopping the HCF management to plan for sustainability related initiatives. Such sustainability initiatives include, but are not limited to, budgeting for WASH in order to meet such costs as water bills and payment of porters to clean and keep the drinking and handwashing containers refilled with water.



Photo 2: A handwashing station installed in one of the treatment rooms at Bwiizi Health Centre III by Water For People

To inform preceding improvements of the HCF program, Water For People has conducted customer satisfaction surveys. This has provided ongoing feedback from the HCF workers on the benefits as well as gaps.

### Achievements

Achievements to date include:

- Baseline data on the general WASH conditions and WASH needs in HCFs exists and will be used as a basis for impact measurement.
- Enhanced capacity of the HCF workers in WASH management of 29 HCFs. The In-charges and District Health Team understand and appreciate WASH issues in HCFs. The issues of WASH in HCFs are now discussed in the quarterly District Water and Sanitation Coordination Committee (DWSCC) meetings.
- Handwashing with soap, drinking water stations, and waste sorting bins installed in key patient care areas in 27 public HCFs. These led to visible handwashing with soap, safe drinking water management, and sorting of waste in the served HCFs.
- HCFs budgeting for WASH under Primary Health Care (PHC). Some HCF In-charges are allocating funds to WASH such as payment for

*“The Anti-Retroviral Therapy (ART) clinic has always needed safe water to administer oral medicine to its clients. Before, we used to use tap water, but now we provide safe water with water guard and the patients can take the medicine immediately under our guidance.”*

**- Kyomuhendo Tinah, a community health worker at Kicheche HC III**



water by either paying water vendors (for those with no water in the yard), paying for private connections, and water bills (for those within catchments of piped water supply systems), such as Biguli Health Centre III.

- Reported better patient care (such as instant swallowing of drugs) and client friendliness of the HCFs. Patients swallow their first dosage of medicine from the facility and they no longer carry water from home to the HCF for drinking.

*“We have identified a permanent water vendor whom we pay to fill up the handwashing and drinking water containers at the Health Centre.”*

**- Denis, the In-charge at Bunoga HC II**

### Engagement with National Actors

Water For People engaged with the technical teams of the Ministry of Health (MOH) to test the data collection tools for the baseline and ensure that we were in compliance with the Water, Sanitation, and Hygiene (WASH) in HCFs protocol. Water For People worked with CDC to seek approval of the interventions by the Director of Health Services at the MOH.

Upon completion of the baseline survey, Water For People and CDC shared the findings with officials of the Ministry of Water and Environment and MOH, as well as other like-minded organizations with interest in contributing to universal access to WASH in HCFs. The meeting resulted in the following National commitment to WASH in HCFs:

- Develop national standards and monitoring indicators (based on existing WHO standards and indicators)
- Promote WASH in HCFs in other districts in the country building on lessons from Water For People interventions in Kamwenge
- Advocate for resources to conduct Phase 1 (handwashing with soap, drinking water, and waste management provision) and Phase 2 interventions (water, sanitation and hygiene infrastructure)
- Encourage District-level improvements in planning and management of WASH in HCFs

To support stakeholder learning and influencing policy Water For People has shared progress, lessons, and next steps of WASH in HCFs in Kamwenge with the MOH technical working group.

### Drivers of Success

Drivers that have led to the success of the WASH in HCF intervention in Kamwenge include:

- Partnership with CDC which opened us to additional learning on health.
- The overall linkage to the Everyone Forever vision. The district had already envisioned universal access to WASH in HCFs as a component of the strategy to reach universal access in the district. This means that they were already mobilized, and it was easy to integrate in the ongoing program.
- Existence of guidelines within the health sector that provide for infection prevention in HCFs. The program easily got a blessing of the concerned lead stakeholders at national and district level because it was viewed as a strategy to implement what they were required to do by policy.



- The ongoing hygiene and sanitation campaigns in the entire district promoted awareness and appreciation.

## Challenges

Challenges implementing the WASH in HCFs interventions included:

- Some HCFs lack water. In HCFs with no water source, it is a challenge keeping the drinking water and handwashing facilities filled with water. Water For People is working with the District Health staff to lobby the HCF In-charges to allocate budgets to employing porters to fetch water from community water sources as a short-term solution. In areas where there are piped water supply systems, the In-charges are encouraged to plan for water connections and payment of water bills. Biguli Health Centre III has acquired a private water connection within the facility yard.
- There is a challenge of bulk waste final disposal for the HC IVs. These generate voluminous waste, and thus they need such facilities as incinerators.
- Inadequate funding at the HCF level to ensure sustained management of the facilities.

## Lessons Learnt & Best of Practice

Provision of water and sanitation facilities in the campus of the HCFs does not constitute access. Ideal service provision of WASH to HCFs is when the WASH facilities are not only within the premises, but also well placed in major patient care areas like antenatal rooms. For example, there is a need for safe drinking water areas where patients need to take oral medicine within the HCF, such as the ARV therapy clinic and antenatal clinic where mothers are given deworming tablets and Fansidar. For areas in which health workers touch one patient to another, placing of handwashing with soap facilities is necessary to avoid possible transfer of infection amongst patients, as well as from the patients to health workers.

## Recommendations & Next Steps

Recommendations and next steps include:

- Planning for long term interventions in water and sanitation development. There is need to plan for water supply and sanitation infrastructure for some of the facilities. This will make the interventions of handwashing and drinking water management more impactful
- Bulk waste management (final disposal) facilities for big HCFs. There is need to plan for final waste disposal and management facilities for bigger HCFs, such as Health Centre IVs. Incinerator provision needs to be considered.
- Encouraging the private HCFs to adopt WASH practices implemented in the public HCFs.
- Impact evaluation of the interventions in HCFs.