WASH in Health Care Facilities – Guidance Note

The purpose of this document is to present a set of key recommendations related to Water, Sanitation and Hygiene promotion (WASH) in health care facilities (HCF). It is intended for PMs, PDs, and whoever is involved in the design and implementation of WASH interventions at HCF level. It can be used in complement to existing international and national standards (e.g. Ministry of Health guidelines, SPHERE standards). Concern programme staff should always refer to national guidelines and minimum standards for WASH in HCF, if these exist.

Why is this important?

Good WASH services have been recognised as a prerequisite for the safe management of childbirth. One in four HCF lack basic water services, one in five has no sanitation services, while 42% of facilities globally have no handwashing facility. In order to ensure not only safe childbirth takes place, but also that people who are sick or injured have a hygienic place to be treated, certain key standards should be followed.

There are essentially five key areas that should be considered when dealing with WASH in HCF. There originate from the indicators and key facilities recognised as part of the Sustainable Development Goal targets 6.1, 6.2 and 3.8.

1. Water Services

The main source of water in an HCF should be an improved source, located on premises and have water available all the time[1].

An improved source could be a handpump, protected spring or a piped water network, which also supplies a whole community. It is defined as those sources which, by the nature of their design and construction, have the potential to deliver safe water[2]. Ideally it would be available whenever needed, and within the buildings themselves, or at least within the facility grounds. It should be available in any room used for the delivery of babies – ideally as running water coming from a tap (either through a pipe or from a bucket). The construction of any water facility, but especially those involving elevated water towers, should go through the standard Concern Engineering SOP procedure given their potential complexity.

Figure 1: Example of a raised water tank at a health care facility in Chad (John Heelham)

The quantity of water should be sufficient for the needs of patients and workers. As a guide, SPHERE standards state that in emergencies the availability should be 5 litres per outpatient per day; and 40-60 litres per inpatient per day. More will be required for cleaning and flushing toilets, etc.

[1] Global WASH in HCF indicators, JMP
[2] Drinking water indicators, JMP

Figure 2: Example of a rainwater collection tank from a health care facility roof in Sierra Leone (John Heelham)

In order to minimise the risk of infection, the water should not be contaminated, i.e. contain zero faecal coliforms per 100ml. Water treatment such as chlorination will support this. This is especially important for HCFs where women may give birth.

An appropriate management model for the water facility must be used if it is located within the grounds: clear rules should be defined as to whether the community around can access it or not, and if so, at what time, user fees they have to pay, their role in the water management committee, etc. There should also be a clear agreement with the appropriate health authorities as to payment for maintenance of the water supply, and availability of engineers to undertake this maintenance.

2. Sanitation Services

Sanitation facilities in HCF should be improved facilities and usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for users with limited mobility.[3]

Improved sanitation facilities hygienically separate excreta from human contact, and could be, for example, VIP latrines, pit latrines with slabs or pour-flush latrines. They should have separate facilities for staff and patients and be sex-segregated. One female toilet should contain a bin with a lid on it (for menstrual hygiene products), and/or water and soap should be available in a private space, to allow washing to take place after child birth or for menstrual hygiene management.

The toilets should be on premises, available at all times (i.e. have a key easily available or not be locked), be functional (i.e. not dirty, not broken, not blocked or, in the case of a pour-flush latrine, have water available) and be private (i.e. can be locked from the inside).

One latrine should be accessible for users with limited mobility – so have a ramp, handrails on the floor and/or sidewalls, a wide door (at least 80cm wide), a door handle and lock easily reachable by people using wheelchairs or crutches, etc.[4]

As a guide, SPHERE standards state that in emergencies there should be a minimum of four toilets in outpatient facilities; and a minimum of 1 per 20 patients in inpatient facilities.

An adequate emptying system should be considered by ensuring that the pit or septic tank is easily accessible to allow for safe desludging when required, especially given the potential for faecal sludge to be more contaminated in HCF. This could be through a suitably sized manhole cover (which still ensures that the pit/tank is sealed), for example.

[3] Global WASH in HCF indicators, JMP
[4] Compendium of accessible WASH technologies, WEDC & WaterAid

3. Hygiene Services

Hand hygiene facilities in HCF should allow staff and patients to clean their hands effectively at all points of care as well as within 5m of a latrine, and should be functional. They should consist of a handwashing station (such as a sink with a tap, a water tank with a tap, or a bucket with a tap) with running water and soap available. Note that alcohol-based hand rub dispensers also count as effective but temporary hand hygiene facilities at points of care, but not for latrines – but there may be a problem with continuous supply so this should not be relied upon.[5]

A point of care is any location where care or treatment is delivered, such as a consultation room or a delivery room. Handwashing facilities are very important in these locations to ensure that cross-contamination does not occur through the HCF, between either patients and/or caregivers.

Even though the positive effects of soap use are well documented (e.g. reduction of neonatal mortality by 30%, or diarrheal diseases by up to 47 %), many HCF lack access to it. Supporting the HCF staff to budget and access a soap supply chain can have strong positive effects on the performance of the HCF.

If no soap is available, alternatives can be proposed through soap making workshops or promoting the use of ash.

Note that chlorinated water is not considered an adequate alternative for soap and water unless soap and/or alcohol-based hand rub are not available. It should be used on a temporary basis.

4. Health care waste management services

Medical waste management is a threat to human health (used needles, other medical products contaminated with blood or body fluids, and other bodily waste). As such, HCF should ensure that waste is safely segregated in consultation areas, and sharps and infectious wastes should be treated and disposed of safely.[6]

Waste should be segregated into three labelled bins, which are no more than 75% full – sharps waste, infectious waste and non-infectious general waste. Sharps and infectious wastes would then be treated and disposed - an incinerator is often part of the national standards for HCF for the treatment and disposal of these, but in some instances, a lack of budget for fuel means that these are not used. Bins for sharps and infectious wastes should have lids.

Figure 3: Example of a lined, protected pit for infectious waste in Sierra Leone (John Heelham)

Support to the Health Unit Management Committee (HUMC) can be planned with the government's Health Management Team at district or regional level who are responsible for overseeing the HCF. Concern can support by working with the Health Management Team and HCF to incorporate the planning and costing for incinerators and the maintenance into annual and quarterly budgets and helping to identify if these are being used efficiently.

Alternatively, a lined, protected pit can be used – which is fenced off and raised where flooding is an issue in the area.

[5] Global WASH in HCF indicators, JMP
[6] Global WASH in HCF indicators, JMP

5. Environmental Cleaning Practices (Infection Prevention and Control – IPC)

Environmental Hygiene is crucial for any health facility and particular attention should be paid to avoid contamination. Protocols for cleaning should exist, along with staff with cleaning responsibilities who have received training on cleaning procedures.

Experience shows that it is best if a cleaner is hired by the HCF as health staff usually do not have the time and do not consider these tasks as part of their duty. Where the HCF cannot pay for a cleaner, an alternative system should be sought (payment in kind, free access to health care for the cleaner family, or community contribution, etc.).

The cleaning staff, as well as all other staff in the HCF, should be aware, through national guidelines and training undertaken by local authorities or Concern, of protocols for cleaning, e.g. toilets, floors, handwashing stations, etc. Cleaning rosters and schedules should also be used. A stock of chlorine and/or bleach to clean the facility should be available.

A checklist of infection prevention and control (IPC) should include:

- Availability of soap and water at all points of care and within 5m of a latrine
- Stock of bleach or chlorine based product to clean the facility
- Separate buckets (labelled) for hand washing and cleaning
- Step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, cleaning a spillage of blood or bodily fluids, etc.[7]
- A cleaning roster or schedule specifying responsibility for cleaning tasks and frequency at which they should be performed.[8]

Hygiene Promotion

In addition to the five key areas highlighted above, hygiene promotion is also an activity that can be performed at HCF. Waiting rooms in health centres are great locations for displaying hygiene promotion posters and performing health promotion facilitations (people are just waiting there so are open to distractions). For any hygiene promotion activities, the facilitation should be lively, participative, and directed towards not only health messaging but also tackling daily life barriers towards the adoption of hygiene behaviours.

For instance, the messaging could not just stress that washing hands with soap is good for health but also discuss soap availability, the practicalities for installing a handwashing station at home, the type of arguments that can be used to convince the family members to practice the behaviour (e.g. hands smelling nice after handwashing). Globally, whether through a formal barrier analysis or some focus group discussions, “insights” should be collected to understand why people are not performing the hygiene practices as expected. These insights can then serve as a basis for setting up specific hygiene campaigns addressing the barriers identified. These type of hygiene campaigns could give better results than standards campaigns from central level, which are, not contextualised enough.

[7] Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals, JMP
[8] ibid

How is this measured?

In order to measure progress against the Sustainable Development Goals, the Joint Monitoring Programme (JMP) has established service ladders. The core service ladders for each of the areas explained above include three levels: basic service, limited service and no service. All of the explanations above aim to ensure that a basic level of service is met in each of the five key areas for WASH facilities at HCF. An "advanced" service level may exist, but the criteria for this will be country specific. These service ladders can be seen below.

	WATER	SANITATION	HYGIENE	WASTE MANAGEMENT	ENVIRONMENTAL CLEANING
BASIC SERVICE	Water is available from an improved source[1] on the premises.	Improved sanitation facilities[2] are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.	Functional hand hygiene facilities (with water and soap and/ or alcohol-based hand rub) are available at points of care, and within five metres of toilets.	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training.
LIMITED SERVICE	An improved water source is within 500 metres of the premises, but not all requirements for basic service are met.	At least one improved sanitation facility is available, but not all requirements for basic service are met.	Functional hand hygiene facilities are available either at points of care or toilets but not both.	There is limited separation and/ or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met.	There are cleaning protocols and/or at least some staff have received training on cleaning.
NO SERVICE	Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 metres from the premises; or there is no water source.	Toilet facilities are unimproved (e.g. pit latrines without a slab or platform, hanging latrines, bucket latrines) or there are no toilets.	No functional hand hygiene facilities are available either at points of care or toilets.	There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of safely.	No cleaning protocols are available and no staff have received training on cleaning.

Figure 4: JMP Service Ladders for monitoring WASH in HCF in the SDGs

Main Resources

- For anything related to WASH in HCF: here
- JMP (Joint Monitoring Programme) guide to monitoring WASH in HCF, with related links: here
- Key considerations for WASH Infrastructure in HCF: here
- Detailed resources for WASH in HCF: here

CONCERN worldwide

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