



WEBINAR SESSION 8 (April 2019) – SUMMARY

National Action on WASH in HCF: Experiences from UNICEF Tanzania Presentation by John Mfungo and Frank Odhiambo from UNICEF Tanzania Commentator: Irene Amongin from UNICEF-NY

Purpose of this Webinar

Adequate water, sanitation and hygiene (WASH) in healthcare facilities (HCF) is important for addressing complex challenges to health such as maternal and neonatal mortality, healthcare-associated infections, and antimicrobial resistance. Presenters from UNICEF Tanzania explain their experiences in Tanzania with national action on WASH in HCF. A commentator from UNICEF-NY further describes international action.

Summary of Presentation

Country Context

- Tanzania has a population of 55 million, half of which are children under 18 years.
- There are over 8,100 active HCF in Tanzania, 5,700 of which are government facilities.
- Data from the 2014-2015 Tanzania Service Provision Assessment Survey showed that only 68% of HCF have an improved water source and only 44% of HCF have functioning toilet facilities.
- The WASH situation is worse in lower level HCF such as dispensaries.
- UNICEF and the National Institute for Medical Research conducted assessments in seven districts and found that 42% of HCF had no functioning handwashing facilities in delivery rooms and only 41% had a piped water supply into the facility.
- WASH services in HCF has increased from 2006 to 2015, but there is still a large gap.
- Twenty-six percent of frontline HCF workers are not trained on infection prevention and control (IPC).
- Inadequate WASH in HCF leads to weak prevention and control, an increased risk of healthcare-associated infections, and high rates of maternal and neonatal mortality.

Institutional Framework for WASH in HCF in Tanzania

- A clear institutional framework for HCF is necessary to prevent bottlenecks as the initiative is implemented.
- At the national level the Ministries of Health and Water, the President's Office Regional Administration and Local Governance and National and Referral Hospitals have different roles and responsibilities towards WASH in HCF.

- These national institutions are supported by departments at the sub-national level such as the regional administrators and hospitals, districts and district hospitals, health centers and dispensaries.
- At the level of governance, the regional and council health management teams, council health services boards and health care facility governing committees and health facility management teams are at play.

Key Initiatives Undertaken

- The initiatives address inadequate financial allocation and human resources, weak monitoring systems, unclear responsibilities and limited coordination among key institutions and poor operation and maintenance of WASH facilities.
- The Tanzanian government developed and rolled out National guidelines for standards in WASH in HCF.
- Tanzania, among other countries, is participating in various global initiatives including the UNICEF and WHO supportive networks for improving quality of care for maternal, newborn and child health.
- Tanzania is committed to halving preventable maternal and new-born deaths in HCF by 2020 by ensuring access to safe WASH services.
- In December 2017, Tanzania collaborated with Emory University to implement a National Workshop on WASH in HCF for WASH and Health policymakers.
- National Communication Strategy on IPC.
- Tanzania is piloting WASH FIT.
- Tanzania implemented the National Communications Guidelines on IPC which highlight the importance of WASH to address barriers in HCF.

Comments from Irene Amongin

- The problem of inadequate WASH in HCF is not unique to Tanzania but it is a global challenge. The JMP report revealed that 11% of other HCF globally have no water services and this impacts over 2 billion people who access these HCF. The same goes for sanitation.
- UNICEF reports 7,000 newborns died every day in 2017 from preventable infections like sepsis. The risk of poor or unsafe WASH in HCF are increased for mothers and newborns but also for the general population.
- The complexity and magnitude of antimicrobial resistance is exasperated from poor WASH.
- UNICEF is taking action to overcome these barriers.
- Through the Every Child Alive campaign, UNICEF is calling on governments and policy makers to ensure that every mother and newborn baby have access to affordable and quality care.
- In 2018, UNICEF supported national governments in several countries to improve wash facilities in 355 HCF.
- UNICEF supplies technical support to governments in several countries to improve their monitoring systems.

- UNICEF encourages countries to obtain baseline assessments of WASH in HCF into their national assessments and integrating the JMP indicators for monitoring WASH in HCF into their health management information systems.
- UNICEF supports countries to provide evidence on knowledge for models for promoting and scaling up WASH in HCF.

Unanswered Questions from the Discussion

- Olufemi Aluko: From the study in Tanzania, what is the conceptual definition of 'weak' and other categories of IPC services? This should be clearly quantified, in my opinion, to aid multi country and regional comparison.
A: This is a fair observation. As far as we know, there is no scale for grading IPC services. Weak refers to poor practice and non-compliance with established standards for infection control. We acknowledge considerable efforts made by health care providers and institutions in the country, but on the other hand a unified framework is lacking, leading to inefficient and weak infection prevention and control practices. Maybe this is something that we should encourage the JMP and others, WHO to think about. As a rule, the JMP prefers not to use indicators for which data is absent that may be subjective.
- Nkwana Gobete: It is amazing that Tanzania has a lot of data since 2006 to date unlike most countries that do not have data even today. There is some significant progress from 2006 to 2015, may I know if there any national target and whether these improvements meet targets? Second, I assume as WASH improves, Maternal Mortality should drop progressively, what is the trend of maternal mortality from 2006 to today? Any significant change?
A: On National targets, the government has set a target for reducing maternal deaths to 292 from the current 556 deaths per 100,000 live births by 2020.
WASH improvements and reduction on maternal mortality: It should be noted that so many factors tie in to effectively combating Maternal Mortality, and each has a variety of complex and moving parts to be managed and monitored. The trend of maternal mortality in Tanzania since 1990 shows a decrease up to 2012, while an increase is recorded between 2012 and 2015 as indicated in the table below.
However, the decrease observed cannot be attributed to improvements of WASH in HCF. If anything, we would need to undertake a pilot with a pre-WASH baseline and compare with an end line to begin to draw any conclusions about the effect of WASH in HCF. Such a pilot would contribute to the evidence base that is required to catalyze action by national ministries.
The main direct causes of maternal death in Tanzania are hemorrhages, infections, unsafe abortions, hypertensive disorders and obstructed labors.
- Olufemi Aluko: One of the challenges identified in our micro study in Nigeria is sustainability. How do you ensure functionality of WASH services and navigate through?
A: This is also the same in Tanzania as was highlighted during the presentation on the slide that pointed out the factors contributing to inadequate WASH services in

HCF in Tanzania. Though the national guidelines indicate options for operation and maintenance strategies on various WASH components, inadequate budgets and prioritization remain major challenges to be addressed.

- Olufemi Aluko: Can you provide breakdowns and real-time repairs in HCF? How does the country manage consumables, for effective hand hygiene options?

A: We do not have information on breakdowns and real-time repairs in HCF.

Management of consumables: Most of the actions are decentralized to the facility level. In this context, the National guidelines has left each HCF to institute its O&M strategy so that proper hygiene practices are maintained by staff, careers and patients and regularly monitored. It provides general guidance on how this can be upheld.

Ensuring availability of WASH Supplies and Consumables are among the issues that affect maintaining effective hygiene at HCF.

- Martin Watsisi: For TZ, why would you need a national guideline for WASH in HCF, other than continue to work with UNICEF to localize and implement the WASH-FIT?

A: WASH FIT provides one way, but not the only way, for making WASH improvements in Healthcare facilities. There are remarkable disparities between countries when it comes to quality of care in healthcare systems. Having national guidelines is important to address gaps and issues in the context of the specific country. But still it doesn't limit the use of WASH FIT. The National guidelines on WASH in HCF were developed in recognition of existing gaps that includes having no national standards and harmonized approaches to address WASH services in HCF. These guidelines provide a standard approach to guide stakeholders in addressing WASH challenges in HCF countrywide.

- Arabella Hayter: Thanks for the presentations! Can you share some more details on the use of WASH FIT in Tanzania? Where has it been used? and what impact has it had?

A: As part of WASH FIT piloting, in 2017 UNDP Tanzania supported training of some health practitioners in selected hospitals in Dar es Salaam such as Mwananyamala Regional Hospital in Kinondoni district. Owing to limited budget, the knowledge gained has helped the hospital to gradually improve the conditions through a quality improvement management system such as introducing waste disaggregation systems. However, there hasn't been any systematic evaluation to document the impact.

Summary of Action Items

- Build national capacity for implementation of WASH in HCF.
- Generate evidence on positive outcomes on WASH in HCF.
- Advocate for the prioritization of WASH in HCF.