



The Wellbeing Foundation Africa (WBFA)

WASH

Water, Sanitation & Hygiene in
Healthcare Facilities, Schools and Communities



GLOBAL WATER
2020





“We in the global health and development communities cannot allow mothers and newborns to die from preventable and unnecessary complications, simply because the most basic of WASH services are not available. The Wellbeing Foundation Africa has committed to work with its partners around the world to ensure that all countries implement the 2017 World Health Assembly Sepsis Resolution. Hand hygiene must be a quality indicator in every facility and a national marker of health care quality, with access to soap and water monitored and assessed.”

H.E. MRS TOYIN OJORA SARAOKI

Founder-President, Wellbeing Foundation Africa



"My colleagues and I are inspired and motivated by the Secretary General's Call to Action for WASH in healthcare facilities, and by the initiative of the Wellbeing Foundation Africa. We have high hopes that Mrs. Saraki and her team at WBFA will be able to significantly accelerate progress in Nigeria and elsewhere, and midwives are perhaps the key to success."

JOHN OLDFIELD

Principal at Global Water 2020



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INTRODUCTION

“Most primary health centers in Nigeria lack good washing facilities. At the Lugbe PHC, there is no washing sink in the labor room, so water has to be fetched from the tap outside and brought to the mother. A health worker who wants to wash her hands will have to fetch a bucket. It is not possible for us to do our jobs as midwives without access to water, sanitation, and handwashing stations.”

-Rita Momoh, WBFA Midwife

Rita lives the everyday challenges caused by the absence of one of the most fundamental requirements for basic health care: access to safe drinking water, sanitation, and hygiene in health care facilities around the world. Hundreds of thousands of midwives and other health care professionals work in similar conditions.

Rita’s experience is backed up with startling data from the Water Institute at the University of North Carolina. In an analysis of 129,000 health care facilities in the developing world, researchers found more than 65 percent of facilities lack both running water and soap for handwashing. Data from a subset of six countries — Bangladesh, Haiti, Malawi, Nepal, Senegal, and Tanzania — revealed that only 2 percent of their health care facilities have concurrent access to water, sanitation, hygiene, and waste management services.

This on-the-ground reality results in the inability to implement the most basic infection control measures, a situation that not only endangers patients and staff, but also presents a danger to all of us. Health facilities are the epicenters for pandemic containment, but the lack of WASH can contribute to further spread of disease.

When it comes to patients, among the most vulnerable are pregnant women and newborns, both at great risk of sepsis — a leading cause of death in hospitals. WaterAid found that half of the primary health care facilities it surveyed in Nigeria did not even have handwashing facilities in delivery rooms. The scope of this problem extends far beyond Nigeria, of course, to a majority of health care facilities in developing countries throughout Africa, Asia, Latin America, and the Middle East.

We know that access to WASH in health care facilities is a major global problem, one that is readily solvable, but largely ignored by the international community — until recently. In March 2018, United Nations Secretary-General António Guterres recognized the need to address this urgent health concern with the launch of the Water Action Decade and his call



to action in which he specifically challenged the global community to achieve universal WASH access in all health care facilities by 2030. The World Health Organization and UNICEF will lead the global charge.

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- H.E. Mrs Toyin Ojora Saraki

Founder-President, Wellbeing Foundation Africa (WBFA)



SITUATIONAL ANALYSIS - GLOBAL

In the 2030 agenda for sustainable development, monitoring of water, sanitation and hygiene extends beyond the home, to cover schools and health care facilities. WASH in healthcare facilities is a fundamental requirement for achieving Sustainable Development Goals 3 (ensure healthy lives and promote well-being) and 6 (ensure availability and sustainable management of water and sanitation).

A WHO/UNICEF 2015 global review reported that nearly 40% of facilities lack water supplies, 19% are without sanitation and 35% do not have any hand hygiene materials. Pregnant women and their newborns are especially vulnerable to the consequences of poor WASH services. Among hospital-born babies in developing countries, health care associated infections are responsible for between 4% and 56% of all causes of death in the neonatal period, 75% of which occur in South-East Asia and sub-Saharan Africa.

664 million people, living primarily in sub-Saharan Africa, currently lack access to an improved water supply, and 2.4 billion people have no access to improved sanitation. Recent projections hold that by 2025, two-thirds of the world's population will be living in severe water stress conditions.

A lack of safe water, handwashing facilities, hygiene and cleaning practices has ramifications for entire communities. Basic infection prevention and control (IPC) procedures necessary to prevent antimicrobial resistance (AMR) become difficult, and both health care providers and those seeking care are placed at substantial risk of infection, posing a significant economic and social burden.

Poor WASH facilities in schools lowers attendance and educational achievement, with a particular effect on girls. According to UNESCO, one in ten girls in Sub-Saharan Africa do not attend school during their menstrual cycle, and can miss as much as twenty percent of a given school year.



SITUATIONAL ANALYSIS - NIGERIA

This WASH campaign is global in nature and scope. The Wellbeing Foundation Africa presents this situational analysis of Nigeria, with examples from Lagos, Kwara and Abuja, to demonstrate the WASH challenge that is faced by health workers.

NATIONWIDE

▸ Nigeria has a national plan that includes drinking water, sanitation and hygiene promotion in health facilities (GLAAS, 2013-2014 report)

- Although the plan has a coverage target of 100% for all three, only drinking water has a listed target year of 2030
- The Federal Ministry of Water Resources is the lead agency for WASH activities in Nigeria (in collaboration with the National Task Group on Sanitation)

▸ UNICEF, along with relevant Ministries, developed a technical guide in 2016 to address Nigeria's lack of standards and guidelines for WASH in Primary Health Centers (PHCs)

▸ WHO found that in Nigeria:

- 29% of HCFs do not have access to safe water and toilets
- 16% of HCFs do not have handwashing facilities with soap

▸ WaterAid Nigeria advocates for increased access to WASH in HCFs with its "Healthy Start" campaign (2015-2019)

▸ In a 2016 WaterAid report examining 242 PHCs in the states of Bauchi, Benue, Enugu, Ekiti, Jigawa and Plateau, WaterAid found:

• *Water access:*

- 72.4% of PHCs did not meet National Primary Healthcare Development Agency (NPHCDA) minimum standards of access to a motorized borehole
- 62.8% of respondents reported that the water available was not sufficient for operating the PHC
- Only 12% of urban PHCs, 7.6% of semi-urban PHCs and 0.7% of rural PHCs had piped water
- There was little or no system to ensure that water in PHCs was safe for use

▸ 72% of respondents reported that water quality tests are not conducted (and 23.3% admitted that they were not sure if tests were completed)

• *Sanitation access:*

- 21.1% of PHCs did not have at least one toilet facility
- 75.2% of toilets in PHCs with toilet facilities were in use
- 28% of PHCs had separate toilet facilities for men and women
- 37% of PHCs had separate toilet facilities for staff and patients

- *Handwashing facility access:*

- 20.2% of PHCs had handwashing facilities in toilet facilities
- 54.9% of PHCs had handwashing facilities in delivery rooms
- 26.4% of PHCs had handwashing facilities in ward rooms
- 30.5% of PHCs had handwashing facilities in consulting rooms

ABUJA

- The Zuba Primary Health Centre does not have a water supply and purchases unsafe drinking water

- Deputy nurse: “We need a borehole, or a well, if one can be dug in the compound. We need more toilets for both the staff and patients. We need running taps and other things, too. We need improvement in handling those things -- handwashing basins and similar things. We buy the soap we use from the little money we are paid for deliveries [of babies]. It’s the money for deliveries we use in paying some of our workers, the volunteers, but we also buy the soap from that same money. We need improvement as we are not functioning efficiently. But we are trying our best with what we have.”

- In 2015, Christian Aid completed an assessment of WASH in 10 HCFs in Abuja and found:

- There were only 30 midwives, 20 cleaners and 0 environmental health officers for a catchment area population of 52,487
- While the data did not disaggregate WASH in HCFs across the sample states, they found that 90.4% of sites had sinks and 78.1% had soap
 - For water, only 22 of the 73 sites (across all states surveyed) used the NPHCDA recommended motorized borehole
 - 7 facilities depended on rain water
 - 8 facilities relied on surface waters, like streams, rivers and dams
 - 16 used dug wells
 - Of all the facilities that had a source of water supply, only 48 facilities had a water outlet within 500m, while 5 facilities did not have any source of water supply

LAGOS

- According to a World Bank report, 44% of patient toilets worked in healthcare facilities, while that number sat at 50% in PHCs and 77% in CHCs due to piped water in Lagos

- 82-88% of facilities of all types had protected water sources

- According to the State Ministry of Health, 33 PHCs were rehabilitated to meet WHO standards
 - It is unclear if this includes WASH standards
- A cholera outbreak from May 1st to June 30th, 2017, sickened 1,558 people. Contributing to this outbreak was poor access to safe water, sanitation and hygiene practices, resulting in challenges to adhere to infection prevention and control (IPC) standards

Sepsis is a major cause of death for hospital patients, newborns, and mothers. Proper hand hygiene is a cost-effective way to dramatically reduce sepsis, but on average more than 60% of health workers don't practice proper hand hygiene. Hand Hygiene Day challenges us all to remedy this.

Access to facilities is not the only barrier to proper hand hygiene, but it is a major, addressable cause. Nearly 70% of healthcare facilities in low and middle-income countries lack both running water and soap for handwashing.

At the WBFA, we celebrate midwives leading the way for quality care. Midwives provide life-saving care, often under challenging or nearly impossible conditions. This includes working in facilities without clean water, soap, or a place to wash their hands.

Without a dramatic investment in WASH in healthcare facilities, universal quality care will not be possible. Water, sanitation, and hand hygiene supplies are non-negotiable for health workers to do their work.

WASH in healthcare facilities is a crucial step to prevent health emergencies. Lack of WASH was a major reason for the Ebola epidemic, and contributed greatly to the extent of loss of life in that emergency. Subsequent outbreaks in the Democratic Republic of the Congo serve as an urgent reminder of the importance of WASH standards.

OBJECTIVES - THE ROADMAP FOR PROGRESS

I. Global

Improving and sustaining WASH services will require leadership from the health sector in coordination with the WASH sector and associated development and finance organizations, public and private. The global community will play a vital role by defining, strengthening and communicating global standards; systematically monitoring and reviewing coverage data; advocating for increased financing based on improved cost and benefit assessments; and documenting best practices and strengthening evidence of operational and economic impact.

Health workers can prevent sepsis by cleaning their hands at the 'five' key moments' and encouraging their colleagues to do the same. Leaders in infection prevention and control can promote and champion hand hygiene to prevent sepsis, and health facility leaders can ensure that hand hygiene is a quality indicator in each facility. Ministries of Health must implement the 2017 WHA sepsis resolution, make hand hygiene a national marker of health care quality and monitor access to soap and water. Patient advocacy groups will play their part by demanding providers observe the five key moments of clean hands to prevent sepsis in health care.

Key Action:

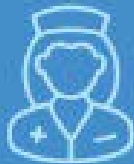
Globally approved standards and assessment tools for WASH in HCF (including best practice updates and evaluation of the Joint Monitoring Program) must be fully defined and widely disseminated for national and subnational use, in coordination with related global public health guidelines for quality of care and prevention of disease burden; leadership of the global health and WASH sectors should join in assessing and advocating for resource requirements, in collaboration with relevant development and finance organizations. All must countries implement the 2017 World Health Assembly Sepsis Resolution. Hand hygiene must be a quality indicator in every facility and a national marker of health care quality, with access to soap and water monitored and assessed.

WHAT YOU CAN DO

WHO's campaign has five calls to action for health workers and leaders in health systems:



HEALTH WORKERS: Prevent sepsis by cleaning your hands at the five key moments. Encourage your colleagues to do the same.



LEADERS IN INFECTION PREVENTION AND CONTROL: Promote and champion hand hygiene to prevent sepsis.



HEALTH FACILITY LEADERS: Ensure that hand hygiene is a quality indicator in your facility.



MINISTRIES OF HEALTH: Implement the 2017 WHA sepsis resolution. Make hand hygiene a national marker of health care quality, monitoring access to soap and water as well as hand hygiene behaviors.



PATIENT ADVOCACY GROUPS: Demand providers observe the five key moments of clean hands to prevent sepsis in health care.

II. National

Member states have an opportunity, and a duty, to lead the effort for change. National strategies for WASH in HCF should be approached from a health systems perspective, assembling diverse stakeholders around common goals, linked, wherever possible, to existing health initiatives and with recognition of the valuable return on investments in public health. Every effort will be required to: 1) adopt and employ global standards; 2) implement clear policies and commit adequate resources; 3) monitor and strengthen progress; 4) educate and advocate for awareness and action.

Key Action:

In 2018, appropriate standards will be contextualized and budgets will be designated for WASH in health care facilities in 20 countries currently lacking these commitments, in 20 additional countries by 2019; and 20 additional countries by 2020 (60 in total), with policies and resources in place to monitor and evaluate progress, train for best practices, and broaden public awareness on the relationship of WASH to reduction of infection and disease burden

III. Facilities

Baseline assessment will determine the phased improvements required by facilities to achieve and sustain quality of care at appropriate standards. It will be the voices of health facility staff, management, and user communities advocating for improved WASH services that will motivate needed policies and resources. Every facility must take steps to: 1) evaluate and support improvement opportunities; 2) incorporate WASH in HCF in broad health service strengthening; 3) provide accountability mechanisms that ensure there is positive reinforcement for operations and maintenance at the facility level; 4) emphasize training, mentorship, and supportive supervision for health facility staff at all levels.

THE WELLBEING FOUNDATION AFRICA

The WBFA and its partners are committed to improving WASH in healthcare facilities, schools and communities in Nigeria and around the world. WBFA midwives will be given a global platform to share their WASH experiences to further the above roadmap, and to campaign on a national level for improved WASH in HCF. WBFA Midwives will lead WASH training in MamaCare classes and visit healthcare facilities to advocate for WASH. The Founder-President will use her global platform to promote the above roadmap and work to promote WBFA programmes and advocacy goals.

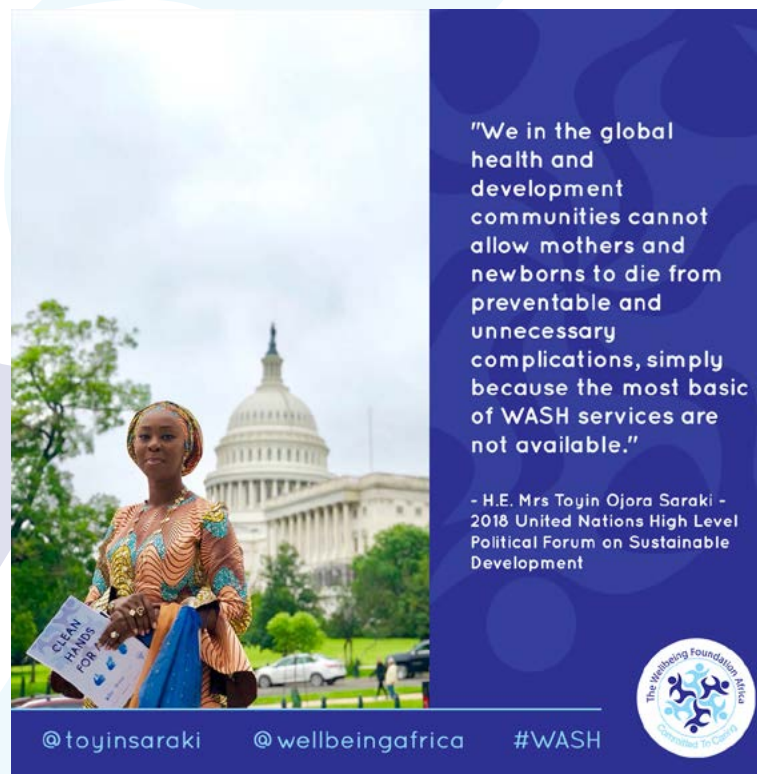
I. Advocacy

"We know that health facilities must be a focus for us to concentrate on patient safety – handwashing is key for all facilities, including in primary healthcare. Implementing hygiene standards in health centres will bring down disease transmission. The whole of WHO supports the foundation in this campaign and I commit myself as the WHO representative to support you."

-Dr. Wondi Alemu, WHO Representative and Head of Mission in Nigeria



Mrs Saraki meeting with the World Bank Water Team in June 2018



"We in the global health and development communities cannot allow mothers and newborns to die from preventable and unnecessary complications, simply because the most basic of WASH services are not available."

- H.E. Mrs Toyin Ojora Saraki - 2018 United Nations High Level Political Forum on Sustainable Development



@toyinsaraki

@wellbeingafrica

#WASH

In May 2018, WBFA Founder-President H.E. Mrs Toyin Ojora Saraki launched a global WASH campaign in Abuja at a meeting with Dr. Wondi Alemu, WHO Representative and Head of Mission in Nigeria. Mrs Saraki announced that the WBFA would work with partners including Global Water 2020, an initiative based in Washington D.C. which is designed to accelerate progress toward water access and security for all people in developing countries, with a particular focus on increasing the availability of WASH in healthcare centres.

A key element of that partnership is advocacy for improved WASH standards, both in Nigeria and around the world.

To that end, in June 2018 Mrs Saraki led a delegation to Washington D.C. to take part in multi-lateral meetings with the US State Department, the World Bank, the Center for Strategic and International Studies, the American Academy of Sciences and members of the United States Congress. The visit was intended as both an information gathering exercise and to engender a new spirit of co-operation on WASH. Each meeting highlighted the extent of the challenge. For instance, World Bank Data revealed that in Nigeria, WASH indices have actually suffered an alarming decline from an already critical condition. Access to piped water on premises in urban areas dropped from 30% in 1990, to less than 10% in 2015, and for Nigeria to achieve the WASH SDGs, it must invest at least three times more than it does today.

That visit was followed by a formal submission to the 2018 United Nations High Level Political Forum on Sustainable Development. The intervention was made in relation to the forum event “Partnerships that Deliver for Girls and Women – an interactive dialogue to break down silos and achieve the SDGs” organised by Women Deliver. Further advocacy took place in August 2018 at World Water Week in Stockholm, the annual focal point for the world’s water issues and this year world leaders will assemble to address the theme ‘Water, ecosystems and human development.’ These public statements and advocacy are and will continue to be supplemented by private, direct interventions with politicians, government departments and global institutions.

II. Programmes

The WBFA’s MamaCare midwives have taken up the mantle of improved WASH standards to their antenatal and postnatal classes, and advocate strongly to staff at the healthcare facilities at which they give their classes.

In August, as the United Nations marked International Youth Day, the WBFA took its pioneering PSHE and water, sanitation and hygiene (WASH) education programme to schoolchildren in Ogun State, Nigeria.

The WBFA’s programme is based on its Adolescent Skills and Drills, Personal Social and Health Education Curriculum, the first locally-developed PSHE curriculum, which is formed of three core pillars – Your Rights and Your Body, Health Relationships, and Planning Your Future. Within those main areas an extensive range of topics pertinent to the health and wellbeing of young people are covered, with a focus on WASH.

The cohort of children, aged between 8 and 17 years old, were taught the WHO standard of hand washing techniques in addition to further break-out sessions, in line with the commitment of the WBFA to support the attainment of UN Sustainable Development Goal 6: Ensure availability and sustainable management of water and sanitation for all. This pilot, which took place over two days, educated 237 children at the Ogun State Summer Camp, before an anticipated roll-out across the state and throughout Nigeria.

“As part of the programme we held a ‘Girl talk session’ where over 115 girls were educated on proper menstrual hygiene management as part of our commitment to enable girls to be able to attend education and reach their full potential.”

“The questions from the children in Ogun State were thoughtful and revealing. I’m delighted that they all pledged to teach their friends in their schools and at home proper hand washing techniques as new WBFA WASH ambassadors!”

-Precious Ajunwa, WBFA Youth Programmes Leader



III. Partners

The WBFA launched its global WASH campaign alongside the WHO and in partnership with Global Water 2020. It also works with Governments and States to implement WASH programmes and instigate change.

In September 2018 the WBFA partnered with Unilever Lifebuoy Nigeria and Sightsavers to improve hygiene practices to impact more than 2 million children over the following 12 months. As part of Unilever's relaunch of Lifebuoy in Nigeria, the WBFA joined new brand Ambassador, renowned Afro-pop singer-songwriter Omawumi, in Lifebuoy's global Help a Child Reach 5 campaign.

The partnership will work on programmes which promote hygiene messages and prevent disease, advancing critical hygiene interventions such as handwashing with soap, addressing the issue of child illnesses and mortality due to preventable diseases.

More than 215,000 children under the age of five in Nigeria die to preventable infections like diarrhoea and pneumonia each year – the highest across Africa. The simple act of handwashing with soap is one the most cost-effective, yet often overlooked ways that could have prevented many of these deaths.



L-R: Amy Oyekunle, CEO, Wellbeing Foundation Africa; Osato Evbuomwan, Category Manager Skin Cleansing, UNILEVER Nigeria plc; Omawumi Megbele, Brand Ambassador, Lifebuoy; Soromidayo George, Director, Corporate Affairs, UNILEVER Nigeria plc; Dr. Sunday Isiyaku, Country Director, Sightsavers

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 **#MaternalMonday**

CLEAN HANDS FOR ALL



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