

IMPROVEMENT OF WASH IN HEALTH CARE FACILITIES- EU –MDGI SUPPORTED PROGRAM -ZAMBIA



FACTS ABOUT PATIENT SAFETY

1. Neonatal mortality accounts for *a significant proportion (40%) of under-5 mortality* (Lancet, 2005);
 2. About 20%-40% of all health spending is wasted due to poor-quality care (WHO)
 3. Only 15.4% of physicians and 14.1% of nurses compliant with Hand Hygiene recommendations prior to patient contact (Asare A, Enweronu-Laryea CC, Newman MJ, Ghana, 2009)
- **Simple and low-cost infection prevention and control measures, can reduce the frequency of health care-associated infections by more than 50% (WHO)**

IMPLEMENTING PARTNERS

The ministry of community Development, Mother and Child Health is working with partners in the implementation of the program;

- Ministry of Health
- United Nations Children's Fund
- Center for Infectious Disease Research in Zambia

INTERVENTIONS BEING UNDERTAKEN

1. Standardization of WASH in Health package:
 - Simplified guidelines for the assessment of Health Facilities for improved Infection Prevention and Control with focus on WASH
 - Simplified WASH in Health Facilities Minimum Standards
 - Safe and sufficient water available
 - Hand washing stations with soap / hand sanitizers widely available and used
 - Clean, appropriate and hygienic latrine separated by sex with beds / toilet ratio;

CONTD

- User friendly low-cost bleach production unit available for health facilities to produce own chlorine for disinfection in the facility
- Solid/medical waste management system is put in place including adequate equipment (for waste collection, storage and incineration)
- Standard operating procedures (SoPS) are put in place including training of key staff and routine M&E system to ensure hygienic conditions through time

2. Providing the WASH package in most vulnerable health facilities:

- Phase 1: pilot WASH package implementation in 4 facilities + research + documentation of results and lessons learnt

Simplified assessment in 18 additional facilities

→ September 2015

- Phase 2: roll out in 55 additional health facilities

→ December 2017

- Potential phase 3 in additional health facilities

OPERATIONAL MODALITIES

- Define priorities, including site selection
- Coordination (through WASH Working team)
- Develop / update the standards (adapt the approaches based on national priorities and lessons learnt; ensures coordination)
- Implementation of SOPs
- M&E

CURRENT STATUS

- 4 sites selected for piloting of the program(Kanyama and Chipata(Lusaka), Mahatma Ghandi and Chipokota Mayamba(Ndola))
- Rapid infrastructure assessment for current status of WASH facilities with objective;


To Determine Health Facility WASH infrastructural needs:

Kanyama & Chipata health facilities



Mahatma Gandhi & Chipokota Mayamba health facilities



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- Training of Health workers in the target facilities to conduct in the baseline survey
 - Baseline survey on Assessing the feasibility and impact of implementing simplified infection prevention and control guidelines in Health facilities in Lusaka and Copperbelt provinces and has been conducted in all the 4 facilities
 - Dissemination of report to be done on 31st March, 2015
 - WASH improvement implementation in the facilities by September 2015
 - End line survey to be done after piloting of wash improvements in the HCF



Thanks

