

Case study



India

A health systems approach to integrating WASH in HCF



Context

India has among the highest rates of maternal and neonatal mortality in the world, a leading cause of which is sepsis – accounting for 11% of maternal deaths.¹⁵ The Government of India has taken steps to improve maternal and child health under the National Health Mission.

The Janani Shishu Suraksha Yojana entitles all women to a free delivery at a public HCF to ensure safe childbirth. Other initiatives, such as Swachhata Guidelines and Kayakalp Guidelines, and the Labour Room Quality Improvement Initiative (LaQShYa), also aim to enhance quality of care in HCF.

The results of the government's steps to provide quality care is compelling – with the proportion of women who give birth in a HCF in India now increasing significantly from 38.7% in 2005–06 to 78.9% in 2015–16.^{16,17} Starting in 2018, the Government of India has focused on transforming existing sub-centres and primary HCF into wholistic **Health and Wellness Centres** to provide comprehensive healthcare, including services for mothers and young children.

Barriers

Evidence from studies and assessments, and interactions from healthcare providers in public HCF in rural and urban India have highlighted critical impediments to improve WASH services across all levels of the public healthcare system:

- When **WASH amenities** are available, they require improvement in terms of adequacy, accessibility, functionality and quality.
- **Solid, liquid and medical wastes are poorly managed in facilities** – which lack appropriate infrastructure and capacity for segregation and treatment.
- **Facility-specific guidelines and training** on facility cleanliness, IPC and personal protective equipment (PPE) are poorly and inconsistently implemented.
- **Lack of financing in primary HCF.** Investments in infrastructure and training are concentrated in the tertiary care facilities, having a high patient load and offering a range of health services. However, primary HCF, located closest to communities, need improvement, with limited investments and human resource capacities.
- **Investments in WASH compete with other critical investments** required for healthcare staff and treatment services (e.g., equipment and medicines).
- **Limited recognition that WASH is a critical component for quality of care, disease prevention and health promotion**, with the potential to contribute to improved treatment outcomes alongside curative efforts.
- **Staff structure in HCF** require medical professionals to attend to the management of the facility as well. Participatory management structures, such as the Rogi Kalyan Samiti (Hospital Management Committees), are not functional in many facilities.

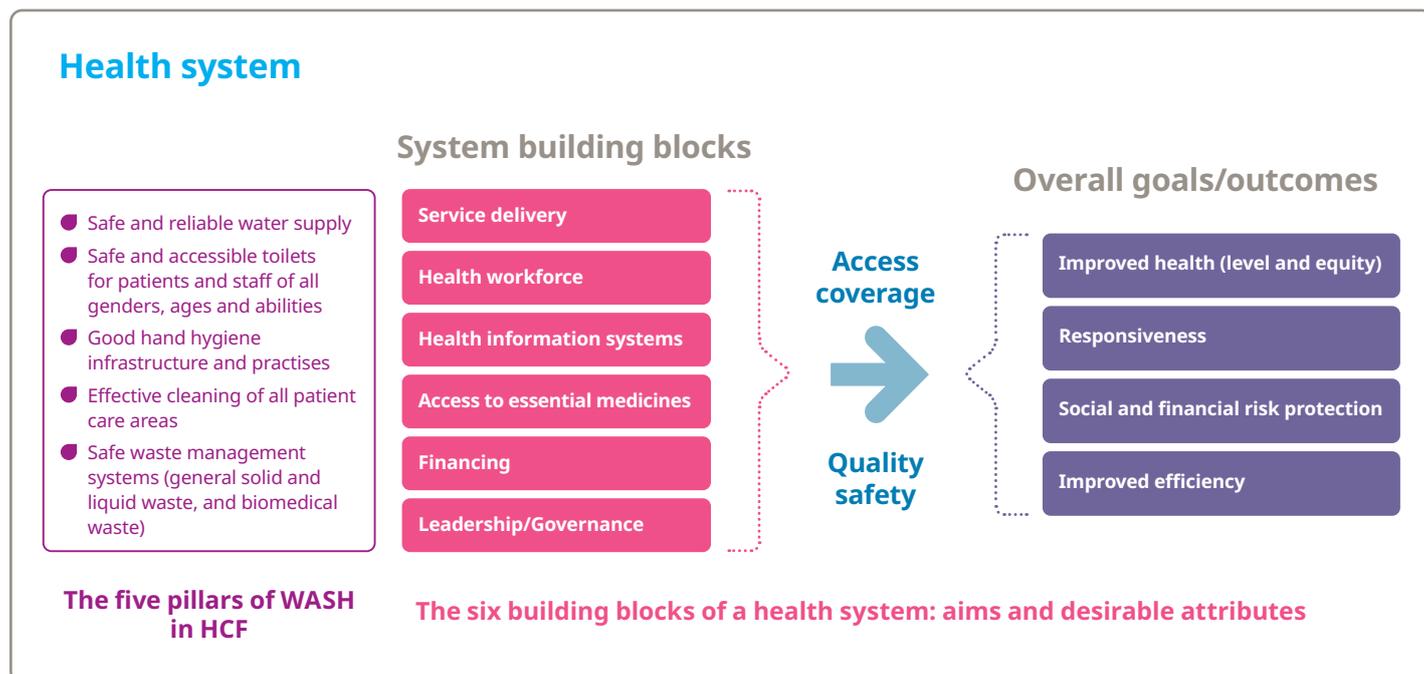


15. Say L, et al. (2014). Global causes of maternal death : a WHO systematic analysis. *Lancet Global Health*. vol 2, no 6, E323–E333. Available at: doi.org/10.1016/S2214-109X(14)70227-X (accessed 6 Apr 2022).

16. International Institute for Population Sciences (IIPS) and Macro International (2007). *National Family Health Survey (NFHS-3), 2005–06: India: IIPS*.

17. International Institute for Population Sciences (IIPS) and ICF (2017). *National Family Health Survey (NFHS-4), 2015–16: India*. Mumbai: IIPS.

Figure 6. Integrating WASH into the health system building blocks



Approach

Achieving the goals of the Global Action Plan for WASH in HCF and implementing the eight practical steps for universal access to quality care in India calls for an approach that strengthens health systems, whereby WASH is positioned within the health systems building blocks, namely leadership and governance; healthcare financing; health workforce; medical products and technologies; information and research; and service delivery (Figure 6).¹⁸

Safe and sustainable WASH interventions in HCF in India fall under five inter-related components: leadership, institutionalising processes, capacity building, monitoring mechanisms and research, and responsive and resilient solutions (technologies and innovations). In this case study, we will be focusing on responsive and resilient solutions, outlining how we have responded to emergencies, including natural disasters and public health emergencies. HCF with responsive and resilient WASH services strengthen treatment services and prevent the spread of infections, especially among communities who are vulnerable to these emergencies.

Evidence of change

In 2018, the Southern State of Kerala was devastated by floods, which impacted communities and the HCF serving them. In collaboration with the WHO, WaterAid India worked with the Wyanad District administration to undertake intensive WASH assessments of HCF and anganwadis (early childcare and development institutions). As part of this assessment, WaterAid India developed facility improvement plans, carried out WASH related renovations and construction in 12 HCF and 50 anganwadis, in addition we distributed water filters to 243 anganwadis.

All infrastructure renovations were undertaken with a focus on 'resilience' given the vulnerability of this area to natural disasters. Unique interventions in Wyanad HCF and anganwadis were the restoration of dug wells, installation of water filters, training on the use of water quality testing kits, and rainwater harvesting (RWH) systems.

In the northern State of Uttar Pradesh, WaterAid India invested in critical infrastructure in a community health centre and primary

18. WHO (2010). *Monitoring the building blocks of health systems: A handbook of indicators and their measurement strategies*. Available at: wpro.who.int/health_services/health_systems_framework/en/ (accessed 24 Mar 2022).



► Head Nurse Madhubala Awasti washes her hands after assisting patients in a ward of a community health centre. Uttar Pradesh, India. June 2021.

healthcare institution, including RWH systems. These RWH systems provided water for handwashing and to flush toilets. The Rogi Kalyan Samiti was focused on the importance of WASH infrastructure O&M, including the need for budgetary allocations for O&M. These actions led to the Government passing a Government Order to have RWH systems in HCF as standard as standard in Uttar Pradesh.

The Government was engaged throughout this process to ensure continuity beyond the project period, and to institutionalise regular assessments and budgetary allocations for WASH improvements, and O&M.

Key lessons

- Increase financing and investments to ensure adequate WASH as part of broader health system strengthening. Such financing should include regular O&M of WASH infrastructure; training and capacity building of healthcare providers; mandated institutions on WASH; hygiene and IPC; and strong social and behaviour change campaigns to promote hygiene among all HCF staff, patients and their caregivers.
- Strengthen the structure, processes and actions of mandated structures like Rogi Kalyan Samitis and IPC committees in public HCF, to build their focus on strengthening and maintaining HCF infrastructure and services, including that of WASH.
- Strengthen community level institutions and their ownership and participation in HCF processes, for improving healthcare services including the better provision of WASH services in these facilities. Communities can also be sensitised on the importance of WASH in HCF, and their rights as patients and caregivers to demand WASH secure facilities.



WaterAid/Anindito Mukherjee

Conclusions and recommendations

From our work on system strengthening, we can make the following recommendations:

- Governments should allocate increased financing to ensure adequate and resilient WASH in HCF.
- Policy makers should include WASH services in HCF as core priorities in all critical health policy documents (e.g., State and National health policies, patient rights/citizens charters, Indian Public Health Standards), programmes (e.g., home-based newborn care, antenatal care, health and wellness centres) relevant to quality of care, respectful maternity care and UHC.
- Governments should regularly review and assess WASH status in HCF within health-related standards (e.g., Indian Public health Standards), monitoring systems (e.g., Kayakalp) and independent facility level surveys. Use the findings to inform action plans and budgetary allocations to improve WASH facilities, systems and standards.