

## Case study



# Zambia

## Gender and social inclusion in WASH in HCF



### Context

WaterAid Zambia, its implementing partners and sector stakeholders, have undertaken several assessment surveys for WASH in HCF that have highlighted the dire need for the improvement of WASH services in these settings. In addition, national statistics<sup>23</sup> show at least 60% of HCF provide less than a basic service for water, 7% of facilities do not have a toilet and some have no WASH services.<sup>24</sup>

The lack of WASH services in HCF has a particular impact on the ability and willingness of pregnant women, older people and people living with disabilities to access HCF services who are subject to the indignity of using dirty, unsafe facilities with no privacy, and some fear contracting an infection due to poor IPC. This can lead to risk of further health complications due to delays in accessing timely treatment.

▼ Olice Namuswa, the cleaner at Sinde Rural Health Center prepares to wash hospital linen at a public water point. Kazungula District, Zambia. October 2018.



### Barriers

At the beginning of WaterAid Zambia's WASH in HCF project, we identified the following barriers:

- The MoH, have provided high level advocacy and leadership in ensuring that WASH in HCF receive the requisite attention. However, WASH in HCF is often not prioritised at the facility level, leading to a lack of adequate plans and budgets for sustainable services.
- Inclusive access to WASH was treated as an optional add-on in standards and policies for WASH in HCF.
- Lack of standard drawings at the local level led to inconsistent, and at times poor quality, WASH infrastructure.
- There were gaps between policy and practice. For example, when the MoH pledged their commitment to the provision of accessible toilets, many contractors lacked the skills and experience to achieve this goal.
- There were misconceptions that inclusive WASH in HCF meant focussing on specific kinds of disabilities – meaning provisions were not made for other kinds of disabilities like sight impairment and autism. This was likely caused by insufficient data around universal design, and exclusion of people with disabilities and DPOs in decision making around WASH in HCF.

23. WHO/UNICEF (2019). *Joint Monitoring Programme*. Available at: [washdata.org/](https://washdata.org/) (accessed 29 Mar 2022).

24. WHO/UNICEF/JMP (2019). *WASH in Health Care Facilities Global Baseline Report 2019*. Available at: [unwater.org/app/uploads/2019/05/JMP-2019-wash-in-hcf.pdf](https://unwater.org/app/uploads/2019/05/JMP-2019-wash-in-hcf.pdf) (accessed 25 Mar 2022).

## Approach

WaterAid Zambia is implementing a WASH in HCF project *Resolution to Revolution* between 2020–2023 targeting 60 HCF in four Districts of Mwanzi and Sesheke District in Western Province, Kazungula and Monze Districts in Southern Province, to develop quality and inclusive models for WASH in HCF.

Partnerships were built with communities, community-based organisations and a wide range of governmental agencies to ensure that needs were understood and facilities maintained. For example, WaterAid Zambia established a memorandum of understanding with the Zambia Alliance for People living with Disabilities (ZAPD) to assess the accessibility of facilities, pinpoint areas of improvement, and ensure national standards were properly inclusive. The project then developed model facilities that demonstrated how these standards could be delivered in practice.

Accountability mechanisms including mobilisation and capacity/skills development through a human rights-based approach in existing community structures – like the mother's support groups and neighbourhood health committees – will ensure that communities are able to hold duty bearers to account and all facilities meet national standards.

## Evidence of change

The project is ongoing, but after two years we are already seeing emerging evidence of change. We have observed increased attendance of HCF for maternal health and OPD (outpatient department).

After two years, through output verification exercises, we observed that quality, inclusivity and consistency of WASH in targeted HCF was improved using practical tools. We developed practical tools which enabled stakeholders to take a systematic and consistent approach across all HCF and integrated these tools into existing systems. For example, for the design, construction and handover process, a toolkit and checklists were used in addressing access for all at every stage. These checklists were linked to the certification and payment process – this helped ensure that contractors achieved their goals in making the WASH services in the HCF inclusive and accessible. We worked with vendors and partners to understand the minimum quality standards through quality standard workshops, which aimed to operationalise the standards.

Through building model facilities for WASH in HCF that fulfil the needs of the communities, we were able to demonstrate an example of a quality and inclusive WASH in HCF. These HCF were used as a visualisation tool, and through



◀ Sheila Ngwenya, the Nurse in Charge of Sinde Rural Health Center, which does not have clean running water. Kazungula District, Zambia. October 2018.

visits to the facility, partners came to understand accessibility concerns and get practical insight on how to achieve inclusive access to WASH in planning, design and construction. Evidence generated through the project fed into the development of national standards for inclusive WASH in HCF. We supported the MoH, to develop standards for WASH in HCF and the adaptation of WASHFIT into a national WASH in HCF Assessment Tool. The standards and tools were developed to enable a more realistic assessment of the HCF for improved healthcare service provision and reduction of healthcare-associated infections. The MoU WaterAid established with ZAPD has been instrumental in ensuring the national standards respond to the needs of people with disabilities. There have been more outreach activities focusing on women and girls undertaken at HCF level.

## Key lessons

We operate a continuous iteration of WASH in HCF programming and continue to compile key learning on an ongoing basis, [see this recent learning report for more detail](#):

- It is crucial to understand the relationships and power dynamics within each community and engage with representative groups. We consulted facility-level structures – such as the Safe Motherhood Action Groups (SMAGs), Neighbourhood Health Committees (NHCs), Disabled People’s Organisations (DPOs) and service users. This enabled us to ensure that we created WASH services in HCF that were inclusive and met the needs of each community.
- Tools for achieving inclusive access to WASH can help ensure national standards are achieved with consistency and quality of implementation. Linking tools like checklists to certification and payment processes can give additional incentives to contractors to ensure the WASH services in HCF are fully inclusive.
- Consultative process with all stakeholders, including national government line ministries, local authorities and communities, throughout project design, yields ownership and sustained outcomes.
- Throughout the project period, build on and leverage existing tools, skills and experience of vendors and community members for successful realisation of outputs.

## Conclusions and recommendations

Partnering with community-based organisations, government agencies and DPOs ensures that user needs are fully understood. WaterAid Zambia’s partnership with ZAPD meant that the accessibility audits of facilities informed the development of national standards.

Drawing on the successes of this project, to ensure sustained and inclusive outcomes, we recommend:

- Donors should move away from one-off ‘projectised’ approaches, and instead focus on system strengthening across all components that are necessary to sustain inclusive WASH in HCF.
- Governments and NGOs should build capacity of healthcare staff to manage WASH services – with training in practical steps, reporting procedures and financial management – to ensure WASH service and behaviour outcomes are sustained.
- Governments and stakeholders should collaborate and partner with DPOs to ensure national and local standards are inclusive of all disabilities and aspects of universal design are considered throughout implementation.
- A WASH in HCF Assessment Tool developed based on international standards should continue to be applied by the Government to monitor and gather evidence and clarity on the accessibility of HCF across Zambia.
- All stakeholders should consider inclusive access to WASH as integral part of all initiatives and standards for WASH in HCF. Throughout collaborations, design of facilities, implementation and conversations around national standards, inclusion should be considered a core and indispensable requirement for WASH in HCF.
- All stakeholders should continue to build capacity of community groups, so they are able to hold duty bearers to account and demand inclusive, quality WASH in HCF. Duty-bearers must encourage and respond to community voices through existing structures, such as council forums.