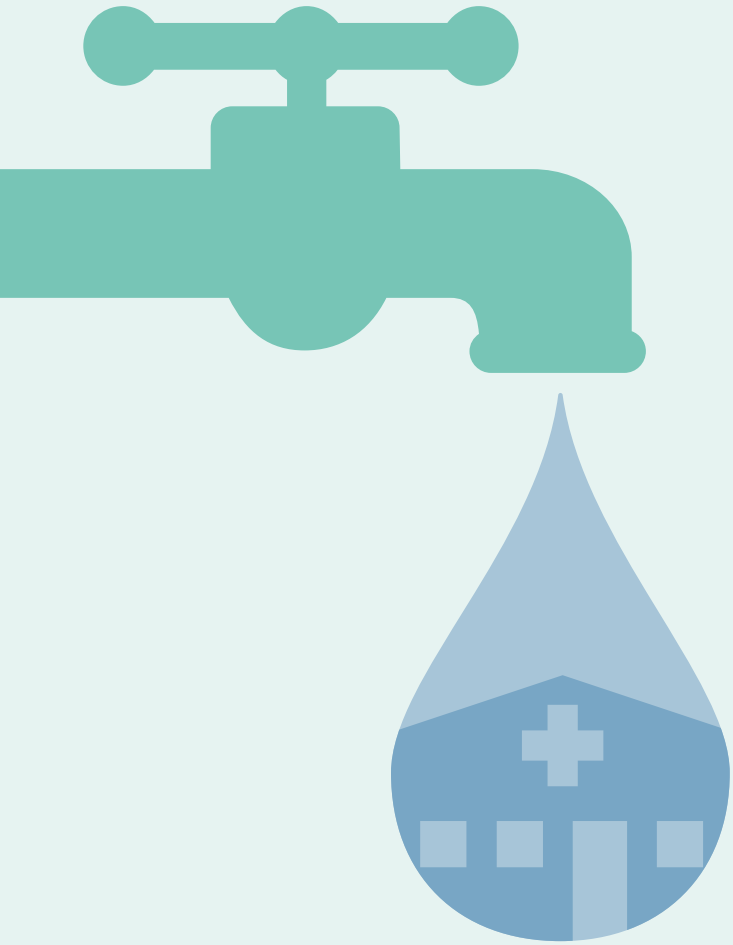
Water and Safe Clinics
Policy Brief
May 2014



SAFE CLINICS WILL IMPROVE THE SURVIVAL OF MOTHERS AND BABIES.

SAFE CLINICS SAVE LIVES.

AVAILABILITY OF CLEAN WATER AND GOOD SANITATION ARE CENTRAL TO MAKING A SAFE CLINIC.

Every day 7 women and 27 babies die in Sierra Leone. Our mothers and babies are dying unnecessarily.

This must stop!

These deaths are traumatic for families and communities, and have long-term economic consequences. It is these poor but changeable survival rates that rank Sierra Leone as one of the worst places in the world to give birth.

The introduction of the Free Health Care Initiative (FHCI) has brought about an unprecedented increase in access and utilization of health services for mothers and their newborns. Yet, there remains a serious need to improve quality of care provided by health services in order to ensure that clinics are safe. Despite four years of FHCI, mortality rates for our mothers and babies remain high.

Safe water vital for survival of mothers and babies:

Reducing infection through the provision of safe water and good hygiene practices could save at least I out of the every 7 women who die daily in Sierra Leone from childbirth [1,2]*. Is it right that in 2Ist century Sierra Leone, an estimated 460 women and 550 newborn babies lose their lives every year to infections acquired at the time of birth or shortly after?* This is particularly unacceptable because low cost interventions such as access to safe piped water can prevent deaths caused by infections.

Less than half of government designated maternity health facilities meet the standards for clean water and sanitation [3].

We must be mindful when we ask women to deliver in health facilities when we know the conditions can be very bad.

Water matters for safe delivery:

- Availability of safe water and adequate sanitation is critical during and around the time of delivery.
- Babies are the most vulnerable to life-threatening infections such as sepsis and tetanus immediately or shortly after birth. It is estimated that 30-40% of infections resulting in sepsis-related deaths are transmitted at the time of birth [4].
- Similarly, I9% of all maternal death in Sierra Leone are caused by sepsis [1].
- Many of these infection-related deaths in mothers and babies are caused by a lack of hygiene and infection control during and around the time of delivery.
- Exposure to unsafe water and sanitation, and poor waste management in health facilities increases the risk of infection transmission in mothers and babies. Poor water and sanitation prevents basic clean birth practices from taking place - such as hand washing, clean equipment and cord-cutting, we know that these adversely affect mortality outcomes.
- Adopting the WHO's "six cleans" [5] could avert up to 9% of newborn deaths in sub-Saharan Africa.

  The "six cleans" are:
  I. Clean hands of the attendant
  2. Clean surface
  3. Clean blade
  4. Clean cord tie
  5. Clean towels to dry the baby and then wrap the baby
  6. Clean cloth to wrap the mother.
- It is not possible to practice the "six cleans" in facilities without safe water and sanitation.
- Research has shown the positive impact that clean birth practices can have on maternal and newborn mortality.
  - One study suggests that half of all infection-related deaths could be averted if skilled birth attendants adopted more hygienic birth practices [6].
  - Another study concludes that neonatal sepsis deaths could be reduced by 27% through clean birth practices in a facility, and by up to 40% by clean postnatal care practices [4].
  - The same study found that neonatal tetanus deaths could be reduced by 38% through clean birth practices in a facility, and by 40% through clean postnatal care practices [4].
  - If clean facility births and newborn care practices are combined, around two thirds of deaths from sepsis and three quarters of deaths from tetanus could be averted in newborn babies [4].
- Women going into labor should have access to safe health facilities with consistent, predictable running clean water, clean toilets, safe refuse disposal, clean beds and areas for deliveries.

The Youth of Salone call on the Ministry of Water Resources & the Ministry of Health and Sanitation to act on water in clinics

Commendable effort has taken place in Sierra Leone to improve access to water. Government deems water as a priority in Sierra Leone. This is demonstrated through the creation of a new water resources ministry and a commitment to ensure that piped water is available to at least half of Sierra Leoneans by 2016 [7]. Through a 500-strong youth group, with support from MamaYe, the citizens of Sierra Leone are calling on local councils, MPs and government ministers responsible for water resources, health and sanitation to act on their commitment. Young people want to ensure that safe water is made accessible to all Sierra Leoneans and that many more mothers and babies survive during childbirth.

It is imperative that there is more collaboration between government ministries to make Sierra Leone's clinics safe for all mothers and newborns. We know that more must be done; we know that more CAN be done to SAVE the lives of our SIERRA LEONE mothers and babies when swift collaborative action is taken at a policy level between government ministries.

Community Voices:

Community Leader

"We have seen a growing investment in WASH by donor partners and NGOs, but this fails to translate into the improvement of safe water and good sanitation at health facility level. If we really take a step back, how effective is it to save a child from dying of diseases like cholera, but loose the same child or mother to an infection contracted at a health facility due to lack of safe piped water and poor sanitation practices.

There is a need to redirect some WATSAN investment towards improving safe water and sanitation across health facilities. We look up to government to lead on this partnership with donor partners and ministries to achieve this."

Community Health Chairman

"Everyone knows that we don't have water, but the newly built school has water because they have the resources, like their pipes are not broken. Guma valley doesn't respond to us, our community leaders don't always respond to us, we don't even respond to our selves. The outcome of that, our women don't want to come deliver in this hospital. We have very little to offer them, and that is not what we want to see. We want to make this health facility good, but someone has to listen"

Policy Makers – what can be done:

- Know your facts about how many lives can be saved from safe water and sanitation in clinics.
- Know what policies, strategies and roadmaps exist that are related to maternal and newborn health, safe clinics and WASH, and ensure that they are implemented and integrated.
- Show your support (political will) for safe sanitation and water in health facilities.
- Share this leaflet to advocate for improved services at appropriate meetings
- Develop or use existing checklists to monitor minimum standards for health facilities that will ensure safe water and sanitation facilities exist with a practical maintenance system.

Case study:

Knowledge that most health facilities in rural areas lack access to electricity has allowed for a partnership to be created between the Ministry of Energy and Ministry of Health and Sanitation. This was part of the rural electrification process that seeks to provide health facilities with access to power through solar energy. This is an important partnership framework that can be replicated among the growing number of WASH consortium partners, Ministry of Water and Ministry of Health and Sanitation to ensure that adequate safe water is accessed across all health facilities.

The following can be considered for ACTION:
An integrated strategy that prioritizes the availability of water in all health facilities mediated by a memorandum of understanding (MOU) between donor partners, Ministry of Water Resources and Minstry of Health and Sanitation.

Summary:

- Reducing infection through the provision of safe water and good hygiene practices could save at least I out of the every 7 women who die daily in Sierra Leone from childbirth.
- Every year in Sierra Leone an estimated 460 women and 550 newborn babies lose their lives to infections acquired at the time of birth or shortly after.
- Less than half of government designated maternity health facilities meet the standards for clean water and sanitation.
- Low cost interventions such as access to safe piped water can prevent deaths caused by infections.
- Stronger partnership between relevant ministries and donors to consolidate and reprioritize investment in water and sanitation needs to be mediated by government.

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* For further information on calculations, please visit www.mamaye.org/references

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