

Equipped for impact: Connecting the system-dots between services and good governance in healthcare facilities

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It is the norm rather than the exception that health workers and clients have to make do without, use substandard or grossly inadequate water sanitation and hygiene services while at the facility. Many health centres in Uganda are without exclusive water supply, sometimes



A traditional pit latrine for all patients at a health center III in Kabarole. The pit is not lined and will not be emptiable when it is full.

buying limiting portions from vendors or sharing a community unsafe water source. Sanitation and hygiene facilities are filthy and not inclusive, sometimes with women and girls sharing a single unit latrine with men. Dangerous medical waste is carelessly dumped with neither designated collection points nor licenced incinerators.

Cecilia Birungi is a mother and a health professional who works with the local government health department in Kabarole in western Uganda, as the District Health Inspector. She has seen while on duty and experienced first-hand as a client, how the lack of water sanitation and hygiene in healthcare facilities worsens health conditions, especially for women and girls.

"My twin babies came prematurely, but there I was, in a health center with no bathroom. The babies were not even one day old, but I left them and rushed home to bathe. I was lucky that I had the choice to rush back home; I survived the risk of catching infections from the shared toilets and dirty floors but many mothers do not have that option – they just bear the terrible conditions," –

Cecilia Birungi, Health Inspector Kabarole District.

The situation of environmental hygiene in health facilities is exacerbated by crude dumping of waste.

“We had to deal with domestic garbage mixed with medical waste including sharps, and our only yet hazardous method was open-pit dumping and burning. This affects the health of the large numbers of clients that we attract because of our central location near the market and on the highway to Kaseese,” says Wilfred Nankunda, Nurse In-Charge at Rwimi HCIII in Bunyangabu .

Rwimi Health Centre III has recently been transformed into a model centre for reference on WASH in healthcare service delivery, after construction of a MakIV licensed medical waste incinerator with an in-built ash pit and tools storeroom; and a modern drainable 5-stance with provision for persons with disabilities and bathrooms for menstrual hygiene management, through partnership with IRC and funding from the James Percy Foundation.

The WASH in healthcare service modelling that started with five centersⁱ in Kabarole has now been extended to Kasenda HCIII and Nyabuswwa HCIII in Kabarole, and to Kahondo HCII, Rwimi HCIII and Kiyombya HCIII in Bunyangabu district. The model centers are fully equipped with piped water supply extensions, sinks with running water in critical points of care within the facility, drinking water stations, inclusive cleanable, drainable, private and gender-segregated sanitation facilities for patients and staff, and waste management solutions, among others.

“On our own we had tried for long but could not get the attention nor the budget for such WASH interventions. It is thanks to the recommendation and lobbying of political and technical leaders at the district level that our center was considered for this project,” – Wilfred Nankunda, Nurse In-Charge, Rwimi HCIII Bunyangabu.

As the service model expands its reach, it has gradually become evident that disempowered governance structures are the weak link in healthcare services, including WASH. When advocacy, budget planning, supervision of operations and maintenance, and accountability are not proactively prioritized, healthcare services continue to deteriorate despite the new infrastructure. Wilfred and other health in-charges would not have to despair if the healthcare facilities had governance structures that are working well.

Changing policy into action

Uganda’s health management policy provides for regular appointment of Health Unit Management Committees (HUMCs), a body of respectable community representatives charged with the responsibility to oversee the quality of health service delivery, ensure accountability and promote community participation and ownership of the health center ([Ministry of Health Guidelines](#), 2019). But often the members nominated to the committee do not have the full knowledge nor get timely and adequate orientation about what their role is.

IRC partnered with district local governments of Bunyangabu and Kabarole to organise capacity building for HUMCs especially representing the model WASH in healthcare facilities. IRC played coordination and facilitation roles, while the district technical officers in the health, water and community development departments led the training sessions.

“We never received any form of orientation when we were appointed. I am learning about some of improved WASH technologies recommended for health facilities for the first time in this training workshop,” a member the HUMC for Rwimi HCIII says.



District Chairman James Ategeka (center, in Kaunda suit) addresses technical officers and community political representatives after commissioning the new sanitation facility at Rwimi HCIII, Bunyangabu, March 2023

Training modules were packaged to give the committees a wholistic appreciation of the importance of health system governance structures, and to equip them with knowledge and tools to proactively promote the component of WASH in healthcare services. The modules included:

- HUMCs roles and responsibilities as stipulated in the Ministry of Health HUMC guidelines (2019) - detailed

overview on planning, management, budgeting, lobbying and advocacy skills, towards overall Health unit management.

- Formation of sub-committees (human resource, finance and development, Quality Assurance).
- Key basic WASH/ IPC components required at a HCF as per the national guidelines for WASH in HCFs.
- Importance/benefits of improved WASH service delivery in HCFs.
- Sustainability mechanisms including community engagement campaigns, customer feedback.

The committees are now more able to ensure that operations and maintenance of water and sanitation infrastructure is planned and budgeted for; to supervise infection prevention and control (IPC); to engage as champions of risk communication in the health facility setting; and to lobby for improved investment in WASH services in health facilities.

“It is only now that I notice that there is barely communication between community members and the health facility. Going forward, I shall engage the communities to share feedback on their customer experience with the health facility, especially concerning WASH services.” Chairperson HUMC- Kabende HCIII

The HUMCs are now equipped to support onsite supervision of health services and to promote WASH best practices at the health facilities that meet the national standards.

“Almost on a weekly basis, we host groups of people at our model health centre to see the water sink in the women’s ward, learn how we organise our medical waste in these colour-coded skips and to ask if they can join our refresher risk communication sessions,” says Peter Rukindo, HUMC Chairman Kaswa HCIII.

When systems connect: good governance for sustainable services

Safe water supply installations, sanitation facilities and medical waste infrastructure, are expensive both at construction and operational levels. The less costly personal protective equipment, hygiene sundries, waste bin bags, soap and sanitiser need regular replenishing, while training on infection prevention and control, and risk communication cannot be a one-off activity.

So far: WASH in healthcare impact through James Percy Foundation support

64,621

People reached with improved services

62

Members of Health Unit Management Committees trained

7

Model health centres transformed to demonstrate WHO standards

2

District local governments Kabarole and Bunyangabu supported

Sustainable solutions need to be planned and budgeted if they are to outlive the projects and serve for longer towards achieving healthy populations and transformed communities.

HUMC members share that they now have the confidence to lobby for WASH services not just from knowledge gained from the capacity building workshops, but also because they can show evidence of the difference that deliberate handwashing stations, drinking water for the patients, lined cleanable pit latrines with clearly marked stances segregated for males and females, and piped water



With handwashing stations, tap-water sinks in the treatment rooms and safe drinking water within the health facility, health workers and patients can give and receive safe and efficient services.

extension for cleaning and patients use have made.

This applied use of facilities and tools that meet global health standards and experiential learning for the teams that manage them has roused the interest of other government agencies in systems strengthening.

"We are seeing increase in bacterial infections and equal resistance to antibiotics because people are ingesting different concentrations of sulphur and ammonia from the ground water affected which is contaminated by improper dumping of medical waste and human faeces. These new lined pit-latrines and incinerators that IRC is promoting in our region are more than just a sanitation and hygiene intervention, it is great assurance that there is less emissions and less localised impact on the climate; the impact of a cleaner environment and safer public health will be felt beyond us to the next

generation,” – Dr Brian Guma, Team Leader at the Albert Water Management Zone, Ministry of Water and Environment.

Capacity strengthening for governance structures within the health system is not without challenge. Some of the needs that come with meeting the standards according to the national guidelines are not WASH related, yet directly affect the quality of service.

For example, Kahondo HCII have no guarantee of security for their piped water network, without a proper fence around the facility. Rwimi HCIII did not have enough land left for any other infrastructure after they prioritized the construction of the incinerator. Fortunately, this prompted the local government to offer more land to the healthcare facility.

Importantly, deliberate learning targeting governance structures has illuminated the connection between WASH and health systems and triggered the need for people within the systems to collaborate to achieve the overall vision of a healthy productive population.

ⁱ IRC's work in Uganda to model improved water sanitation and hygiene services, and medical waste management in healthcare facilities is delivered through combined funding support from the Conrad N. Hilton Foundation, the James Percy Foundation and The Waterloo Foundation.