



MSF-OCG WATER - HYGIENE - SANITATION POLICY
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MSF Section	MSF-OCG, all missions		
Policy title	WHS policy V1.1		
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Status	In effect		
Validation Logistics	DirLog	Date	September 2011
Validation Medical	Dp DirMed o/b DirMed	Date	October 2011
Validation Dir Ops	Dp DirOP o/b DirOP	Date	December 2011
Revised by		Date	
Revised by		Date	
Revised by		Date	

Background

In line with its overall goal to preserve life and alleviate the suffering of those affected, the Chantilly Agreement (1995) explicitly endorsed the role of the activities related to water and sanitation as a full principle of the curative and preventive medical action of MSF.

The combined consideration of the issues of water, hygiene and sanitation (WHS) plays an essential role in the prevention and control of water-air-blood related diseases affecting populations. These actions have in common to cut transmission routes and reduce the reservoirs. The OCG assists through the integration of good quality, appropriate and effective WHS interventions in all MSF-OCG projects.

A further distinction can be made in all WHS activities between the tangible output, also called "hardware" (construction, equipment, materials), and the implementation activities of an operation known as the "software" (expertise, IEC, training, organizational capacity, etc.). For effective WHS interventions, both hardware and software components are needed and should complement each other.

Objective

The WHS policy defines "what" actions will be implemented in the OCG operations & programs to reduce morbidity and mortality.

Scope of the policy

The policy covers all WHS activities of the OCG in the fight against disease transmission and the reduction of reservoirs.

WHS actions are defined, governed, and developed following the general principles (chap. 1) and context-specific principles of operation (chap. 2).

WHS actions here defined (the "What to") are implemented (the "How to") following:

- Quantitative and qualitative minima stated in the docs ***Essential requirements for Water and Sanitation in health structure; [...] in camps.***
- Implementation guideline: ***Public Health Engineering in Precarious situation and infection control in health care setting.***

This policy makes explicit and constant reference to those key documents¹ mentioned above.

Definitions

<i>WHS</i>	Water hygiene and Sanitation
<i>IEC</i>	Information Education and Communication
<i>ANC</i>	Ante-Natal Care
<i>Water related infectious diseases</i>	Are classified according their transmission routes below. (NB: Definitions below are extracted from public health engineering in precarious situation guideline chap 2.)
<i>Water-borne diseases</i>	Caused by ingestion of water containing pathogenic micro-organisms. Water can be a transmission route of certain diseases when it has been contaminated by faeces or urine of human beings or warm-blooded animals. But some of these diseases may also be transmitted by any of the other feco-oral routes like dirty hands and contaminated food, which are grouped in water washed diseases.
<i>Water-washed diseases</i>	Due to lack of proper domestic and personal hygiene. Insufficient water supply is one factor leading to improper hygiene. The diseases linked to lack of water for hygiene are:

¹ Commonly adopted at MSF intersectional level and edited by the WHS working group.

<i>Water based diseases</i>	feco-orally transmitted diseases, dermatological and ophthalmic diseases, diseases transmitted by lice.
<i>Water-related insect vector diseases</i>	Their causal agent (pathogen) has to pass part of its life-cycle in an intermediate organism (host) that is living in the water. Are related with an insect vector which develops in or lives near water
Country Specific Policy (CSP)	The CSP is a document written specifically for a mission which defines the overall policy as applied in the mission.

Content

1 General principles

1.1 Country Specific Policy (CSP)

- In some specific situations ^(described hereunder), a CSP - which clarifies aspects specific to the context - shall be drafted by the CoTL, submitted to HQ for validation, and then distributed to WHS staff. It shall be implemented by the CoTL and the WHS team, reviewed annually and updated when necessary. A CSP may never contradict any aspect of the overall MSF-OCG Policy.
- Typical context considered as a specific situation: emerging countries² with a higher initial level of development - standards & quality of living, where *MSF Essential Requirements* might be too minimalist. Those should be re-defined taking into account the existing higher level of development.

1.2 WHS interventions should be systematically integrated into the operations as long as they are able to contribute to the success of a program and particularly in improving the effectiveness of the medical care OCG provides. Those WHS activities shall be adapted to the context and defined according to quantitative and qualitative minima stated in the docs *Essential requirements for Water and Sanitation in health structure; [...] in camp*.

The latter **are implemented both in emergencies and in the regular programs**.

- 1.3 The OCG should deploy its WHS activities - thus mobilize the adequate resources - as from the first phase of Emergency / or program.
- 1.4 As with all activities, OCG does not strive to duplicate efforts made by other actors. However, when the response by those actors is late, insufficient or absent, OCG should act.
- 1.5 Wherever possible in a project, the goal of transmitting “our WHS setup” put in place in the first phase to potential partner(s) at a later stage should be integrated in the project strategy from the start.
- 1.6 Although the above concern (§1.4 & 1.5) is important, it should not prevent or delay the OCG from deploying WHS activities as from the first phase of Emergency / program.
- 1.7 Therefore, this hand over/donation shall be considered as a project’s sub objective in itself to which time and resources is duly allocated.
- 1.8 In its HR management OCG shall favour the maintaining and animation of a pool of WHS specialists, for instance by: opening a minimum of WHS positions (junior & senior) on regular programs; ensuring a turnover / renewal of qualified personnel: organizing ad hoc training and continuing education.

² Emerging countries are countries with a GDP that is lower than the one of developed countries, but living a rapid economic growth, and whose standard of living and economic structures converge to those of developed countries.

1.9 Selection and procurement of equipment

- Selection and procurement of WHS equipment, spares and consumables shall be in accordance with the annex 1 “*Procurement and technical validation rules*” and in compliance with the MSF-ITC catalogue specifications and justification requirements.
- WHS equipment spares and consumables should normally be selected from the MSF-ITC catalogue (or dedicated MSF order-lists) and procured through MSF-OCG international supply channels.
- It is however permitted to procure through alternative channels, or select alternative equipment. This does require a local market & technical analysis that is systematically submitted to the HQ with backing-up arguments for analysis, support and approval.
- The supplier shall be required to guarantee supply of spares and consumables, and - when relevant - provide a full support package.

1.10 Support materials, training, standardisation and innovation

- The support departments shall continue to develop and update procedures, technical guides and other information in support of field staff involved with WHS equipment.
- MSF-OCG shall continue to develop training materials and investigate external training options which comply with OCG policy and strategy.
- Through participation in international working groups and platforms MSF-OCG will contribute to the development of standards in WHS equipment which answer to operational needs.
- All involved parties are encouraged to seek new innovations which could answer to field needs, identified or anticipated. When innovation offers a clear benefit it shall be evaluated, developed, and adopted in accordance with the document “MSF-OCG Process of Innovation”.

1.11 The activity cycle management : to undertake all WHS disciplines (stated in chap.2) the OCG shall:

- Conduct rapid assessments for acute emergency, and/or
- Conduct an in-depths³ assessment for chronic emergency or stabilized situation (because of the amount of parameters to take in consideration).
- Those assessment’s data should be compiled with mapping tools to facilitate interpretation of the situation.
- Adapt the program strategy and planning through considerations in PoA and related budgets, distinguishing well the elements of WHS as a program vs support activity.
- Keep in mind that implementation lies on tangible realisations and not in never ending assessment and planning.
- Consider operations and maintenance at least for the duration of the program. There is no existing technical system working alone without operation and maintenance.
- Perform monitoring actions to guarantee appropriateness between objectives and the means implemented (software).
- Evaluating a project allows to highlight the strength and the weakness of the project and to correct the situation if needed to ensure a real impact of WHS activities on the reduction of the morbidity and the mortality.

³ In-depths assessment : collection of population - health - technical - environmental - socio-political data, etc.

2 Principles by discipline⁴

Objectives of WHS are to reduce environmental diseases reservoirs and cut the transmission routes by improving environmental hygiene and health implementing:

2.1 Water supply, essential element for public health

To ensure access for consumers to a correct quantity of good quality water, the OCG shall:

- Implement water supply systems for patients in all health structures (OPD, IPD, ambulatory...)
- Implement water supply systems for populations in acute emergency situation.
- Investigate better quality and/or a more reliable water source (like ground water) for population in chronic emergency and stabilized situation. This should include consideration for collaboration and later hand over to local or international potential partners.

2.2 Excreta disposal to reduce transmission of infectious diseases:

To ensure safe excreta disposal, the OCG shall:

- Implement and maintain enough hygiene facilities equipped with hand washing point in health structure.
- Implement and maintain simple and temporary excreta disposal solutions for acute emergency (public facilities equipped with hand washing point).
- Define – with the participation of the users – a strategy for chronic emergency and stabilized situations (at family level or cluster level according the context).
- Chose excreta disposal technique according following criteria's:
 - *not harmful for public health*
 - *that provides a certain comfort for user (habits, believes, cultural requirements...)*
 - *that gives a minimum of privacy (gender separation, staff and patients separation...)*
 - *that is safe (light, close enough to the building, strong construction...)*
 - *that is adapted to specific population (handicapped people, children, distance that categories of patient could cover...)*

2.3 Disposal of runoff water and wastewater to reduce spread of pathogenic agent (i.e. cholera), contamination of water sources and breeding site of insect vectors. (Waste water represents an average of 95% of water supplied)

- OCG shall implement appropriate waste water disposal solution for health structure at the first phase of the construction or rehabilitation;
- And shall ensure waste water disposal for camps.
- OCG shall ensure operation and maintenance for at least the duration of the program.

2.4 Medical waste management to reduce health risks due to direct contact with waste and emissions containing thermo-resistant pathogens/toxic, pollution of water resources and increase presence of vectors.

- OCG shall implement a correct medical waste management in all health structures, from the smallest health post to the biggest hospital, going over nutritional feeding centres, isolation centres (Cholera, Viral Haemorrhagic Fevers) and medical laboratories. Furthermore, this should be done in all situations, from the acute phase of an emergency until stabilized situations.
- OCG is responsible for ensuring that their health care medical waste production is rendered non contaminated, not accessible to people and vectors and not recyclable.

⁴ Commonly adopted at MSF intersectional level and duly translated in ref doc: *Public Health Engineering in Precarious situation and infection control in health care setting.*

- 2.5 Collection and disposal of refuse to reduce proliferation of insect vectors and rodents:
- OCG will plan and organise refuse disposal mainly in emergencies, at collective level for closed setting and at household level for open setting (focus on IEC).
- 2.6 Vector control to reduce morbidity and mortality due to water-related insect vector diseases (such as malaria, dengue, leishmaniasis, sleeping sickness...)
- OCG should implement appropriate vector control measures in endemic zones and/or in epidemic-prone contexts, and/or when there is a high presence of the vector.
 - Those should be implemented in camps and all types of health structures, from small health centres to large hospitals including disease-specific programmes (e.g. Kala-azar, yellow-fever, HIV) and therapeutic feeding centres.
- 2.7 Infection control to reduce the patient length of stay for patient, to improve the quality of health care and the staff working conditions.
- To ensure an appropriate infection control, OCG shall:
- Respect standard precautions.
 - Control of environmental risks of infection by ensuring a general hygiene of rooms, make hygiene facilities available (shower, washing area...), and an appropriate health care waste management - waste water disposal - excreta disposal - vector control - water supply.
 - Prevent infection amongst staff through immunization and protective equipment.
 - Ensure constant training and supervision of staff through hygiene comity.

3 Contextual particularities

3.1 Displaced populations in closed settings (camps)

Others humanitarian actors are often present in this kind of context but if we notice a delay in their response, OCG shall address the essentials water and sanitation needs in the camp(s), this especially in the first emergency phase when the impact in reducing morbidity and mortality is the greatest.

3.2 Displaced populations in open settings

(Natural disasters, urban population affected by societal violence and people affected by violence due to conflicts, etc.).

- In the case of large groups (+2000 people) and fewer sites, OCG should put in place a response like the one deployed for large closed settings (camps).
- In the case of small groups (-2000 persons) and higher number of sites, OCG should focus its response to the family level. We should adopt a targeted response (family), fast and efficient through distributions of water treatment & sanitation items. These could be coupled with NFI distributions or other actions targeting the most vulnerable.
In this case, the OCG shall mobilize resources (human and technical) to test and use systems for water treatment and sanitation suited to the family level and / or outpatient (e.g. filtration or chemical treatment).

In the design of its activities, the OCG should take into account the risk of violence in urban and dense areas by improving access to water and sanitation for women and younger. Similarly, care should be taken not to forget to conduct a vector control adapted to the context.

3.3 Response to epidemics

Water-borne, water washed, water based diseases (i.e. cholera outbreaks in a community)

- Our actions should be simple, effective, and preventive.
- Like in the situations of population displacement in open settings, our response shall implement systems of water treatment, IEC, and the rapid deployment of latrines, all at family level.

Water related insect vectors :

- In the case of mosquito-borne epidemics (malaria, yellow fever, West Nile fever or dengue) we shall implement actions that have proven their effectiveness: the distribution of treated mosquito nets and spraying campaigns or spatial treatment.
In any situation such epidemics an accurate identification of areas likely to be breeding sites or passages of vectors shall be set up as a priority.
- This is why the use of mapping techniques (tools and training) should be systematic.

Hemorrhagic fever virus :

- Any situation of viral hemorrhagic fever epidemic shall require a strong WHS response in its first phase: setting up of insulation, management of dead bodies, and IEC at community level to cut the transmission route.
- These actions shall only involve WHS experienced technicians, pre-identified among the OCG personnel and deployed with the very first wave of responders.
- To this end and due to rarity of outbreak, the OCG should constantly mobilize the necessary means to the maintenance and facilitation of a small specialized pool in this type of ultra-specific context - this for example - by systematically sending a binomial of experienced / non experienced staff in WHS / hemorrhagic fever, with a rotation frequency of 3 to 4 weeks maximum.

3.4 The hospital: IPD - OPD / nutrition prog. / home based care / TB - HIV / neglected diseases

The OCG shall take on each of its health facility all necessary preventive measures to prevent persons with respect to which MSF has a responsibility (patients, national and international workers, technicians, visitors, neighborhood, etc.) not to contract a disease or be injured. These measures include compliance with the essential requirements* for water and sanitation in health facilities.

If in emergency situations minimum standards should be met, on regular programs OCG shall calibrate its WHS objectives and therefore its capacity in line with the quality level of care aimed at.

We shall therefore develop the following areas:

- Water : Install water supply systems based on solar energy as soon as feasible. The system should be adaptable to potential partners on the same criteria of quantity and quality required for health facilities.
- Hygiene : Special attention should be given to limit the transmission of nosocomial infections in health facilities, knowing that those health problems are often based on a lack of organization rather than on technical issues. In that sense, all hospital-type projects shall include a Hygiene Committee fully Med/Log transversal.
- Control of nosocomial infections : In this area, OCG shall progress and acquire the technical skills to implement in our programs, starting with TB and HIV program and hospital-type projects.

- Waste management⁵: The OCG shall ensure that waste management meets the requirements (*), that are based - like on hygiene - on a better identification of tasks, a division of roles, an adequate organization with adequate *Personal Protective Equipment* for the staff.
Technical solutions for waste treatment shall be selected and implemented in accordance with the requirements, the types of health facilities and their environment.

3.5 The preventive community approach

The OGC should consider undertaking preventive interventions that are targeted and justified to populations at risk by water-related diseases and / or recurrent epidemics.

These WHS preventive actions should be considered individually and judged on their ability to contribute to the efficiency and quality of the medical action (impact on morbidity & mortality).

This type of action could be implemented in phases starting with the conduct of pilot project with dual objectives: to respond effectively to immediate needs and develop our expertise in this area.

⁵ Classical MSF solutions are sufficient in most cases. It remains the disposal of medical waste in urban areas. Waste reduction by self combustion poses some complex neighborhood problems that lead to an accumulation of untreated infectious waste or full of vectors.