

THE RIPPLE EFFECT: PARTNERING TO ADVANCE GLOBAL ‘WASH’ WORK

BRITTN L. GREY

Then the angel showed me a river of the water of life, as clear as crystal ... On either side of the river stood a tree of life, bearing twelve kinds of fruit and yielding a fresh crop for each month. And the leaves of the tree are for the healing of the nations.

— REVELATION 22: 1-2 (BSB)

In these verses from Revelation, the imagery of a crystalline river bringing life — and through life the healing of the nations — holds value as a metaphor for responding to global health disparities in water, sanitation and hygiene (WASH).

The Vatican Dicastery for Promoting Integral Human Development has identified pilot sites in more than 20 countries where changes can be made at health care facilities for improved water, sanitation and hygiene measures.¹ Such changes are crucial to every level of delivery of health care services. In addition to being an essential ingredient for daily clinical practice, WASH is vital for preventing the spread of the coronavirus.² Without increasing safe water sources for the underserved, we cannot defeat COVID-19.³ Furthermore, Catholic health care ministries can play an important role in assisting so that more international communities have access to WASH services. Providence, like other health care systems, is partnering with nonprofit organizations to advance some of this work.

TO HEAL THE NATIONS

The reality of the Vatican’s findings offers a raw glimpse into the WASH challenges faced globally: 63% of assessed facilities lack basic water services; 53% are without hygiene services; and 90% do not have basic sanitation services.⁴ Susan K. Barnett, founder of Faiths for Safe Water, identifies the WASH shortfall as “its own kind of global health pandemic.”⁵ She cites that these deficiencies lead to the impossibility of infection prevention and control and shares vivid examples of administrators and clinicians fighting a dual battle of patient illnesses on top of risks cultured within WASH-deficit care settings.⁶ Such urgent WASH needs would be met with public outcry and

outrage if impacting our U.S. institutions, and yet, when reading about global disparities, we often feel no outrage. It is easy to numbly push aside statistics to instead focus on visible crises and resource scarcity at home.

Within Catholic health care, solidarity invites us to awaken from an exclusive focus on our individual care setting and to embrace a global outlook. Pope Francis calls solidarity, cooperation and responsibility the “three pillars of the Church’s social teaching.”⁷ Building from these pillars, solidarity shifts us from seeing those experiencing life-threatening WASH deficits as strangers, to seeing them as our brothers and sisters. Meanwhile, cooperation motivates us to link arms with community leaders and organizations to break seemingly insurmountable problems into incremental, partnership-driven solutions to promote holistic health and healing, while responsibility positions us within a kinship circle and the accountabilities of a global relationship.

PARTNERSHIP PRINCIPLES AND PATHWAYS

Our health care systems can play a vital role in making an impact globally on these severe water and sanitation deficiencies. Providence’s approach to WASH through global health partnerships serves as one example of how we can inspire change beyond just our communities. Building from our heritage call from the Sisters of Providence to “reach beyond the borders of our own country as global citizens,”⁸ Providence holds partnership relationships in Guatemala, Mexico,

Malawi, Nigeria and Uganda.

Building on WASH commitments in Guatemala, our response to the dicastery's WASH focus has been twofold: to seek partnership with Catholic health care facilities assessed by the dicastery that fall within our partnership geographies and to examine additional WASH needs within our pre-existing global relationships. By examining urgent needs, project management support and execution, as well as our internal funding capability, we identified two sites in 2021 to make sustainable water, sanitation and hygiene improvements with trusted partners in Malawi. Building on the momentum of partnership-driven impact in 2021, we are committed to continuing to advance WASH efforts at additional health care facility sites.

Our targeted WASH sponsorships build on the social justice principle of subsidiarity — which calls us, whenever possible, to empower decision-making to those at the level most directly impacted — and local project ownership as essential to sustainable efforts. In 2021, a project was identified by our partner Seed Global Health in Malawi that intertwined locally identified need and assessment with local structural support for implementation and effectiveness. Through Seed, Providence funded half of the renovations to improve WASH access for Malawi's first midwifery-led ward, including functioning water tanks, faucets with running water, latrines, sinks and wash stations. Managed by Malawi Ministry of Health authorities, the site, located in Blantyre, launched in October 2021. It is anticipated to train up to 520 midwives and strengthen maternity care for more than 9,000 deliveries by 2024, providing a replicable model for other parts of the country.

In evaluating the dicastery's 151 pilot locations, we also identified a Vatican-assessed site within Mangochi, our pre-existing focus region in Malawi, to support WASH improvements. In selecting the Catholic-run Namalaka Health Centre facility, we partnered with Catholic Relief Services, which has enabled project management and execution through the Mangochi Diocese Catholic Health Commission. Namalaka WASH improvements sponsored by Providence will include bringing piped water into the facility, rehabilitating sanitation facilities, ensuring handwashing and menstrual hygiene facilities, support for COVID-19

prevention measures, safe disposal of waste and WASH management infrastructure and systems to increase care effectiveness for a catchment area of 14,750 people.

Project ownership through the diocese ensures local administration for greatest sustainability and effectiveness. WASH programs like this not only support staff and patients, but also promote the facility's relationship with those they serve. Dicksen Pemba, Namalaka Health Centre administrator, expressed enthusiasm earlier this year regarding the local response, noting that community members are "very impressed and very happy that this project is coming" and that "the patients themselves, I think, will be taken care of very well" with added WASH resources. WASH renovations and support better enable Pemba and

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Namalaka staff to focus on health care delivery to those they serve, reducing concern that a WASH deficit will sabotage care or community relationships.

In assessing where health care systems want to contribute toward global WASH, there are a few key considerations. One-time or long-term commitments can be evaluated, but within either approach, on-the-ground management is key. As reflected within Providence's experience, funding may vary from long-term partnerships, such as our WASH efforts in Guatemala since 2014; full renovation support, such as with the Namalaka clinic; or essential "last mile" dollars required for project implementation, such as with Seed Global Health. The dicastery has provided budget assessments for the 151 sites they identified, with a range of funding opportunities based on the project which offers partnering institutions the ability to engage according to funding capacity or to partner with another organization on funding. Health

care systems with existing global relationships may also find that there are opportunities to augment existing WASH efforts or partner to attend to urgent needs previously unaddressed.

AFFIRMING HUMAN DIGNITY

As Catholic health care, we comprise 26% of the nonprofit health care network globally, and 65% of Catholic health care services are delivered in low-income regions.^{9,10} Many of these regions face economic challenges, having been stripped of natural resources by colonialism or chronic governmental instability. Partnership is in our lifeblood as a universal Catholic community, and in an age of digital and global interconnectedness, it is at our fingertips if we see solidarity, responsibility and collaboration as our guiding pillars to advance WASH and redress international health disparity.

“We affirm that life and health are equally fundamental values for all, based on the inalienable dignity of the human person, but if this affirmation is not followed by an appropriate commitment to overcome the inequalities,” Pope Francis notes, “we in fact accept the painful reality that not all lives are equal, and health is not protected for all in the same way.”¹¹ By opening to solidarity as a global call and seeing our institutional mission as in relationship to rather than separate from the global Catholic health care delivery system, we affirm human dignity and that the life of a patient in another part of the world matters just as much as one of our own. Any designated funds a health care system can commit to the global WASH crisis will have a pivotal impact through partnership that can further empower change.

Water is life. It is also foundational to worldwide rituals of purification, renewal and baptism. It is with water that Jesus washed the feet of his disciples, demonstrating to us the fundamental power of servant leadership. Within Catholic health care, this leadership and solidarity invite us to give to the river of life, and to work together to bring healing to all nations.

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NOTES

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