



CHLORINE

is commonly used in a domestic context, in the form of bleach. In the health sector, access to chlorine as an antiseptic improves the quality of care by enhancing hygiene. Good environmental disinfection also reduces the risk of healthcare associated infections (HAI)*¹.

In rural health centres, however, chlorine is often unavailable or of poor quality. This is due to complicated and unreliable logistics.

^{*1} S. Pereira, 2014, *Disinfection with sodium hypochlorite in hospital environmental surfaces in the reduction of contamination and infection prevention: a systemic review*

WATA TECHNOLOGY

allows sodium hypochlorite to be produced locally and at low cost. It requires only water, salt and electricity.

In the hospital environment, sodium hypochlorite is used in several forms:

- Bleach to disinfect surfaces and equipment,
- Dakin solution, applied to wounds,
- Treatment of drinking water.

The use of WATA devices brings autonomy to health centres in their disinfection. Maintenance costs are reduced and supply problems are eliminated.





"We didn't have bleach in the centre very often, but with the WATA technology we can produce some whenever needed."

M. Djido BOUGOUDI,
Head of the Kamkalaga health centre in Moussoro, Chad

"The quality and availability of WATA bleach has helped our district, which is home to the Covid-19 testing centre in the Hauts-Bassins region, a lot."

M. Adilou OUEDRAOGO,
Lena Health District, Hauts Bassins, Burkina Faso

WATA RANGE ADAPTED TO DIFFERENT CONTEXTS

RURAL HEALTH POST



UP TO **20 L**
OF SURFACE
DISINFECTANT / DAY* →
WATA-STANDARD



PERI-URBAN HEALTH CENTRE



UP TO **150 L**
OF SURFACE
DISINFECTANT / DAY* →
WATA-PLUS



URBAN AREA HOSPITAL



UP TO **600 L**
OF SURFACE
DISINFECTANT / DAY* →
MAXI-WATA

