Addressing the Enabling Environment: Systems Analysis and Change

WASH in HCF
Global Learning Event
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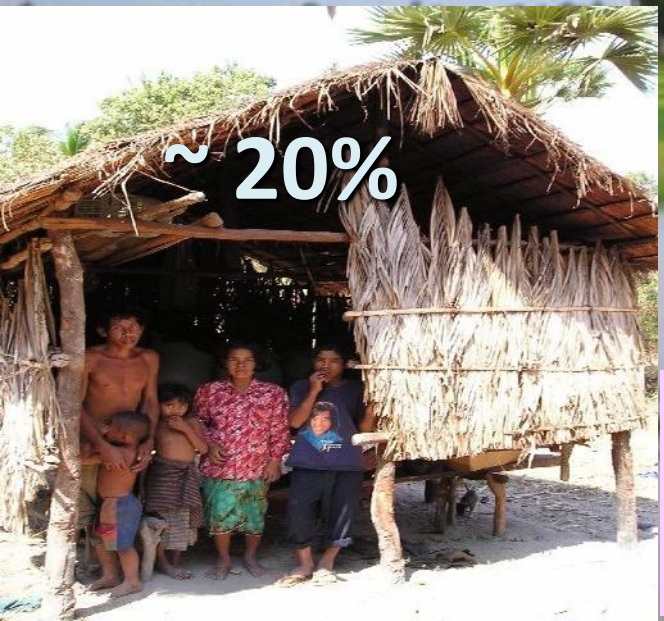
Pop: 15.58 million

CAMBODIA

~ 80%



~ 20%

A lower-middle income country

GNI per capita = USD1,070 (2015)

A pluralistic health care system

- A geo-demographic (health district) based **public sector**:
  - 1,141 health centers (HCs)
  - 99 referral hospitals (RHs)
- A fast growing & loosely regulated **private sector**:
  - Private for-profit
  - Private not-for-profit

Advocacy on WASH in HCF

Working Group on WASH in HCF:

- Ministry of Health
- WHO-Cambodia
- WaterAid
- Emory University

Purpose:

1. Determine the gaps in WASH infrastructure and resources
2. Prioritize facility improvements
3. Integrate WASH into new and existing policies
4. Train facility staff on WASH as it relates to IPC
5. Familiarize the health sector with WASH and identify champions

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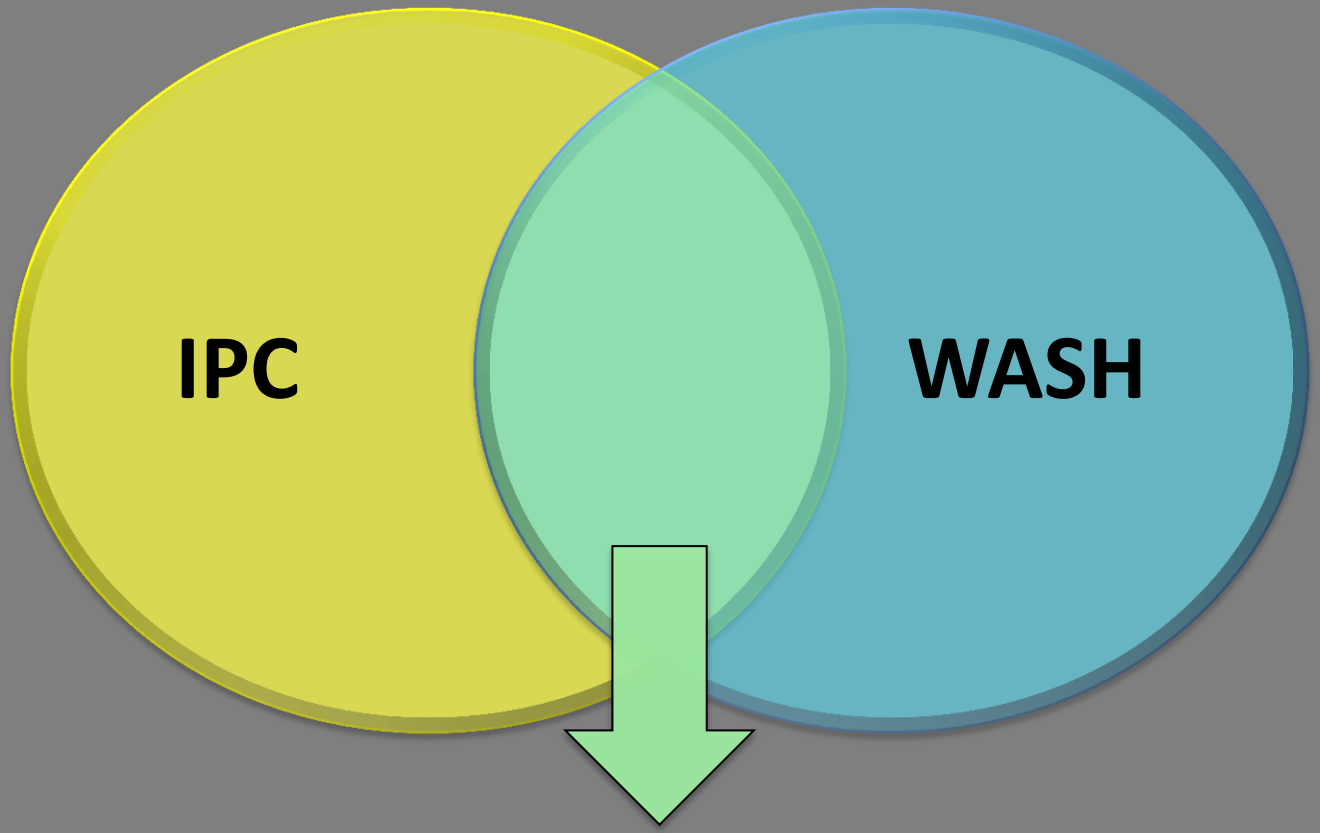
WASH Training for Clinicians & Cleaners



1. Hand Hygiene
2. Medical Equipment Processing
3. Environmental Cleaning
4. Healthcare Waste Management

Training Overview

Purpose: To train hospital staff on WASH in collaboration with the MOH, using the existing national IPC curriculum as a starting point.

Target Audience: Doctors, Nurses & Midwives, Cleaners

Facilitation: Initial training on-site by Emory and MOH, supported hospital Infection Control Committees (ICC). Refresher trainings by ICC.

Process:

1. Literature Review
2. WASH/IPC Expert Panel
3. Training Needs Assessment (TNA) on KAP
4. Curriculum Development
5. Training
6. Evaluation and follow-up coaching

The Situation

- 66% of clinicians and 86% of cleaners had **never been trained on IPC or WASH**.
- Through the TNA, determined all topics needed to be included in the training:
  - Healthcare waste management knowledge was highest (90%)
  - Equipment processing was the lowest (68%)
- Hand hygiene compliance was poor
  - 36% at Hospitals
  - 11% at Health Centers
- Certain attitudes were particularly concerning

Outcomes

- Over 300 staff members were trained at 10 hospitals.
- From pre to post-training assessments, knowledge & attitudes **increased** by 24%.
- At the three-month evaluation, hospitals scored an average of 71% and hand hygiene compliance was 51%.
  - Coaching and monitoring tools were left with the hospitals.
  - 2nd evaluation underway at six-months post-training. Hospitals need to reach at least 80% to be considered a “Clean Hospital 2017”.
  - Competition amongst the 10 facilities.

Lessons Learned

- Addressing WASH through IPC is an effective way to **begin the conversation** about WASH within the facility.
- There's a need for specific trainings based on the **roles & responsibilities** of staff.
- There are critical gaps in the pre-service curriculum for certain staff (example: midwives and equipment processing).
- On-site training allows for **tailored hands-on training** with the equipment that is used.
- Auxiliary staff such as cleaners were **eager to participate** in trainings on WASH and felt empowered by the trainings.
- A group or person at the facility **responsible for monitoring** is key for sustained behavior change.

WASH Assessment Outline

- Rationale and objectives
- Methods
- Results
- Lessons learned
- Next steps

Rationale & objective

- A situation analysis of WASH in HCFs in 2015 found: No reliable national M&E mechanism, lack of assessment tools and data & available data suggesting poor WASH in HCFs.
- An assessment of WASH in HCFs conducted in 5 provinces in Cambodia –a first and large scale assessment using national standard tools adapted from JMP and locally available tools
- Objective: To provide information and evidence to help improvement WASH in HCFs in the 5 study provinces and secondarily:
  - Collect baseline data for the two national indicators for WASH in HCFs
  - Further test and improve the national standard tools, and
  - Provide useful feedback for JMP on the global WASH core indicators

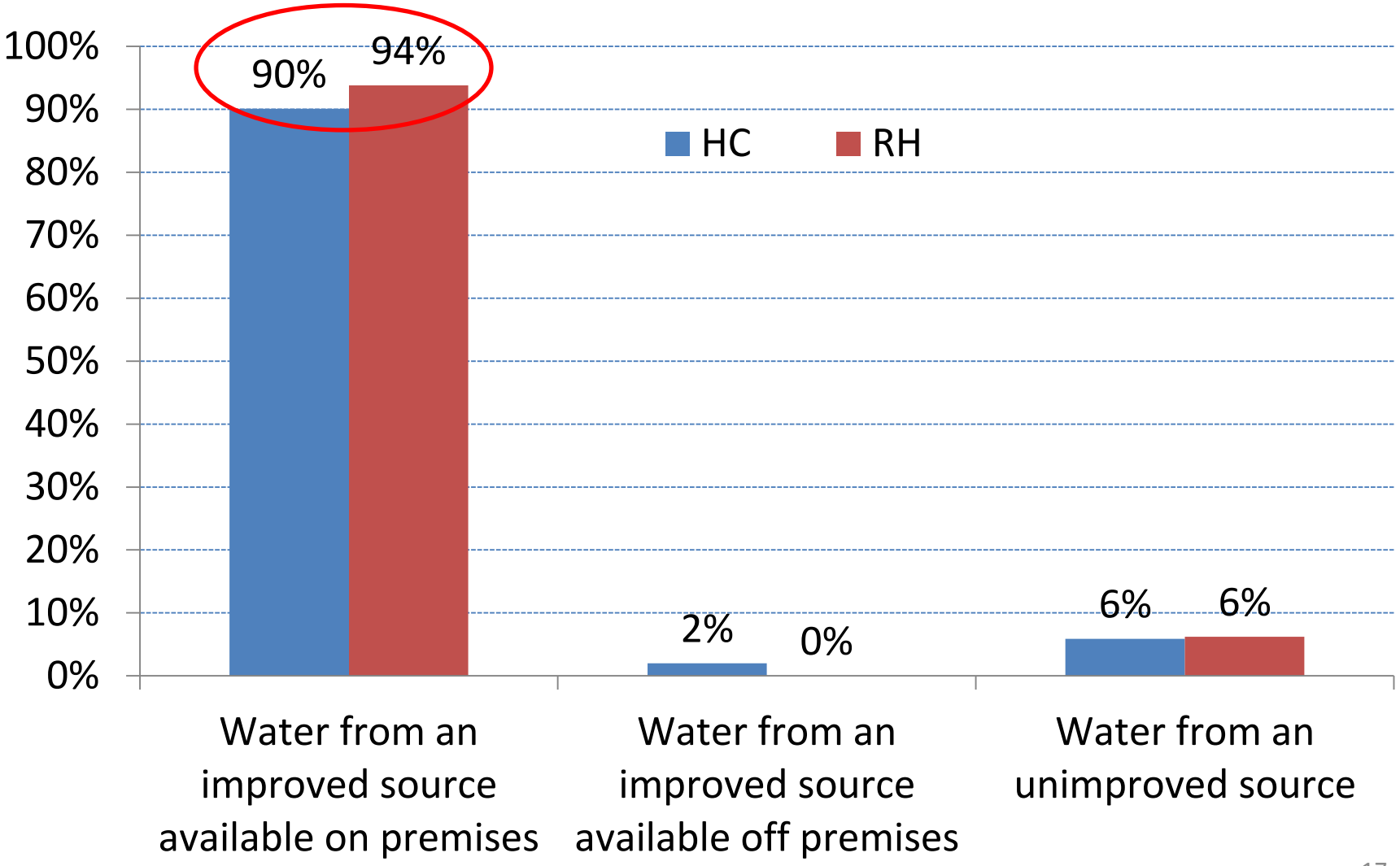
Methods

- Sampling: 101 (out of 202) HCs in the five provinces selected using SRS method + all 16 RHs
- Data collection: Oct-Nov 2016
  - Basic WASH related services, including water supply, water and sanitation facilities, general cleanliness and hygiene, and health care waste management
  - Staff interviews + observation through facility walkthrough, using national standard tools (questionnaire and checklist)
- Data analysis: descriptive and compute core indictors with disaggregation by service ladder

RESULTS

Water supply

% of health facilities having:



Water supply

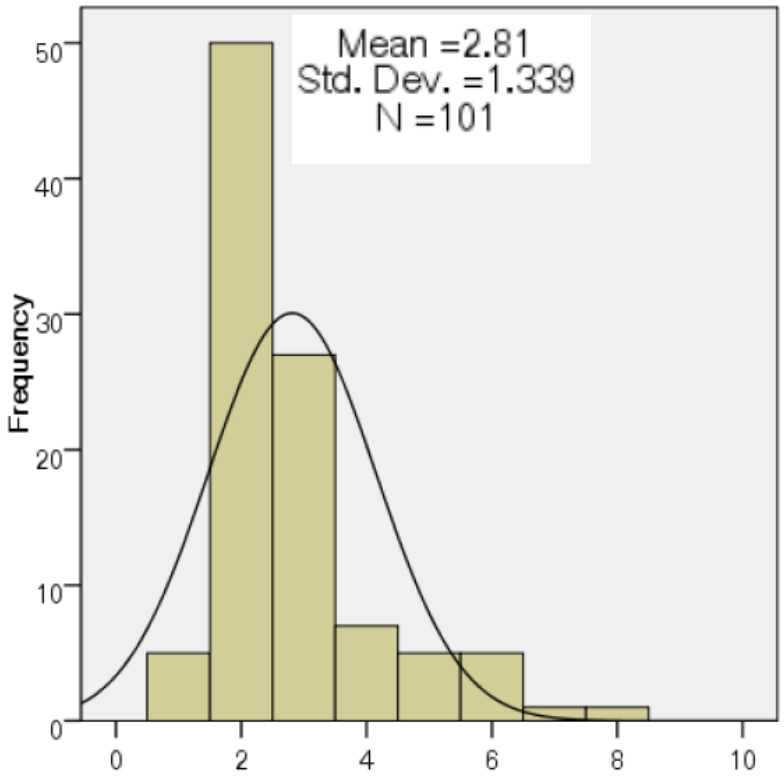
% of health facilities having:

	HC (n=101)	RH (n=16)
Enough water whole year for all purposes	48%	56%
Enough water whole year for general purposes, not drinking	39%	44%
Enough water sometimes (seasonal) even only for general purposes	10%	0
Never enough water	4%	0
Total	100%	100%

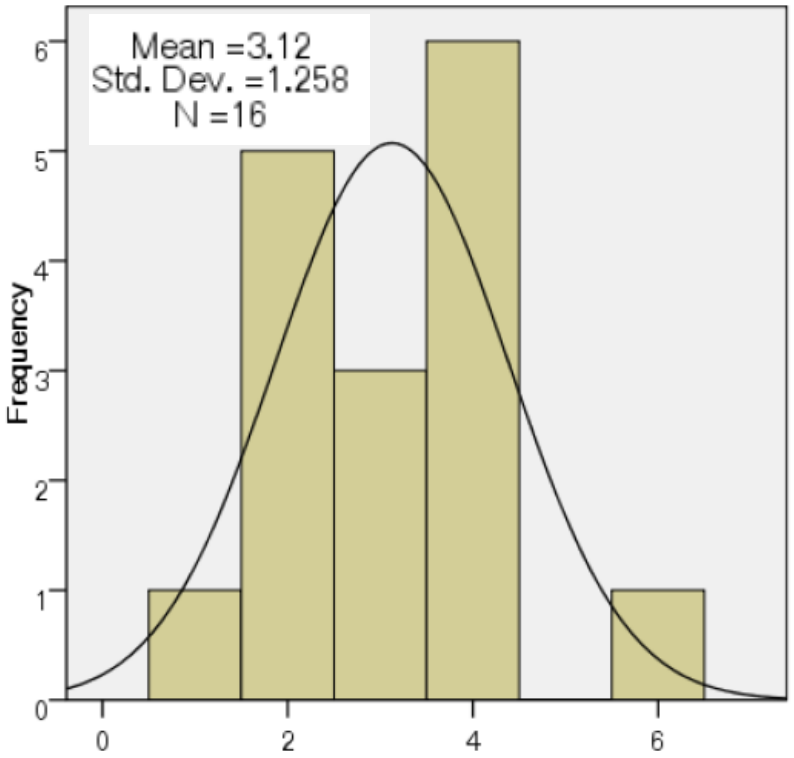
Sanitation facilities

Frequency distribution of toilets/latrines at:

- Health centers



- Referral hospital OPD

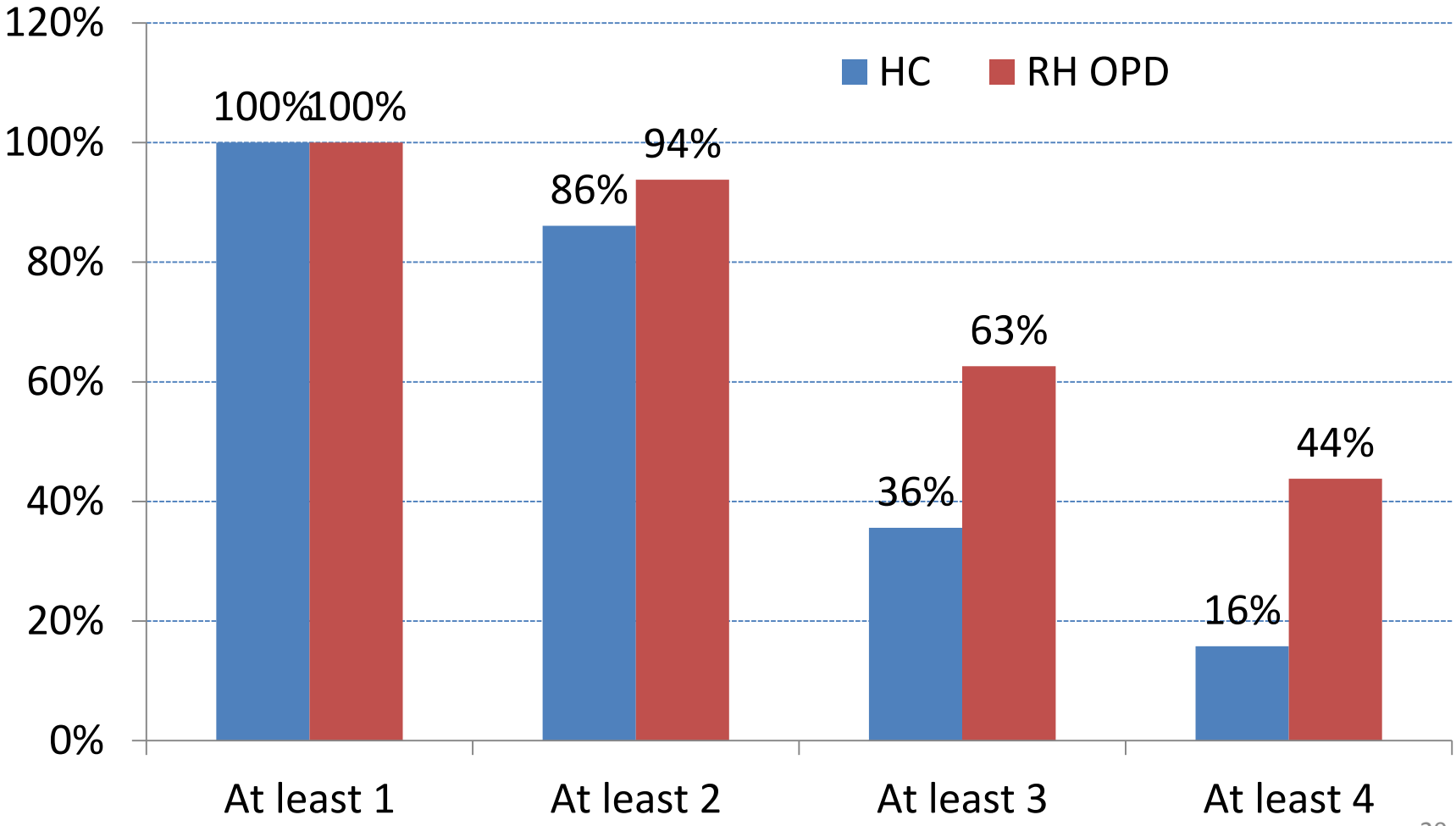


All were improved toilets/latrines located on premises,

but only 86% were functioning (usable) at the time of survey

Sanitation facilities

% of health facilities having improved and usable toilets:



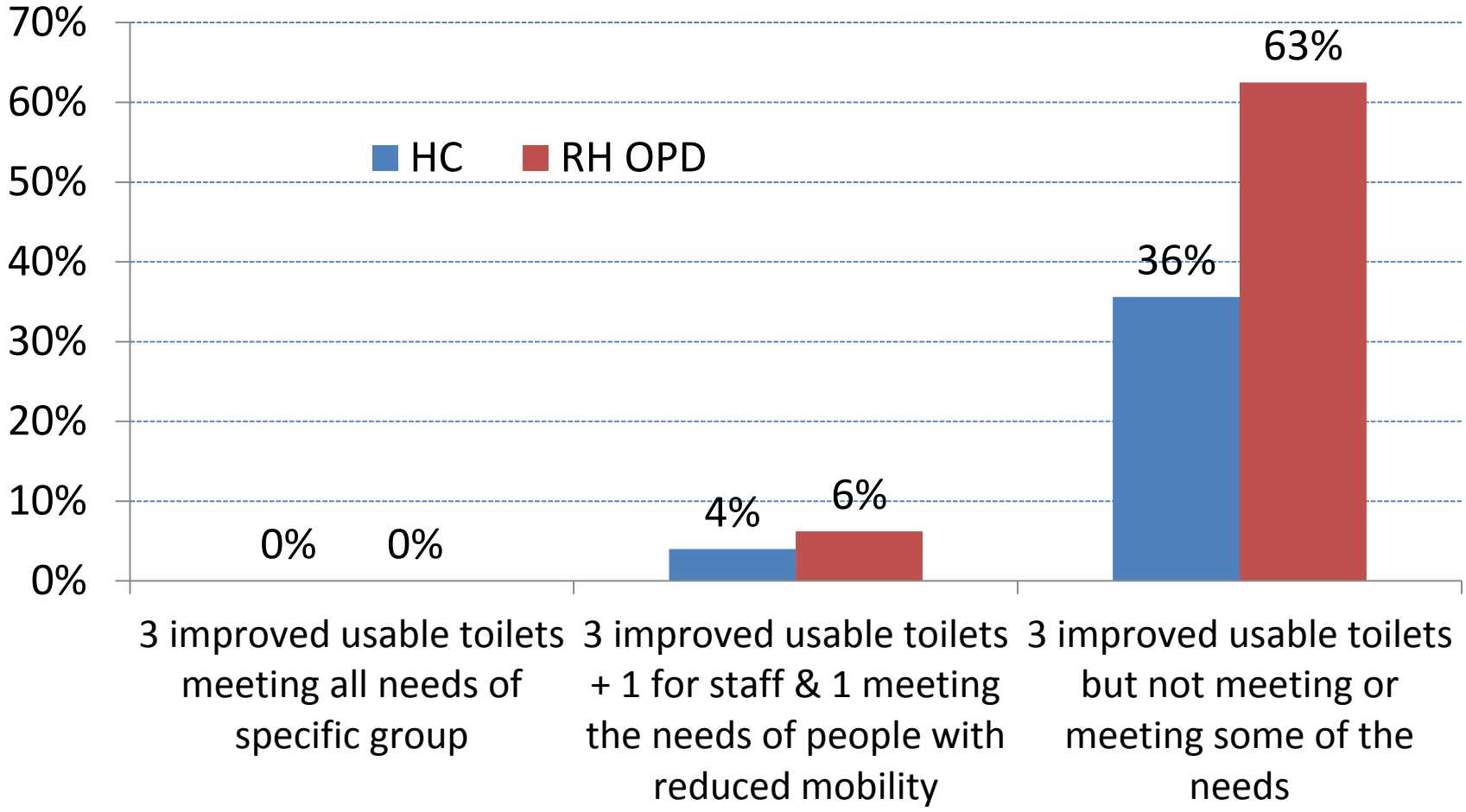
Sanitation facilities

% of health facilities having:

	HC (n=101)	RH OPD (n=16)
Separate toilets for men and women/girls	9%	19%
A toilet with menstrual hygiene facilities	1%	0
Separate toilets for health staff and clients	72%	88%
A toilet meeting the needs of people reduced mobility	11%	13%

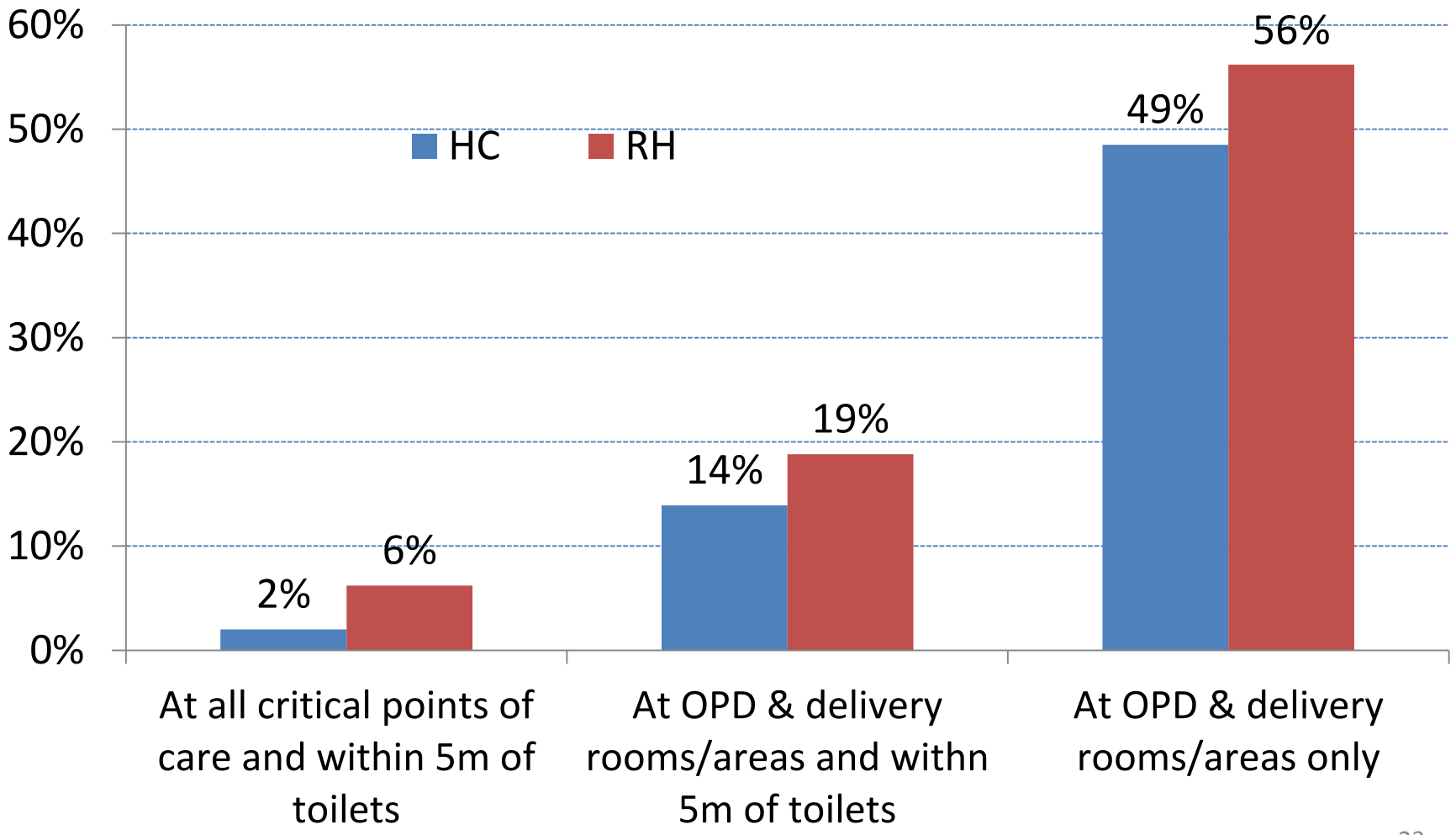
Sanitation facilities

% of health facilities having at least:



Hand hygiene

% of health facilities having functional hand hygiene:



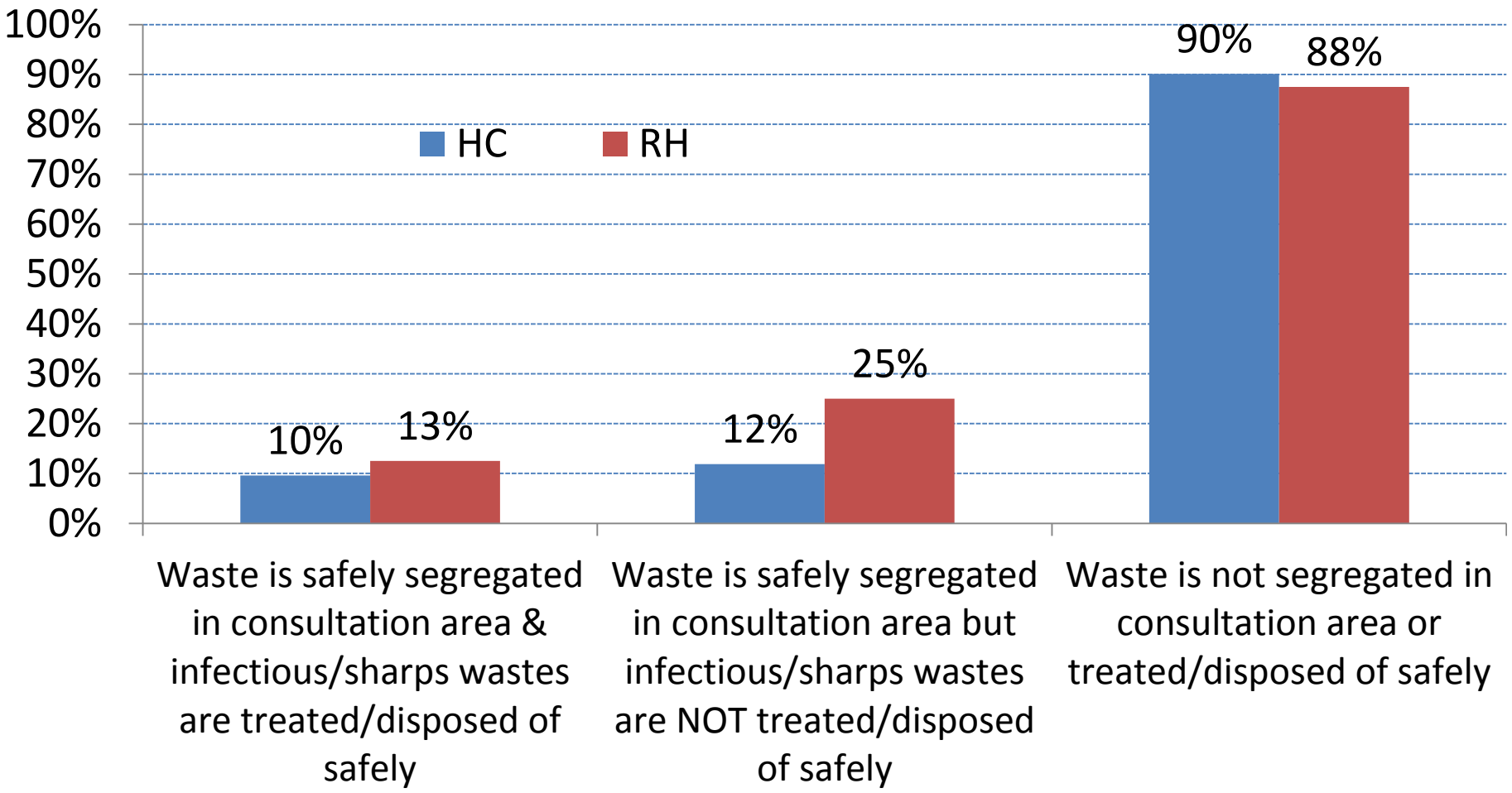
Waste management

% of health facilities having:

	HC (n=101)	RH OPD (n=16)
One set of bins at consultation room/area	16%	25%
Waste is safely segregated in consultation room/area	12%	25%
Infectious waste is treated/disposed of safely	64%	56%
Sharps waste is treated/disposed of safely	75%	69%
Infectious & sharps waste is treated/disposed of safely	52%	38%
A functional placenta pit	66%	88%

Waste management

% of health facilities where:



Lessons learned

- This study provides useful information and evidence for further improvement of WASH in HCFs
  - Results were presented to health leaders from the 5 study provinces at their workshop to develop action plans for improvement of WASH in HCFs
- The results can be used as a baseline data for national indicators for WASH in HCFs
- Some challenges:
  - Absence of national norms/standards on WASH in HCFs to guide the development the national assessment tools;
  - Difficulty in applying the JPM global indicators;
  - Difficult in data collection & analysis in complex settings (RHs), addressing seasonal bias (e.g. water supply);
  - Financial sustainability

Lessons learned

- The current national standard tools require further improvement to address the above challenges and to be applicable to all settings, including inpatient care and private facilities
- The JMP global indicators/tools for monitoring WASH in HCFs are helpful to guide country assessment of WASH in HCFs, but require further specification and contextualization, e.g.:
  - Issues of definitions:
    - For sanitation: what is the exact no. of toilets required to meet all needs of specific groups - 3, 4 or 5? How about limited service ladder?
    - Hand hygiene: There are many critical points of care and toilets varying across types of facilities, which ones to be included for basic and limited service ladder?
    - Health care waste management: 3 bins are not the standard in consultation area; does not capture delivery room (for placenta waste management)
  - Other issues: not for inpatient settings, focusing on WASH means and facilities rather than practices (e.g. hand hygiene)

Next steps

- Further dissemination of the findings to key stakeholders for further actions to improve WASH in Cambodia
- Develop national norms/standards for WASH in HCFs (taking into account the country context and global norms/standards),
- Review the assessment tools, applying the national norms/standards and JPM global tools for monitoring WASH in HCFs
- Institutionalize the assessment of WASH in HCFs and link it with the national HMIS and national program monitoring


DIAMOND


HIGH ENERGY BISCUITS
SAFETY BOX


Safety Box


មណ្ឌលសុខភាព ដារ
Dar Health Center


Thank you!