

A multi-state real-time assessment of WASH services in HCFs to inform innovative COVID-19 IPC Interventions in Venezuela

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Venezuelan crisis: 2014-onwards

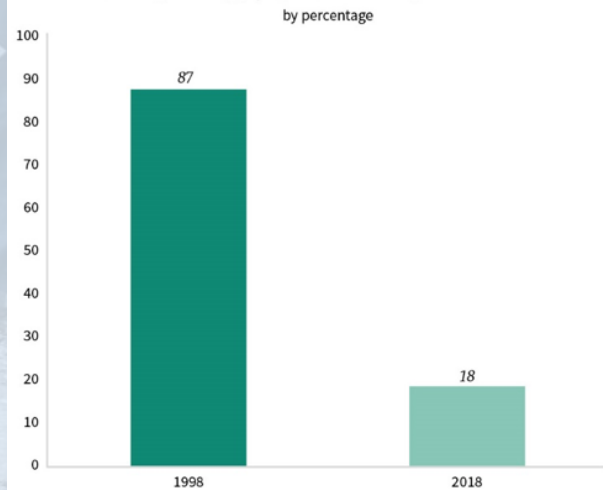
Water crisis

1998: 87% of population with safe access to water.

2018: 82% (28,6 million persons) intermittent or no access to safe water

HUM

Venezuela
Access to Regular Supply of Clean Drinking Water in Venezuela*



Economic crisis

- **2006:** 8% of total GDP spent in Healthcare services
- **2019:** 1.5% of total GDP spent in Healthcare (75% below global standards, lowest of LAC in last decades)

World Bank/CEPAZ

Current health expenditure (% of GDP) - Venezuela, RB

World Health Organization Global Health Expenditure database (apps.who.int/nha/database).

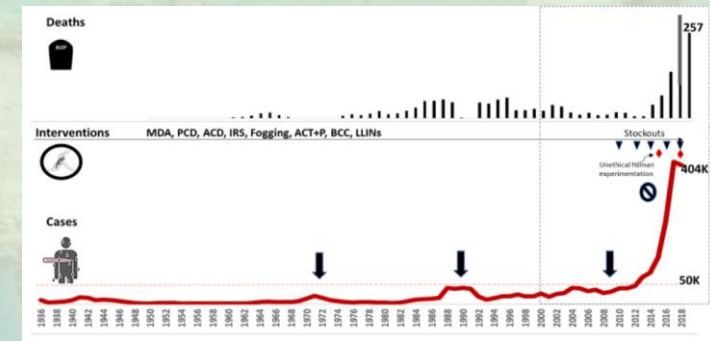
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Public health crisis

- **1961:** Venezuela first country in the world to eradicate Malaria
- **2019:** 400.000 cases of Malaria (more than half of total combined malaria cases of Brazil, Peru and Colombia)

Venezuelan Society of Public Health/PAHO (2019)



Methodology

	CONTEXT	IMPLEMENTATION	WASH-FIT
2019	<ul style="list-style-type: none"> 2014 socio economic crisis Mid-2019 humanitarian response starts July 2019 Cluster approach activated 	<ul style="list-style-type: none"> May: WASH Cluster created by SBP Oct: punctual interventions in 8 HCFs (4 Caracas, 4 Zulia) 	
2020	<p>March: COVID-19 outbreak and response</p>	<ul style="list-style-type: none"> Feb: 40 HCFs in 4 FOs March: WASH cluster coordinator filled + WASH/IPC national working group created Dec: total of 120 HCFs surveyed and monitored across 4 FOs (and adjacent states) 	<ul style="list-style-type: none"> Feb: WASH-fit materials/manuals translated to Spanish and adapted to VNZA context April: WASH-fit survey adapted to context and COVID19 Mar-Jun: tool and manuals shared with all Cluster members By December: <ul style="list-style-type: none"> 204 surveys, by 12 NGOs (43% men, 57% women) and UNICEF 120 HCFs (30 H, 90 PHCF)
2021		<ul style="list-style-type: none"> May: 74 HCFs in 4 FOs and satellite states 	<ul style="list-style-type: none"> Jan-May 2021: <ul style="list-style-type: none"> 96 surveys, by 7 NGOs (48% men, 52% women) and UNICEF 74 HCFs (30 H, 44 PHCF)



Using WASH FIT

Major obstacles:

- Training and knowledge on **ODK/KoBo collection tools** needed
- Need to **advocate** the use of WASH-FIT tool to establish AAP mechanisms
- Lack of understanding the **purpose and benefits of this tool**, especially with HCF staff and implementing partners
- Internet access/cellular network/smartphones
- **Security and access to HCFs** (due to COVID)
- **Data collection and visualization** mechanisms
- IPC committees already existing, but for **only medical staff/purposes**



Benefits of using WASH FIT in Venezuela

- In a context of “infinite” needs helped to justify and **prioritize interventions**
- **Efficient allocation/use of funds** in key priority areas within WASH (healthcare waste, handwashing, environmental cleaning, etc.)
- Enabler tool for identifying **innovative technologies** to solve many problems at once (e.g., saline electro-chlorinators)
- Enabled **creation/recommission of IPC committees** and include broader scope of people (patients, communities, maintenance staff, cleaners, etc.)
- Giving **constant feedback loops** to UNICEF, partners, HCF staff (medical staff, admin, cleaners, etc.)
- **Improved HCF planning** to ensure all humanitarian and non-humanitarian actors are involved and well-coordinated.
- WASH FIT as a **catalyst for staff and community motivation** to improve WASH services



Key results on WASH FIT

Overall improvement of WASH services (Jun20-May21)

- Substantial improvements in Hand hygiene, Management, Water supply, cleaning and disinfection
- Limited improvements in Sanitation and Waste management
- Significant improvements in all areas: 32% to 49%

	Baseline	Last	Difference	% Increase
Avg Global	0.95	1.33	0.39	41%
Avg Management	1.12	1.55	0.43	38%
Avg Hand Hygiene	0.97	1.45	0.47	49%
Avg Water	0.99	1.41	0.42	43%
Avg Sanitation	0.95	1.26	0.31	32%
Avg Cleaning & Disinfection	0.94	1.33	0.39	41%
Avg Waste Management	0.71	1.03	0.32	45%

2 - Meets standard

1 - Partially meets standard

0 - Does not meet standard

Most common problematics

WASH-Fit Indicator	Last
3.10: Todo el personal de limpieza y de eliminación de desechos dispone de mater	0.98
4.6: Control regular de los productos para la higiene de las manos	0.98
2.8: Las aguas residuales procedentes del centro se gestionan/tratan de forma se	0.98
1.4: Almacén segura de agua potable	0.98
4.7: El nuevo personal recibe capacitación sobre la PCI cuando se integran	0.95
2.11: Persona capacitada responsable de los residuos sólidos	0.94
2.13: Los residuos solidos son debidamente separados	0.93
3.13: Existe un mecanismo para rastrear la adquisición de materiales relacionado	0.92
1.13: Zonas de ducha y baño accesibles, funcionales y separadas para el personal	0.90
3.2: Materiales de promoción de higiene de las manos disponibles	0.90
2.22: Equipo de protección apropiado para el tratamiento y la eliminación de des	0.82
3.4: En los cuartos de aseo hay puntos de higiene de manos funcionales	0.81
2.14: Eliminación segura de desechos NO-infecciosos	0.79
1.3: Puntos de agua potable disponibles	0.78
2.12: Contenedores de recogida separados y funcionales para todo tipo de residuo	0.78
3.4: Hay puntos funcionales para la higiene de manos en la zona de eliminación d	0.77
4.1: Existe un plan de gestión/mejora de la calidad	0.76
1.10: El agua potable contiene cloro residual	0.68
2.7: Registros de limpieza firmados y visibles	0.67
2.21: Se ha establecido un protocolo o procedimiento operativo estándar para los	0.64
3.4: En la zona protegida o área de almacén/tratamiento hay estaciones funcional	0.63
3.15: Dispone de lavandería para lavar la sábanas entre un paciente y otro.	0.59
2.5: Baños que satisfagan las necesidades de las personas con movilidad reducida	0.48
2.15: Eliminación segura de desechos infecciosos y objetos punzantes	0.42
2.18: Los desechos infecciosos se almacenan en una zona protegida y se tratan rá	0.36
3.14: Hay un libro de registro de limpieza visible y firmado por los limpiadores	0.33

Most persistent problematics

WASH-Fit Indicator	Last
2.14: Eliminación segura de desechos NO-infecciosos	0.93
3.14: Hay un libro de registro de limpieza visible y firmado por los limpiadores	0.91
3.15: Dispone de lavandería para lavar la sábanas entre un paciente y otro.	0.76
2.18: Los desechos infecciosos se almacenan en una zona protegida y se tratan rá	0.69
2.5: Baños que satisfagan las necesidades de las personas con movilidad reducida	0.60
2.15: Eliminación segura de desechos infecciosos y objetos punzantes	0.46

Most substantial areas of improvement

WASH-Fit Indicator	Baseline	Last	Difference
1.10: El agua potable contiene cloro residual	0.68	1.48	0.80
4.1: Existe un plan de gestión/mejora de la calidad	0.76	1.52	0.76
4.8: Capacitación reciente en PCI y ASH	1.14	1.75	0.61



RESILIENT RESPONSE



Using WASH FIT to assess WASH in health care facilities, making necessary improvements, and sustaining quality WASH infrastructure services



Using WASH FIT findings to develop staff capacity (including cleaning staff) and help patients use correct WASH practices, in order to reduce staff and patient infections



Electrolytic chlorinator



Using WASH FIT findings to develop or upgrade WASH infrastructure in order to provide safe and reliable infection prevention and control services

Improved infrastructure and services

More efficient use of resources and lower health care costs



Improved infection prevention and control, and antimicrobial resistance

Improved staff morale and performance



IMMEDIATE IMPACT



RESILIENT RESPONSE



Electrolytic chlorinator

IMMEDIATE AND LONG-TERM IMPACTS

Quality, equity, dignity



Dignified and safe pregnancy, delivery and postpartum care, improved health outcomes, lower maternal mortality rates

Improved newborn care and health outcomes, and lower neonatal mortality rates



Improved outbreak response and resilience



Healthier, more productive families and communities



WASH FIT OUTREACH

RESILIENT COMMUNITIES



Chlorine



Electrolytic chlorinator



Salt



Community

Supplies/ revenue



Improved health,
less infections



35 Main Hospitals

BARTER SYSTEM

Next steps



Intersectoral coordination

Promotion amongst Health and Nutrition cluster partners, and donors

Coordination

Collaboration with MoH in adopting FIT methodologies to improve methodologies, protocols, legislation, etc.

Improved analysis

Interactive analytics (KoBo vs PowerBI)

Technical learning & KM

Focused on common and/or persistent problematic issues

AAP

Improvement of feedback mechanisms to gather more information



Special thanks

Ministry of Health:

- › For providing access to all health facilities to UNICEF and our partners
- › For supporting the installation of electrolytic chlorinators
- › For ensuring the engagement of health authorities in WASH FIT committee creation and supporting in supply utilization follow up and reporting
- › For supporting the design of water quality sampling protocols to provide safe water in Venezuelan institutions
- › Coordination with Ministry of Water

WASH FIT Implementing partners

- › ALINCA
- › Dividendo Voluntario
- › FINAMPYME
- › FUNDANA
- › CISP
- › PALUZ
- › Proyecto Esperanza
- › REDISALUD
- › RET
- › ACF

For their continuous effort to support the Venezuelan population since the beginning of the pandemic, without rest