



WASH in HCF Global Learning Event

Kathmandu, Nepal

28-30 March 2017

**Clean and Safe Health facility (CASH) Initiative In
Ethiopia**



**Molla Godif (BSC,MPH)
Federal Ministry of Health, Ethiopia**

Background & Introduction

▶ Ethiopia is a country with more than

- ✓ 90 million population
- ✓ 200 primary, General and referral hospitals
- ✓ 3500 health centers

According to the preliminary findings of the 2014 Ethiopia Service Provision Assessment Plus Survey (2014 ESPA+),

- ✓ 77% health facilities have improved water source
- ✓ 52% of health facilities have piped water
- ✓ 74% “ “ “ latrine coverage

➤ Making health facility clean and safe is an important determinant of quality of care and patient satisfaction

▶ Health care provided in health facilities should be safe, effective, patient-centered, timely, efficient and equitable

Why CASH?

- ▶ Low awareness to facilities cleanliness and safety
- ▶ Poor health care waste management
- ▶ Poor Infection prevention and patient safety practice
- ▶ Lack of adequate toilet and hand washing facilities
- ▶ Lack of clean and safe water supply
- ▶ Poor kitchen and laundry services



Objectives

General objective

▶To make healthcare facilities clean, safe and comfortable to patients, visitors, staff, the general public and the surrounding environment

Objectives cont....

Specific objectives

- ▶To engage staff and change their attitude and awareness of the public
- ▶To decrease health care associated infections and related health care cost
- ▶Decrease incidence of occupational exposures (fire, fall, etc)
- ▶To create ownership and accountability among all staff
- ▶To increase community ownership
- ▶To make health care facilities healing places

Strategies/Methodology

- ▶ Establish a management system at national, regional and facility level
- ▶ Sustained advocacy and communication on health facility cleanliness and safety.
- ▶ Making health facility cleanliness and safety as a standing agenda in all forums.
- ▶ Engage business organizations and professional associations
- ▶ Benchmarking and scale up of best practices and innovations.
- ▶ Conducting internal and external audits and recognizing best performing health facilities at all levels

Strategies/Methodology.....

▶ Out puts

- ▶ Making CASH priority agenda
- ▶ Staff and patient engagement
- ▶ Creating clean environment
- ▶ Availing basic WASH facilities
- ▶ Establishing accountability

▶ Expected outcomes

- ▶ Increasing coverage of utilities
- ▶ Reduction of infection rate
- ▶ Improving quality of care

▶ Expected impact

- ▶ Reducing morbidity and mortality rate by delivering quality care

Monitoring and Evaluation/Tools

- ▶ The initiative has monitoring and evaluation frameworks separately and also is included with the EHAQ Plat form and as main component of EHRIG.
- ▶ The initiative has the following tools
 - ✓ audit tool,
 - ✓ checklists and
 - ✓ indicators to be used at different levels.
- ▶ Regular supportive supervision and audits are conducted using the nationally prepared checklist

Results/Outcomes

- ▶ CASH is now a priority agenda at all levels
- ▶ CASH is one of the EHRIG Components and has 15 operational standards
- ▶ Patient and staff satisfaction increased dramatically
- ▶ Infection prevention and patient safety practices and facility management dramatically changed
- ▶ The average infection prevention and patient safety improvement is from 46% to 77%
- ▶ Facility management improvement is from 62% to 72% nationally



Strengths

- High political engagement and commitment at all level
- National health service quality strategy has been implementing
- Included in the EHAQ plat form and EHRIG
- CASH audit tool developed
- Government ownership

Challenges and Lessons Learned

- ▶ Poor design of infrastructure of health facilities
- ▶ Lack of resources
- ▶ Lack of representative data at HCF
- ▶ Lack of integration with others related programmes (E.g one WASH program)
- ▶ Poor intersectoral collaboration
- ▶ Sustainable change will be more effective if there is effective leadership and political involvement at all levels
- ▶ Active engagement from the community has been a crucial part of CASH.



Deputy PM, Demeke Mokenen

Opportunities

- ▶ Availability of
 - ✓ National Quality strategy
 - ✓ Hospital reform Guideline
 - ✓ Development partners support
- ▶ High leadership commitment
- ▶ Patient, family and community engagement



Conclusions and recommendations

Staff and community involvement, staffs attitudinal change and mobilization

Political commitment

Naming and shaming were crucial factors to the success of the initiative

Next Steps

CASH Audit Tool will be revised.

Key indicators of WASH in health care facilities will be incorporated in to the

HMIS

IPC training materials will also be updated.

CLEAN CARE IS SAFER
CARE!!!

THANK YOU

References

- Ethiopia Service Provision Assessment Plus Survey (2014 ESPA+)
- Ethiopia National Health Sector Transformation plan 2016