7. ENGAGING COMMUNITIES for WASH IN HEALTH CARE FACILITIES

HOW TO INVOLVE COMMUNITIES IN THE 8 PRACTICAL STEPS FOR UNIVERSAL ACCESS TO QUALITY CARE

Health care facilities exist to provide citizens a high standard of care, based on their needs. Community members serve an important role in defining, demanding, using and providing feedback on health services. Directly integrating community engagement mechanisms within the health system is the best way to ensure that this becomes a part of a process rather than a tokenistic gesture.

1. Conduct situation analysis and assessment

National analyses should transparently examine the current health and WASH ecosystems. This could include activities such as stakeholder and systems mapping required for implementation (see attached example). In this step, you might also consider first creating a WASH in Health Care facility taskforce or advisory committee at different tiers of government (national, district, municipal), which should include a Community Advisory Group member, to help coordinate the situational analysis. In this way, they could become agents of change in local contexts.

2. Set targets and define roapmaps

Set targets for your community engagement efforts, for example, set a specific time for meetings with community leaders as a basic step. A more advanced step would be to establish formal Community Health Advisory Groups within health care settings and undertake participatory processes such as Social Art for Behaviour Change (SABC). Community engagement may seem challenging and inefficient, however, taking the time to build rapport and a credible community engagement mechanism will help implement quality and user-based services that will be more efficient in the long run. Setting process targets will allow properly plan and budget for your engagement efforts.

3. Establish national standards and accountability mechanisms

National standards ought to meet the needs of vulnerable populations and health care staff. Quality of care standards should include WASH indicators. Patients should be aware of these standards and able to demand better quality services. One way to do this is through the establishment of formal Community-based Health Care User committees, composed of a diversity of citizen representatives. Community Scorecards can be mechanisms to help regulate the quality and provision of health care. Standards should also be accompanied by implementation plans that are appropriate for the local context.

4. Improve and maintain infrastructure

Costs for maintenance and on-going operation should be budgeted for and this information should be readily availale for the community. User-based and behavioural designs for infrastructure can help to reduce costs by creating a positive environment to re-enforce behaviors such as hand washing and toilet use. Relying on local supply chains and developing a network of qualified maintenance workers can be key in ensuring the sustainability of WASH infrastructure investment. If there is a common water point for the local community and the health facility, a user committee should be established for water point management. Health Care User Committees can also be leveraged for small maintenance needs through the collection of user fees.

5. Monitor and Review Data

Communities should be integrated in the monitoring and data reviewing process. It allows them to see and be involved in tracking the changes taking place. It also helps them understand where their community stands in terms of national standards and to advocate with their Health User Committees if needed. When data is collected and quality improvements are measured and reported authentically, it builds trust in the services and in the system. Performance-based financing schemes should incorporate user and community feedback, along with more established technical standards.

6. Develop health workforce

Hiring and training of personnel from local communities can provide a much needed opportunity for formal labour. Professionalisation and behaviour change can take place through certifications, trainings and approaches such as Social Art for Behaviour Change (SABC) for the health workforce, including cleaning and maintenance operators. The health workforce are key in the adoption of health infection control practices around hand washing with soap and medical waste management. Ensuring that their needs and on-the-ground realities are considered when developing standards and accountability mechanisms will ensure that these are upheld.

8. Conduct operational research and share learnings

Providing opportunities for knowledge-sharing of best practices between communities can help to increase the adoption of community engagement mechanisms through competitions, scorecards or participatory arts. Through community-based research and sharing of learning, local innovations can be identified and encouraged. Patient satisfaction with their treatment and experience should be considered an important part of the mandate of the health system.