

All systems go
Africa

**Session: scalable models for realising safe WASH services
in HCFs: challenges, successes and pathways to country
wide application**

All systems go Africa
19-21 October 2022



Presentations and panelists

Presentations:

- Improving Water, Sanitation, and Hygiene (WASH) services in Healthcare Facilities in rural communities using the Clean Clinic Model - **Francois KANGELA (Technical advisor for global wash in health facilities program, CRS Global)**
- WASH FIT approach, a sure way of strengthening WASH systems in Healthcare facilities of Kabarole District, Uganda. - **Mary Concepta Ayoreka (Regional WASH Officer, IRC Uganda)**

Panelists:

- Francois KANGELA (CRS Global) & Mary Concepta Ayoreka (IRC Uganda)
- David TSETSE, Ph.D (Global Lead And Senior Advisor - Water, Sanitation And Hygiene, CRS Global)
- Dr. Ashinyo Mary Ayram (Ghana Health Service - Deputy Director responsible for Quality Assurance)
- Hamadoun Dicko (Technical Adviser of hygiene and environment / Ministry of Health - Mali)
- Salif Sankara (Director General of Health Care Supply - Burkina Faso)

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Presentation: Improving Water, Sanitation, and Hygiene (WASH) services in Healthcare Facilities in rural communities using the Clean Clinic Model.

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Outline



1. Background
2. Clean Clinic Model
3. Illustrations of Results
4. Challenges
5. Pathways to country wide application



Background



Objectives

1. To understand the crucial role of enabling environment (leadership) for the sustainability of WASH in HCF services when using the CCM
2. To define the key considerations and actions for long term sustainability
3. To analyse the sustainability potential barriers and solutions

Background



Expectation

One of the most widespread and persistent challenge to develop sustainable and resilient WASH systems for health care facilities in Sub-Sahara African Countries is scarcity of financial resources

By sharing with you its experience, CRS needs to engage an open discussion to uncover the real root cause and how to address it!

Background



In 2019 CRS conducted WASH assessments in health care facilities in:

- Madagascar,
- Burkina Faso,
- Ethiopia, and
- The Democratic Republic of Congo (DRC),

Background

Found out:

- Safe water management in HF is failing,
- Medical waste management is weak
- The lack of a well-developed framework for improving WASH services within all the health facilities visited.



Broken incinerator at Saint Claire
HC/Madagascar/Photo CRS Staff

Background



Needs:

- Develop innovative approaches for the sustainably and safely managed WASH services in HCF
 - ✓ Develop program parameters
 - ✓ Training and capacity building
 - ✓ planning ladders,
 - ✓ enabling environment,

Clean Clinic Model



The Clean Clinic Model (CCM) developed by USAID provides a programmatic toolkit that empowers health care facility staff to identify needs, develop action plans, and work incrementally toward achieving improved WASH services in health facilities.

CCM framework



Clean Clinic Model

Adopting the CCM as WASH programming approach

CRS has adopted the Clean Clinic Approach and is adapting it for faith-based and government facilities to support health care workers to identify, prioritize, and address WASH needs in their facilities.

Where new WASH infrastructure is a priority, CRS works with facility, district and diocese staff to seek financing for this infrastructure.



Missionaries of Charity Sister in Madagascar shows incinerator for waste materials at health center/Photo Francois/CRS

Clean Clinic Model

CRS Support to WASH in Health Facilities

- CRS has been supporting 380 health facilities to improve WASH in Burkina Faso, Democratic Republic of Congo, Ethiopia, Ghana, Guinea, and Madagascar.
- As part of CRS' COVID-19 response, WASH in health facilities was strengthened in other countries.



Single-chamber incinerator at Providence HC in Madagascar/Photo Francois, CRS

Illustrations of Results: Case of Ethiopia



To provide access to safe WASH in 17 health clinics serving 29,850 people

Key activities:

- Pilot the Clean Clinic Approach in 17 HCFs
- Support health district office (woreda)
- Construct or rehabilitate WASH infrastructure
- Train and build the capacity of Clinical and non-clinical health workers
- Share learnings broadly with the WASH sector

Illustrations of Results: Case of Ethiopia

Orientation workshop

Objectives:

- Introduce the CCM and review existing approaches
- Gain a deeper understanding of the root causes leading to poor WASH services in health facilities in Ethiopia
- Develop a list of potential interventions with supporting evidence for how they are linked to improved services at health care facilities
- Expand and strengthen partnerships



Working group at the CCM orientation workshop in Addis Ababa, Ethiopia/Photo CRS staff

Illustrations of Results: Case of Ethiopia

Training and planning workshop

Cascade training and material:

- Clean Clinic Methodology
- Technical modules
- Draft action plan by each supported HCF

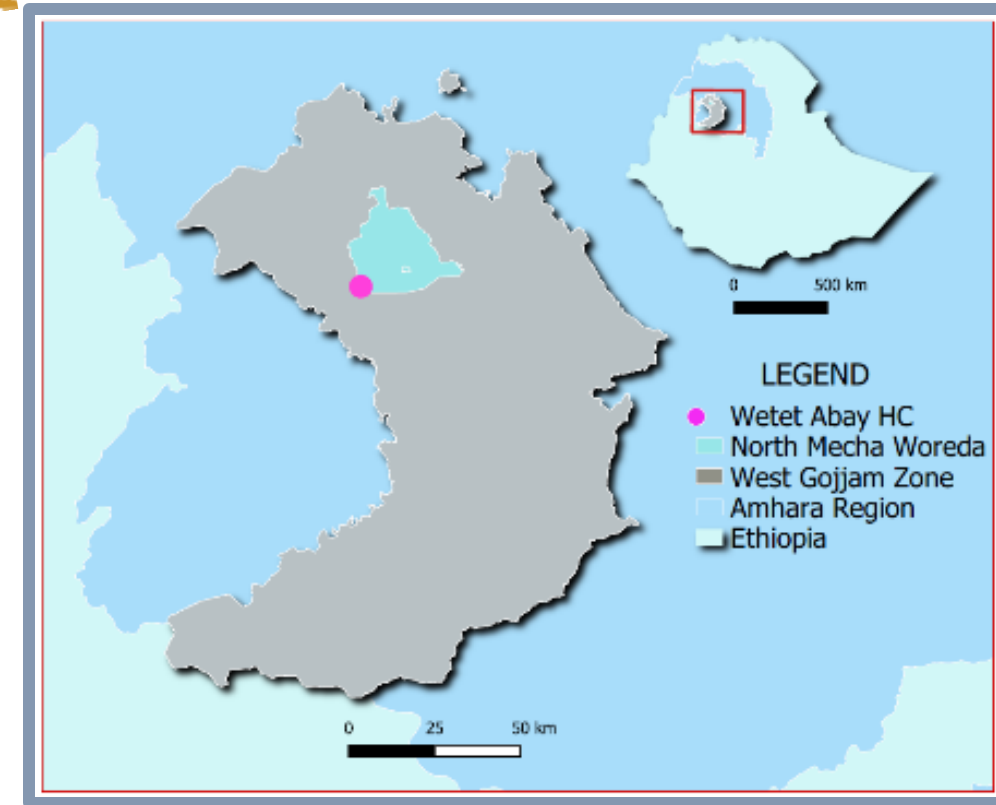


Training workshop for health workers on CCM in Bahir Dar, Ethiopia/Photo CRS staff

Illustrations of Results: Case of Ethiopia

Implementation in Wetet Abay HC

- Location: Amhara region, West Gojjam zone, North Mecha woreda
- Catchment population: 32,806
- Average patients visit per month: 1100
- Delivery service /month: 35
- Number of staff : 34
- Year of establishment: 1992
- Integrated CCM: November 2019



Map of Amhara Region, Ethiopia

Illustrations of Results: Case of Ethiopia

Key results

- Revitalized WAH/IPC team
- Trained cleaning staffs
- Developed improvement plan
- Improved WASH infrastructure
- Set up monitoring & Evaluation system
- Developed supervision plan (Regional, district)



Reception of WASH/IPC materials at the Wetet Abay Health Center/Photo CRS staff

Illustrations of Results: Case of Ethiopia

Score development, 12 months

CCM Domains	WASH initial assessment result:	Post action assessment result:
1. WATER	41.66%	95.833
1.1. Availability	75%	100%
1.2. Quantity	25%	100%
1.3. Quality	25%	87.5%
2. HYGIENE-IPC	53.33%	77.56%
2.1. Hand hygiene	50%	100%
2.2. PPE, cleaning and disinfection and food hygiene	60%	82.69%
2.3. Sterilization of medical instruments	50%	50%
3. SANITATION	55.2%	75.59%
3.1. Toilets, showers et wastewater management	57%	67.85%
3.2. Medical waste management	53.3%	83.33%
4. MANAGEMENT	50%	76.4%
4.1. Functional WASH-IPC committee, leadership, accountability and Community Feedback	50%	76.4%
Total score	50.047%	81.40%

WASH services level	Advanced	Minimum	Low or limited	Very low or no service
Water	90 to 100%	75 to 89%	50 to 74%	0 to 49%
Hygiene	BLUE	GREEN	YELLOW	RED
Sanitation				
Management				

WASH services level	Advanced	Minimum	Low or limited	Very low or no service
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Hygiene	BLUE	GREEN	YELLOW	RED
Sanitation				
Management				

Illustrations of Results: Case of Ethiopia

Some key figures:

<i>Number of patients treated since the start of the project</i>	<i>77,534</i>
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<i>Number of planned WASH activities</i>	<i>15</i>
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<i>Number of WASH activities carried out with HCF's own resources</i>	<i>8</i>
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<i>Number of WASH activities carried out with the support from the CRS and other partners:</i>	<i>7</i>
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<i>Percentage of WASH activities carried out with HCF's own resources:</i>	<i>53 %</i>
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Illustrations of Results: Case of Ethiopia



Water infrastructure before CCM, Wetet Abay HC/Photo CRS staff



Water infrastructure after CCM, Wetet Abay HC/Photo CRS staff

Illustrations of Results: Case of Ethiopia



Hand washing station before CCM, Wetet
Abay HC/Photo CRS staff



Hand washing station after CCM, Wetet
Abay HC/Photo CRS staff

Illustrations of Results: Case of Ethiopia



Staff toilets before CCM, Wetet Abay
HCF/Photo CRS staff



Staff toilets after CCM, Wetet Abay HC/Photot CRS staff

Illustrations of Results: Case of Ethiopia



WASH/IPC meeting at Weter Abay HC, Ethiopia/Photo CRS staff

Illustrations of Results: Case of Ethiopia

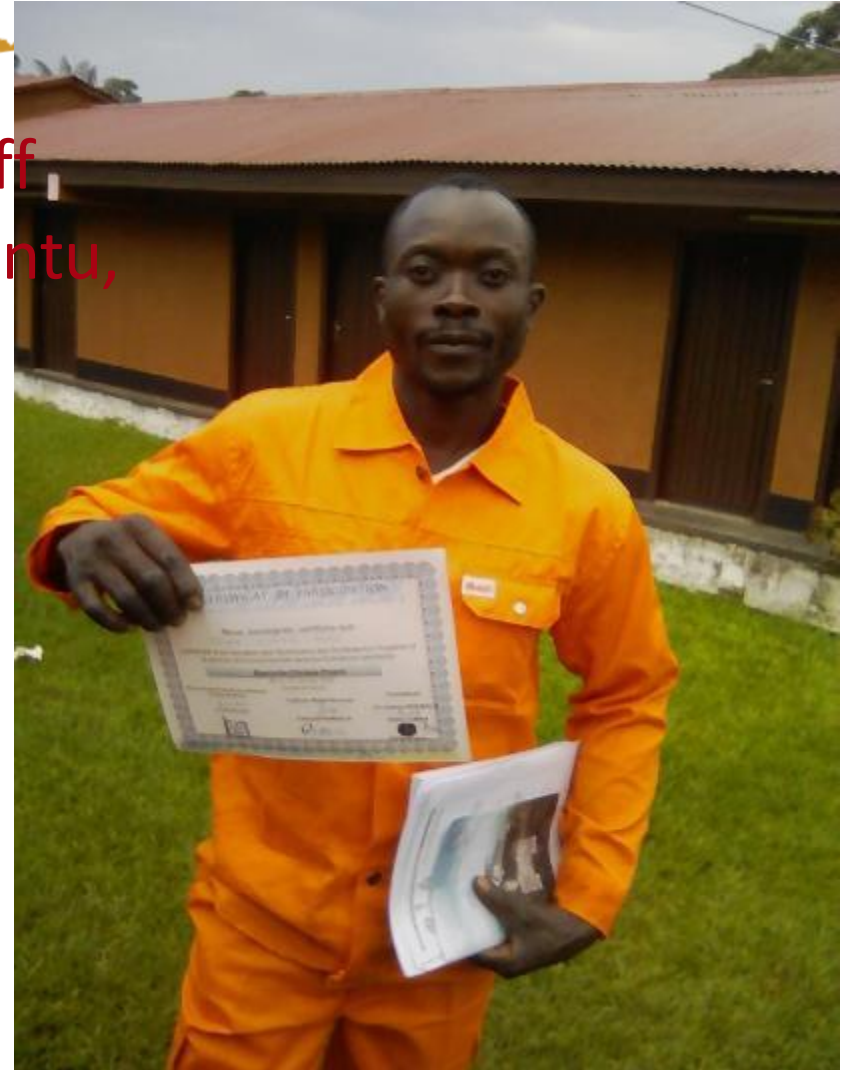


Monitoring (follow-up) visit by RHB team at Wetet Abay HC, Ethiopia/Photo CRS staff

Illustrations of Results: Testimony from DRC

Testimony from Mr. Neka Niansi, Cleaning staff
(Saint Luke's Catholic Hospital, Diocese of Kisantu,
DRC)

*This is my very first training in my 15
years of working at St. Luke's Hospital.
Through this training, I discovered the
importance and the value of my work.*



Mr. NEKA NIANSI, Cleaning staff at St Luke Hospital, DRC/Photo Francois

Pathways to country wide application



Key **scale and sustainability** considerations:

- Building on the momentum generated during steps 1-9 to drive forward a sustainable plan
- Maintaining leadership support for long-term WASH/IPC improvement
- Maximising a multimodal approach for success
- Celebrating and communicating success

Pathways to country wide application



Challenges

- High government staff turnover: Key leaders and/or champions often leave the facilities
- Lack/insufficient budget to support supervision and O&M costs of WASH
- Weak systems for regulation and surveillance of WASH in HCF
- Budget reallocation – funds diverted away from WASH/IPC
- Inadequate number of staff in HCFs & lack of qualified WASH engineers

Pathways to country wide application



Lessons learned

- Staff training has helped to improve the condition of the health care facility supported and ensure a maintenance and operation plan
- The systems approach that involves all the different government entities from the start of the process ensures better institutional ownership
- The well-designed and appropriately implemented multimodal strategy is one of the drivers of the sustainability of WASH systems for health facilities.

Pathways to country wide application



Next steps

- Strengthen WASH systems and upgrade basic level of WASH services to safely managed
- Assess and document the sustainability of WASH systems and services in the health care facilities supported to ensure the **Scale, Ownership and Resilience**

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WASH FIT approach, a sure way of strengthening WASH systems in Healthcare facilities of Kabarole District, Uganda.

Mary Concepta Ayoreka- Regional WASH Officer

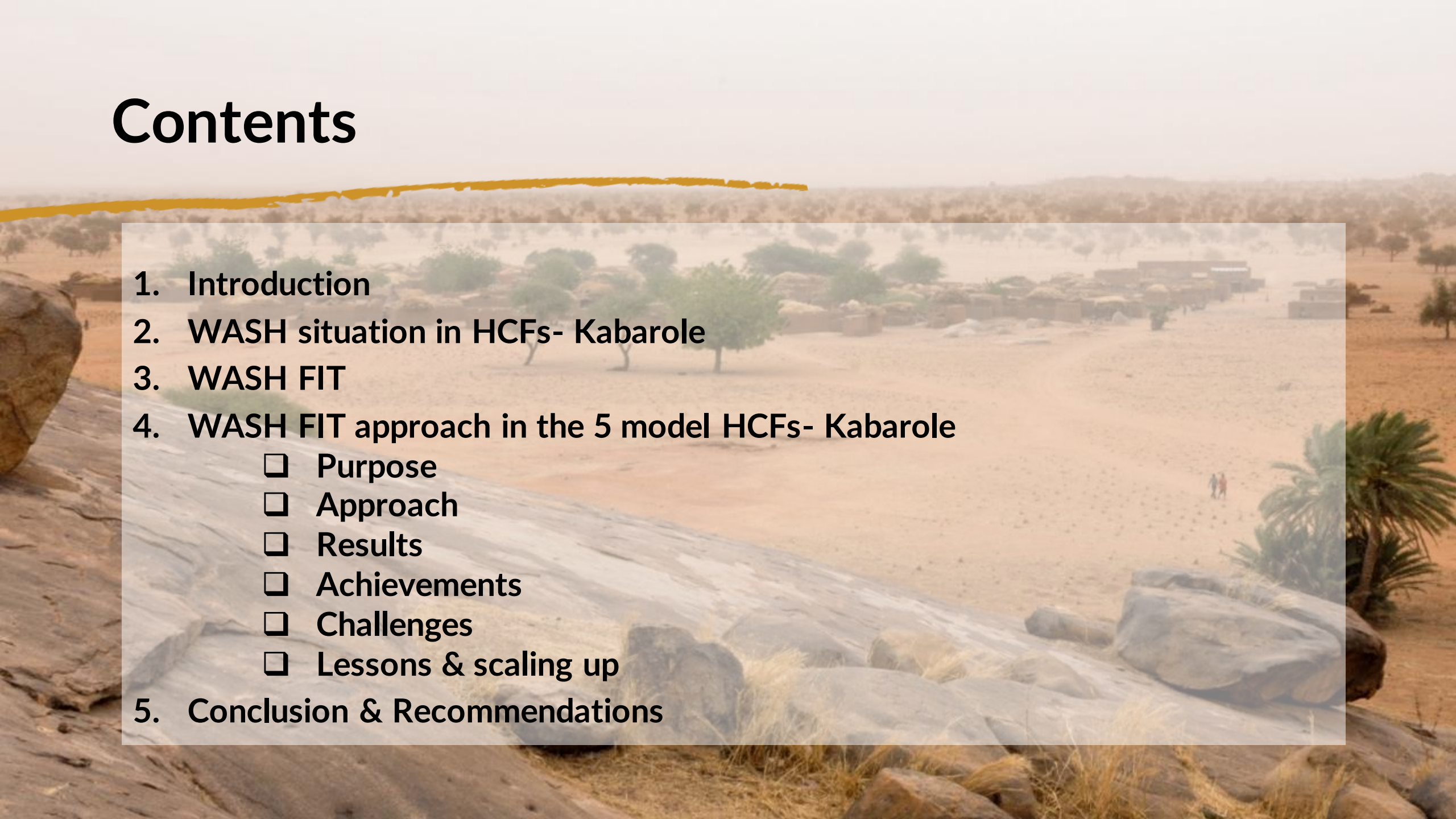
Martin Watsisi- Regional WASH Advisor

IRC Uganda

19-21 October 2022



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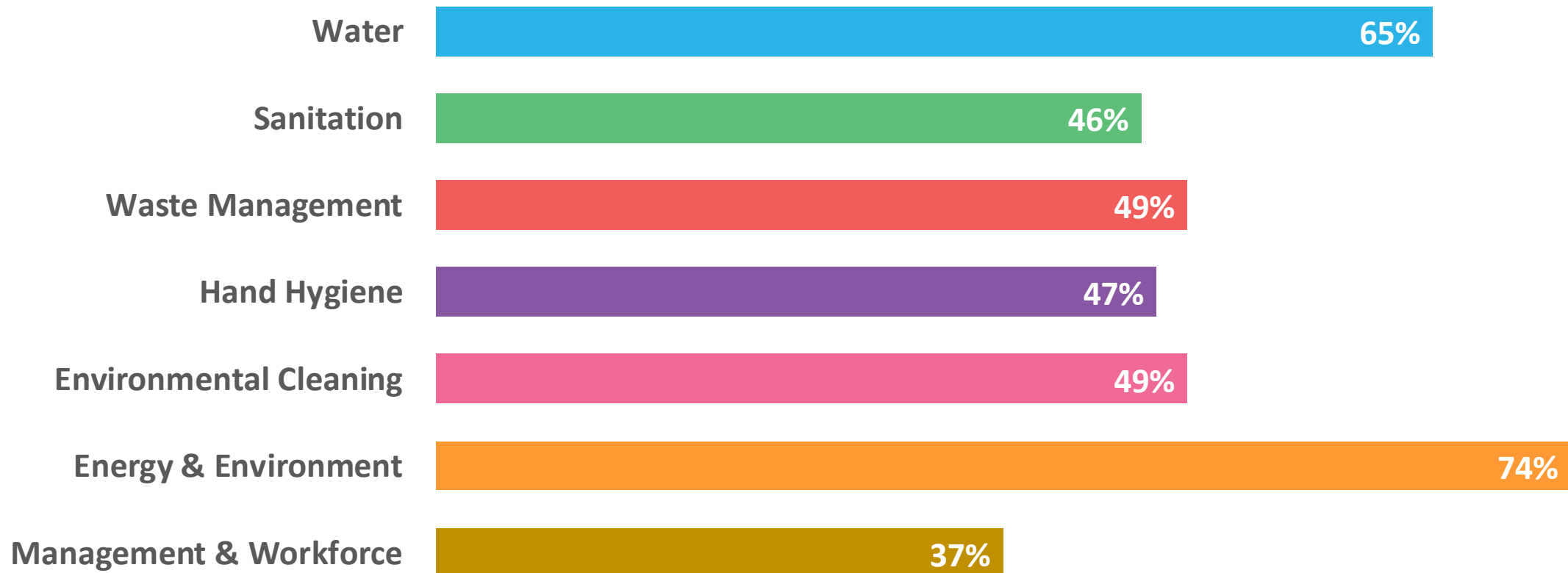
- 
1. Introduction
 2. WASH situation in HCFs- Kabarole
 3. WASH FIT
 4. WASH FIT approach in the 5 model HCFs- Kabarole
 - ☐ Purpose
 - ☐ Approach
 - ☐ Results
 - ☐ Achievements
 - ☐ Challenges
 - ☐ Lessons & scaling up
 5. Conclusion & Recommendations

Introduction.

- ☐ Poor WASH services are associated with an increased health risk of acquiring nosocomial infections and limited uptake of health services.
- ☐ In Uganda, WASH services in HCFs are still insufficient. 21% of all HCFs have limited access to hand hygiene.
- ☐ 1/9 HCFs in Kabarole district carry out hand hygiene compliance activities.

WASH situation in HCFs- Kabarole

During the January 2022 WASH FIT Assessment, facilities in Kabarole District scored the **highest** in the **Energy & Environment** and **Water** domain and the **lowest** in the **Management & Workforce** domain.



Assessments using the Electronic mWater form and paper "WASHFIT inspection forms" packet by the District WASH FIT Team

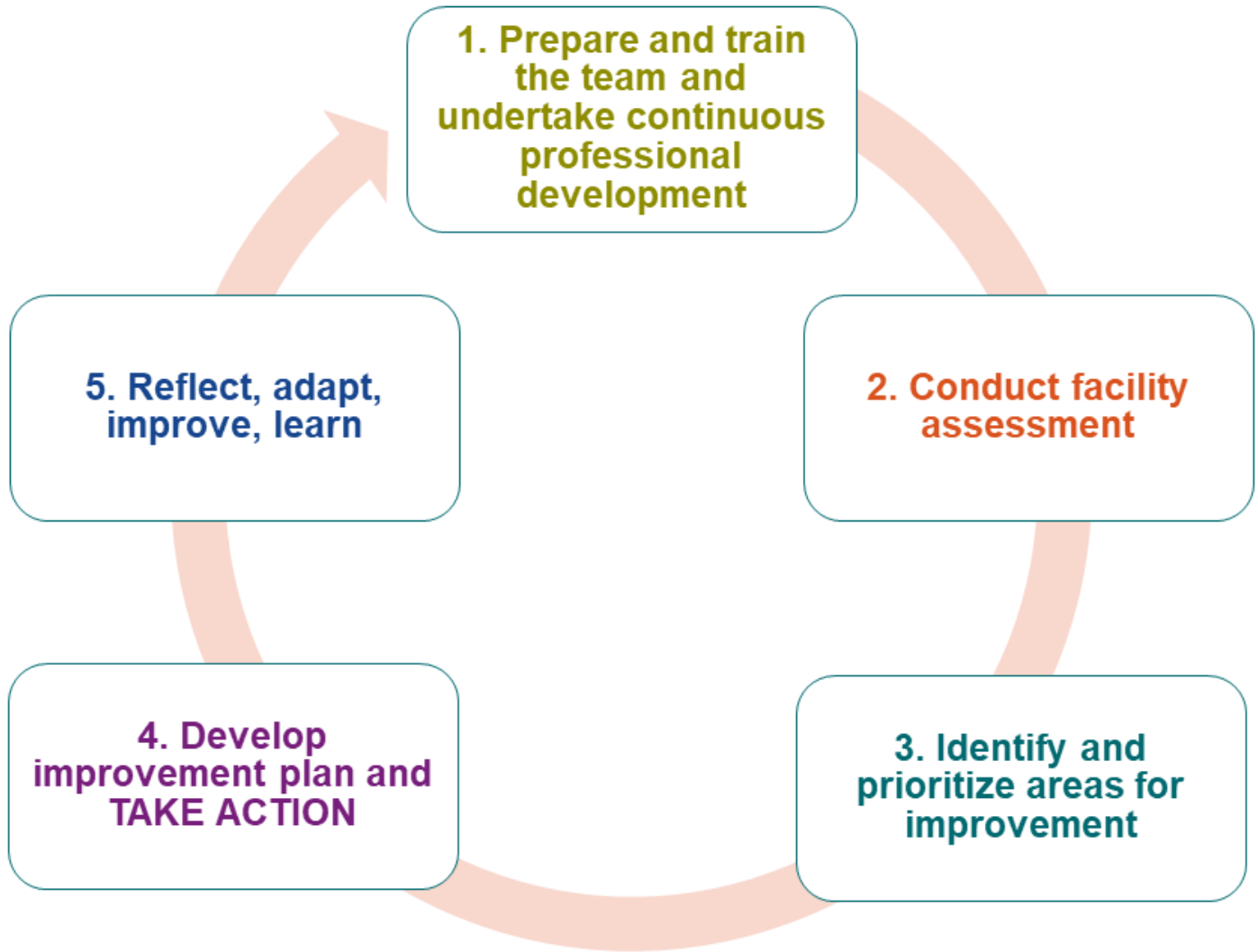
Status cont'd...

- ❑ Strengthening HCFs WASH systems is pivotal for improved and increased access to quality health care.
- ❑ Key building blocks such as institutional capacity, Monitoring, Planning, infrastructure provision and learning have been supported to create a quick turnaround of WASH in HCFs in Kabarole.

WASH FIT.

- ❑ **Water Sanitation and Hygiene Facility Improvement tool- A *practical guide for improving quality of care through WASH in HCFs.***
- ❑ **Key aspects of focus:- water; sanitation; hand hygiene; environmental cleaning; health care waste management; and selected aspects of energy, building and facility management.**

WASH FIT Framework and Tasks



Utilizing WASH FIT approach in the 5 model HCFs

- ❑ In August 2021, Five high-volume Health Center IIIs, providing basic in- and out-patient services in Kabarole district were selected with focus on transforming them into model WASH and IPC facilities

The HCFs include: Kicwamba, Mugusu, Kaswa, Kijura and Ruteete HC IIIs.

- ❑ Strategically located to serve as learning centers for the neighboring HCFs to ensure adoption and scaling out of appropriate WASH interventions.

- ❑ IRC spear headed piloting and rolling out, practically guiding implementation of WASH FIT.

Purpose of implementing the WASH FIT approach

Specific objectives:

1. To build the capacity of the District Health Team and HCF staff to generate regular and timely WASH data for monitoring WASH services and systemize the process of managing WASH services.
2. To determine the impact of WASHFIT interventions on WASH/IPC improvement in HCFs of Kabarole district.
3. To explore the acceptability of WASHFIT as part of the formation of the five model HCFs.

Approach.

- ❑ ToT and formation of WASH FIT teams:

IRC in partnership with CDC trained six DHT members (DHT WASH FIT facilitators) on the WASH FIT methodology who eventually supported the creation and orientation of facility WASH FIT teams comprising the *in-charge, IPC focal person, WASH technician, A member of Health Unit Management Committee (HUMC) and Maintenance/cleaning personnel.*

- ❑ Facility assessment:

Teams then conducted facility baseline assessments using modified WASH FIT assessment tools that focused on 7 domains.



The Kijura WASH FIT team assessing the functionality of a Hand washing facility near the latrines

Approach cont'd...



- The data obtained were used to identify and prioritize areas for improvement
- Five Facility Improvement Plans (feasible to implement) were developed to inform action towards addressing prioritized gaps within each domain. The improvement plan included short-, medium- and long-term plans.
- Action: Facilities teams executed improvement activities in line with their respective plans.
- Follow-ups to update improvement plans were done & WASH FIT assessments of these model HCFs were completed in February 2022.



WASHFIT teams formed, being oriented on the WASHFIT approach in Kichwamba HCIII

Photos by Mary IRC



Some of the WASHFIT facilitators (The District health Inspector and IPC mentor) guiding the WASH FIT team at Ruteete HCIII to draw facility improvement plans

Approach cont'd...

- Paired sample t-tests were used to compare baseline with follow-up average scores for the 7 WASH FIT domains from all five HCFs.
- This was complemented by review of the planning and program documents, including meeting minutes and training reports, to explore whether the approach was significantly contributing to improved WASH and acceptability.

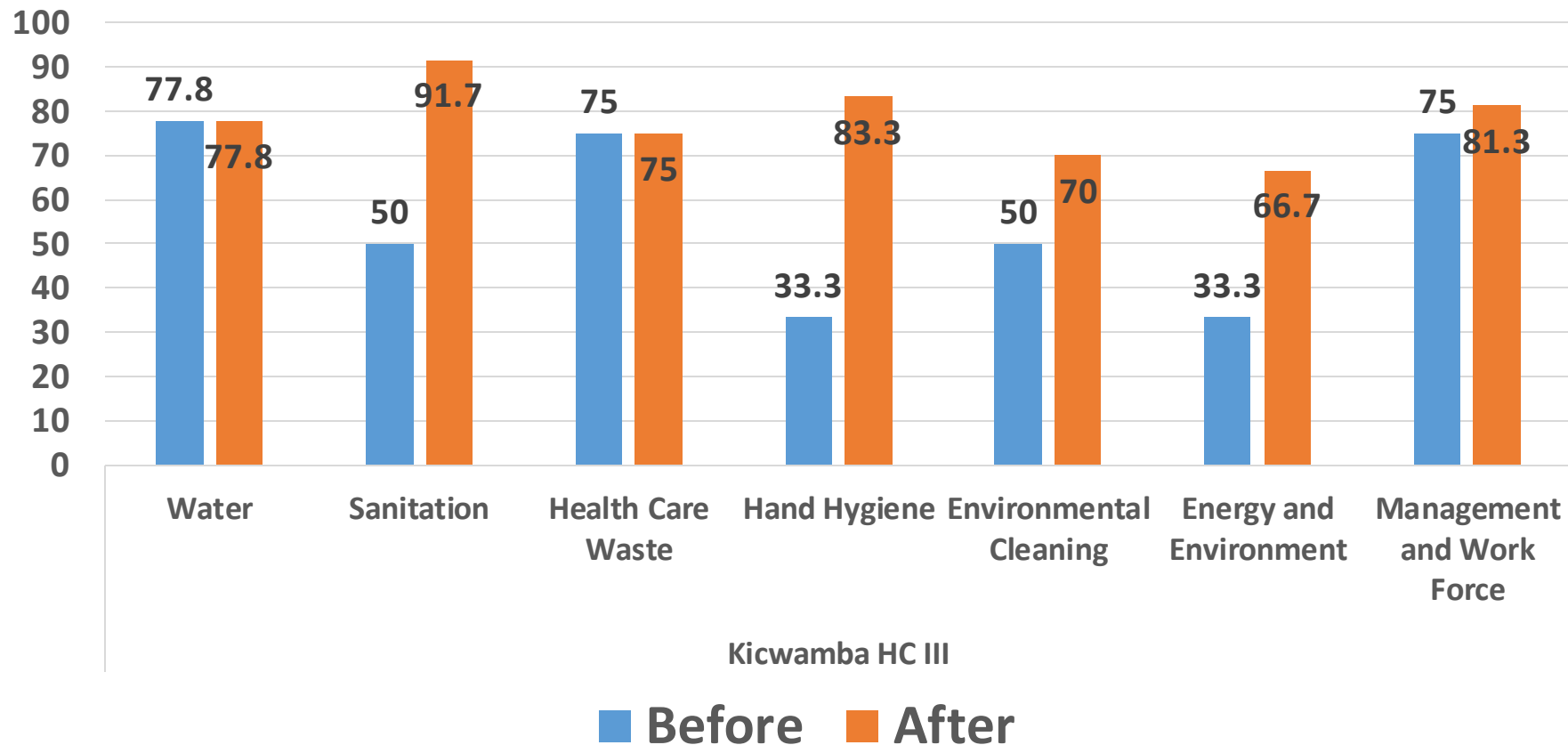
Results:

- ❑ **Quantitative data:** WASH FIT Baseline data showed that among these 5 facilities, average scores were the highest in management and workforce (mean=80%) and energy and environment (mean=75%) domains, with environmental cleaning (mean=48%) and hand hygiene (mean=27%) scoring lowest. At four-month follow-up, average scores improved in the 7 domains. The average hand hygiene domain score increased from 27% (SD)=9%) at baseline to 53% (SD=17%) at follow-up ($p=0.025$). Changes in the other domains were not statistically significant at $\alpha=0.05$.
- ❑ **Qualitative information** revealed acceptability of the WASHFIT approach. WASHFIT teams were successfully formulated, improvement plans designed, and WASH/IPC improvements registered - owing to the efforts of the formulated teams.

Change in the WASH FIT domains



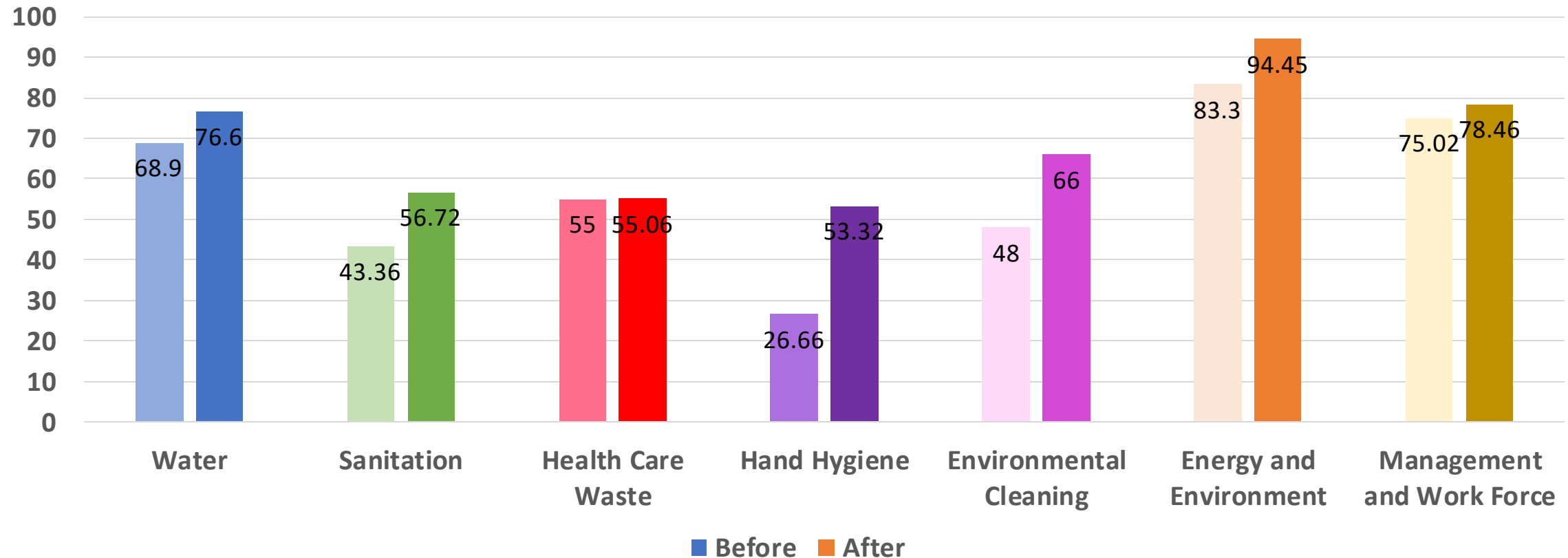
WASH coverage in Kicwamba HC III before and after WASHFIT intervention



The WASHFIT score for sanitation increased from 50.0% at baseline to 91.7% at end line. The WASHFIT score for hand hygiene increased from 33.3% at baseline to 83.3% at end line

Summary scores in the 5 model HCFs

WASH coverage in the 5 Model Facilities Before and after WASHFIT intervention



Achievements.

At district level,

- Increased capacity & commitment of the DHT facilitated the initiation and implementation of WASH FIT.
- Positive perception of WASH FIT approach, acceptance of the approach and tools used.

Facility level,

- Incremental WASH improvements were observed such as maintenance, repairs/ upgrades to existing infrastructure in a short term.
- Behavioral change among HCW e.g., in medical waste management
- Increased capacity of different WASH players including the WASH FIT teams, HUMCs, Health workers, Cleaners & IPC personnel to promote WASH/ IPC in HCFs.

Achievements cont'd...

- WASHFIT provided HCFs with standard tools and assessment findings showed a general improvement in the 7 domains across the five HCFs over the 4 months' period.
- **With these systems change, the 5 facilities have emerged as centers for learning (exchange learning visits done) in the district and demonstrate positive impact of WASH in HCF systems strengthening.**

Achievements cont'd...

“As a mentor of IPCs who conducts trainings, provides support supervision, engaging us has been an avenue of not only building the capacity of WASH FIT teams but also our own capacity in this field.... I loved the experience. I can now confidently lead the formation and facilitation of other WASH FIT teams in other facilities to promote WASH/IPC service delivery and shall continue engaging with the facility teams to ensure that the gains are sustained. Thanks to IRC and CDC foundation for such a great opportunity...” (ADHO- MCH KDLG).





Before - unfenced placenta pit



After - Fenced placenta pit





Improvised waste bins at Kaswa HCIII



WASHFIT team lobbied the district IPC focal person for Medical Waste protocols



Medical waste skips



Incinerator installed at Ruteete HC III



Safer Drinking Water stations



Hand Washing Facilities



Additional water storage tanks as backup sources at Kicwamba HCIII

Challenges in the piloting.

❑ At District level,

- Limited prioritization and allocation of funds to WASH/IPC activities.

❑ At the facility level,

- Limited resources with limited budget.
- Limited skills on how to use the tool by some WASHFIT team members

Limitation: The score assigned to the WASHFIT indicators may be subjective- relies on observations that could vary from person to person.

Lessons.

- ❑ The methodology has a great potential for improving and sustaining WASH status at primary HCFs in Kabarole District if it is embraced in its entirety.
- ❑ Strengthening WASH systems through the WASH FIT approach is significantly associated with improving WASH in HCFs.

Scaling and sustaining the WASH FIT



- ❑ So far, the WASH FIT approach has been implemented in 5 HCFs in Kabarole. The experiences from the pilot will inform and improve future use of the WASH FIT tool and empower other stakeholders to adopt it and use it to improve WASH in other HCFs.
- ❑ Data from piloting WASHFIT yielded feasible insights for decision makers at the district and HCFs to improve service delivery.

Recommendations.

Internationally

WASHFIT approach should be rolled out in other countries that have not yet embraced it to improve service delivery and consequently contribute to achieving SDGs 3 & 6 for global health security.

At the national level

- ☐ Domesticate WASHFIT by harmonizing it with the existing national policies and guidelines on WASH in HCFs so that it is officially adopted country wide.
- ☐ Advance WASH programming, budgeting and ensure WASH FIT implementation is part of key strategies in the national WASH in HCF roadmap.

Recommendations cont'd...

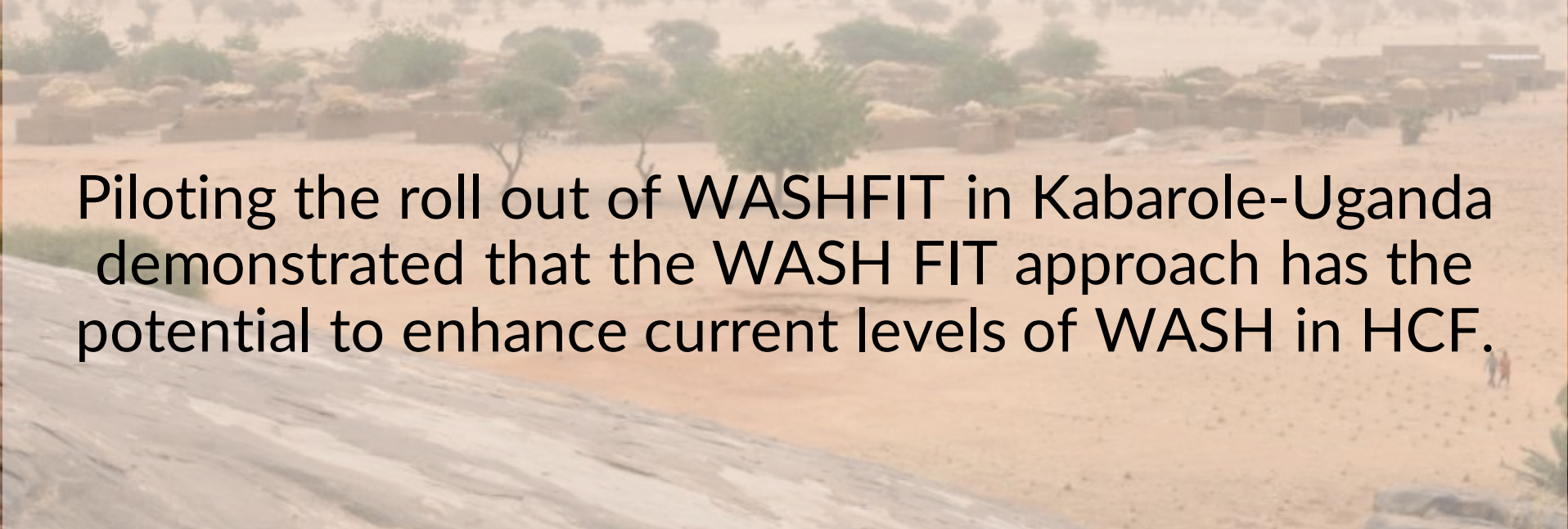
At the district level,

- ❑ Refresher capacity building trainings for the District health office on the updated WASH FIT assessment process for empowerment and ownership/uptake.

At the health facility level

- ❑ Continued repeat of the WASH FIT assessments to monitor performance and sustainability of improvements.
- ❑ Ensure inclusive participation of different categories of stakeholders in the WASH FIT team formation, assessment, planning and implementation for ownership to effectively improve the status quo.
- ❑ Since composition of WASHFIT may differ depending on the level of HCF, modify & align WASHFIT approach to suite the HCF.

Conclusion.



Piloting the roll out of WASHFIT in Kabarole-Uganda demonstrated that the WASH FIT approach has the potential to enhance current levels of WASH in HCF.

Questions & Discussion



Regional team visiting health facility in Madagascar/Photo CRS staff