

All systems go  
Africa

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

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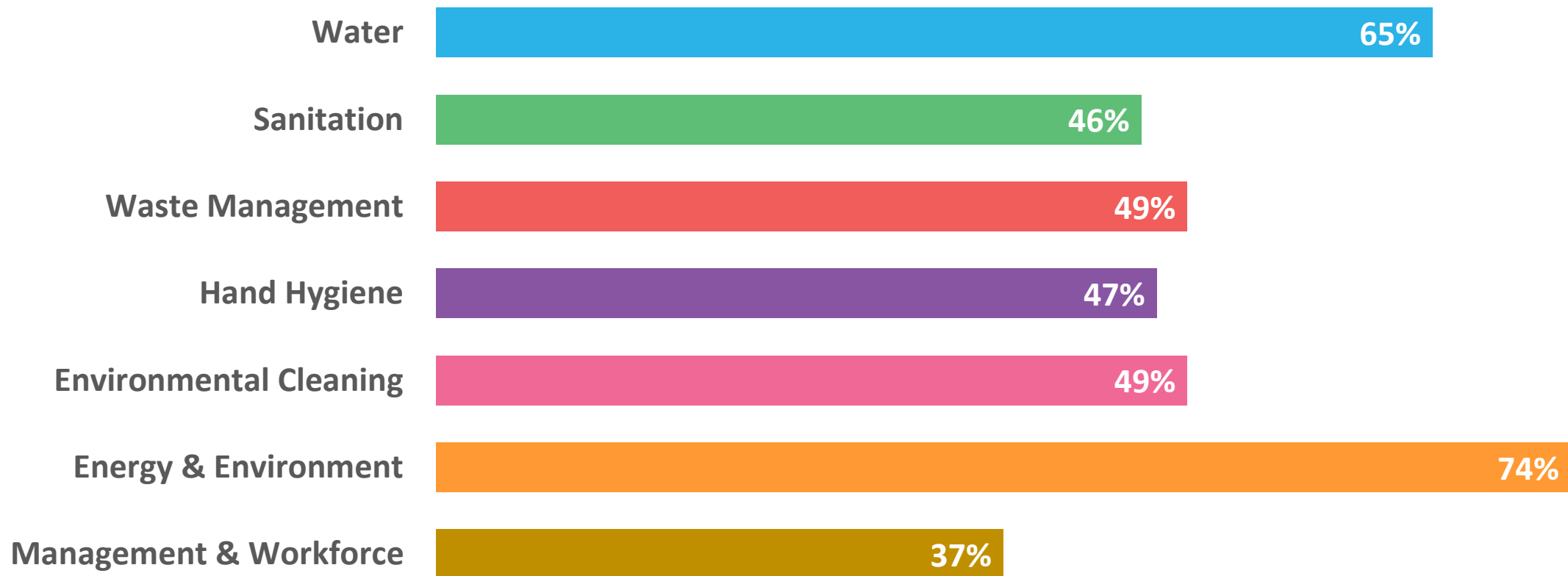
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# Introduction.

- ❑ 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...

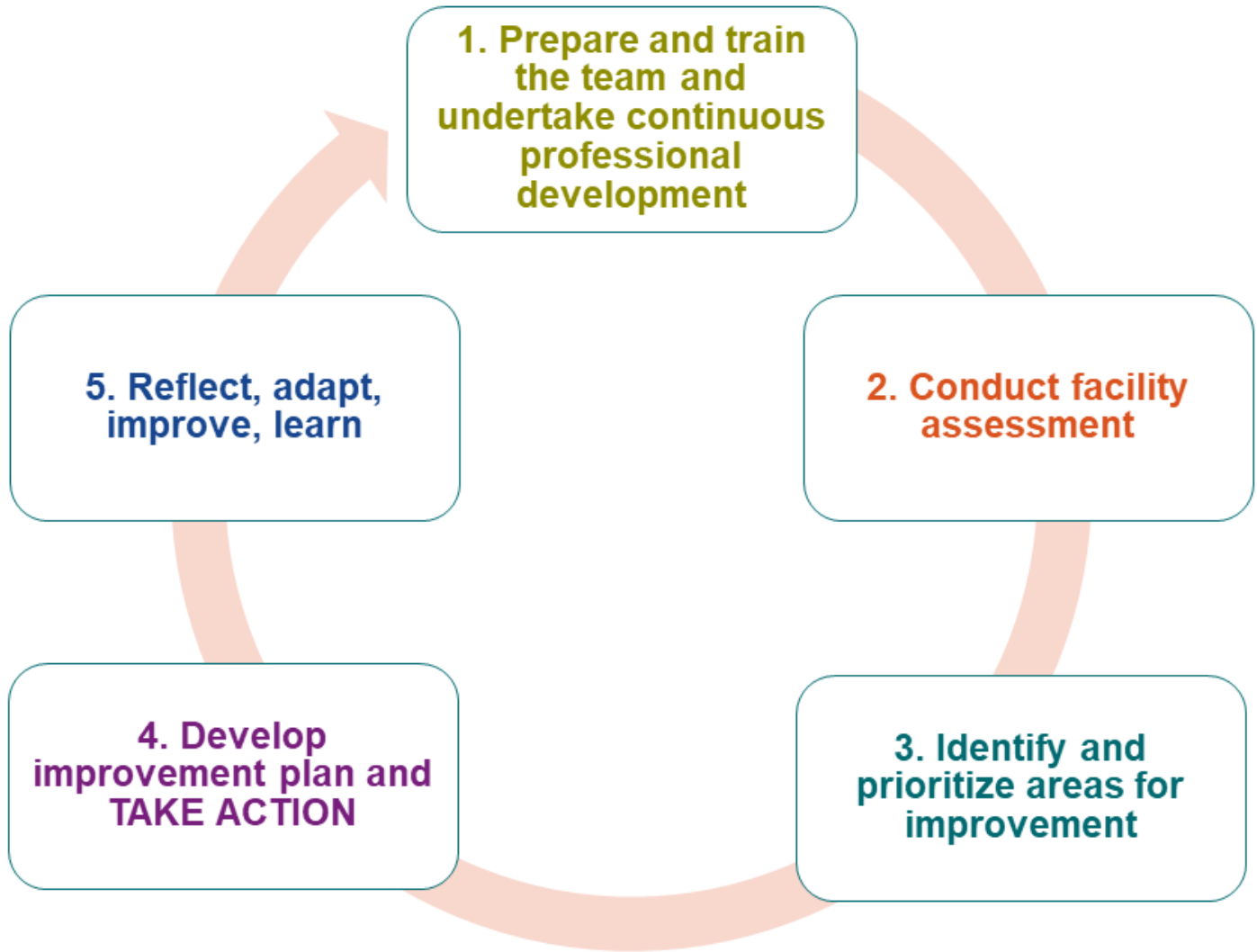
- ❑ Strengthening HCFs WASH systems is pivotal for improved and increased access to quality health care.
- ❑ Key building blocks such as institutional capacity, Monitoring, Planning, infrastructure provision and learning have been supported to create a quick turnaround of WASH in HCFs in Kabarole.

# 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

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# 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.

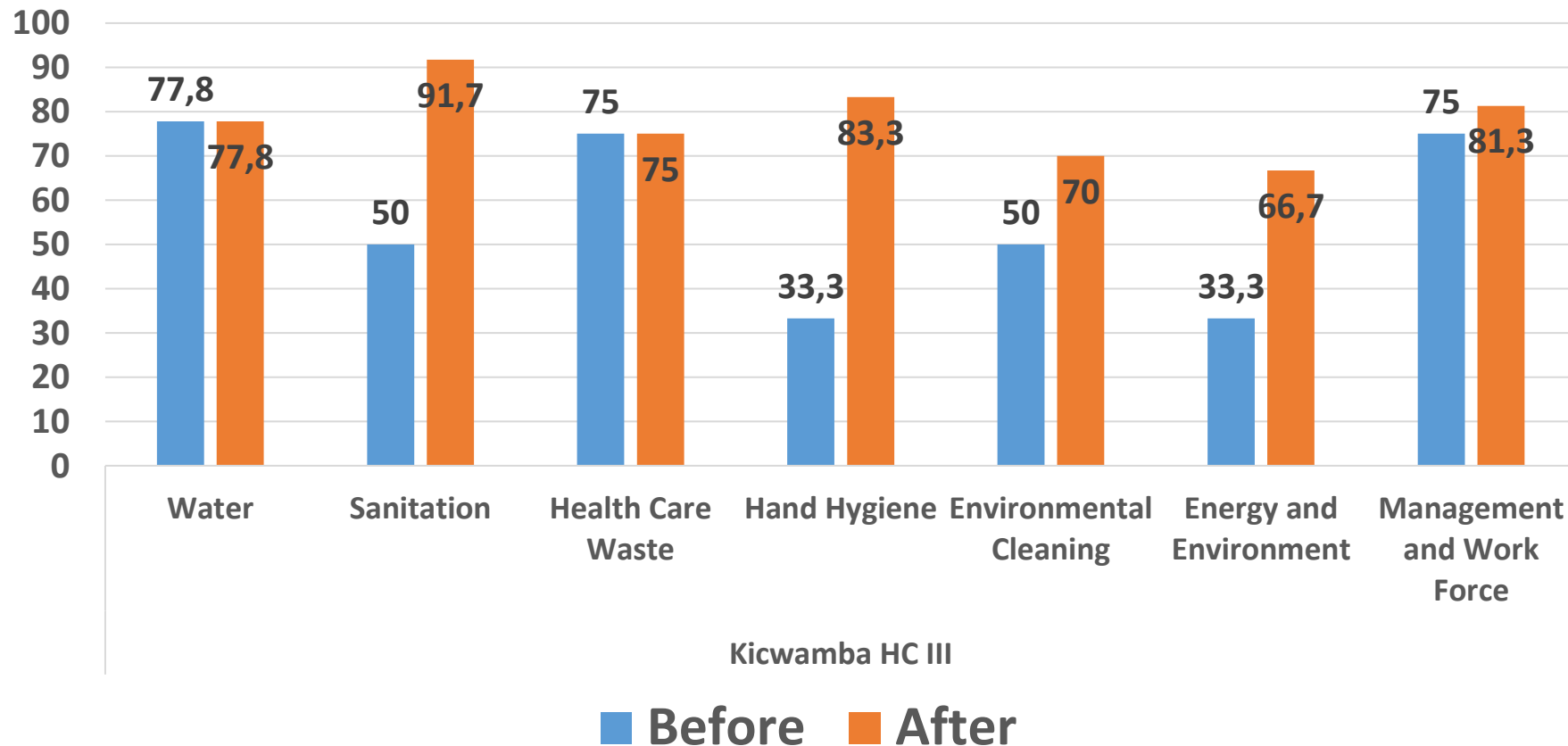
# Results:

- ❑ **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



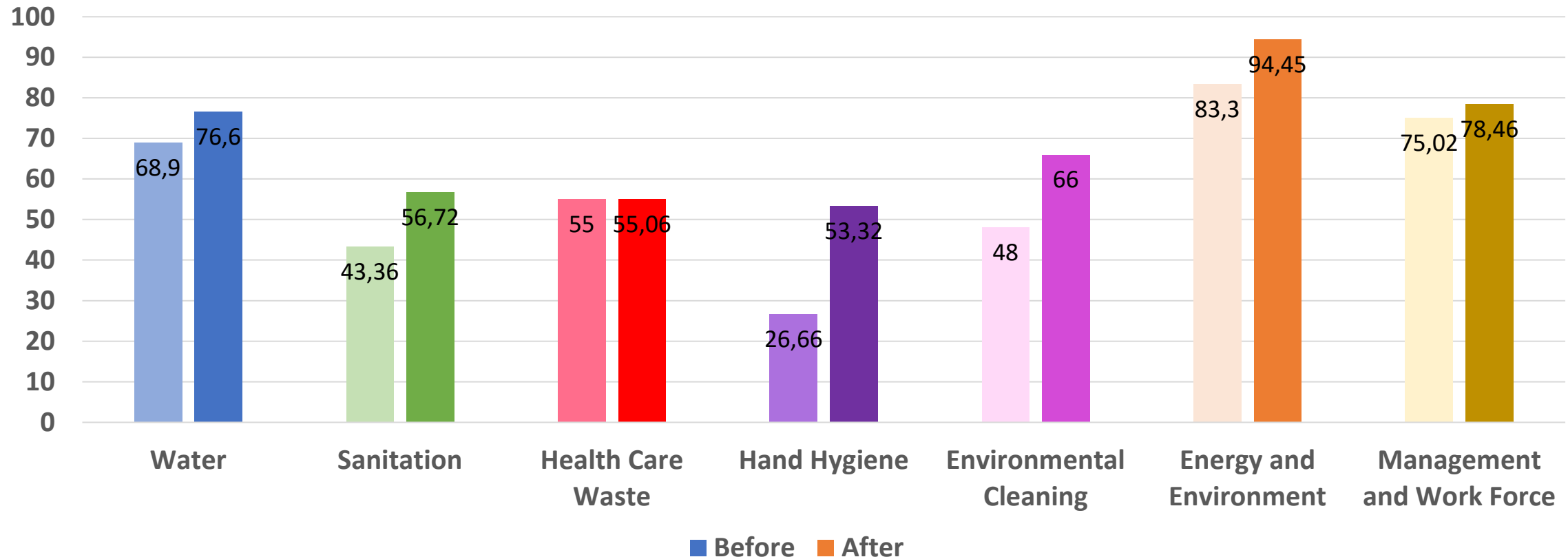
WASH coverage in Kicwamba HC III before and after WASHFIT intervention



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...

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*“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...

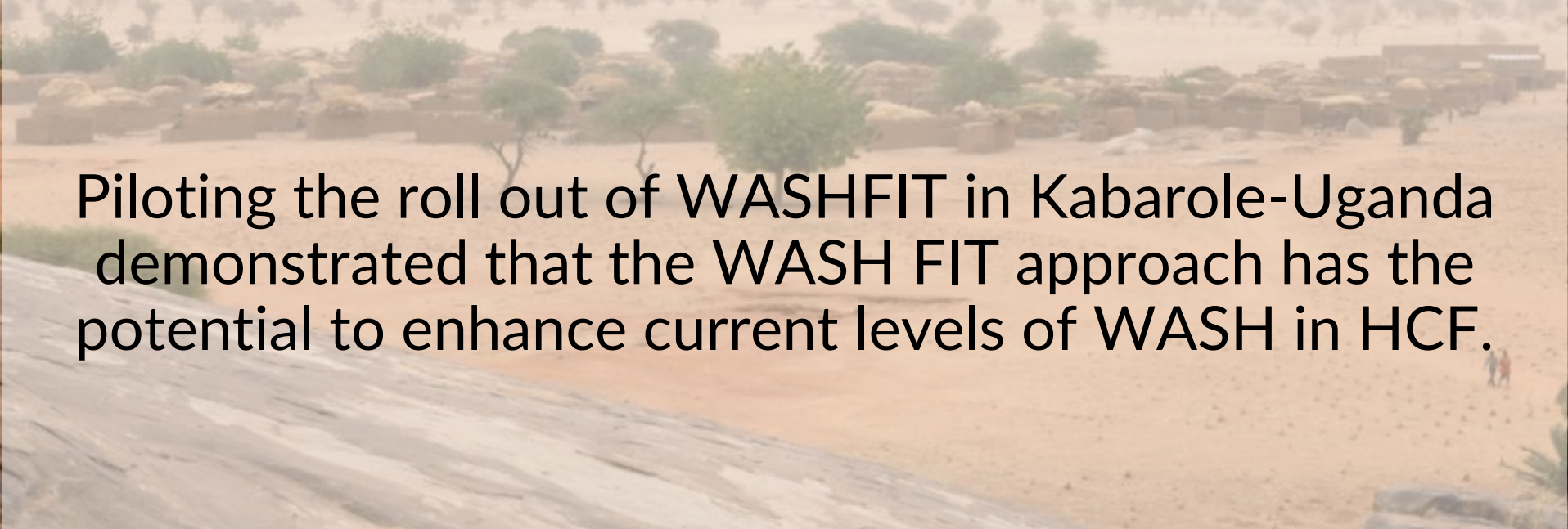
## At the district level,

- ❑ 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