Facilitating Evidence-Based Solutions for WASH in HCF

Presented by Lindsay Denny, MPH
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WHO/UNICEF Report:
Status of WASH in HCF (2015)

- Describes the status of WASH in HCF in low and middle income countries.

- Concluded that in light of the little data currently available, further is needed in order to determine where resources should be directed.

- Report can be found on on the WHO/UNICEF WASH in HCF website: washinhcf.org

Water, sanitation and hygiene in health care facilities
Status in low- and middle-income countries and way forward

WASH IN HEALTH CARE FACILITIES
FOR BETTER HEALTH CARE SERVICES

World Health Organization   unicef

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Reported Global Coverage of WASH in Healthcare Facilities

- 38% do <u>not</u> have an **improved water source** within 500 meters.

- 35% do <u>not</u> have water and soap for **handwashing**.

- 19% do <u>not</u> have **improved sanitation**.

- 42% do <u>not</u> have adequate systems for safe disposal of **healthcare waste**.
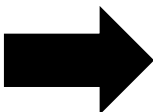
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JMP's WASH in HCF Core Indicators (2016)*

Indicator	Definition
Water	Water from an improved source is available on premises.
Sanitation	Improved sanitation facilities are available and usable, separated for patients and staff, separated for women and allowing menstrual hygiene management, and meeting the needs of people with limited mobility.
Hand Hygiene	Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets.
Health Care Waste	Waste is safely segregated into at least three bins in the consultation area and sharps and infectious wastes are treated and disposed of safely.

*only for outpatient setting
Source: WHO/UNICEF Joint Monitoring Programme for water supply and sanitation. "Expert Group Meeting on Monitoring WASH in Health Care Facilities in the Sustainable Development Goals." 2016

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JMP's Recommended Service Ladder*

Water	Sanitation	Hand hygiene	Health care waste
Advanced service *To be defined at national level*	**Advanced service** *To be defined at national level*	**Advanced service** *To be defined at national level*	**Advanced service** *To be defined at national level*
Basic service Water from an improved source[5] is available on premises.	**Basic service** Improved sanitation facilities[6] are available and usable, separated for patients and staff, separated for women and allowing menstrual hygiene management, and meeting the needs of people with limited mobility.	**Basic service** Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets.	**Basic service** Waste is safely segregated into at least three bins in the consultation area and sharps and infectious wastes are treated and disposed of safely.
Limited service Water from an improved source is available off-premises or an improved water source is on site but water is not available.	**Limited service** Improved sanitation facilities are present but are not usable, or do not meet the needs of specific groups (staff, women, people with limited mobility).	**Limited service** Hand hygiene materials are available at some, but not all, points of care and toilets.	**Limited service** Waste is segregated but not disposed of safely, or bins are in place but not used effectively.
Unimproved/No facility Unprotected dug well or spring, surface water source; or there is no water source at the facility.	**Unimproved/No facility** Pit latrines without a slab or platform, hanging latrines and bucket latrines, or there are no toilets or latrines at the facility.	**Unimproved/No facility** Hand hygiene stations are absent or present but without soap or water.	**Unimproved/No service** Waste is not segregated or safely treated and disposed.

*only for outpatient setting
Source: WHO/UNICEF Joint Monitoring Programme for water supply and sanitation. "Expert Group Meeting on Monitoring WASH in Health Care Facilities in the Sustainable Development Goals." 2016

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Emory's Objective

The adoption of the JMP core indicators necessitates better and more comprehensive tools to **assess WASH conditions** in healthcare facilities, **measure sustainability**, and **track improvements**.

To meet this need, the Center for Global Safe WASH at Emory University developed the **WASH Conditions Assessment Tool,** known as **WASHCon.**

To develop the tool, Emory drew from and adapted survey questions from the following guidelines, tools, and monitoring mechanisms:
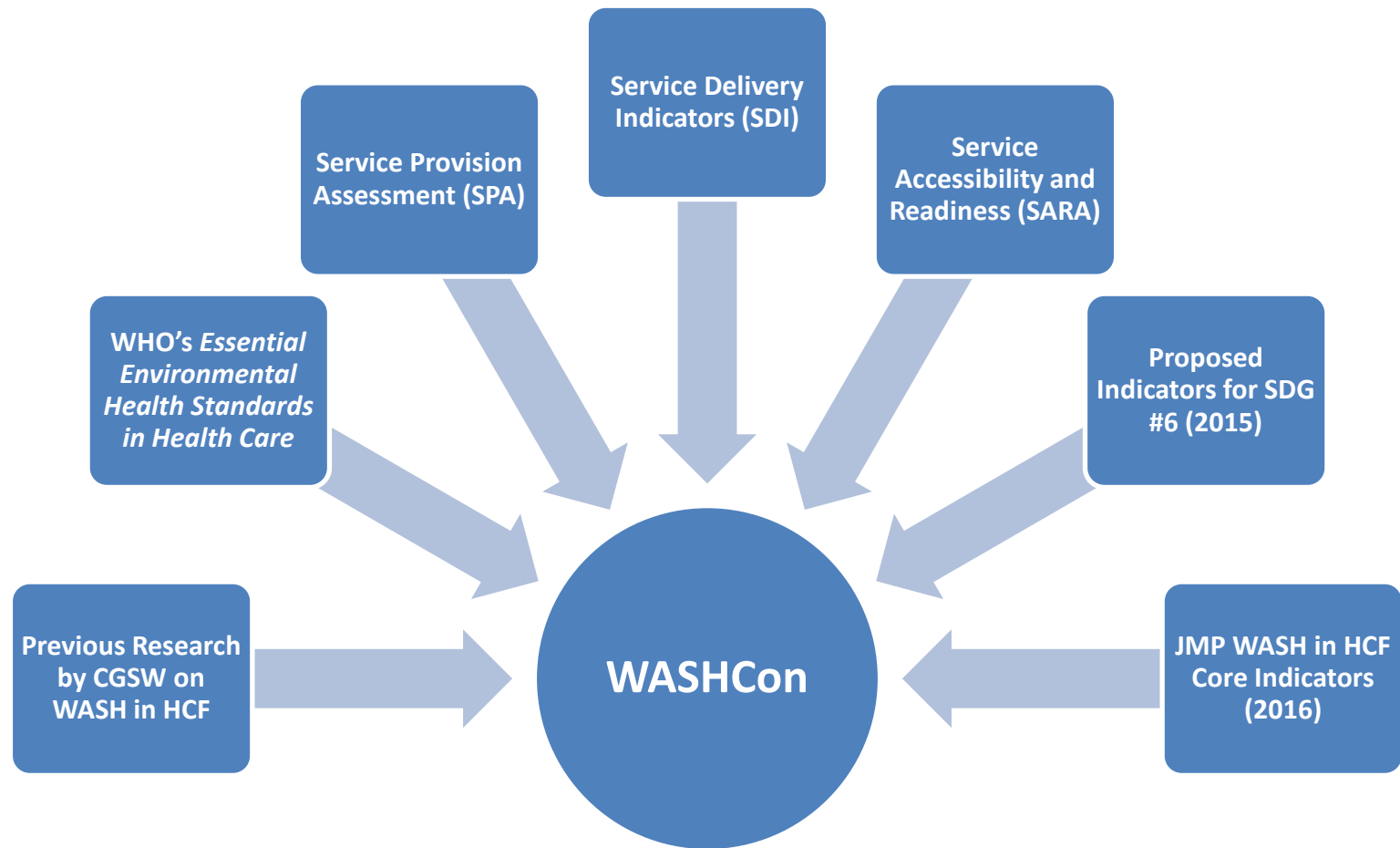
The Purpose of WASHCon:

1. Develop a **comprehensive overview** of the status of WASH conditions in a given HCF.

2. Provide real-time data to inform and **prioritize programmatic activities** to improve WASH in HCF.

3. Contribute to the **evidence base for advocacy and action** in the area of WASH in HCF.

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WASHCon Domains

Domains/Sub-Domains	JMP Definition
Water Supply • Access & Source • Quality • Quantity	Water from an improved source is available on premises.
Sanitation Facilities • Access • Quality • Quantity	Improved sanitation facilities are available and usable, separated for patients and staff, separated for women and allowing menstrual hygiene management, and meeting the needs of people with limited mobility.
Handwashing Facilities	Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets.
Cleaning Routines • Equipment & Supplies • Cleaning Practices	Facilities where all toilets, floors and surfaces are cleaned, with water or detergent, at least once a day or when soiled.
Waste Management • Segregation • Disposal	Waste is safely segregated into at least three bins in the consultation area and sharps and infectious wastes are treated and disposed of safely.

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WASHCon Methods

The tool employs three methods of data collection:

- Surveys

- Facility observation checklists

- Water sampling

The assessment takes approximately 1.5 to 3 hours at per hospital with 1-2 enumerators
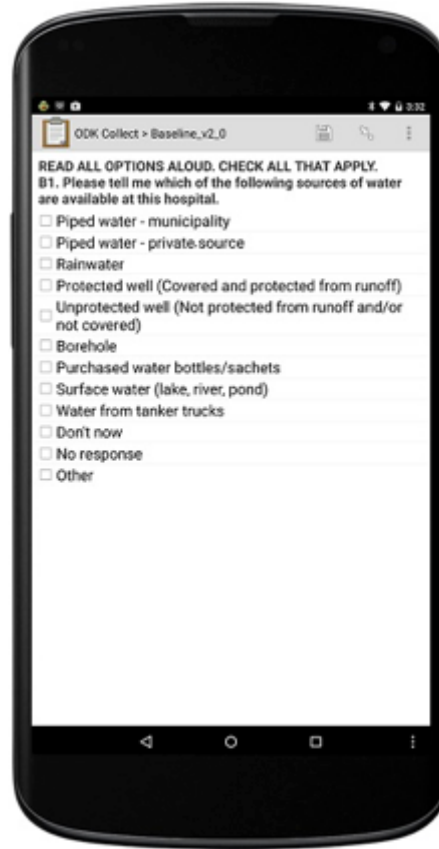
Tool is administered on a mobile device
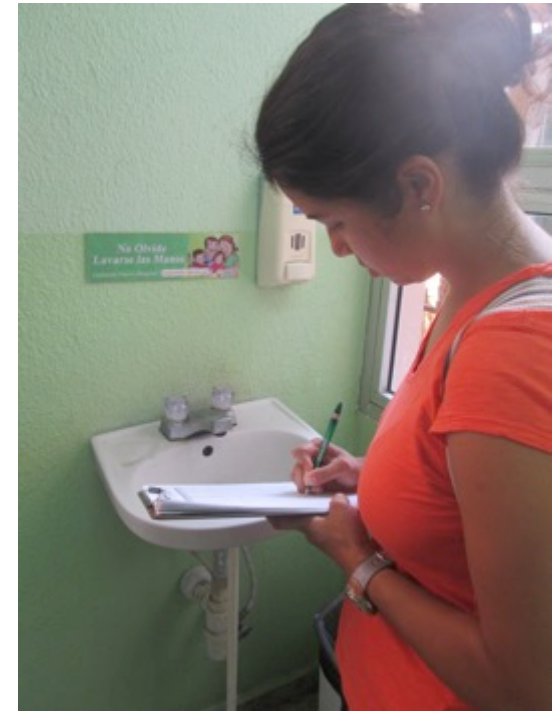
Piloting observation checklist

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Methods

The tool divided into five sections:

1. **Interview** with the facility director/deputy
2. **Administrative data** collection form
   - Number of patients, beds, deliveries, etc.
3. **Ward Observation** Checklist
   - Key wards: L&D, inpatient, outpatient, surgery, pediatrics
4. **Toilet Observation** Checklist
5. **Water Quality** Testing
   - *E. coli* and chlorine residual
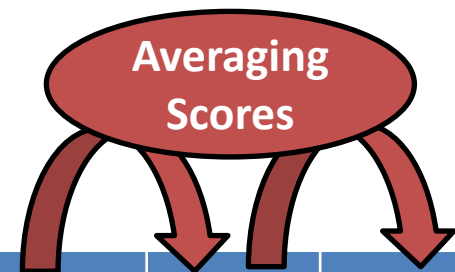
BabyWASH in WASHCon

In Uganda, additional questions were added to address BabyWASH:

- Materials required to support a clean birth
- Instruction and counsel for bathing and cord care
- Storage of water in L&D
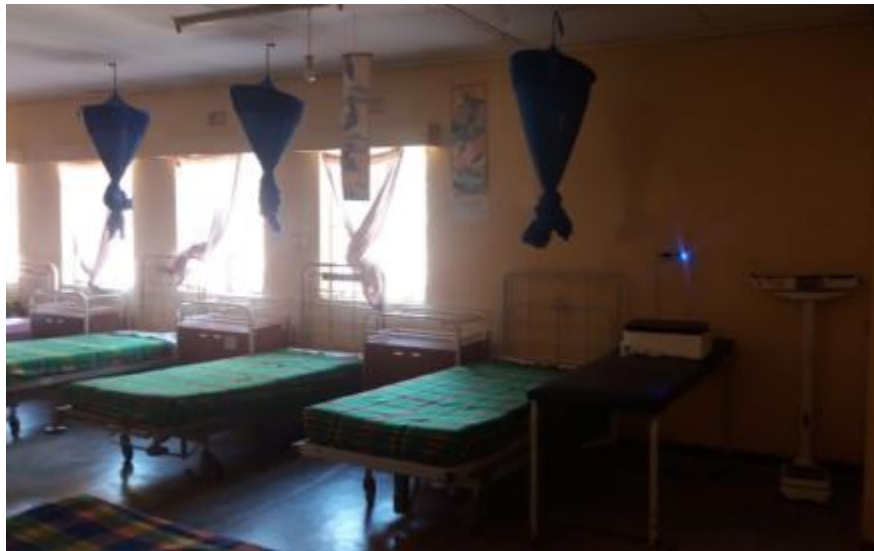
Sample Scoring Metric

Averaging Scores

Domain	Sub-Domain	Indicator	Indicator Score	Sub-Domain Score	Domain Score
Water Supply	Source & Access	What is the main source of water? Where is it located?	2	1.7	2.1
		Is an alternative water source available?	2		
		Is water assessable to all users at all times?	1		
	Quantity	Is water available from the main source at the time of the survey?	3	2.5	
		How often is the main water source unavailable?	2		
	Quality	Is drinking-quality water purchase or produced for patients?	3	2.0	
		Does water meet chlorine residual guidelines?	2		
		Does water meet microbial guidelines?	1		

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"Traffic Light" WASH in HCF Scorecard

Each HCF receives a score for in each subdomain, domain and overall between **1.0 - 3.0**
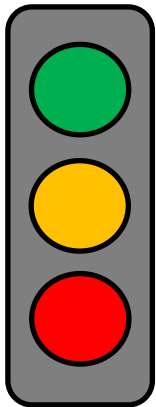
Score	Traffic Light	Criteria
3.0 – 2.8	**Basic Service**	HCF has achieved the minimum WASH in HCF targets as indicated by JMP or is on track to achieve them.
2.7 – 1.8	**Limited Service**	HCF has made some progress towards the minimum WASH in HCF targets but is *not* on track to achieve it.
1.7 – 1.0	**Unimproved or No Service**	HCF has made little or no progress toward achieving the minimum WASH in HCF targets.

- Rapid method of evaluating HCF and tracking progress toward achieving targets.
- Based on the responses to the questions, a data dashboard calculates a traffic light score for each of the 5 core areas for WASH in HCF. All domains weighted equally.

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Scoring Process
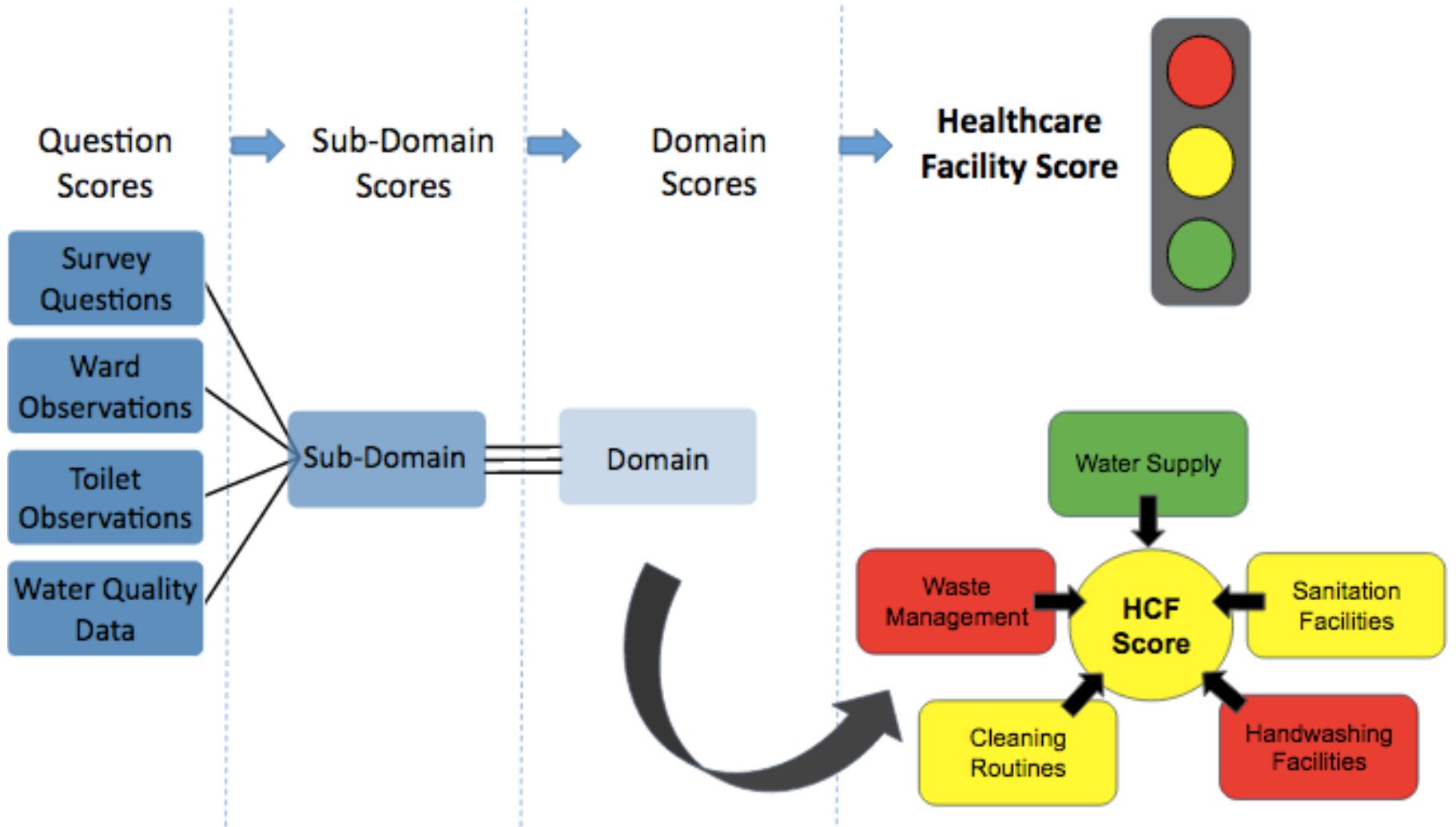
Sample Dashboard for Hospital X

Domain	Score
Water Supply	🔴 **1.7**
Source and Access	2.1
Quantity	1.4
Quality	1.6
Sanitation Facilities	🟡 **2.6**
Access	2.6
Quantity	3.0
Quality	2.1
Handwashing Facilities	🟡 **2.8**
Cleaning Routines	🔴 **1.8**
Equipment and Supplies	2.0
Cleaning Practices	1.5
Waste Management	🟡 **2.0**
OVERALL SCORE	🟡 **2.2**
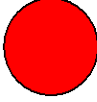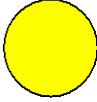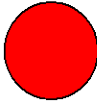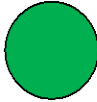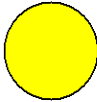
Traffic Light Scoring Legend

Red	1.0- 1.8
Yellow	1.9 - 2.7
Green	2.8-3.0

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WASHCon Assessment Findings:
Sample Health Centre

HOSPITAL SCORE: **2.3**

WATER SUPPLY: 1.8 Source & Access: 2.7 Quantity: 1.0 Quality: 1.7	🔴	**Strengths:** ☐ Improved water source on premises. ☐ Water accessible to all users. ☐ Water samples met microbial guidelines. **Weaknesses:** ☐ Water from the main source unavailable during initial visit and is reportedly often unavailable. ☐ Alternative source available but unimproved. ☐ Drinking water unavailable for patients.
SANITATION FACILITIES: 2.4 Access: 2.0 Quantity: 3.0 Quality: 2.2	🟡	**Strengths:** ☐ Improved toilets on premises. ☐ Separate toilets for men and women on premises. ☐ Sufficient number of toilets for staff and patients. **Weaknesses:** ☐ None of the toilets meet the needs of people with reduced mobility nor have facilities to manage menstrual hygiene. ☐ Toilets do not promote human dignity. ☐ Waste from toilets disposed in underground pits.
HANDWASHING FACILITIES: 1.8	🔴	**Strengths:** ☐ Soap provided for staff and sometimes for patients/caregivers. **Weaknesses:** ☐ Toilets facilities, key patient care areas, food prep areas do not have handwashing station.
CLEANING ROUTINES: 3.0 Equipment & Supplies: 3.0 Cleaning Practices: 3.0	🟢	**Strengths:** ☐ Key resources for cleaning available within wards. ☐ Wards clean of dust, soil and bodily fluids. ☐ Beds/mattresses cleaned between patients. ☐ Regular cleaning routines for wards and toilets.
WASTE MANAGEMENT: 2.4 Segregation: 2.2 Disposal & Treatment: 2.5	🟡	**Strengths:** ☐ Sharps, infectious and placenta waste separated from other waste. ☐ Placenta waste disposed of safely. **Weaknesses:** ☐ Protected areas not available for waste storage. ☐ Appropriate separate waste bins not available in wards. ☐ Infectious and sharps waste not disposed of safely.

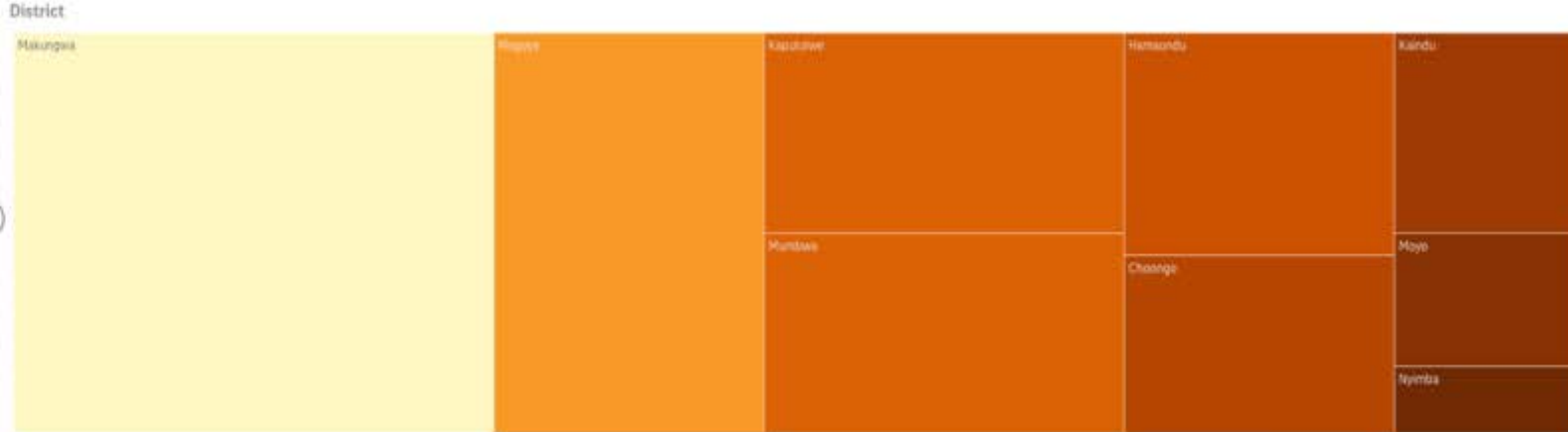# Compare HCF within a country or region through GSP coordinates...
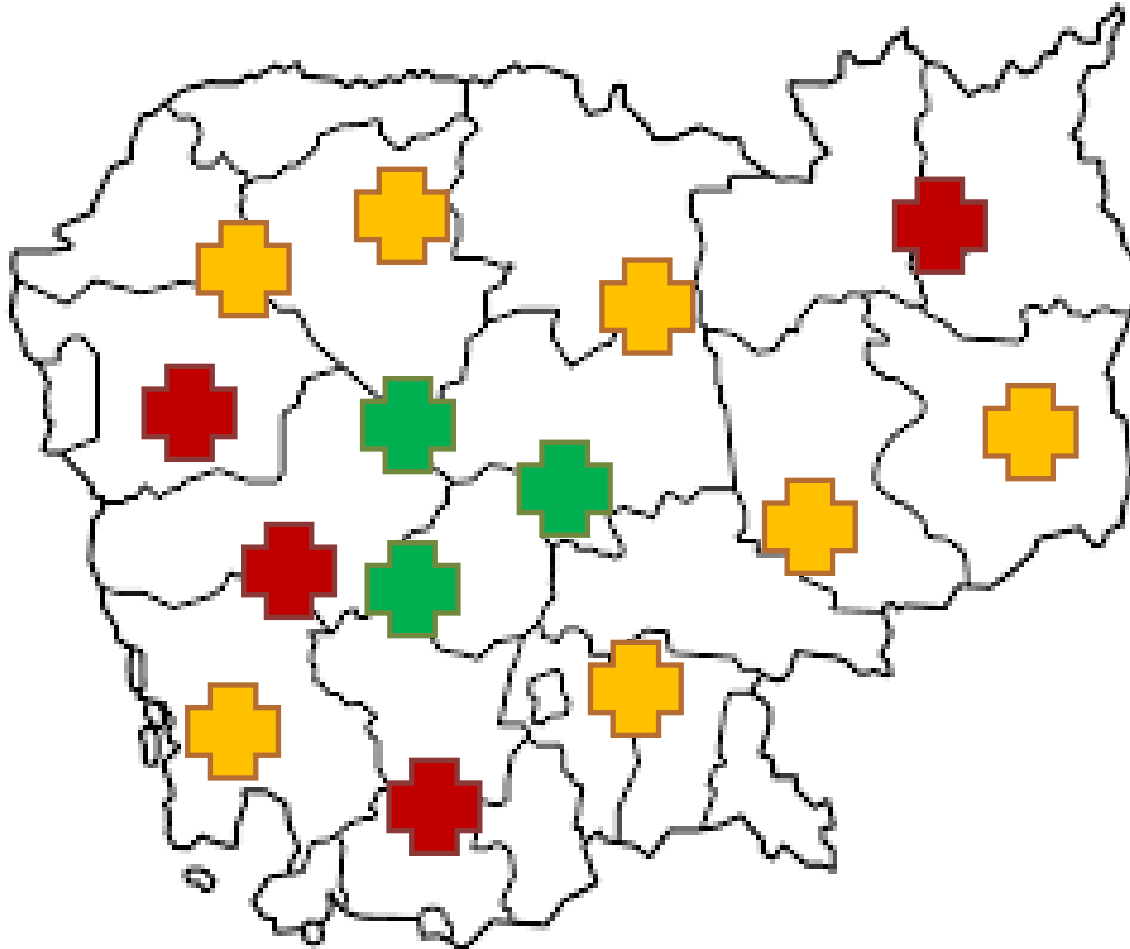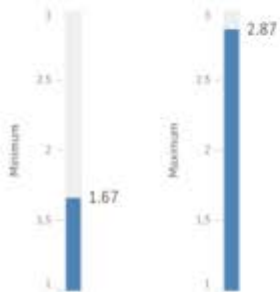
WASHCon Dashboard
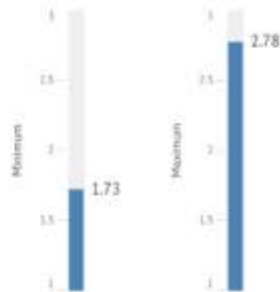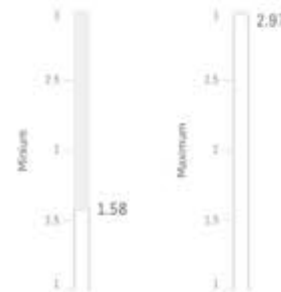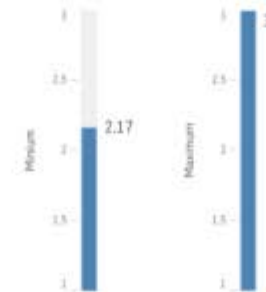
From DATA to ACTION

- The data is particularly useful at highlighting which of the five domains are the most in need of improvement.

- Data can be collect regularly to see change over time.

- It is also useful in highlighting the real situation on the ground, as compared to the initial WHO/UNICEF status report from 2015.

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Disaggregating the Data

Additional analyses of the data can determine further differences, such as:

- Patient vs. staff access and quality of resources and infrastructure
- Health centers vs. hospitals
- Public vs. private HCF

Moving to Implementation

- WASHCon data can be used to determine priority target areas, both by domain and by location.

- One recommended next step is address target areas using WHO's **WASH Facility Improvement Tool (WASH FIT)** for HCF, which walks facilities through the cycle of phased improvements through capacity building and assessments of risk.

Strengths of the Tool

- **Systematic and Flexible:** Easy to use and can be employed in various levels of healthcare facilities and across different country contexts.
- **Rapid:** Takes ½ day with two enumerators to administer.
- **Fills a Gap:** Provides much needed data for advocacy and action.

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Limitations of the Tool

- **Broad**: Covers a variety of topics, but does not delve deeply into any one topic.

- **Not all inclusive**: Does not include information on behavior or knowledge, attitudes, and practices. Focuses on infrastructure, access, and resources.

- **Subject to biases**: Relies on information from the director which could be inaccurate.

CLEANLINESS IS LIFE
- LET US NOT SIT ON OUR PATIENTS BEDS TO AVOID CROSSINFECTION.

- TO ALL HEALTH WORKERS WORKING HERE AT THE HOSPITAL. LET US REMEMBER TO WASH HANDS BEFORE & AFTER GLOVING AND EXAMINING EVERY PATIENT.

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Implications

WASHCon findings can be used to:

- Identify priority areas for improvement

- Compare conditions across and within regions to understand which problems are widespread vs. localized

- Track progress over time, in particular in relation to JMP indicators.

- Describe the status of WASH in HCF and drive investment in operation, maintenance, and upgrades of WASH facilities

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