WASHCON DATA COLLECTION TOOL

WORLD VISION UGANDA'S LEARNINGS AND UTILIZATION OF THE DATA

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INTRODUCTION

- The WASH conditions of 52 Health Care Facilities (HCFs) was assessed from 14th -23rd November 2016 in 10 sub counties in Hoima District.

- Data collection was conducted using the Emory University WASH Conditions (WASHCon) tool on a Commcare mobile application comprised of surveys, observations and water quality analysis.

- The observations and surveys were conducted by 10 trained enumerators in 10 days using a mobile device and generally took less than three hours with one enumerator per HCF.

- At-least 4 HCFs were analyzed for water quality by 2 analysts per day for 10 days.

METHODOLOGY

- The trained enumerators were subsequently divided into two groups, each with a group leader to ensure collection of complete and accurate data.

- Source of information/data:
    I. Interviews with Health Centre in-charges;
    II. HCF records.
    III. By observation on the status of WASH in the Health Centre key wards
- Data was collected via a mobile device and information uploaded onto the WASHcon
- In some areas papers questionaires were used and latter entered into the mobile device

KEY FINDINGS

- 9.62% of the Health Centres reached had basic Water supply systems.
- 7.69% of the facilities had basic sanitation facilities.
- 28.8% of the Health Centres carried out routine cleaning.
- 11.54% of the HCF had handwashing facilities with water and soap at the time of the visit
- 15.38% of the HCF were properly managing their wastes as guided by the assessment tool

The Health Centres assessed where either Health Centre III or Health Centre IV where deliveries and admissions are conducted.

KEY LEARNINGS

The WASHcon tool is comprehensive and easy to use and can be employed in various contexts. However, alignment of the tool with the local authority is very important.

Reduction in survey time: it takes about 3 hours for one enumerator to administer.
No worry for data safety since the connection is to server.

The data generated from the tool can be used for advocacy and fundraising as it gives real time data and information required.

CommCare Mobile App: All questions are answered as one can’t move to the next question until the current question is filled in.

The mobile phone is easy to carry and use as compared to paper surveys and other formally used phone applications.

KEY LEARNING CONTINUE

All questions are answered as one can’t move to the next question until the current question is filled in.

Sometimes the paper survey could as well be used because of some technical issues which to me was a constraint and needs to be addressed.

WHAT WVU IS DOING/WILL DO WITH THE ASSESSMENT RESULTS:

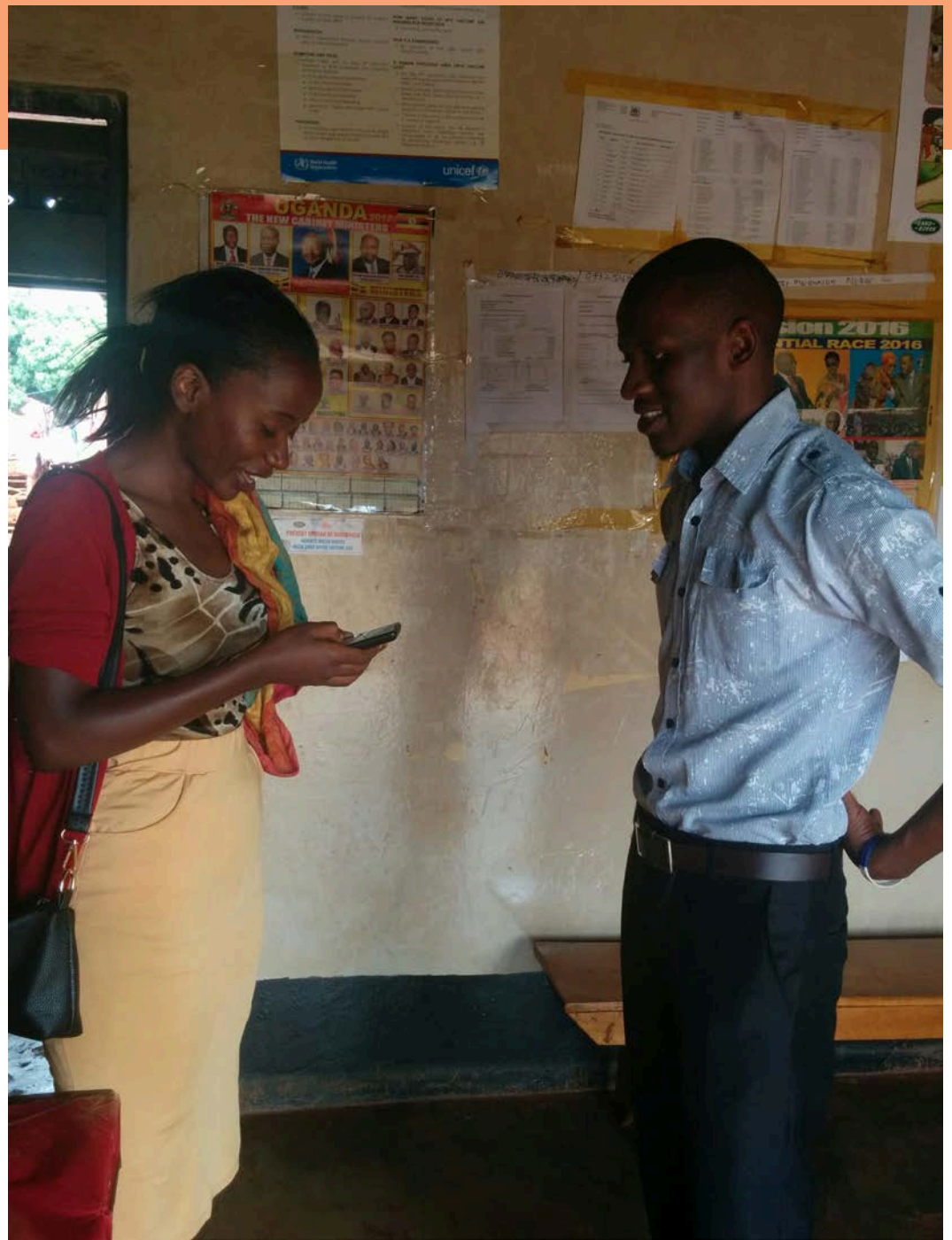
WVU has adopted the tool and the assessment results and is using the findings for fundraising. Ie already UNICEF has been consulted.

WVU intends to increase access to safe drinking water from 9.62% to 100% with emphasis on having water at the delivery rooms for Health Centre III & IV.

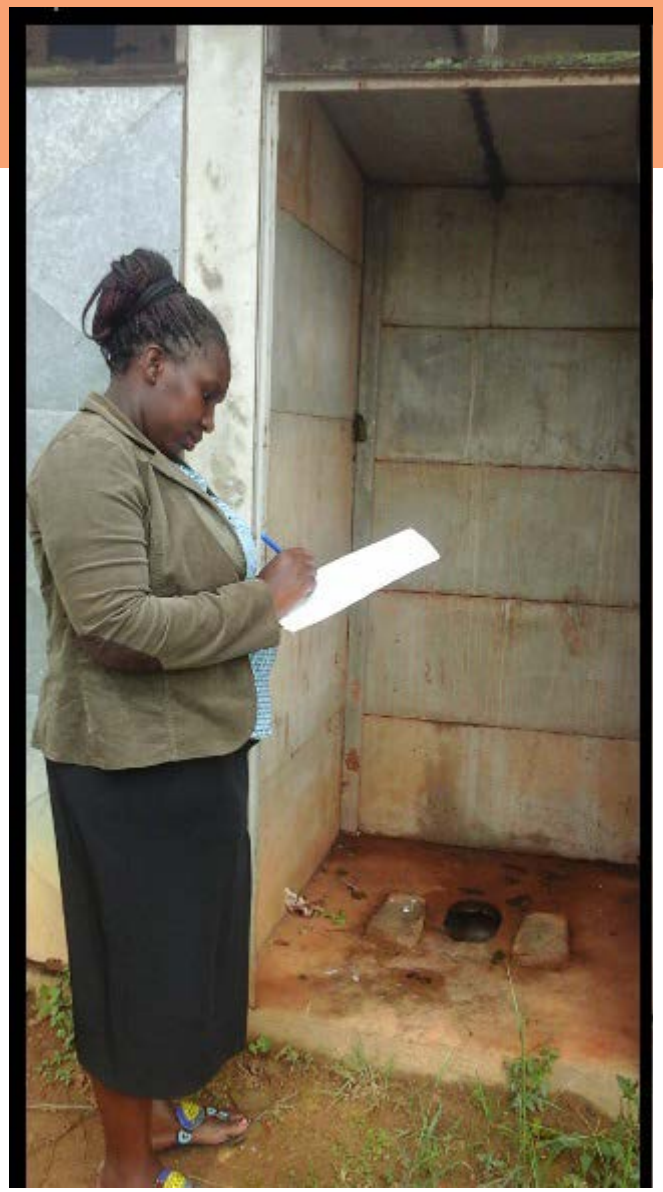
Intending to share the results of the assessments with government and other partners which will act as an Advocacy tool targeted towards promoting WASH in Health Centre interventions.

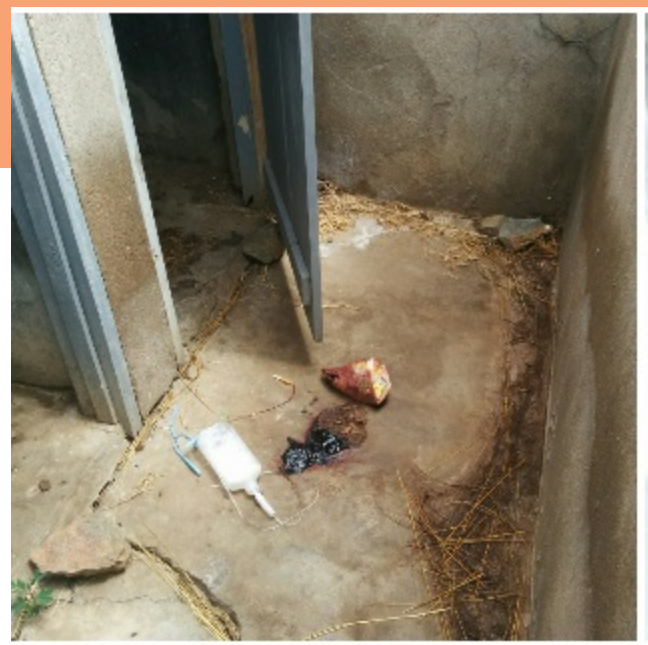
Health Centre Solid waste management stands at 15.38% and will therefore be one of the priority areas of WASH in Health intervention.

Sanitation and hygiene improvement as well need to be considered, as basic sanitation from the findings only stood at 7.69%


UGANDA
unicef


STIs, HIV/AIDS &

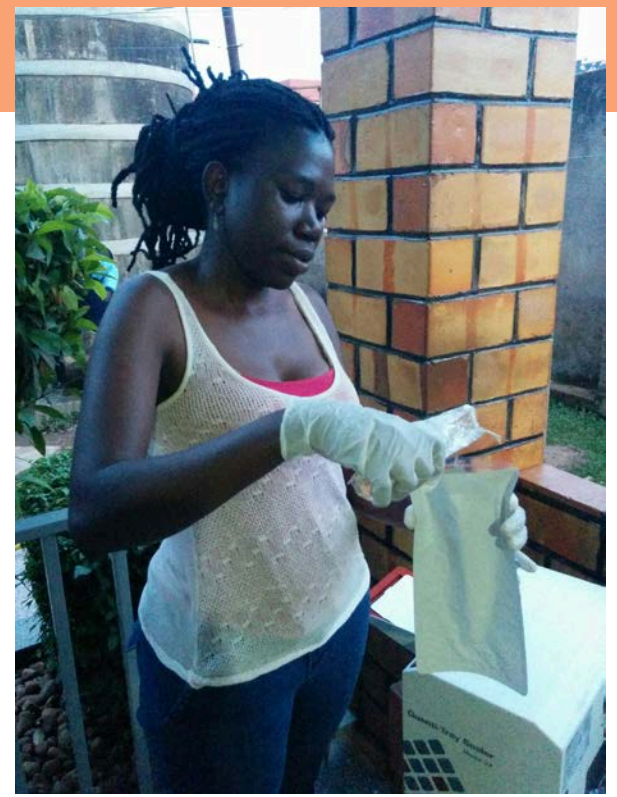






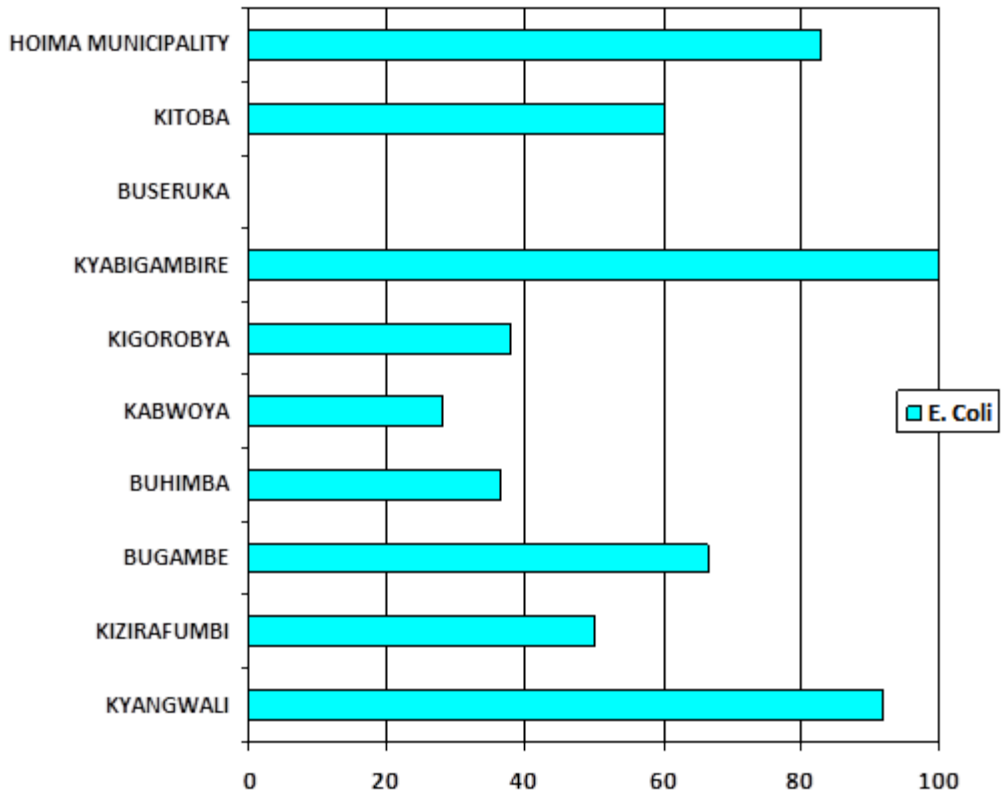


CareStart
Malaria HRP2 (Pf)



KEY FINDINGS

- Percentage of Samples that Met the Uganda National Guidelines for Safe Drinking Water per sub-county (<1 E. coli MPN/100ml)



QUESTIONS AND END