WASH in Healthcare Facilities Initiative

WEBINAR SESSION 4 (NOV 2018) – SUMMARY
An Incremental Approach to WASH in HCF: A Donor Perspective and Insights from DRC
Presentation by Jason Lopez, Save the Children and Jesse Shapiro, USAID

Purpose of this Webinar

The United States Agency for International Development (USAID) invests in WASH initiatives in HCF in order to reduce morbidity and mortality related to inadequate WASH in HCF, and to fulfill a commitment to achieve Sustainable Development Goals (SDG) in both WASH and health. The Clean Clinic Approach, developed within USAID's Maternal and Child Survival Program and implemented with support from Save the Children, is an example of an improvement approach that USAID supports. In this webinar, Jesse Shapiro, Senior WASH Advisor at USAID, and Jason Lopez, Senior WASH Specialist at Save the Children, share their experience implementing the Clean Clinic Approach in HCF in rural districts in the Democratic Republic of Congo.

Summary of Presentation

Key statements from Jesse Shapiro:

- WASH should be seen as a key component of a health system, falling within provision of quality of care (QoC) and overlapping with infection prevention and control (IPC)
- USAID's investments in WASH in HCF include support for the Joint Monitoring Program (JMP), developing working groups and global action plans with WHO and UNICEF, the Clean Clinic Approach, sepsis studies, and direct improvements to health systems which could including facility construction, improved quality of care, and/or policy and process improvements

Key statements from Jason Lopez:

- Adequate WASH in HCF contributes to provision of safe care, promotes good health seeking behavior, reduces the risk of healthcare acquired infections (HCIA), and improves emergency response
- Major challenges to improving WASH in HCF include lack of national standards or standards which are poorly implemented and monitored, insufficient commitment from local leadership, inadequate funding, and unclear roles and responsibilities

Implementing the Clean Clinic Approach in the DRC

Figure 1 below provides an overview of the steps involved in the Clean Clinic Approach. The approach is not intended to be a rigid set of steps and guidelines. Instead, it should be adapted to fit the local context and health system. In the DRC, CCA was applied beginning in 2016:

- The percentage of people accessing HCF with improved water and improved sanitation in the DRC is less than the average seen across LMICs, as well as across Sub-Saharan Africa
- USAID's Maternal and Child Survival Program (MCSP) focuses on increasing coverage of high quality reproductive, maternal, newborn, and child health interventions at household, facility and community levels
- MCSP prioritizes prevention of maternal and child deaths, and implemented the Clean Clinic Approach (CCA) as a means to address the WASH in HCF gap in DRC, and reduce maternal and child mortality
- The CCA was implemented in 8 rural and remote health districts in DRC, starting in Aug 2016 with 10 HCF, and later expanded to 35 HCF in November 2017
- The CCA enables HCF to identify needs and develop action plans, works incrementally to improve WASH and IPC in HCF, institutionalizes motivation and accountability of systems to sustain improvements, and ensures HCF meet WASH standards for HCF set by WHO and adapted by the country's Ministry of Health

- An assessment tool for WASH in HCF was developed in partnership with local government in the form a service ladder (score of advanced, essential, limited, or no service) which included questions to understand level of WASH management, as well as sanitation, hygiene, and water provision. An HCF scoring 75% or higher on the assessment was awarded 'Clean Clinic Status'
- Results were variable: in one district, 4 of 5 HCF received 'Clean Clinic Status', in another only 2 of 5 although this district had lower baseline assessment results
- In one district, the number of births in HCF quadrupled after implementing CCA, and mothers cited cleanliness and water access as reason for attending the maternity ward for delivering

Lessons learned

- Good governance and leadership is key, committed leadership resulted in dramatic improvements over time
- HCF should have autonomy to make financial decisions
- Frequent supervision visits early on had greatest impact on improvements
- Regular internal and external audits encouraged facilities to maintain improvements

Best practices

- A well-developed strategy for improving WASH in HCF should include all levels of staff, including cleaners
- Thorough risk-based planning and prioritization should be incorporated
- Follow-up and coaching should be adopted and supported with a scoring system
- Multi-stakeholder involvement and community feedback mechanisms should be included

Important Comments from Discussion

- From the donor perspective, improved morbidity and mortality are difficult outcomes to attribute to interventions. Contributions to facility construction, indicators that reflect level of facility management, proxy indicators for improved WASH facilities (such as hand washing stations in key locations), and assessment and action plans are what donors like to see when making funding decisions
- Healthcare waste management, from supply chain to treatment and disposal is part of CCA, as it is intended to be aligned with JMP indicators for WASH in HCF
- CCA is intended to be well-aligned with surveys and questions used by JMP for WASH, however, it is not prescriptive. Countries adapt CCA to fit their needs and may supersede some questions if not applicable or appropriate for the context. In DRC, JMP indicators for WASH in HCF had not yet come out, so future programs will be better aligned. Future programs should also consider how to measure use, and not just access to WASH in HCF
- Achieving 'Clean Clinic Status' was communicated to the public in order to encourage community members to seek care at a clean facility
- Antimicrobial resistance (AMR) is big challenge, and on the radar of many WASH in HCF improvement initiatives, but not currently a large component of these programs
- Within CCA, there are training modules specific to cleaners and cleaner supervisors to understand risks to patients regarding environmental health. Executing these modules consistently could be a challenge in contexts such as Tanzania where HCF cleaners are often outsourced employees and change regularly
- WHO's WASH FIT is another tool for making WASH in HCF improvements. WASH FIT is a great outline of standards, while CCA is more of a process to implementing and maintaining standards
- Greatest challenges to reaching 'Clean Clinic Status' were financial limitations and leadership turnover
- In experience from DRC, piloting CCA in a smaller coverage area to develop best practices and improvement was beneficial before expanding to additional districts

- The scoring system is not a ranking of participating HCF, but rather a means to highlight where improvements can be made, and reward individual HCF which reach 'Clean Clinic' status
- Currently, there has been no analysis of how a resulting higher demand for services after implementing CCA might impact the HCF business model, revenue, and sustainability of WASH services

Figure 1: Overview of the Clean Clinic Approach