



WEBINAR SESSION 12 (Sept 2019) – SUMMARY

Final Monthly Webinar: Fitting WASH into Quality of Care Presentation by Dr. Blerta Maliqi, WHO, Geneva and Fiona Mary Aber, World Vision, Uganda

Purpose of this Webinar

Quality of Care (QoC) is essential to providing universal health coverage. Target 3.8 of Sustainable Development Goal 3, aims to achieve universal health coverage, including access to quality essential health-care services. Improving QoC calls for improvements in water, sanitation and hygiene (WASH) infrastructure in healthcare facilities (HCF), especially in relation to maternal, newborn and child health (MNCH). Presenters from WHO, Geneva and World Vision, Uganda explain regional and national action to improve QoC at the intersections of WASH and MNCH in HCF.

Summary of Presentation

Improving Quality of Care for Maternal Newborn and Child Health

- The success of universal health coverage (UHC) depends on quality of care.
- QoC is defined as the degree to which health services increases the likelihood of desired health outcomes and are consistent with current professional knowledge.
- Inadequate access to QoC is linked to 8.6 million deaths per year in 137 low- or middle-income countries (LMICs).
- One in four HCF lack basic water, one in five lack sanitation, 42% lack hand hygiene at point of care and 40% lack systems to segregate waste.
- The WHO Standards for Improving Quality of Maternal and Newborn Care in Health Facilities call for functional, reliable, safe and sufficient water, energy, sanitation, hand hygiene, and waste disposal facilities.
- Achieving QoC for every woman and child includes addressing issues of infrastructure and development, competency, etc. We know that we don't have all of the answers to addressing QoC.
- Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, and Uganda formed a Network for Improving QoC for MNCH to reduce maternal and newborn deaths and still births in participating facilities by 50% over five years and improve experience of care.
- The Network's four strategic objectives are leadership, action, learning and accountability.
- Implementation starts with a national strategy and policy and the adaptation of standards of care and is driven by a QoC focus, along with measurement and the learning and exchanging of ideas.

BabyWASH

- World Vision implemented the Baby WASH Project, a comprehensive integration of WASH, MNCH, nutrition and early childhood development in HCF and in the community to improve the wellbeing of children for the first 1,000 days of their lives.
- Baseline indicators in Uganda were collected from 52 HCF by Emory University and Care International, the 5S-CQI-TQM methodology and QoC assessment
- World vision worked through existing government structures in HCF, health workers, cleaners, etc. to ensure ownership among stakeholders.
- The interventions included development of WASH infrastructure, leadership and governance, advocacy, and infection prevention and control.
- The quality improvement structure included HCF level quality improvement committees of about seven members from each department that meet quarterly.
- In Uganda, the 5S-CQI-TQM approach for improvement of healthcare delivery was used with the addition of leadership, which is key to sustaining the project's implementation.
- Quality improvements are difficult to implement with inadequate WASH and general infrastructure.
- IPC can be overlooked due to competing priorities within HCFs.

Unanswered Questions from the Discussion

- Maggie Montgomery: Thank you for the comprehensive overview Blerta of the Quality of Care framework and activities in the Network Countries. Could you speak to some of the most notable successes and challenges within the learning districts. How are learnings being extended to and applied at the national level? Finally, what actions would you recommend that WASH actors take to engage and support this work?

A: The most notable success is that learning districts have organized their supporting systems, identified and trained/oriented staff who are serving as QI coaches, and QI work has started or is being strengthened in learning facilities. Overall, we are seeing initial positive that show improvement in different processes and practices. At the same time, we are seeing some very early results in changes in outcomes, however it is too early to presume that they are generalizable.

The main challenge is to sustain the momentum and streamline the QI support in the existing district structures and systems. Partners assistance to develop the district capacity to address QI has been fundamental and will remain such in the next few years.

- Dan Jones: Blerta thank you for the great presentation. I was struck by your emphasis on 'child-friendly' WASH in HCFs. So right! Do WHO have any data or sense of what proportion of WASH in HCF is 'child-friendly'? I think there's a strong

link there to preventing child malnutrition and it's a useful tangible example of how WASH can be made more 'nutrition-sensitive'.

A: To my best knowledge, we don't have information on this aspect of care. It is one of the aspects of QoC for child care that hasn't been picked up until now. It is important to address it from a research, advocacy and investment perspective.

Summary of Action Items

- Become part of QoC working groups
- Engage with learning districts that are implementing quality improvement
- Link WASH and QoC assessments and responses
- Report and disseminate results