Transforming Health Services Quality for UHC: a focus on basic water, sanitation, and hygiene (WASH) in health care facilities

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Evolution of the program – **Provision to Guarantee**

**IPHS 1**
- Health facility standards inclusive of WASH

**IPHS 2**
- Health facility standards inclusive of WASH

2013-2015 Wi HCFs as part of C2A of RMNCH+A

**Mission 2014**
- Swatch Bharat Sarvatra 2016

**Kayakalp 2015**
- Swachh Bharat
- Swastha

**SUMAN 8**
- LaQshya

**LaQshya Program Analysis**
WASH is an integral component in the National Quality Assurance System (NQAS) for health facilities

Operational Guidelines for all levels of facilities in public health system

NQA Standards with focus on infection prevention and control
Focus on health facilities in Swatch Bharat Mission (SBM)

Swatchhta guidelines for Public Health Facilities

31305 Health Facilities targeted across 733 Districts in 36 States/UTs
Kayakalp - Health System Strengthening Approach to WASH in Health Facilities

Engagement of staff and community at facilities

- District level awards nomination committee
- Assessment protocols
- Constitution of Infection control & Cleanliness Committee
- Score cards for each type of facility

Focus on health systems at the state and district level

- State Quality Assurance Committees – All States
- District Quality Assurance Committees – All Districts
- 300 + Trainings conducted for Kayakalp Assessors
  - 2000 Internal Assessors
  - 200 External Assessors
Swachh Swasth Sarvatra
(Cleanliness | Health | Everywhere)

Swasth Bacche Swasth Bharat
(Health Children Healthy India)
Swacch Swastha Sarvatra

**Ministry of Health & Family Welfare’s support in Open defecation Free (ODF) Blocks**

- 700 ODF Blocks
- Identify CHCs with <70% Kayakalp score
- Incentive of Rs. 1000000 for upgrading the facility
- Re-assessment of this facility as per Kayakalp
- CHCs to attain 70% score under Kayakalp

**Ministry of Drinking Water & Sanitation support in Gram Panchayat’s (GPs) near Kayakalp awarded PHC’s**

- GPs near 670 Kayakalp awarded PHCs
- Nodal staff in charge of Sanitation & hygiene in each PHC – identified
- Training of the Nodal staff by MDWS with UNICEF support
- Nodal staff to be trainer for ASHA & PRI members
- ASHA & PRI members support GPS in becoming ODF
UNICEF support for WASH in Health Facilities in India

- 1105 delivery points in 107 HPDs across 24 states of India.
  - District Hospitals (105); Sub District Hospitals (171); Community Health Centres (829)
  - Participatory Assessment – Handholding for Improvements – Strategy for scale up

- Harmonization of HMIS and other MIS
- Making facilities future ready – climate resilience
Integrating WASH in national Quality of Care initiatives

**LaQshya Program Analysis**

**LaQshya**

- To improve quality of care in labour rooms and maternity care facilities
- To reduce puerperal mortality and newbornStillbirth and stillbirth
- Training every pregnant women and newborns delivering in public health facilities
- All labour health facilities across country have been identified

**LaQshya: Harmonizing efforts**

- National Quality Assurance Standards
  - Model Labour Rooms & WASH - UNICEF
- Dakshata/ Skill Lab Trainings
  - "Hands on Trainings" Jhpiego

**LaQshya**

- Care around Birth
- Approach Learning from USAID - ASSIST
- White Ribbon Alliance
- Care around Birth Approach

**LaQshya: Interventions**

- **Program Framework**
  - Labour Room
  - Quality Improvement
  - Gynecological Care
  - Maternal Health
  - Infection Control

**LaQshya**

- The National Labour Room Quality Improvement Initiative

- Bring together all existing efforts
- Coalesces Quality Assurance (QA) & Quality Improvement (QI)
- Coordinated efforts – National Health Mission, State Health Departments and Medical colleges

Aims to adopt a holistic and comprehensive approach at all levels of care to improve and strengthen Quality of Care (QoC) during antenatal and immediate postpartum periods

**LaQshya: Program Analysis**

- All Government Medical College Hospitals
- All District Hospitals & equivalent health facilities
- All designated FRHs and high case load CHCs with over 100 deliveries/60 (per month) in hilly and desert areas
Moving forward:

• Engagement of the Private Sector

• Building climate resilience through Clean & Green initiative
  – Water efficient
  – Energy efficient
  – Smart building and waste management (Reduce – Reuse – Recycle)
Thank You!
WASH in Health Care Facilities in the era of UHC and Climate Change: Philippines

Dr. Renzo Guinto, PH Lab
Engr. Bonifacio Magtibay, WHO
3 in 10 PH health facilities ‘lack access’ to clean toilets – study

DOH: Only one watcher per patient in hospitals hit by water shortage
UHC Act in the Philippines: a new dawn for health care

Duterte signs universal health care law
Disasters and HCFs

- Taal volcanic eruption, 2020
- Typhoon Haiyan, 2013
- Ondoy flooding, 2009
- Bohol earthquake, 2013
Government Actions
Country Plan for WASH in HCF

- Barangay Health Station = 22,512
- Rural Health Units = 2,597
- Birthing home = 1,813
- Hospital = 1,456
- Infirmary = 673

29,051 HCFs

HCF subject to licensing: 3,942
Percent licensed: 93%

- National Baseline Survey (2019-2020)
- Roadmap (2019-2020)
- WASH and Green Standards for HCF (2019-2020)
- Infrastructure (2020-2030)
- Monitoring System (2019-2022)
- Workforce (2019-2030)
- Communities (2020-2030)
- Research (2019-2030)

Philippine Green Building Code
Climate Change Act
Universal Health Care Act
Sanitation Code
Conclusion

Accomplishment of targets for universal WASH coverage in HCFs is possible by 2030:

• By adopting a green, safe, and climate-smart approach
• With strong political leadership, dedicated health workers, funding support and enabling national policies
Supporting quality of care – what can WASH actors do?

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Why WASH, WaterAid and UHC?
Resolution – what does it ask?

Calls for Countries to:

- Establish **national roadmap, targets** and implement WASH in HCF and infection prevention and control (IPC) standards
- Integrate WASH and IPC **indicators** into health programming and monitoring
- Support **health workforce development** to address WASH in HCF
- **Address inequities**, especially in primary health care facilities and facilities where births occur
- Increase **domestic funding** for WASH in HCF
- Establish **strong multisectoral** mechanisms to address WASH in HCF

INVITES international, regional and local partners:

- to raise the profile of safe water, sanitation and hygiene and infection prevention and control in health care facilities, in health strategies and in flexible funding mechanisms
- direct efforts towards **strengthening health systems as a whole**
- to support government efforts to **empower communities to participate in the decision-making**

**Calls for the WHO Director General:**

- Provide leadership, technical guidance and regularly report on status
- Mobilize partners and investments

Countries highlighted are where we are actioning WASH in HCF activities
Mali: WaterAid has supported citizen accountability mechanisms.

Malawi: WaterAid has supported programming on IPC, hygiene behaviour change.

Cambodia: WaterAid advocated for inclusion of WASH in HCF in national quality mechanism, developed a user friendly WASH tool and undertaking hygiene behaviour change research.

Myanmar: Working with Jhpiego and the MoHS to integrate WASH within quality of care for maternal and neonatal care, with a gender and social inclusion focus.
How do we go about our work?
Establish WASH in HCF coordination group
Needs assessment
Action
Budget?  
Skills/human resources?  
Social norms?  
Guidelines/standards?  
Roles unclear?  
Leadership/political will?  
Accountability?  
Supply chains?  
Training?
Determinants – what is driving inadequate WASH services? 
The SoapBox Collaborative’s Conceptual Framework

Adapted from: CROSS, Suzanne et al. ‘Hygiene on maternity units: lessons from a needs assessment in Bangladesh and India’. Global Health Action, [S.l.], v. 9, dec. 2016

Health overall
- Service delivery model
- Priorities and policy environment
- Policy milestones
- Key actors and their roles
- Health priorities
- Political economy

WASH in HCF
- Representation in policy, strategy and guidelines (and health priorities)
- Roles and responsibilities in government
- Existing assessments and monitoring mechanisms
- Existing and potential actors and their roles
- Health priorities and framing
- Bottlenecks and opportunities
- Political economy

MoH led coordination
- Build stakeholder group
- Secretariat and regular meetings
- Linked across other relevant groups

Needs assessment

Action

System determinants

Individual determinants

Adapted from: CROSS, Suzanne et al. ‘Hygiene on maternity units: lessons from a needs assessment in Bangladesh and India’. Global Health Action, [S.l.], v. 9, dec. 2016
Thank you
Improving WASH within quality of care: Progress in Cambodia

Presenter: Dr Lim Khankryka
Department of Hospital Services, Ministry of Health Cambodia
Cambodia – health reform and quality of care

SNAPSHOT

There are now more babies being delivered by health professionals and more women choosing to deliver at a health facility than ever before.

>90% Decline in maternal mortality ratio from 472 deaths per 100,000 live births in 2005, to 170 deaths per 100,000 live births in 2014.

Reduce financial barriers to accessing care

Improve coverage of services

Improve quality of care

But what about WASH?

Decline in maternal mortality ratio from 472 deaths per 100,000 live births in 2005, to 170 deaths per 100,000 live births in 2014.

There are now more babies being delivered by health professionals and more women choosing to deliver at a health facility than ever before.

>90%
### Cambodia's Public HCF WASH Status

<table>
<thead>
<tr>
<th>Type of HCF</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Posts</td>
<td>129</td>
</tr>
<tr>
<td>Health Centers</td>
<td>1,206</td>
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<tr>
<td>Referral Hospitals</td>
<td>117</td>
</tr>
<tr>
<td>National Hospitals</td>
<td>9</td>
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</tbody>
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Survey of 117 Health Care Facilities (101 Health Centres and 16 Referral Hospitals in 5 provinces)

- Only 49% have enough water year round

Source: Department of Planning and Health Information, MoH, 2018

Policy development related to WASH in HCF
WASH within the National Quality Enhancement Monitoring Process (NQEM) – facility level

National Quality Enhancement Monitoring Process (NQEM) is applied at all public health facilities every quarter.

The NQEM tools include three elements: (1) structural quality, (2) quality of care delivery process (using clinical vignettes) and (3) quality outcome (through client interviews).

Structural quality includes a quality criterion (with a maximum score of 15%) related to WASH infrastructure and facilities.

Each facility receives a Service Delivery Grant (fixed lump-sum grant) direct to each facility.

Higher NQEM scores are rewarded through Performance Based Grants, which incentivizes improvements.
Progress against WHO/UNICEF 8 practical actions and WHA 72.7 Resolution on WASH in HCF
What works?

- Strong MoH leadership
- Integrating with existing quality mechanisms
- New collaboration with new partners (WASH and health actors)
- Ensuring the WASH indicators are supported by financing
- Flexible funding – health facility can choose how funds are spent and are incentivised financially to improve WASH

Challenges

- Maintain and strengthen coordination among partners and ministries
- Knowledge exchange between facilities
- Costing and resource allocation for larger infrastructure needs
- Private sector providers, regulation and accountability
- Behaviour change – improving hygiene, waste management practices
- Connecting with other-related health initiatives e.g. AMR
Next steps

• Understand progress and bottlenecks in WASH improvement across national scale up of NQEM

• Revise WASH indicators in NQEM to align with national WASH in HCF guidelines

• Establish national roadmap and monitoring to track progress on WASH in HCF

• Improve hygiene and waste management behaviours
Thank you