Baseline assessments for Maternal and Newborn Health and WASH services: Process in three countries

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STANDARDS FOR IMPROVING QUALITY OF MNH

Fig. 1. WHO framework for the quality of maternal and newborn health care

- **Health system**
  - Quality of Care
    - Provision of Care
      - 1. Evidence based practices for routine care and management of complications
      - 2. Actionable information systems
      - 3. Functional referral systems
    - Experience of Care
      - 4. Effective communication
      - 5. Respect and preservation of dignity
      - 6. Emotional support
      - 7. Competent, motivated human resources
      - 8. Essential physical resources available
  - Individual and facility-level outcomes
    - Coverage of key practices
    - People-centred outcomes
    - Health outcomes
“Water, energy, sanitation, hand hygiene and waste disposal facilities to be functioning, reliable, safe and sufficient to meet the needs of staff, women and their families” is a basic condition for provision of safe and dignified maternal and newborn care.
Key actions/ interventions

- Country Consultations to map existing Quality Improvement and WASH in HCF initiatives
- Identification of selected measures for each standard
- Selected measures with highest possible impact on lessening the burden of deaths and risk of hospital infections (prevention of sepsis and nosocomial/hospital induced infections in mothers and newborns)
Prioritized Indicators for measurement

- Overall cleanliness of facility
- Handwashing facilities in labour room, maternity and OT: water, liquid soap, alcohol rub
- Hand washing practice (at five moments) by maternity staff
- Availability of basic water supply
- Availability of functional toilet for patients in labour room
- Safe waste management including disposal of placentas and biological waste
Partnership with National Research Institutions

Baseline assessments conducted in intervention and comparison facilities in partnership with
- Novrongo research centre in Ghana
- National institute of medical Research in Tanzania
- ICDDRB in Bangladesh

Similar tools with local modifications
Lessons learnt – Translating standards to measurements

Positive lessons
• Standard 8 creates the ownership among MoH and health sector partners for WASH in HCF
• Availability of individual facility data allows facility QI teams to study their result and use it for creating a change

Considerations for future
• The need to cover all standards make the tool lengthy and assessments need to be completed within 3-5 days
• Regular monitoring (JMP) and in-depth WASH in HCF assessment required as a follow up for BNA or root cause analysis as for other significant problems
Recommendations

- Need for greater awareness on Standards for WASH in HCF
- Documentation of relevant QI projects to facilitate learning
- QED Network to create specific focus on WASH in HCF linked with WASH in HCF Action Plan
Way forward

• Leadership and governance: Policy makers to be made aware of situation and its repercussions in terms of clinical outcomes, deaths and patient utilization/satisfaction

• Financing for implementation: A dedicated portion in budget for health facilities construction and maintenance

• Engaging with women and communities: Inputs and feedback important in design of facilities and linking with community participation efforts to improve and maintain WASH infrastructure

• Data to support implementation: Sepsis rates, wound infections, periodic bacterial swabs

• Education and training: Hand washing and IPC