Global Learning Event On

Water, Sanitation and Hygiene in Health Care Facilities 28-30 March 2017, Kathmandu, Nepal

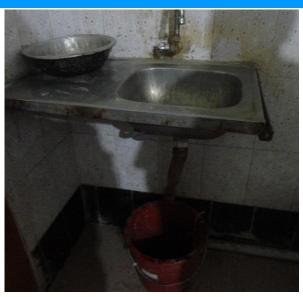


Presentation on

Creating enabling environment for basic water, sanitation and waste management facilities in a primary health care unite for facility in Bangladesh Unicef

Outline of the presentation

- Situation analysis of WASH in health facilities
- Problem statement
- Analysis of problem
- Interventions taken
- Impact, Results, changes
- Some photos- Before/After
- Challenges
- Way forward





Situation of WASH in health care facilities in Bangladesh

- Recommended handwashing practice only 11% before touching patient.
- Handwashing agents for caregivers was 5% in government hospitals versus 26% in non-government
- 1% of government hospitals had no toilet for patients and 17% non-government hospitals had no toilets for doctors compared to 1% of government hospitals. Similarly, 27% non- governmental had no toilets for nurses/staff compared to 2% of government hospitals.
- 75% patient toilets in government hospital was with faces visible on spot check
- Ninety-one percent of government hospitals that had improved sources for staff drinking water compared to 66% for non-government hospitals.
 Many drinking water sources were not improved or protected
- 59% of urban hospitals having no specific clinical waste disposal method compared to 41% of rural hospitals

Source: Bangladesh National Hygiene Baseline Survey 2014

Situation of WASH in Fulbari Health Complex

Baseline survey of this facility found –

- No proper waste management system
- No use of colour coded bins.
- No regular handwashing practice by the providers despite having handwashing stations.
- No safe drinking water at ANC/PNC corner
- No mechanism for interactive health education session
- Presence of well ventilated pit for waste management

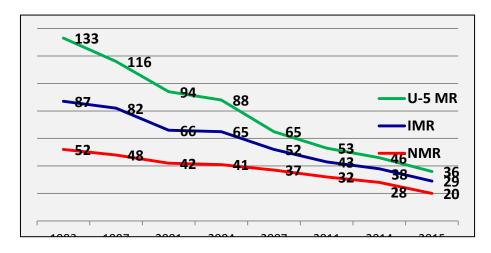






Background

- Total population 163 million with density of 976/SqKM
- Mother Baby Friendly Facility Initiative implements the Every Mother Every
 Newborn quality of care standards 10 standards, number 6 cover WASH (Water, Sanitation, Hygiene and IP)
- Implementation in 5 facilities of Kurigram which is one of the low performing and disaster prone District in Bangladesh. Fulbari UHC is one of the PHC facility.
- Service providers received orientation on 5S and PDCA





Problem statement

Analysis of problem

Attending pregnant women coming for ANC in Fulbari UHC do not receive minimal basic services (water, sanitation, privacy and waste disposal facilities)



- No written waste management plan in place for implementation
- No basic orientation on waste management and basic WASH facilities for service providers
- No available guidelines to follow
- Supporting staffs were not motivated to follow proper system.
- No internal supportive supervision
- All level staffs were not involve in any planning phase or regulatory mechanism

Interventions taken

- A dedicated team (led by the manager) formed focusing on basic water,
 sanitation and waste disposal service facilities for the attending patients
- All WITs and QIC developed and implementing their own plan with weekly monitoring mechanism.
- Team identified available resources within the facility and designed the waiting space for the pregnant women
- Completed orientation of the cleaners and designate their specific areas to work (both waste management and IP)
- Arrange health education sessions for the attending clients with display of IEC materials
- Supportive supervision and regular monitoring at regular interval
- linked advocacy with local MPs, field staffs who further advocated to improve awareness

Interventions taken for maintaining cleanliness

- As per 31 bedded facility they have all 5 Swiper (Cleaner) which is not adequate to maintain cleanliness up to the mark and they recruited another 4 cleaners through mobilizing internal resources.
- Rescheduled duty roster of cleaners with designated specific areas and time schedule with a written plan for proper monitoring.
- Completed orientation of the cleaners and involved them in planning / meeting which helped them to understand their roles and developed ownership.
- Identified need of additional cleaners and included in QI plan for funding.



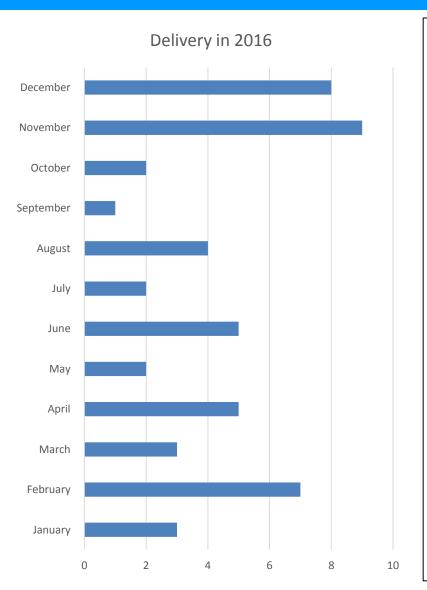
Gap identified by professionals

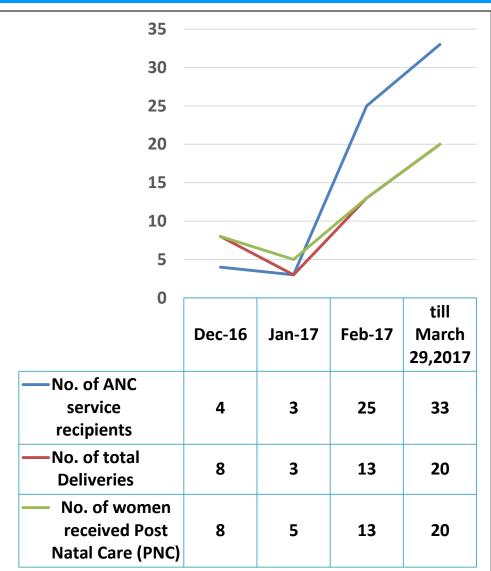
Group work of Fulbari team

Impact, Results and Changes

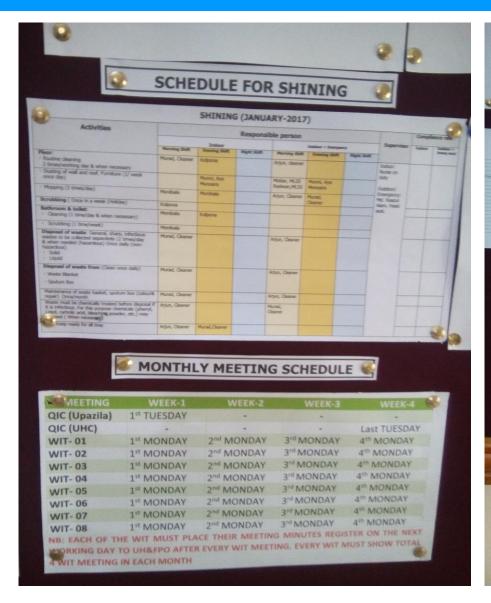
- Project initiated in January 2017
- Developed a new ANC PNC corner with a designated waiting space for pregnant women
- Regular interactive health education session with weekly Fixed roster of nurses for the attending women
- Safe drinking water facilities available in waiting space for the attending women
- Waste segregation through color coded bins in waiting areas with clear labelling on how to use them
- Separate washrooms for males and females with clear labelling in the waiting areas
- All cleaners and nurses received orientation on IP and waste management.
- Referral from community increased through Community participation after stakeholder meeting

Service trend after the intervention



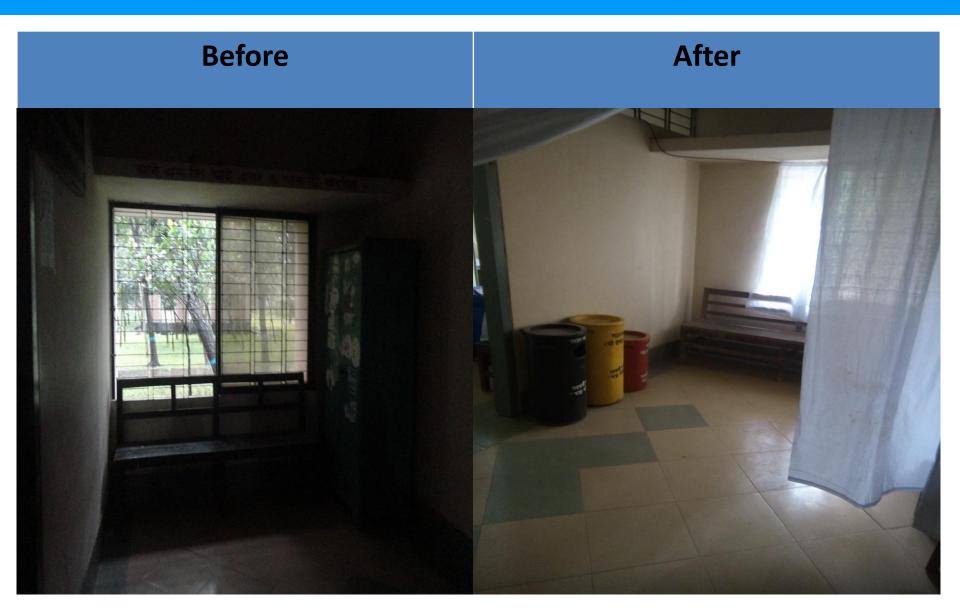


Cleaning Schedule of facility and Display board of activities





Newly set up waiting space for ANC PNC corner



Waste management with use of color bins

Before



After



Segregation of waste at source makes life easy for cleaners

Before

After





Orientation and planning discussion with cleaners and nurses



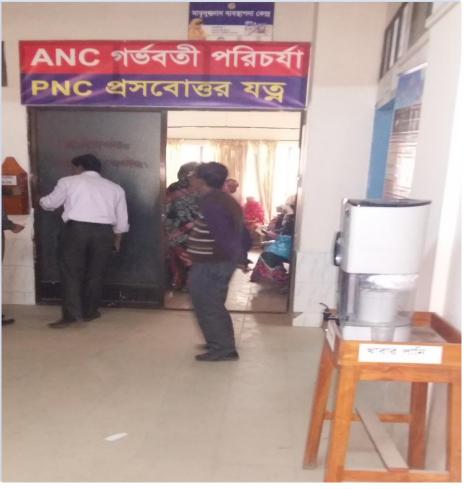


Same initiative replicated to other facility- Ulipur UHC

Before

After





Challenges

- Shortage of cleaners in facility
- Frequent turn over of the trained doctors
- Building awareness and motivation among service providers (nurses, cleaners) and patients
- Routine monitoring of the tasks
- Inadequate supply of relevant logistics and materials

Strength

- QIS in MoH&FW
- TQM unit in DGHS
- Approved national guideline of QII
- National, Divisional and District QIC formed by GOB
- Multi organizational collaboration



Comments from facility manager and service providers

"It does not require much resources to practice quality services. A simple measure of motivation through the practical solution of problems can bring big changes.

I sense the ownership of my staffs after this initiative. Especially, the cleaners now understand their modalities of supporting critical service areas.

Dr Iftekhar, Medical Officer, Fulbari UHC

Dr. Md. Shahidullah, UHFPO, Fulbari UHC

Way Forward

- Systemic documentation and data collection of the progress made already
- Inclusion of WASH in HCF indicators in DHIS2
- Fixed agenda and discussion on WASH components in QIC committees
- Provide a reward option for the best performers in facility in WASH (
 WASH champion)
- Initiate patient satisfaction survey by QIC committee to assess the progress of the tasks
- Funding arrangement for recruitment of identified required additional
 Human Resources including Doctors and Cleaners
- Community engagement and ownership

"But I have promises to keep & miles to go before I sleep"



Thank You

