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Clean and Safe Health facility (CASH) Initiative In Ethiopia

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Background & Introduction

» Ethiopia is a country with more than
  ✓ 90 million population
  ✓ 200 primary, General and referral hospitals
  ✓ 3500 health centers

According to the preliminary findings of the 2014 Ethiopia Service Provision Assessment Plus Survey (2014 ESPA+),
  ✓ 77% health facilities have improved water source
  ✓ 52% of health facilities have piped water
  ✓ 74% """" latrine coverage

» Making health facility clean and safe is an important determinant of quality of care and patient satisfaction

» Health care provided in health facilities should be safe, effective, patient-centered, timely, efficient and equitable.
Why CASH?

- Low awareness to facilities cleanliness and safety
- Poor health care waste management
- Poor Infection prevention and patient safety practice
- Lack of adequate toilet and hand washing facilities
- Lack of clean and safe water supply
- Poor kitchen and laundry services
Objectives

General objective

› To make healthcare facilities clean, safe and comfortable to patients, visitors, staff, the general public and the surrounding environment
Objectives cont....

Specific objectives

› To engage staff and change their attitude and awareness of the public

› To decrease health care associated infections and related health care cost

› Decrease incidence of occupational exposures (fire, fall, etc)

› To create ownership and accountability among all staff

› To increase community ownership

› To make health care facilities healing places
Strategies/Methodology

- Establish a management system at national, regional and facility level
- Sustained advocacy and communication on health facility cleanliness and safety.
- Making health facility cleanliness and safety as a standing agenda in all forums.
- Engage business organizations and professional associations
- Benchmarking and scale up of best practices and innovations.
- Conducting internal and external audits and recognizing best performing health facilities at all levels
Strategies/Methodology.....

▶ Outputs
  ▶ Making CASH priority agenda
  ▶ Staff and patient engagement
  ▶ Creating clean environment
  ▶ Availing basic WASH facilities
  ▶ Establishing accountability

▶ Expected outcomes
  ▶ Increasing coverage of utilities
  ▶ Reduction of infection rate
  ▶ Improving quality of care

▶ Expected impact
  ▶ Reducing morbidity and mortality rate by delivering quality care
Monitoring and Evaluation/Tools

- The initiative has monitoring and evaluation frameworks separately and also is included with the EHAQ Plat form and as main component of EHRIG.
- The initiative has the following tools
  - audit tool,
  - checklists and
  - indicators to be used at different levels.
- Regular supportive supervision and audits are conducted using the nationally prepared checklist
Results/Outcomes

- CASH is now a priority agenda at all levels
- CASH is one of the EHRIG Components and has 15 operational standards
- Patient and staff satisfaction increased dramatically
- Infection prevention and patient safety practices and facility management dramatically changed

- The average infection prevention and patient safety improvement is from 46% to 77%
- Facility management improvement is from 62% to 72% nationally
Strengths

- High political engagement and commitment at all levels
- National health service quality strategy has been implementing
- Included in the EHAQ platform and EHRIG
- CASH audit tool developed
- Government ownership
Challenges and Lessons Learned

- Poor design of infrastructure of health facilities
- Lack of resources
- Lack of representative data at HCF
- Lack of integration with others related programs (E.g. one WASH program)
- Poor intersectoral collaboration
- Sustainable change will be more effective if there is effective leadership and political involvement at all levels
- Active engagement from the community has been a crucial part of CASH.

Recognition of good behavior and competitions is important.
Opportunities

› Availability of
  ✓ National Quality strategy
  ✓ Hospital reform Guideline
  ✓ Development partners support

› High leadership commitment

› Patient, family and community engagement
Conclusions and recommendations

- Staff and community involvement, staffs attitudinal change and mobilization
- Political commitment
- Naming and shaming were crucial factors to the success of the initiative

Next Steps
- CASH Audit Tool will be revised.
- Key indicators of WASH in health care facilities will be incorporated in to the HMIS
- IPC training materials will also be updated.
CLEAN CARE IS SAFER CARE!!!

THANK YOU
References

➢ Ethiopia Service Provision Assessment Plus Survey (2014 ESPA+)

➢ Ethiopia National Health Sector Transformation plan 2016