



WASH in HCF

Global Learning Event

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Health Center Hygiene Programme

Nasratullah Rasa
UNICEF Afghanistan

Country Situation

- Newborn Mortality Rate: 36
- Maternal Mortality Ratio: 325
- Skilled Birth Attendance: 40%
- Access to Improved Drinking Water: 65%
- Improved Sanitation 35%

The Situation: WinHCs (BHCs and CHCs)

- No Safe drinking water 20%
- No safe Latrine (open or none) 38%
- No active role in hygiene behavioral change





Our Approach

- The 80/ 20 principle
- Is it services or behavior to target first?
- Social norms exist to discourage adequate handwashing with soap by Healthcare providers
- Ownership and sustainable O&M

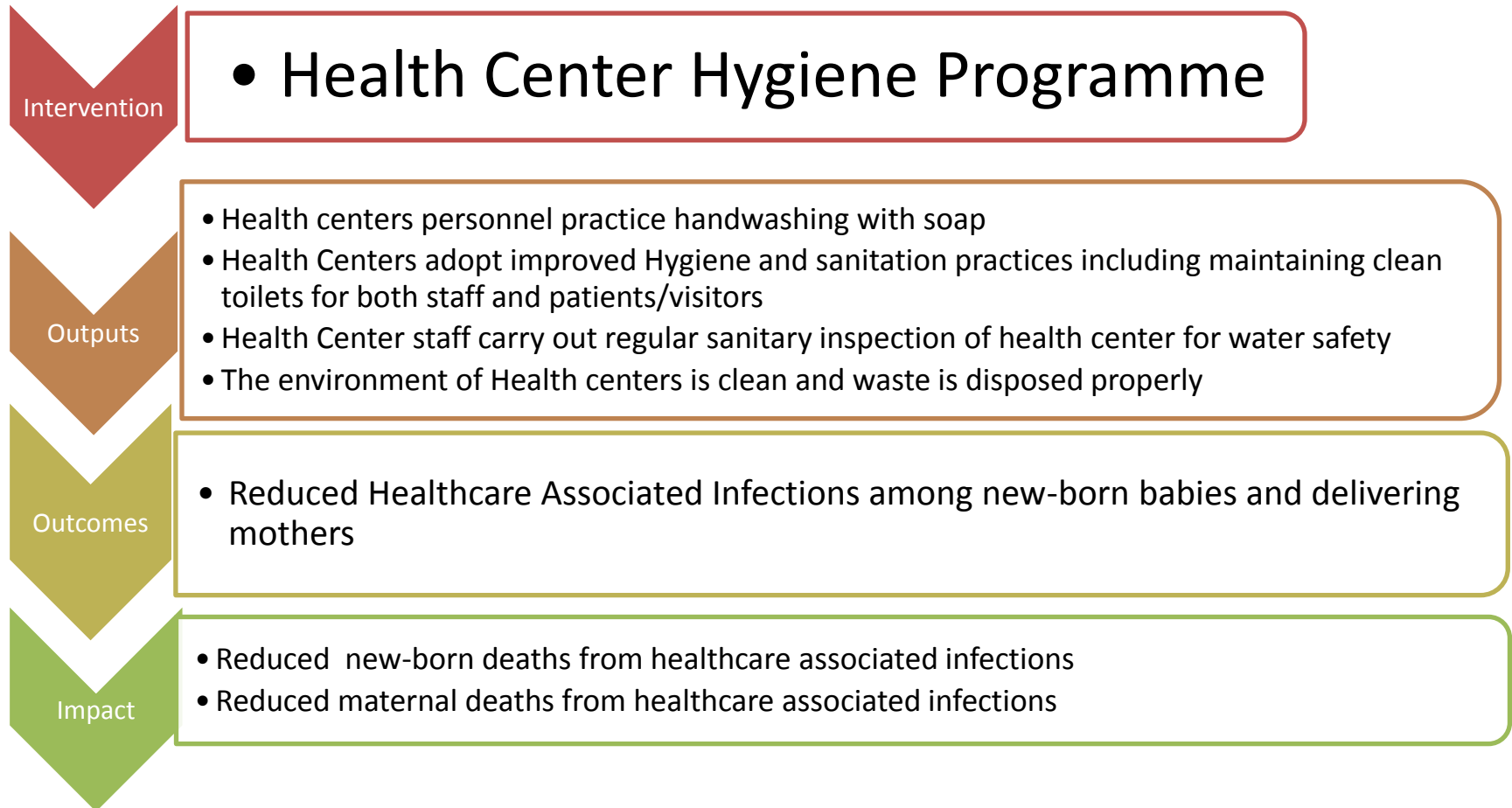
Scope of work

Objectives

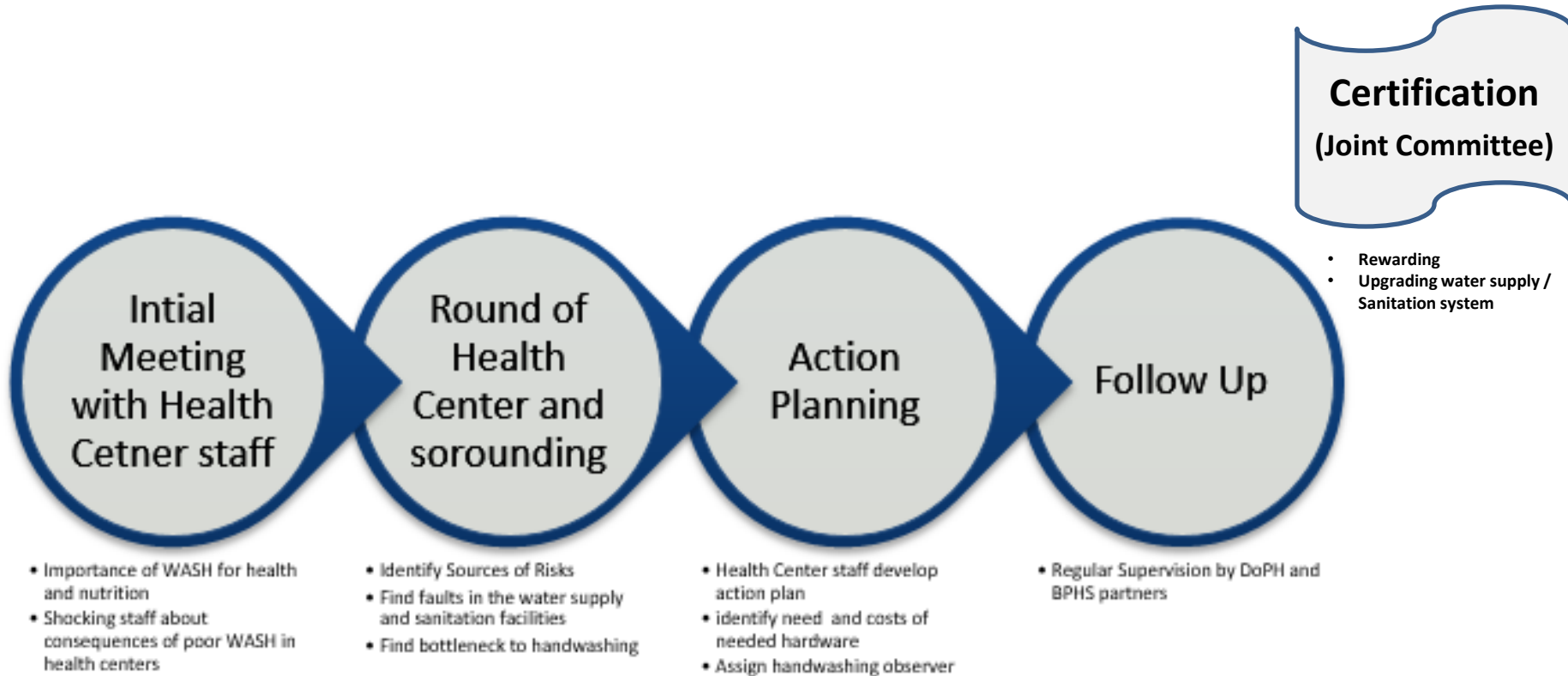
- Supervisors and staff of BPHS* implementing agencies realized the importance of handwashing with soap for infection prevention and took action
- Collective behaviour change is created among staff of health centers with regards to hygiene and sanitation, particularly hand washing with soap
- Scalable Health Center Hygiene Program is successfully adopted by 10 selected health centers in five provinces
- Monitoring system for hygiene and sanitation in health centers established

*BPHS: Basic Package of Health Services

Methodology /Theory of Change

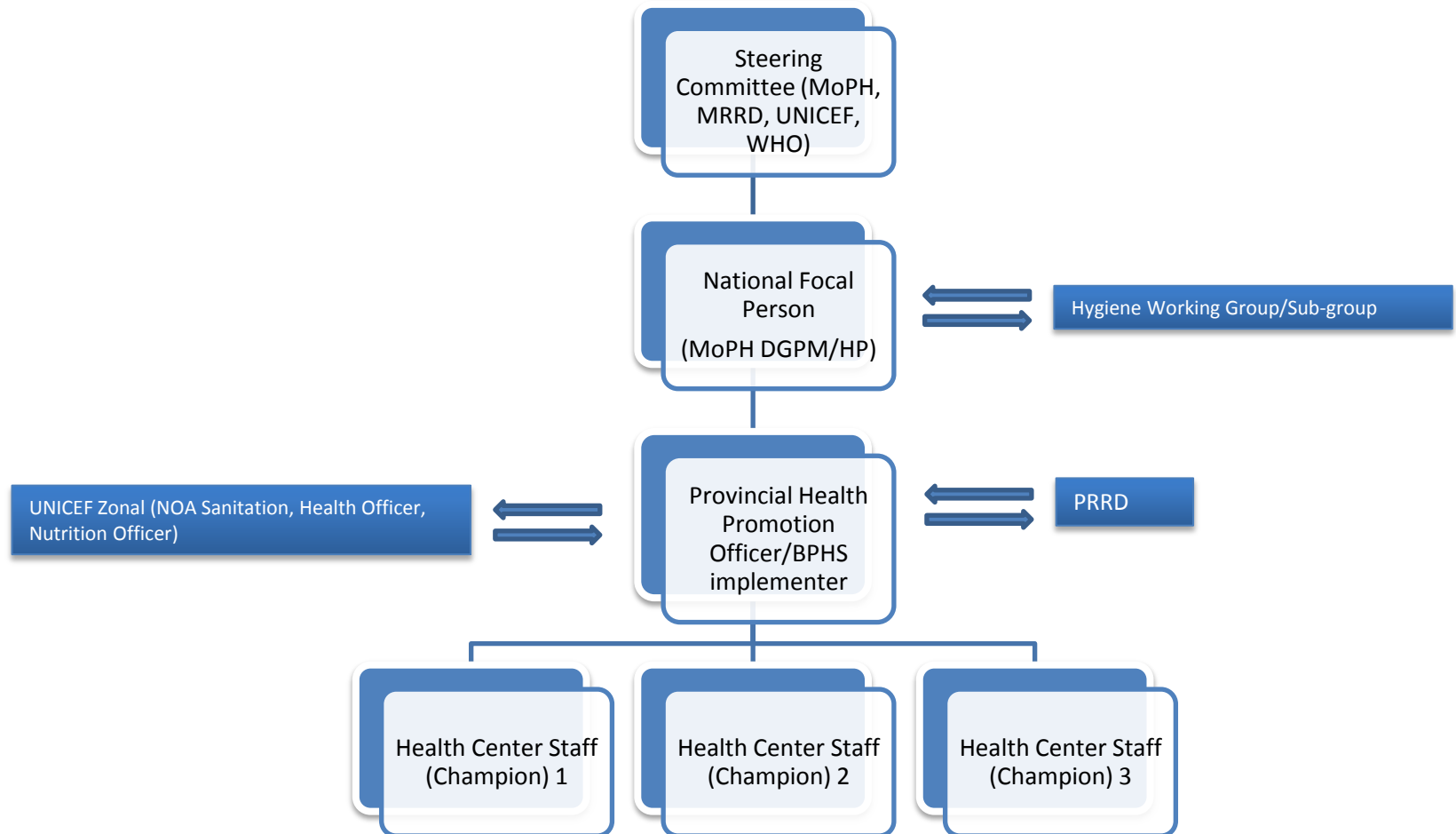


The Process





Who, where?



Approach and/or tools used

- Establishment of a multisectoral steering committee (collaboration with MoPH, MRRD, NGOs)
- Health Center Hygiene Programme Facilitation guide
- Facility assessment form
- Standard training for supervisors
- Communication material under development inspired by social norm theory
- Orientation of managers from the BPHS implementing partners
- Tools tested in 8 health centers and modified accordingly
- WASH facilities rehabilitated in 16 health centers

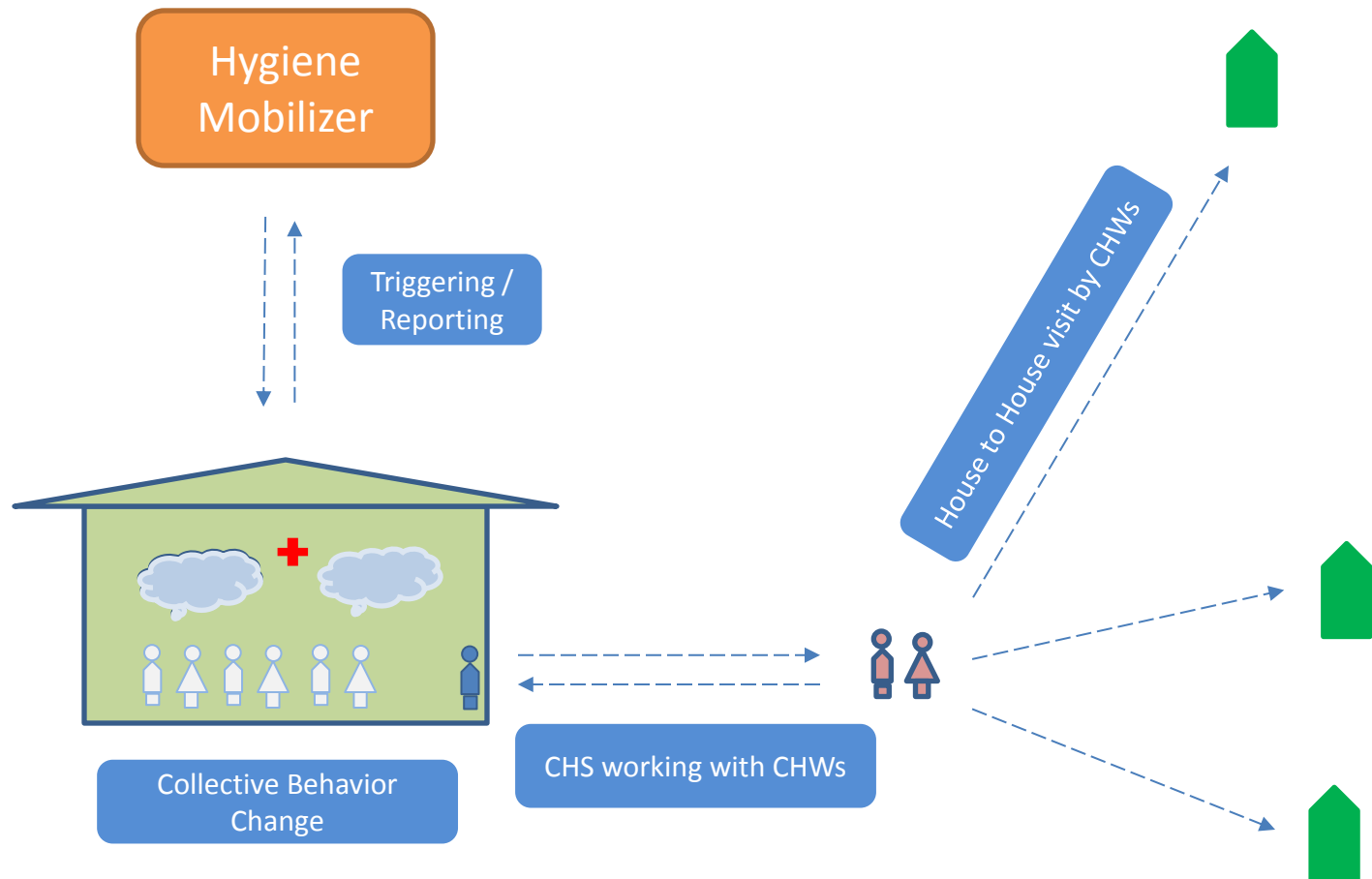
Strengths

- Buy in from government authorities
- Major number of health centers already have WASH
- NGOs out there implementing a basic package of health services
- Quality improvement standards and infection prevention already exist

Challenges

- Overload of patients in many health centers
- Hard to reach everywhere for monitoring
- Winter delayed the programme in the north

Opportunity: Beyond Health Center



Next steps & Recommendations

- Work closely with health section on the programme
- Identify provincial level champions and training them
- Expanding the program to 10 provinces
- Conducting a small qualitative survey to identify barriers to practicing hygiene
- Incorporating Social Norms theory into the programme
- Developing monitoring and advocacy tools for the program
- Mobilize resources to scale up the programme

Thank you



Nasratullah Rasa
WASH Specialist
UNICEF Afghanistan
nrasa@unicef.org