

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

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PMAC 2020

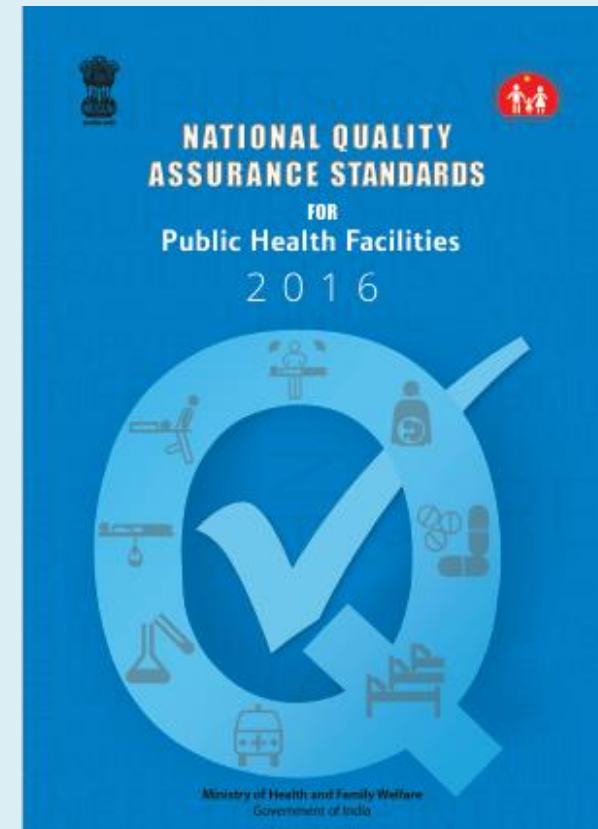
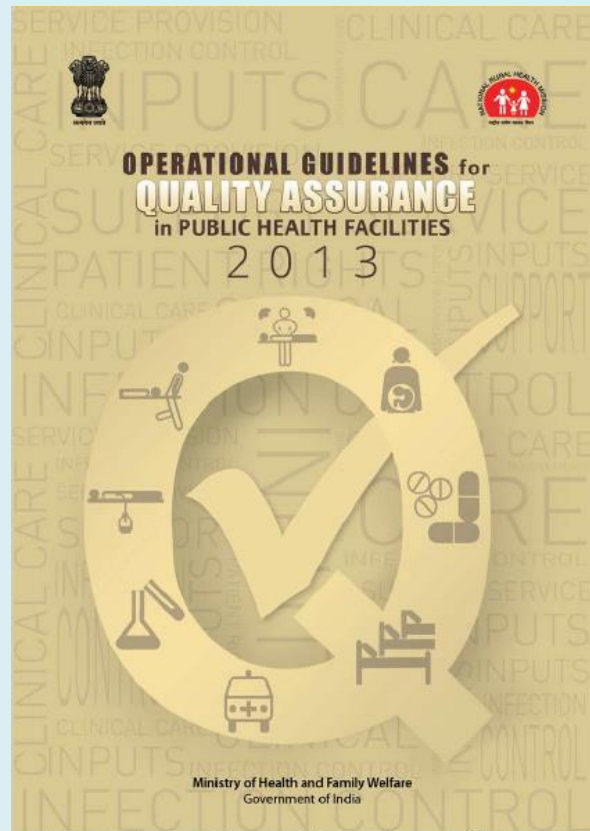
Evolution of the program – Provision to Guarantee



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

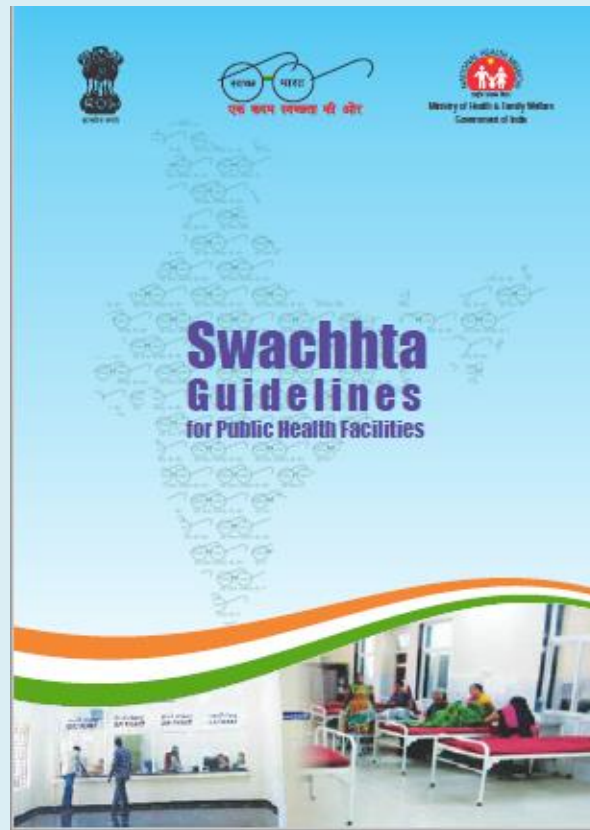
Operational Guidelines for all levels of facilities in public health system

NQA Standards with focus on infection prevention and control

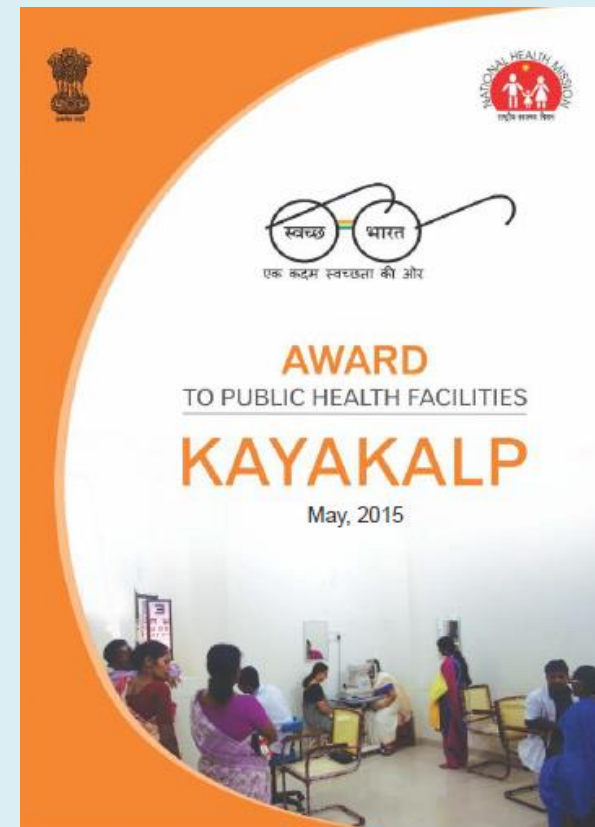


Focus on health facilities in Swatch Bharat Mission (SBM)

Swachhta guidelines for Public Health Facilities



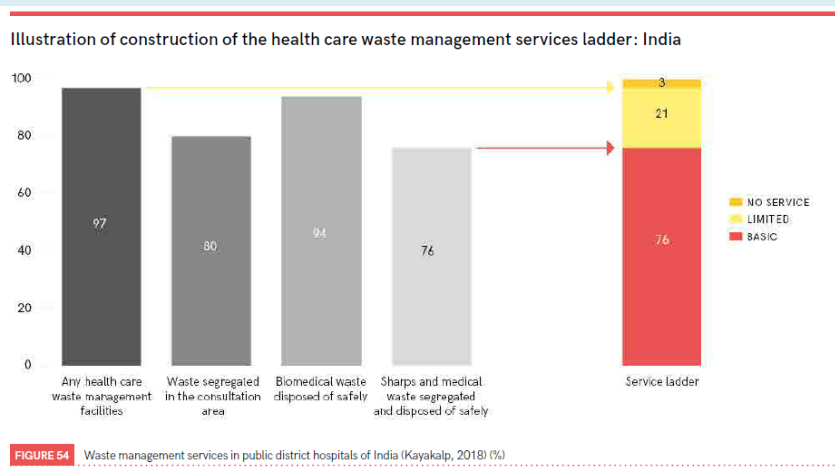
31305 Health Facilities targeted across 733 Districts in 36 States/UTs



Kayakalp - Health System Strengthening Approach to WASH in Health Facilities

Engagement of staff and community at facilities

Focus on health systems at the state and district level



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

- State Quality Assurance Committees – All States
- District Quality Assurance Committees – All Districts
- 300 + Trainings conducted for Kayakalp Assessors
 - 2000 Internal Assessors
 - 200 External Assessors

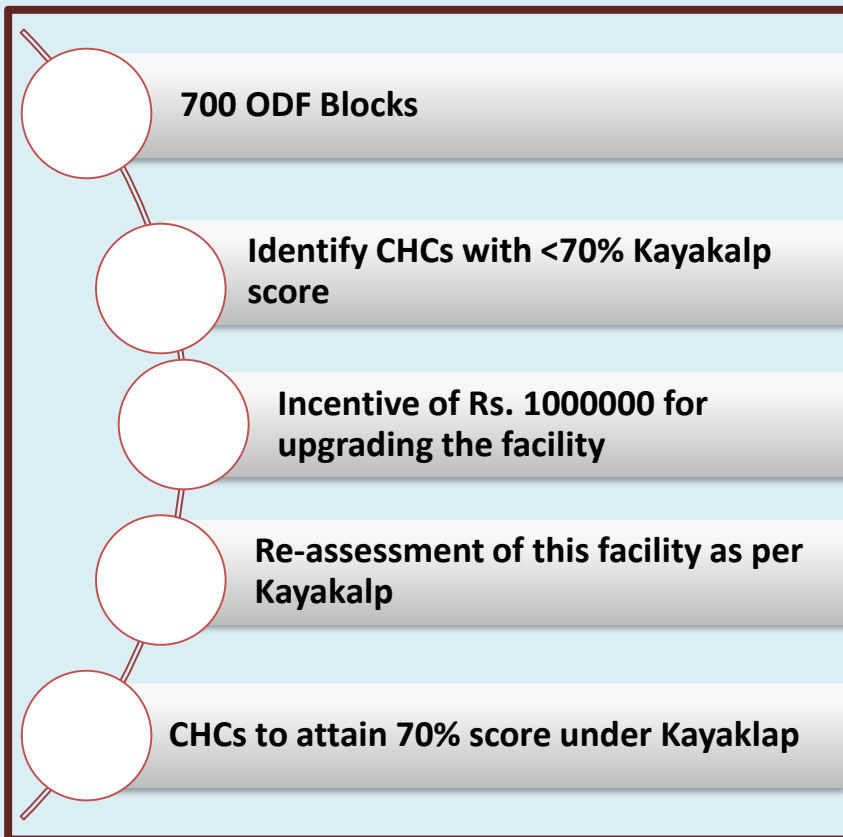
Swachh Swasth Sarvatra (Cleanliness | Health | Everywhere)

*Swasth Bacche Swasth Bharat
(Health Children Healthy India)*

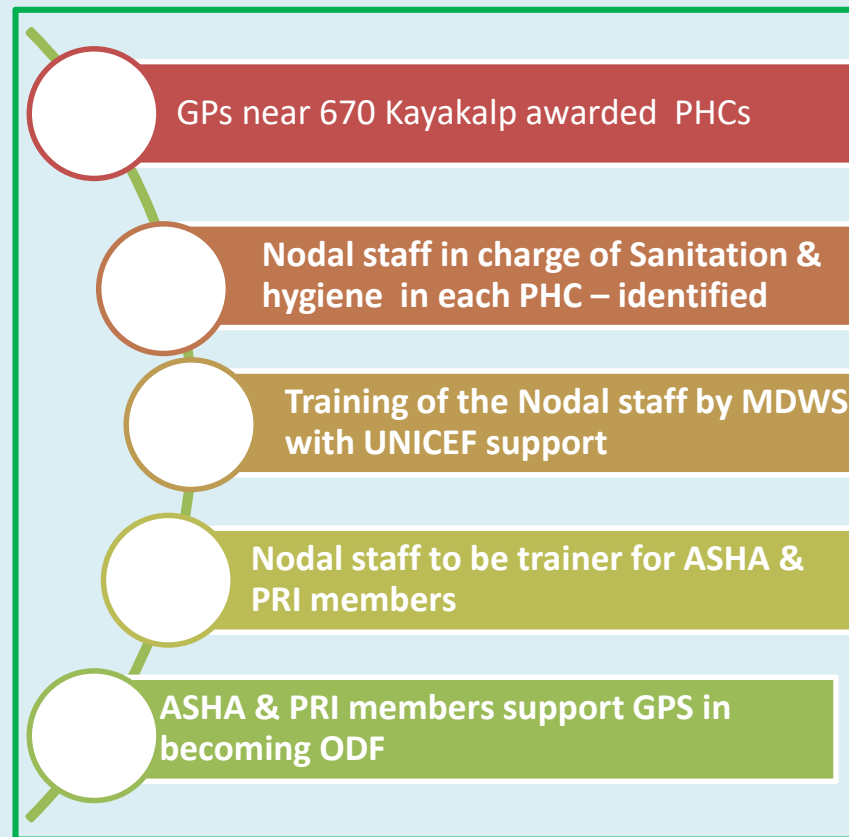


Swacch Swastha Sarvatra

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



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

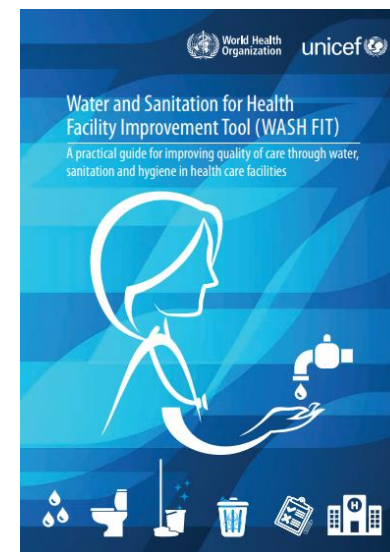



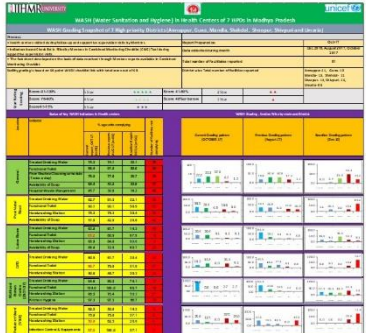
UNICEF support for WASH in Health Facilities in India

- 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

Comparison with NQAS & Kayakalp checklist										
WASH in Health checklist			Kayakalp			National Quality Assurance System			HMIS	
Area	Indicators Category	Total	Available	Available as Modified Indicator	Not available	Available	Available as Modified Indicator	Not available	Available	Not available
Labour Room	Handwashing	7	4	1	2	5	0	2	0	7
	Toilet	3	2	1	0	3	0	0	0	3
	Waste Segregation	2	2	0	0	2	0	0	0	2
	Overall Cleanliness	1	1	0	0	1	0	0	0	1
SNCU/NBCU	Handwashing	7	4	1	2	5	0	2	0	7
	Toilet	3	2	1	0	3	0	0	0	3
	Waste Segregation	2	2	0	0	2	0	0	0	2
	Overall Cleanliness	1	1	0	0	1	0	0	0	1
Post natal/Maternity Ward	Handwashing	7	4	1	2	5	0	2	0	7
	Toilet	3	2	1	0	3	0	0	0	3
	Waste Segregation	2	2	0	0	2	0	0	0	2
	Overall Cleanliness	1	1	0	0	1	0	0	0	1
		39	27	6	6	33	0	6	0	39

*In Kayakalp SNCU/NBCU indicators are not separately mentioned but included as part of patient care area

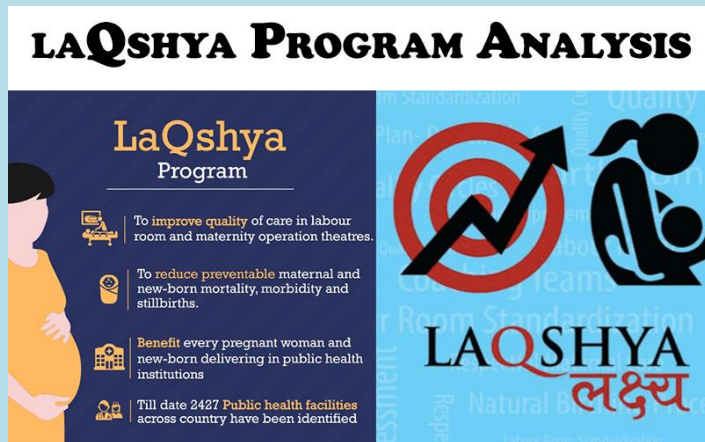


Real time monitoring and supportive supervision – Madhya Pradesh										
WASH Grading-Snapshot										
										
										

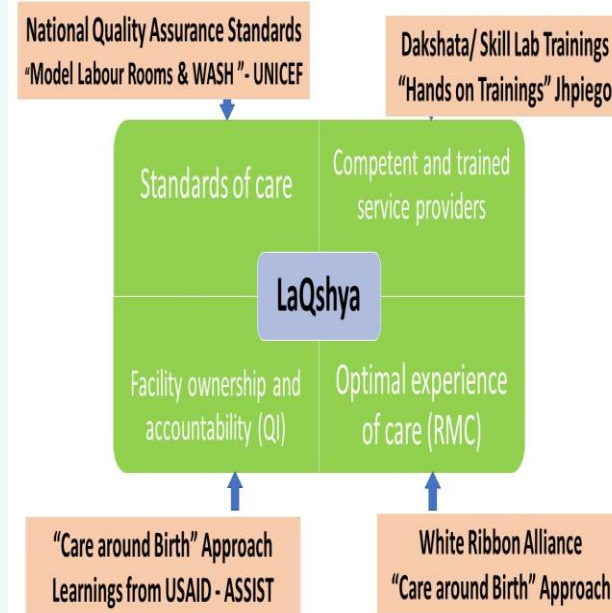
WASH Functional Status (n=811)						
Functional Status	Non Functional		Partially Functional		Fully Functional	
	Q4 2016	Q1 2018	Q4 2016	Q1 2018	Q4 2016	Q2 2018
Labour Room	162 (16%)	21 (7%)	682 (66%)	276 (35%)	196 (19%)	491 (62%)
SNCU/NBSU/NBCC	364 (32%)	37 (5%)	483 (46%)	280 (35%)	163 (16%)	471 (60%)
PNC Ward	461 (58%)	174 (16%)	405 (38.9%)	381 (48%)	32 (31%)	283 (36%)
Overall Functionality	453 (44%)	43 (5%)	556 (53%)	357 (45%)	31 (3%)	388 (49%)

N=811

Integrating WASH in national Quality of Care initiatives



LaQshya : Harmonizing efforts



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

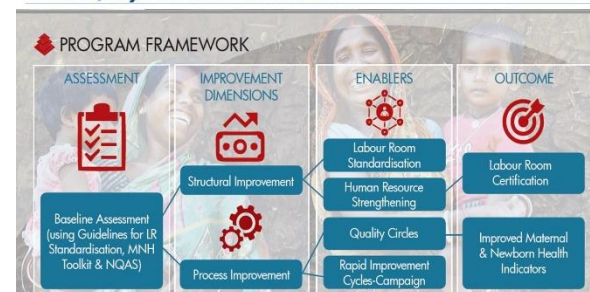
LaQshya

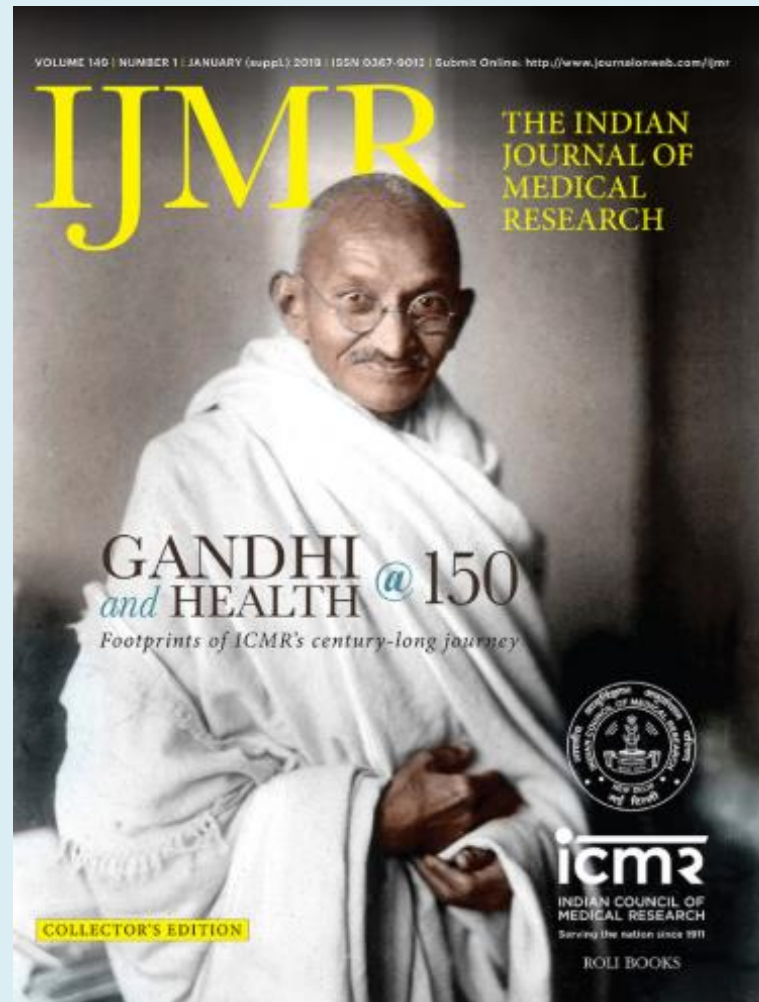
The National Labour Room Quality Improvement Initiative

- 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 intrapartum and immediate post partum periods

LaQshya: Interventions





Indian J Med Res 149 (Supplement), January 2019, pp 73-75
DOI:10.4103/0971-5916.291861



SANITATION AND HEALTH A movement visualizing Gandhi's Dream

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Received December 18, 2018

Mahatma Gandhi had said, "I want clean India first and independence later."

Since ancient times, manual scavenging has been in existence in India. Manual scavenging and unsanitary practices of cleaning human excreta with bare hands are inhuman. The people doing this work of cleaning dry toilets and carrying and disposing human faeces are known as scavengers, and are treated as untouchables.

The 'Sulabh Movement' started as early as 1970s, invented and developed many designs of twin-pour flush toilets and popularized them as Sulabh Shuchikalyan (Toilets).

Today, Sulabh covers approximately a population of 20 million persons per day by building 4.5 million household toilets, more than 9,000 public toilets and 20,000 school toilets.

Along with this, after liberating, along with the government, about a million scavengers from their demeaning and subhuman occupations, Sulabh has opened vocational training centers in Patna, New Delhi, Alwar, Tiruk, Arrah, etc., for their rehabilitation. It also started a center, 'Nai Disha' (New Direction), in Alwar, Rajasthan, to give the liberated scavengers education and vocational training in different trades.

Hence, Sulabh did not stop at just liberating the scavengers from their demeaning profession, which was the dream of Mahatma Gandhi, but also took care

of the liberated scavengers by giving them alternate livelihood options.

Sulabh, therefore, comprehensively covers today the problems of environmental sanitation, public health, sustainability, social discrimination and problems of vulnerable communities, including widows.

Finally, a much-awaited Swachh Bharat Abhiyan (SBA), or Swachh Bharat Mission (SBM) (Clean India Mission), was initiated by the Hon'ble Prime Minister – a nation-wide campaign in India for the period 2014 to 2019 that aims to clean up the streets, roads and infrastructure of India's cities, towns, and rural areas.

The objectives of Swachh Bharat include eliminating open defecation through the construction of household-owned and community-owned toilets and establishing an accountable mechanism of monitoring toilet use. Run by the Government of India, the mission aims to achieve an 'open-defecation free' (ODF) India by October 2, 2019, on the occasion of the 150th birth anniversary of Mahatma Gandhi, by constructing 90 million toilets in rural India at a projected cost of 1.56 lakh crore (US\$30 billion). The mission will also contribute to India reaching Sustainable Development Goal 6 (SDG 6), established by the UN in 2015.

The campaign was officially launched on October 2, 2014 at Raigarh, New Delhi by the Hon'ble Prime Minister. It is India's largest cleanliness drive to date with three million government employees and

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

Philippine Country Situation

3 in 10 PH health facilities 'lack access' to clean toilets – study

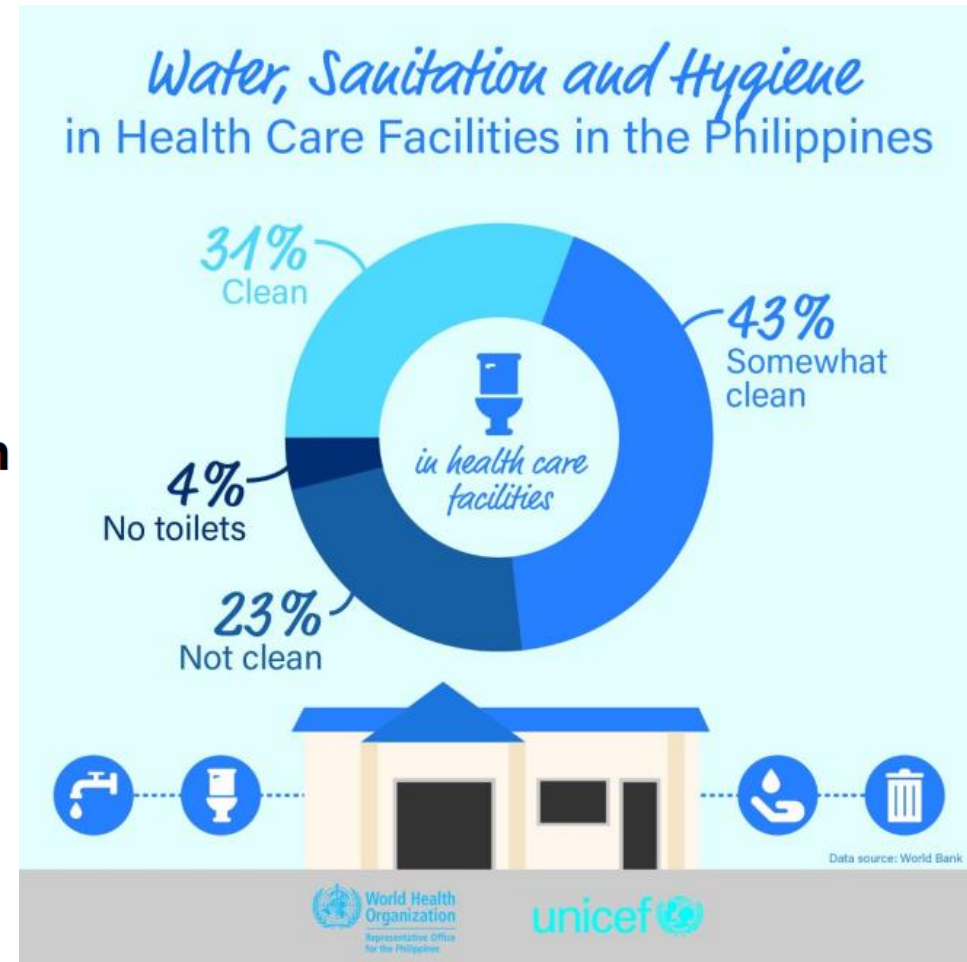
By: [Krissy Aguilar](#) - Reporter / @KAguilarINQ INQUIRER.net / 02:18 PM April 04, 2019



NATION    

DOH : Only one watcher per patient in hospitals hit by water shortage

By: [Gabriel Pabico Lalu](#) - Reporter / @GabrielLaluINQ INQUIRER.net / 03:26 PM March 14, 2019



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

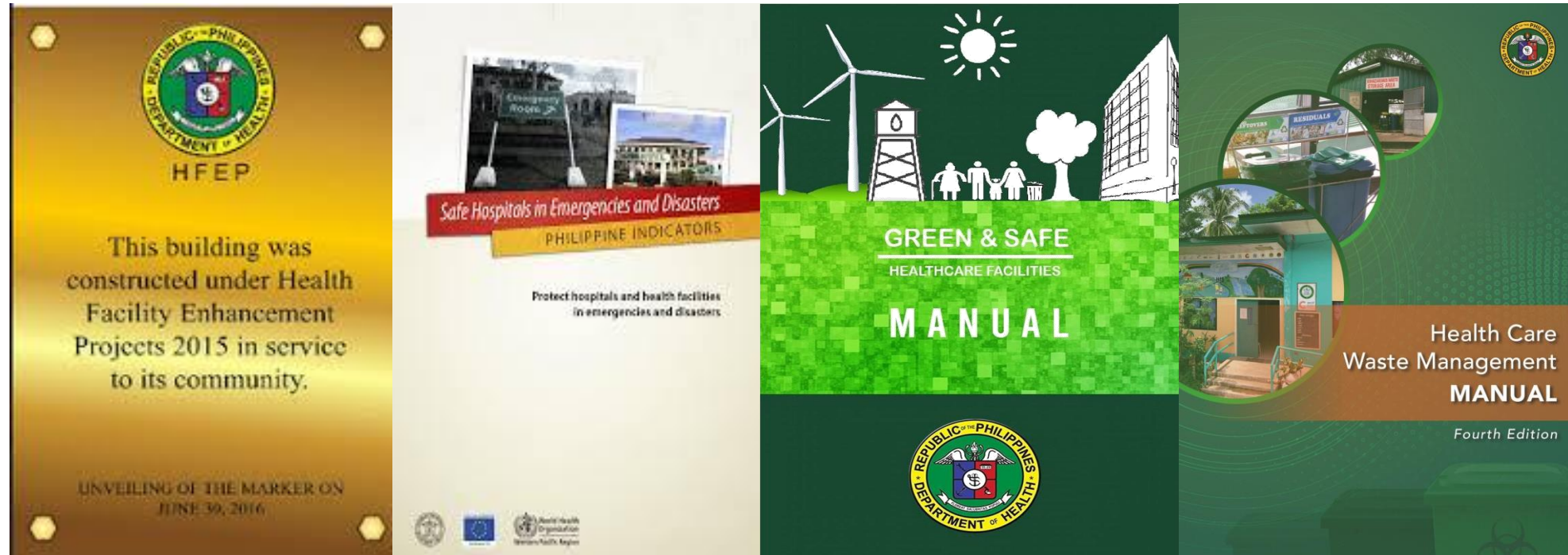


Ondoy flooding, 2009



Bohol earthquake, 2013

Government Actions

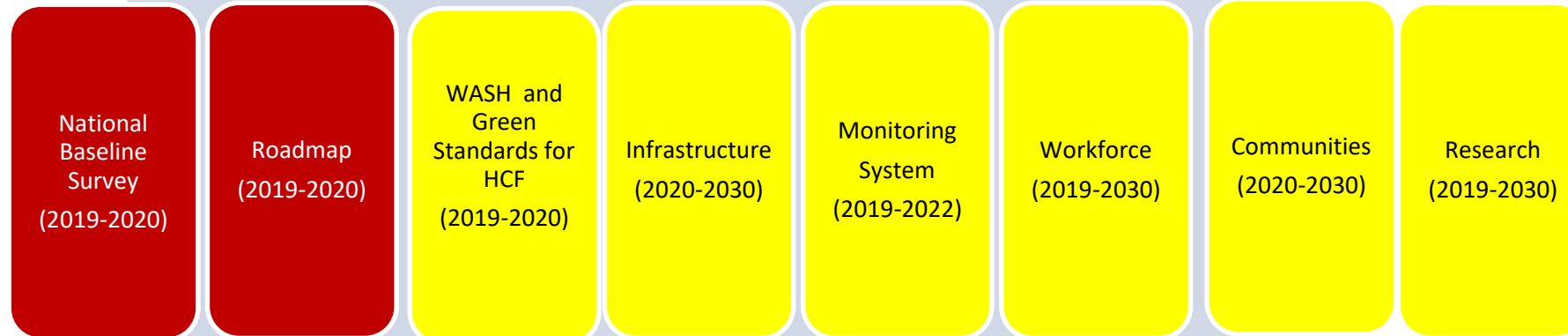


Country Plan for WASH in HCF

- 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%



Philippine Green Building Code

Universal Health Care Act

Climate Change Act

Sanitation Code

Conclusion

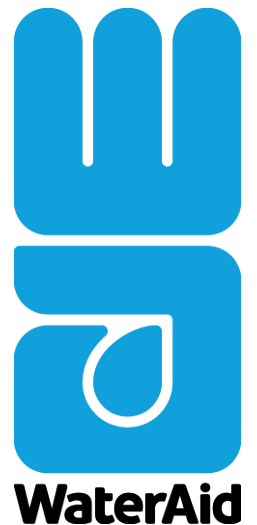
Accomplishment of targets for universal WASH coverage in HCFs is possible by 2030:

- 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?

Alison Macintyre
alison.macintyre@wateraid.org.au
WaterAid
PMAC 2020



Why WASH, WaterAid and UHC?

1

Resolution – what does it ask?

Calls for Countries to:

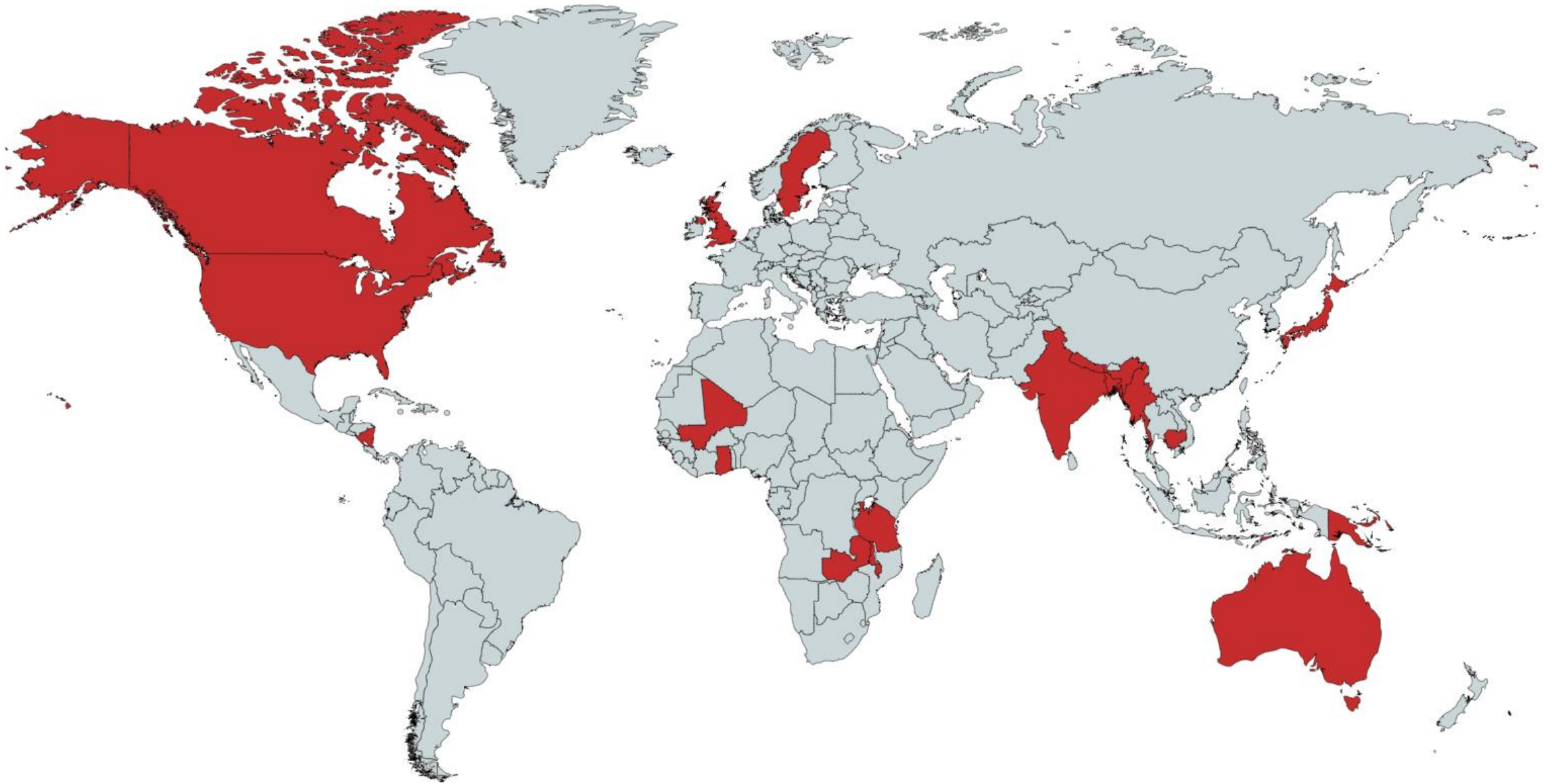
- Establish **national roadmap, targets** and implement WASH in HCF and infection prevention and control (IPC) standards
- Integrate WASH and IPC **indicators** into health programming and monitoring
- Support **health workforce development** to address WASH in HCF
- **Address inequities**, especially 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:

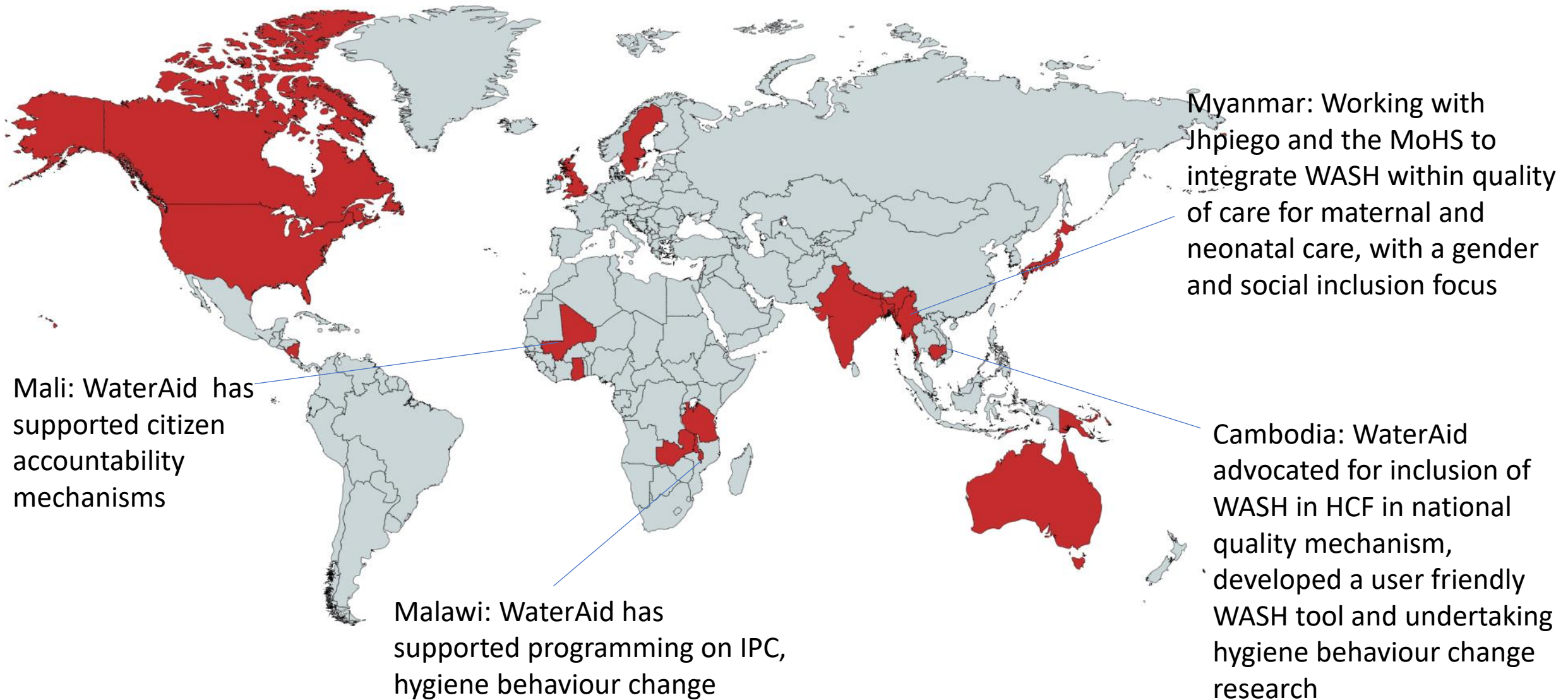
- to **raise the profile** of safe water, sanitation and hygiene and infection prevention and control in health care facilities, in health strategies and in flexible funding mechanisms
- direct efforts towards **strengthening health systems as a whole**
- to support government efforts to **empower communities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



**How do we go about our
work?**



Needs
assessment



Action



Budget?

Leadership/political will?

Skills/human
resources?

Social norms?

Guidelines/standards?



Accountability?

Supply chains?

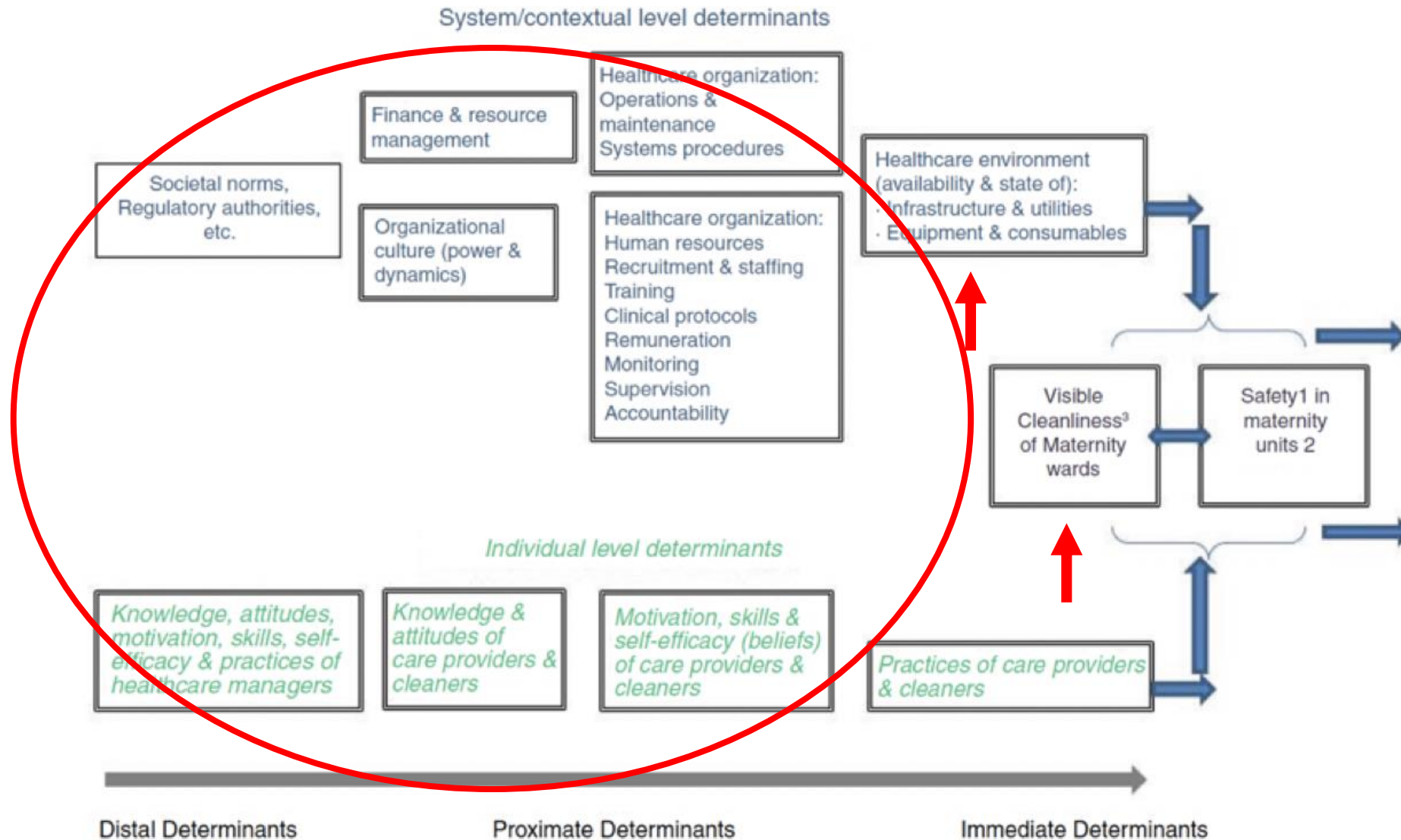
Training?

Roles unclear?



Determinants – what is driving inadequate WASH services?

The SoapBox Collaborative's Conceptual Framework



From: Cross S, Afsana K, Banu M, et al. Hygiene on maternity units: lessons from a needs assessment in Bangladesh and India. *Global Health Action*. 2016;9:10.3402/gha.v9.32541. doi:10.3402/gha.v9.32541.

MoH led coordination

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

Needs
assessment

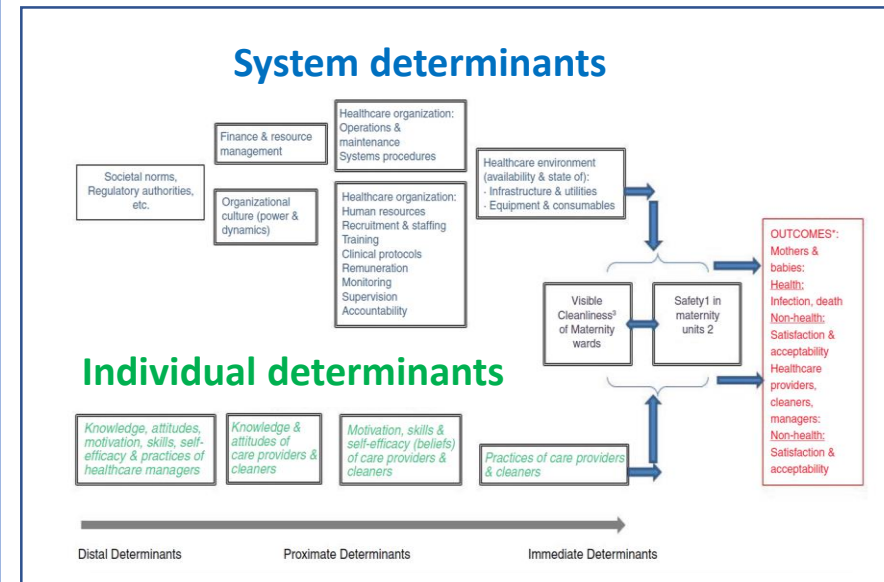
Action

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*



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



WaterAid/Laura Sumerton

Thank you



Improving WASH within quality of care: Progress in Cambodia

Presenter: **Dr Lim Khankryka**

Department of Hospital Services, Ministry
of Health Cambodia



WaterAid/Tom Greenwood

Cambodia – health reform and quality of care

SNAPSHOT

Reduce financial
barriers to
accessing care

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

But what about WASH?

Improve
coverage of
services

There are now more babies
being delivered by health
professionals and more women
choosing to deliver at a health
facility than ever before
>90%

Improve quality
of care

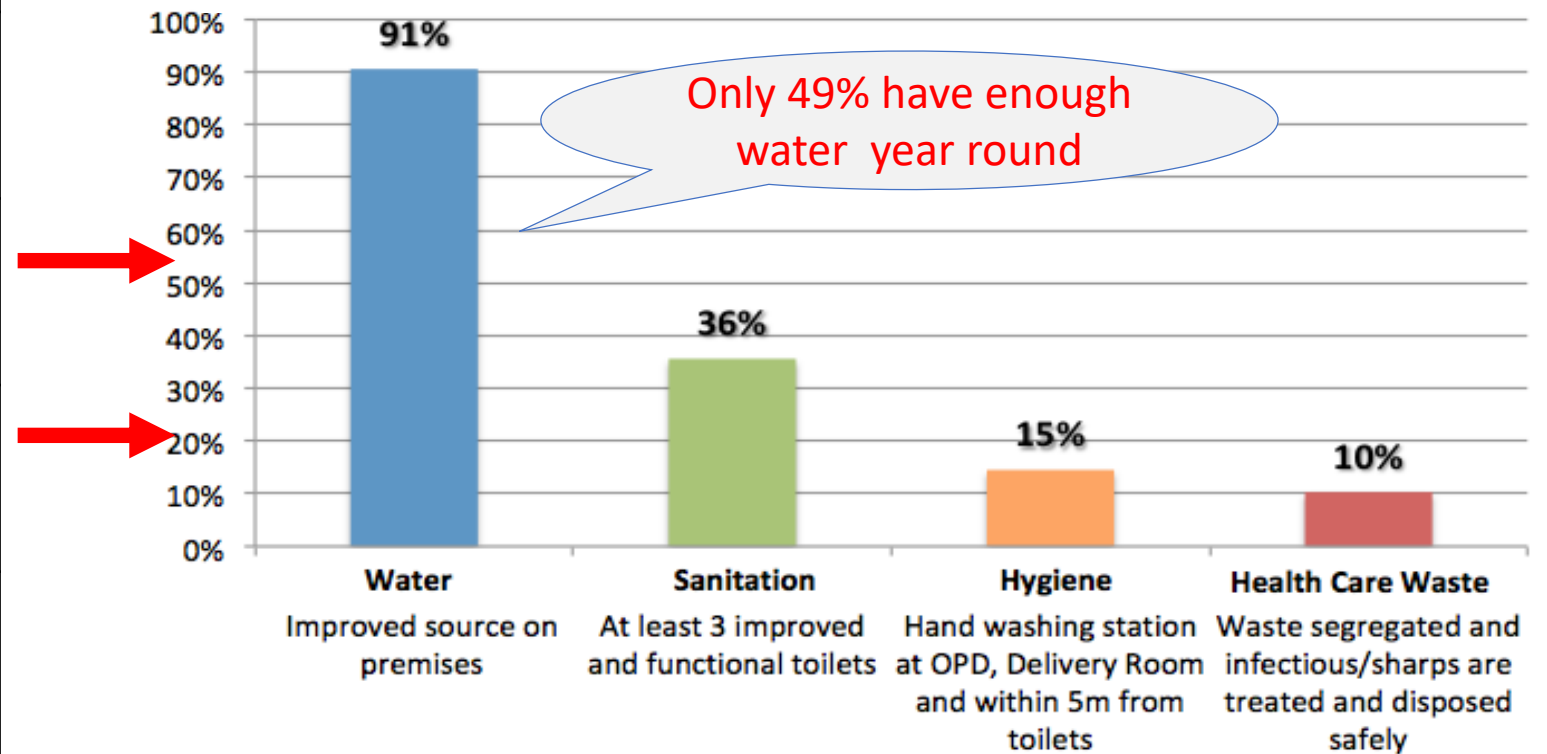


Cambodia's Public HCF WASH status

Type of HCF	Number
Health Posts	129
Health Centers	1,206
Referral Hospitals	117
National Hospitals	9

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

Survey of 117 Health Care Facilities
(101 Health Centres and 16 Referral Hospitals in 5 provinces)



Source: Por, Ir (2017). Public Health Care Facilities Assessment on Water, Sanitation and Hygiene of Five Provinces in Cambodia. Phnom Penh, Cambodia: National Institute of Public Health.

Policy development related to WASH in HCF

Towards safer and better quality health care services in Cambodia

A situation analysis of water, sanitation and hygiene in health care facilities



Public Health Care Facilities Assessment on Water, Sanitation and Hygiene

of Five Provinces in Cambodia

Full Report



Supported by
Australian Government
Department of Foreign Affairs and Trade

KINGDOM OF CAMBODIA
NATION RELIGION KING



HEALTH STRATEGIC PLAN 2016-2020

"Quality, Effective and Equitable Health Services"



DEPARTMENT OF PLANNING & HEALTH INFORMATION
MAY 2016

KINGDOM OF CAMBODIA
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NATIONAL GUIDELINES FOR WATER, SANITATION AND HYGIENE IN HEALTH CARE FACILITIES

Department of Hospital Services



ACHIEVING QUALITY UNIVERSAL
HEALTH COVERAGE THROUGH BETTER
WATER, SANITATION AND HYGIENE
IN HEALTH CARE FACILITIES:

A FOCUS ON CAMBODIA



World Health
Organization

WASH
in Health Care Facilities



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)

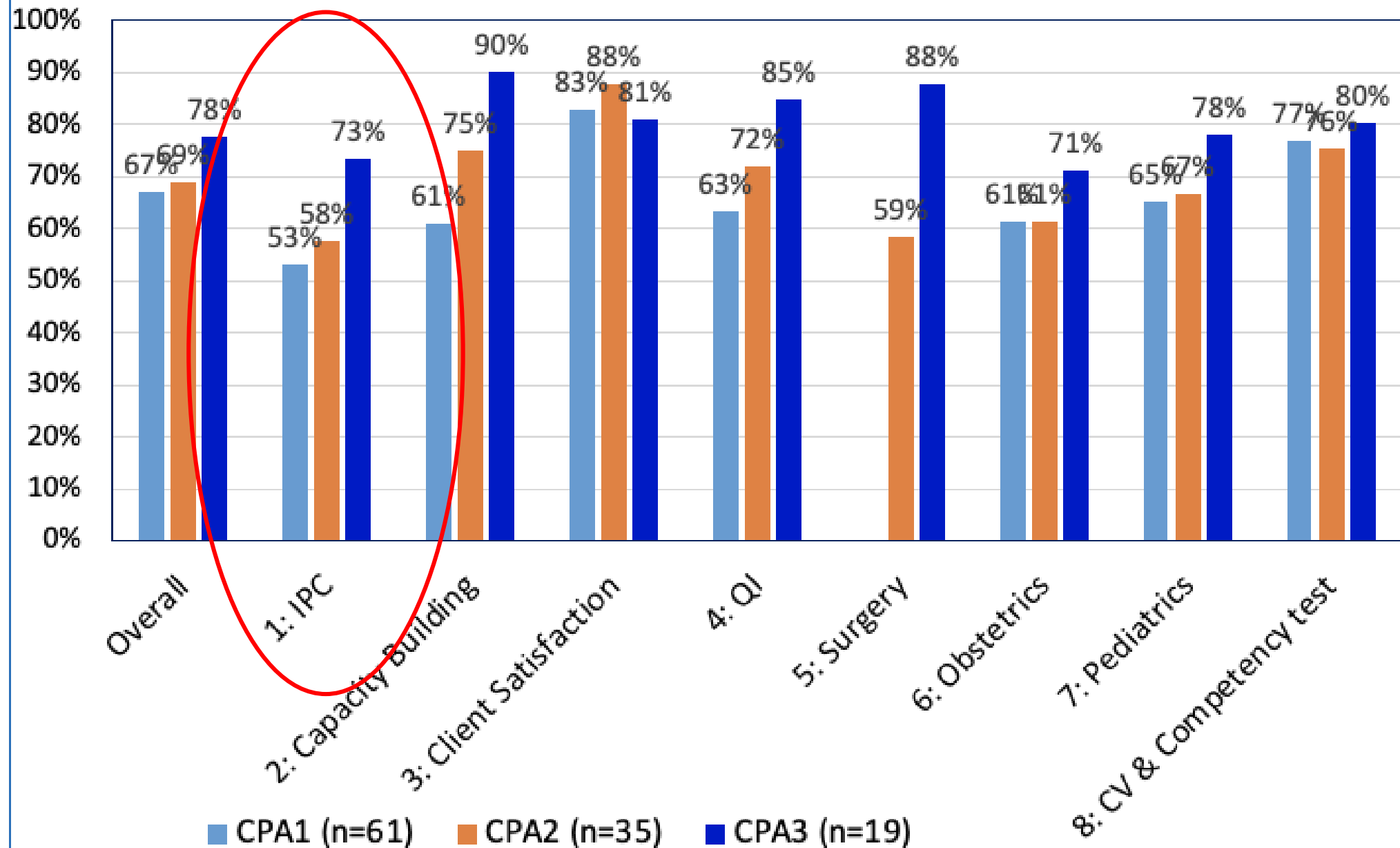
Structural quality includes a quality criterion (with a maximum score of 15%) related to WASH infrastructure and facilities

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



Assessment by wards: CPA1, 2, 3

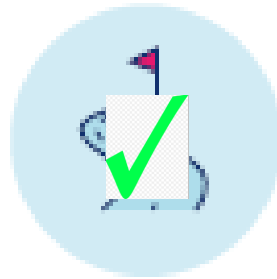


Progress against WHO/UNICEF 8 practical actions and WHA 72.7 Resolution on WASH in HCF

1 CONDUCT
SITUATION
ANALYSIS AND
ASSESSMENT



2 SET TARGETS
AND DEFINE
ROADMAP



3 ESTABLISH NATIONAL
STANDARDS AND
ACCOUNTABILITY
MECHANISMS



4 IMPROVE
INFRASTRUCTURE
AND MAINTENANCE



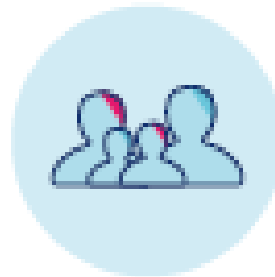
5 MONITOR
AND REVIEW
DATA



6 DEVELOP
HEALTH
WORKFORCE



7 ENGAGE
COMMUNITIES



8 CONDUCT
OPERATIONAL
RESEARCH AND
SHARE LEARNING



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