WASH in HCF
Global Learning Event
Kathmandu, Nepal
28-30 March 2017

Developing and implementing revised

Tool Box for assessment of Water Sanitation and Hygiene (WASH) in

“ Urban Healthcare Facilities beyond Labour room”

Team IIPHG (PHFI) India

KNOWLEDGE TO ACTION
phfi
PUBLIC HEALTH FOUNDATION OF INDIA

Outline of presentation…..

- Overview of Tool Box Version 1 & 2
- Process of Development & implementation of revised Tool Box V2 for assessment WASH in Urban Healthcare Facilities beyond Labour room
- Observations: Post Tool Box v1 & Tool Box v2
- SWOT Analysis and Way forward for Tool Box v2

Background & Rationale

- Developing countries struggling with High MMR and efforts to reduce

- Puerperal sepsis third common cause yet not adequately captured : Cleanliness of the labour rooms (LR) and hygiene practices are also not documented

- A tool box was developed as a part of multi-centric study (India & Bangladesh) funded by SHARE – Sanitation & Hygiene Applied Research for Equity & The Soapbox Collaborative

Shared observations at various Platforms

BUT Faced Major Critique & limitations of Tool Box v 1

- WASH assessment was restricted **ONLY TO** Labour room.
- Effort intensive toolkit- needs a lot of work with the site to develop confidence
- Scores of Determinants for Hygiene did not make sense to program/policy planners- need to develop easily understood method for analysis.
- Lacks Replicability/ Roll out
- Too much of Focus on Rural Public Health Care set up : NUHM missing

Process for developing Tool Box Version 2

- Review of available Tools for assessment of WASH in healthcare facilities , Triangulation of findings from Published articles , Systematic reviews , policy briefs , program briefs, Workshop proceedings , and published reports *(Post 1999)*
- Structural understanding of public health under NUHM

- Series of Round Tables with Government Officials , Experts , Program Managers , UNICEF , Water Aid , Academia , Microbiologists to develop consensus on draft Tool Box V2 & its protocols

- Started looking for Funding Support
- Sought Permission from State / Local Municipal corporation
- Pilot testing the same in 2 States
- Rural Area and 2 Urban Municipal corporation (14 UHC)

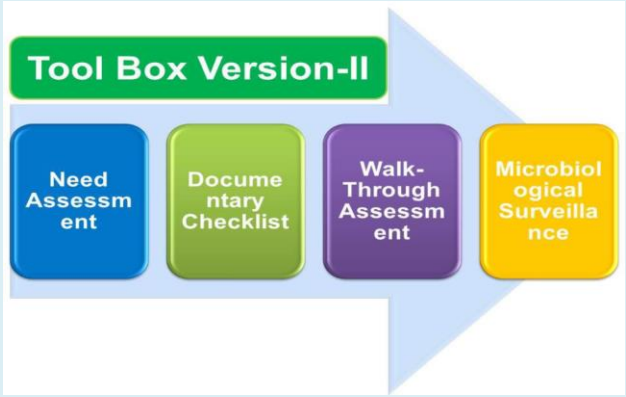
- Findings and Observations submitted to the Health Authorities and Policy Planners
- With an ongoing advocacy to use Tool Box V2 for routine surveillance / assessment of WASH

Tool Box Version 1

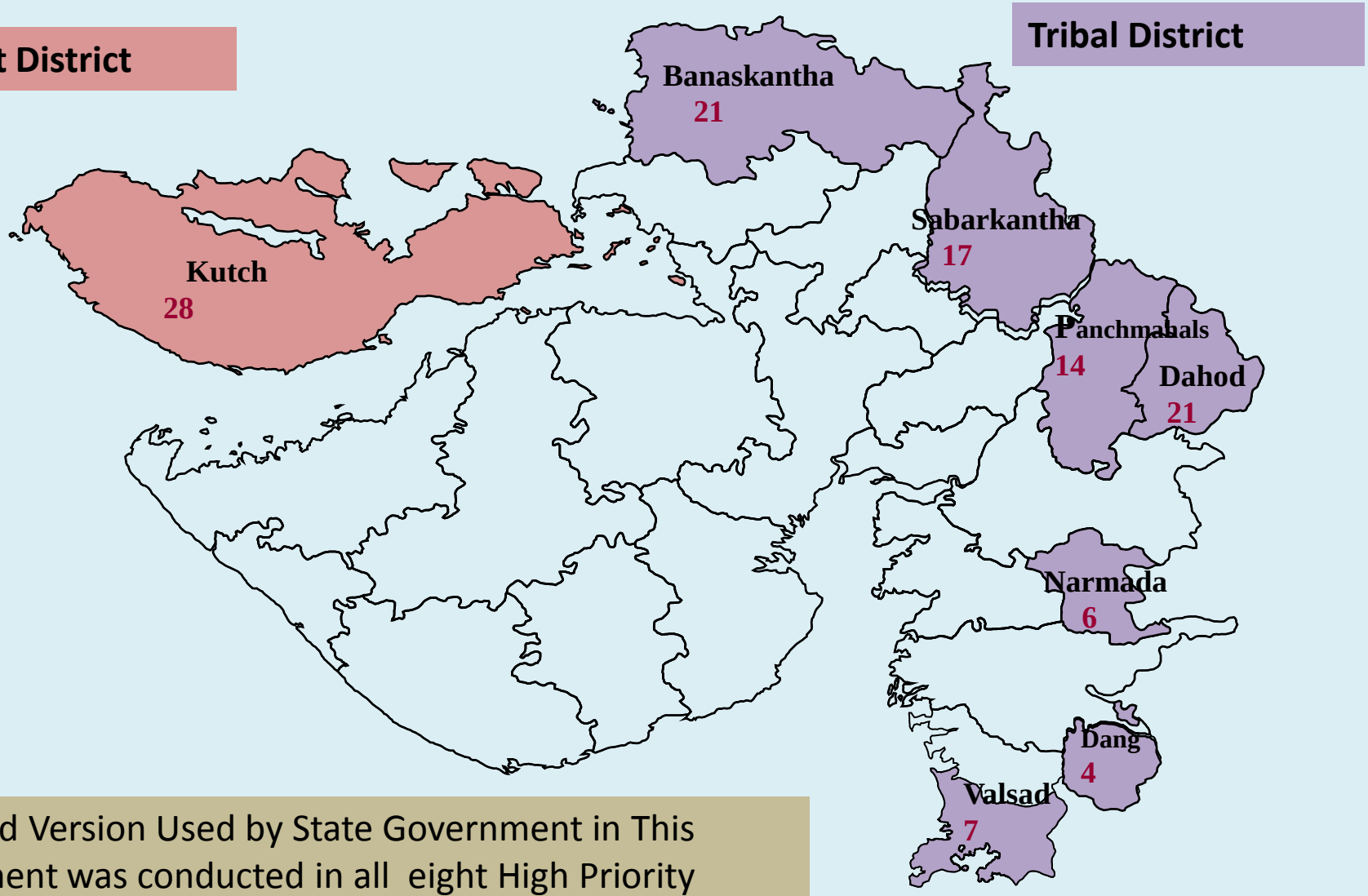
- Tool kit (version I) comprises seven tools
  - Tool 1: Facility Needs Assessment Tool
  - Tool 2: Document Availability Checklist
  - Tool 3: Walkthrough Checklist
  - Tool 4: Semi structured interview for management
  - Tool 5: Photo prompted interviews with HCPs
  - Tool 6: Photo prompted interviews with Cleaners
  - Tool 7: Photo prompted interviews with recently delivered women

Tool Box Version 2

- **Tool kit (version 2) comprises Three tools**
  - Tool 1: Facility Needs Assessment Tool
  - Tool 2: Document Availability Checklist
  - Tool 3: Walkthrough Checklist & Microbiological Assessment
  - Walk Through and Microbiological assessment beyond LR : As per the standard protocols from selected sites of OPD, IPD, LR , Nursing station and OT
  - Piloting Air Sampling by Settle Plate

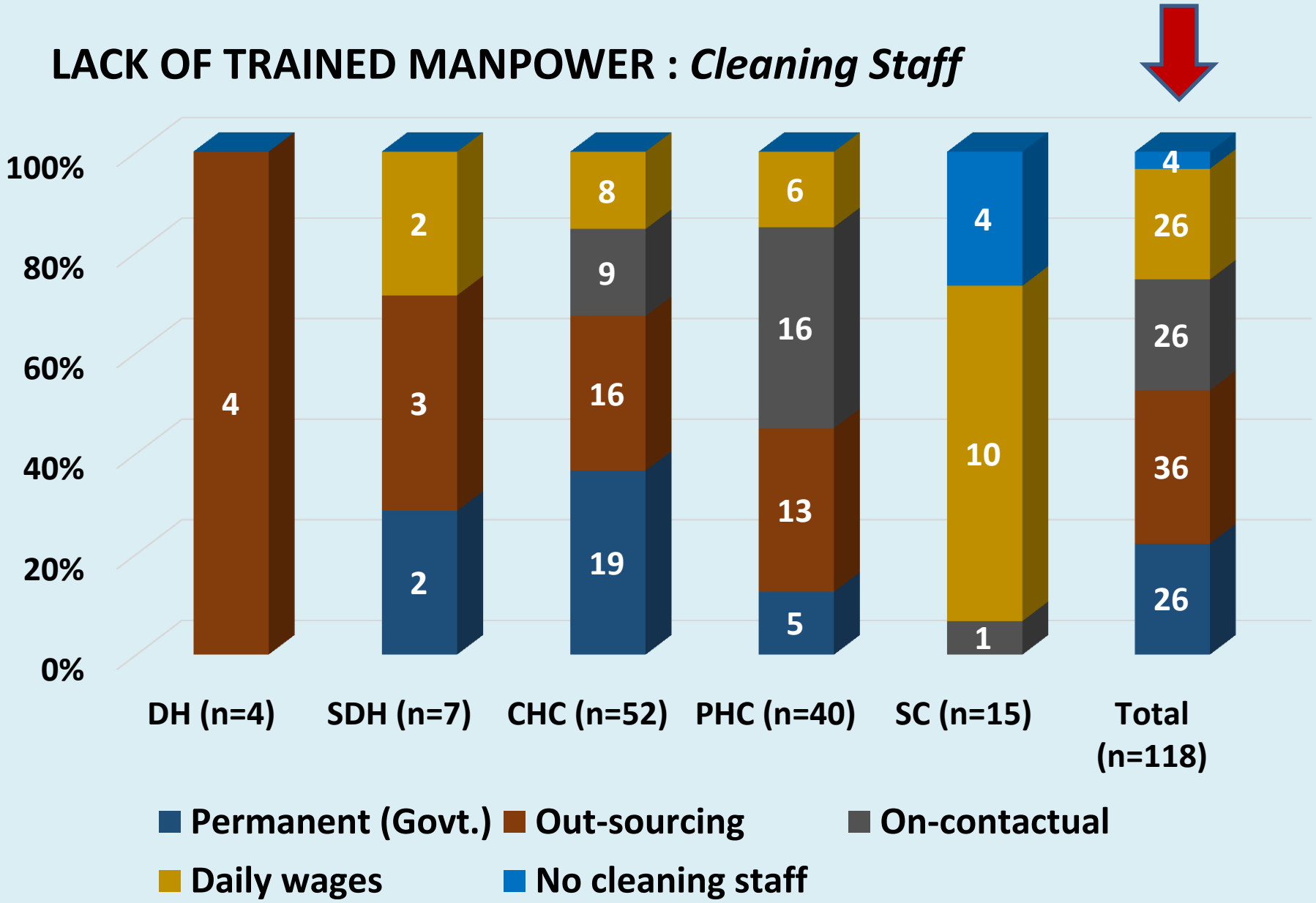


Outcome of Tool Box Version 1

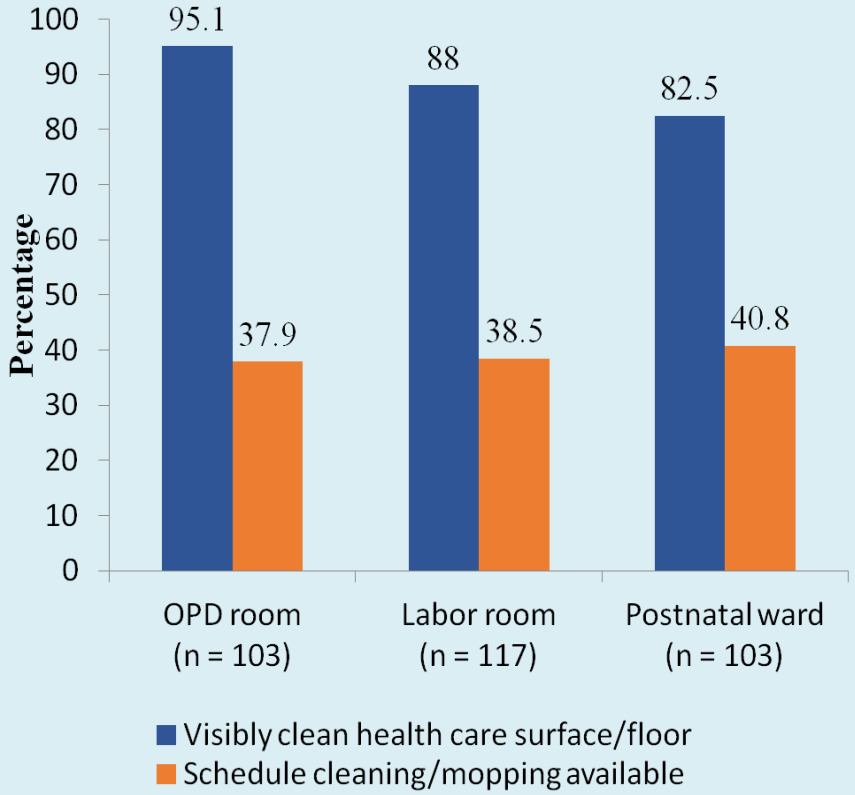


Modified Version Used by State Government in This assessment was conducted in all eight High Priority districts of Gujarat : (n=118)

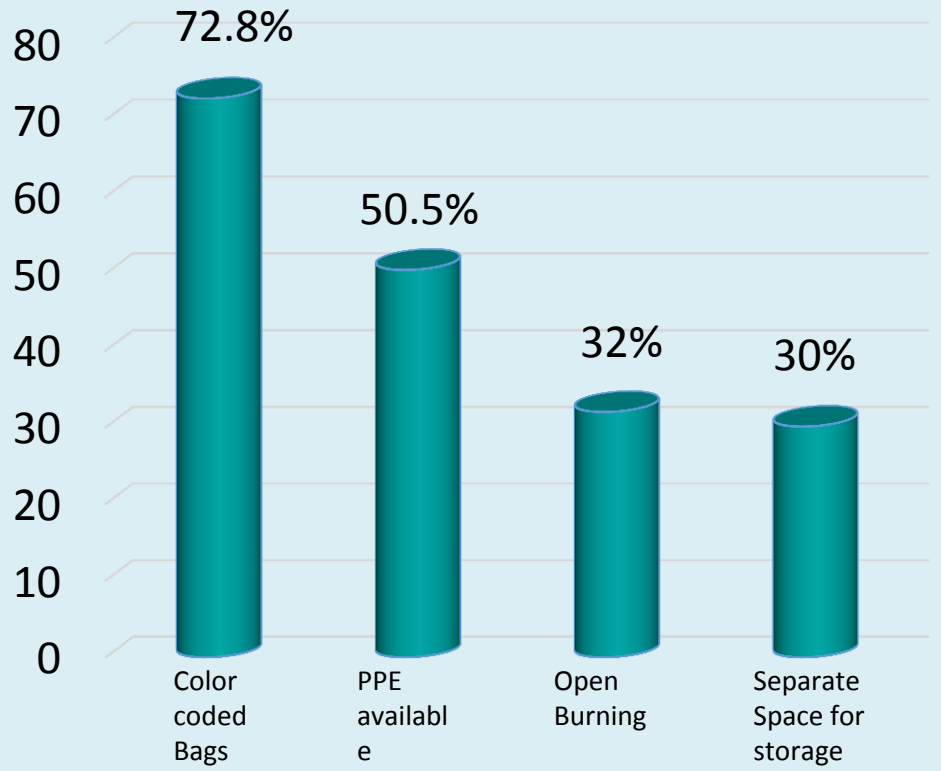
Major issues in Maintaining Optimal WASH (n=118)



Lack of Protocols



MICROBIOLOGICAL SURVILLANCE ONLY IN OT



Status of BMW

Major Barriers identified GOG

- Inadequate and late release of funds
- Manpower : Inadequate / Untrained manpower
- Poor Documentation
- Other competing priorities
- Restricted Microbiological Surveillance (OT)

Positive actions ……

Office order for corrective actions issued by Commissioner Health to all facilities across the state

State & district level Debriefings

No. FW/15-16/SQIP/Wash/May.15
Commissionerate of Health,
Medical Services, Medical Education & Research, Gujarat
Block. No.-5, Dr. Jivraj Mehta Bhavan
Gandhinagar – 382010

J. P. Gupta IAS
Commissioner(Health) & Secretary(PH & FW)

Phone: (079) 23253271, Fax: (079) 23256430
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Date: 12.05.2015

Subject: Water, Sanitation & Hygiene (WASH) services & practices in health facilities

There is a great need to improve WASH services in public health facilities for improving the image & utilization of the public health system & also for the safety of the beneficiaries mainly from sepsis.

As per the key finding of the WASH Gap analysis, you are hereby instructed to ensure that all the health care facilities have following non-negotiable services & practices.

A. Monitoring

1. One assigned person must be identified in each patient care area at each facility for monitoring Water supply, Sanitation, & Hygiene (WASH) services & practices. Each facility to prepare a written matrix of the same.
2. Strict supervision & review should be done from BHO/DQAMO/CDHO/RDD & state level

B. Water Supply

1. There is **zero tolerance for leaking/missing water taps, leaking water pipelines** in health facilities
2. **Regular water quality testing of drinking water** of all health facilities with H2S bulb must be ensured. A tendering process to be initiated from state for procuring the H2S bulb. Till than the H2S bulb can be procured from WASMO from district/local level.
3. Each facility must have one identified person for operating motor for water to avoid overflowing of water tanks and wastage of electricity
4. All **water tanks (both underground and overhead) should be covered and regular cleaning** of the same must be ensured. All water treatment units must be maintained at regular frequency.

Observations from Tool Box v 2 :
Total UHC = 14 in TWO states (10 UPHC and 4 UCHC)

Poor Status of WASH / No Protocols / Poor BMW m/g / Poor cleaning Practice / Lack of Man Power / Ownership / Issues with Cleaning material

Cont....

- BMW bins and bags available but proper segregation and management a real issue
- No training for BMW for Cleaners
- IPC committees either not available or non functional
- Restricted Microbiological Surveillance
- Absence of routine surveillance of Post Surgical Sepsis or Puerperal sepsis
- Prophylactic use of Ab: Very High

Microbiological Surveillance

- Use Of Microbiological Swab
  - Gathered 15-20 samples per facility based on pre determined sites by pre decided protocols
  - 22.3% Swabs were positivity for pathogenic bacteria
  - Maximum Contamination Mops , Buckets and Cleaning Materials (around 35%)
  - MC organism : Staph Aureus & Klibsella , Stap Coagulase Negative

Cont.....

- AM Resistance of Positive samples ranged from 66.6 – 100% to *(at least one commonly used Ab)*
- Few were resistant to more than 3 Ab (around 10%) .
- Samples from high risk area NICU , LR , OT, Minor OT were also found positive, .
- Air sampling : Difficult to execute in Indian Context due to reluctance of Officials

Challenges

- Health in India is a state matter : Tool Box V 2 might lack issues specific to local context.
- Infection control not perceived as a priority in lieu availability of Broad Spectrum Anti biotics.
- Lack of WASH documentation / Cleaning Protocols
- Untrained Man Power that too with high turn over

Challenges

- Require repeated visits to convince the facility In-charge.
- Insecurity among hospital staff regarding data confidentiality as they fear of backlash from higher authorities .
- Microbiological surveillance ? Reluctance from managers
- Difficult to Link optimal WASH with OUTCOME .

Strengths

- Tool Box Version 2 is acceptable replicable , robust and validated now ready to use.
- State willingness for permitting its use
- Can be used as a routine surveillance mechanism
- Microbiological surveillance is now standardized

Weakness

- Did not capture satisfaction / dissatisfaction / motivation.
- Snap shot process , needs further follow up to document the outcome also.
- Not able to publish unless permission is granted from officials
- Poor Microbiological capacity of IIPHG University

Opportunities

SMART CITY INITIATIVE

BMW 2016 Guidelines

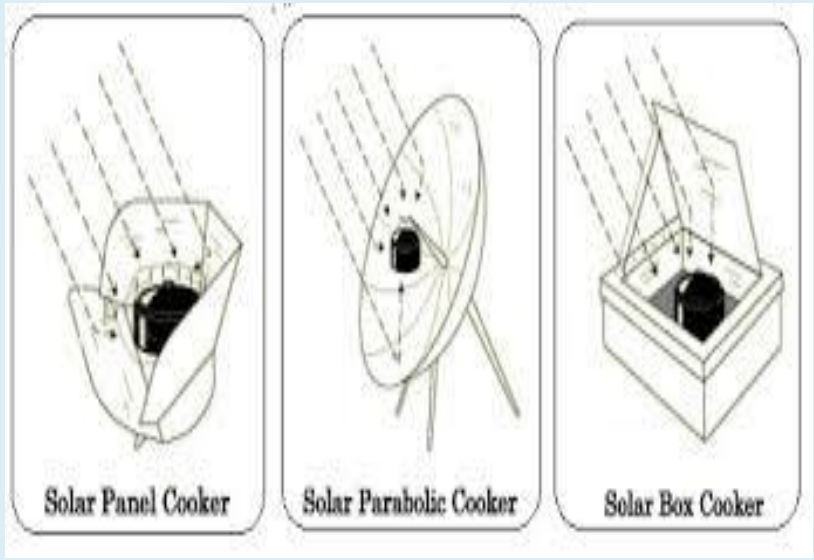
National T/t guidelines for AM use in Infectious D/s

Threats

- Difficult to convince Facility Managers
- Not blinded
- Too much of objectivity : More Critical
- Doesn't capture outcomes
- Acceptance by local stake holders

Way forward ……

- Permission for 2 more states
- Beginning of a journey , Tool Box 3 **?**
- Successful Grant proposal : Development Grant under the Centre for Environmental Health (CEH).
- Hopeful for MA Grant : Use of solar energy for disinfection of MOPS in resource poor settings (Applied for)



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- *Presentation shared by Dr J L Meena , Quality Assurance Officer , Govt of Gujarat*