

## Indicators for WASH in Healthcare Facilities

In the Fall 2022, the Community of Practice hosted two events to engage COP members in an exercise brainstorming useful indicators to monitor and evaluate WASH in HCF.

To define success in WASH in HCF, we started by discussing **WHAT** aspects of WASH in HCF we should focus on and **WHO** is defining “success”. Examples of **what** might success look like include: safer healthcare facilities, meeting standards/guidance, increased adherence, improved dignity/equity and achieving program activities. Examples of **who** might be defining success include: government, external partners, patients, staff, and facility.

Community members then discussed impact, outcome, and activity level indicators, coming up with the following list:

<b>JMP service availability</b>	Basic/advanced water services
	Basic/advanced sanitation services
	Basic/advanced hand hygiene services
	Basic/advanced waste management services
	Basic/advanced environmental cleaning services
<b>Additional WASH service information</b>	See full WASH FIT tool – including energy and facility management
	Water quality testing
<b>WASH-related Behaviors</b>	Frequency of trainings on WASH/IPC at the facility
	Frequency of coaching sessions on WASH/IPC
	Perceived ability to integrate hand hygiene into daily routines
	Knowledge/attitudes of WASH/IPC behaviors
	Presence of job aides
	Hand hygiene/environmental cleaning compliance
<b>Facility Outputs</b>	Inpatients and outpatients/month
	Deliveries/month
	Monthly revenue
<b>Standard Operating Procedures</b>	Presence of day-to-day plans or checklists for WASH
	Presence of facility emergency plans for continuance of WASH
	Presence of cleaning schedules
	Records log of operations & maintenance
	Temperature water is heated to minimal heat inhibitory concentration (legionella)
<b>Health Outcomes</b>	Sepsis
	Healthcare-acquired infections
	Maternal mortality rate, neonatal mortality rate, still births
<b>Patient Experience</b>	Patient satisfaction with WASH services (male & female patients)
	Patient perception of WASH services (male & female patients)
	Feelings of dignity (male & female patients)
	Care-seeking behaviors

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<b>Staff Experience</b>	Clear job descriptions for WASH activities
	Payment of cleaners / payment-based cleaning process
	Presence of cleaning uniforms and PPE
	Satisfaction of staff with WASH services (male & female staff)
	Staff perception of WASH services (male & female staff)
	Staff attrition rate
<b>Supply Chain Management</b>	Presence of disinfectants, hand sanitizer
	Presence / quantity of soap and other consumables
	Process to reorder/restock
	Frequency of stockouts of key IPC supplies
	Measure of chlorine consumption
<b>Budgeting/Financing</b>	Budget for WASH at the facility
	Allocation of funding for WASH

### Additional Notes from Discussion:

- A mix of quantitative (service availability, WASH FIT, Clean Clinic) and qualitative/descriptive measures (experiences of individuals and the health system) will provide a more comprehensive picture
- Be careful about not measuring too much, target data on program goals
- May be able to draw from other sectors that already have indicators (e.g., IPC self-assessments, quality improvement frameworks, patient centered care frameworks)
- Additional indicators should be considered for climate resiliency and gender/equity
- Key topics to consider as indicators are developed:
  - What is the purpose of collecting the data?
  - Who is collecting the data? Can you take a participatory approach to generating a dataset?
  - Who is sharing, analyzing and disseminating the data?
  - Who will act on the data? How do you hope they will act?
  - What frequency of data collection/dissemination is necessary?
  - How are changes and effects being communicated back to communities?
    - Consider distinct data needs/uses by different health system users (ie: national MOH planner vs hospital administrator vs IPC focal person)