WASH in HCF Community of Practice Event

Where do we go from here in WASH in Healthcare Facilities?

Wednesday, October 4 | 8:00AM – 9:30 AM EDT / 15:00 – 16:30 EAT

Part 1: How the Community can respond to the newest global recommendations

Part 2: How to approach behavior change in healthcare facilities

Simultaneous interpretation available in French and Spanish


WASH in Healthcare Facilities Initiative
• **INTERPRETATION:** Select English, French, or Spanish. Then, click “Mute Original Audio.”

• **INTERPRÉTATION:** Sélectionnez Anglais, Français ou Espagnol. Puis, cliquez sur "Couper le son d’origine."

• **INTERPRETACIÓN:** Seleccione Inglés, Francés o Español. Luego, haga clic en “Silenciar audio original.”
This Community of Practice is an action-oriented learning platform that brings together the WASH and health communities to focus on policy, evidence, and practice in WASH in HCF.

- **CONNECT** partners
- **SHARE** experiences
- Encourage groups to **ACT**
WASH in HCF Community of Practice Basic Principles

1. WASH is a fundamental prerequisite for quality care within a healthcare facility and there cannot be effective infection prevention and control without adequate WASH.

2. WASH in healthcare facilities is a solvable issue and will require multiple systems, sectors, and stakeholders to work together to see sustainable improvements.

3. The Community of Practice is open to all who seek to learn and share about WASH in healthcare facilities. We welcome all and respect the diversity of perspectives who participate.
The Department of Health published their own version of WASH FIT this year. It is a streamlined, simplified version with examples from the Philippines and guidance for use in the country.

A useful example to other countries looking to tailor and adopt WASH FIT.

The advocacy over the past 8 years had led to significant increase in awareness on WASH in HCF. It has also led to increased financing. While there is more to be done, some exciting examples include:

- **African Development Bank** prioritizing health facility physical infrastructure, namely WASH, waste & energy, in their new health strategy
- **Republic of Korea** funding WASH in HCF in 22 countries through UNICEF as part of health system resiliency, post-COVID. Additionally, FCDO, Global Affairs Canada, DFAT, USAID, SIDA and other donor gov’ts have supported WASH in HCF programming.
- **GAVI** funding waste management and energy in priority countries
- **The Global Fund** including WASH and waste as a potential request for funding in new core allocations
- **World Bank** funding large-scale WASH in HCF programming in East Africa
- **Most importantly, national governments** allocating domestic funds for WASH in HCF, such as Ghana
Today’s Agenda

Part I: How the Community can respond to the newest global recommendations
  • Recap of the Global Report
  • Summary of COP Resources

Part II: How do you approach behavior change in healthcare facilities?
  • Overview of behavior change in healthcare settings
  • Interview with WASH Behavioral Scientist, Christy Craig (US CDC)
  • Q&A / Discussion

News/Updates on the COP
Part 1: How the Community Can Respond to the Global Recommendations
The report provides a comprehensive review of the progress made across 73 countries since the World Health Assembly's 2019 resolution. It offers valuable insights into the successful strategies and challenges faced by these countries in implementing their WASH initiatives.

- Current status (data from JMP)
- Progress tracker on the 8 Practical Steps
- Financing
- Recommendations
<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WATER</strong></td>
<td>53%</td>
<td>20% have no services</td>
</tr>
<tr>
<td><strong>SANITATION</strong></td>
<td>21%</td>
<td>15% have no services</td>
</tr>
<tr>
<td><strong>HAND HYGIENE</strong></td>
<td>32%</td>
<td>75% have hand hygiene at points of care</td>
</tr>
<tr>
<td><strong>HEALTH CARE WASTE</strong></td>
<td>34%</td>
<td>have basic services (both segregation and treatment of waste)</td>
</tr>
<tr>
<td><strong>ENVIRONMENTAL CLEANING</strong></td>
<td></td>
<td>No global estimate (data from 21 countries)</td>
</tr>
<tr>
<td><strong>ELECTRICITY</strong></td>
<td></td>
<td>1 billion people are served by health care facilities with unreliable or no electricity supply</td>
</tr>
</tbody>
</table>

**Fig. 8. Investments needed for WASH**

<table>
<thead>
<tr>
<th>Service</th>
<th>Rural (US$ millions)</th>
<th>Urban (US$ millions)</th>
<th>Total (US$ millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WATER</strong></td>
<td>$1159</td>
<td>$381</td>
<td>$1392</td>
</tr>
<tr>
<td><strong>SANITATION</strong></td>
<td>$1323</td>
<td>$498</td>
<td>$1821</td>
</tr>
<tr>
<td><strong>HAND HYGIENE</strong></td>
<td>$273</td>
<td>$571</td>
<td>$844</td>
</tr>
<tr>
<td><strong>HEALTH CARE WASTE</strong></td>
<td>$2278</td>
<td>$1392</td>
<td>$3666</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Hospital (US$ millions)</th>
<th>Non-hospital (US$ millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WATER</strong></td>
<td>$1487</td>
<td>$53</td>
</tr>
<tr>
<td><strong>SANITATION</strong></td>
<td>$1742</td>
<td>$79</td>
</tr>
<tr>
<td><strong>HAND HYGIENE</strong></td>
<td>$722</td>
<td>$122</td>
</tr>
<tr>
<td><strong>HEALTH CARE WASTE</strong></td>
<td>$3426</td>
<td>$244</td>
</tr>
</tbody>
</table>
Fig. 3. Snapshot of country status on practical steps ($n = 73$)

- **1a. Situation analysis**: No progress made and/or no plans in place to start
- **1b. Baseline**: A need has been identified and/or plans are in place to start
- **2. Roadmap and coordination**: Practical step is under way or partially completed
- **3a. WASH standards**: Practical step is completed or achieved on a national level, and/or large-scale implementation is ongoing
- **3b. Waste standards**: No data

- **4. Infrastructure**: No progress made and/or no plans in place to start
- **5. Monitor**: A need has been identified and/or plans are in place to start
- **6. Workforce**: Practical step is under way or partially completed
- **7. Community**: No data
Recommendation 1: Integrate

Integrate WASH, waste and energy services into health planning, programming, financing and monitoring at all levels.

What does this mean for practitioners? Let’s advocate!

- Regularly engage with health officials on your programming, from conception to design/implementation and monitoring.
- Raise awareness of the remaining needs and the realities in the HCFs where you work
- Offer technical support, as needed (assessments, standards, dissemination, etc.)
- Participate in health meetings and events to advocate for WASH in HCF
Recommendation 2: Monitor

_Regularly monitor and review progress and strengthen accountability._

**What does this mean for practitioners? You too shall monitor!**

- Monitor your own programs and regularly share data with national/local health officials, as well as with facilities themselves
- Consider not only basic WASH service levels but additional metrics that may support recommendation #1, including costing/budgeting data and patient/staff satisfaction
- Advocate for the government to integrate indicators into HMIS
- Participate in discussions on appropriate indicators, providing any necessary technical advice
Recommendation 3: Develop Workforce

Develop and empower the health workforce to deliver and maintain WASH, waste and energy services and practice good hygiene.

What does this mean for practitioners? Go forth and build!

- Ensure any program on WASH in HCF includes a component to support the development of the health workforce, particularly O&M. Include non-clinical staff such as cleaners and maintenance workers as applicable.
- Include in your advocacy to health officials not just service delivery but also behavior change programming
- Partner with Ministry of Health to support IPC adherence
- Provide technical support to any national efforts to create more WASH/waste professionals
Resolution & Global Action Plan

These recommendations make up the basis of the **UN Resolution on WASH, Waste & Energy in HCFs**, to be discussed by the General Assembly in November 2023.

More specific details of the way forward will be outlined in the **Global Action Plan**, planned to be launched in early 2024, with a focus on these recommendations and how we address them throughout the system.
WASH in HCF Community of Practice Recap

- Total WASH in HCF COP Events: 13
- Total live participants across all 13 events: 1,307
- Total recording viewings: 2,880

- Total WASH in HCF newsletters sent: 17
- Total Listserv Followers: 1,090
- Total YouTube Followers: 502
WASH in HCF COP Events – washinhcf.org/cop

Upcoming events

Where do we go from here in WASH in Healthcare Facilities?

Wednesday, October 4
8:00 – 9:30AM EDT / 15:00 – 16:30 EAT

In June, WHO and UNICEF published the Global Progress Report on WASH in Healthcare Facilities. This session will explore how members of the WASH in HCF Community of Practice can translate and implement the global recommendations into their own work. We will then deep dive into the third recommendation: developing the health workforce, with a discussion on strategies for sustained behavior change.

Register Here

Previous events

- Ask An Expert (August 2023)
- Climate Resiliency (May 2023)
- Environmental Cleaning (March 2023)
- Global JMP Data (February 2023)
- Indicators (November 2022)
- Built Environment (September 2022)
WASH in HCF COP – New Videos

Weathering the Storm: Climate Resilient WASH in Healthcare Facilities Programming

Clean Care: Environmental Cleaning in Healthcare Facilities
WASH in HCF Community of Practice

@WASHinHCFCommunityofPractice  497 subscribers  76 videos

More about this channel  

Latest  Popular  Oldest

Funding Climate Resilient WASH in HCF - an Overview of the Green...  7:00

Weathering the Storm: Climate Resilient WASH in Healthcare Facilities...  11:22

Clean Care: Environmental Cleaning in Healthcare Facilities  9:55

Leveraging JMP Data for Action: WHO/UNICEF Presents Newest...  57:33

8 views • 1 day ago

6 views • 1 day ago

28 views • 2 weeks ago

8 views • 3 weeks ago
List of key WASH in HCF available in French and Spanish

List of Indicators for WASH in HCF, from COP members

2022 Updated Literature Review on WASH in HCF
Over the course of the WASH in HCF COP, we’ve discussed many resources, guides, reports, presentations, and materials. All of these resources can be found on https://www.washinhcf.org/resources/

Following this event, a newsletter will be shared which compiles the various resources that were highlighted during the past COP events. If you haven’t signed up, please do so by signing up through the link in the chat!
Recommendation 3: Develop Workforce

**Develop and empower the health workforce to deliver and maintain WASH, waste and energy services and practice good hygiene.**

What does this mean for practitioners? Go forth and build!

- Ensure any program on WASH in HCF includes a component to support the development of the health workforce, particularly O&M. Include non-clinical staff such as cleaners and maintenance workers as applicable.
- Include in your advocacy to health officials not just service delivery but also behavior change programming.
- Partner with Ministry of Health to support IPC adherence.
- Provide technical support to any national efforts to create more WASH/waste professionals.
The behaviour change wheel: A new method for characterising and designing behaviour change interventions


*Open access article.*
• A **classification system** for behaviour change interventions that incorporates (FIRST) an understanding of the nature of the behaviour to be changed
• Then asks: what is the “broad intervention **approach**” that should be adopted to change this behaviour?”
• Michie et al., **does not** recommend specific techniques or activities
Use rules to reduce the opportunity to engage in the behaviour
Increase knowledge or understanding
Use communication to induce positive or negative feelings to stimulate action
Create an expectation of reward
Create an expectation of punishment or cost
Impart skills
Increase means or reduce barriers to increase capability (beyond education or training) or opportunity (beyond environmental restructuring)
Provide an example for people to aspire to or emulate
Change the physical or social context

Michie et al (2011); Diagram Courtesy of M. Freeman
## Behavior Change Wheel

### Linking COM to intervention functions

<table>
<thead>
<tr>
<th>Intervention functions</th>
<th>Education</th>
<th>Persuasion</th>
<th>Incentivisation</th>
<th>Coercion</th>
<th>Training</th>
<th>Restriction</th>
<th>Environmental restructuring</th>
<th>Modelling</th>
<th>Enablement</th>
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<tbody>
<tr>
<td>Physical capability</td>
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<td>Psychological capability</td>
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<td>Physical opportunity</td>
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<td>Social opportunity</td>
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<td>Automatic motivation</td>
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<td>Reflective motivation</td>
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</table>

Table 2, Michie et al., 2011
Making or changing laws

Designing and/or controlling the physical or social environment

Creating documents that recommend or mandate practice. This includes all changes to service provision

Using the tax system to reduce or increase the financial cost

Establishing rules or principles of behaviour or practice

Delivering a service

Using print, electronic, telephonic or broadcast media

Making or changing laws

Michie et al (2011); Diagram Courtesy of M. Freeman
The behaviour change wheel: A new method for characterising and designing behaviour change interventions


Open access article.
ANNEX: IMPROVING HAND HYGIENE THROUGH A MULTIMODAL STRATEGY

WHO's multimodal hand hygiene improvement strategy
- Effective hand hygiene improvement programmes can prevent up to 50% of avoidable infections acquired during health care delivery and generate economic savings on average 16 times the cost of implementation.
- The multimodal improvement strategy is highly effective, leading to significant improvement of key hand hygiene indicators in health care facilities. It comprises five elements.
- Implementing a multimodal strategy leads to a reduction of health care-associated infections and antimicrobial resistance, and substantially helps to stop outbreaks.

Use the five elements to drive improvement
- All elements are essential and complementary.
- The five critical elements to be implemented as part of an infection prevention and control programme at the health care facility level, in an integrated manner, can be simplified as: Build it, Teach it, Check it, Sell it and Live it (see visual).

Track progress
- Track progress over time through use of the Hand Hygiene Self-Assessment Framework.
- The Framework is a diagnostic tool, identifying strengths and gaps requiring improvement across each of the five elements.

SYSTEM CHANGE (Build it)
- Achievement of continuous availability of the necessary infrastructure, materials and equipment to effectively perform hand hygiene at the point of care.
- This includes the reliable and uninterrupted provision of alcohol-based hand rub at the point of care, continuous supplies of safe, clean water, soap, single-use towels, and an adequate number of functioning sinks.

MONITORING AND FEEDBACK OF HAND HYGIENE INDICATORS (Check it)
- Regular monitoring and evaluation (ideally using standardized tools) of hand hygiene infrastructures, location of facilities, adherence at the point of care, consumption of soap and alcohol-based hand rubs, including knowledge of and compliance with best practices.
- Providing regular feedback to health workers and senior management using local data is a very powerful approach to raise awareness and achieve improvement of practices.

TRAINING AND EDUCATION (Teach it)
- Tailored education and practical training of clinical staff, patients and visitors about the importance of hand hygiene to better understand when and how it should be performed.
- Education should also address all other health workers, including hospital administrators, cleaning personnel and community health workers.

SAFETY CLIMATE/CULTURE CHANGE (Live it)
- Creating an organizational environment that prioritizes high compliance with hand hygiene to achieve patient and health worker safety.
- At the institutional level, this should include the allocation of resources for hand hygiene programmes and clear messages of support for hand hygiene from leaders within the institution, setting benchmarks or targets, and having hand hygiene champions.
- At an individual level, the aim is to ensure that health workers identify hand hygiene as a priority that reflects their commitment to do no harm to patients. Partnering with patients and patient organizations to promote hand hygiene may also promote a climate of patient safety, but should be undertaken sensitively and in close consultation with key stakeholders, including health workers and patient representatives.

REMINDERS IN THE WORKPLACE/COMMUNICATIONS (Sell it)
- Posters, stickers, visual and vocal prompts, banners, screensavers. They can continually prompt and remind health workers about the importance of hand hygiene and the indications when to perform it.
- They also help to involve patients and their visitors and inform them of the level of care they should expect from health workers with regards to hand hygiene.
Sustaining behavior change, such as hand hygiene, requires a multimodal approach - of which training is only one component.

- Other key elements include ensuring there are the resources available, routine evaluation/feedback, reminders, and changing the culture within the HCF.

Source: A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy

### The Five Components of the WHO multimodal hand hygiene improvement strategy

1. **System change – alcohol-based handrub at point of care**
   - 1a. System change – alcohol-based handrub at point of care
   - 1b. System change – access to safe, continuous water supply, soap and towels

2. **Training and education**

3. **Evaluation and feedback**

4. **Reminders in the workplace**

5. **Institutional safety climate**
WASH-related IPC Behaviors

Key HCF Staff Behaviors Include:
1. Hand Hygiene
2. Environmental Cleanliness
3. Medical Equipment Processing
4. Healthcare Waste Management
# Target Populations for Behavior Change

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Role within the HCF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers (Directors, Frontline Managers)</td>
<td>Plan, direct, and coordinate medical and health services; manage an entire facility, a specific clinical area or department, or a medical practice.</td>
</tr>
<tr>
<td>Clinicians (Doctors, Nurses, Midwives, IPC Committees/ Focal Points)</td>
<td>Work directly with patients to diagnose, treat, and care for patients.</td>
</tr>
<tr>
<td>Non-Clinical Staff (Lab/Pharmacy, Cleaners, Maintenance)</td>
<td>Work behind the scenes to support patient care.</td>
</tr>
<tr>
<td>Patients/ Caregivers</td>
<td>Receive care or medical treatment; assist with patient care needs.</td>
</tr>
</tbody>
</table>
It is important to recognize the hierarchy which exists within the healthcare facility and how this may impact the behavior change interventions you have planned.
According to WHO, 75% of the healthcare workforce is female, yet more often than not the top leadership positions are held by men.

- What does this mean for the hierarchical nature of the healthcare facility?

- What are the implications for training healthcare workers and staff?

Source: WHO (2019)
# Behavior Change Interventions

<table>
<thead>
<tr>
<th>Who</th>
<th>Roles</th>
<th>Type of Training</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Managers</strong> (Directors, Frontline Managers)</td>
<td>Plan, direct, and coordinate medical and health services; manage an entire facility, a specific clinical area or department, or a medical practice.</td>
<td>Formal pre-service leadership training and training as part of regular professional development leadership training for district-level health officers and health leadership for participating facilities. Focus on monitoring.</td>
<td>The Clean Clinic Approach</td>
</tr>
<tr>
<td><strong>Clinicians</strong> (Doctors, Nurses, Midwives, IPC Committees/ Focal Points)</td>
<td>Work directly with patients to diagnose, treat, and care for patients.</td>
<td>Formal pre-service training and training as part of regular professional development that focuses on concepts that are familiar to health staff. For example, key topics where IPC and WASH overlap: hand hygiene, medical equipment processing, environmental cleanliness, and healthcare waste management.</td>
<td>WASH for Health Training, MMIS for Handwashing</td>
</tr>
<tr>
<td><strong>Non-Clinical Staff</strong> (Lab/Pharmacy, Cleaners, Maintenance)</td>
<td>Work behind the scenes to support patient care.</td>
<td>Formal pre-service training and training as part of regular professional development for those who clean by promoting IPC and WASH standards for a safer environment.</td>
<td>TEACH CLEAN</td>
</tr>
<tr>
<td><strong>Patients/ Caregivers</strong></td>
<td>Receive care or medical treatment; assist with patient care needs.</td>
<td>Generate public awareness and patient participation. Many health facilities also educate and encourage patients and their families to participate in the utilization of WASH services.</td>
<td>Handwashing Day</td>
</tr>
</tbody>
</table>
Behavior Change for WASH in HCF

So, here is what we know…

• There are some behaviors we can target for WASH in HCF programming (handwashing, cleaning, etc…)

• There are some general approaches we can take for implementing behavior change interventions (training is not the only way, THINK multi-modal)

• There are important considerations of the HCF context that impact behavior interventions, including the different types and roles of healthcare workers and the power dynamics that exist

So how do you put all of this together?
What actually works in healthcare facilities?
Emory University’s Center for Global Safe WASH will launch the Fundamentals of WASH in Healthcare Facilities Course next year.

This online, self-paced course consists of four modules, designed to equip WASH practitioners with a comprehensive introduction to the importance, severity, and implications of poor WASH conditions in healthcare facilities and provide the foundation to begin programming.

Registration will open in November. The course will be available from January 15 through March 15, 2024. Participants can complete the course at any point within that two-month window, following which they will receive a Certificate of Completion from CGSW.

Course fees: US$249

See link in the chat to sign up to receive more information about the course.
WASH in Healthcare Facilities Community of Practice

The WASH in HCF Community of Practice Initiative, facilitated by Emory University, is an action-oriented learning platform seeking to connect practitioners around the world.