

# ADB WASH and health webinar: WaterAid's health systems strengthening approach for WASH in healthcare facilities

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# WASH in HCF

1

Overview of WASH in HCF

2

WaterAid's health system strengthening approach

3

Behaviour change: hand hygiene and environmental cleaning

4

Health Security and antimicrobial resistance



## WaterAid's Priority WASH and health thematic areas



WASH in HCF



AMR



SHRH



Cholera



Nutrition



NTDs



Child Health and  
Immunisation

## WASH in health care facilities



**One in four** health care facilities lacks basic water services and **896 million people** seek care at facilities with no water service



**One in five** has no sanitation services – impacting **1.5 billion people** who seek care at facilities without water



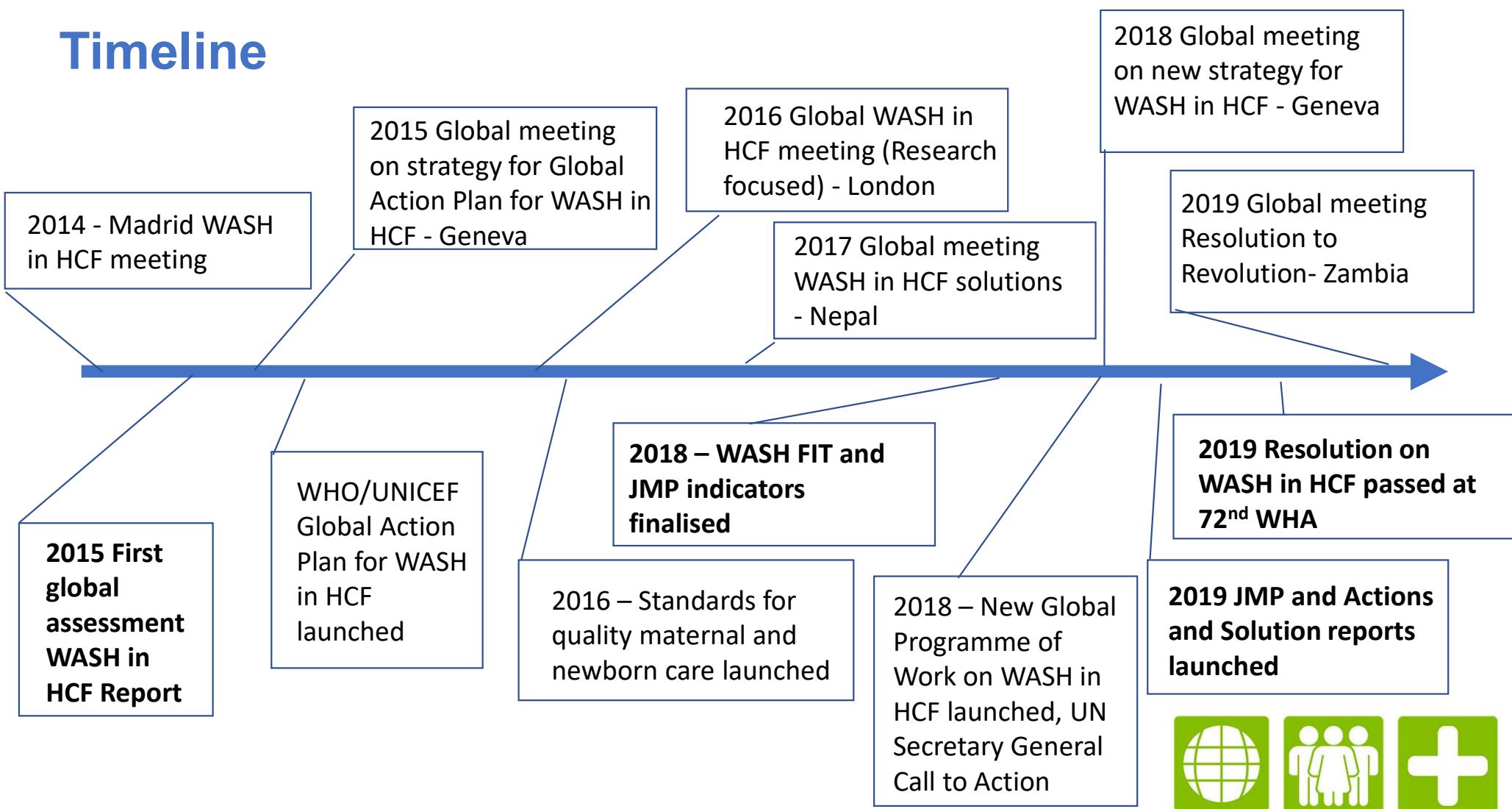
**42%** of facilities globally have no hand hygiene at points of care and **40%** globally have no systems for waste segregation.

Only 4 countries had data on the JMP cleaning indicator

<https://washdata.org/sites/default/files/documents/reports/2019-04/JMP-2019-wash-in-hcf.pdf>



# Timeline







**WHA 72.7 WASH in HCF RESOLUTION APPROVED in 2019**

# Resolution – what does it request?

## 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

Full text of resolution [http://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\\_R7-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R7-en.pdf)

**Why a health systems  
strengthening approach?**

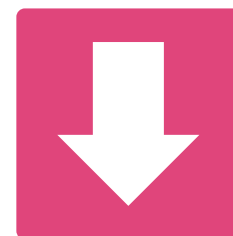
**1**



## Improving WASH in healthcare facilities contributes towards:



- Improved **response to health emergencies**
- Improved **patient satisfaction**
- Improved **working conditions** for health professionals



- Reduced risk of **neonatal and maternal mortality**
- Reduced development and spread of **AMR**
- Reduced risk of **healthcare-associated infections**



Budget?

Leadership/political will?

Skills/human  
resources?

Social norms?

Guidelines/standards?



Accountability?

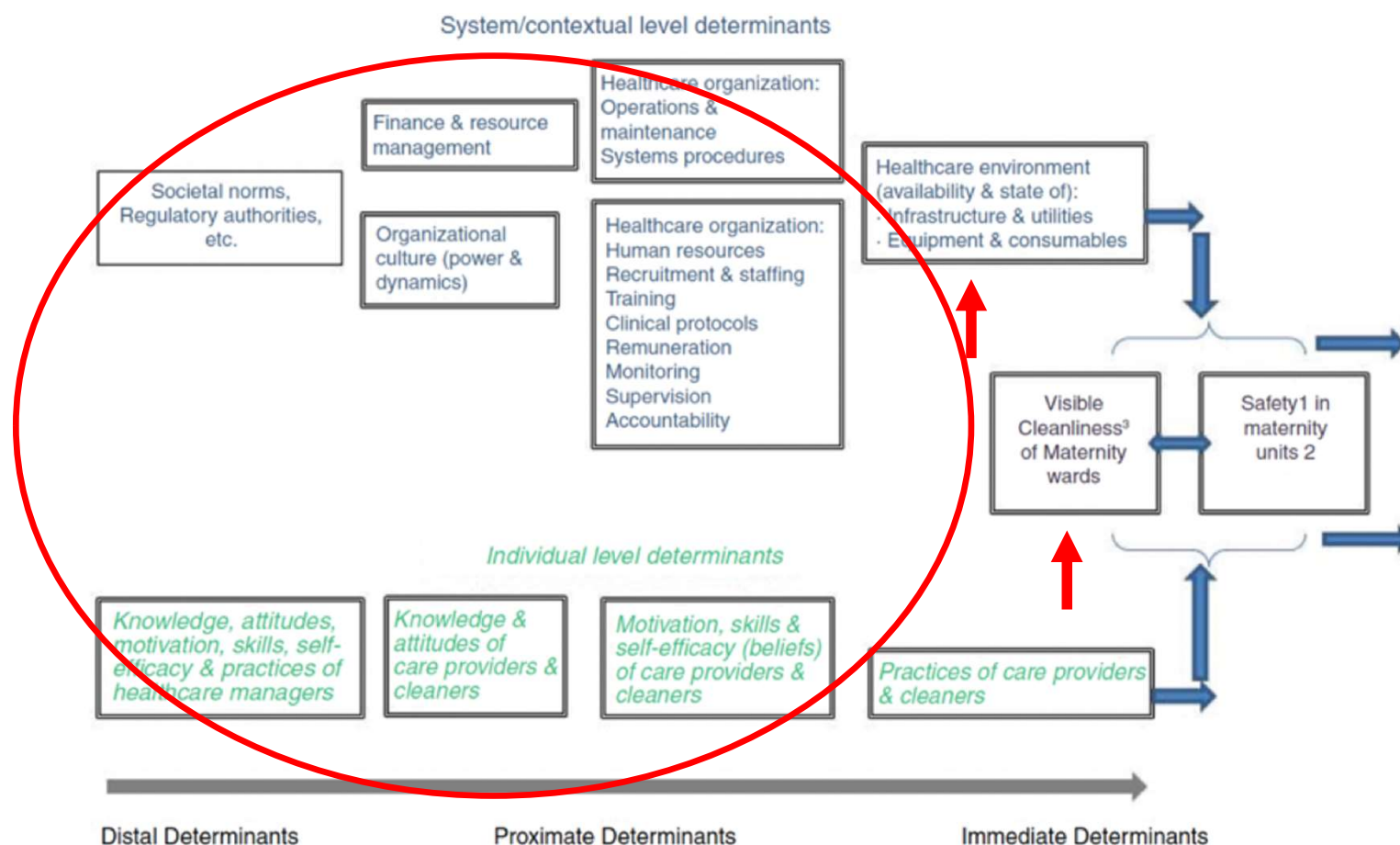
Supply chains?

Training?

Roles unclear?

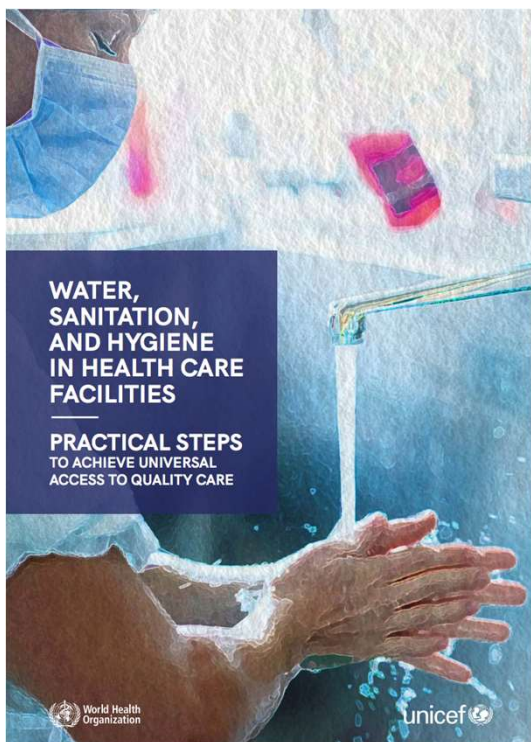


# Determinants – what is driving inadequate WASH services? The SoapBox Collaborative's Conceptual Framework



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.

# WHO UNICEF Response to the Resolution



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



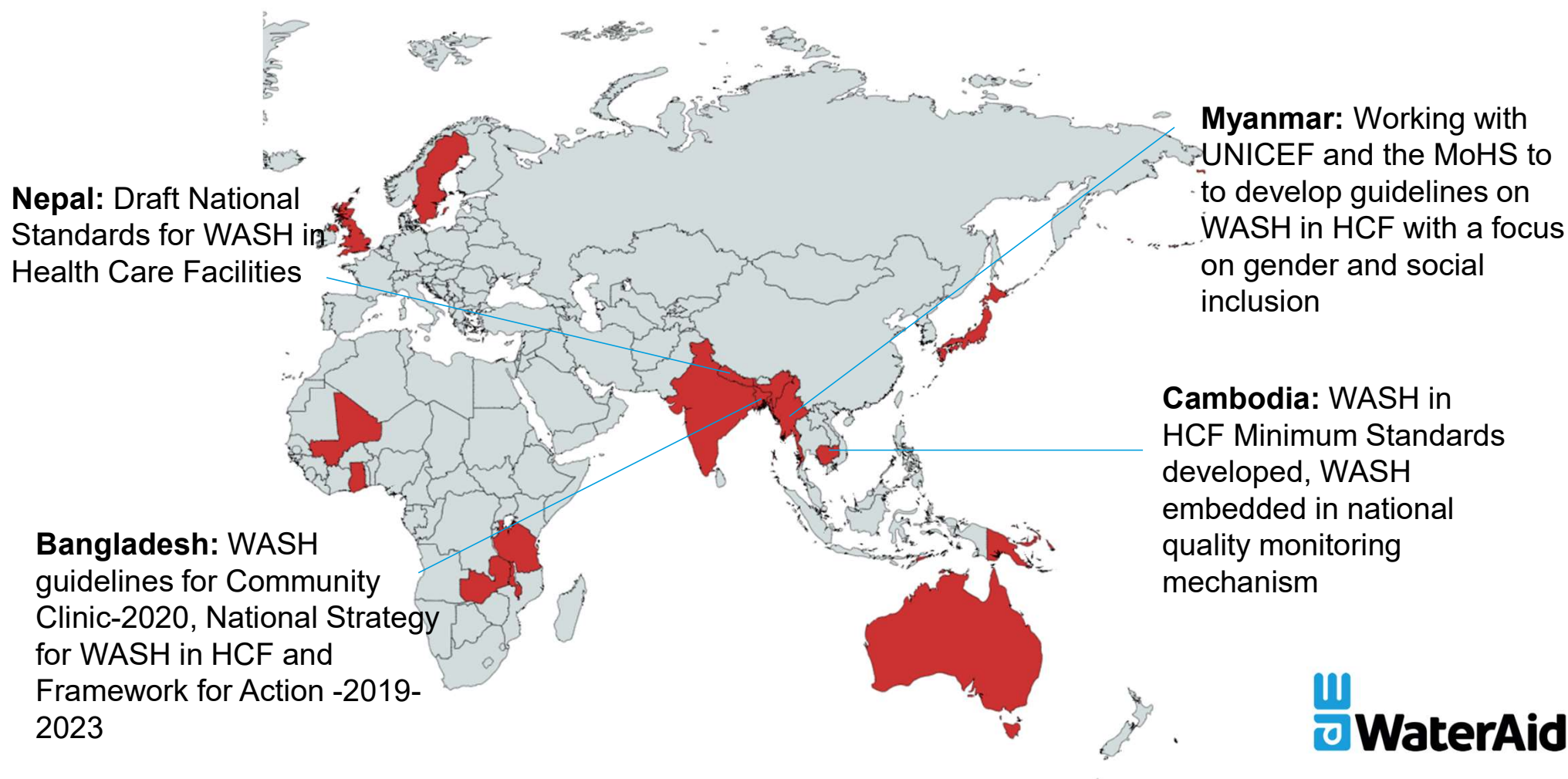
← GOVERNANCE →

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





# Policy and guideline development – WaterAid support

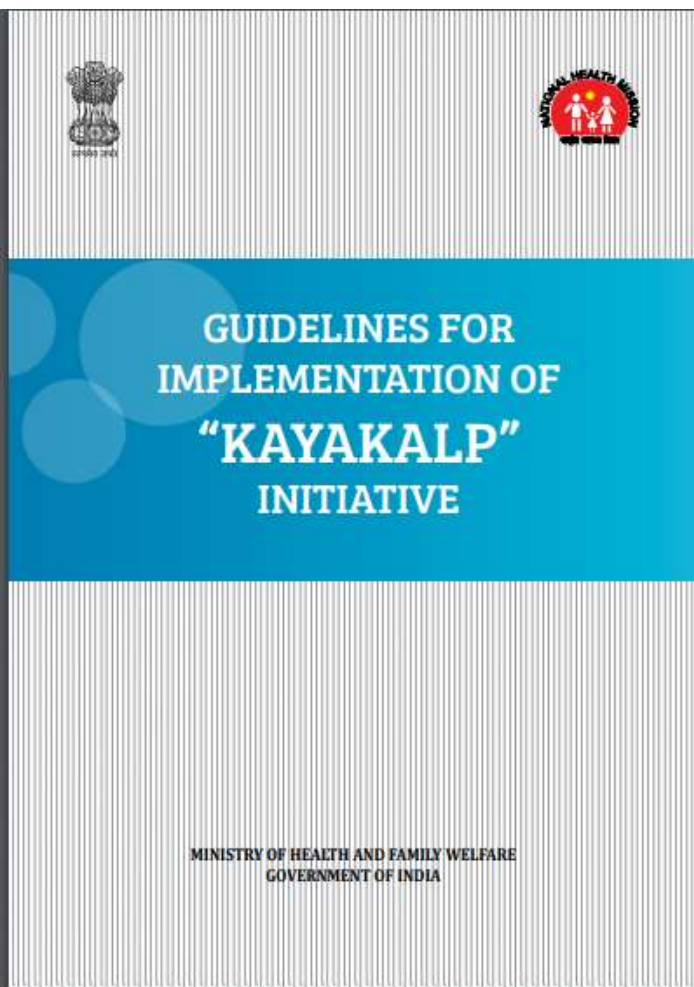


# Bangladesh and India



# Health System Strengthening for Community Clinics - Bangladesh

- Local Government-led Approach at Union Parishad level
- Revitalizing community committees
- Citizen Charter – transparency on services/timings/medicine
- Capacity building



# Health System Strengthening Approach in India

- Implementing policies, standards for WASH in health care
- Conducting assessments
- Strengthening accountability mechanisms through mandated institutions
- Training human resources for health in WASH



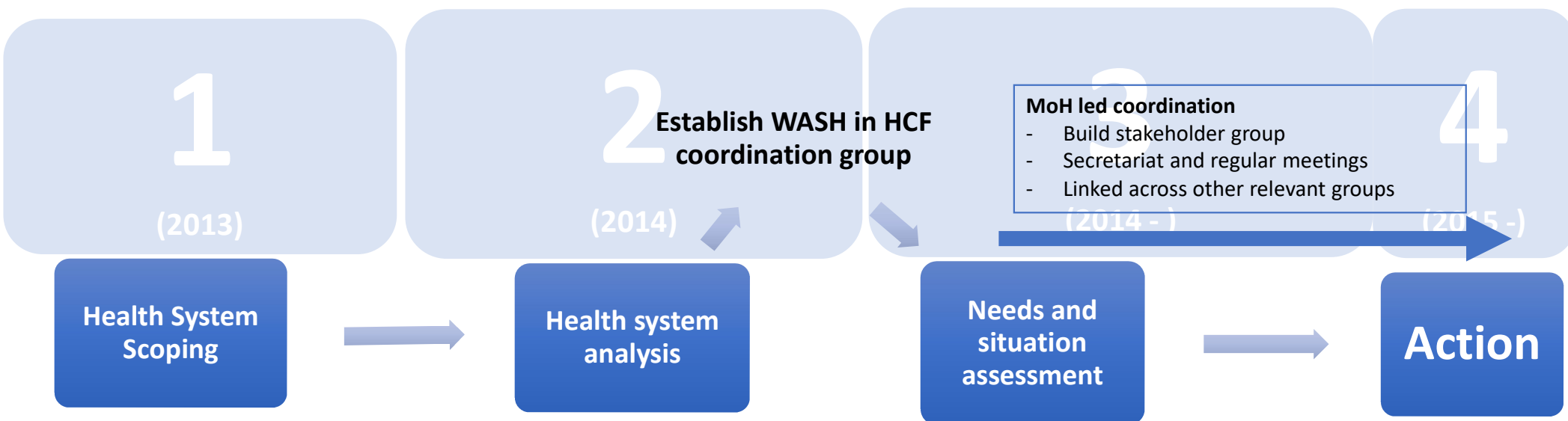
## **Leverage Rogi Kalyan Samiti (Patient Welfare Committee)**

- **Influencing RKS as a member**
- **Conduct trainings on importance of WASH in HCF and their role in making WASH related improvements**
- **Jointly review budgets, identify needs, provide guidance on budgetary allocations, track budgetary allocations and spends**





**CAMBODIA**



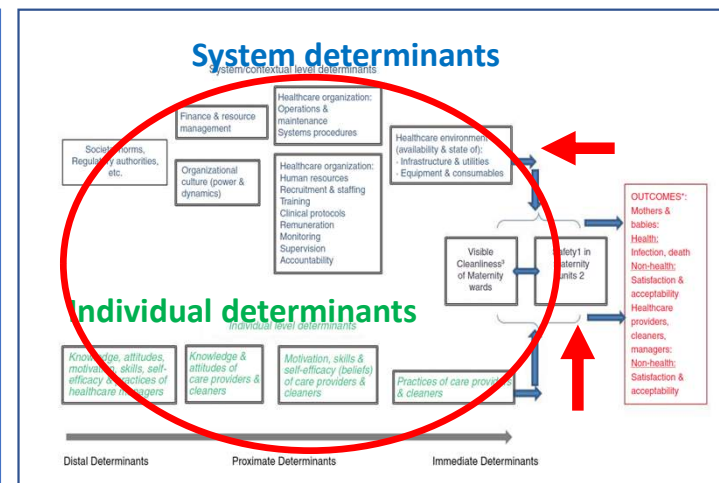
#### Health overall

- Service delivery model
- Priorities and policy environment
- Policy milestones
- *Key actors and their roles*
- Health priorities
- *Political economy*

#### WASH in HCF

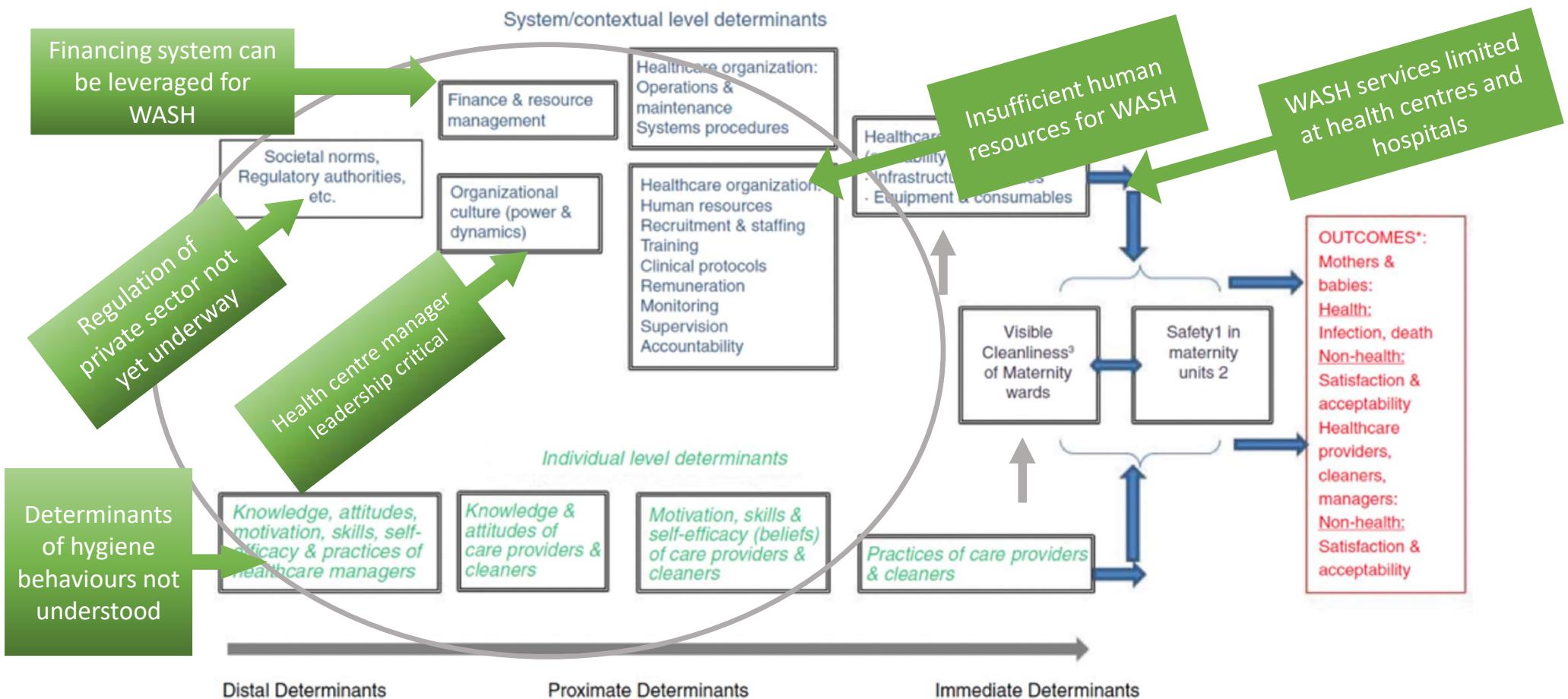
- Representation in policy, strategy and guidelines (and health priorities)
- *Roles and responsibilities in government*
- Existing assessments and monitoring mechanisms
- *Existing and potential actors and their roles*
- Health priorities and framing
- Bottlenecks and opportunities
- *Political economy*

#### WASH in HCF gap and priority



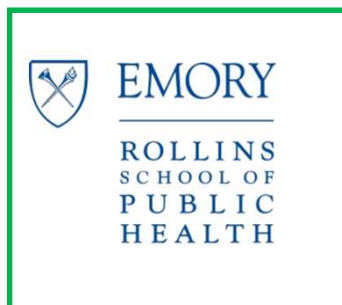
Adapted from: CROSS, Suzanne et al. 'Hygiene on maternity units: lessons from a needs assessment in Bangladesh and India'. *Global Health Action*, [S.I.], v. 9, dec. 2016

# Determining systems and individual determinants – tailoring action to the existing systems



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.

## Coordination – it is not simple but necessary



Government

Research

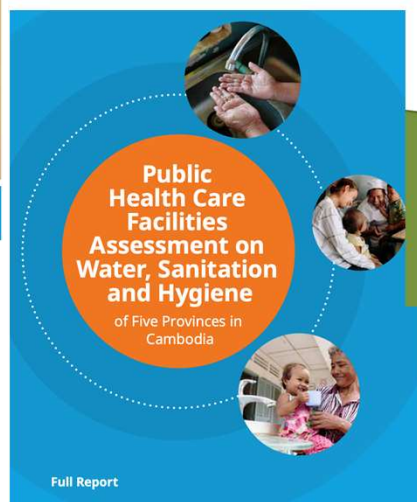
UN Agencies

NGOs

Training Institutes

# 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



Supported by:  
Australian Government  
Department of Foreign Affairs and Trade



## HEALTH STRATEGIC PLAN 2016-2020

*"Quality, Effective and Equitable Health Services"*



DEPARTMENT OF PLANNING & HEALTH INFORMATION  
MAY 2016



## NATIONAL GUIDELINES FOR WATER, SANITATION AND HYGIENE IN HEALTH CARE FACILITIES



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

A FOCUS ON CAMBODIA





# 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



## What works?

- Strong Ministry of Health 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



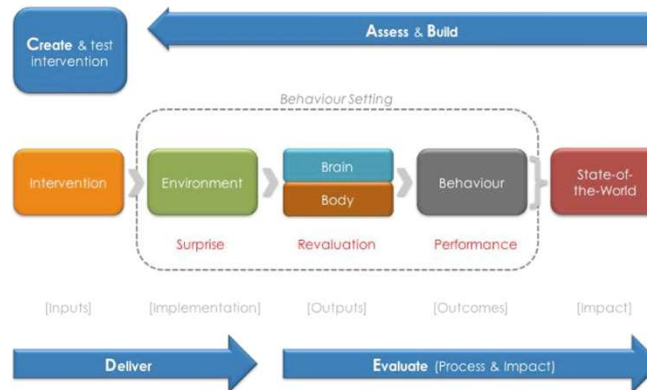
- Maintain and strengthen coordination among partners and ministries
- Knowledge exchange between facilities
- Costing and resource allocation for larger infrastructure needs
- Private sector providers, regulation and accountability
- Behaviour change – improving hygiene, waste management practices
- Connecting with other-related health initiatives e.g. AMR

**Behaviour change – hand  
hygiene and  
environmental hygiene**

# Changing hygiene around maternal priorities - CHAMP

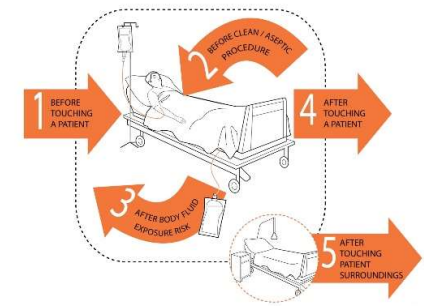


Figure 1: The BCD Process Model



<https://blogs.lshtm.ac.uk/envhealthgroup/files/2015/04/Guide-to-Behaviour-Centred-Design.compressed-2.pdf>

## Hand Hygiene: *The 5 Moments Approach*



<https://www.who.int/gpsc/5may/background/5moments/en/>

**Can a hygiene intervention delivered through existing health care facilities improve hygiene behaviours – specifically hand hygiene - that influence maternal and neonatal infection during labour, delivery, and post-natal care?**

# TEACH – Clean in Myanmar



<https://youtu.be/lfgYbeblnzE>

<https://www.lshtm.ac.uk/research/centres/march-centre/soapbox-collaborative/teach-clean>

**TEACH Clean adaptation in Myanmar as part of improving the quality of maternal and newborn care.**

Training includes -

- Introduction to TEACH CLEAN
- Module 1: Introduction to IPC
- Module 2: Personal Hygiene
- Module 3: Hand Hygiene
- Module 4: PPE
- Module 5: Housekeeping and environmental cleaning
- Module 6: Waste Handling
- Module 7: Linen Handling
- Module 8: Instrument processing

Participatory, action oriented learning process to practice techniques and address limited literacy and training curriculums for cleaners

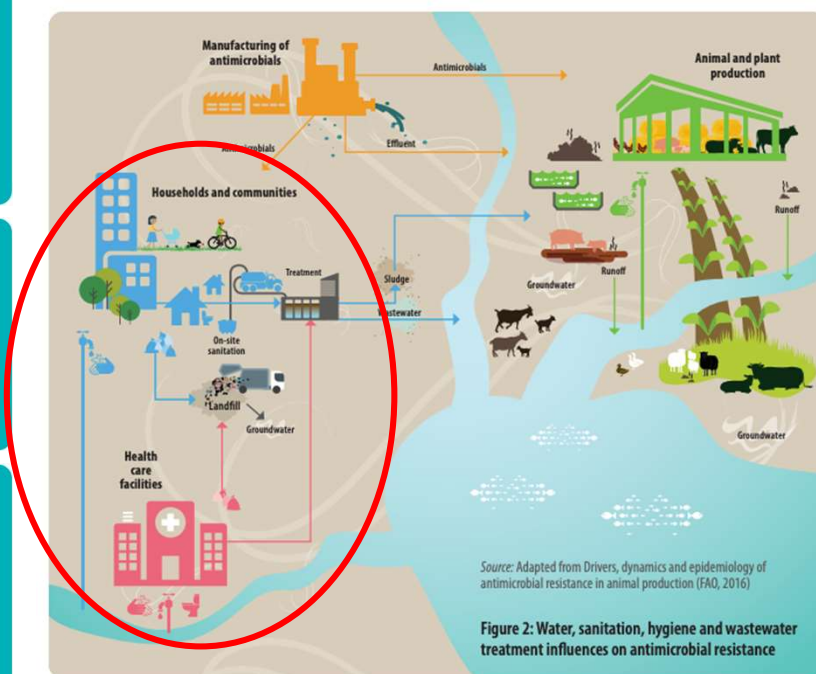


# **Health Security and antimicrobial resistance**





# WASH within health security and AMR



<https://apps.who.int/iris/bitstream/handle/10665/332243/9789240006416-eng.pdf?ua=1>

Part Two: Global Database for Antimicrobial Resistance Country Self Assessment search  
(<http://amrcountryprogress.org/>)

Notes: Scale is from E (scored well) to A (scored poorly)

No.	Parameter	Countries									
		Cambodia	Indonesia	Myanmar	Malawi	India	Bangladesh				
1	Country survey data available in the list?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	4.1: Multi-sector and One Health collaboration/coordination	C	C	B	A	A	B	B	C	C	B
3	5.1: Country progress with development of a national action plan on AMR	D	E	C	D	C	D	A	D	C	C
4	8.1: Infection Prevention and Control (IPC) in human health care	C	C	D	C	C	C	B	D	C	B
5	8.2: Good health, management and hygiene practices to reduce the use of antimicrobials in animal and plant production and AMR transmission in food production	No data	A	B	No data	B	No data	D	A	B	C
6	8.3: Estimated national coverage with critical measures to reduce infection										
7	8.3.1: Immunisation coverage rate with pneumococcus vaccine	77%	No data	A	No data	A	No data	D	No data	A (no data)	No data
8	8.3.2: Immunisation coverage rate with Haemophilus influenzae type b (Hib) vaccine	99%	No data	D	No data	B	No data	D	No data	D	100%
9	8.3.3: Proportion of health care facilities with basic water supply facilities	A (no data)	No data	71.70%	No data	A (no data)	No data	C	No data	95%	No data
10	8.3.7: Proportion of health care facilities with basic hand hygiene facilities	A (no data)	No data	E	No data	A (no data)	No data	C	No data	D	5%
11	9.3: Legislation and/or regulations to prevent contamination of the environment with antimicrobials	No data	C	B	No data	A	C	B	No data	C	D

Part One: Strengthening health security by implementing the International Health Regulations: Joint External Evaluation (JEE) mission reports search  
(<http://www.who.int/ihp/procedures/mission-reports/en/>)

Notes: Scores are from 1 (no capacity) to 5 (sustainable capacity)

No.	Parameter	Countries					
		Cambodia	Indonesia	Myanmar	Malawi	India	Bangladesh
1	JEE mission report available?	Yes	Yes	Yes	No	No	Yes
2	P.3.1: Antimicrobial resistance detection	3	2	3			2
3	P.3.2: Surveillance of infections caused by antimicrobial-resistant pathogens	2	2	3			2
4	P.3.3: Health care associated infection prevention and control programmes	2	3	1			2
5	P.3.4: Antimicrobial stewardship activities	2	3	1			2
6	P.6.1: Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	2	3	2	N/A	N/A	2
7	P.6.2: Biosafety and biosecurity training and practices	2	3	1			3
8	P.7.1: Vaccine coverage (measles) as part of national programme	4	4	3			3
9	P.7.2: National vaccine access and delivery	4	4	4			5

# Nepal

## Integrating Covid related hygiene promotion into routine immunisation programme



To mitigate the long-term impacts of COVID-19 on global public health, joint delivery of hygiene and immunisation services is essential



- Immunisation programmes reach more people than any other health intervention
- WaterAid Nepal piloted programme across 4 districts. Behaviours improved from 2% - 53% in one year, improved immunisation coverage, 10% decrease in diarrhoea of participants
- Government of Nepal scaling up nationwide with rotavirus. WaterAid providing technical support to integrate COVID-19 messages in all 77 districts, led by Family Welfare Division



# Lessons learned

Sustainable change needs

**‘Patience, Persistence, Pragmatism, Presence’**

- not one single approach, frame within health priorities
- Periodic analysis of the situation to inform strategy

WASH embedded before a crisis and throughout

Coordination (formal and informal)

Financing (flexible)

Accountability (bottom up and top down)

Gender and social inclusion (reach all-UHC)





WaterAid/Laura Sumerton

# Thank you

