

All systems go

Africa

Session: scalable models for realising safe WASH services in HCFs: challenges, successes and pathways to country wide application

All systems go Africa
19-21 October 2022



Presentations and panelists

Presentations:

- Improving Water, Sanitation, and Hygiene (WASH) services in Healthcare Facilities in rural communities using the Clean Clinic Model - **Francois KANGELA (Technical advisor for global wash in health facilities program, CRS Global)**
- WASH FIT approach, a sure way of strengthening WASH systems in Healthcare facilities of Kabarole District, Uganda. - **Mary Concepta Ayoreka (Regional WASH Officer, IRC Uganda)**

Panelists:

- Francois KANGELA (CRS Global) & Mary Concepta Ayoreka (IRC Uganda)
- David TSETSE, Ph.D (Global Lead And Senior Advisor - Water, Sanitation And Hygiene, CRS Global)
- Dr. Ashinyo Mary Ayram (Ghana Health Service - Deputy Director responsible for Quality Assurance)
- Hamadoun Dicko (Technical Adviser of hygiene and environment / Ministry of Health - Mali)
- Salif Sankara (Director General of Health Care Supply - Burkina Faso)

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Presentation: Improving Water, Sanitation, and Hygiene (WASH) services in Healthcare Facilities in rural communities using the Clean Clinic Model.

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Outline



1. Background
2. Clean Clinic Model
3. Illustrations of Results
4. Challenges
5. Pathways to country wide application



Background



Objectives

1. To understand the crucial role of enabling environment (leadership) for the sustainability of WASH in HCF services when using the CCM
2. To define the key considerations and actions for long term sustainability
3. To analyse the sustainability potential barriers and solutions



Background



Expectation

One of the most widespread and persistent challenge to develop sustainable and resilient WASH systems for health care facilities in Sub-Sahara African Countries is scarcity of financial resources

By sharing with you its experience, CRS needs to engage an open discussion to uncover the real root cause and how to address it!



Background



In 2019 CRS conducted WASH assessments in health care facilities in:

- Madagascar,
- Burkina Faso,
- Ethiopia, and
- The Democratic Republic of Congo (DRC),

Background

Found out:

- Safe water management in HF is failing,
- Medical waste management is weak
- The lack of a well-developed framework for improving WASH services within all the health facilities visited.



Broken incinerator at Saint Claire
HC/Madagascar/Photo CRS Staff

Background



Needs:

- Develop innovative approaches for the sustainably and safely managed WASH services in HCF
 - ✓ Develop program parameters
 - ✓ Training and capacity building
 - ✓ planning ladders,
 - ✓ enabling environment,

Clean Clinic Model



The Clean Clinic Model (CCM) developed by USAID provides a programmatic toolkit that empowers health care facility staff to identify needs, develop action plans, and work incrementally toward achieving improved WASH services in health facilities.



Clean Clinic Model

CCM framework

1. Conduct Assessments
2. Establish/Refine National Standards
3. Develop Program Parameters
4. Train and Build HCF and District Capacity
5. Prioritize WASH Needs and Responses

6. Integrate WASH

7. Implement Activities

8. Inspect, Score, Coach, and Share Results

10. Refine Priorities and Action Plans

9. Reward Progress



Clean Clinic Model

Adopting the CCM as WASH programming approach

CRS has adopted the Clean Clinic Approach and is adapting it for faith-based and government facilities to support health care workers to identify, prioritize, and address WASH needs in their facilities.

Where new WASH infrastructure is a priority, CRS works with facility, district and diocese staff to seek financing for this infrastructure.



Missionaries of Charity Sister in Madagascar shows incinerator for waste materials at health center/Photo Francois/CRS

Clean Clinic Model

CRS Support to WASH in Health Facilities

- CRS has been supporting 380 health facilities to improve WASH in Burkina Faso, Democratic Republic of Congo, Ethiopia, Ghana, Guinea, and Madagascar.
- As part of CRS' COVID-19 response, WASH in health facilities was strengthened in other countries.



Single-chamber incinerator at Providence HC in Madagascar/Photo Francois, CRS

Illustrations of Results: Case of Ethiopia



To provide access to safe WASH in 17 health clinics serving 29,850 people

Key activities:

- Pilot the Clean Clinic Approach in 17 HCFs
- Support health district office (woreda)
- Construct or rehabilitate WASH infrastructure
- Train and build the capacity of Clinical and non-clinical health workers
- Share learnings broadly with the WASH sector

Illustrations of Results: Case of Ethiopia

Orientation workshop

Objectives:

- Introduce the CCM and review existing approaches
- Gain a deeper understanding of the root causes leading to poor WASH services in health facilities in Ethiopia
- Develop a list of potential interventions with supporting evidence for how they are linked to improved services at health care facilities
- Expand and strengthen partnerships



Working group at the CCM orientation workshop in Addis Ababa, Ethiopia/Photo CRS staff

Illustrations of Results: Case of Ethiopia

Training and planning workshop

Cascade training and material:

- Clean Clinic Methodology
- Technical modules
- Draft action plan by each supported HCF

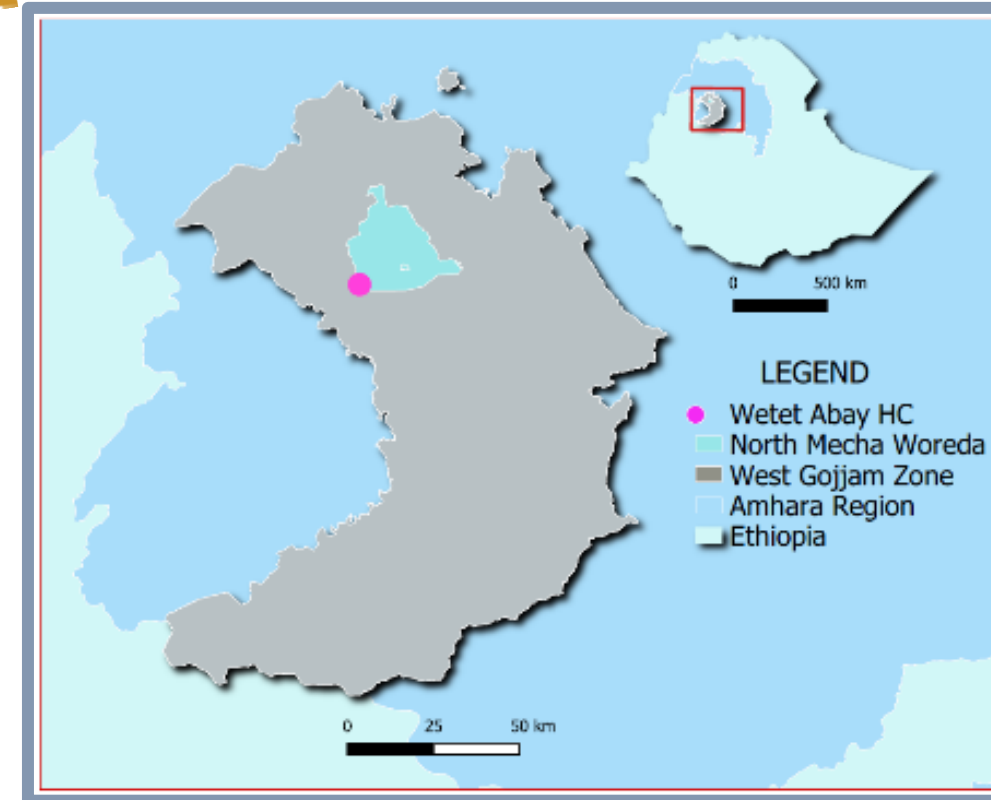


Training workshop for health workers on CCM in Bahir Dar, Ethiopia/Photo CRS staff

Illustrations of Results: Case of Ethiopia

Implementation in Wetet Abay HC

- Location: Amhara region, West Gojjam zone, North Mecha woreda
- Catchment population: 32,806
- Average patients visit per month: 1100
- Delivery service /month: 35
- Number of staff : 34
- Year of establishment: 1992
- Integrated CCM: November 2019



Map of Amhara Region, Ethiopia

Illustrations of Results: Case of Ethiopia

Key results

- Revitalized WAH/IPC team
- Trained cleaning staffs
- Developed improvement plan
- Improved WASH infrastructure
- Set up monitoring & Evaluation system
- Developed supervision plan (Regional, district)



Reception of WASH/IPC materials at the Wetet Abay Health Center/Photo CRS staff

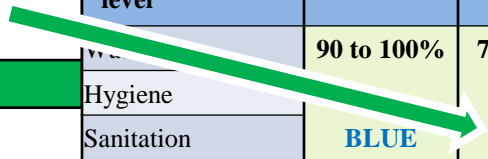
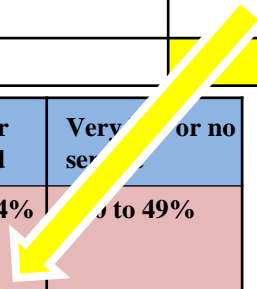
Illustrations of Results: Case of Ethiopia

Score development, 12 months

CCM Domains	WASH initial assessment result:	Post action assessment result:
1. WATER	41.66%	95.833
1.1. Availability	75%	100%
1.2. Quantity	25%	100%
1.3. Quality	25%	87.5%
2. HYGIENE-IPC	53.33%	77.56%
2.1. Hand hygiene	50%	100%
2.2. PPE, cleaning and disinfection and food hygiene	60%	82.69%
2.3. Sterilization of medical instruments	50%	50%
3. SANITATION	55.2%	75.59%
3.1. Toilets, showers et wastewater management	57%	67.85%
3.2. Medical waste management	53.3%	83.33%
4. MANAGEMENT	50%	76.4%
4.1. Functional WASH-IPC committee, leadership, accountability and Community Feedback	50%	76.4%
Total score	50.047%	81.40%

WASH services level	Advanced	Minimum	Low or limited	Very low or no service
	90 to 100%	75 to 89%	50 to 74%	0 to 49%
Hygiene	BLUE	GREEN	YELLOW	RED
Sanitation				
Management				

WASH services level	Advanced	Minimum	Low or limited	Very low or no service
Water	BLUE	GREEN	YELLOW	RED
Hygiene				
Sanitation				
Management				



Illustrations of Results: Case of Ethiopia

Some key figures:

<i>Number of patients treated since the start of the project</i>	<i>77,534</i>
<i>Number of planned WASH activities</i>	<i>15</i>
<i>Number of WASH activities carried out with HCF's own resources</i>	<i>8</i>
<i>Number of WASH activities carried out with the support from the CRS and other partners:</i>	<i>7</i>
<i>Percentage of WASH activities carried out with HCF's own resources:</i>	<i>53 %</i>

Illustrations of Results: Case of Ethiopia



Water infrastructure before CCM, Wetet Abay HC/Photo CRS staff



Water infrastructure after CCM, Wetet Abay HC/Photo CRS staff

Illustrations of Results: Case of Ethiopia



Hand washing station before CCM, Wetet Abay HC/Photo CRS staff



Hand washing station after CCM, Wetet Abay HC/Photo CRS staff

Illustrations of Results: Case of Ethiopia



Staff toilets before CCM, Wetet Abay
HCF/Photo CRS staff



Staff toilets after CCM, Wetet Abay HC/Photot CRS staff

Illustrations of Results: Case of Ethiopia



WASH/IPC meeting at Weter Abay HC, Ethiopia/Photo CRS staff

Illustrations of Results: Case of Ethiopia

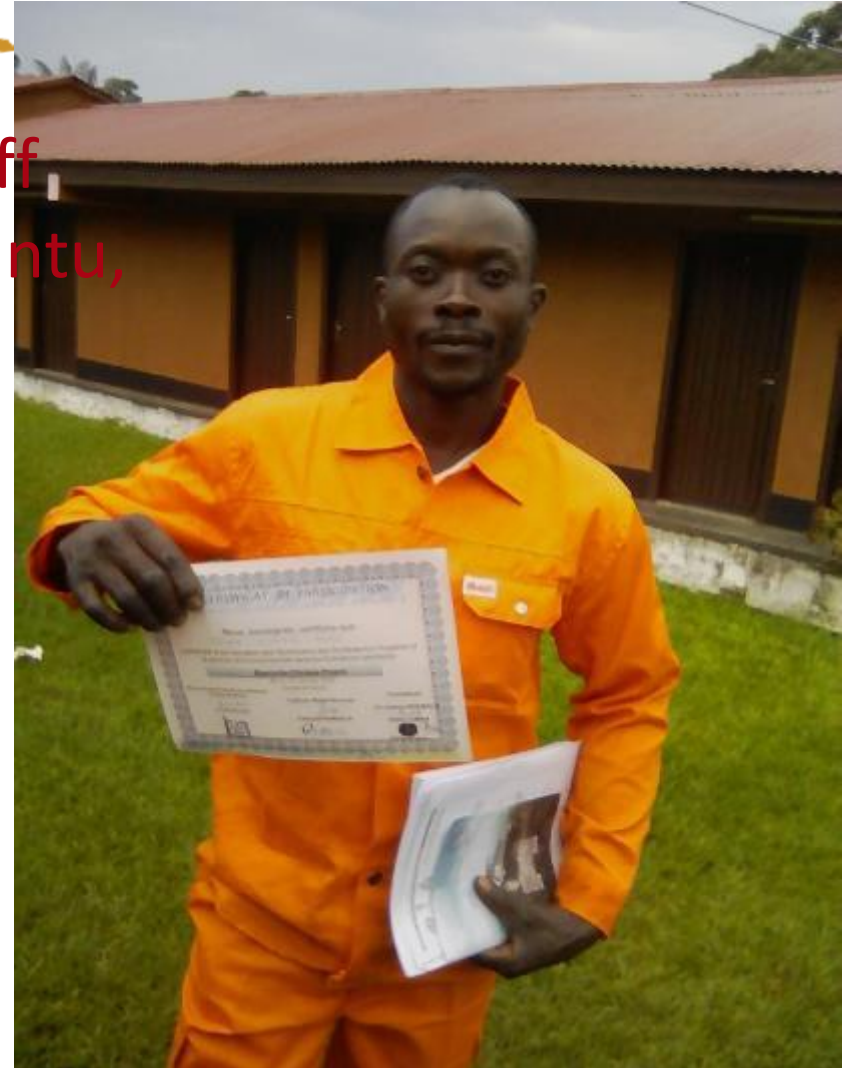


Monitoring (follow-up) visit by RHB team at Wetet Abay HC, Ethiopia/Photo CRS staff

Illustrations of Results: Testimony from DRC

Testimony from Mr. Neka Niansi, Cleaning staff
(Saint Luke's Catholic Hospital, Diocese of Kisantu,
DRC)

*This is my very first training in my 15
years of working at St. Luke's Hospital.
Through this training, I discovered the
importance and the value of my work.*



Mr. NEKA NIANSI, Cleaning staff at St Luke Hospital, DRC/Photo Francois

Pathways to country wide application



Key **scale and sustainability** considerations:

- Building on the momentum generated during steps 1-9 to drive forward a sustainable plan
- Maintaining leadership support for long-term WASH/IPC improvement
- Maximising a multimodal approach for success
- Celebrating and communicating success

Pathways to country wide application



Challenges

- High government staff turnover: Key leaders and/or champions often leave the facilities
- Lack/insufficient budget to support supervision and O&M costs of WASH
- Weak systems for regulation and surveillance of WASH in HCF
- Budget reallocation – funds diverted away from WASH/IPC
- Inadequate number of staff in HCFs & lack of qualified WASH engineers

Pathways to country wide application



Lessons learned

- Staff training has helped to improve the condition of the health care facility supported and ensure a maintenance and operation plan
- The systems approach that involves all the different government entities from the start of the process ensures better institutional ownership
- The well-designed and appropriately implemented multimodal strategy is one of the drivers of the sustainability of WASH systems for health facilities.

Pathways to country wide application



Next steps

- Strengthen WASH systems and upgrade basic level of WASH services to safely managed
- Assess and document the sustainability of WASH systems and services in the health care facilities supported to ensure the **Scale, Ownership and Resilience**