Driving Improvements in WASH in Healthcare Facilities in Cambodia: facility-level assessments to national level change

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Infections acquired at the time of delivery lead to maternal and newborn deaths in low- & middle-income countries

GLOBALLY –

• 38% of facilities do not have water
• 19% do not have a safe toilet
• 35% do not have soap and water for handwashing
**WHO/UNICEF Global Action Plan**

### Advocacy Action & Leadership
- Global and national monitoring efforts include harmonizing core and extended indicators to measure WASH in health care facilities.
- The existing evidence base is reviewed and strengthened to catalyze advocacy messages and improve policies.
- Monitoring of efforts and support of advocacy actions.

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### Evidence & Operational Research
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### Policy, Standards & Facility Improvements
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The Cambodian Context

Cambodia Assessments

Situation Analysis of WASH in HCF
- Policies, planning standards, coverage targets
- Monitoring systems, routine data collection, data availability
- Roles and responsibilities of key actors

To develop and pilot assessments tool that provide a comprehensive overview of the WASH conditions within healthcare facilities
Tool Development Emory and WaterAid

Service Availability and Readiness Assessment (SARA)

WHO Guidelines for Environmental Health in Healthcare Facilities (2008)

Proposed indicators for the 2015 Sustainable Development Goals (E)

Previous research conducted by Emory CGSW on WASH in HCF (E)

Service Provision Assessment (SPA)

Service Delivery Indicators (SDI)

WASH in Healthcare Facilities Resources and Conditions Assessment Tools

WHO Rapid Health Facility Assessment (WA)

Previous assessment tools used by WaterAid, LSHTM and SoapBox (WA)

(E) = Emory Assessment Only  (WA) WaterAid Assessment only
WASH elements covered by tools

Water quality (E)
Water quantity (E) & access
Excreta disposal
Wastewater disposal
Healthcare waste disposal
Cleaning & laundry (E)
Hygiene & infection prevention & control (E)

(E) = Emory Assessment Only  (WA) WaterAid Assessment only  (B) = Both

8 Health Centres
14 Referral Hospitals
Results 1: Water Availability, Quantity & Quality

**Availability:**
- All hospitals had access to an improved water source.
- 25% of health centres used surface water as their primary source of water.

**Quantity:**
- The majority of hospitals had a second water source and didn’t report running out of water in dry season.

**Quality:**
- None of the Emory sites met WHO guidelines for drinking water quality.
- No water quality monitoring system was in place at any site.

<table>
<thead>
<tr>
<th>Improved Primary Water Source</th>
<th>Hospitals (n=14)</th>
<th>Health Centres (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped Into Facility</td>
<td>38%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Borehole w/ pump</td>
<td>62%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Surface Water</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>Rain Water</td>
<td>0%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Results 2: Sanitation & Waste Management

Sanitation:
• All facilities had at least one toilet that met the criteria for an improved sanitation facility.
• The majority of toilets observed were functional.
• Only 25% of health centres had separate toilets for men and women.

Waste Management:
• All facilities had either a septic tank or sewage system.
• Most hospital waste was disposed of in on-site, unlined pits or burned.

<table>
<thead>
<tr>
<th></th>
<th>Hospitals (n = 14)</th>
<th>Health Centres (n = 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Improved Toilets</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% Disability Accessible</td>
<td>21%</td>
<td>0%</td>
</tr>
<tr>
<td>% meeting MHM standards</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>% septic tank or sewage system</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Sanitation & Waste Management
Results 3: Hygiene & IPC

**Hygiene & IPC:**

- The majority of handwashing stations for doctors and nurses had soap.
- Soap was observed to be available for patients at only one of the Emory hospitals.
- Maternity wards were the cleanest and best stocked with IPC materials, while pediatric wards had less access to materials and water.

<table>
<thead>
<tr>
<th></th>
<th>Hospitals (n=14)</th>
<th>Health Centres (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% delivery rooms with water</td>
<td>100%</td>
<td>88%</td>
</tr>
<tr>
<td>% delivery rooms with soap</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>% delivery rooms with sterile gloves</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% of pediatric wards with water (Emory only)</td>
<td>80%</td>
<td>N/A</td>
</tr>
<tr>
<td>% of pediatric wards with soap (Emory only)</td>
<td>70%</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Maternity & Pediatric Wards
Next Steps

- Improved Monitoring
- Advocacy Evidence Base
- Integrate into existing quality of care mechanisms for MNH and UHC
- WASH Condition Scorecard
- Additional Modules to assessment tools
Thank you

Launching soon....

www.washinchcf.org