WASH FIT in Cambodia
An Adaptive Management Tool to Drive WASH Improvements and Enhance Quality of Care

Ms. Sophary Phan, WASH Technical Officer, World Health Organization – Cambodia
Dr. Hoy Vannara, Quality Improvement Officer, QI Unit, Cambodia Ministry of Health
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The Cambodian Context: Maternal and Newborn Health

The Cambodian Context: WASH in Health Care Facilities

Access to Basic WASH Services in Public Health Care Facilities in Cambodia*

- **Water**: Improved source on premises (91%)
- **Sanitation**: At least 3 improved and functional toilets (39%)
- **Hygiene**: Hand washing station at OPD, Delivery Room and within 5m from toilets (15%)
- **Health Care Waste**: Waste segregated and infectious/sharps are treated and disposed safely (10%)

* Survey of 117 Health Care Facilities (101 Health Centres and 16 Referral Hospitals)

# National Health Strategic Plan 2016 - 2020

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<tbody>
<tr>
<td>Maternal Mortality Ratio (per 1,000 live births)</td>
<td>170</td>
<td>130</td>
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<tr>
<td>Neonatal Mortality Rate (per 1,000 live births)</td>
<td>18</td>
<td>14</td>
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<tr>
<td>Percentage of public health care facilities with basic <strong>water supply</strong></td>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td>Percentage of public health care facilities with basic <strong>sanitation</strong></td>
<td>39%</td>
<td>90%</td>
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**STRATEGIC INTERVENTION 23:**

Improve supportive environment for overall quality improvement and safety for patients and health personnel.

*Outcome: Appropriate hygiene and sanitation in health facilities, contributing to overall quality*
National Health Equity and Quality Improvement Project (H-EQIP): Monitoring Indicators

1- **Structural Quality 30%** = Management, Financing, staff, Infrastructure, IPC (include WASH) and Equipment

2- **Process Quality 60%** = Technical competency and Interaction between Patients and Providers (Vignettes)

3- **Outcome 10%** = Client satisfaction survey
WHO/UNICEF WASH FIT Tool: Driving Improvements at the Facility Level
WASH FIT Testing in Cambodia

- WHO/UNICEF risk-based, continuous improvement framework and associated tools
- Launched in Cambodia June 2017
- 21 health care facilities across three provinces
- Led by the Ministry of Health, in partnership with WaterAid, WHO and UNICEF
Step 1: Assemble and train WASH FIT team

WASH FIT Guidance
- Form a team with a minimum of two or three people
- Hold regular team meetings and document discussion items, decisions made and action points

Lessons Learned in Cambodia
- For some small health centers, there is no need to have a formalized team
- Facility Director is typically best suited to be the WASH FIT team leader
- If IPC or quality improvement team already exist, integrate WASH FIT into existing operations
- Provide examples of roles and responsibilities for the WASH FIT team
- If possible, conduct WASH FIT trainings at the facility level
Step 2: Conduct an Assessment of the Facility

**WASH FIT Guidance**
- Adapt indicators to national standards
- Conduct comprehensive assessment of the facility
- Carry out sanitary inspection for water sources
- Make sure the entire team agrees on assessment results

**Lessons Learned in Cambodia**
- Adapt assessment indicators to national guidelines (IPC, Health Care Waste Management, WASH in HCF, etc.)
- Align indicators with national quality improvement efforts (H-EQIP)
- Reduce number of indicators, especially for health centers
- Conduct first assessment during initial WASH FIT training
- Sanitary Inspections not always necessary
**Step 3: Identify and Prioritize Areas of Improvement**

**WASH FIT Guidance**
- Review information collected in Step 2
- Determine hazard and associated health risk
- Rank each risk according to level of risk and feasibility of addressing problem

**Lessons Learned in Cambodia**
- Areas of improvement should be based on level of risk, not just cost
- This step is often overlooked by facilities
- Risk assessment documentation can be burdensome, so streamline this step as much as possible
Step 4: Develop and Implement an Improvement Plan

**WASH FIT Guidance**

- Review information collected in Step 3
- Decide actions that will be taken
- State who is responsible, when it will be done and what resources are needed
- Keep a record of completed improvement activities with actual improvement date

**Lessons Learned in Cambodia**

- Strong improvement plans can inform facility operations, budget and training needs
- Good improvement plans, with associated cost estimates, can help facilities seek funding
- Good improvement plans help addressing infrastructure, WASH supplies and behavioral practices.
Step 5: Continuously Evaluate and Improve the Plan

WASH FIT Guidance
- Team should periodically review WASH FIT documentation to review what has changed since initial assessment
- Conduct full assessment a minimum of every 6 months
- Discuss Improvement Plan with all staff, wider community and WASH stakeholders

Lessons Learned in Cambodia
- Conduct an indicator assessment on a regular basis. This should be done by the same people who did the baseline assessment
- Update the plan as improvements are made and as new risks are found
- Share work plan progress at staff meetings
- The improvement plan should not be a simple document
Positive Impacts

• An assessment of 9 health care facilities conducted 6 months following WASH FIT implementation, showed the following improvements:
  ➢ 6 facilities added bins in latrines for menstrual hygiene needs
  ➢ 6 facilities implemented routine cleaning schedules with associated records
  ➢ 5 facilities acquired personal protective equipment for cleaning staff
  ➢ 4 facilities trained their staff in IPC and WASH
  ➢ 4 facilities had noticeably cleaner facilities
  ➢ 3 facilities put up hand hygiene promotion posters
  ➢ 3 facilities installed a dedicated ash pit for ash from incinerators
  ➢ One or more facilities showed the following improvements:
    ➢ Added drinking water stations for patients
    ➢ Installed bathing facilities for patients
    ➢ Separated toilets for men vs. women
    ➢ Added hand hygiene stations near waste disposal areas and toilets
Positive Impacts: Testimonials

“Before the WASH FIT training, I didn’t know the status of my health care facility in regards to WASH and IPC. Now, I understand how my facility compares to national standards.”
   -Director at Thmey Health Centre

“WASH improvements have improved patient confidence in the quality of care we provide.”
   -Director at Bangha Kleng Health Centre

“WASH FIT helped us evaluate and identify problems in our facility and gave us ideas for how we can make improvements.”
   -Director at Borkeo Referral Hospital
Positive Impacts at Borkeo Referral Hospital

Before

After
Positive Impacts at Borkeo Referral Hospital
Positive Impacts at Borkeo Referral Hospital

Before

After
Positive Impacts at Borkeo Referral Hospital

Before

After
Overall Lessons Learned

• Challenges and Bottlenecks
  – Lack of knowledge on WASH FIT process at the facility level
  – Poor practices in health care waste management
  – Health care staff overburdened with administrative responsibilities
  – Mixed messages on WASH standards and inconsistent implementation techniques

• Successes and Enabling Factors
  – Facilities are very action-oriented
  – Facilities benefit from sustained guidance and support
  – The Cambodia Health Equity and Quality Improvement Program provides funding source and staff incentive
Thank you