Preliminary Exploration of Water Sanitation and Hygiene in Kenyan Hospitals

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Background

• Proper WASH structures are an integral part of infection prevention and control (IPC) in hospitals.

• Improving WASH linked to specific benefits;
  • Reductions in hospital associated infections;
  • Reduction in antimicrobial resistance;
  • Reduction in health care costs.

• WASH global report 2019 show that 1 in 4 health facilities do not have basic water services.
WASH FIT - Water, Sanitation and Hygiene in Healthcare Facilities (HCFs) Improvement Tool

- Developed in 2015. Has been piloted in a number of different countries and contexts;
- Covers four broad domains: water, sanitation, hygiene and management;
- Each domain includes indicators and targets for achieving minimum standards for maintaining a safe and clean environment;
Objectives

• Develop a survey tool that can be applied at national or sub-national level to monitor IPC service performance in hospitals.

• To evaluate the IPC arrangements in Kenyan county hospitals and explore how these may vary within a single public health system.
Methods
Modification of WASH FIT

Facility Improvement tool to a survey tool

1. Modified tool for ward and facility assessments.
2. Rearrange the indicators into new groups by level of health system accountability.
3. Develop a meaningful aggregate score grouped into different levels
   By hospital; by specialty; by accountability; by domain; and by indicator
Data collection

• Data collected in 14 public hospitals in Kenya
• The data collection team - nurses, medical officers, pharmacists.
• Actual data collection included hospital representatives – IPC leads, Public health officers, nursing officers.
• Interviews with hospital managers, frontline health workers.
Results
### Proposed WASH Categories Based on Responsibility

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>FACILITY BASED INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Government*</td>
<td>9</td>
</tr>
<tr>
<td>Hospital Management**</td>
<td>31</td>
</tr>
<tr>
<td>Infection Prevention and control Committee</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td><strong>65</strong></td>
</tr>
</tbody>
</table>

**Medical director, Nursing officer in charge, chief administrative officer, hospital management board

*This level may be different in other countries depending on governance structure.*
Hospital Level Performance

Scores:
- <40%
- 40-60%
- 60-80%
- 80-100%

Domain Performance:
- Organisation Management: 59%
- Hygiene: 57%
- Sanitation: 61%
- Water: 65%
Ward Level Performance
Thematic areas from Interviews

• Challenges with the built environment
• Resource availability and allocation
• Leadership at hospital and ward level

• Improving WASH — insights from the field
  • Outsourcing — a solution for general cleanliness?
  • Improving personal and professional attitudes towards WASH and IPC
  • Training and orientation of all cadres of staff on WASH
  • Partnerships to improve WASH offer partial improvement in the sector
Conclusion

• WASH is a Key pillar in improving infection prevention and control in hospitals

• Significant differences and challenges exist in the state of WASH within and across hospitals.

• Enhance accountability (leadership) and resources allocation to improve WASH
Acknowledgments

REPUBLIC OF KENYA

MINISTRY OF HEALTH

Council of Governors

World Health Organization

ESRC Economic & Social Research Council

UNIVERSITY OF OXFORD
Key drivers and challenges in improvement of quality of care, A case of Nyeri County Referral Hospital

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Objectives

• To highlight the best Infection Prevention and Control (IPC) practices at Nyeri County Referral Hospital (NCRH) in improvement of quality of care.

• Highlight the challenges at NCRH that hinder optimal delivery of patient care.
Background: Nyeri County Referral Hospital

• Formerly known as Nyeri Provincial General Hospital
• Started in 1930- Military Hospital
• Regional hospital level 5 Hospital
• Bed capacity- 270 and 50 cots
• Average bed occupancy-130% (Congestion)
• Average daily Outpatient attendance-582 patients
• Average daily In-patient admission-116 patients
Core issues in Improving Infection Prevention and Control and WASH

• Leadership and governance structure
• Accountability
• Shared responsibilities and roles
• Education and capacity building
• Monitoring and Evaluation
Leadership and governance structure

• Multidisciplinary constituted IPC Committee
• Comprehensive Terms of reference
• Formal appointment of the committee members
• Dedicated and committed IPC focal person
• Team of link persons from all departments
Accountability

• Progress reports to the Hospital Management Team (HMT)
• Collaboration with the Medicine and Therapeutics Committee (MTC)
• Involvement in county forums e.g. County Antimicrobial Stewardship Interagency Committee
Shared Responsibilities and Roles

- Development of an action plan
- Prioritization of activities based on situational analysis
- Development of chart on Hand Hygiene
- Development of customized Health Care Waste Management policy
Monitoring and Surveillance

• Hand Hygiene Compliance Audits
• Weekly commodity audit
• Ward infrastructure audit
• Healthcare Associated Infection (HAI) surveillance audits
Awareness, Training and Education

• Routine On-job training of health workers and support staff.
• Availability of the IECs materials in the clinical areas e.g. Hand Hygiene and Waste segregation posters
• Sensitization of Health Care Workers on emerging issues e.g. Continuing Medical Education.
Challenges

- Congested wards
- Strained sanitary facilities for the patients
- IPC activities are not part of performance appraisal of most of the staff
- No action or recognition of performance in WASH/IPC activities
- Lack of HAIs surveillance system
Recommendations

• Budgetary allocation for WASH/IPC activities
• Establishment of HAIs surveillance system
• Continuous training on IPC
Thank you