



# WASH FIT in Cambodia

## An Adaptive Management Tool to Drive WASH Improvements and Enhance Quality of Care

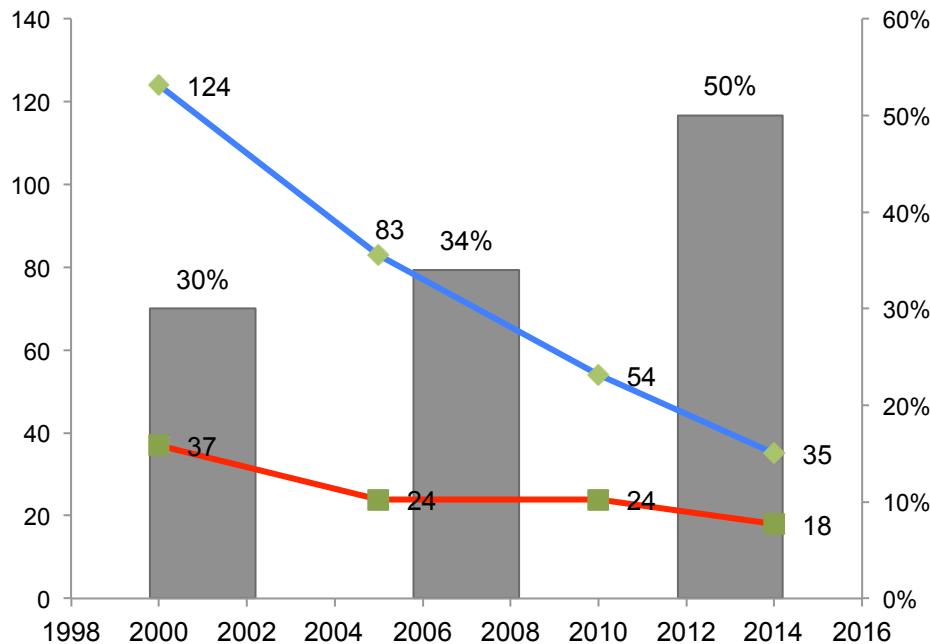
Ms. Sophary Phan, WASH Technical Officer, World Health Organization – Cambodia  
Dr. Hoy Vannara, Quality Improvement Officer, QI Unit, Cambodia Ministry of Health



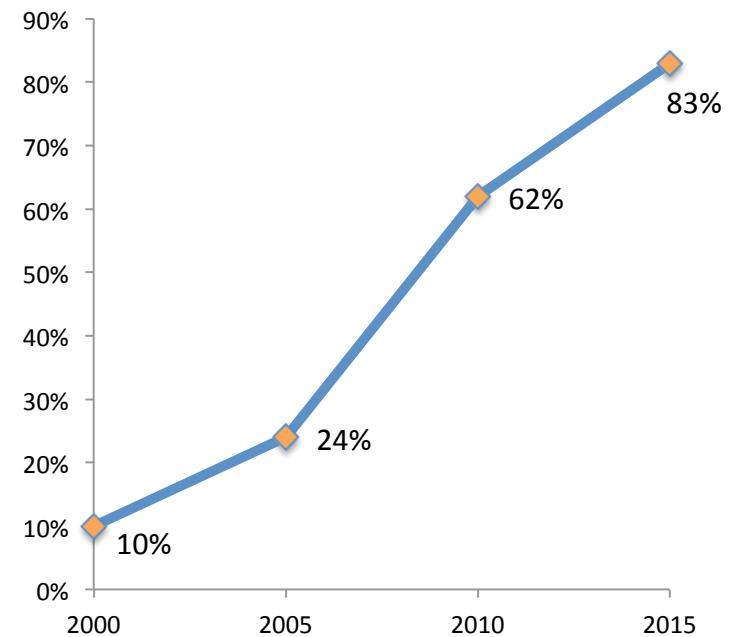
# Acknowledgements

- Cambodia Ministry of Health
  - Dr. Sok Srun
  - Dr. Cheu Sivuthy
  - Dr. Ok Romnir
  - The Department of Hospital Services team
- Water Aid
  - Ms. Channa Sam Ol
  - Ms. Lim Khanhyka
- UNICEF
  - Ms. Chanthea Chiang
- Rainwater Cambodia
  - Ms. Keo Vicheka

# The Cambodian Context: Maternal and Newborn Health



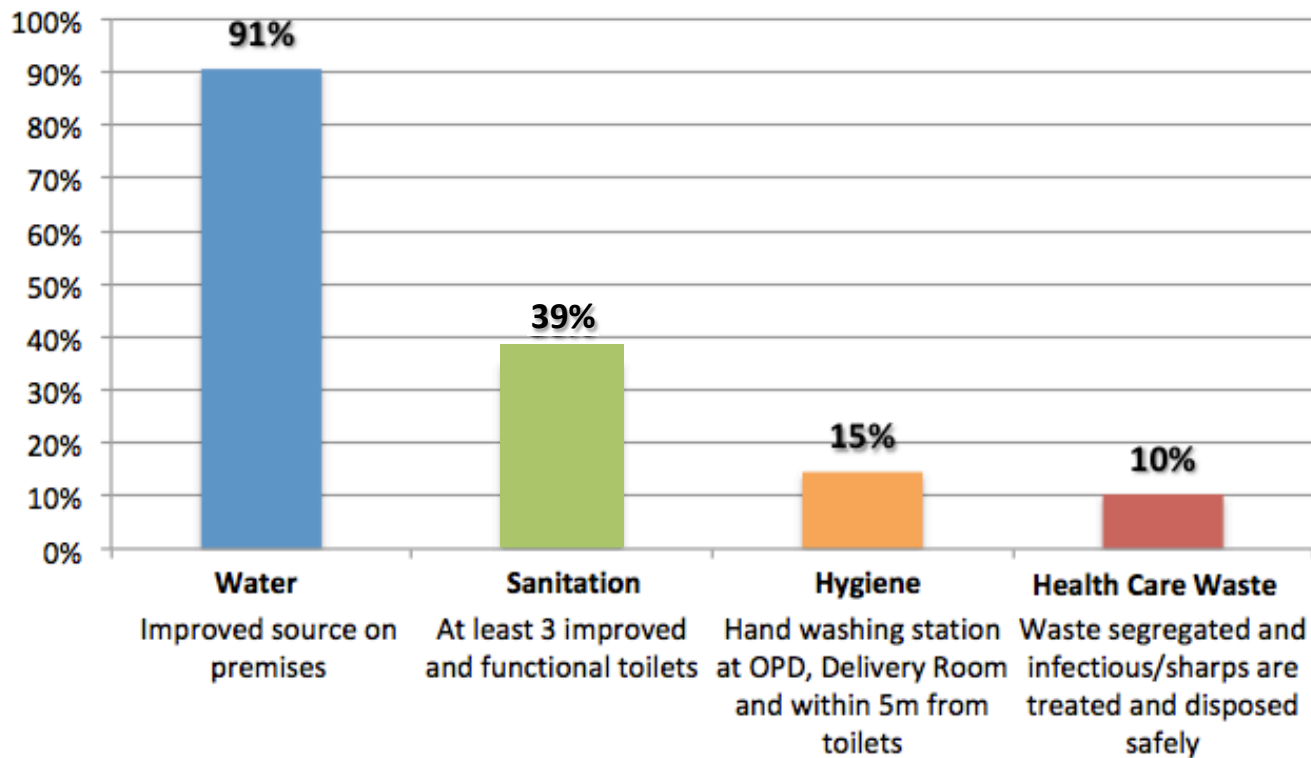
- % deaths in newborn period
- ◆ Under-5 mortality rate
- Neonatal mortality rate



% of births in a health facility

# The Cambodian Context: WASH in Health Care Facilities

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



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

Source: Por, Ir (2017). Public Health Care Facilities Assessment on Water, Sanitation and Hygiene of Five Provinces in Cambodia. Phnom Penh, Cambodia: National Institute of Public Health.

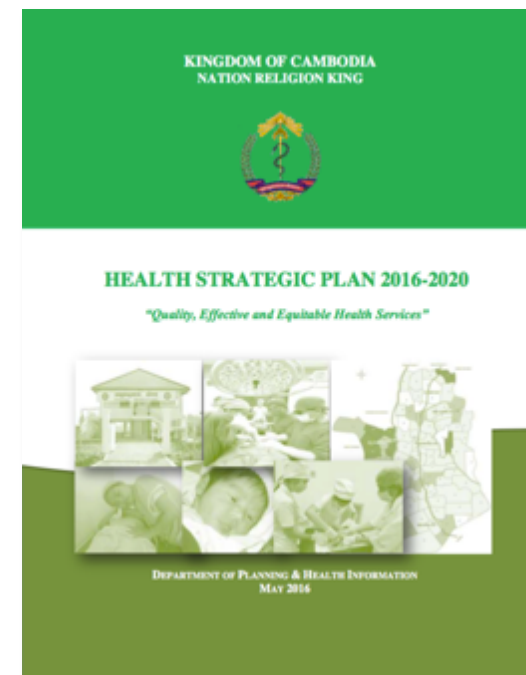
# National Health Strategic Plan 2016 - 2020

<i>Indicator</i>	<i>Baseline (2015)</i>	<i>Target (2020)</i>
<b>Maternal Mortality</b> Ratio (per 1,000 live births)	170	130
<b>Neonatal Mortality</b> Rate (per 1,000 live births)	18	14
Percentage of public health care facilities with basic <b>water supply</b>	91%	95%
Percentage of public health care facilities with basic <b>sanitation</b>	39%	90%

## 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

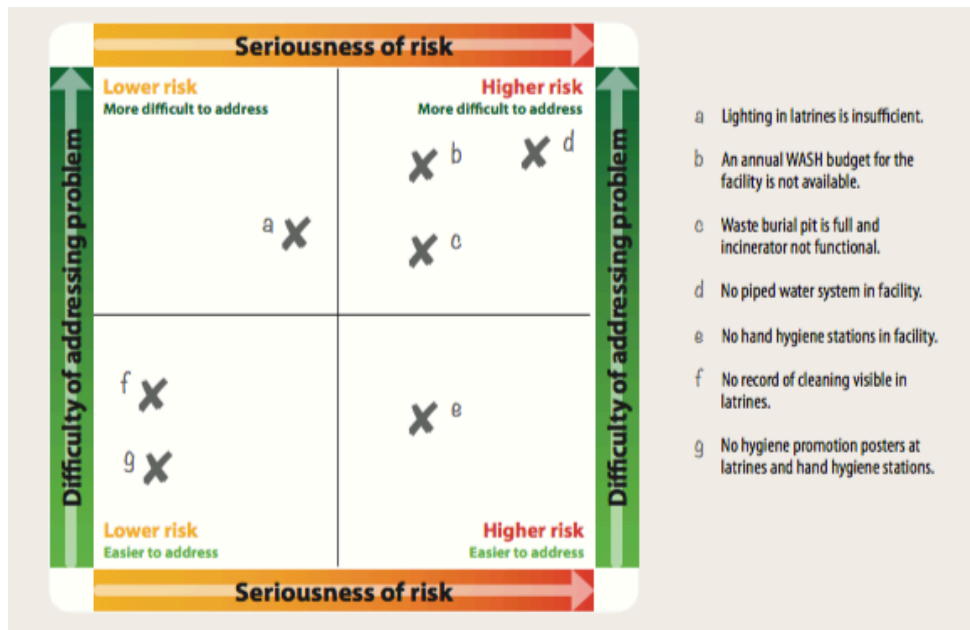
+++	Meets minimum standards
++	Meets some but not all minimum standards
+	Does not meet minimum standards



# 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



*Before*



*After*

# 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*

