# Review Meeting
# Water and Sanitation for Health Facilities Improvement
# WASH FIT Tool

## Ratanakiri Province
## 19-20 December 2017

## Meeting Report

World Health Organization  WaterAid  unicef

# Contents

# 1. Introduction

## 1.1 Background

In an effort to address Water, Sanitation and Hygiene (WASH) issues in health care facilities (HCFs), WHO Cambodia, WaterAid and UNICEF are supporting the Ministry of Health (MOH) and Ministry of Rural Development (MRD) to improve the status of WASH in HCFs and to bring WASH to the core of health policies and programmes. WHO has supported development of an assessment tool and used this tool to capture the situation on WASH access and practices in 101 health centres and all referral hospitals in five provinces. WHO has also coordinated action to develop standards for WASH in HCFs as an integral part of the national guideline for the Minimum Package of Activities at primary care level and has raised awareness through the dissemination of WHO WASH in HCF guidance. In a recent discussion on localizing SDG 3, 'Ensure healthy lives and promote well-being for all at all ages', it became apparent that indicators on water and sanitation are included.

In July 2017, a National Training of Trainers was conducted to support the implementation of the WHO/UNICEF Water and Sanitation for Health Facilities Improvement Tool (WASH FIT). The tool and other information related to WASH in HCFs can be found at https://www.washfitinhcf.org/home/. This training included twenty-five participants from MOH Department of Hospital Services, Provincial Health Departments, Operational Districts, Referral Hospitals, Health Centres, and NGO partners. Following this training, the WASH FIT tool was piloted in the following health care facilities with support of partner NGOs:

- 1 Referral Hospital in Ratanakiri Province (WHO supported)
- 5 Health Centres in Ratanakiri Province (UNICEF supported)
- 9 Health Centres in Kratie Province (UNICEF supported)
- 6 Health Centres in Tboung Khmom Province (WaterAid Supported)

## 1.2 Objectives

The 2-day Review Meeting was designed to assess WASH FIT implementation in piloted health care facilities (20 health centres and 1 referral hospital) across three provinces in Cambodia. This was accomplished through breakout sessions where each health care facility provided updates on their WASH FIT program and gave general feedback on the WASH FIT tool. Participants also engaged in peer-to-peer learning with the goal of improving WASH FIT implementation in their respective HCFs. This peer-to-peer learning was facilitated by group discussions and a field visit to a referral hospital. Lastly, participants learned how WASH FIT can be incorporated into the Cambodia Health Equity and Quality Improvement Project (H-EQIP).

## 1.3 Key Outcomes

1. Participants provide updates on WASH FIT implementation in piloted health care facilities.
2. Participants engage in peer-to-peer learning by sharing program successes, challenges and lessons learned.
3. Participants understand how incorporate WASH FIT tool into H-EQIP program.
4. Participants review five steps of WASH FIT process.

### 1.4 Meeting Program

The WASH FIT Review Meeting lasted a day and a half and took place at the Ratanakiri Provincial Health Department on Tuesday, December 19 and at Borkeo Referral Hospital on Wednesday, December 20. The final Meeting Program can be found in Appendix 1.

## 2. Meeting Proceedings

### 2.1 Opening Remarks

***Dr. Ung Rakama, Director of Provincial Health Department, Ratanakiri Province***

Dr. Rakama welcomed all participants to the review meeting and provides an overview of Ratanakiri Province. There are currently 22 health centres (HC) in Ratanakiri province, with seven new ones that will be added in 2018 through upgrading existing Health Posts. He also stated that a positive shift in indigenous populations' receptiveness towards modern health care occurred following the 2009 outbreak of cholera and has continued in the years since. Lastly, he highlighted improvements that have occurred at the Borkeo Referral Hospital since piloting WASH FIT.

***Dr. Sok Srun, Director of Hospital Services, Ministry of Health***

Dr. Srun gave an overview of the key objectives of the Review Meeting and also noted the importance of Water, Sanitation and Hygiene in reducing the occurrence of infection in health care settings. In particular, he emphasized the importance of good hand hygiene practices among health care workers and the need for improved health care waste management practices. He also stated that participants should focus on how to turn the lessons learned from this meeting into actions by incorporating WASH into Infection Prevention and Control (IPC) efforts and into facilities' Annual Operating Budgets.

### 2.2 Overview of WASH FIT

***Ms. Sophary Phan, World Health Organization***

Out of 25 participants, eight were at the WASH FIT National Training of Trainers that took place in July 2017. When questioned, these participants were able to talk about what they did at this training, but struggled to state specifics of what they learned. When asked how participants could be better supported in WASH FIT implementation, they responded that refresher trainings, practical application of WASH FIT at their own facilities, and distribution of supporting documents would help.

Ms. Phan then presented a high level overview of WASH FIT, including the seven domains (water, sanitation, health care waste, hand hygiene, cleaning & disinfection, environmental hygiene and overall management) and the five-step process:

1. Assemble a WASH FIT Team
2. Conduct Assessment
3. Identify and Prioritize Areas for Improvement
4. Develop and Implement an Improvement Plan
5. Continuously Evaluate and Improve the Plan

After this overview, it was emphasized that WASH FIT can serve as a tool for helping health care facilities to meet WASH-related standards in the Cambodia Health Equity and Quality Improvement Project (H-EQIP) Service Delivery Grants (SDGs).

## 2.3 Breakout Session 1: WASH FIT Implementation Updates

All participants broke out into groups based on their province, and answered questions related to what step in the WASH FIT process they had reached, what challenges they were facing, and what support they needed. Afterward, groups presented results of the breakout session back to all participants. Table 1 displays each group's reported WASH FIT implementation progress.

**Table 1:** Wash FIT Implementation Progress Updates

| **Province** | **NGO Support** | **Step 1:** Assemble WASH FIT Team | **Step 2:** Conduct Assessment | **Step 3:** Identify and Prioritize Areas for Improvement | **Step 4:** Develop and Implement an Improvement Plan | **Step 5:** Continuously Evaluate and Improve the plan |
|---|---|---|---|---|---|---|
| **Ratanakiri[1] (RH)** | WHO | ✔ | ✔ | | ✔ | ✔ |
| **Ratanakiri[2] (HC)** | UNICEF | | ✔ | | ✔ | |
| **Tboung Khmum** | WaterAid / Rainwater Cambodia | ✔ | ✔ | ✔ | ✔ | |
| **Kratie** | UNICEF | | ✔ | | ✔ | |

[1] Progress of Borkeo Referral Hospital
[2] Progress of Health Centres in Ratanakiri Province


*Health Centres from Kratie province (left) and Tboung Khmum province during Breakout Session 1*

### 2.3.1 Borkeo Referral Hospital, Ratanakiri Province

Borkeo Referral Hospital has integrated WASH FIT into the hospital's existing IPC team and has assigned two team members responsible for each of the seven domains. There are 16 people total on the WASH/IPC team: 14 team members and two leaders. The team lacks knowledge on WASH FIT, and would benefit from further training. This hospital has also conducted three WASH FIT Assessments and completed an Improvement Plan. However, they did not prioritize areas of improvement (Step 3) prior to developing their Improvement Plan. Although Borkeo Referral Hospital has made many WASH-related improvements at their facility, they did not receive many points related to WASH in their most recent H-EQIP evaluation. Some challenges they face include lack of funding, poor hygiene practices among indigenous populations, and difficulty translating knowledge from the hospital director to the WASH FIT/IPC team.

### 2.3.2 Health Centres, Ratanakiri Province

In the five piloted health centres in Ratanakiri Province, "Quality Improvement" (QI) teams have been established by Operational Districts in response to the first phase of H-EQIP SDG Health Centre assessments that will be carried out in Ratanakiri Province. Although teams have been established, members are unclear of their responsibilities and have no knowledge of WASH FIT. Operational District personnel and health centre directors have conducted WASH FIT assessments, but have not involved health care staff. Although top-level management have implemented many WASH improvements (e.g., separating waste and adding hand washing supplies), there is a lack of understanding on how to prioritize areas of improvement based on health risk or how to develop a comprehensive improvement plan.

### 2.3.3 Health Centres, Tboung Khmum Province

There are six health centres piloting WASH FIT in Tboung Khmum province. Of these, four health centres were represented at the Review Meeting. All four of these health centres have completed Steps One (assemble team), Two (conduct assessment), Three (prioritize areas for improvement), and Four (develop an improvement plan) in the WASH FIT process. Health centres in Tboung Khmum state that close and sustained support from WaterAid and Rainwater Cambodia has helped them to build capacity for WASH FIT implementation. They also gave feedback that many of the WASH FIT Assessment Indicators are beyond the scope of health centres, and the program may benefit from a trimmed down list of indicators for health centres.

### 2.3.4 Health Centres, Kratie Province

There are nine health centres piloting WASH FIT in Kratie province, and five were represented at the Review Meeting. Of these five health centres, none have established a WASH FIT team, and many of the health care staff were unfamiliar with WASH FIT entirely. However, HC directors and OD personnel have conducted assessments and developed improvement plans without involving health care staff. Some WASH improvements have been made, such as installation of hand washing stations through UNICEF support. Health centre staff seem invested and eager to be more involved with WASH FIT in the future. They stated that they would like to model their programs after Tboung Khmum, with established teams and frequent follow-up visits from UNICEF and MOH.

## 2.4 Breakout Session 2: WASH FIT Domain Indicator Assessment

All participants divided into groups based on health care facilities and assessed each WASH FIT domain in their respective facility. After the breakout session, groups presented results and gave the following feedback on the Assessment Indicators:

- Some of the Assessment Indicators are unclear. This may be due to an error in translation from English to Khmer.
- Although one of the WASH FIT Indicators states that minimum patient bed spacing is 2.5 meters, participants state that the MOH standard is 1 meter.

## 2.5 Exhibition of WASH Improvements in Health Centres

After finishing the formal portion of the Review Meeting, representatives from several health care facilities gave an overview of WASH Improvements that have been made in their respective facilities. Presenters used pre-prepared flip charts and photos to outline specific improvement actions. Summaries of each of the HCF exhibitions are outlined in this section.

### 2.5.1 Beous II Health Centre

With seven health care staff, Beous II Health Center serves nine villages with a total population of about 10,120. This health centre is located in Beous Village and is 17 kilometres from Krouchchama Operational District. Listed below are improvement actions conducted in this facility since implementing WASH FIT:

- Drinking water made available for staff and patients.
- Toilets separated into male and female.
- Garbage bins added for different types of health care waste.
- New autoclave acquired to disinfect medical equipment.

### 2.5.2 Seda Sen Chey Health Centre

With six health care staff, Seda Sen Chey Health Centre serves 14 villages with a total population of about 10,700. This health centre is located in Seda Sen Chey village, Dambae district, Tboung Khmum province. Listed below are improvement actions conducted in this facility since implementing WASH FIT:

- Drinking water made available for staff and patients.
- Added garbage bin in female bathroom.
- Added color-coded bins for sorting health care waste.
- Added hand washing signs.
- Created guideline for health care waste management.
- Installed hand-washing station in outpatient department.

### 2.5.3 Mong Reav Health Centre

With nine health care staff, Mong Reav Health Centre serves seven villages with a total population of about 10,150. Listed below are improvement actions conducted in this facility:

- Toilets separated into male and female.
- Installed ash pit.
- Installed additional hand washing stations.
- Added garbage bin in female bathroom.
- Hold monthly WASH FIT team meetings.

- Added chimney to incinerator.
- Drinking water made available for staff and patients.

*Health Director of Mong Reav Health Centre explaining WASH improvements in her facility*

### 2.5.4 Banghercleng Health Centre

With five health care staff, Banghercleng Health Centre serves nine villages with a total population of about 10,900. This health centre is located in Banghercleng Village, Trapeng Pring commune, Dambae district, Tboung Khmom province. Listed below are improvement actions conducted in this facility:

- Installed hand-washing stations in patient consultation room.
- Added color-coded bins for sorting health care waste.
- Staff members were given roles and responsibilities for WASH improvement.
- Drinking water made available in all departments.

## 2.6 Field Visit: Mock Assessment of Borkeo Referral Hospital

On Day 2, participants travelled to Borkeo Referral Hospital in Ratanakiri Province to conduct a mock WASH FIT Assessment in order to better understand WASH FIT criteria and give feedback to hospital staff on areas of improvement. Participants were divided randomly into seven groups to assess each of the WASH FIT Domains. After an hour to conduct assessments, groups reported back with the following areas of improvement:

- **Water**
  - No water supply present when electricity is out.
  - No drinking water available for patients.
- **Sanitation**

- In Outpatient Department, there is a shared latrine for males and females.
- Some latrines don't have sanitary bins.
- No latrines for people with reduced mobility.

- **Health Care Waste Management**
  - Concrete pit used for sharps disposal; facility should be using incinerator.
  - No Personal Protective Equipment (PPE) worn by staff burning waste.
  - Waste sorting is inadequate; infectious waste was found in chemical waste bin.
  - General waste is being burned in the open and near patients.
  - Incinerator is being used to burn general waste, instead of just infectious waste.
- **Environmental Hygiene, Cleaning and Disinfection**
  - Cleaners were not wearing proper PPE.
  - Patients' beds are too close together (less than 1 meter).
  - Floors are visibly dirty.

*Participants conducting mock assessment of water supply at Borkeo Referral Hospital*

After report backs on the mock assessment, the Hospital Director discussed the two H-EQIP Assessments that have taken place at Borkeo Referral Hospital. Although the hospital has made many WASH improvements since implementing WASH FIT, they still score poorly in the WASH-related indicators in H-EQIP. Points were lost due to the following: improper meeting record format, hand washing stations located near latrines instead of inside latrines, and all wards in the hospital not smelling of disinfectant. The director and NGO representatives made the case to MOH representatives that the H-EQIP indicators were too strict and that partial points should be awarded to facilities.

# 3. Summary and Conclusions

## 3.1 Bottlenecks and Challenges

Based on discussions throughout the Review Meeting, a few key challenges emerged regarding the WASH FIT process and sustained WASH improvements in piloted health care facilities. This section expounds on several of those challenges.

***Lack of knowledge on five steps of the WASH FIT process***

In general, there was a poor understanding of the WASH FIT process, especially Step 1 (Assembling a WASH FIT team) and Step 3 (Prioritizing Areas for Improvement). Many participants were uncertain of who should be on a WASH FIT team, who should lead it, and how many members it should have. Furthermore, facilities that did have a team were often unsure of members' roles and responsibilities, and few facilities hold regular WASH FIT team meetings. A majority of the HCFs represented at the Review Meeting skipped Step 3 in the WASH FIT process entirely, and went straight from assessment to implementing improvement actions. Furthermore, It was common for facilities to prioritize improvement actions based on available budget and capacity, rather than level of health risk.

***Poor practices in health care waste management***

Out of the seven domains of WASH FIT, health care waste management emerged as the most challenging component for HCFs. Even though many facilities have introduced separated garbage bins for different types of health care waste (e.g., infectious, biological, general etc.), staff and visitors are not properly sorting waste into the correct bins. This may be due to lack of knowledge on how different types of waste are classified. Additionally, it was noted that many facilities are not disposing of waste correctly. For example, general waste is being burned along with infectious waste, and sharps are being buried instead of incinerated. This challenge may be solved by educational campaigns on the classification of different types of health care waste and proper disposal techniques.

***Health care workers overburdened with administrative responsibilities***

It was observed that health care workers have many administrative responsibilities on top of their normal health care duties (e.g., Infection Prevention and Control, Finance, Health Records, WASH, H-EQIP, etc.). Health centres, which serve around 10,000 people, typically only have seven to nine staff, and their workload can become burdensome. To avoid staff burn out, it is important that all administrative functions are integrated as much as possible. For example, team meetings should cover multiple topics, and efforts should be made to integrate WASH FIT into existing administrative teams, instead of forming new teams. In particular, Quality Improvement teams that have been established by Operational Districts in response to the H-EQIP program should incorporate the WASH FIT into their operations.

***WASH FIT confined to management and operational districts***

In health centres in both Kratie and Ratanakiri provinces, WASH FIT is restricted to top-level management. During breakout sessions, it became clear that many health care staff were unfamiliar with WASH FIT, even though health centre directors and OD personnel were conducting WASH FIT activities in their facilities. Although prompt improvement actions have taken place, this model of WASH FIT is not sustainable. It is important that health care workers become invested in the status of WASH in their health centres. Additionally, staff need to be trained on best practices in hygiene and health care waste management. It was found that even

when separate waste bins were installed, staff did not properly sort their waste. Likewise, installation of new hand washing stations is not effective in improving hygiene unless health care workers are trained on proper hand washing techniques.

***Mixed messages and inconsistent implementation techniques from NGOs and MOH***

For each of the three provinces implementing WASH FIT, there is a different model for how to support health care facilities. For example, in Tboung Khmum province, WaterAid and Rainwater Cambodia, conduct monthly follow-up visits in each facility and provide support in review and documentation of indicator assessments, risk prioritizations and improvement plans. Meanwhile, in Kratie province, UNICEF provides minimal hands-on support, and the follow-up visits are supposed to be conducted by health centres' respective OD. Furthermore, there are mixed messages in the correct standards for WASH services coming from ODs, NGOs and the WASH FIT tool itself. For example, some health centres have been told that they must incinerate their sharps waste, while others are told it is acceptable to bury it in a concrete pit. Not only do these inconsistencies create confusion among Health Centre staff, they make it infeasible to conduct a robust evaluation of the effectiveness of the WASH FIT tool.

## 3.2 Successes and Enabling Factors

***Facilities are action-oriented, rather than process-oriented***

Following WASH FIT trainings, facilities quickly conducted cursory assessments and then implemented improvements actions. However, they did this without adhering to the five steps in the WASH FIT process. Health care facilities often did not form a team, hold regular meetings, prioritize areas of improvement or develop a comprehensive improvement plan. Although it is promising that many facilities are quick to take actions to improve WASH conditions, these improvements may not rectify hazards that pose the highest health risk. Furthermore, if there is not a designated team responsible for monitoring these improvements, changes may not be sustainable.

***Facilities benefit from sustained guidance and support***

Facilities that have the strongest WASH FIT programs (health centres in Tboung Khmum Province and Borkeo Referral Hospital in Ratanakiri Province) also had the most support from NGO partners. In Tboung Khmum Province, WaterAid has enlisted the support of Rain Water Cambodia in conducting follow-up visits and giving technical support. Likewise, at Borkeo Referral Hospital, representatives from WHO have conducted multiple follow-up trips to establish the WASH-FIT team's roles and responsibilities and to help them conduct assessments and develop an action plan. Although the WASH FIT ToT in July 2017 was beneficial in introducing the program, many health care staff still lack a basic understanding of the WASH FIT process and don't know how to apply the tool in their own health care facility. These health centres and any others that pilot WASH FIT in the future would benefit from frequent follow-up support, especially during the first several months of establishing the program.

***The Cambodia Health Equity and Quality Improvement Program***

The Cambodia Health Equity and Quality Improvement Project (H-EQIP) awards both fixed grants and performance-based Service Delivery Grants (SDGs) to health care facilities. The fixed grants are awarded quarterly and must be used for operational improvements. Following WASH FIT training, many piloted HCFs have been using these fixed grants to make WASH improvements, such as purchasing separated waste bins and installing new hand washing facilities. In contrast, the H-EQIP Service Delivery Grants function as a financial incentive to

health care workers and are awarded if facilities meet a variety of quality of care standards, many of which are WASH-related. These SDGs provide a strong incentive to health care workers to make WASH improvements in their facilities. Although WASH FIT indicators don't align exactly with the H-EQIP standards, WASH FIT can be used as a tool to meet these standards. Moving forward, it is important that efforts in WASH FIT and H-EQIP are integrated effectively so that health care workers stay motivated and receive rewards for their efforts.

# 4. Recommendations

## 4.1 National Level

Based on feedback during the Review Meeting, the following actions can be taken at the national level by Ministry of Health and NGOs:

- Create a downsized Indicator Assessment (Step 2 in WASH FIT) for health centres. As is, many of the indicators are beyond the scope of health centre services.
- Revise Indicator Assessment based on feedback from Review Meeting and relevance in country context. Ensure these indicators are consistent across provinces.
- Finalize and distribute National Guidelines for WASH in HCFs. Hold workshops on these new guidelines.
- NGO representatives develop true pilot study of the WASH FIT tool to test effectiveness in facilitating HCF quality improvement.
- In any future WASH FIT trainings and follow-up visits, trainers should reinforce the five steps of WASH FIT. In particular, emphasis should be placed on how to prioritize areas for improvement by assessing the health risk of a hazard. Care should be taken to coordinate with Operational Districts and Provincial Health Departments to ensure efforts are not being duplicated and facilities are not receiving mixed messages.

## 4.2 Provincial/Operational District Level

Based on feedback during the Review Meeting, the following actions should be taken by staff at Provincial Health Departments and Operational Districts:

- Collaborate with NGO partners to coordinate periodic follow-up visits to provide further support and guidance to facilities.
- Ensure WASH FIT efforts help facilities to meet H-EQIP SDG indicators.
- Mobilize existing Quality Improvement staff at OD and PHD level to support HCF Quality Improvement teams in adopting WASH FIT. In particular, make sure WASH FIT is being incorporated into existing Quality Improvement teams.
- Encourage facilities to incorporate large-scale WASH improvements into their Annual Operating Budget and support facilities in obtaining necessary funding from the Ministry of Economy and Finance.
- Establish WASH FIT/Quality Improvement teams in HCFs were there are none.

## 4.3 Facility Level

The following actions should be taken by health care facilities to ensure effective and sustainable WASH FIT implementation:

- Instead of implementing improvement actions based on available budget and feasibility alone, HCFs should prioritize action based on the health risk of a given hazard. Guidance for this is outlined in Step 3 of the WASH FIT process.

- Document all components of the WASH FIT process, including team organizational structure, meeting records, assessments, risk prioritization, and improvement plan.
- Train and monitor health care staff in proper health care waste segregation and disposal.
- Integrate WASH FIT tool into existing IPC and QI teams.

## Appendix 1: Meeting Program

| TIME | ACTIVITY/TOPIC | Facilitator |
|---|---|---|
| **DAY 1: Tuesday December 19** | | |
| 7:30 – 8:00 | **Registration of Participants** | |
| 8:00 – 9:45 | **Opening Ceremony** | |
| | • Opening Remarks<br>• Objectives and expectations of the workshop<br>• Group photo | Director, PHD, Ratanakiri Province<br>Director, DHS, MoH |
| 9:45 – 10:00 | **Coffee Break** | |
| 10:00 – 10:45 | **Overview of WASH FIT** | |
| | Brief presentation on WASH FIT and its linkage to IPC/H-EQIP Programme | Ms. Sophary Phan, WHO |
| 10:45 – 12:00 | **Break-out Session 1: WASH FIT Implementation Updates** | |
| | Step 1: Establish team<br>Step 2: Conduct assessment of WASH facility<br>Step 3: Identify and prioritize areas for improvement<br>Step 4: Develop and implement an improvement plan<br>Step 5: Continuously evaluate and improve the plan<br>(Participants will be divided into provincial group to review where they are for the above 5 steps, what challenges they faced and what lessons they learned) | Ms. Chanthea Chaing, UNICEF |
| 12:00 – 13:30 | **Lunch break** | |
| 13:00 – 14:00 | **Presentation of WASH FIT Implementation Updates** | |
| | Borkeo Hospital, Ratanakiri Province<br>Health Centers, Ratanakiri Province<br>Health Centers, Kratie Province<br>Health Centers, Tboung Khmum Province | All Participants |
| 14:00 – 15:30 | **Breakout Session 2: WASH FIT Domain Indicator Assessment** | |
| | i. Water<br>ii. Sanitation<br>iii. Health Care Waste<br>iv. Hand Hygiene<br>v. Cleaning and Disinfection<br>vi. Environmental Hygiene<br>vii. Overall Management<br><br>(By individual hospital and health center, review WASH FIT assessment tool to see what has been done to comply with target indicators for each domain and what are the challenges that need to be addressed) | Ms. Sophary Phan, WHO |
| 15:30 – 16:30 | **Presentation of WASH FIT Domain Assessment** | |

| TIME | ACTIVITY/TOPIC | Facilitator |
|---|---|---|
| | Borkeo Hospital, Ratanakiri Province<br>Health Centres, Ratanakiri Province<br>Health Centres, Kratie Province<br>Health Centres, Tboung Khmum Province | All Participants |
| 16:30 – 16:45 | **Wrap up and Prep for Day 2** | |
| 16:45 – 17:30 | Tour of story exhibitions by hospital and health centres in a simple form of flip chart with photo of improvement outcome. | All participants |
| **DAY 2: Wednesday December 20** | | |
| 9:00 - 11:00 | **Mock Assessment of Referral Hospital** | |
| | Teams to assess risks, hazards and identify possible areas for improvement<br>• Team 1: Water<br>• Team 2: Sanitation<br>• Team 3: Health Care Waste<br>• Team 4: Hand Hygiene<br>• Team 5: Cleaning and Disinfection<br>• Team 6: Environmental Hygiene<br>• Team 7: Overall Management | Ms. Sophary Phan, WHO |
| 11:00 – 12:00 | **Report back on Mock Assessment and Closing of Review Meeting** | |

## Appendix 2: List of Participants

| No. | Name | Organization/Province |
|---|---|---|
| 1 | Dr. Sok Srun | MOH |
| 2 | Dr. Cheu Sivuthy | MOH |
| 3 | Dr. So Nakry | MOH |
| 4 | Ok Romnir | MOH |
| 5 | Liv Vary | WHO |
| 6 | Im Bunthy | MOH |
| 7 | Ling Ratana | PHD Ratanakiri |
| 8 | Bot Sokny | PHD Ratanakiri (QI) |
| 9 | Suos Saman | OD Banlong |
| 10 | Yoeung Puthea | HC Kachagn |
| 11 | Ram Sreymom | OD Borkeo |
| 12 | Toek Maly | HC Kechong |
| 13 | Chan Sambath | RH Borkeo |
| 14 | Pan Saran | RH Borkeo |
| 15 | Lek Chanthy | RH Borkeo |
| 16 | Vhantaing Len | PHD Kratie |
| 17 | Chab Lethok | OD Kratie |
| 18 | Thy Rany | HC DA/OD Kratie |
| 19 | Tul Pich | HC Tmarkre/OD Kratie |
| 20 | Phal Kana | HC Bosliv/OD Kratie |
| 21 | Ou Naryth | HC Chongkrong/OD Kratie |
| 22 | Cheap Dyna | OD Tboung Khmum |
| 23 | Kim Sokamtha | HC/OD Tboung Khmum |
| 24 | Chea Nary | HC/OD Kratie |
| 25 | Lim Chantha | OD Kroch Chmar |

| | | |
|---|---|---|
| 26 | Soeum Synat | HC/OD Kroch Chmar |
| 27 | Neth Kayarith | OD Tembe |
| 28 | Ou Channa | HC/OD Tembe |
| 29 | Ker Chan | Kampong Chnang |
| 30 | Kang Sambo | OD Kampong Tralach |
| 31 | Nheam Sreypov | OD Dambae |
| 32 | Sam Ol Channa | WaterAid |
| 33 | Jessica Spruill | WHO |
| 34 | Keo Vicheka | Rainwater Cambodia |
| 35 | Lim Khanhryka | WaterAid |
| 36 | Chiang Chanthea | UNICEF |
| 37 | Nou Panhaka | WaterAid |
| 38 | Annie Nut | UNICEF |
| 39 | Soy Pheary | Rainwater Cambodia |
| 40 | Phan Sophary | WHO |