

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

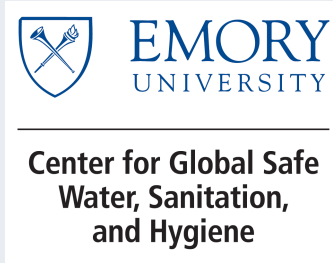
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Center for Global Safe  
Water, Sanitation,  
and Hygiene

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# WHO/UNICEF Global Report

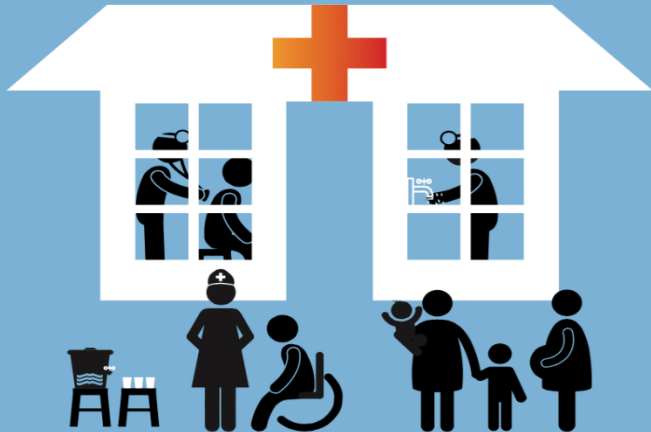
## WASH in health care facilities March 2015

### Water, sanitation and hygiene in health care facilities

Status in low- and middle-income countries and way forward

WASH IN HEALTH CARE FACILITIES

FOR BETTER HEALTH CARE SERVICES



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

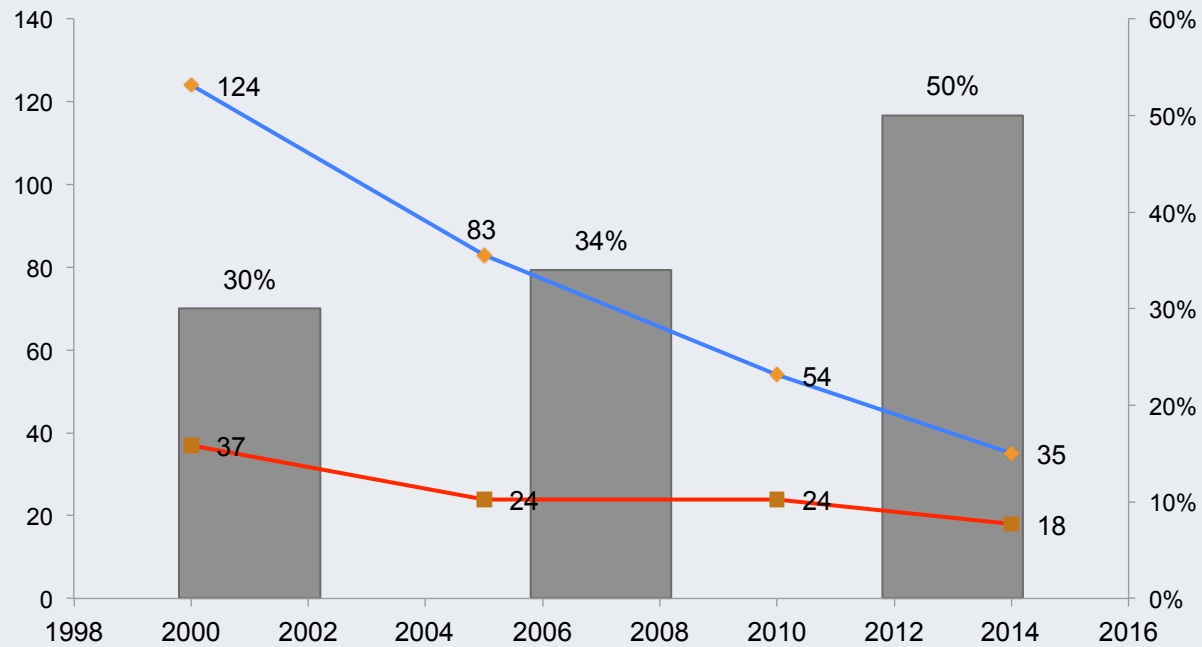
### ***GLOBALLY –***

- ***38% of facilities do not have water***
- ***19% do not have a safe toilet***
- ***35% do not have soap and water for handwashing***

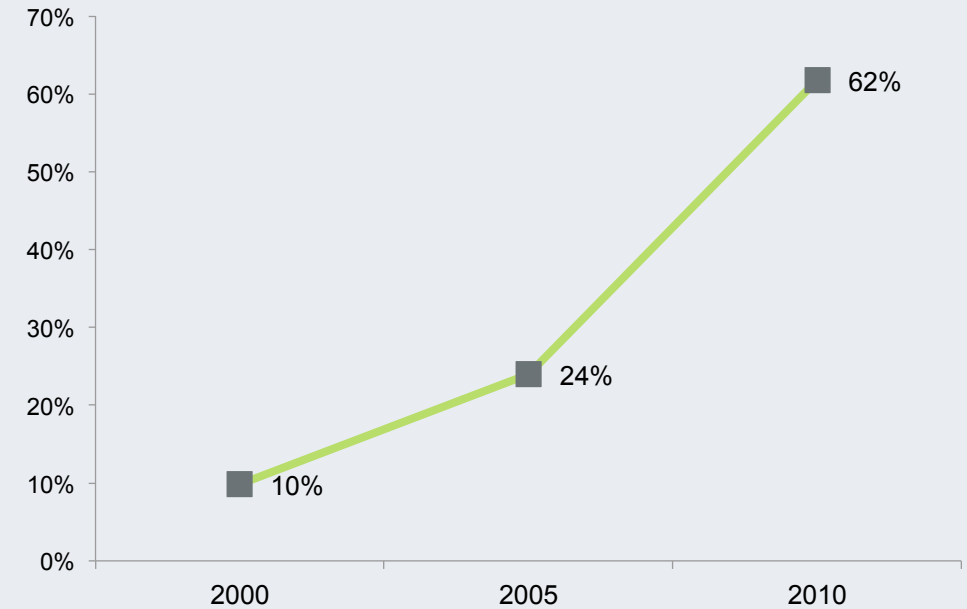
# WHO/UNICEF Global Action Plan

CO 1	WASH in health facilities is essential for preventing and controlling communicable diseases, and for improving and maintaining services.	Advocacy Action & Leadership	Monitoring
CO 3	Global and national monitoring efforts include harmonizing core and extended indicators to measure WASH in health care facilities.		
CO 4	The existing evidence base is reviewed and strengthened to catalyze advocacy messages and improve	Evidence & Operational Research	Policy, Standards & Facility Improvements
CO 5	Health systems are strengthened to deliver quality WASH services in health facilities.		

# The Cambodian Context



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



% of births in a health facility  
(3 years preceding the survey)

Sources: Cambodia Demographic and Health Surveys 2000, 2005, 2010, 2014

# Cambodia Assessments




WaterAid

Towards Safer and Better Quality Health Care Services in  
Cambodia: A Situation Analysis of Water, Sanitation and Hygiene  
in Health Care Facilities

## Situation Analysis of WASH in HCF

- Policies, planning standards, coverage targets
- Monitoring systems, routine data collection, data availability
- Roles and responsibilities of key actors

### Annex 2 – Assessment tool

Safer Health Facilities in Cambodia	
Health Facility Assessment	
<b>SECTION 1: COVER PAGE</b>	
<b>FACILITY IDENTIFICATION</b>	
001 FACILITY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
002 NAME OF FACILITY	<input type="text"/>
003 LOCATION OF FACILITY	<input type="text"/>
004 REGION/PROVINCE	<input type="text"/>
005 DISTRICT	<input type="text"/>
006 TYPE OF FACILITY	<input type="text"/>
007 MANAGING AUTHORITY	<input type="text"/>
008 URBAN/RURAL	<input type="text"/>
009 OUTPATIENT ONLY	<input type="text"/>
<b>INTERVIEWER VISITS</b>	
DATE	<input type="text"/>
INTERVIEWER NAME	<input type="text"/>
RESULT	<input type="text"/>
<b>RESULT CODES (LAST VISIT):</b>	
1 = FACILITY COMPLETED	
2 = FACILITY RESPONDENTS NOT AVAILABLE	
3 = POSTPONED	
4 = FACILITY REFUSED	
5 = PARTIALLY COMPLETED	
6 = OTHER (specify) <input type="text"/>	
  	

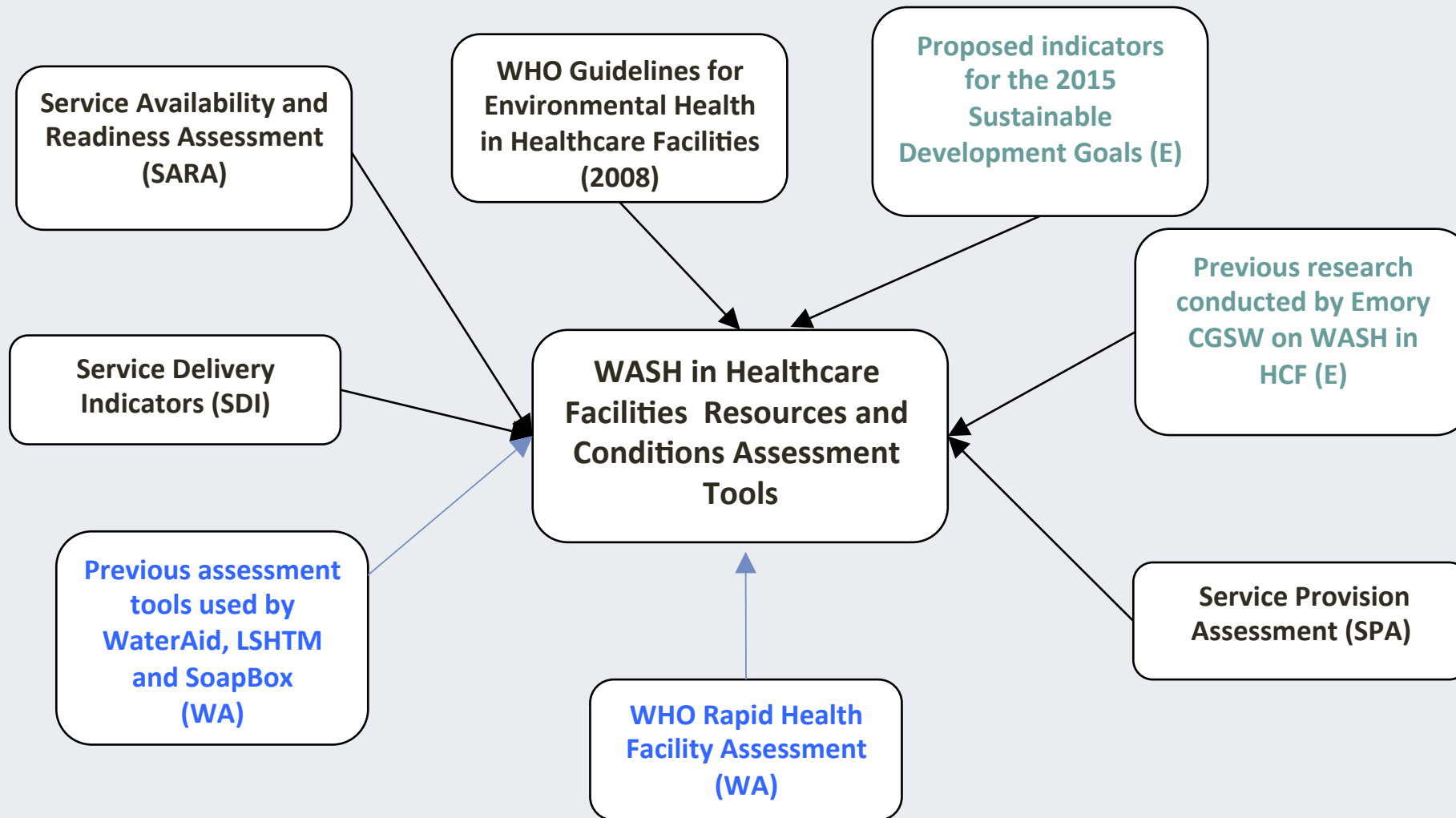
To develop and pilot assessments tool that provide a comprehensive overview of the WASH conditions within healthcare facilities

A1	Hospital		A4	Interviewer's Name	
A2	Date		A6	Interviewee's name(s)	
A3	Start time		A7	Interviewee's position(s)	
			A8	Hospital Director's Name	

**SECTION 1 – DIRECTOR INTERVIEW**  
Interview the hospital director and/or deputy director to answer the following questions.  
If the director does not know the answers, you may want to speak with the maintenance person or administrator if time permits.

B1	Please tell me which of the following	<input type="checkbox"/> Piped water - municipality	<input type="checkbox"/> Purchased water
B3	Is the primary water supply for the hospital from an improved source? If YES, skip to B5.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No response	
B4	If the water source is not piped, where is the closest source of water?	<input type="checkbox"/> Water source is _____ meters <input type="checkbox"/> Don't know <input type="checkbox"/> No response	
B5	Are there times when [the main water source for any use] is unavailable? If NO, skip to B7.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No response	
B6	If yes, why? (Read all options aloud. Check all that apply)	<input type="checkbox"/> Power outage <input type="checkbox"/> Water rationing/shortage <input type="checkbox"/> Equipment malfunction (i.e. broken pump) <input type="checkbox"/> Pipe breakage <input type="checkbox"/> Other: <input type="checkbox"/> Don't know <input type="checkbox"/> No response	

# Tool Development Emory and WaterAid



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



# WASH elements covered by tools

## Water quality (E)

## Water quantity (E) & access

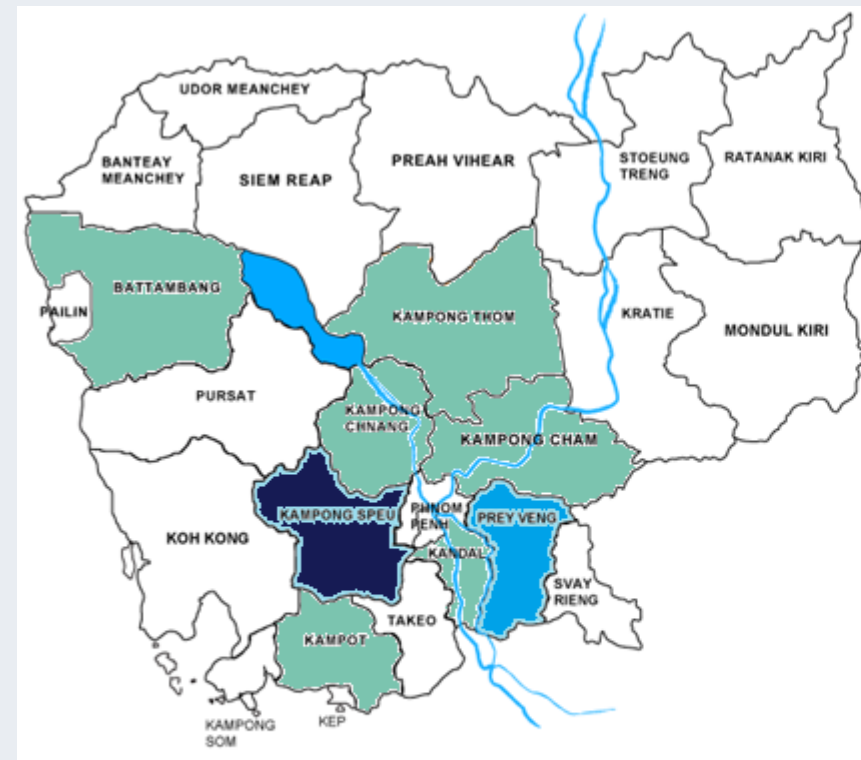
## Excreta disposal

# Wastewater disposal

# Healthcare waste disposal

## Cleaning & laundry (E)

## Hygiene & infection prevention & control (E)



## 8 Health Centres

## 14 Referral Hospitals

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



# 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.



	Hospitals (n=14)	Health Centres (n=8)
Improved Primary Water Source	100%	75%
Piped Into Facility	38%	12.5%
Borehole w/ pump	62%	37.5%
Surface Water	0%	25%
Rain Water	0%	25%

# 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.

	Hospitals (n = 14)	Health Centres (n = 8)
% Improved Toilets	100%	100%
% Disability Accessible	21%	0%
% meeting MHM standards	0%	0%
% septic tank or sewage system	100%	100%

# 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.



	Hospitals (n=14)	Health Centres (n=8)
% delivery rooms with water	100%	88%
% delivery rooms with soap	93%	100%
% delivery rooms with sterile gloves	100%	100%
% of pediatric wards with water (Emory only)	80%	N/A
% of pediatric wards with soap (Emory only)	70%	N/A



# Maternity & Pediatric Wards



# Next Steps

Advocacy  
Evidence Base

Improved  
Monitoring

Integrate into existing  
quality of care  
mechanisms for MNH and  
UHC

WASH Condition  
Scorecard

Additional Modules to  
assessment tools

A person wearing a pink shirt is shown from the side, washing their hands at a public water station. The station features a white sink and a large blue water container. The background is a tiled wall. The image is semi-transparent, with text overlaid.

# Thank you

Launching soon....

[www.washinchcf.org](http://www.washinchcf.org)