



Opportunities for Improvement:

Methods & key findings from the WASH & CLEAN Study

Funded by
SHARE – Sanitation & Hygiene Applied Research
for Equity & The Soapbox Collaborative

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Content

- WASH & CLEAN study rationale & objectives
- WASH & CLEAN methods & tools
- Key findings
- Recommendations



A preventable burden



- 100,000s of maternal and new born deaths each year
- Significant proportion due to infections caused by unhygienic environments & practices at the time of delivery
- 99% of these infection-related deaths are preventable

Study objectives

- To develop tools for capturing levels of cleanliness on maternity wards & key determinants of cleanliness
- To apply tools to a sample of maternity units in Gujarat State, India & in Dhaka Division, Bangladesh
- To synthesize and communicate the findings

Study methods

- Mixed methods approach
- Multiple stakeholders
- Novel elements - photo-elicitation, microbiology

Pilot Phase (Dec 2013-Jan 2014)

- Two maternity units Gujarat, India
- Two maternity units Dhaka Division, Bangladesh

Situation Analysis Phase (Feb – May 2014)

- Seven maternity units, Gujarat
- Eight maternity units, Dhaka Division
- Public & private facilities
- High and low caseloads
- Obstetric functionality



WASH & CLEAN Tools



Tool 1: Walkthrough Checklist

Tool 2: Facility Needs Assessment Tool & Document Capture

Tool 3: Semi-structured interview with management

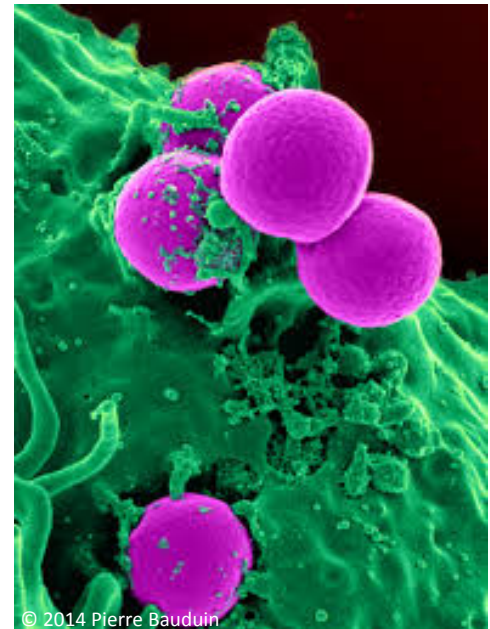
Tool 4: Photo-prompted semi-structured interviews with healthcare providers

Tool 5: Photo-prompted semi-structured interviews with cleaners

Tool 6: Photo-prompted semi-structured interviews with recently delivered women

Tool 1: Walkthrough Checklist

- Healthcare environment
- 3 methods of data collection:
 - Walkthrough Checklist & Questionnaire
 - Visual state of hygiene & determinants
 - Photographs
 - Visual state of hygiene & determinants
 - Microbiology
 - State of hygiene



Tool 2: Facility Needs Assessment Tool & Document Capture

- Healthcare organisation, systems & operations, human resources, infection prevention & control (IPC) & healthcare practices
- Questionnaire
 - Interview format
- Document Availability Checklist
 - Policies & Protocols
 - Healthcare system



Tools 3-5: Interviews using Photo Elicitation

- Involves the use of photo prompts to generate discussion
- Provides insights rarely gained through direct questioning
- Technique proved useful particularly with illiterate/semi-literate participants and marginalised groups
- Rarely applied in developing country contexts, less so in healthcare environments



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Tool 6: Photo-prompted semi-structured interviews with recently delivered women

- Views and perceptions of women on their understanding of hygiene at birth, & their satisfaction with care in maternity unit
- Respondent characteristics
- Use of photo-prompted & closed questions
- India – Exit interviews; Bangladesh – Exit Interviews & Community follow-up



WASH & CLEAN Toolkit



WASH & CLEAN Key Findings

- Visual cleanliness is not a proxy for safety.
- Hand hygiene necessary but not sufficient.
- Health facility cleaners are a neglected part of the healthcare workforce with little/no training in IPC
- Knowledge of IPC does not automatically translate into practice
- Routine data on maternal and neonatal infections is lacking



WASH & CLEAN Recommendations



- National IPC policies and guidelines available, up-to-date and practiced
- Dedicated IPC person/team ensuring IPC guidelines followed, and supervision and audit performed
- Routine, standardised training in IPC for **all** staff
- Data on new born and maternal sepsis captured by routine health information systems



Initiative by Gujarat Govt.



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Subject: Water, Sanitation & Hygiene (WASH) services & practices in health facilities

There is a great need to improve WASH services in public health facilities for improving the image & utilization of the public health system & also for the safety of the beneficiaries mainly from sepsis.

As per the key finding of the WASH Gap analysis, you are hereby instructed to ensure that all the health care facilities have following non-negotiable services & practices.

A. Monitoring

1. One assigned person must be identified in each patient care area at each facility for monitoring Water supply, Sanitation, & Hygiene (WASH) services & practices. Each facility to prepare a written matrix of the same.
2. Strict supervision & review should be done from BHO/DQAMO/CDHO/RDD & state level

Thanks

