“A Study to Assess the WiHNRC Programme intervention in Health Care Facilities, and Visitor’s Perspective about Water, Sanitation and Hygiene (WASH) in Health Centers and NRCs”

DISTRICT–UMARIYA

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WASH ASSESSMENT IN HEALTH FACILITY &NRC

- India has one of the highest rates of maternal and infant mortality rate in the world.
- Madhya Pradesh (MP), one of the largest states of India is claimed to have 72.2 million peoples out of which 52.5 million people reside in the rural MP
- MP state still has the highest infant mortality rate of 51 deaths per 1000 live births in India
- Among the new born, most of them die within the first seven days and among those who die within the first days
- 70 percent die within the first 24 hours of Birth
- Data from Specialized New-born Care Units (SNCUs) of 53 units in MP and from six states suggests that 17 percent of the new born deaths are caused because of sepsis

Objectives of Project

- Review WASH assessment and create an improvement plan for Health Care Facilities
- Build capacity of Health Care Staff on WASH
- Assess the status of WASH infrastructure, services and system.

WASH Assessment, A Process

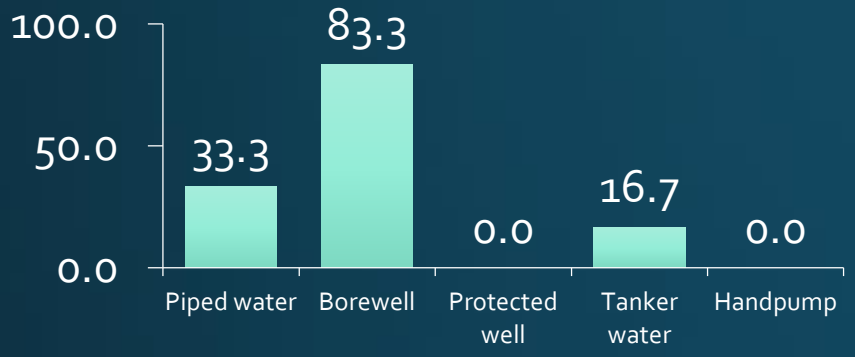
- **Selection of Health Care Facilities (HCF)**
  - DH, All CHC and sampled PHC are selected based on load of delivery.
  - Health Care Facilities – One District Hospital, 3 Community Health Center (CHC) and 2 Primary Health Center (CHC)

  Tools
  - **Pre tested Comprehensive Assessment and Planning tool (CAPT)**
  - Microbiological test by using H_2S Vials
  - Star Grading Tool (SGT)

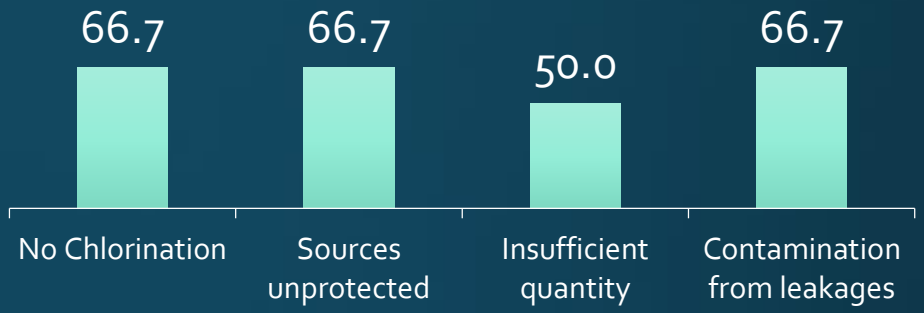
- **Methodology**
  - District level workshop for Health Officers and Engineers on WASH assessment;
  - Formation of MENTOR Group in the district;
  - Formation of Assessment teams including health officer, Engineers (3-5 persons in each team, 5 teams), assigning route chart
  - On site training programme of teams in One group;
  - Comprehensive assessment, Compilation and Analysis

Water: Sources and Abstraction

Umariya 06 HCFs



Potential Hazards



Status

✓Borehole has emerged as dominated water sources whereas in seasons some facilities have to dependent on Water tanker

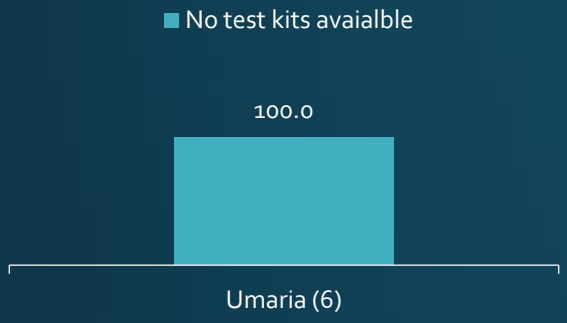
✓1 in every 2 HCF have insufficient water supply

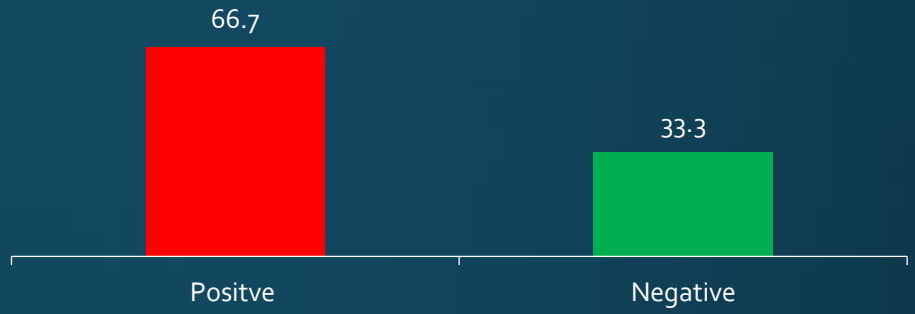
✓Chlorination has not been made in more than 3 in 5 facilities, and sources are also found unprotected, and increases risk of contamination due to leakages.

Action in Priorities

- Protection and Cleaning of existing water sources from Contamination;
- Repairing of leakage pipe lines; and
- Regular chlorination System & record keeping;

Water: Drinking Water Quality





Status

✓No test kits (Chemical & Bacteriological) available in any HCF;

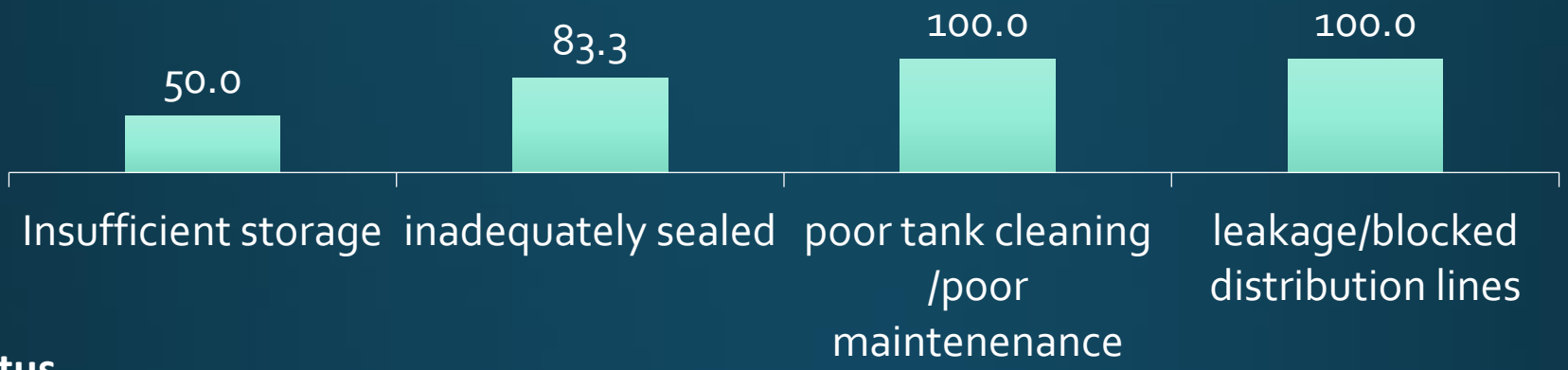
✓Chemical testing's are also not done at any HCF from government laboratory

✓In around 4 out of 6 HCF,s drinking water found **UNSAFE and may be contaminated with fecal or bacteriological contamination.**

Activities in Priority

- Engage Chemical testing of water sample by sending to the government laboratory Half yearly;
- Procure H_2S Vials from PHED or purchase for ensuring Bacteriological contamination test;
- Record Keeping practices with date and time for each tank and source of water.
- Capacity Building of HCF staff on Water testing.

Water: Storage, Distribution and Management



Status

✓1 in 2 HCFs, water storage are reported to be insufficient ;

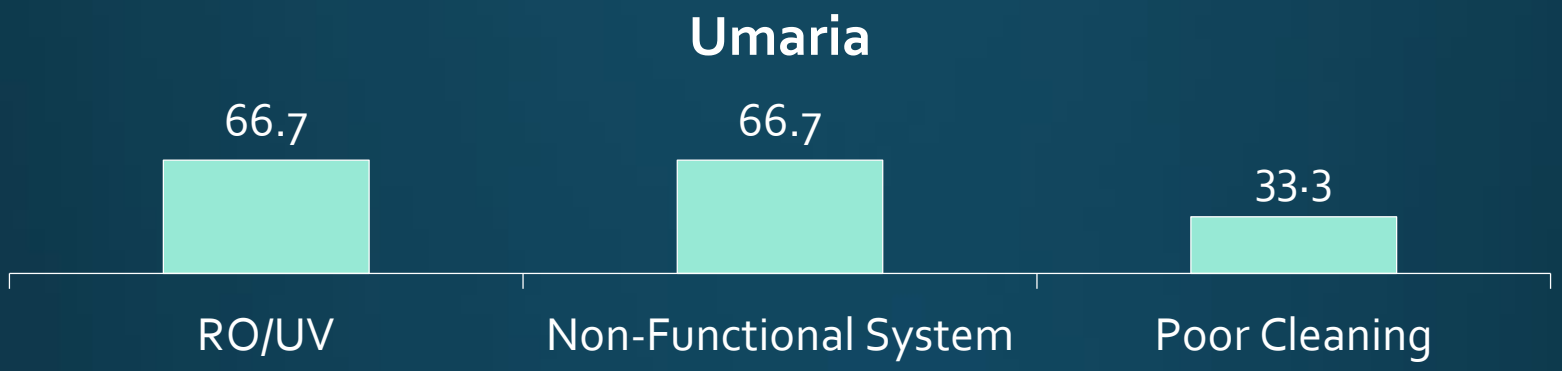
✓ Poor tank cleaning and leakage distribution lines are found in almost all the Health facilities;

✓In sufficient storage at HCF due to leakage at pipelines or at point of use in facilities ;

Actions in Priority

- Schedule maintenance of the tanks and nearby surroundings;
- Covering of Water tanks with cover and fitted balloons and paint or replace the damaged tanks;
- Making external treatment system functional;
- Ensuring regular cleaning of maintenance and record keeping;
- Proposal to provide RO treatment plan in HCF (Long term)

Drinking Water Treatment – Point of Use



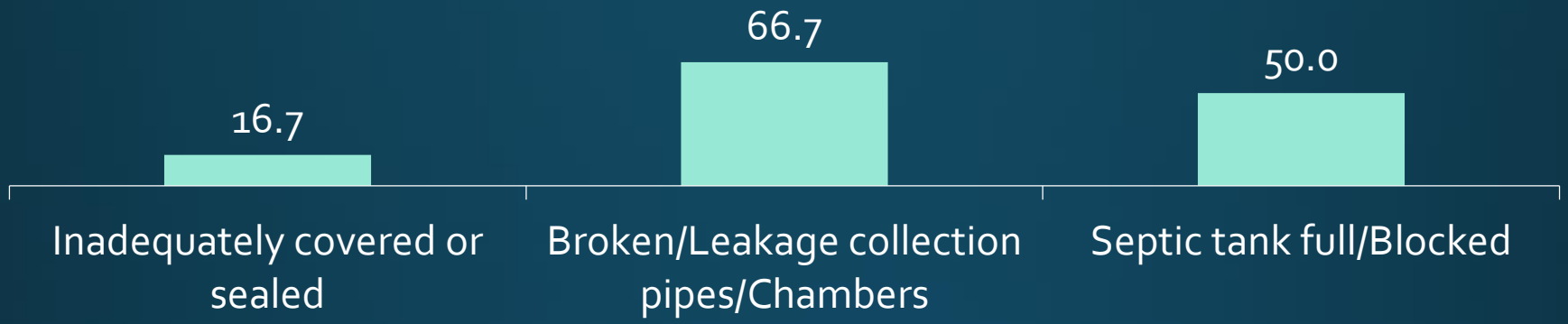
Status :

- 3 out 5 facilities have found with treated water system but are non-functional.
- 1 in 3 HCFs have poor cleaning system.

Action on Priority

- Making existing treatment unit functional and relocate as per need;
- Installing New treatment units at all point of use, if required;
- Insuring regular cleaning /maintenance.

Toilet Facilities : Superstructure & Disposal System



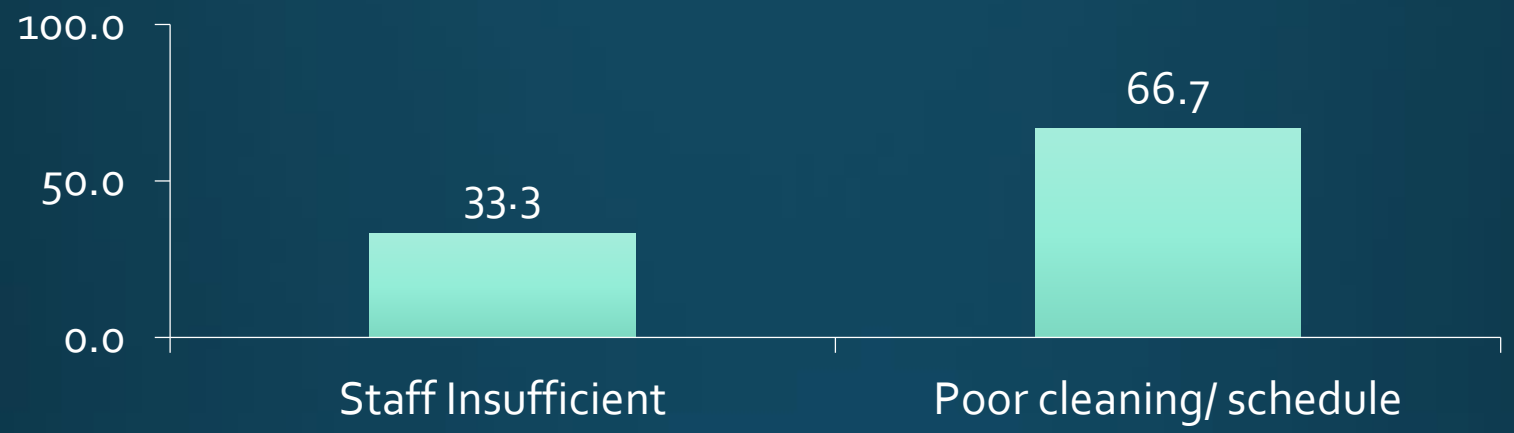
Status

- In 1 HCF toilets are inadequately covered.
- Around 4 in every 6 HCF have leakages in the pipelines/chambers, and
- 1 in every 2 HCF, septic tanks are blocked or full.

Action on Priorities

- Cleaning of Septic tanks by approaching municipalities or private vendor.
- Functional Waste disposal system in place;
- Routine cleaning and maintenance of the toilets and sewerage system; and
- Repairing of non-functional toilets.

Toilet Facilities : Cleaning and Maintenance



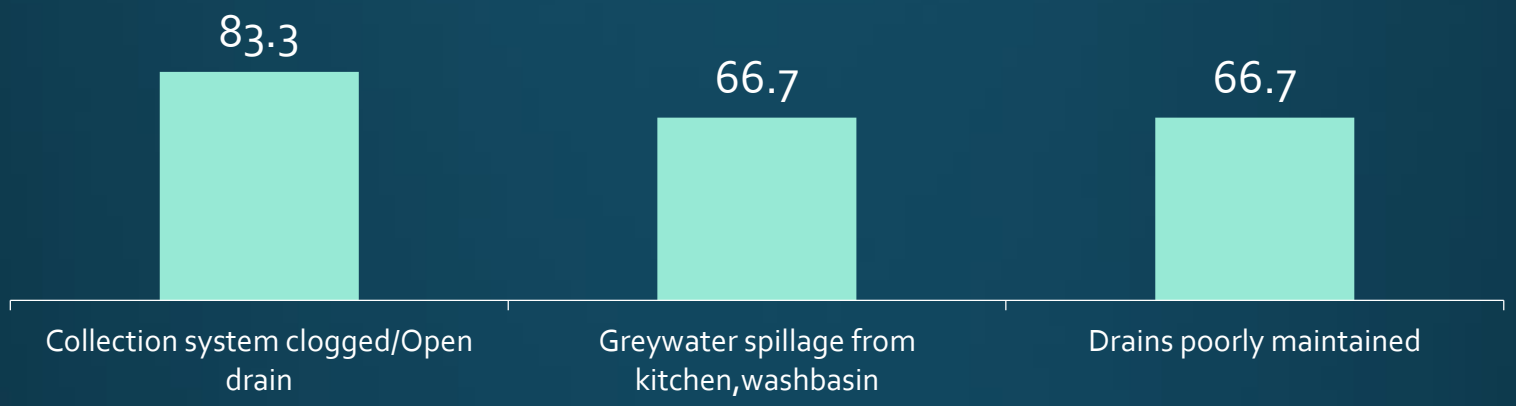
Status

- 1 in 3 HCFs have insufficient staff;
- 4 in 6 HCFs have poor cleaning or schedules.

Action on Priorities

- Regular cleaning system for each log for each time;
- Schedule for Dedicated and trained staff;
- Ensure regular availability of cleaning materials and PPE & its uses.

Waste (Grey) Water : Disposal



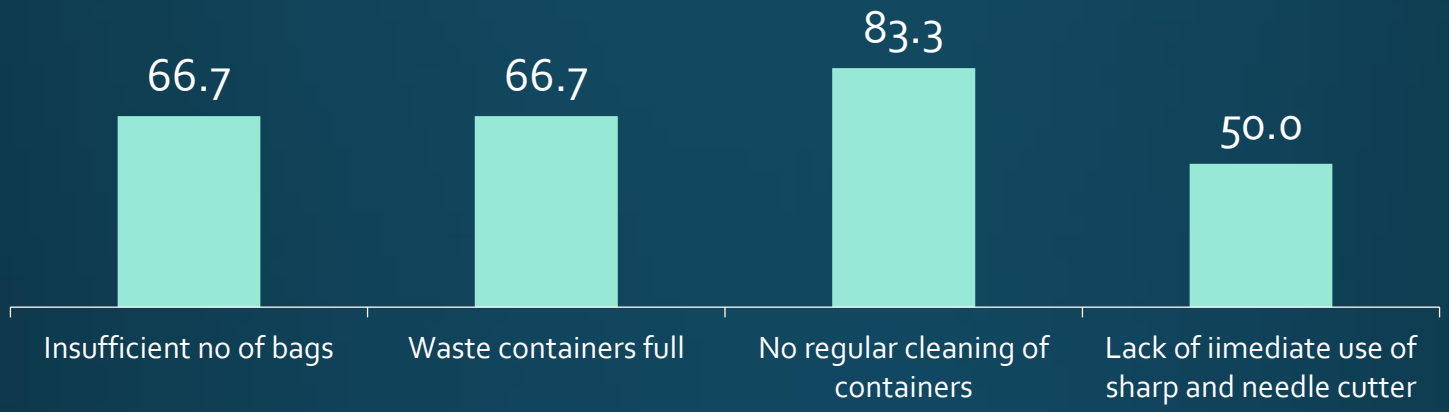
Status

- 4 in 6 HCFs have grey water spillage from kitchen or wash basin and drains are poorly maintained;
- most of the HCFs disposed the waste in open drain.

Action on Priorities

- Functional Waste disposal system in place – Covering of open drains;
- Routine cleaning and maintenance;
- Repair of existing collection system.

Bio Medical Waste: Collection



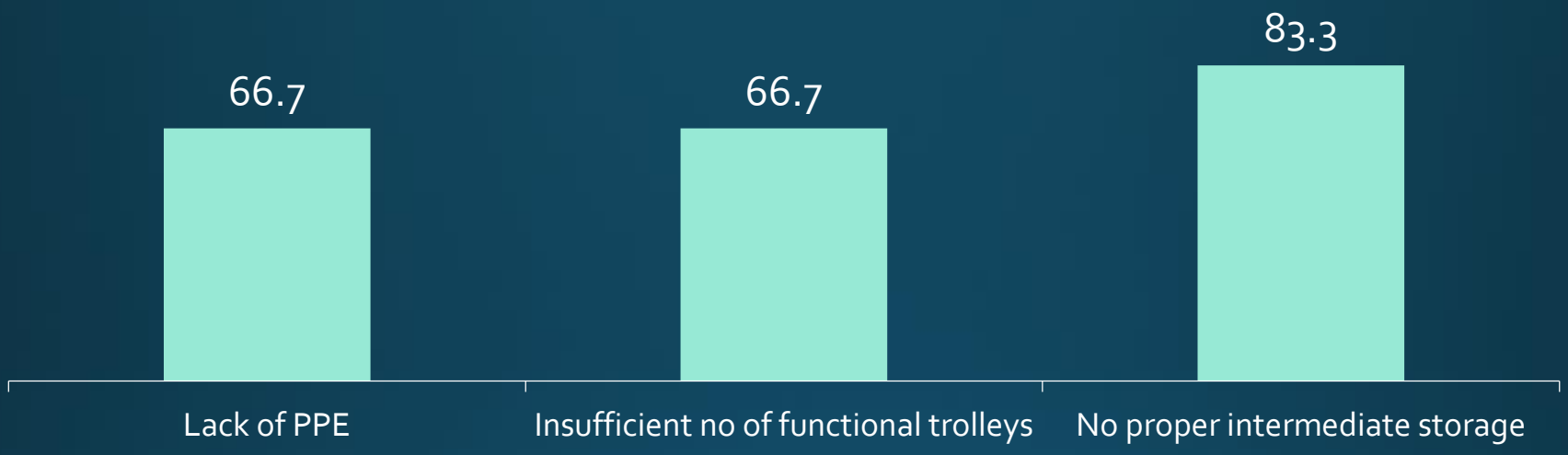
Status

- 4 out of 6 HCFs reproted to have insufficient numbers of bins and color coded bags;
- 4 out of 6 HCFs reproted to have waste containers full;
- Most of the facility do not follow the regular cleaning of containers;
- 1 in 2 HCFs exhibits lack of immediate use of share and needle cutter;

Action on Priorities

- Procurement and replacement of color coded bins, hub cutter, puncture proof bags in sufficient numbers;
- Scheduled and logged cleaning of bins.

Bio Medical Waste – Conveyance and Storage



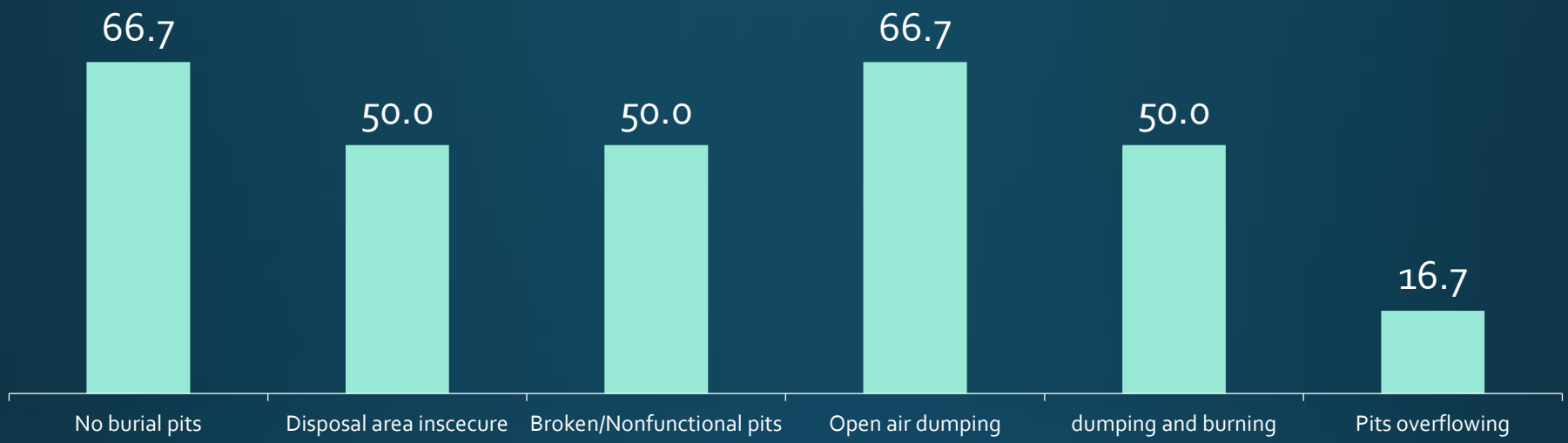
Status

- 4 out of 6 HCFs envisaged lack of PPE, trolleys etc;
- 4 out of 6 HCFs envisaged intermediate storage for keeping hospital waste;

Action on Priorities

- Procurement of trolleys and PPEs;
- Staff training on hospital waste management.
- Provision of intermediate storage room in the hospital.

Bio Medical Waste – Disposal



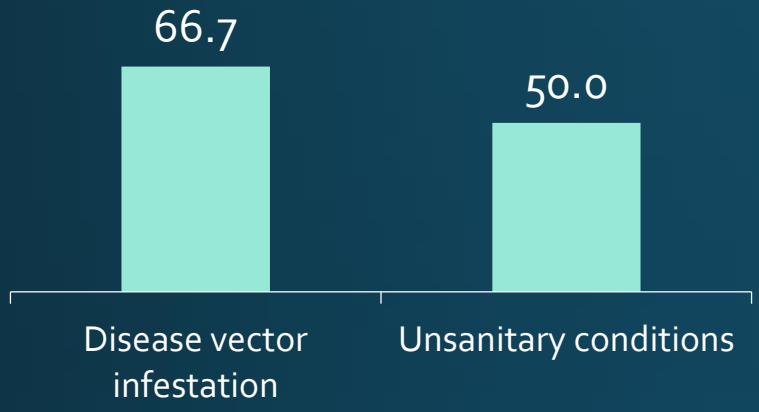
Status

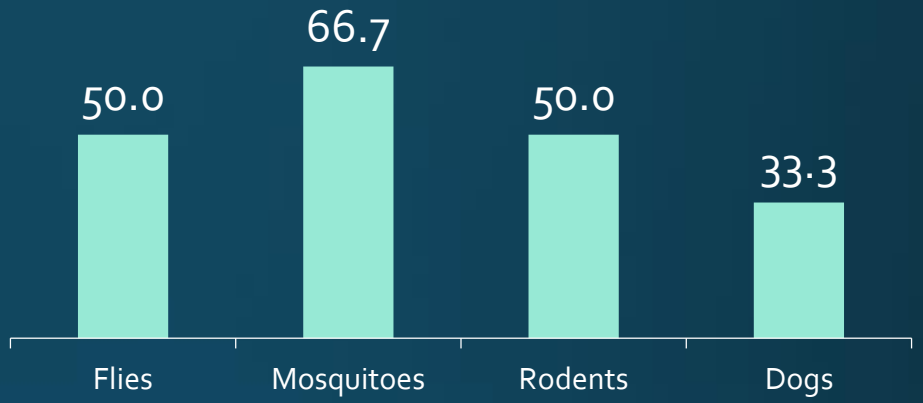
- 4 out of 6 HCFs reported lack of burial pits and practice open air dumping;
- 1 in 2 HCFs reported to have disposal area insecure, non functional pits and dumping and burning in open air;

Action on Priorities

- Construction of immediate storage facility and provision of color coded bags in sufficient nos;
- Repairing of disposal pit, protection and regular use;
- Construction of Deep burial pits;
- Training of staff on Waste management.

Disease Control : Vector





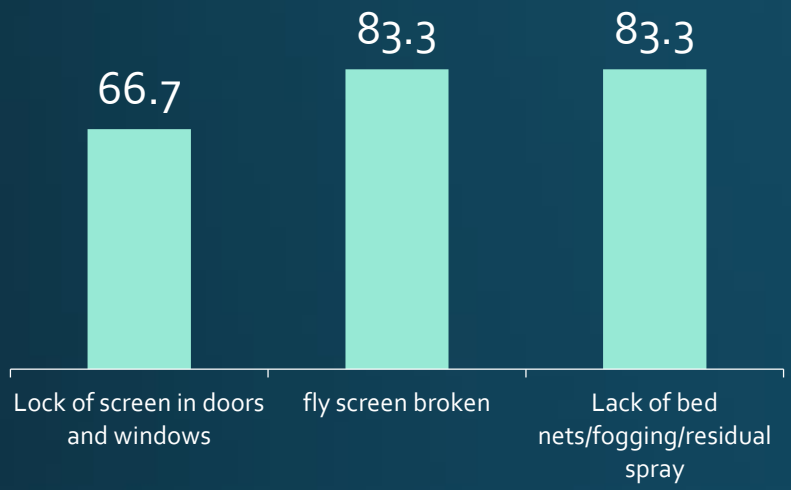
Status

- 2 our of 3 HCFs envisaged disease vector infestation ;
- 1 in 2 HCFs envisaged unsanitary condition s of floors.
- At least 1 in every 2 HCFs evidence presence of vectors in the premises and wards.

Action on Priorities

- Barrier control for animals and insects;
- Treatment of breeding sites, regular vector controls system like fogging, insects catcher etc.,

Disease Control : Barriers



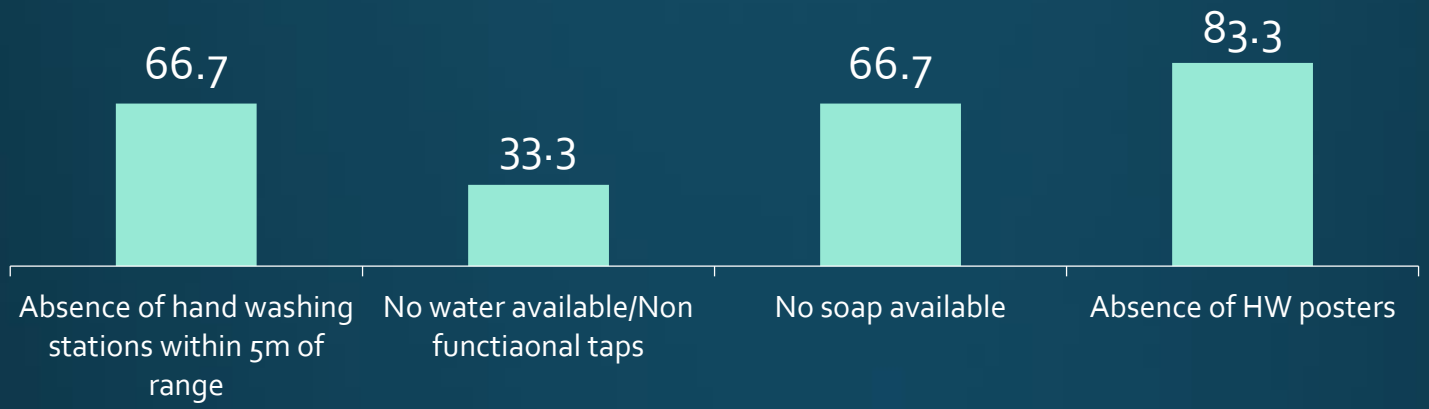
Status

- 2 in 3 HCFs envisaged lack of screens in doors and windows;
- **5 in 6 HCFs envisaged broken fly screens and lack of bed nets;**
- 2 in 3 HCFs envisaged uncovered food waste bins and disposal in the open area;

Action on Priorities

- Fitting of doors and windows with net.
- Promotion of mosquito net in the wards.
- Placing of food dustbins at required place and its proper disposal.

Hand Washing: Access & Use



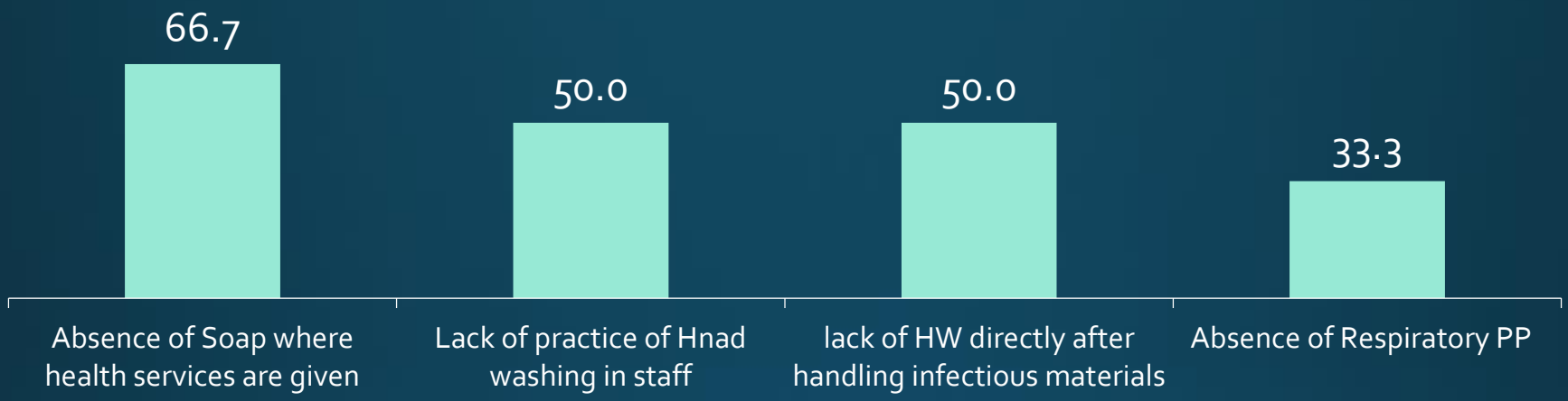
Status

- 2 in 3 HCFs exhibits absence of hand washing stations within 5 meters of range and lack of soap and posters;
- 1 in 3 HCFs reported unavailability of water or non functional taps in the hand washing stations;

Action on Priorities

- Installation of HW stations near by the toilets;
- Regular procurement and availability of Soap at HW stations;
- Functional HWs station with elbow operated taps;
- Hand washing instruction at all locations; and
- Capacity building of staff on hand washing procedures.

Clinical hand Hygiene: Access & Use



Status

- 2 in 3 HCFs do not have soap where health services are given;
- 1 in 2 HCFs do not have practice pertaining to hand washing in staff and lack of HW directly after handing infectious materials;
- 1 in 3 HCF lack respiratory PPE

Action on Priorities

- Functional HWs station with running water and elbow operated taps;
- Instruction and reminder at every HW stations and key locations; and
- Ensure hand sanitizers and liquid soap at all locations.

Location Based WASH Status

Post Natal Ward

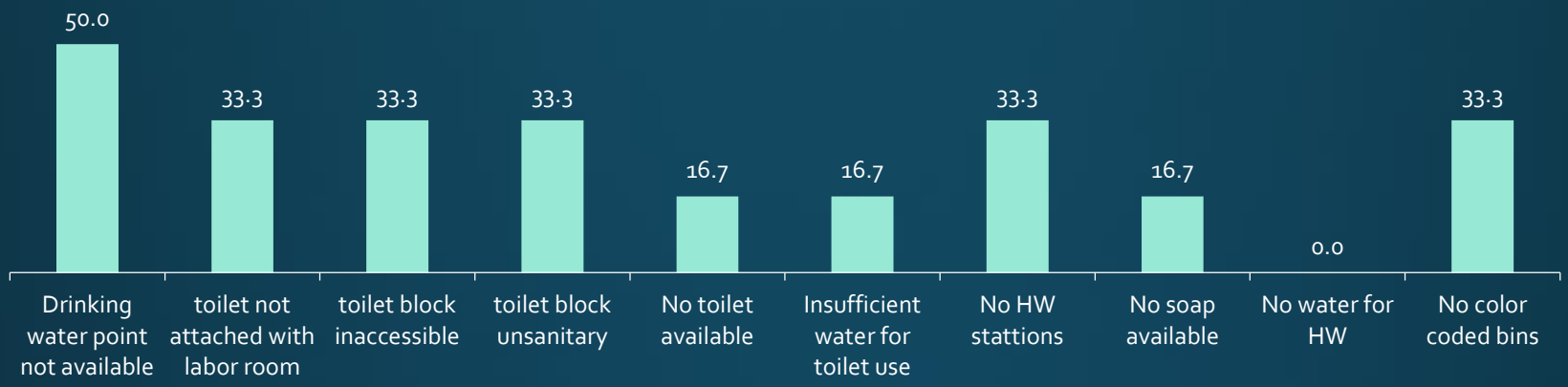
Status

- 1 in 2 Post natal wards do not have drinking water facility within 15 meters of range;
- 1 in 3 post natal wards have toilet non functional and problem related to running water;
- 1 post natal ward have toilet unsanitary and do not have any HW stations;
- 2 in 3 post natal wards do not have soap;
- All post natal wards do not have a waste disposal system due to unavailability of color coded bins and bags;

Action on Priorities

- Functional treated drinking water point within 15m of range from the ward;
- Functional toilet with running water inside and within 5 meters of range;
- Functional HW stations with running water and tap;
- Regular cleaning log and dedicated cleaning equipment, regular maintenance.
- Capacity building of Staff on BMW.

Labour Room



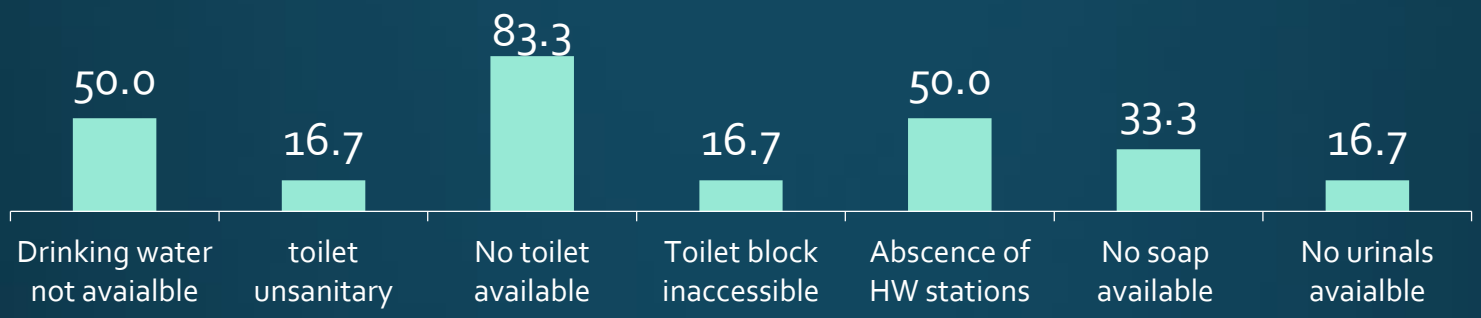
Status

- 1 in 2 Labour room do not have treated drinking water points;
- 1 in 3 Labor rom do not have toilet attached to the labor room and toilets are unsanitary wherever it is there;
- 1 in 6 labour room do not have a hand washing stations ;
- Lack of color coded bins is found in 1 in 3 labour room.

Action on Priorities

- Functional toilet with appropriate design for users;
- Functional hand washing station within the labour room;
- Regular cleaning of log and dedicated cleaning materials;
- Sufficient nos of color coded bins and bags for managing BMW.

Out Patient Department (OPD)



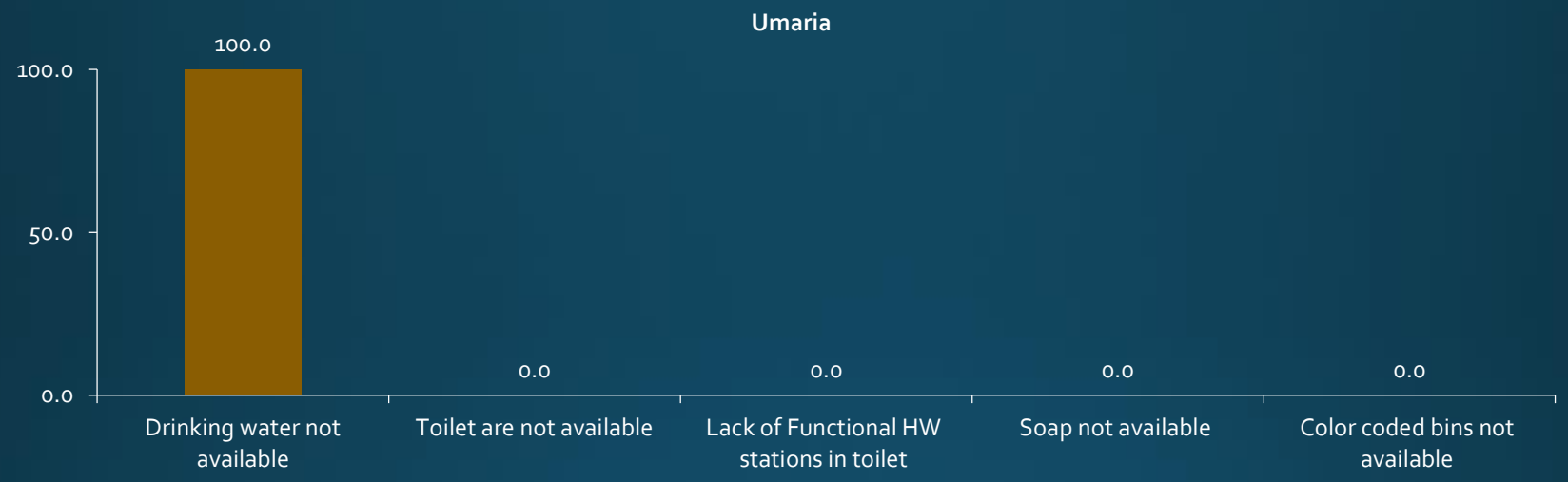
Status

- 1 in 2 OPD do not have drinking water facilities and hand washing stations;
- 2 n 3 OPD do not have toilet and where ever it is found toilet is unsanitary;
- 1 in 2 OPD lack hand washing stations and soaps too;

Action on Priorities

- Treated drinking water points / Water dispenser at imp locations;
- Dedicated toilet blocks with separate urinals for male and female;
- Functional HW stations at Doctors room as well as in toilets.

Sick new Born Care Unit (SNCU)



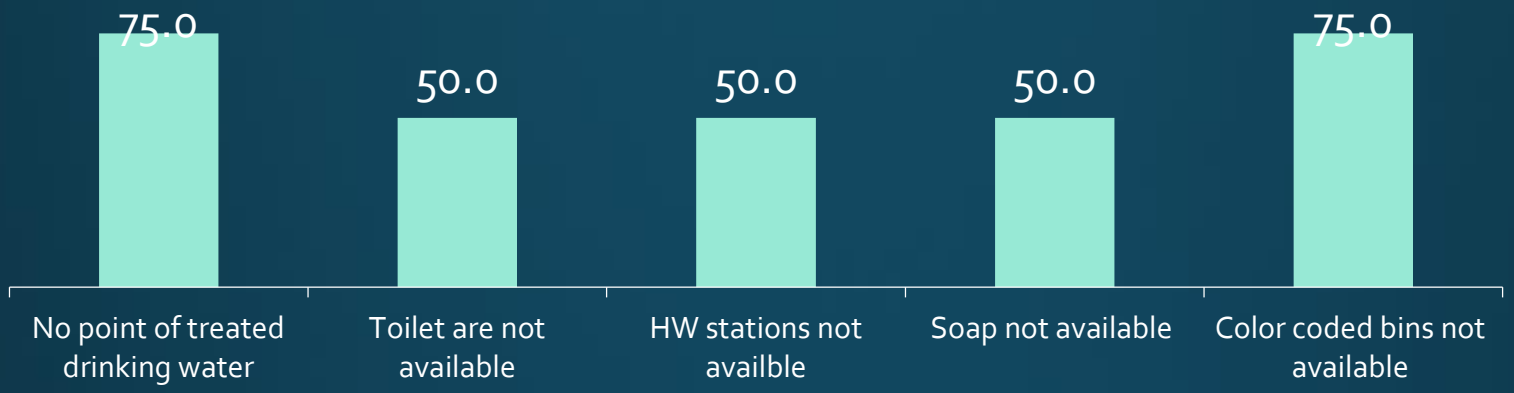
Status

- The SNCU does not have a functional treated drinking water point;

Action on Priorities

- Provision of treated drinking water at SNCU / Repairing of the non functional unit;

Nutritional Rehabilitation Center (NRC – 4nos)



Status

- Unavailability of safe drinking water, Handwasing stations, blocked toilet
- Unavailability of Handwasing stations 1 in 2 NRC
- Unavailability of color coded bins 3 in 4 NRC

Action on Priorities

- Provision of regular treated drinking water at NRC;
- Schedule cleaning of toilet log with record keeping.
- Ensure HWs stations with soap, running water and liquid sanitizers

Key Findings

Drinking Water

- Contamination risks due to unsanitary conditions near by the sources and leakages in the distribution pipe lines;
- No water testing kits available and schedules;
- Water storage tanks – inadequately covered, poor maintenance, untrained staff
- Non functional treatment units at point of use

Toilet & Grey water management

- Filled septic tanks and poor drainage system
- Poor cleaning and maintenance.
- Absence of soap with HW facilities, soap and water.
- Untrained hospital staff

Biomedical Waste

- poor waste segregation and color coded system;
- unsafe disposal of hospital waste
- Inappropriate maintenance system and lack of personal protection equipments.

Out Comes of WASH Assessment

- Sensitization and enhanced awareness of NHM and Hospital Staff.
- HCF wise improvement plan for WASH
- Facility based estimates for up-gradation and improvement;
- Daily check list of facility in-charge to ensure WASH compliance;

Immediate Action Points Recommended…

District level Activities

1) Engagement of Block level agency for Cleaning or meeting with third party for preparing action plan of distribution of Class IV employees.
2) Guidelines for Cleanliness and job description of the Class IV employees;
3) Accountability setting of the HCF staff to ensure WASH compliance;
4) Appointment of Facility level nodal person for ensuring cleanliness;
5) Training of Nodal officer and Mo I/C from each facility on WASH
6) Monitoring and report of WASH status through facility based checklist.

Facility Based Activities

Water Supply and Quality management

✓ Ensure water supply as per the norms.
✓Cleaning and covering of all water sources by building apron.
✓Chlorination of water source twice in a year
✓Regular Chemical (half yearly) and Bacteriological (monthly) Water testing

Excreta Disposal Management

✓Repairing of toilets and ensure its functions
✓Ensure running water, soap at the Hand washing stations inside the toilet.
✓Regular maintenance of log and schedule timings.

Immediate Action Points Recommended…

Grey Water Management

✓ Repairing and cleaning of drainage system.

✓Covering and routine cleaning of drains and roofs.

Bio Medical Waste Management

✓ Availability of Hub cutter, puncture proof box, sharp boxes at the requisite sites.

✓Availability and use of Color coded bins and plastic bags.

✓ Trolley and PPE for safe disposal of the BMW product.

✓ Safe storage and disposal of hospital waste through Centralized treatment facility.

✓Construction of Deep burial pits for share and infectious materials.

Infection Control Management

✓Functional Hand washing stations with elbow taps, running water, soap and hand sanitizers.

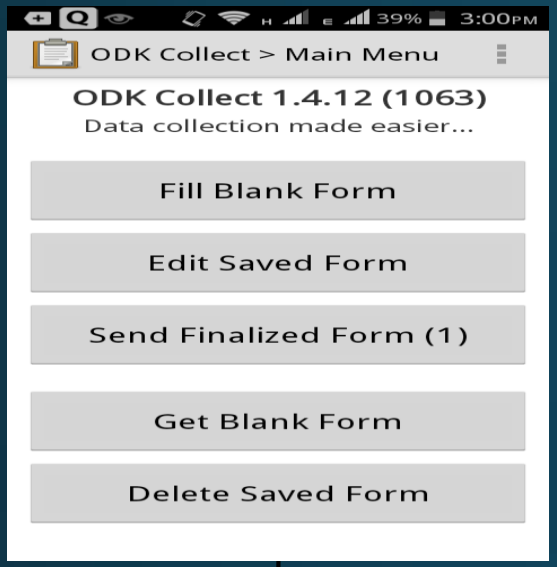
✓Promotional materials on clinical hand washing.

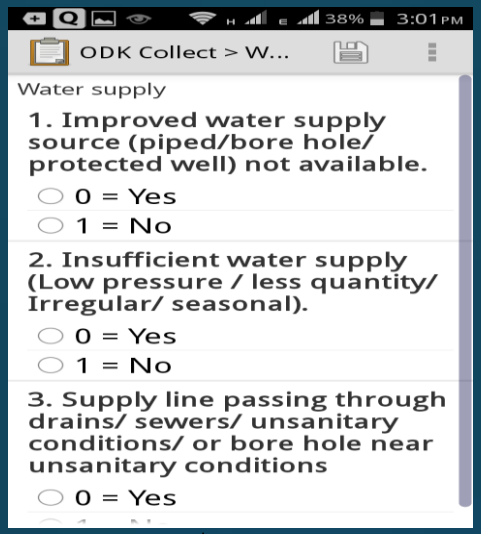
Vector Control Management

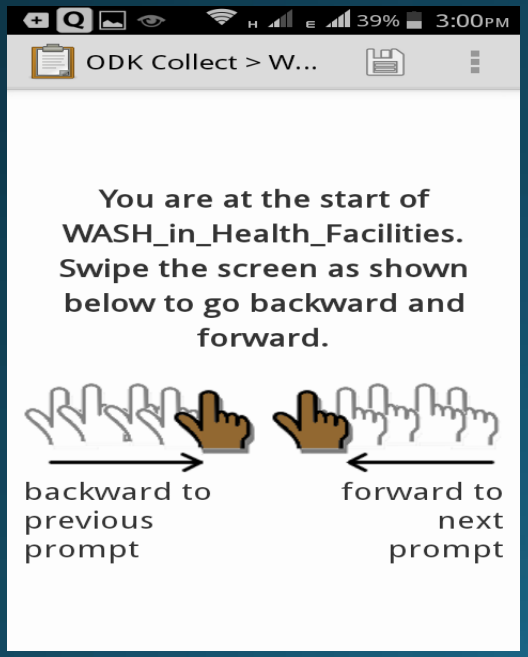
✓Routine vector control system and barriers for animals.

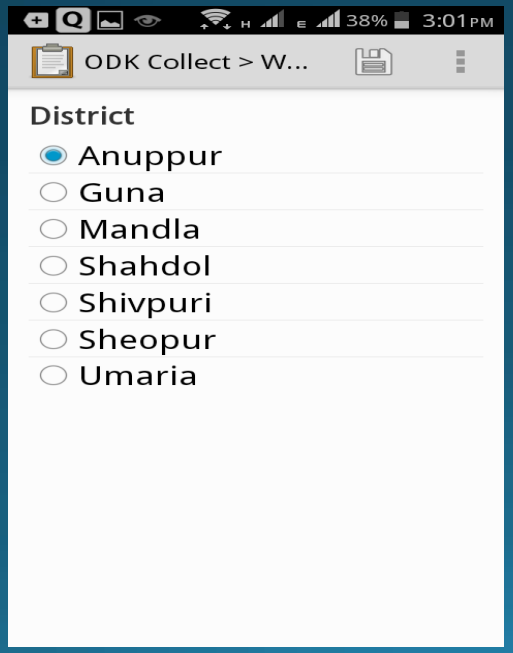
✓Follow regular fogging schedules and promote use of mosquito net at wards of HCF.

Monitoring and Supportive supervision









Star Grading : Past and Present Scenario

S.No	Facility Name	Star grade in Feb 2017	Star Grade in March 2017	Expected Star Grading in May 2017
1	District Hospital	***	***	****
2	CHC – Pali	****	****	*****
3	CHC Chandiya	***	***	*****
4	CHC- Manpur	**	***	***
5	PHC Karkeli	***	***	*****
6	PHC Nowrozabad	**	**	***

Visitor’s Perspective about Water, Sanitation and Hygiene (WASH) in Health Centers and NRCs

OBJECTIVES of the Study

- To assess the WiHNRC intervention and find out its impact.
- To assess the visitors perspective about Water, Sanitation and Hygiene in Health centres and NRCs.

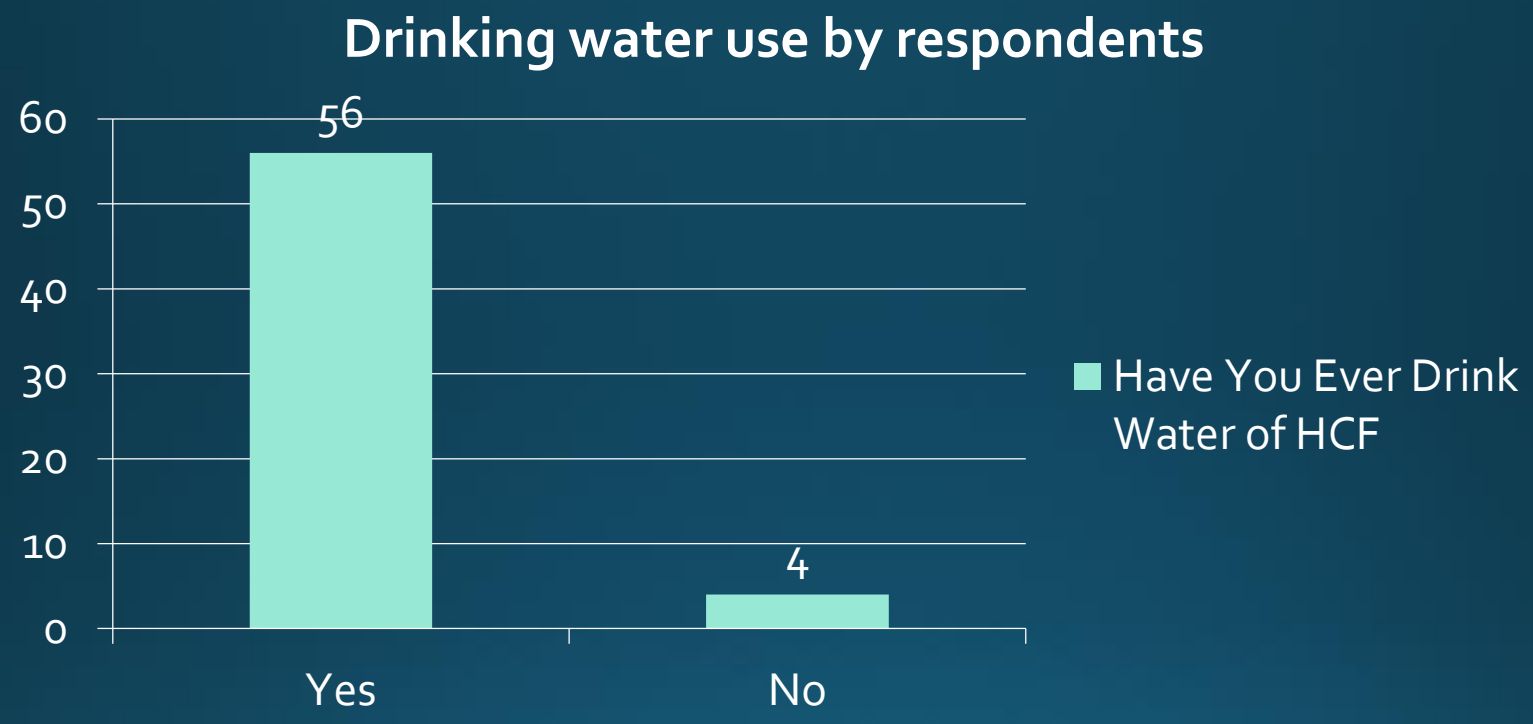
Source of Data

- Primary Data: Raw data was collected from the primary sources available
- Secondary Data

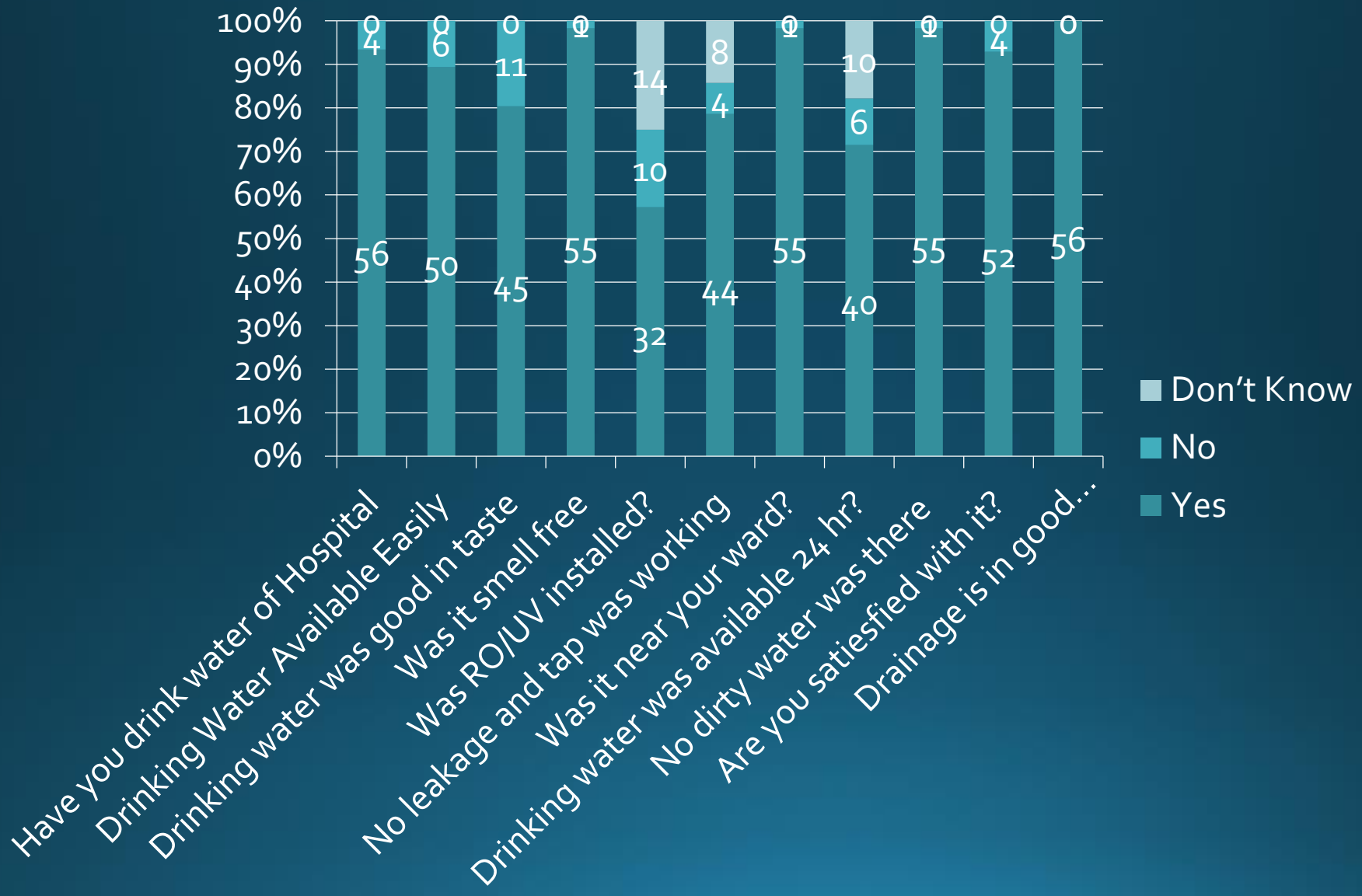
Sampling

- From every facility 10 respondents had chosen on the basis of their time visit in HFC.

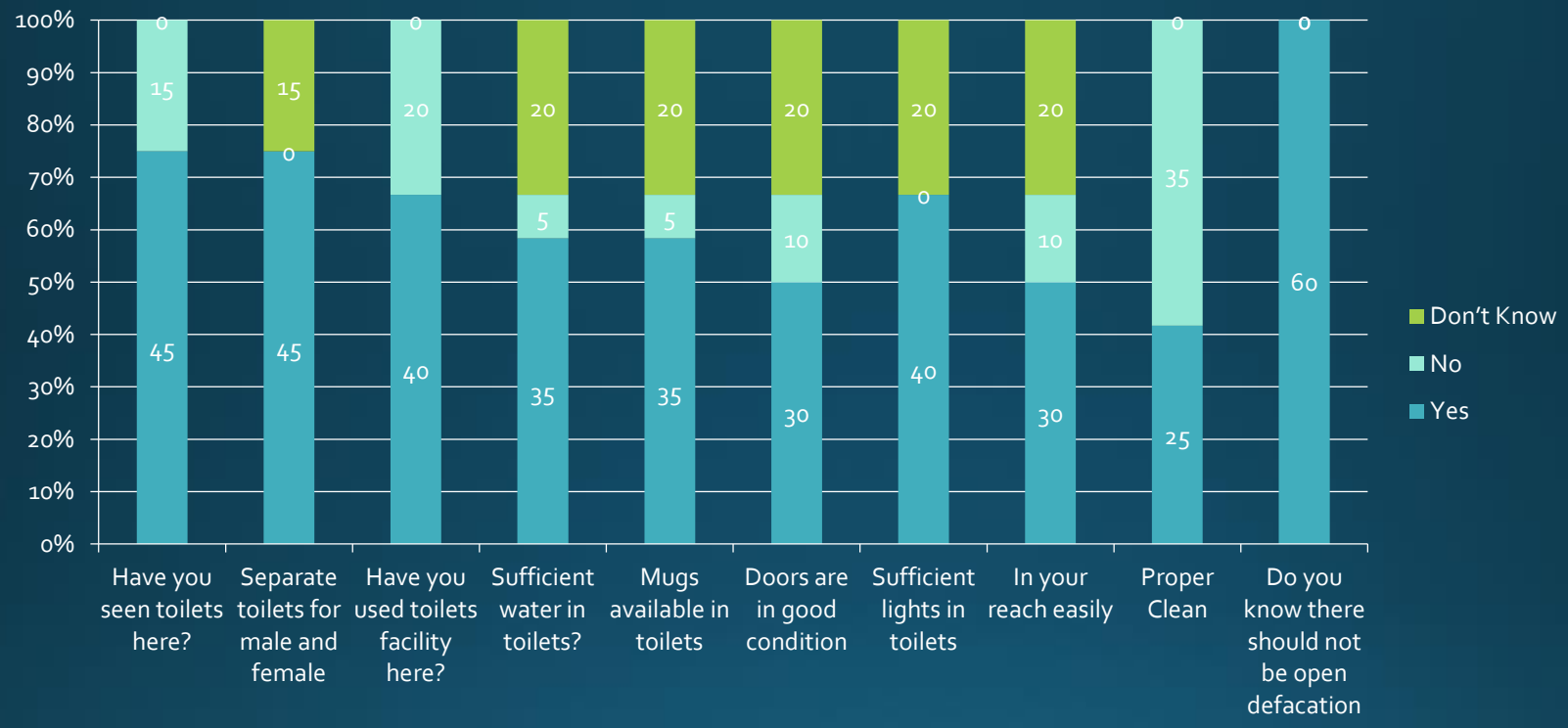
Drinking Water Usage



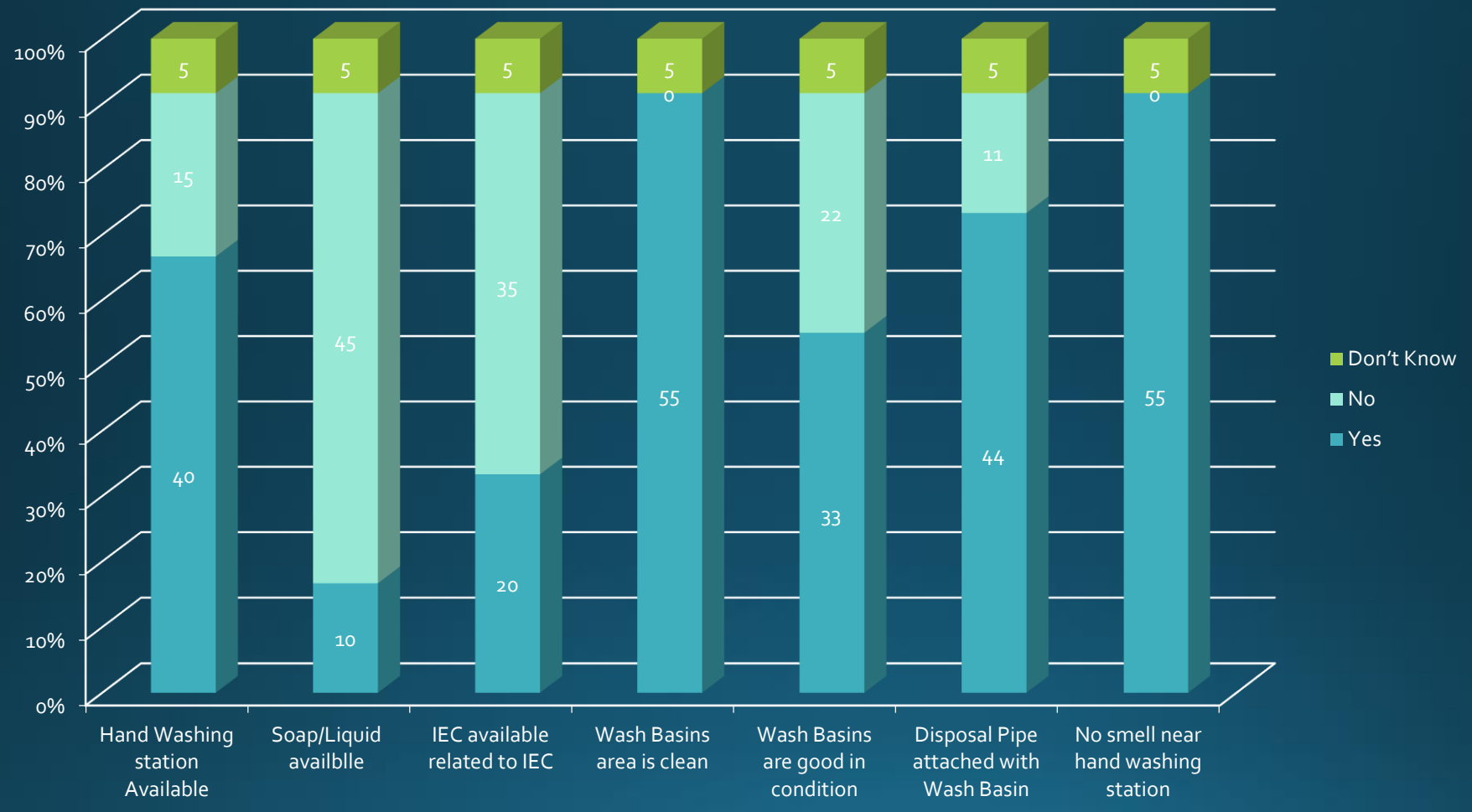
Drinking Water Usage Contd…



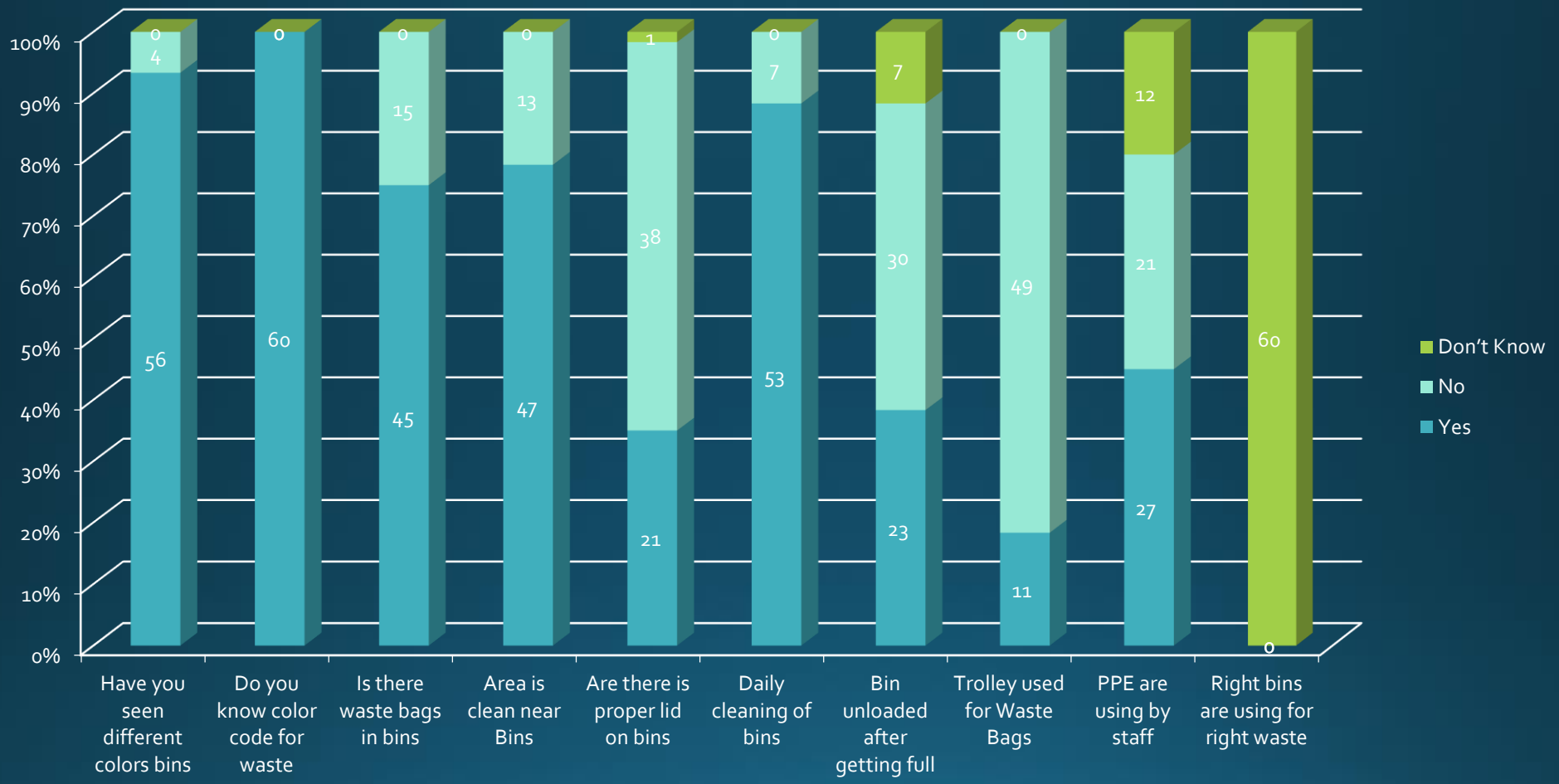
Toilet Facility



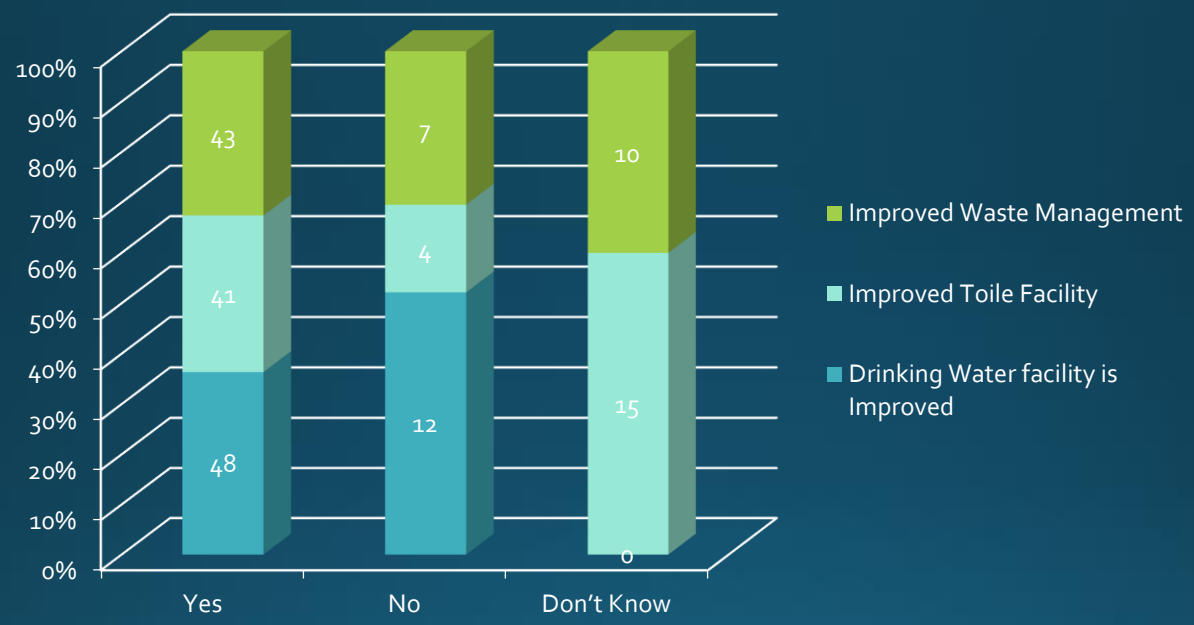
Hand Washing



Bio Medical Waste Management



Overall Improvements



Thank You