

## Achieving improvements in water, sanitation and hygiene in health care facilities in DRC and Madagascar



CRS developed and adapted the Clean Clinic Model (CCM) for improving WASH in public and Catholic-run Healthcare facilities that is being implemented in Madagascar and Democratic Republic of Congo (DRC).

### CRS' WASH in HCF activities over the 2 past years

In the past year, CRS has been implementing the USAID funded ACCESS program and Wallace Genetics Foundation Accelerating WASH in Catholic-run facilities pilot project using CCM. The assessments were carried out and 266 Health Care Facilities (HCFs) were selected (260 publics and 12 Catholic-run health facilities). To date, .... health workers and 34 cleaners have been trained to enable them to effectively play their role in strengthening the WASH system in the healthcare setting. Following the trainings, each of the 266

health care facilities organized briefing sessions for remaining staff and set up hygiene committees. All 266 committees have a member responsible for ensuring the completion of daily WASH activities. The 266 HCFs developed each its own WASH improvement action plan based on the problems identified during the initial assessments. Currently, each HCF is fully engaged in the process of implementing its WASH improvement plan.

The health districts and medical bureaus supervisors (DRC and Madagascar) are providing direct support to the HCF teams through supervision visits, coaching and scoring-based inspection. To support HCFs' action plans, CRS provided WASH starter kits to HCFs and finance support to health districts and Medical Bureaus teams to allow them to perform supervision visits.

### Toward Systems Change

While the efforts of governments and others managing health facilities often focus on clinical aspects, maintenance of WASH systems often do not receive adequate attention or ownership by staff. By implementing the systems strengthening inherent in the CCM, CRS addresses this lack of ownership directly. The program parameters are defined with and by local government and Diocese medical bureaus. The needs are prioritized by health facility staff, based on the daily needs and constraints they face in ensuring quality, hygienic health service delivery. In short, the CCM delivers improved WASH in HCF, for the HCF and the community it serves, by the HCF.

## Responding to COVID-19

With the emergence of the current COVID-19 pandemic, the need to improve WASH in health care facilities has become even more urgent. As part of its response to the pandemic, CRS is building on its work strengthening WASH in Catholic-run health care facilities to support facilities to rapidly assess and address immediate WASH needs, including availability of soap and disinfectant, access to water, and use of proper hygiene protocols and PPE.

### Challenges, and steps to address them

One major challenge has been that the public water supply system cannot meet the needs of the health care facilities. Therefore, CRS is helping health care facility staff ration their water by estimating their needs and storing their water safely.

We also discovered that supervisors from the dioceses and ministries of health often lack the technical or logistical capacities needed to provide consistent, direct support to health care facilities. CRS is providing on-the-job training and capacity strengthening in the area of WASH, as well as support to establish effective supervisory visits by diocesan medical bureaus and Health districts.

### Lessons learned

Throughout the program to date, we have learned that effective support supervision is critical, and that the strong leadership and commitment of the MOH and Church Medical leaders is equally essential to successful and sustainable WASH systems. In addition, we learned that including training cleaners serves a dual purpose—it supports a key cadre of under-supported staff while also reminding their managers of their importance.

## Sustainability of benefits

To sustain our successes to date, CRS is focused on four steps that will create WASH solutions and improve WASH in the 266 health care facilities. The steps are as follows:

1. Invest in stronger WASH service delivery models.
2. Educate and engage supervisors within health care facilities.
3. Improve the oversight and support offered to health care facilities.
4. Strengthen the cooperation between health care facilities and municipal services, such as local water and sanitation systems.

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