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# A Clean Clinic Model for Faith-Based Organizations

## The Problem

In low- and middle-income countries, water, sanitation and hygiene—or WASH—and environmental conditions in health care facilities remain neglected despite their associated high risk for morbidity and mortality. In 2015, the World Health Organization published data from 66,101 facilities in 54 countries that showed 38% of health care facilities do not have an improved water source, 19% do not have improved sanitation, and 35% do not have water and soap for handwashing.

A lack of WASH services has three primary consequences:

1. Health care facilities cannot provide safe services such as hygienic childbirth, which compromises the quality of care and puts patients at risk of health care associated infections. An estimated 1.4 million cases of health care associated infections exist at any given time and poor WASH practices are primarily cited as the cause. Newborns in developing countries are 3 to 20 times more likely to acquire an infection than those in developed countries.
2. Populations lose confidence that the health care facilities are safe places to seek care. Improving WASH conditions can build trust in health services and have influence upon pregnant women seeking prenatal care and facility-based deliveries. Conversely, a lack of sanitation can discourage women from giving birth at facilities or cause life-threatening delays in seeking care.
3. Emergency responses are weakened. Without appropriate skills, training, surveillance systems and resources in place, health systems are unable to respond to epidemics. During the Ebola outbreak in West Africa from 2014 to 2016, the affected countries' health care facilities were ill-equipped to provide an effective emergency response, enabling the devastating spread of the epidemic.

There is also a lack of technical capacity or training that promotes infection prevention and control, especially among cleaning staff.

Despite these challenges, the establishment of clean and desirable health care facilities is critical to achieving the sustainable development goals, or SDGs, established by the global community in 2015, particularly SDG 3 to ensure healthy lives and promote well-being for all at all ages, and SDG 6 to ensure availability and sustainable management of water and sanitation for all.

## WASH challenges in health care facilities run by faith-based organizations

Faith-based organizations, or FBOs, deliver a major proportion of the world's health care, as illustrated in figure 1. A survey conducted by the Africa Christian Health Associations Platform in

2012[1] showed that in Africa FBOs deliver between 30% and 70% of national health services, run more than 5,000 health facilities, and reach a half billion people. Between 80% and 90% of these facilities serve remote and deprived communities.

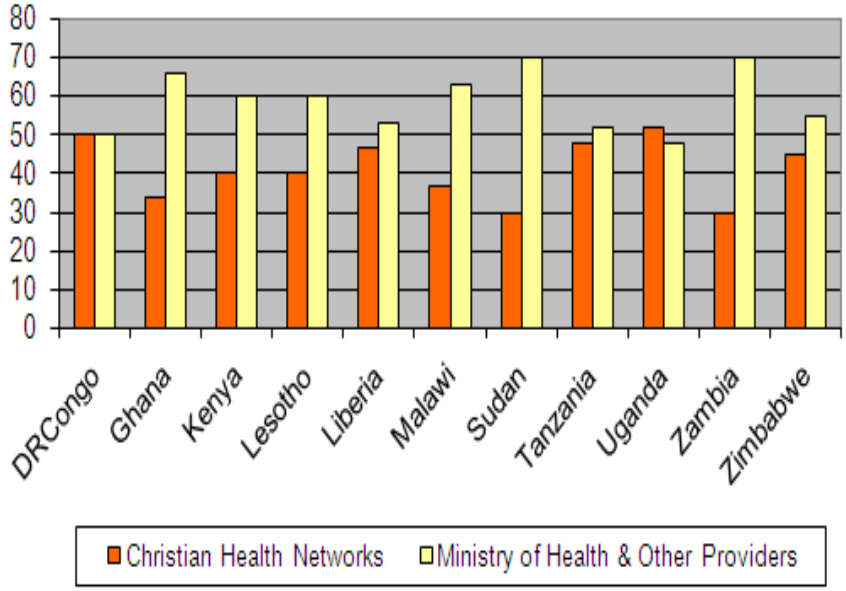


*Figure 1: Percentage of FBO-run health facilities in Africa*

Unlike government-run facilities, those run by FBOs address many WASH issues on their own, without public assistance. Most of these facilities have a basic, functional water supply scheme, functional clean toilets and basic hygiene supplies such as hand hygiene facilities with water and soap, and cleaning materials. These facilities are generally maintained, however the maintenance is reliant on personal motivation rather than institutional organization and planning. In general, these facilities face the same challenges as government health facilities:

- ✓ They rely heavily on external financial support from other congregations and episcopal conferences located in developed countries, such as those in Europe and North America.
- ✓ The lack of norms under which they operate, norms typically derived from a strong regulatory environment, result in poor medical waste management, poor supportive supervision and a lack of mentoring or appropriate training.
- ✓ In many cases, WASH is not included in their budgets and operating plans.
- ✓ Even when infrastructure exists, necessary behavioral changes and the culture of WASH are ignored, leading to improper use of WASH facilities.

## The solution: An Adapted Clean Clinic Model

Where previous WASH approaches and models for health care facilities have primarily focused on building infrastructure, the Clean Clinic Model, or CCM, institutionalizes planning, budgeting, motivation and accountability systems that facilitate and maintain cleanliness and WASH improvements in health care facilities. Since 2015, the CCM has been implemented in numerous countries with consistent success, most notably the Democratic Republic of the Congo, Haiti, Burkina Faso, and Guatemala.

The 10-step approach, illustrated in figure 2, is similar to the "Plan-Do-Study-Act" cycle which is often used for quality improvement in

[1] Note: survey data has not been published.

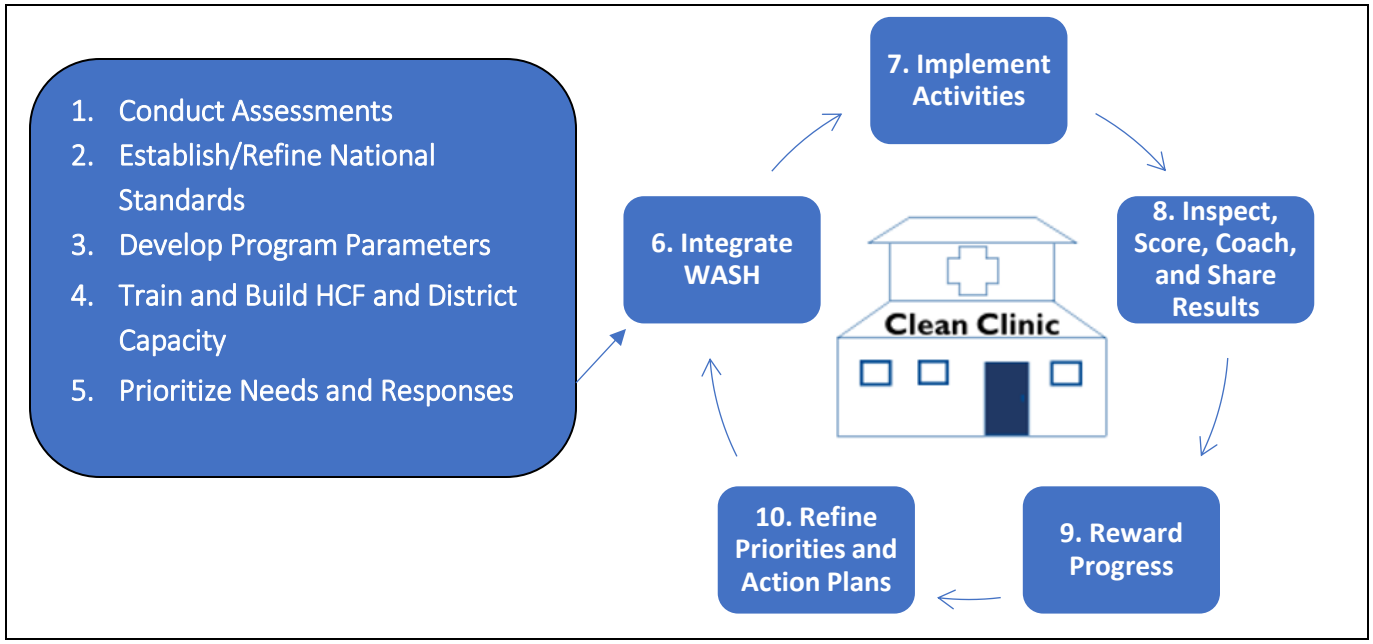


Figure 2: Clean Clinic Model diagram

health care settings. In addition to influencing national and sub-national sector reform to enable WASH improvements in health care facilities, the CCM empowers facility staff to identify needs, develop action plans, and work incrementally toward achieving improved WASH services. The program activities include facility-to-community outreach that encourages families to develop good hygiene and sanitation practices at home.

**The CCM 10 steps, adapted for WASH in Catholic-run facilities, include the following highlights:**

## 1. Conduct Assessments of Health Care Facilities (HCF)

The process starts by meeting with Church leaders and health care facility staff to present the CCM and identify facilities that will participate in the program. It is then necessary to conduct a baseline assessment of targeted facilities, working with the Church Medical Bureau or other structure that oversees Church health services. Following these initial assessments, all stakeholders are invited to a high-profile public event to generate community interest and attention in the activities and set the framework for establishing accountability mechanisms and ownership of the WASH services.

***Clean Clinic Model assessment tool***

A variety of WASH assessment tools for health care facilities have been developed at the international level. The CCM uses these tools to develop and localize its own means of assessment, adapted to the local context. This can then be used by the internal facility team or by external teams during inspection visits. The questions are typically grouped into four technical areas:

1. **Water**, including access, quantity, and quality.
2. **Hygiene,** including hand hygiene, cleaning and disinfection, and sterilization.
3. **Sanitation**, including excreta disposal and medical waste management.
4. **Health care facility management**, including leadership, accountability, resource management and community satisfaction.

## 2. Establish/Refine National Standards, Engaging FBOs

Many low- and middle-income countries have already developed or are in the process of developing WASH standards in health care facilities. However, many FBO-run facilities are not well-connected to national health systems or other local organizations. Where possible and appropriate, managers of church-run medical programs should participate in the development and implementation of national WASH standards for health care facilities. Active participation will ensure Church-run medical programs can better connect to the public health system.

## 3. Develop Program Parameters with Governments and Dioceses

Develop CCM program parameters and overview documentation with the Ministry of Health and the Church Medical Bureau. Program documentation may include criteria, process, means for verification, and an incentive and reward system.

## 4. Train and Build HCF and District Capacity, Promoting Local Governance

***WASH Training***

The CCM includes a two-module training for HCF staff consisting of a step-by-step description of how to reach "Clean Clinic" status according to the CCM, and a technical module providing basic knowledge of water supply, cleaning and disinfection, sanitation, and health care facility management.

Because cleaning staff are the professional segment often forgotten in capacity building, the CCM puts a special emphasis on their empowerment and total integration within the other clinical corporations. A special module is dedicated to the training of cleaners and waste management operators.

***Developing Hygiene Committees***

The CCM encourages accountability in health care facilities by establishing hygiene committees at each targeted facility. The committee has to work in collaboration with the local government, the regional and district level administrators, local health care providers and partner staff to monitor WASH efforts at their local facility and oversee continued progress toward achieving "Clean Clinic" status. When an engaged hygiene committee and a health

care facility manager are in place, CCM data[2] suggests that facilities are able to solve over 60% of identified WASH problems with their own resources and that 50% of these problems can be solved within one month.

***Community Feedback Mechanism***

The CCM encourages a monitoring system that seeks feedback from health care facility users on the quality of available services including the availability of water, the cleanliness of the toilets and latrines, and the overall hygiene of the premises. A mechanism to collect community feedback should be incorporated into the health care facility action plans by the facility management team, with review and oversight from Church Medical Bureau of the diocese and the health care facility hygiene committees.

## 5. Prioritize Needs and Responses

Using the results of the baseline assessment from Step 1, each hygiene committee must conduct a risk-based self-evaluation and analysis of the health care facility's available resources. This analysis allows the facility to classify WASH challenges as low-risk, medium-risk, and high-risk. A response should be identified for each challenge. Each response can then be classified as easy to achieve, moderately difficult to achieve or difficult to achieve. The combination of risk level and problem-solving complexity guides the facility teams to prioritize high-risk problems that are easy to address. It also enables health care facilities to identify which problems can be solved with internal resources and which require external assistance.

## 6. Integrate WASH into Action Plans

Attempting to meet WASH standards too quickly can increase facility dependence on outside assistance, thereby compromising sustainability. The facility staff, with support from the Ministry of Health and the Church Medical Bureau, should develop action plans that encourage incremental progress by setting intermediate goals such as establishing handwashing stations with instructions, outlining a cleaning schedule, building a fence around the waste pit and establishing a cleaning product procurement schedule. These actions should be incorporated into the existing facility action plans to ensure that WASH is integrated within other facility priorities.

Church leaders and the Church Medical Bureau must invest time in the local community to leverage their knowledge and resources and empower communities to see WASH in health care facilities as an issue they can manage and overcome. In addition, FBOs must be open to and seek creative and diverse ways of funding WASH for improvements to health care facilities.

## 7. Implement Activities at HCFs

While health care facilities are implementing and tracking the progress of their action plans, Church Medical Bureau and the Ministry of Health provide supervision visits to offer continuous support.

## 8. Inspect, Score, Coach, and Share Results

Depending on resource availability, every one to three months a Church Medical Bureau representative and the District Health Inspector should visit each facility to evaluate WASH indicators

[2] DRC experience, 2018

using the CCM assessment form, which provides each facility with a WASH score. This data will allow for improved decision making and prioritization of planned activities. After each assessment visit, the results are compiled and shared among the participating facilities to generate interest, motivation, and friendly competition.

## 9. Reward Progress

Certification ceremonies can be organized for the health care facilities that ear Clean Clinic status. Church Medical Bureaus and the district health authorities must coordinate media attention to celebrate and congratulate the facilities on their progress. In particular, the ceremonies recognize the work of the cleaners and hygienists and their contributions to the facilities.

**It is critical that celebrations not be an end goal**, but rather a recognition of superior performance under a continuous improvement approach.

Success under the CCM can serve as an advocacy tool to local governments, donors and community groups for additional health care facility funding and donations.

## 10. Refine Priorities and Action Plans, Continue Improvements

The results of the Clean Clinic status certification assessment must allow the health care facilities to reframe their improvement plans and to develop maintenance plans for incorporation within their existing action plan, thereby perpetuating the CCM cycle.