USER-FRIENDLY WATER SANITATION AND HYGIENE IN HEALTHCARE FACILITIES

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The issue

- 40% of HCFs
- Almost 1/5 of facilities
- Over 1/3

91% of HCFs

3% HCFs
Global Action on WASH in Healthcare facilities

- Global Action Plan on WASH in Healthcare Facilities (World Health Organisation/UNICEF) drives global progress on improving WASH in HCF
  - Includes basic accessibility standards, but no detailed guidance on comprehensive accessibility for diverse users
- WHO/UNICEF have developed the Water and Sanitation for Health Facility improvement Tool (WASH FIT) – this is include basic accessibility standards but not detailed guidance for diverse user’s
The gap in WASH in HCF efforts

YOU, 2017

YOU, 2017

GREENWOOD, 2017
What is user-friendly WASH in HCFs

A people-centred approach to WASH leads to designs and processes which encompass:

- physical accessibility
- socio-cultural acceptability,
- security, privacy, independence and dignity
- Participatory and empowering

It is about ensuring that facilities and services are user-friendly and meet the needs of those who use them most.

SOVANN, 2017
Methodology

1. **Focus Group Discussions with healthcare facility users** - heavily pregnant and postnatal women; and people with physical disabilities and sight impairments, to better understand their experiences of accessing WASH in HCFs, the challenges they face and their perceived solutions.

2. **Draft the Accessible WASH Audit Tool** based on National WASH Guidelines, World Health Organization (WHO) and UNICEF technical experience.

3. **Expert review of the Audit Tool** with the WASH sector, local disabled people’s organisations, Humanity and Inclusion, and with representatives from WHO and UNICEF.

4. **Multi-sector consultation workshop** with representatives from local non-government organisations and provincial health departments.

5. **Develop Technical Designs** - based on universal design standards and barriers identified trialling the Audit Tool, WaterAid and Humanity and Inclusion developed technical designs to sit alongside the tool and support practical implementation.

6. **Trial the Participatory Management Tool** in health centres and hospitals in Cambodia.

**Principles:**
- Participatory
- Inclusive
- Collaborative
- Rigorous

**Finalise the Participatory Management Tool and disseminate for uptake and further field-testing.**
Findings: desk review and key informant interviews

• Poor accessibility: Latrine location, squat toilets, no bins, no baby changing areas

• Lack of assistive products: wheelchairs, urine bottles, commodes or over toilet seats/frames, or shower chairs

• Pads and continence pads for menstrual or post-partum bleeding and nappies for children not provided by health centres

• Patients cannot use the facilities independently and need assistance
  • Reliance on family members
  • Disability representatives described, “People need to get out of their wheelchair and crawl onto the toilet”
  • Staff awareness and attitudes is a barrier

SOVANN, 2017
**Recommendations**

1. Modify existing WASH in HCF monitoring tools to identify user-friendly gaps
2. Consult diverse users of HCFs regarding their experiences
3. Promote cross-sectoral collaboration at all levels to develop/implement people-centred approaches and standards
4. Raise awareness to address the health care and WASH requirements for people with specific needs
5. Address the unmet need for assistive products and hygiene supplies in HCFs to enable service users to manage water, sanitation and personal hygiene tasks safely, with dignity and as independently as possible, including the specific WASH needs of women
6. Address broader factors influencing accessibility to healthcare including transport and user fees
Developing a participatory tool

Understanding user experiences

“Some women said that they change pads in her bed, so she feels embarrassed with other women that share room with her and she used a curtain for privacy. She felt safer when changing her pad in the bathing area. But sometimes she cannot go to bathing room by herself, because the toilet is far she needs someone to accompany her.”

– Ante-Natal and Post-Natal women user group
Understanding user experiences

“One disabled man said that if he needed to use toilet, he needed someone to bring him into the toilet because he could not bring his wheelchair into toilet (because of a narrow door).”

– People with disabilities user group

Dr. LIM 2017
Learning

• A first time to bring three sectors to work on the same issue to raise awareness and building relationship.
• User-friendly WASH in HCF participatory tool was adapted from WASH FIT 1/2/3-star rating
• Health sector narrow focus on accessibility: ramps; unlocked toilet door.

Dr. LIM, 2017
Opportunities

- Use findings to inform global and regional WASH in HCF efforts
- Integrate into the review of WASHFIT
- Pilot tool with local actors
- Training to sector actors on how to use the tool
Thank you

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