

Harnessing big ideas and new thinking for handwashing behavior change

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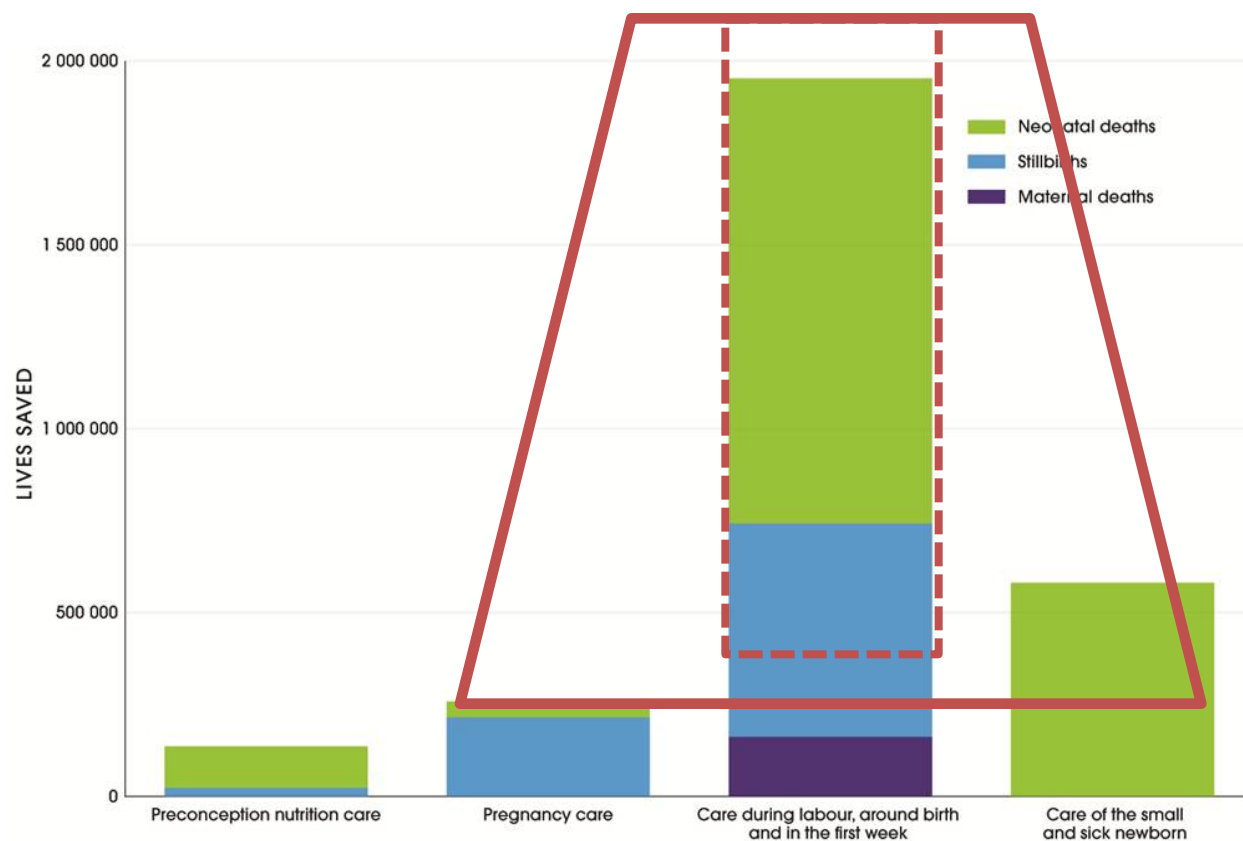
Investing in Quality of Care Around the Time of Childbirth: A Triple Return on Investment

*Focusing on care around the time of birth
saves maternal and newborn lives and prevents stillbirths*

- Care around childbirth for women and newborns

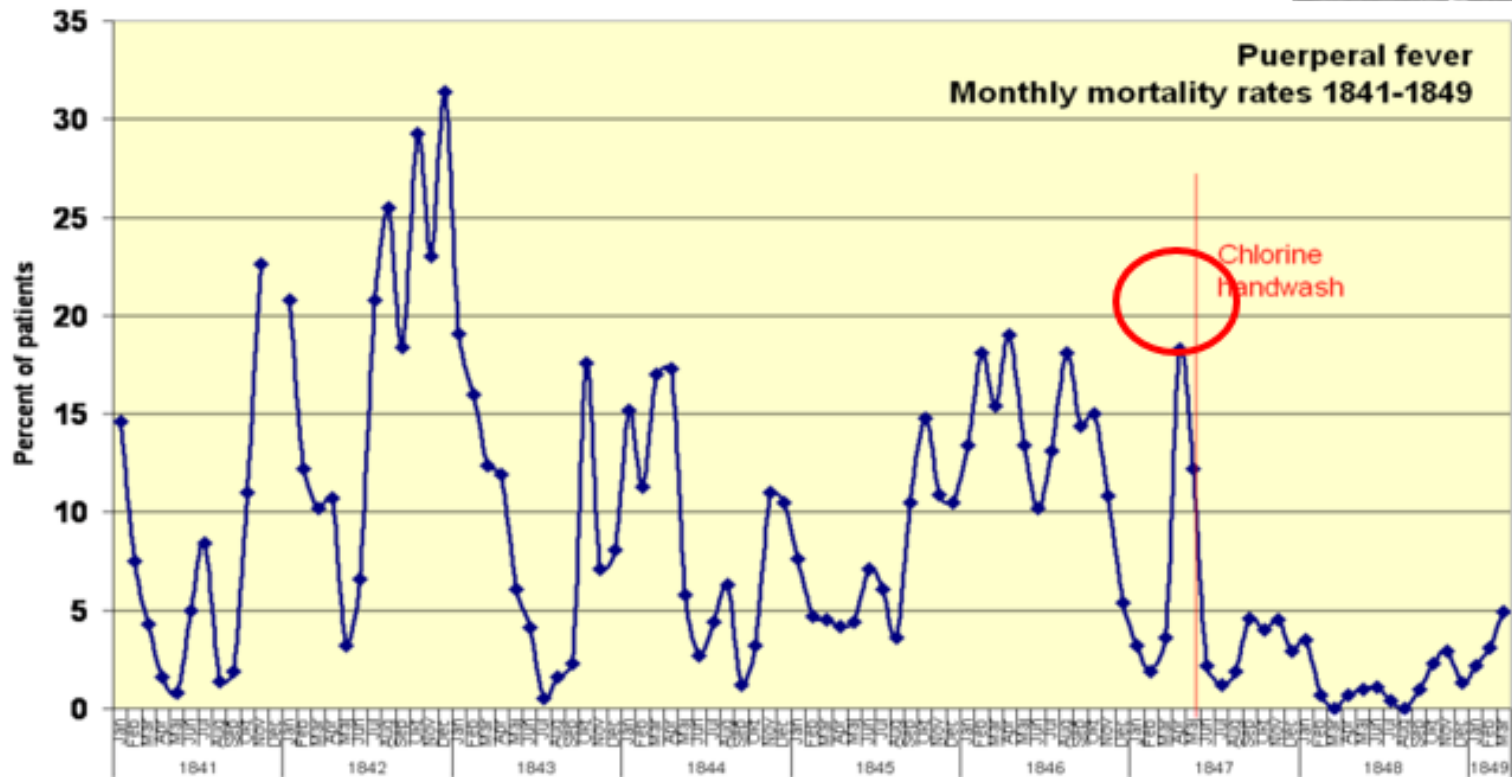
and the

- Care for the small and sick newborns



What was the big idea

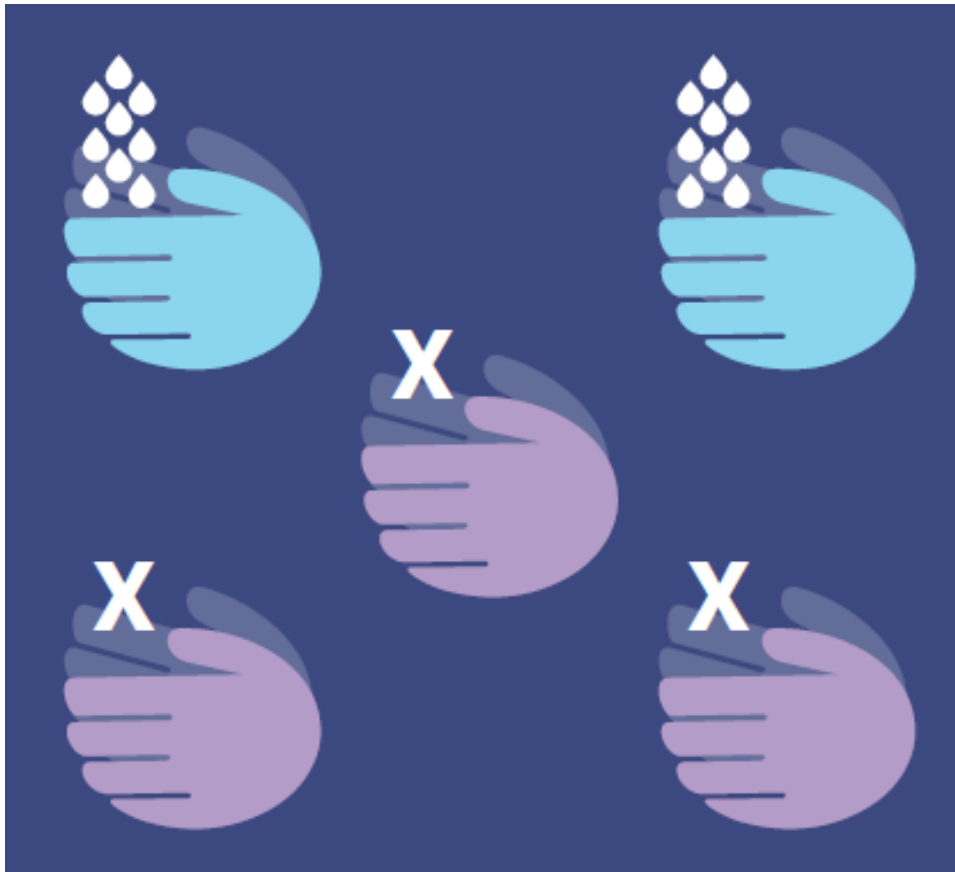
- A long discovered **path breaking solution** still largely ignored today!




big challenge in this instance


A systematic review found that on average, adherence to handwashing practices by healthcare workers is only 40% - although self-reported rates are frequently near 100%.

The recent WHO/UNICEF report on Water, sanitation and hygiene in health care facilities with data from 66,101 facilities in 54 low and middle income countries, highlighted that

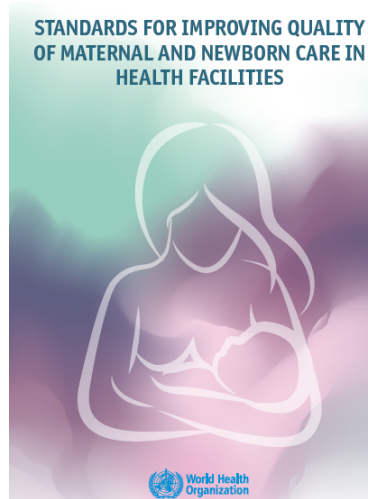


 **38%** do not have an improved water source

 **19%** do not have improved sanitation

 **35%** do not have water and soap for handwashing

What was our hypothesis about how to address this challenge?



Standard 8: The health facility has an appropriate physical environment, with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications.

Quality statements

- 8.1: Water, energy, sanitation, hand hygiene and waste disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their families.
- 8.2: Areas for labour, childbirth and postnatal care are designed, organized and maintained so that every woman and newborn can be cared for according to their needs in private, to facilitate the continuity of care.
- 8.3: An adequate stock of medicines, supplies and equipment is available for routine care and management of complications.

**Leadership
(Health Sector)**

**MNH care Quality Standard
standard 8.1 focusing on WASH**

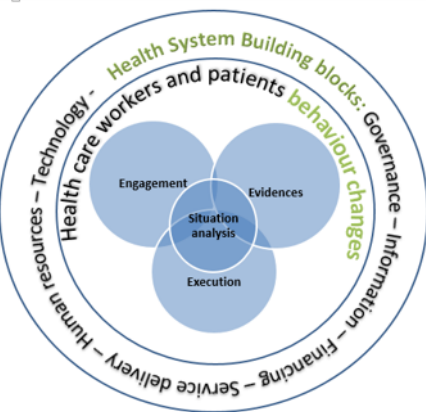
**Behavior
Change**

**CORE Components:
beyond surveillance
and soon integrating
Multimodal approach
& Built environment,
material**

**Ideas
(Think
Tank)**




**Execution
(IPC)**

System Wide Quality Improvement adapted (Nolan,2007)



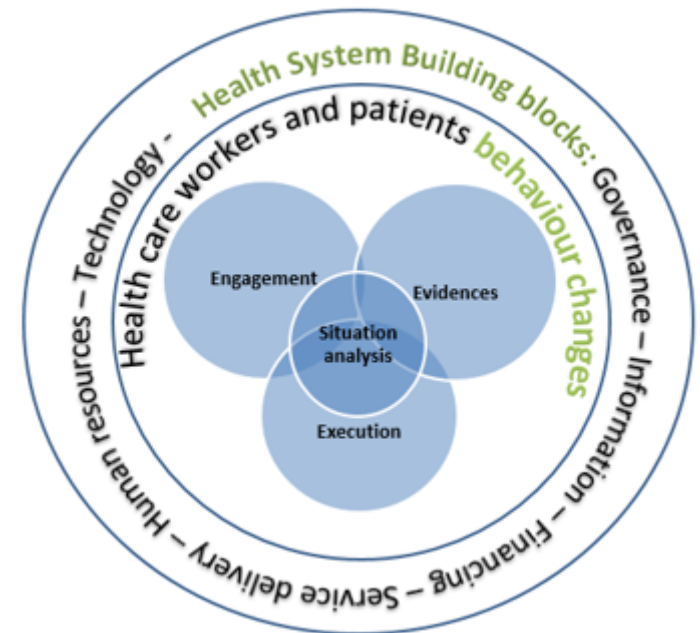
What were the results?

EMEN QI in Bangladesh, Ghana and Tanzania

Countries	National	Sub-national
Bangladesh 	Integrating the Women Friendly QI Initiative with the Baby Friendly Hospital Initiative; support to establish the national QA secretariat	Implementing in selected facilities with previous experience of implementing the 'Kaizen QI approach'
Ghana 	Develop Ghana EMEN model for Mother/Baby-Friendly Facility Initiative. Collaborate with the National Health Insurance Agency to incorporate into 'credentialing'	Support facility QI at District Hospitals & Health Centres in the Upper East Region build on existing QI work of Project 5's Alive
Tanzania 	EMEN standards aligned to the government's Big Results Now (BRN) Initiative and National Accreditation	Implementing the QA/QI processes in selected facilities and testing the standards

How can the sector incorporate your response going forward?

- Adoption, adaptation and implementation of Maternal and Newborn health quality standards and measures including those focusing on WASH (not limited):
 - The health facility has at least one functioning hand hygiene station per 10 beds, with soap and water or alcohol-based hand rubs, in all wards.
 - The health facility has written, up-to-date protocols and awareness-raising materials (posters) water, sanitation and hygiene facilities;
- Address WASH in HCF from a systemic perspective through a joint WASH and Health sectors collaboration :



THANK YOU