



Supporting National Health Mission (NHM) in developing capacities of health care functionaries on Infection Prevention Control and WASH protocols in health care facilities under COVID-19 context in Madhya Pradesh

Collaborative Project of NHM, UNICEF and IIHMRU

2nd December 2020

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Madhya Pradesh, A situation

RMNCH +A program

- Madhya Pradesh (MP) is leading with highest number of infant mortality i.e., (IMR) in the Country;
- **Around 64,000 new-borns die every year, and among the new borns most of them die within the first seven days**
- 70% die within the first 24 hours.
- **In Maternal mortality Rate - Second position in the Country (227 per 100000 live births annually)**

COVID-19 Situation

- **Out of 52 districts, all 52 districts reported COVID-19 patients**
- **Screening Centers - 25 Dedicated COVID-19 Hospitals (DCH), 75 Dedicated COVID-19 Health Centres (DCHC) and 428 COVID-19 Care Centre (CHC)**

Challenges

- Lack of PPE and Capacity of health workers
 - Lack of WASH Compliances
 - Ethical practices related to COVID-19
 - Increasing cases of COVID-19
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Possible Solutions

- Action within first 24 hours to reduce infection during intrapartum care and immediate post-natal care, maternal, new born sepsis and linked morbidity
- WASH Compliances by building capacity
- Supportive supervision through technology based intervention



Objective (s) of the Programme:

Specific objectives are to:

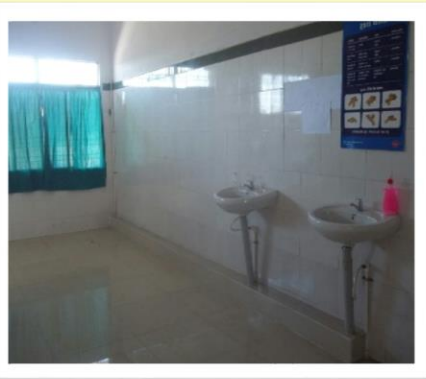
- ▶ **Support National Health Mission in developing and rolling out the capacity building plan on Infection Prevention Control and WASH protocols**
- ▶ **Support High priority districts in assessment and improvement planning for Infection Prevention Control and WASH for health care functionaries focusing on high delivery load facilities and DCH, DCHCs, CCCs and quarantine facilities and LaQshya designated facilities in collaboration with Health and WASH sector.**
- ▶ **Provide handholding support to 8 selected districts in implementation on IPC and WASH improvement plans and its monitoring**
- ▶ **Provide support to Quality Assurance (QA) cell in developing standard operating protocols, guidelines, and monitoring tools for roll-out of Kayakalp and LaQshya**
- ▶ **Support in coordination and identification of potential partners (Government and CSOs) for facilitating Real Time Evaluation (RTE) of UNICEF Response on COVID-19 in selected high priority districts.**

THE WASH IN HEALTH & NRCs PROGRAM(Aug,2016 onwards)

1st Phase-81 HCFs across 7 districts

- 7 High Priority districts of the state
- High IMR & MMR
- Selection of health facilities on the basis of delivery load
- Capacity building of state and district officials
- Comprehensive assessment & Planning by Facility In-charges and mentors
- Sharing of key findings to M.D NHM

AUG.2016



2nd Phase-148 HCFs across 7 districts

- Added 67 more HCFs from 7 districts
- Replicate the model in HCFs by leveraging Untied fund
- Changes observed in terms of WASH enabling environment
- Capacity building of health and Panchayati Raj officials under SSS Program
- BMW training to Nursing and cleaning staff

JULY.2017



3rd Phase -196 HCFs across 9 districts

- Added 2 new tribal districts namely Alirajpur & Jhabua
- CAPT in new districts and RAPT in old districts
- Capacity building of government officials through 5 Regional workshops under SSS program
- Bio medical waste management Training for Nursing and cleaning staff of project districts.

JUNE,2018

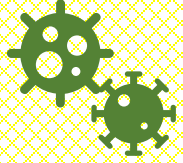


Current Phase-182 HCFs across 8 districts

- Added 3 new districts namely Indore, Barwani and Vidisha.
- Dropped 4 districts namely Mandla, Anuppur, Shahdol, Umaria.
- CAPT in all districts.
- Capacity building of Health care staff of project districts through online training.
- Focus on WASH and BMWM in context of Covid-19 pandemic

JULY,2020-DEC.,2020





COVID-19 Issues covered in Training program

- **Why WASH compliances in health facilities including Quarantine and Isolation wards;**
- **How to conduct Assessment through Comprehensive Assessment and Planning Tool (CAPT) covering 10 key areas of the health facilities including COVID-19 wards;**
- **How to develop WASH improvement plans for Facility, Block and District level.**
- **How to execute the improvement plan – 3 Year’s significant Journey and Handholding support.**
- **Infection prevention and Control, and WASH compliances – How to Leverage funds**
- **Supportive supervision and monitoring – Star Grading tool (SGT) Dashboard, monthly Review, Feedback**
- **Action Plan**



Following issues discussed in detail pertaining to COVID-19



Background of COVID-19 and Modes of transmission



COVID-19 Safety Tips and Advice for health professionals – prevention, symptoms, and WASH compliances



Protecting Employees – Emphasize respiratory etiquette and Hand hygiene, Environmental cleaning



Personal protective Equipments – Use and waste management



Safe disposals – Keeping water supply safe, managing waste water and fecal water, hand hygiene, sanitation and plumbing, safe management of health care waste, Safe disposal of grey water or water from washing PPE, Surfaces, floors etc, safe management of dead bodies etc.



Challenges and solutions to COVID-19 – Covid waste



Solid and liquid waste management Rules, 2020 and Biomedical waste management (Amendment rule 2019)



COVID-19 waste segregation, labelling etc. for all locations

Activities Carried out during current assignment:

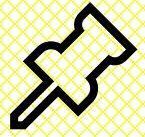
A. Support assessment and planning for improvement Infection prevention and control (IPC) and WASH protocols:

- Realignment of CAPT inline with WASH compliances for COVID-19.
- 182 HCFs (More than 100 deliveries /year) undertaken under the project across 8 districts.
- Comprehensive assessment and planning done in all selected facilities.
 - Prepared facility level plan with six major component such as gaps, level of risk, action required, accountability, budget, timeframe and monitoring person in consultation with health facility staff, ensure involvement.
 - Issues and action points shared with CHMOs / district Collectors for execution and leverage fund .



B. Hands on training of Health care functionaries on IPC, WASH and Biomedical Waste Management

- **8 Nos of Online training program conducted and 456 no's of health care staff (Doctors-213,Nursing staff-146,Ayush Doctors-2Nursing &Paramedics-65,ASHA,ANM,AWW- 17,others-11)**
- **At least 2 visits per month by DC's in all selected Facilities.**
- **Regular hands-on training at the health facility level by the District coordinator during the time of visit.**



C. Supportive Supervision Handholding Support

Support WASH improvement

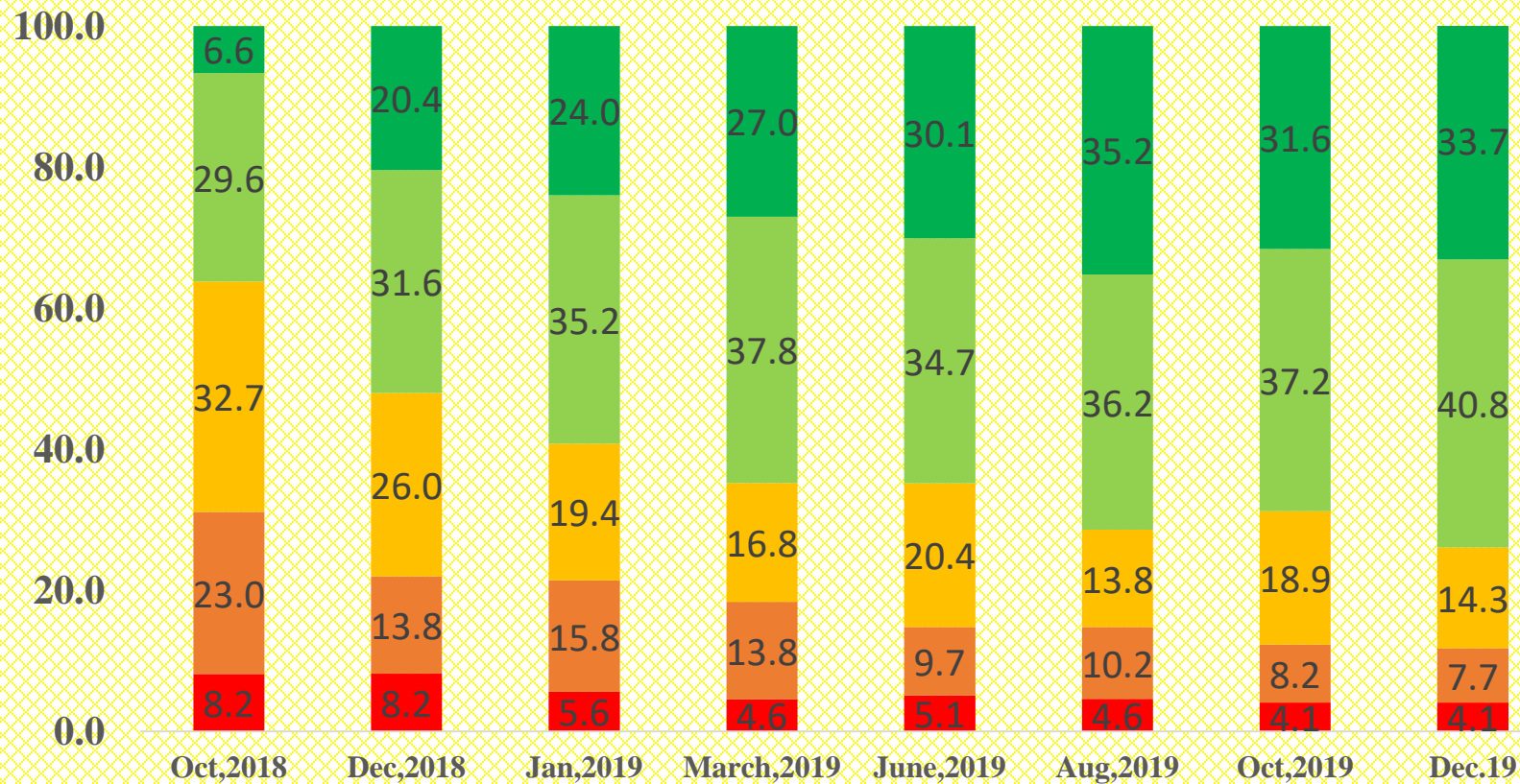
- Based on the short medium and Long term plan the facility In-charge executing the plan;
- IIHMRU and UNICEF team are providing the technical support as and when required and ensuring WASH and COVID-19 compliances.
- The improvement includes facility improvements, functionality, O&M, use, monitoring and improved practices of health Care staff on IPC and WASH, to contribute to infection control.

Supporting monitoring

- ODK based Star Grading Tool used – Real time, supported by semiautomated Dashboard
- Bimonthly reports and dashboard has been prepared and shared with all stakeholder for action and necessary action.

Previous Experiences - WASH Compliances in Health Care Facilities (WiHCFs) Star Grading of 196 facilities 9 districts Madhya Pradesh

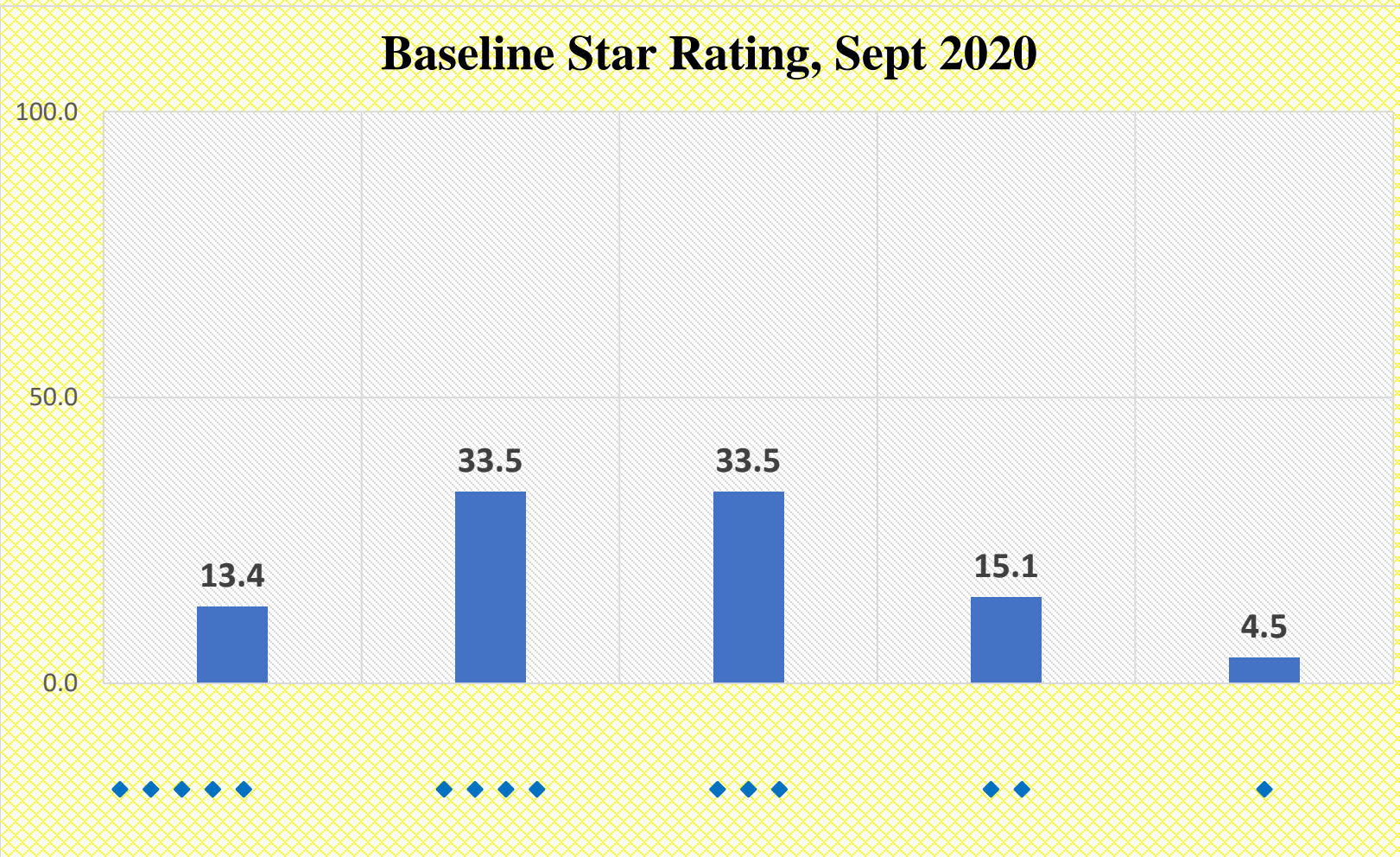
■ 1 Star ■ 2 Star ■ 3 Star ■ 4 Star ■ 5 Star



- Significant improvement in ranking of HCFs in nine districts. Under the project;
- The shift of 36.2 percent to 74.5 percent of 4 and 5 stars ranking is clearly highlighting the compliances under the WASH interventions.
- Contributed to Getting Kayakalp Award of HCFs which are ranked five stars.

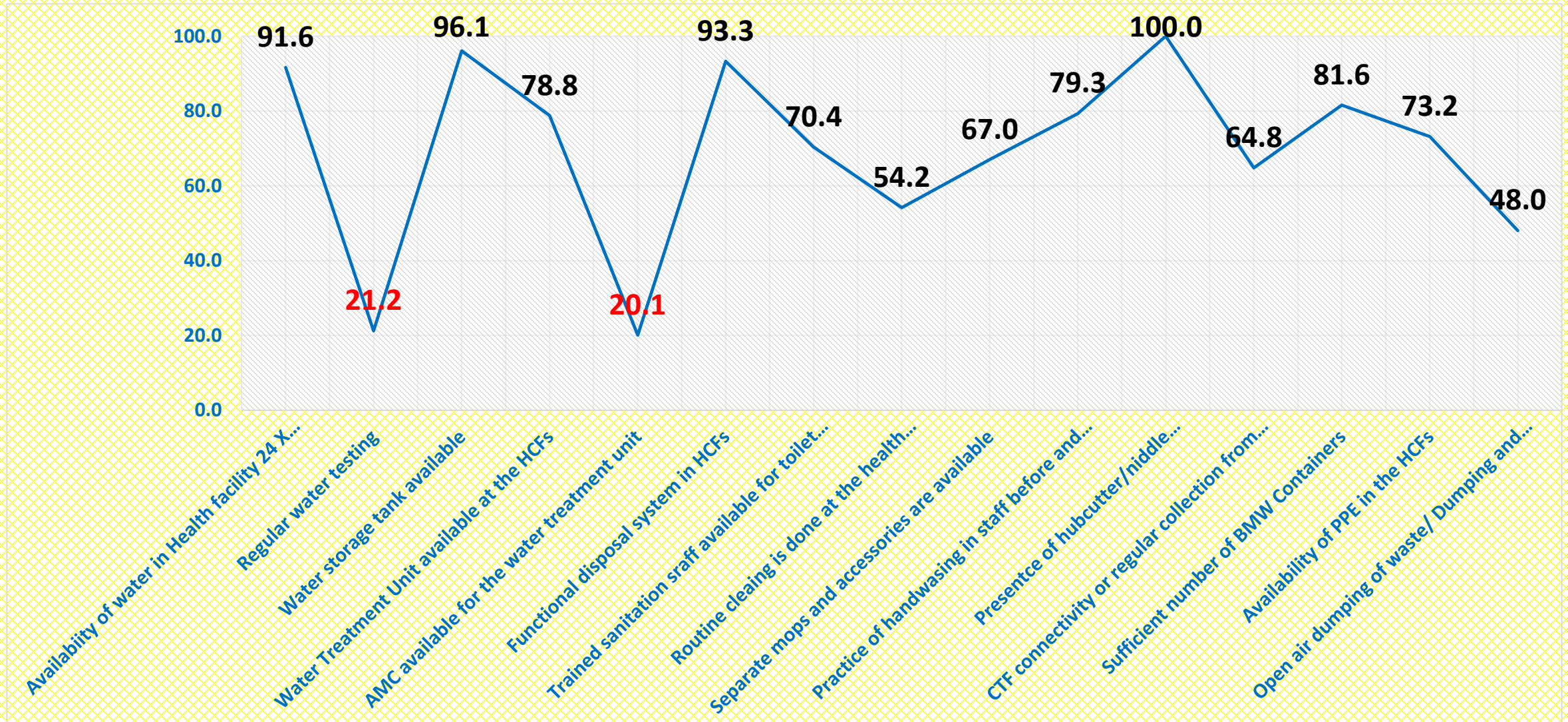
Key Findings - Star grading Status of WASH and COVID-19 Compliances in September 2020, Baseline Primary Data

Baseline Star Rating, Sept 2020

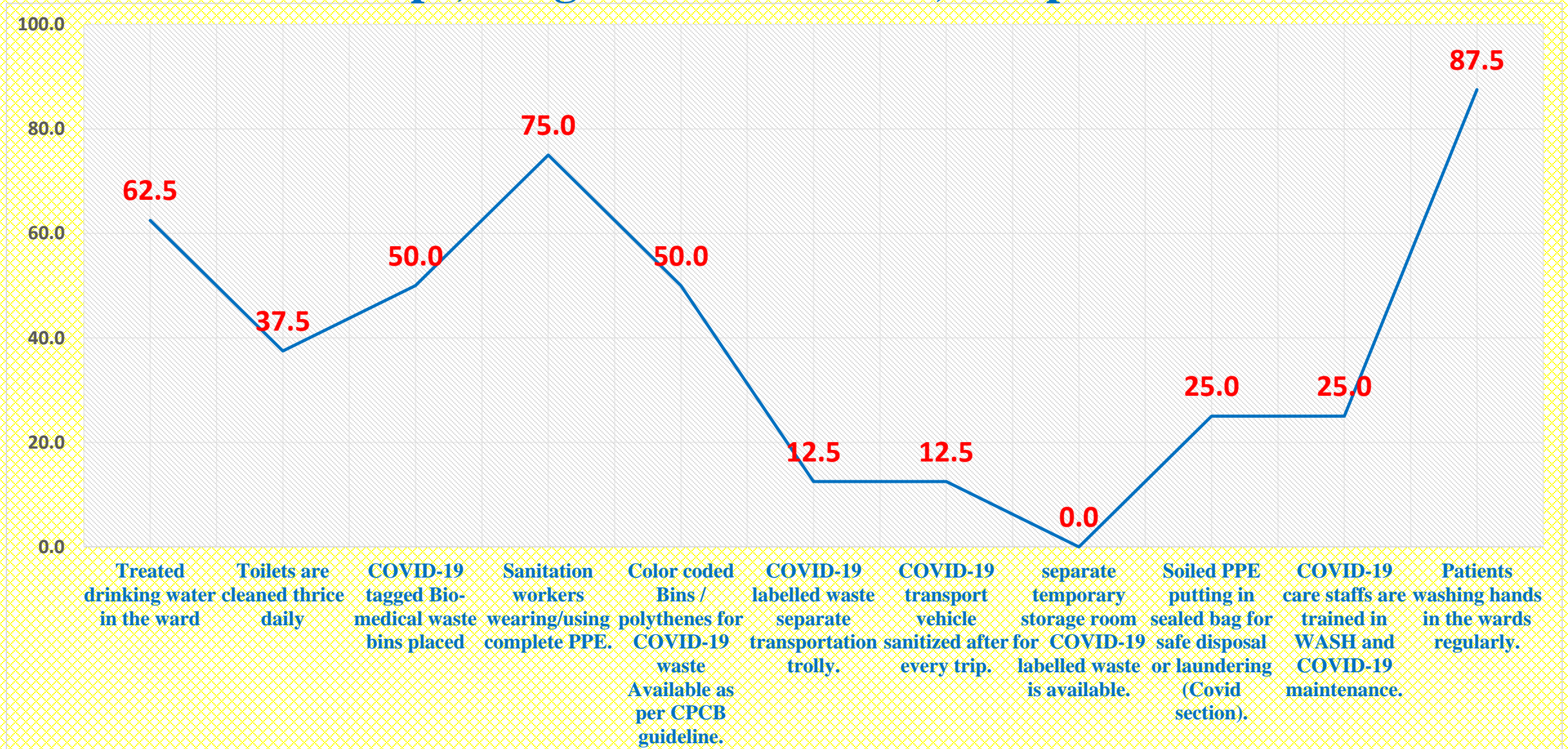


- 46.9 HCFs ranked to be four and Five stars in the baseline findings;
- Around 4.5 percent of the HCFs are found to be one Star;
- Key gaps in four- and Five-star ranking facilities are –
 - Irregular water testing
 - Water Quality
 - Poor Documentation
 - Lack of Annual Maintenance Contract
 - Lack of separate mops and Other cleaning accessories
 - Lack of practice among the HCFs service providers

General Section – Gaps, Progress and Concern, 8 Aspirational District



COVID 19 – Gaps, Progress and Concern, 8 Aspirational District



Conclusion & Way Forward

▪ Scaling up in the state in different phase:

- **Initial phase:** Development of SOP, Process Documentation and its dissemination with evidence
- Learning phase: Engagement of District Coordinator, common for Kayakalp, NQAS, LaQshya and WASH and COVID-19 Compliances (especially a technical person with Management degree)
- Leveraging Phase: Convergence with Other departments and Public Private Partnership with CSR, Awareness Generation on Behaviour Change, Recognition of the Compliances
- Outcome Phase: Regular Digitalization Monitoring and Research, Sharing of the Scaling Up result to the Wider world.

An International Best practice

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Creating a safe environment for new-borns: WASH improvements in Health facilities and Nutrition Rehabilitation Centres (NRC) in Madhya Pradesh

Madhya Pradesh (MP) at a glance:

- Out of 100 Children born in MP
 - 19 are born out of health institutions
 - 3 die within 28 days of birth
 - 5 are not able to see their first birthday
 - 5 are not able to see their 5th birthday
 - 43 remain underweight by age 5
 - 42 remain stunted by age 5
 - 30 live in environment where people defecate in open
 - 17% of newborn deaths are caused due to sepsis

Public Health Infrastructures

Barriers and Challenges related to WASH in Health

- Lack of human resources
- Limited skills, priority and motivation
- Poor infrastructure, inappropriate facility design
- Poor operation & maintenance systems, non-availability of 24x7 water and power
- Lack of protocol among health staff
- Lack of community ownership
- Lack of funding opportunities for WASH specially for routine maintenance

WASH interventions

STRATEGIC FOCUS

- 19 high priority districts (Poor health indicators, High tribal population, hard to reach)
- High Delivery level (90 health institutions in phased manner during 87% institutional deliveries)
- Reaching over 120,000 new-borns each year
- Convergent work of WASH, Health and Nutrition along with 'Committed for Development'
- Focusing on the critical pathway of reducing infections in the Out Patient Department, labour room, Sick New-born Care Unit, Post-natal ward and Neonatal Care Unit, for preventing WASH

STRATEGIC APPROACH AND FRAMEWORK

High Priority districts: Establishing world best results

Scaling-up State-wide

RESULTS

- 70% facilities achieving WASH protocols
- 80% have functional drinking water system
- 85% have functional hand-washing
- 72% have functional toilet
- 10% of all cases the environmental improvement through the intervention systems, improved staff morale and
- Over 100 health workers were trained and/or awarded certificates
- Comprehensive policy for NRC and Neonatal Care Unit, post-natal ward, Brown Aseptic, comprehensive community defecation order, Reinforced all of unit level

Pratik Mishra, Dr. Pratik Shukla, Dr. Vandana Bhatia, Deepika Sharma and Nageshwar Prasad



Water and Health Conference Oct 2018 University of North Carolina, Chapel hills



HOW ONE INDIAN STATE CREATED A SAFE ENVIRONMENT FOR NEWBORNS



April 3, 2019

A national call to action to improve cleanliness was made. Partnerships were set up. A focus was given to centers with poor health indicators in one state. More WASH services and better trained staff resulted.

Trigger: When the Prime Minister of India made a national call to action in 2014 to improve cleanliness in all public settings, including health care facilities, several national actors quickly took up the challenge. The National Quality Assurance Programme for Public Health Facilities, the Swachhata Guidelines for Public Health Facilities, and the cleanliness programme, Kayakalp, began facilitating improvements in partnership with several states.

What: The State of Madhya Pradesh focused its response on improving WASH in health care facilities and nutrition rehabilitation centres in nine districts with poor health indicators. The goal was to create an infection-free environment in 196 facilities handling more than 100 deliveries per year, reaching a total of 120,000 newborns. Government staff and partners developed policies, technical guidelines, and standard operating procedures to improve the safety and cleanliness of outpatient departments, labour rooms, newborn care units, post-natal wards, and nutrition rehabilitation centres. Based on a comprehensive assessment, they also developed facility plans and mobilized support for implementation of WASH and health care waste management improvements. A mobile app was used for bi-monthly grading and monitoring.



WATER, SANITATION, AND HYGIENE IN HEALTH CARE FACILITIES

PRACTICAL STEPS TO ACHIEVE UNIVERSAL ACCESS TO QUALITY CARE

CASE STUDY 18

How India is creating a safe environment for newborns nationally and through focused programme support

"Cleanliness is next to godliness." Mahatma Gandhi

Triggers: When the Indian Prime Minister issued the Clean India Mission "Swachh Bharat" in 2014 several national actors took up the challenge. For health care facilities, the "Kayakalp Award Scheme" was launched in 2015 to improve and promote the cleanliness, hygiene, waste management and infection control practices in public health care facilities and incentivize high performing facilities.

What: Kayakalp is a key effort within the broader National Quality Assurance Programme for Public Health Facilities. It was initiated in district hospitals in 2015, and expanded to primary health care and urban health facilities in 2016 and 2017. Regular internal and external monitoring supports continuous improvements and facilities that achieve at least 70% of the indicators receive a cash award. Over 500 facilities have received awards.

Who: National Health Mission, Indian Institute of Health Management Research, the Department of Panchayat and Rural Development, WHO and UNICEF.

Results:

- Scaled up improvements as part of better quality of care. As part of Swachh Swastha Swaratra and

Further reading: *Situational analysis of water, sanitation and hygiene and the role of health care facilities in India* [Internet]. Geneva: World Health Organization; 2018 [cited 1 March 2019]. Available from: www.washinht.org/resources

Guidelines for implementation of "Kayakalp" initiative [Internet]. New Delhi: Ministry of Health and Family Welfare, Government of India; 2018 [cited 25 February 2019]. Available from: <http://www.nhm.gov.in/publications/nhm-guidelines.html>

"National Summit on Good & Replicable Practices & Innovations in Public Health Care System" Assam, Oct. 2018

2018

Global Practice Document: WHO and UNICEF

