



Clean Clinic Approach (CCA)

To improve WASH at health care facilities so patients want to seek care.

The Problem

Water, sanitation, hygiene (WASH), and environmental conditions in health care facilities (HCFs) are neglected areas despite a high associated risk for morbidity and mortality. Data from WHO (2015), representing 66,101 HCFs in 54 countries, show that 38% of HCFs do not have an improved water source, 19% do not have improved sanitation, and 35% do not have water and soap for hand-washing.¹ The lack of WASH-safe services results in three primary consequences:

1. The HCF becomes unable to provide safe services (e.g, hygienic births, clean surgeries), especially to mothers, neonates, and children:

Health care-associated infections (HAIs) affect hundreds of millions of patients every year, with 15.5% expected to develop one or more infections during a hospital stay in the developing world.² Newborns in developing countries are at 3–20 times higher risk of acquiring an HAI than those in high-income countries. Poor WASH is the primary cause of most HAIs, which are estimated at over 1.4 million cases at any given time.³

2. Populations served by these HCFs lose confidence in the institutions as safe places to seek care:

Improving WASH conditions can help establish trust in health services and influence pregnant women to seek prenatal care and facility-based delivery. Conversely, a lack of safe WASH in HCFs may discourage women from giving birth or cause delays in care-seeking.⁴

Health “Care” Facilities?

Estimated that over 15% of patients develop one or more infections during a hospital stay.

Allegranzi, B., et al. (2011). Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis. *Lancet*, Jan 15;377 (9761):228–41. doi: 10.1016/S0140-6736(10)61458-4. Epub 2010 Dec 9.

3. Weak emergency responses compromise our security:

As seen during the Ebola outbreak of 2014–2016, health systems lacked the skills, training, and resources to respond on their own.

The challenge of improving the WASH environment in HCFs is manifold: lack of national standards or poor implementation, limited funding, a focus on the ideal preventing incremental improvements, a lack of trained personnel, a reliance on infrastructure-only solutions, and limited vision or sense of ownership by ministries.

The Solution

The Maternal and Child Survival Program’s (MCSP) Clean Clinic Approach (CCA) works with national ministries of health to develop criteria by which HCFs can attain “Clean Clinic” status. It then works with individual HCFs to help them make incremental improvements toward Clean Clinic status. While ideal WASH conditions at a health facility require increased funding, staff, and infrastructure, lesser improvements can make a difference: improving the waste management system, ensuring hand-washing stations are identified and designated, assigning roles for maintenance, establishing infection prevention and control (IPC) and hygiene protocols, and so on.

The overarching goals that drive the Clean Clinic Approach include the following:

- Develop self-sufficient HCFs that are clean, desirable, and well-attended.
- Embed ownership and accountability of health facility improvements within the Ministry of Health.
- Empower staff (starting with management), teams, and communities to improve WASH at their HCF with limited external assistance.
- Develop realistic goals for WASH at each targeted health facility.
- Prepare HCFs to better manage and address future outbreaks and emergencies.

¹ WHO (2015). Water, Sanitation and Hygiene in Health Care Facilities: status in low-and middle-income countries and way forward: 10 Key Findings. WHO & UNICEF. Available at: http://www.who.int/water_sanitation_health/publications/wash-hcf-10things.pdf.

² WHO (2017). Evidence for Hand Hygiene Guidelines. Internet page. Available at: http://www.who.int/gpsc/tools/faqs/evidence_hand_hygiene/en/

³ WHO. Healthcare Associated Infections Factsheet. WHO. Brief. Available at: http://www.who.int/gpsc/country_work/gpsc_ccisc_fact_sheet_en.pdf.

⁴ WHO (2015). Water, Sanitation and Hygiene in Health Care Facilities: status in low-and middle-income countries and way forward: Question and Answer. WHO & UNICEF. Available at: http://www.who.int/water_sanitation_health/publications/qa-wash-hcf.pdf.

The Approach

The Clean Clinic Approach deploys the following step-by-step model but maintains flexibility to adapt to local contexts, politics, and environments.

1. Assessment of target HCFs.
2. Establishment and/or refinement of minimum WASH standards for HCFs (with government), based on assessments. Illustrative criteria include:
 - IPC standards and protocols in place for surgery and maternity wards, including equipment sterilization
 - Improved waste management system in place and operational
 - Water quality assurance, including safe storage
 - Water quantity assurance
 - Adequate water storage
 - Appropriate, gender-segregated toilet facilities available for staff, caregivers, and patients
 - Dedicated hand-washing stations available for staff, caregivers, and patients
 - Appropriate laundry facilities for washing linens
 - General cleanliness of the grounds and structures
 - Dedicated staff for maintenance of facilities
 - Defined hygiene promotion program, including clearly defined staff protocols and information, education, and communication materials posted in critical places
 - Appropriate and safe structure
 - Monitoring plan to ensure compliance with protocols
3. Development of CCA program parameters and overview documentation with government. Program documentation may include criteria, process, training materials, means for verification, and an incentive/reward system.
4. Training of district-level health officers and health leadership for participating facilities.
5. Introduction of CCA program to targeted HCFs.
6. Establishment of action plans with target HCFs to achieve “Clean Clinic” status.
7. Monitoring of target HCFs’ progress towards achieving “Clean Clinic” status.
8. Verification of HCFs reaching “Clean Clinic” status.
9. Delivery of reward to HCF staff.
10. Continuous WASH improvement plan at facility.

Action Plans and Ladders

Most WASH in HCF work has focused on IPC at the micro level (e.g., in the surgery or maternity ward) while broader, more system-level needs receive less attention. System-level needs, which underpin the success of IPC activities, are often reduced to infrastructure problems that easily overwhelm capacity, especially in low-resourced settings. What can we do when WASH needs appear to overwhelm the system?

The CCA promotes a ladder concept in developing action plans. For example, the waste management target may include installation and use of an incinerator with waste separation at the point of collection. In the many cases where HCFs do not have access to incinerators or materials for waste separation, the CCA aims to develop intermediate, achievable actions—enclosing an existing waste pit to avoid animal and human entry, assigning dedicated staff person to manage the waste, ensuring accountability for this function, etc. By steadily working up the ladder with incremental steps toward the end goal, HCFs take improvement into their own hands.

Incentivizing Change and Competition

The CCA recognizes that change, especially in low-resource settings, is challenging and that targeted incentives (monetary and non-monetary) act as catalysts for this change. The CCA develops incentive programs with local governments and ministries of health that may include recognition on TV or the radio, preferential treatment, a cash prize, a specialized flag, and other rewards. In target regions or zones, friendly competitions between HCFs are also used to incentivize collective action.

Enabling Environment

WASH and environmental conditions at HCFs are often plagued by the lack of an institutional home with dedicated resources. The CCA works to ensure that all health facility improvements (behavioral, managerial, and infrastructure) are the responsibility of the Ministry of Health. Engendering buy-in and ownership during the planning and development processes is critical, as is ensuring broader health interest by aligning WASH system improvements with existing health agendas (e.g. IPC, quality of care, health systems strengthening).

The Maternal and Child Survival Program (MCSP) is a global, USAID Cooperative Agreement to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation.

For additional information:

Contact: Ian Moise
WASH Team Lead
USAID's flagship Maternal and Child Survival Program (MCSP)/Save the Children
Skype: ianmoise
Office: 202-640-6716
ian.moise@mcsprogram.org
www.mcsprogram.org