



SSQH Program Brief

Water, Sanitation, and Hygiene

February 2019

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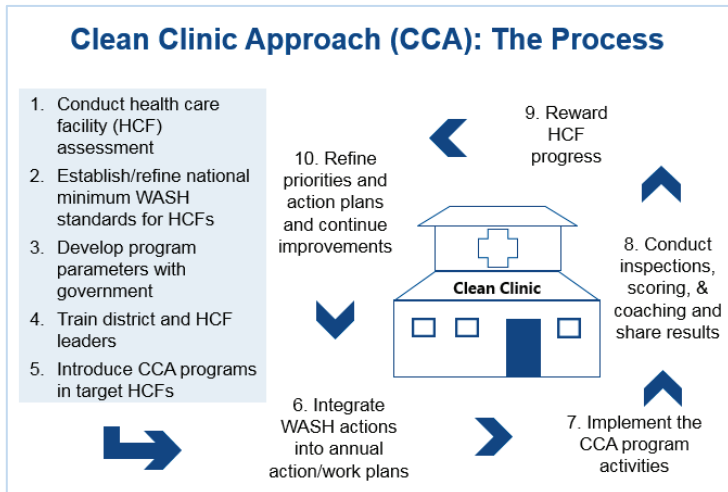
Goal

The USAID Maternal and Child Survival Program (MCSP)'s Services de Santé de Qualité pour Haiti (SSQH) project is working in close conjunction with the Ministry of Health (*Ministère de la Santé Publique et de la Population* or MSPP) and all 10 of the country's health departments (*Direction Départementale de la Santé* or DDS) with the overarching goal of facilitating a sustainable health system. SSQH provides technical, financial, and material support to the DDSs and 164 MSPP- and non-governmental organization (NGO)-supported sites to strengthen health provider capacity, increase utilization of health services, improve the quality of health services and referral networks, develop managerial capacity, and support the formulation and implementation of national and departmental health policies.



At a clinic in Marmalade, which has adopted the Clean Clinic standards, a team of people take shifts cleaning the clinic. Photo credit: Karen Kasmauski/SSQH

The Water, Sanitation, and Hygiene (WASH) component of SSQH focuses on ensuring that health facilities meet WASH standards set by the World Health Organization (WHO) and adopted by the MSPP. Project activities also strengthen facility-to-community outreach to ensure that families develop good hygiene and sanitation practices. SSQH uses the Clean Clinic Approach (CCA), which empowers health facility staff to identify needs, develop action plans, and work incrementally toward achieving improved WASH in both facilities and surrounding communities. SSQH's WASH component started in February 2015 with 20 health care facilities (HCFs) and expanded its scope in November 2016 to 69 facilities in seven of Haiti's 10 departments.



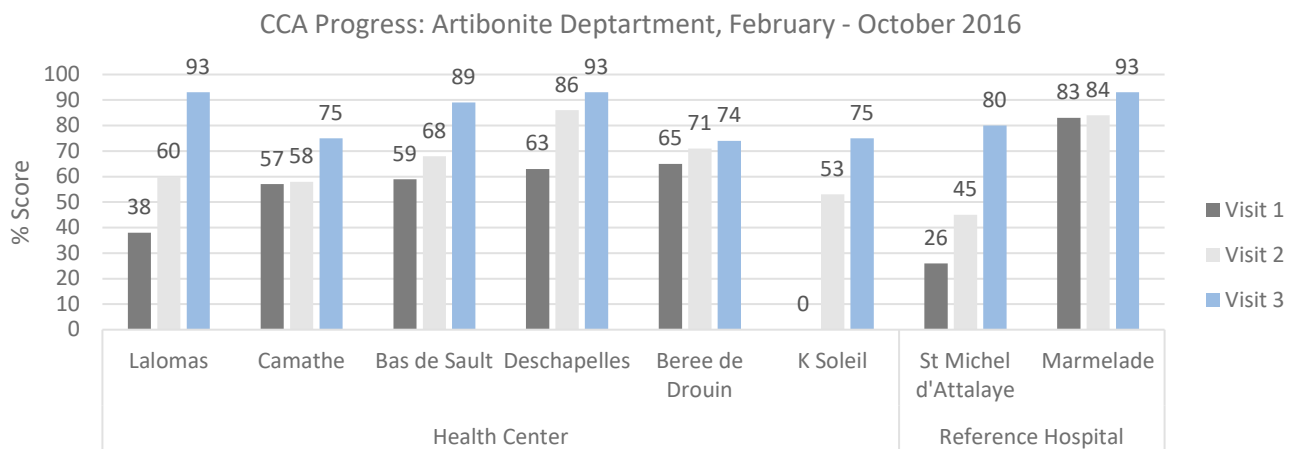
Program Approaches

- **Promoting government ownership in adapting the CCA to Haiti and setting standards:** SSQH worked closely with the MSPP and DDSs to adapt the CCA model to the Haitian context and develop CCA evaluation criteria and methods. In Haiti, facilities can achieve Clean Clinic status at four levels: Guarantee, Silver, Gold, and Diamond.
- **Strengthening the health system's WASH efforts by developing action plans and supporting their implementation:** SSQH recognizes that attempting to reach high sanitation standards too quickly can increase facility dependence on outside assistance that can later become a barrier to action.

Instead, the CCA approach has facilities conduct a needs assessment and then develop action plans with intermediate goals toward which they can progress incrementally. Small steps may include setting up hand-washing stations with instructions or launching a cleaning campaign on-site. These action plans are integrated into existing facility work plans so WASH is not isolated from other domains. WASH efforts are monitored by a sanitation committee with the support of SSQH technical staff.

- **Launching and inspecting CCA sites for success:** Launching the CCA in a department includes a high-profile event to generate interest and attention. During implementation, SSQH provides health facilities with a start-up kit (gloves, face masks, trash cans with lids, trash bags, mops, buckets, soap, bleach, hand-washing stations, etc.) to ensure that necessary tools are available to reach Clean Clinic status. DDS inspectors perform bi-monthly inspections to rate facilities on their progress. In order to become a Clean Clinic, the sites must score an average of 80% or above over the course of three inspection visits.
- **Training Haiti’s health workforce in WASH:** SSQH trains DDS staff in program implementation (including conducting site inspections) and provides trainings of trainers for health facility staff in WASH standards through the country’s National Training Centers.
- **Incentivizing progress by rewarding achievements:** Once DDS and health facility staff have been trained, the start-up kits described above act as an initial motivation for staff to begin implementation of the facility’s WASH improvement action plan. After each visit by DDS inspectors, results are shared among participating facilities to generate healthy competition. When facilities reach Clean Clinic status, SSQH organizes a media event to congratulate the site on their progress and highlights the work of cleaners in particular, recognizing their important contributions as part of the health facility team. With each bi-monthly inspection, scoring, and celebration of progress, facilities renew their motivation to make progress on their action plan toward Diamond status.
- **Extending standards surrounding communities:** In order to ensure the reach of CCA extends beyond facility walls, SSQH uses Participatory Hygiene and Sanitation Transformation (PHAST) tools to help a limited number of CCA health facilities promote WASH standards in their surrounding communities. The PHAST approach allows communities to identify issues, prioritize interventions, and implement WASH action plans. These activities are necessary for facilities to reach both Gold and Diamond status.
- **Strengthening the Haitian health system to respond to emergencies:** A core element of CCA is to strengthen a health system's ability to respond in emergencies and outbreaks including cholera and Zika virus. In the immediate aftermath of Hurricane Matthew in October 2016, SSQH sent out an Emergency WASH Response (EWR) team to evaluate health facilities, train community health workers (*Agents de Santé Communautaires Polyvalents* or ASCPs), and distribute materials (e.g. hygiene kits, Plumpy Sup, and essential medicines) donated by multiple organizations including the World Food Program, the International Organization for Migration, and Direct Relief. SSQH then transitioned its focus from emergency response to recovery and mitigation (see below under Results).

Key Results and Findings



The above chart demonstrates the progress of eight CCA sites in the Artibonite Department over three visits between February and October 2016. Health Centers receive a percentage score out of 90 possible points, while Reference Hospitals are scored out of 100 possible point due to the elevated capacity. Sites with scores of 80% or above are considered Clean Clinics. Silver Clinics are those with scores over 85%, and Gold are those with more than 95%. Facilities need to have scores of 100% to reach Diamond status.

Results

- **Improved WASH standards in the 69 facilities implementing the CCA:** In 2016 and 2017, 69 SSQH-supported facilities nationwide implemented the CCA, and all of them demonstrated improved WASH practices. As facilities improve their Clean Clinic scores, they progress toward meeting WHO and MSPP minimum WASH standards, which are designed to ensure that health services are delivered in a safe environment for both patients and staff. Twenty-two of the 69 facilities (32%) achieved the 80% clinical score and 100% management of excreta score required to achieve Clean Clinic status. SSQH assisted the facilities in achieving these scores by launching the program, providing materials, and conducting 207 coaching visits and 219 Clean Clinic inspections visits jointly with DDS staff across the participating facilities. Of the 22 sites that achieved Clean Clinic Status, two sites achieved Guarantee status, 18 sites achieved Silver status, and two sites achieved Gold status.
- **Provided significant WASH support after Hurricane Matthew:** SSQH's EWR team conducted assessments in 40 sites in hurricane-affected regions, provided WASH training to 349 ASCPs, and distributed 2,070 hygiene kits to vulnerable populations (e.g. pregnant women, heads of households with children under five, and people living with HIV) with the intention of reducing the spread of water- and mosquito-borne illnesses that was exacerbated by the hurricane's damage. SSQH then transitioned its focus from emergency response to health system strengthening for sustained recovery. These activities included the distribution of Aquatabs and hygiene kits in communities as well as education and sensitization of families on the risks and prevention strategies for cholera and Zika virus with the support of Emergency WASH Assistants (EWA).
- **Trained trainers in WASH best practices:** SSQH trained 31 trainers across the seven departments with CCA sites in WASH best practices. Those trainers are able to train point persons for WASH in the health facilities, who will in turn train the various cadres of health workers in those facilities. Another 154 facility staff have benefited from these replicated trainings and will contribute to continued improvements in CCA performance.

Findings and Lessons Learned

- **The CCA helps health facilities and governments understand that improving WASH in facilities involves much more than infrastructure.** Significant WASH improvements can be made through incremental management steps that integrate best practices into existing systems without major infrastructure changes. Even when infrastructure upgrades are available, behavior change efforts with facility staff are necessary to ensure that new equipment and materials are used effectively.
- **Recognition of cleaners is key to WASH success.** Cleaners in health facilities often go unrecognized and do not feel part of the facility team. The CCA approach offers these staff an opportunity to be recognized and receive accolades and motivation for their contributions.
- **The CCA has created networks that have strengthened the local capacity for responsiveness to emergencies.** Building on the networks of ASCPs that SSQH has already trained in its target communities as well as program units within the DDSs and facility staff implementing the CCA, the SSQH WASH team was able start serving and distributing supplies to the most vulnerable populations just three weeks after Hurricane Matthew. Likewise, SSQH has been able to quickly integrate Zika virus prevention and awareness into WASH training and outreach activities.

Recommendations

- **Future programs should provide additional opportunities for linking successful facilities with WASH activities in the community.** Health facilities should serve as models in the communities, and future programs can use successful facilities to expand community WASH programs. Community inclusion in health facility management is also important, as it can increase accountability of the facility to the community and help to ensure sustainability of facility improvements.
- **Sustainability of health facility WASH improvements under the CCA depends on incentivizing active participation from all stakeholders.** The CCA's success in Haiti relies on government inspections and community engagement that are currently motivated by SSQH. Ensuring that these activities continue after the project ends will depend on ensuring sustained incentive structures for continued participation.