

African

AFRICA CDC



#### Improving Hand Hygiene in Facilities with Limited Water Supply: the Cameroon Experience

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## **Objectives**

- To share knowledge/experience
- To stimulate discussion

## Outline

- Background
- Introduction to WASH
- Hand hygiene
- Improvement phases and strategies
- Local ABHR production and delivery systems
- Challenges/way forward
- Conclusion

#### **Background of CBC Health Services**









#### Basic facts about IPC/WASH Services

- Foundation of quality care
- Often limited or lacking in most countries and facilities
- Lack of IPC/WASH services compromises the ability to prevent and control infections.
- Thus, increasing the risk for HAIs, maternal and neonatal infection/mortality

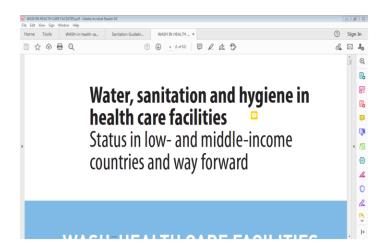
#### Importance of IPC/WASH

- Guarantees the safety and the quality of care
- Promotes human dignity and well-being (WHO DG)
- Reduces HAIs and maternal and newborn deaths
- Reduces the need for antibiotics, thus preventing

AMR

## Status of IPC/WASH (1)

- 1.5b ands 2b people use health facilities without water and toilet, respectively
- 38% of health care facilities do not have an improved water source,
- 19% do not have improved sanitation
- 35% do not have water and soap for hand washing.



#### Status of IPC/WASH (2) (Water quality and quantity)

- 1 in 4 health care facilities in sub-Saharan Africa have no water service
- Where available, is of poor quality
- Treatment systems often lacking



Global targets for IPC/WASH (2020-2030)

By 2022, 60% of all health care facilities

globally and in each SDG region have at least

**basic WASH services** 

- By 2025, 80% have basic WASH services
- By 2030, 100% have basic WASH services.

#### The status of IPC/WASH in Cameroon

- Same as for other countries and regions
- IPC/WASH services are limited
- Water quantity is limited in most facilities
- Water quality is poor



## Why hand hygiene

The most important strategy to prevent

infections

- Improves the quality of care
- Reduces HAIs, and the need for antibiotics
- Prevents AMR

## Hand hygiene systems



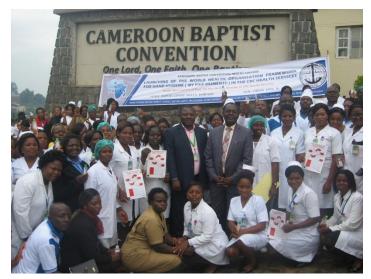




## Drivers for improvement

- Commitment
- General awareness of the need to improve
- Existence of IPC/WASH program & team
- Good management systems
- Creativity/innovation





## Phase one: Initiation (2002-2012)

- Started local ABHR production in BBH
- Piloted in 4 facilities from Jan-Apr 2012
- Scaled up to > 37 facilities from Dec 2012
- System wide in 2020



## Improvement strategies(2)

- Embedded on WHO framework
- Multimodal
- Intentional and purposeful
- Systematic
  - Baseline assessment
  - Implementation
  - Follow up
- Target the system, not individuals
- Public sensitization and demonstrations
- Training

In other words, the WHO	1. Build it 📃
multimodal improvement strategy	(system change)
addresses these five areas:	What infrastructures, equipment, supplies and other resou (including human) are required to implement the intervent
	Does the physical environment influence health worker behaviour? How can ergonomics and human factors approaches facilitate adoption of the intervention?
	Are certain types of health workers needed to implement t intervention?
2. Teach it (training & education)	Practical example: when implementing hand hygiene interventions, ease of access to handrubs at the point of c
Who needs to be trained? What type of training should be used to ensure that the intervention will be implemented in line with evidence-based policies and how frequently?	Intervention, ease of access to handhow at the point of and the availability of WASH infrastructures (including wa and soap) are important considerations. Are these availab affordable and easily accessible in the workplace? If not, action is needed.
Does the facility have trainers, training aids, and the necessary equipment?	
Practical example: when implementing injection safety	3. Check it
interventions, timely training of those responsible for " administering set enjection, including carers and community workers, are important considerations, as well as adequate disposal methods.	(monitoring & feedback) How can you identify the gaps in IPC practices or other indicators in your setting to allow you to prioritize your
	intervention?
	How can you be sure that the intervention is being implemented correctly and safely, including at the bedside For example, are there methods in place to observe or trac practices?
4. Sell it  🔊	How and when will feedback be given to the target audien and managers? How can patients also be informed?
(reminders & communications)	Practical example: when implementing surgical site infection interventions, the use of key tools are important considerations, such as surveillance data collection forms the WHO checklist (adapted to local conditions).
How are you promoting an intervention to ensure that there are cues to action at the point of care and messages are reinforced to health workers and patients?	
Do you have capacity/funding to develop promotional messages and materials?	5. Live it
Practical example: when implementing interventions to reduce catheter-associated bloodstream infection, the use of	(culture change)
visual cues to action promotional/entropring messages, and planning for periodic campaigns are important considerations.	Is there demonstrable support for the intervention at even level of the health system? For example, do senior manag
	level of the health system? For example, do senior manage provide funding for equipment and other resources? Are the willing to be champions and role models for IPC improvem
	Are teams involved in co-developing or adapting the intervention? Are they empowered and do they feel owner and the need for accountability?
	Practical example: when implementing hand hygiene interventions, the way that a health facility approaches the part of safety and quality improvement and the value plac hand hygiene improvement as part of the clinical workflow important considerations.

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## Commitment

- Written
- Public
- Involve leaders and staff at all levels





# Phase two: Implementation (2017-2020)

- Baseline assessment in May 2017
- Training , public promotion and sensitization
- Follow up assessment
  in Oct 2017
- Continuation

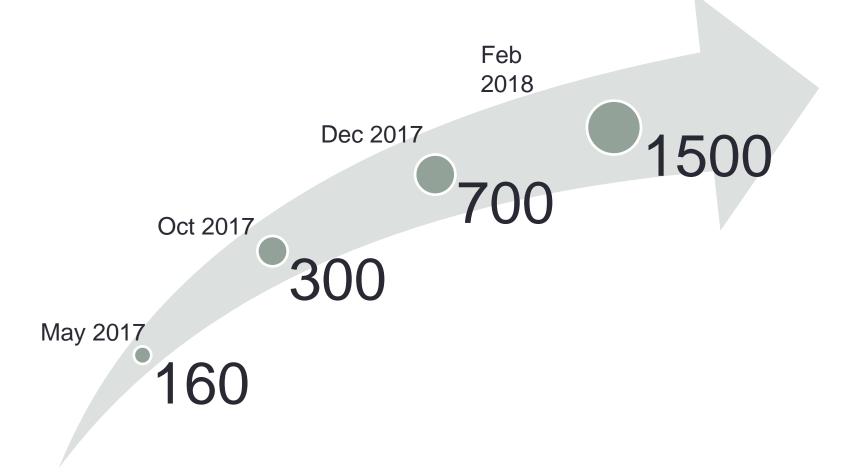


## Training





#### Number of Hand rub points



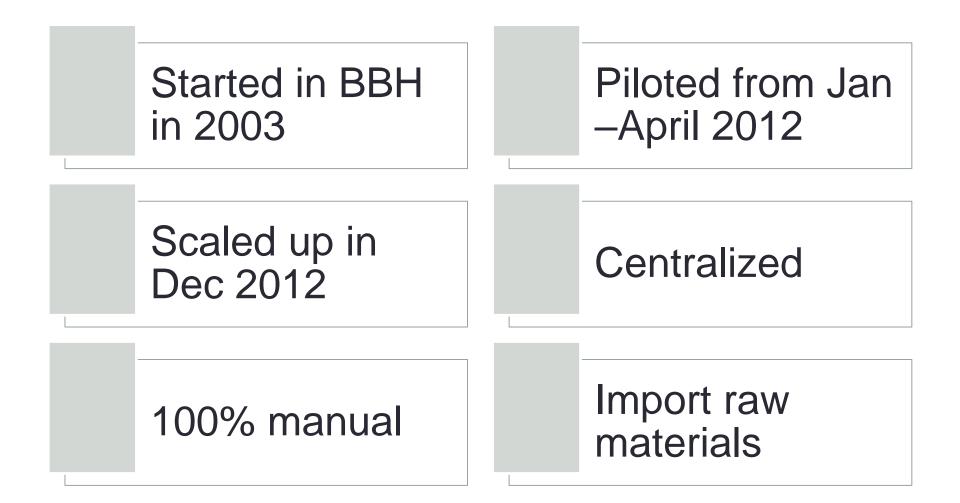
#### Phase three: Covid 19 period, 2020 (Technological explosion)

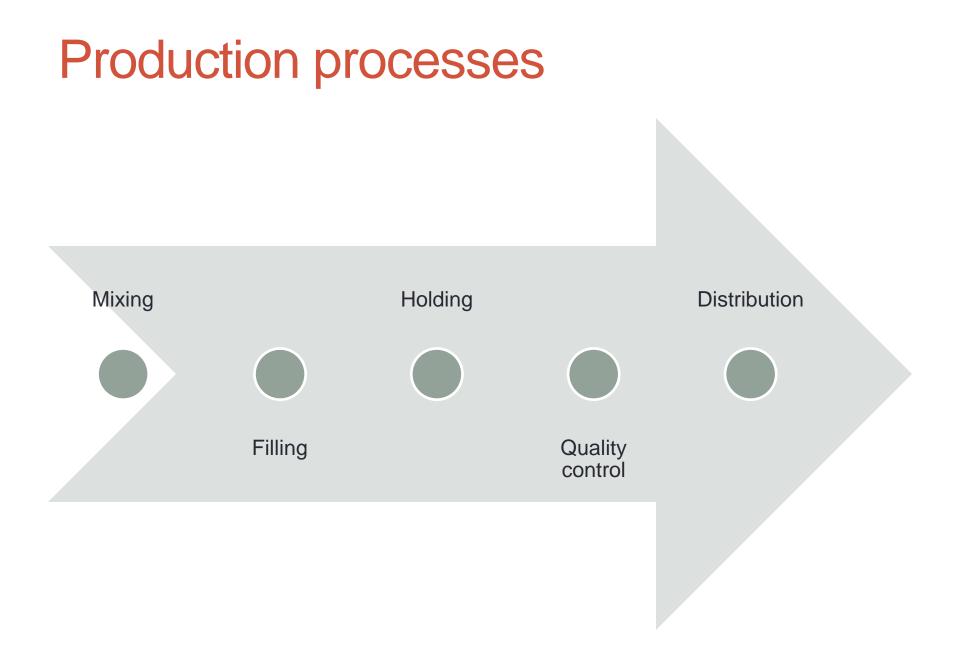


#### Phase three: Covid 19 period, 2020 (Technological expulsion)



#### Local ABHR Production





#### **ABHR Dispensing systems**



## Challenges

- Low production capacity
- Delivery problems
- Cost of raw materials
- Lack of appropriate equipment
- No funding

## Way forward

- Identify appropriate partners
- Network and learn from others
- Mechanization/automation production processes

## Conclusion

- Hand hygiene remains the most important step to prevent infections
- Although water supply is limited, improvement is still possible and necessary at all levels
- Multimodal strategy is strongly recommended
- Commitment, creativity and innovation are vital
- ABHR is strongly recommended
- Local production is key

#### References

 WHO, (2015). Water, sanitation and hygiene in health care facilities: status in low and middle income countries and way forward. Available at

http://apps.who.int/iris/bitstream/10665/154588/1/9789241508476\_en g.pdf. Retrieved on July 04, 2017