

Case study



Cambodia



Gender and inclusive WASH in HCF

Context

In 2016, the NIPH in Cambodia conducted an assessment in 117 HCF in five provinces. Approximately 39% of the surveyed HCF had access to limited sanitation – defined by the NIPH as ‘having at least three improved and usable toilets’. However, these toilets did not meet the needs of the people who are often marginalised from WASH.

The survey also found only 15% of HCF had access to basic hand hygiene at the point of care as defined by the Cambodian Standard (a functional hand hygiene station available at outpatient area, delivery room, and within 5m of toilets).

The survey highlighted that the WASH infrastructure and services in HCF was inadequate and did not meet accessibility requirements. For example, the sanitation facilities were mostly squat toilets with narrow toilet cubicles and pathways, only accessible by steps.

Following the assessment in 2016, a [guideline](#) for WASH in HCF was developed by the MoH to mandate requirements for HCF to be accessible to all users, including pregnant women and people with disabilities. Despite the inclusion of a user-friendly and people-centred approach to design in the guidelines, implementation remains a challenge.

Barriers

In the national WASH in HCF guidelines, the building brief for HCF stated that each facility should have three improved toilets, including one for women with menstrual hygiene facilities and one for people with limited mobility. Despite these guidelines, significant barriers to achieving inclusive and equitable WASH in HCF remain:

- **Lack of budget for improvements to inclusive and equitable WASH infrastructure.** The budgets assigned for HCF is often prioritised for other needs in the facilities such as WASH supplies (soap, hand hygiene materials) and for minor maintenance. This means HCF cannot achieve the basic standards required for WASH in HCF.
- **Lack of effective O&M management processes.** Health care workers/health facility directors recognise the importance of the O&M management and role of cleaners and maintenance staff, however with an already limited HCF budget, O&M is often not prioritised. Without effective O&M, sustainability of WASH infrastructure and services are at risk. The monitoring and evaluation (M&E) programme done by the MOH called the Quality Improvement (QI), is focused on monitoring service quality in HCFs, which included management, IPC, medicine management, health information system, etc. However, the score on wash indicator is only 15% as part of IPC. There is no component on improvements to WASH services. Each HCF is left on their own to do this, but they often have limited capacity or funds to do this well.
- **Lack of functioning and accessible sanitation and handwashing infrastructure** was the most common barrier faced by communities, especially pregnant women, children, older people, and people with disabilities. Despite some budget for hand hygiene facilities, the O&M needed to keep these facilities accessible and functional is lacking.

Barriers (continued)

- **Existing gender norms and roles impact on gender equality and inclusion.** For example, women cannot enforce hygienic practises among family members in the home. Further, the hand hygiene information at HCF targets women, who are assumed to be the sole primary caregiver, and overlooks men and other caregivers in the family. With adequate WASH in HCF, healthcare workers can break through social barriers that limit men and other caregivers' responsibility to change hand hygiene practises as the health of children is not only the responsibility of women care givers.

Approach

WaterAid Cambodia has been leading two initiatives to address these challenges. Firstly, on supporting key policymakers, especially the MoH, to develop and include Gender Equality and Social Inclusion (GESI) in national guidelines on WASH in HCF. Moreover, to ensure a minimum standard for accessible WASH infrastructure, WaterAid Cambodia formed a collaboration with Humanity and Inclusion (HI) to co-develop a technical design model for user-friendly and inclusive WASH facilities in HCF. For example, accessible WASH infrastructures that include menstrual hygiene facilities, separate toilets for different sexes, and accessibility standards for people with limited mobility.

WaterAid Cambodia has also been facilitating another initiative – Changing Hygiene Around Maternal Priorities (CHAMP) – to address gendered roles in maternal and neonatal caregiving. This project is in partnership with the LSHTM and NIPH to improve hygiene behaviours along the continuum of care, for mothers and neonates, while improving women's control of their own health. The project included context analysis and formative research guided by a Behaviour Centred Design approach to understand the behavioural determinants with the specific context and to help design the intervention.¹²

Evidence of change

Since the start of the intervention in 2018, the accessible WASH in HCF technical design has been rolled out in 12 HCF, of which five have allocated their budget to provide accessible WASH services to users.

With technical and financial support from WaterAid, in collaboration with HI, the MoH have developed and distributed accessibility factsheets to HCF nationwide to ensure alignment with the national standards. Healthcare workers at the sub-national level have improved knowledge and understanding of accessible WASH in HCF and the importance of user-friendly WASH facilities for all.

The preliminary findings from the CHAMP initiative indicated that a facility-based intervention had potential impact on improving hand hygiene practises among birth attendants and other caregivers during childbirth and early post-natal care in a HCF environment.¹³

Key lessons

- **Empowerment and participation of end-users.** Involvement of Disabled People's Organisations (DPOs), end-users and those who could be left behind at the design stage of the project is essential to better understand the needs of those who face challenges to access quality WASH and health services. Moreover, knowledge and understanding of healthcare professionals on inclusion needs to be strengthened.
- **Understand WASH priorities and integration into the health system.** For any accessible WASH improvement intervention tool to be effective, it must not pose a high administrative burden, and should be integrated into existing programmes, rather than as a stand-alone WASH intervention. For example, to integrate GESI considerations into WASH in HCF requires WASH and health actors to work together. WASH actors can provide the technical capacity to support healthcare workers to

12. Nalule Y, et al. (2021). Hand hygiene during facility-based childbirth in Cambodia: a theory-driven, mixed-methods observational study. *BMC Pregnancy and Childbirth*. vol 21: 429. Available at: [bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-021-03901-7](https://doi.org/10.1186/s12884-021-03901-7) (accessed 30 Mar 2022).

13. Findings from this study will be published soon.

progress WASH in HCF by working together to integrate the WASH FIT process into the MoH's current M&E programme (H-EQIP). In addition, WASH in HCF should be considered and included in relevant health programme implementation, which could be factored to achieve and accelerate UHC.

- **Cross-sector partnership collaboration.** Strong national support from key partners to the MoH has contributed to WASH improvements in HCF. However, coordination between government ministries needs to be strengthened to ensure alignment and avoid duplication of efforts.
- **Employ a people-centered approach for design and conduct research to inform effective policy.** The consistent provision of alcohol-based hand rubs (ABHR) in key locations of the facility is a convenient and effective supplementary measure that could be employed to improve hand hygiene compliance for new mothers and other caregivers. Strategic placements of ABHR in healthcare settings, in addition to handwashing facilities with soap and water, would increase the convenience of hand hygiene practise for the mobility-restricted mother and address hand hygiene barriers faced by the paternal and non-parental caregivers – such as restricted movement due to overcrowding in the postnatal care room, time pressure from the urgent caretaking needs and increased workload.

Conclusions and recommendations

For an inclusive, sustainable and equitable health service, it is critical to address WASH in HCF and adopt universal accessibility principles when designing WASH interventions. It is key to consider a people-centered approach for user-friendly services and address gender and inclusion factors to improve WASH in HCF.

- Health policymakers, especially MoH, should collaborate with key stakeholders and technical partners on gender and inclusion to ensure revised guidelines will embed practical WASH components that are gender sensitive and accessible.
- The current National Standard tools for the assessment of WASH in HCF should be revised to align with the newly developed national norms and standards and the Joint Monitoring Programme (JMP) WASH monitoring tools. To help facilitate this beyond the Cambodia context, WaterAid has worked with the WHO to include gender and inclusion indicators and tools within the newly revised WASH FIT manual and training package.
- Gender and inclusion should be monitored through disaggregated data and project monitoring tools.
- Policy makers should integrate disability into health service policy and programmes to ensure people with disabilities access and benefit WASH equally.
- Partnerships should be formed with organisations that represent people with disabilities and women leadership to ensure equality and inclusion considerations are represented in health education, promotion and prevention campaigns.
- Policy makers, MoH and NGOs should work together with the Ministry of Finance to acknowledge the importance of WASH in HCF.



◀ Sokha washing her hands in front of the Thlork Vien health centre, Chhouk Village, Cambodia. July 2020.

