

## **Improving COVID-19 IPC and WASH Preparedness and Response in Health Care Facilities in Ethiopia**

**Federal Award Number - 720FDA20GR00163**

**Performance Baseline Data Report**

**August 19, 2020**

### Prevailing Conditions

As the number of COVID-19 cases and associated deaths continue to increase in Ethiopia, health care workers (HCWs) and under-resourced health care facilities (HCFs) are receiving high numbers of cases and are becoming overwhelmed due to insufficient supply of pharmaceuticals and minimal infection prevention and control (IPC) preparedness and response mechanisms<sup>1</sup>. HCWs are at the front line of the COVID-19 outbreak response and, as such, are exposed to hazards that put them at higher risk of infection. Effective IPC at HCFs, especially for HCWs, is indispensable during this time.

The infection of HCWs is concerning as healthcare associated infections (HCAI) may be due to gaps in appropriate use of personal protective equipment (PPE), triage, patient pathways, and IPC practices by HCWs. With additional demand on the healthcare system expected due to the increasing number of cases, the reduction in crucial frontline workers due to sickness will further strain the system affecting patients' recovery and support services. While Ethiopia has reported 31,336 confirmed COVID-19 cases as of August 19, 2020 (with 544 deaths)<sup>2</sup>, the actual rate is thought to be higher due to low testing and is expected to increase<sup>3</sup>.

There remain significant gaps in reliable messaging, particularly in rural areas, where health, hygiene, and sanitation practices are already low.<sup>4</sup> Strategic messaging targeting HCWs at HCFs is essential in combating further transmission among patients.

### Methods and Data Sources

Food for the Hungry (FH) conducted a baseline assessment at 31 vulnerable HCFs (total estimated population catchment 477,000) using qualitative research methods to assess their COVID-19 preparedness and response levels. Due to the limited amount of time and access challenges caused by heavy rains, FH targeted hospitals, health centers, and township health posts near the center of the districts. The assessment methodology included informal discussions with community members and observations during the visits to the HCFs. Additionally, Focus Group Discussions were conducted to gather the data and corroborate the findings. The group gatherings were conducted through appropriate social distancing adapted for COVID-19 pandemic spread prevention protocols. Further discussions were conducted with key stakeholders, HCF leadership, health extension workers (HEWs), government department leadership, and some patients in the facilities. In addition a WASH assessment was also undertaken using tools developed from the WHO/UNICEF "Water and Sanitation for Health Facility Improvement Tool (WASH FIT)" (2018) and were modified for COVID-19 response

<sup>1</sup> <https://ethiopianmonitor.com/2020/05/07/nearly-1000-health-care-workers-infected-across-africa-who/>

<sup>2</sup> <https://www.covid19.et/covid-19/>

<sup>3</sup> <https://covid19.who.int/region/afro/country/et>

<sup>4</sup> <https://www.google.com/search?q=2016+Ethiopia+Demographic+and+Health+Survey%2C>

based upon WHO/UNICEF “Water, Sanitation, Hygiene and Waste Management for the COVID-19 Virus, Technical Brief“ (23 April 2020). The WASH assessments were conducted by trained enumerators using mobile phones and KoBo Toolbox software. More details on the WASH assessment have been provided as an annex.

### Location and Timing

The baseline assessment was conducted in the project target HCFs located in Nefas Mewucha, Arb Gebeya and Wogda township administration of South Gondar Zone in Amhara Region, Bembassi and Assossa woredas in Benishangul Gumuz Region, and Diga and Sasiga woredas in Oromia Region from August 7-11 2020.

### Limitations

Assessment limitations included the short time to gather data compounded by the heavy rainfalls, seasonal road conditions and delays in meeting with focal persons from the HCFs. Also, some of the smartphones used for online data collection had GPS reading accuracy problems. Consequently, it was challenging to collect baseline data from health posts located far from the center of the districts. Also, some of the HCFs in close proximity overlapped. Thus the findings may over-represent the situation of the more accessible HCFs and under-represent that of the more remote HCFs.

### Findings

#### Health

	<b>Indicator</b>	<b>Baseline</b>	<b>Source of Information</b>	<b>Target</b>
<b>Sub-sector</b>	<b>Pharmaceuticals and Other Medical Commodities</b>			
Ind 1	Number of people trained in medical commodity supply chain management	N/A	FH is requesting that this indicator be removed since it removed pharmaceuticals from the proposal.	27
Ind 2	Number of health facilities out of stock of any of the medical commodity tracer products, for longer than one week, seven consecutive days	N/A	FH is requesting that this indicator be removed since it removed pharmaceuticals from the proposal.	3
<b>Sub-sector</b>	<b>Public Health Emergencies of International Concern and Pandemics</b>			

Ind 1	Number of health care staff trained	6	HCFs administration interview (Key informant interview)	63
Ind 2	Percentage of target population who can recall two or more protective measures	31%	Sample survey (interview with total of 310 individuals i.e. 10 samples interviewed at 31 HCFs)	80%
Ind 3	Number of outpatient health facilities supported	1	HCFs administration interview (Key informant interview)	3
Ind 4	Number of inpatient health facilities supported	1	HCFs administration interview (Key informant interview)	3
Ind 5	Number of individuals screened or triaged for COVID-19 at supported/target health facilities	1,945	Pre triage number of cards from registration room	2,431
Ind 6	Number of people reached through risk communication activities by channel	594	HCFs administration interview (Key informant interview)	19,029

#### WASH

	<b>Indicator</b>	<b>Baseline</b>	<b>Source of Information</b>	<b>Target</b>
<b>Sub-sector</b>	<b>Hygiene Promotion</b>			
Ind 1	Number of people receiving	986	HCFs	16,214

	direct hygiene promotion (excluding mass media campaigns and without double-counting)		administration interview (Key informant interview)	
Ind 2	Percent of people targeted by the hygiene promotion program who know effective handwashing procedures to prevent COVID-19 transmission pathway (Custom)	23%	Sample survey (interview with total of 310 individuals i.e. 10 samples interviewed at 31 HCFs)	85%
Ind 3	Percent of households targeted by the hygiene promotion program with soap and water at a designated handwashing location (HCF)	16%	Sample survey (interview with total of 310 individuals i.e. 10 samples interviewed at 31 HCFs)	100%
Ind 4	Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands	19%	Sample survey (interview with total of 310 individuals i.e. 10 samples interviewed at 31 HCFs)	85%
<b>Sub-sector</b>	<b>Sanitation</b>			
Ind 1	Number of people directly utilizing improved sanitation services provided with USAID/OFDA funding	247	HCFs administration interview (Key informant interview)	19,029
Ind 2	Percent of hand washing stations built or rehabilitated in health facilities that are functional	26%	<ul style="list-style-type: none"> <li>HCFs administration interview (Key informant interview)</li> <li>Physical observation</li> </ul>	100%
Ind 3	Percent of latrines/defecation sites in the target population with handwashing facilities that	27%	<ul style="list-style-type: none"> <li>HCFs administration interview (Key informant</li> </ul>	85%

	are functional and in use		<ul style="list-style-type: none"> <li>interview)</li> <li>Physical observation</li> </ul>	
<b>Sub-sector</b>	<b>Water Supply</b>			
Ind 1	Number of people directly utilizing improved water services provided with OFDA funding	0	HCFs administration interview (Key informant interview)	363
Ind 2	Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination	33%	<ul style="list-style-type: none"> <li>HCFs administration interview (Key informant interview)</li> <li>Physical observation</li> </ul>	100%
Ind 3	Estimated safe water supplied per beneficiary in liters/person/day	1.4	<ul style="list-style-type: none"> <li>HCFs administration interview (Key informant interview)</li> <li>Interview with users &amp; physical observation</li> </ul>	7.5

### Analysis

#### Health:

##### Pharmaceuticals and Other Medical Commodities Sub-sector

FH requests that BHA allow it to remove Indicator 1 and 2 under the sub-sector Pharmaceuticals and Other Medical Commodities. While other medical supplies will be procured and distributed, pharmaceuticals have been removed from the program and so we cannot provide information for these indicators.

##### Public Health Emergencies of International Concern and Pandemics Sub-sector

Baseline assessment data reinforces the importance of the interventions under this activity. The assessment found one out of three hospitals has received COVID-19 prevention and mitigation supplies within the last two months and so the PPE and IPC supplies will be welcomed. Only a limited number of HCWs are trained on COVID-19 prevention and mitigation measures in the target HCFs. Since the outbreak, 1,945 of an estimated 57,000 patients have been screened at the targeted HCFs. This demonstrates that the capacity to screen suspected cases is very low.

At this time, HCF administration personnel shared during the key informant interviews that, in

total, 594 patients have been reached through risk communication efforts.

Also, only 31% of individuals (96/310) interviewed receiving health care service at the HCFs can recall two or more COVID-19 protective measures.

### **WASH:**

Limited access to WASH services compromises the ability of HCFs to provide safe and quality care, and places those seeking care at substantial risk of COVID-19.

#### **Hygiene Promotion Sub-sector**

Accurate COVID-19 prevention and mitigation messaging remains a challenge in the target areas. Based on key informant interviews and sample survey results, 986 individuals out of an estimated 57,000 individuals across the intervention areas have received direct hygiene promotion messages since the outbreak of COVID-19, and only about 23% (71/310) of individuals targeted by the hygiene promotion program know effective handwashing procedures to prevent COVID-19 transmission pathway.

#### **Sanitation Sub-sector**

Based on key informant interviews and observations, 74% (23 of the 31) of targeted HCFs hand washing facilities are either damaged, nonexistent, or non-functional. Also, facilities lack detergents and waste disposal baskets for safe disposal of solid and hazardous wastes. The procurement of 243 temporary hazardous storage bins will mitigate the shortfalls in the HCFs. Targeted HCFs lack the necessary sanitation facilities and supplies; this will increase facilities' vulnerability to COVID-19. This means one of the critical COVID-19 prevention pathways is lacking. To rectify this, the project plans to install 137 pedal operated hand washing facilities for vulnerable target HCFs.

#### **Water Supply Sub-sector**

Ensuring access to and availability of safe drinking water for human consumption and hand washing at HCFs is critically important during COVID-19. Currently, only 33% of functional water points at HCFs are clean and protected from contamination. Also, based on interviews with users and key informants, it was clear that adequate water supply is a challenge at all of HCFs where the baseline assessment was conducted. Repairs of the existing functional water source and additional water supply to maintain needed access to water for all critical needs should be addressed. In this activity, FH is intending to implement water system improvements at an estimated 14 HCFs, install an additional 14 water storage tanks, and provide 16,800 strips of Aquatabs to improve water access and quality.