



## ■ Learning Brief

# BANGLADESH COVID-19 RESPONSE: A WASH & INFECTION PREVENTION AND CONTROL PROGRAM

## Most Significant Change

### BACKGROUND

**MOMENTUM** Country and Global Leadership implemented a water, sanitation, and hygiene (WASH) and infection prevention and control (IPC) activity in response to the COVID-19 pandemic in the Barishal district of Bangladesh. With the support of Ministry Health and Family Welfare (MOHFW) and funded by United States Agency for International Development (USAID), MOMENTUM's WASH/IPC COVID-19 Activity was implemented from August 2020 to July 2021 to provide rapid, needs-based support focused on WASH and IPC readiness in 17 high-volume, targeted health facilities delivering maternal, newborn, and child health services. It also aimed to ensure delivery of essential health services without being adversely affected by the COVID-19 pandemic and to improve the quality health services.

#### Learning Question:

What were the most significant changes for infection prevention and control at facilities from the perspective of staff working there?

### METHODS

In July 2021, the MOMENTUM team used the Most Significant Change approach (a qualitative research method) to capture stories from health facility staff on the impact of interventions implemented as part of the WASH/IPC COVID-19 Activity. The exercise was done with the relevant health staff, including support staff at four purposely selected health facilities: Banaripara Upazila Health Complex (UHC), Agailjhara UHC, Mehendigonj UHC, and Bakergonj UHC. In each facility, there were five participants, usually one cleaning staff, one Expanded Program on Immunization technician, one paramedic, one nurse, and one doctor to include representation of various cadres that participated in trainings led by MOMENTUM.

Participants were first oriented on the Most Significant Change approach and method. Then, participants were asked to come up with a story in response to this question "In your opinion, what is the most significant change that you have seen at your workplace for IPC since the introduction of training in IPC quality improvement?" The question was intentionally broad with little guidance from project staff to

reflect the values and priorities of facility staff. Each participant shared their stories with the group, then went through a process of prioritization, to select the one or two stories that represent the most significant change(s) in their facilities. In this way a total of six stories were identified as representing the most significant changes. Participants also decided on a domain of change to categorize each story.

## ETHICAL CONSIDERATION

Jhpiego obtained a non-research determination from Johns Hopkins University Institutional Review Board for this work. Before starting the process of capturing Most Significant Change stories, an oral consent script was read, and all participants gave permission to proceed. During conversation, staff took notes, but the conversations were not recorded.

## RESULTS

The Most Significant Change stories selected by participants are below, along with the position of the storyteller and domain of change designated by the participants.

### FACILITY 1

- **Storyteller: Cleaning staff, Domain of change: Attitude**

*I have been working in this facility for several years. I haven't experienced previously such a pandemic like COVID-19. My role is to clean the hospital floors, dumping wastes produced by patients and surgical interventions. The dumping area was in an open space and very close to the hospital premises. I did not use to maintain or follow the handwashing protocol properly after handling the wastes. Because I did not know that it was that important. Fortunately, I was selected for IPC training and received the training in January 2021. I eventually realized the importance of handwashing and learned about our protection. I learned the steps of handwashing in the training. Now on day I practiced the learning in the training session to protect myself. I also shared the learning with others. I also observed that after the training, everyone at the facility became aware and cautious. My task has been increased. Sometimes, it gets difficult for me to cover all my assigned area. Because, the hospital only got two cleaners, including me. Then I understand, we all are passing a very hard time, our staff too. I understand, I play a vital role in this aspect. Now, I properly clean the bed rails, handrails, switches with proper cleaning materials. Also, all the time I put on a mask on my face at the facility. Everybody in our facility wears a mask now. The staff counsels and motivate patients and visitors too. At least now I can say because of me at least one less person would be affected by Corona.*

### FACILITY 2

- **Storyteller: nurse, Domain of change: improved practice**

*I received many trainings during my career, but this was the first time I received training on infection prevention and control. After receiving the training on IPC, I myself and other the hospital staff changed our behavior in a more polished way to protect ourselves. Before receiving the training, we hardly washed our hands before entering and exiting the facility. In the training, we learned that handwashing for 20 seconds with soap and running water is a must for avoiding infection. We also learned why it is necessary to wash our hands for 20 seconds, why not 10 seconds or less. I realize that if we want to change our behavior, knowing the reason is very effective. Our facilitator explained why it is necessary to wash hands maintaining the steps for at least 20 seconds. Now I think everybody understands what we need to do. There is no alternative of wearing masks and washing hands frequently if we want to see a COVID free world.*

## FACILITY 3

- **Storyteller: nurse, Domain of change: mass awareness**

*In the training on IPC Quality Improvement [QI], we learnt how to conduct the survey. We upload the data online and we display those data on our QI dashboard. This was a strong recommendation from the facilitators. After two months of maintaining the dashboard properly, we can see our own data. If in the next month the data shows improvement in IPC behavior, quality, etc., our facility manager congratulates us. We get motivation. In the next month we again try to cross the previous month's scores. Because this is for our own benefit, and we must do better than other sub-district facilities. If somebody was reluctant to use mask, wash his/her hands, he also gets influenced by seeing his/her co-workers. Because, as health care providers, we must demonstrate our best behaviors in front of the patients.*

- **Storyteller: cleaning staff, Domain of change: Own safety**

*Before that training, I had no idea about using utility gloves before touching any hazardous material. The training enriched my knowledge regarding my own safety. I was not aware about the benefit of wearing gloves. Therefore, I was not habituated to wearing gloves and I felt uncomfortable wearing the utility gloves and all other personal protective equipment like gumboots, gown. During the training, the training nicely explained the important of wearing gloves including wearing mask and handwashing. Now, all day I practice them during work at facility. Even, now I know their usefulness. Earlier, I was less familiar with the material, only heard of them, got access but never used them. I will say earlier, nobody briefed me about the risks if I do not use them. Every day, now I wear gloves, mask, and wash hands after work.*

## FACILITY 4

- **Storyteller: doctor, Domain of change: teamwork in facility**

*Quality Improvement training was a game changing event for us. We were struggling with so many COVID-19 infected patients and were afraid because we also have a family back home. In the QI training we built a group for each health care facility and constructed the "Aim Statement." This aim constantly kept pushing us from the back. We consulted with our health and family planning manager. Our manager promised to cooperation and protection with the health facility staff in every way possible jointly. We decided that we all practice that learned from the training, at the same time, service recipients will be counseled to be habituated using mask and handwashing. We started surveying and found, at first, the rate of using masks and handwashing by service recipients was not that high. We kept counseling the patients and stopped seeing patients who came without a mask. Additionally, Save the Children [MOMENTUM implementing partner] provided us lots of IEC [information, education, and communication] and SBCC [social behavior change communication] materials on the COVID-19 pandemic, which frequently reminded people of wearing mask, washing hands, maintaining the steps, and many more. Now, I can hardly see any patient without a mask in the facility, let alone providers. Finally, we observed through surveys that all health facility staffs, and service recipients use masks and washing hands, which ultimately reduce the risk of COVID-19 infection at facility and community level.*

- **Storyteller: Cleaning staff, Domain of change: practice**

*I have been working in this facility for many years. I never used separate bins for waste because I was not guided on this issue. Now, I realized that I have been working here for waste management without knowing that there is a significance of color coding of bins. I learned in the training that all types of bins are not for all types of wastes. Now, after getting the training, I know where to put sharp objects, infectious wastes, and general wastes. Sometimes I wonder how dangerously I used to work in this facility. I received this knowledge from the training and practice in everyday life, and there is no scarcity of colored bins now.*

## CONCLUSIONS

- Extremely low awareness of basic safety and infection prevention measures among cleaning staff prior to training can be a critical gap in infection prevention. Few health projects include training for cleaning staff, an oversight that should not be ignored in future projects.
- Cleaning staff seemed highly receptive to the training. According to the story tellers, there were substantial improvements in practices among cleaning staff when they understood what they could do to protect the health of patients, staff, and themselves.
- The selection of stories told by cleaning staff show that other facility staff (including health care providers) value the role of cleaning staff in preventing the spread of infections.
- Health care providers' handwashing practices were suboptimal prior to training.
- Training and quality improvement empowered facility staff so they felt they could do something to protect themselves, their families, and their patients.
- The stories included examples of how collecting and reviewing data on infection prevention practices helped facility staff identify areas for improvement and motivated staff to keep up with these practices to reduce the risk of spreading infection.

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### **MOMENTUM**

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