



# WASH

in Health Care Facilities

**Global Meeting on WASH in Health Care Facilities:**

**From Resolution to Revolution**

Livingstone, Zambia

9-11 September 2019

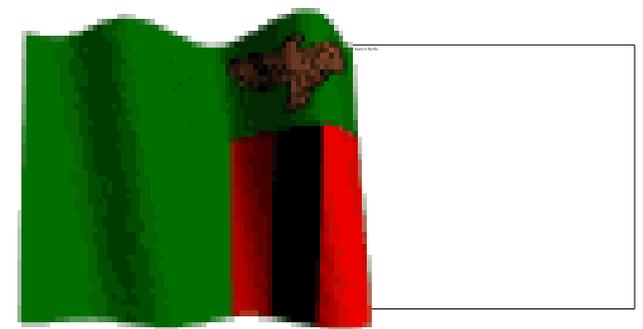
unicef   
for every child



# Country Commitments – Day 1



1. **Zambia**
2. **DRC**
3. **Ghana**
4. **Hungary**
5. **Malawi**
6. **Mali**
7. **Rwanda**
8. **Tanzania**



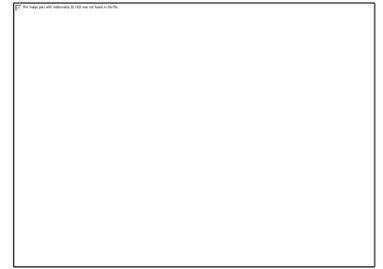
# 2019 Global meeting on WASH in Health Care Facilities

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## Zambia: Country Progress Updates

9 September 2019

# Country Baseline



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- Country Population- approx. 17 million People
  - Number of Health Care facilities-3003 (524 Private, 2479 Government)
  - Number of Health care Workers-57,969

# Rapid Assessment Findings, 2019



- Improved water supply- 69%
- Improved Sanitation- 53%
- Health care waste Management-64%
- Hand hygiene -62%
- Cleanliness and Disinfection-49%
- Facility Environment-43%

# Progress on 8 Practical steps

Roadmap under elaboration

Developing standards

Targets are set

- 90% of HF to have basic water by 2022
- 80% of HF with adequate health care waste management by 2022
- 80% of critical areas with hand washing facilities by 2022
- 90% for basic sanitation for all health care facilities by 2022

WASH integrated in all programmes

Allocating funds

- Incorporation of WASH in HF in the national budget
- Project development for WASH in HF (EIB, Italy cooperation, World Bank, WHO, UNICEF, UNDP, GEF)
- Integrate WASH in HF in all Global health programmes Malaria, TB/HIV/AIDs, Maternal & Neonatal Health, Cholera elimination

Coordination mechanism



# Conclusion



- Zambia is committed to WHA Resolutions on WASH in Health Care Facilities
- Zambia has adopted the 8 Practical steps for universal WASH in HCFs
- Stakeholder engagement, monitoring and finance for WASH are key components of focus

# DRC Commitments on WASH in HCFs

❖The HCF is a response from the Democratic Republic of Congo (DRC) to the WHO / UNICEF recommendation that the approach is both to create a favorable environment for improving water, sanitation and hygiene services health care facility for the prevention and control of infections associated with care.

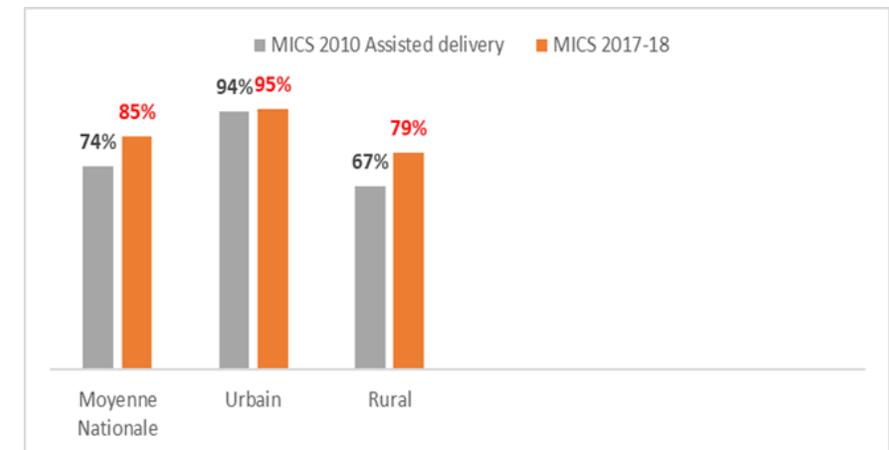
❖This component constitutes a strategic axis of the National Health Development Program , 2016 -2020

❖In 2018, The Ministry of Health has technically validated the "STANDARDS AND GUIDELINES RELATING TO BASIC SERVICES RELATING TO WATER, HYGIENE AND SANITATION IN health care facility IN DRC

- Standardize the work of actors in the field, and enable technical and financial partners to align
- Create conditions that allow the government to ensure its regulatory role and control the various WASH interventions.
- Constitute a frame of reference for the planning and allocation of WASH resources in the health system,
- To redirect actions in line with the vision of the Strengthening the health system whenever necessary in order to comply with the national health policy.
- The national road map is being designed to cover progressively the 424 hospitals and 8,266 health centers up to 2030



Figure 2: Step-by-step process of 'Healthy HealthCare Facility'



# Ghana's Commitment



- Ghana's President serves as Co-Chair of Eminent Advocates on SDGs. Indicative of highest political commitment to all SDGs including WASH.
- Policy of Infrastructure Directorate of MoH is to ensure all newly constructed and future Health Facilities have improved water supply, sanitation and modern waste management infrastructure.
- Health Facility Regulatory Agency (HEFRA) to ensure all health facilities are WASH –IPC compliant before accreditation/licensure.
- With an existing costed WASH strategy, Ghana is committed to implementation of standard WASH-IPC practices in all health care activities and even extend to the home, schools, private and communities through health education.
- With WASH-IPC data already integrated into DHMS2, Ghana is committed to monitor progress and hold stakeholders accountable.

# Hungary commitments



- **CHALLENGES:**

- nosocomial infections, antimicrobial resistance, drinking water quality in HFCs and appropriate treatment of healthcare waste and sewage

- **COMMITMENTS:**

- **Protocol on Water and Health**

- the establishment of the national baseline of WASH in healthcare facilities, the definition of national advanced indicators, and the reduction of water related nosocomial infections through the development of guidance on WASH in healthcare facilities

- **Biannual Cooperation Agreement of Ministry of Human Capacities and WHO Regional Office of Europe**

- situation analysis of WASH in health care facilities

# Malawi Commitment to IPC/ WASH



- Establish/ enforce national guidelines for IPC/ WASH for HCF
- Participation and coordination on IPC/WASH by all stakeholders
- Policy instruments must prioritize IPC/ WASH as a critical component for improving quality of care
- QM policy has IPC/WASH with strategies for implementation
- Popularize IPC/WASH to ensure accountability
- Increase budget allocation for IPC/ WASH

# Mali Commitment to WASH in HCFs



- Compléter les évaluations de la situation WASH dans les établissements de santé
- Institutionaliser le paquet minimum WASH dans les établissements de santé
- Compléter les indicateurs WASH dans le système d'information sanitaire
- Renforcer la coordination entre les acteurs (TaskForce WASH)



# Philippine Country Situation

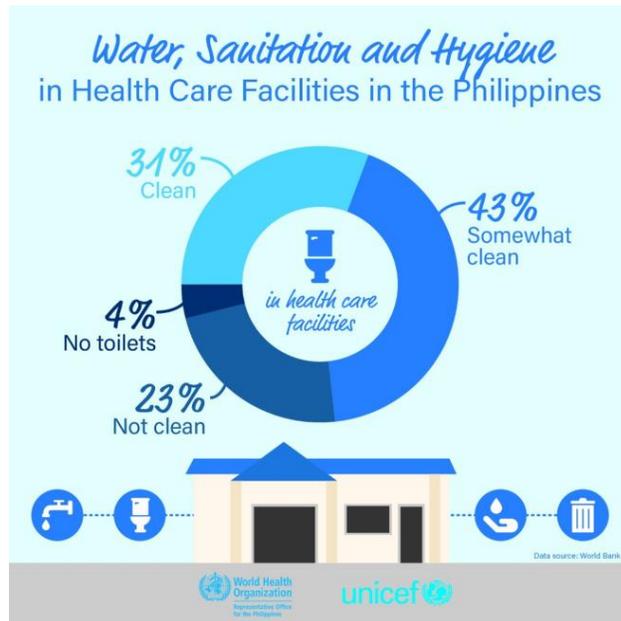
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NATION

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By: [Gabriel Pabico Lalu - Reporter](#) / @GabrielLaluINQ INQUIRER.net / 03:26 PM March 14, 2019



# Philippine Country Plan

- Barangay Health Station=22,512
- Rural Health Units = 2,597
- Birthing home = 1,813
- Hospital= 1,456
- Infirmary =673

29,051 HCFs

HCF subject to licensing: 3,942  
Percent licensed: 93%



Inter-agency Committee on Environmental Health

Philippine Green Building Code

RA 11223 - Universal Health Care Law

# RWANDA: Strengthening the monitoring system of WASH in HCFs



## **Current practices:**

- I. Monitoring by routine national supervision by MOH
- II. HCFs accreditation and Quality assurance Program through the PBF Process.

## **Commitments for improvement by 2024:**

- I. Monitoring WASH infrastructure in HCFs through the WASH MIS .
- II. Piloting and implementing WASH FIT
- III. Developing the capacity of Health care providers in drinking water quality monitoring.

# Country Commitments

## United Republic of Tanzania



- 1** By 2021 conduct comprehensive national assessment to **establish baseline of WASH in HCFs, set national targets** to address established gaps
- 2** **Integrate WASH indicators into routine data collection systems** to help measure and track progress on improving WASH in HCFs and health system performance
- 3** **Capacity building of health workforce**, including health care workers, auxiliary staff, environmental health officers and engineers to manage safe water, sanitation and hygiene services, provide ongoing maintenance and operations and perform appropriate safe water, sanitation and hygiene and infection prevention and control practices
- 4** **Adaptation of effective tools** such as WASHFIT to speed up and sustain gains on WASH in HCFs
- 5** **Develop and implement a road map including a National Costed Plan** with a realistic budget to guide implementation, acceleration and scale up of WASH services in HCFs to ensure that every health care facility in every setting has adequate WASH services
- 6** **Establish strong multisectoral coordination mechanisms** and effective institutions with the active involvement of key relevant ministries (Health, PO-RALG, finance, and water) to strengthen collaborative efforts rejuvenate existing roles and responsibilities and ensure adequate financing for effective delivery of adequate WASH in HCFs and infection prevention and control across the health system

## Country Commitments – Day 2



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**Bhutan**

**Haiti**

**Ethiopia**

**Indonesia**

**Mozambique**

**Nicaragua**

**Tajikistan**

**Viet Nam**

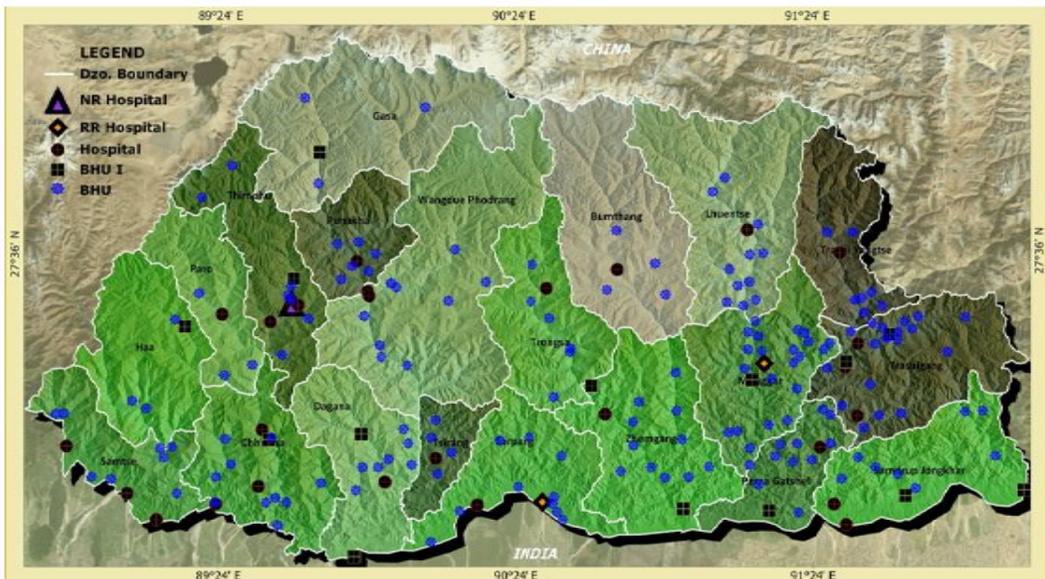
**Yemen**

**Zimbabwe**





# BHUTAN'S Commitment



Water	Sanitation	Hygiene	Waste
95.50%	84.50%	88.46%	35.90%

- *Development of National Standards*
- *Adaptation of WASH FIT to national context*
- *Preparation of Strategy Document for WASH in HCFs*
- *Formation of Coordination Mechanism & TWG*
- *Integration of WASH indicators into DHIS2*

Sl.No	Type of facilities	Number
1	National Referral Hospital	1
2	NTMH	1
3	Regional Referral Hospital	2
4	District Hospitals	23
5	BHU-I	23
6	BHU-II	185
7	Sub-Post	45
	<b>TOTAL</b>	<b>280</b>

# Ethiopia

- ❖ As per the 2018 Ethiopia SARA Report.
  - About 61% of health facilities have sanitation facilities
  - Only 34% health facilities have improved water source
- ❖ MoH involving stakeholders have been prioritize and working on Health Care facilities to improve quality of care to address the specified WASH service gaps through:
  - Launching of new initiatives
  - Commitment of government: engagement of higher political officials including the PM.
  - Resource mobilization: 50 million ETB (1.8 million USD) budgeted this year for the implementation of CATCH-IT initiative

# Haiti commitments

## Ongoing commitments:

- WASH assessment in all Health Care Facilities
- Practitioners' training on Infection Prevention and Control
- Strengthen Health Care Facilities WASH infrastructures

## Next years commitments:

- Define a roadmap for WASH in Health Care Facilities
- Strengthen the WASH task force
- Define and disseminate the WASH norms/standards
- Put in place a mechanism to sustain knowledge and lessons learned
- Elaborate a joint MoH-WASH regulator (DINEPA) plan

# Indonesia Commitment for WASH in HCFs



- There are Regulation No. 13/2015 on Environmental Health in Primary Health Centers and Regulation No. 7/2019 on Environmental Health in Hospitals; to regulate 5734 hospitals and 9601 PHCs;
- Country has moved towards UHC with high level political commitment and instruction from President; WASH is prominent in improving quality and capacity of care as demanded under UHC;
- Health sector committed for improvement upon QOC for reduction of maternal and newborn mortality rates as country could not meet MDG targets on these;
- MOH conducts national HC facility survey (ASPAK) and has started web-based data reporting on HC facilities including WASH information. Country baseline on WASH in HCFs will be established soon;
- MOH working on updating National Roadmap on Drinking Water Quality 2020-2030, and national WQ standards; WASH in HCFs will be addressed accordingly;
- There is provision of Government Special Allocation Funds (DAK) to operate WASH in HCFs

# Indonesia

## Future Opportunities for WASH in HCFs as it Crosscuts in Several Respects:



- Several Directorates in MOH need to work collectively such as Environmental Health, Health Facility, Health Promotion, Health Information, Hospital Services, PHCs etc.; (horizontal coordination)
- Also, at inter-ministerial level, MOH to work closely with Planning Ministry, Ministry of Public Works, Environment Ministry, Social Coordination Ministry, and Ministry of Home Affairs;
- WASH is well addressed under the Five Years National Plan of the Government 2020-2024; Increasing budget allocation is necessary to run nation wide project to upgrade WASH in HCFs;
- Competency building of Sanitarians working in PHCs and confining their scope of work only for WASH and other environmental health conditions is necessary;
- Taking this global synergy and working with national and international partners for improved WASH in HCF will remain timely in this SDG era & important.

# Country Commitments

## Mozambique

The country will work towards:

- 1** **Align our strategies and approaches with the global effort for safe WASH in health care facilities and contribute to the realization of the SDG 3** (Ensure healthy lives and promote health and well-being for all at all ages) and **SDG 6** (Ensure availability and sustainable management of water and sanitation for all)
- 2** **Establish and implement minimum standards for safe WASH and infection prevention and control** in all health care settings and build standards for safe WASH and IPC into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice
- 3** **Educate and raise awareness, on WASH,** with particular focus **on maternity, hospital facilities and settings used by mothers and children;** and **conduct ongoing education campaigns** on the risks of poor sanitation
- 4** **Have procedures and funding in place to operate and maintain services for safe WASH for IPC in health facilities,** and to make continuous upgrades and improvements based on needs so that infrastructures continues to operate and resources are made available
- 5** **Promote a safe and secure working environment for every health worker,** including working aids and tools, safe WASH and cleaning and hygiene supplies, for efficient and safe service delivery

# Nicaragua

## Current Situation

- Project for hospital waste management has been implemented in all primary, regional, departmental and national reference hospitals (72 units). It has included water quality monitoring and training.
- Environmental aspects such as waste management and water quality are included in new HCF construction projects.
- Ongoing creation of a national intersectoral and inter-institutional WASH committee ; first activity will be to review indicators of sustainable development objectives 6.

## To do

- Establish baseline of WASH in HCF.
- Strengthen and formalize coordination mechanism and include the specific topic of WASH in HCF.
- Improve WASH training to health staff and expand it to infrastructure workers, maintenance and managers.

# Tajikistan - Integrate WASH into Programming

Stakeholder Roundtable (2018) outcomes led to:

- In-depth analysis of policies and WASH situation assessment in selected facilities
- WASHFIT piloting as a basis for country wide scale up
- Embed WASH into National Health Strategy as an essential part
- Mainstream WASH in maternal and child health programmes, IPC and in the health facility accreditation requirements



Roundtable for decision makers (Dushanbe, 2018)

Recent progress:

- **Set targets** dedicated to WASH in HCF in the context of the Protocol on Water and Health (2018)
- Integration of **WASH** in the **national AMR action plan** (adopted in 2018)
- Uptake of key strategic actions of **WHA resolution 72/7** on WASH in HCFs in the draft national health strategy and action plan for 2020-2030

# Tajikistan: Establish and implement standards

## Shortcomings of the standards:

- PHC facilities are not always specifically addressed
- Not clear requirements on aspects such as costing, operation of WASH services, or responsibilities of the staff, capacity building of cleaners
- Requirements for water supply and wastewater systems are not specific to HCFs
- Lack of requirements for on-site systems, which are common in rural areas

Health sector reform and new health code call for revision of outdated documents: opportunity for improving standards:

- SanPin on health care waste management –under finalization by MOH
- SanPin on WASH in HCFs - planned

## Future priorities to implement Resolution:

- Adopt NHS 2020-2030 and translate WASH in HCF strategic points into action
- Build enabling mechanism (institutional, financial and monitoring)
- Strengthen partnership with stakeholders (UNICEF, Oxfam, JICA etc)



# VIETNAM'S COMMITMENTS

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- Conducting a national baseline assessment.
- Setting up national targets
- Developing a national action plan and roadmap
- Developing standards on WASH in HCFs.
- Integrating WASH in HCFs into Plan for Implementing G-C-B HCFs, national evaluation of hospital quality and other national health programmes.



HCFs

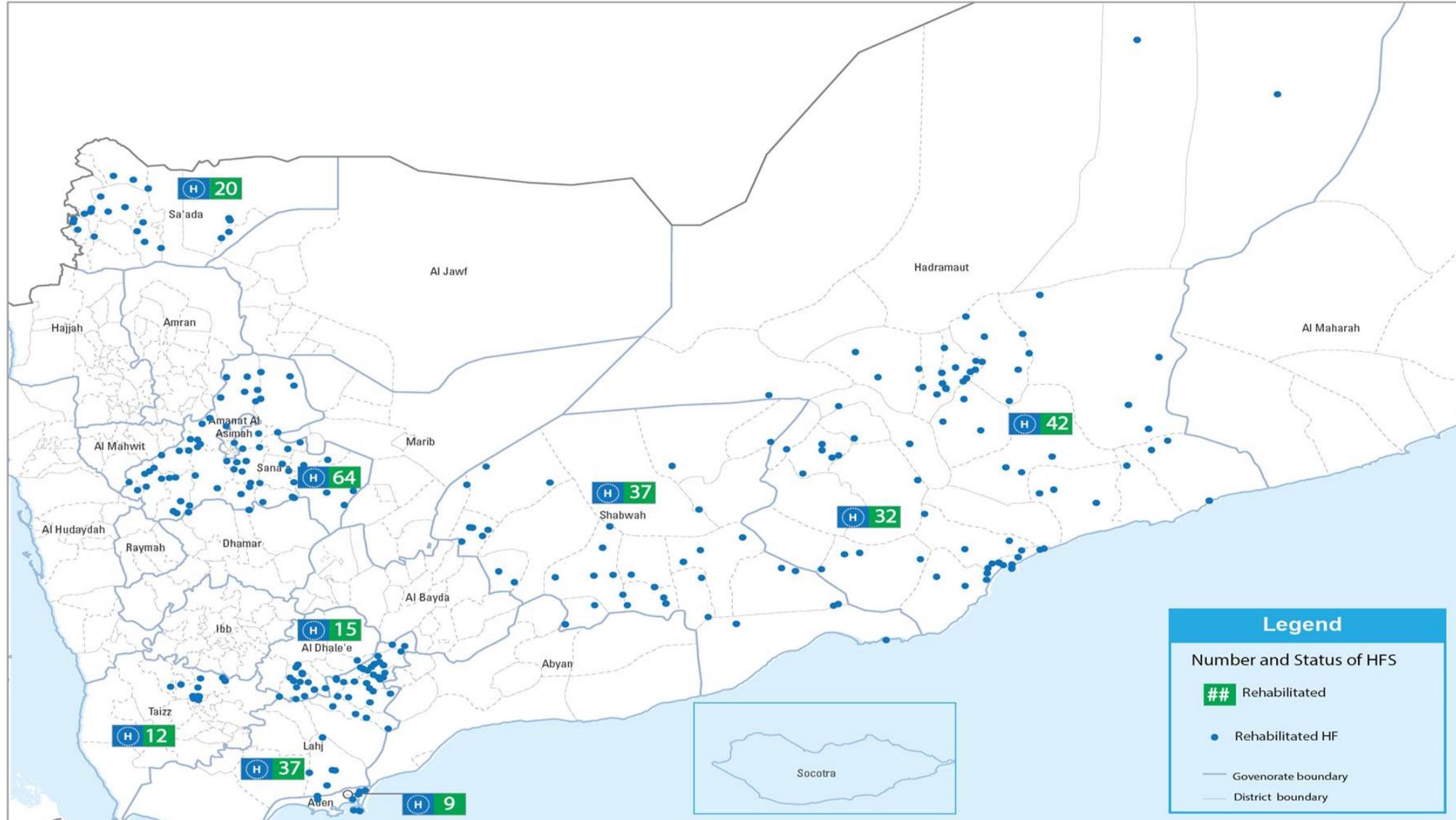
Target: 1100

Achieved: 268

Ongoing: 355

Selection

YEMEN: WASH interventions in Health Facilities (EHNP Programme) - Rehabilitated HF's as of May 2019



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Data source: GoY/CSO/UNICEF

# Key Challenges

- The **absence** of national baseline, national standards, and national roadmap
- The **lack** of reliable water **sources** where some HCFs are **located** is a major challenge to ensure sustainability of the facility.
- Geographical **scattering** of health facilities and **accessibility** to reach due to security restriction.
- Dealing with many **stakeholders** with contradicting demands.
- Difficulty to **sustain** WASH in HCF where there is no **national budget** for even salaries.



# Lessons Learnt

- Integrating WASH in HCF with other well-funded programs is a practical strategy to secure fund. IFRR/EHNP
- The implementation of WASH in HCF in fragile situation is not impossible



# Country Commitments

## Zimbabwe



The country will work towards:

- 1** The Ministry of Health and Child Care (MOHCC) in collaboration with WHO and UNICEF will conduct **health facility assessment on WASH and IPC activities** by March 2020 to have a national baseline data
- 2** Zimbabwe will **develop and implement new WASH standards and set national targets** by mid-2020 so that new health facilities will include sanitation facilities that meet the basic level
- 3** **Develop National Plan** by 2021 to improve and maintain the existing facilities to reach the basic level
- 4** **Develop indicators to facilitate more accurate measurement** of WASH conditions at health facilities
- 5** **Integrate WASH and IPC indicators** into health programming and monitoring by 2021
- 6** **Empower and train staff** to implement WASH in HCFs