



# Bhutan

# 1. Establish baseline



**What:** Conduct comprehensive assessments according to the national context and, where appropriate, to quantify: the availability and quality of, and needs for safe water, sanitation and hygiene (WASH) in health care facilities; and infection prevention and control (IPC) using existing regional and global protocols or tools and in collaboration with the global effort to improve WASH in health care.

## **Trigger questions on WASH baseline data**

**Q1.** Does your country have a baseline for WASH in HCF? If yes, share information below on the status of water, sanitation, health care waste, hygiene and cleaning. If not, share information on your plans for establishing such a baseline.

**Q2.** Have underserved areas been identified? If yes, share information below on what/where these are and how they are being targeted for improvement.

## **Baseline data/plans for establishing baseline data:**

### **A. Water Supply**

1. *% of health facilities with improved water supply on premises = 100%*
2. *% of health facilities with water supply available at the time of survey = 95.30%*
3. *% of health facilities with Improved Water Supply available on Premises and free from Contamination = 85.24%*

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## B. Sanitation

% of health facilities with

- i. improved toilet = 99.15%*
- ii. improved toilets which are dedicated for staff = 72.84%*
- iii. improved toilets which are sex separated = 30.60%*
- iv. improved toilets with facilities for menstrual hygiene management = 16.42%*
- v. improved toilets which are accessible for people with limited mobility = 31.33%*

## C. Hand Hygiene

% of health facilities with

- i. hand hygiene facilities at point of care with water and soap and/or alcohol hand rub available = 88.46%*
- ii. hand hygiene facilities at point of care with water and soap and/or alcohol hand rub available = 81.5%*

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## D. Health Care Waste Management

% of health facilities with:

- i. waste correctly segregated in the consultation area : 80.34%
- ii. infectious waste safely treated/ disposed = 58.79%
- iii. sharps waste safely treated/ disposed = 50%

### Information on underserved areas:

*Health facilities in the 8 districts have been prioritized to take up the WASH interventions through ADB support such as construction of reservoir, protection of catchment area, construction of inclusive patient toilets, deep burial pits, supply of autoclaves etc.*

## 2. Develop and implement roadmap



**What:** Develop and implement a road map according to national context so that every health care facility in every setting has, commensurate with its needs: safely managed and reliable water supplies; sufficient, safely managed and accessible toilets or latrines for patients, caregivers and staff of all sexes, ages and abilities; appropriate core components of infection prevention and control (IPC) programmes, including good hand hygiene infrastructure and practices; routine, effective cleaning; safe waste management systems, including for excreta and medical waste disposal; and, whenever possible, sustainable and clean energy.

### **Trigger questions on national roadmaps**

**Q1.** Has your country started the process of developing a national roadmap? If yes, what are the key elements included and what is the plan to finalize and implement?

**Q2.** What specific targets are included and how do the activities map to sustainable development goals (SDG) efforts, especially those on WASH and health?

### **Process, key elements & finalization/implementation plans of national roadmap:**

*Not yet. Road Map for Bhutan's WinHCFs will be developed later this year.*

### **Targets and linkages to SDGs:**

*It will be taken up while preparing the roadmap.*

# 3. Establish and implement standards



**What:** Establish and implement, according to national context, minimum standards for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in all health care settings and build WASH and IPC standards into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice.

## Trigger questions on standards

- Q1.** Does your country have standards for WASH in health care facilities?
- Q2.** What are the key elements in the standards and when were they last updated?
- Q3.** Are there any gaps in these standards and if so, what are these gaps and how will they be addressed?
- Q4.** How are these standards regulated, if at all?

## The status of national standards including gaps and plans to address:

*Yes, but does not cover all the areas of WASH. Revision of the standards were initiated last year and will be finalised later this year. The existing standards are mostly on the IPC and hospital waste management and not much on water, sanitation and hygiene.*

## Regulation of standards process or plan:

*Quality Assurance and Standardization Division(QASD) monitors the implementation of the standards*

## 4. Set targets and monitor progress



**What:** Set targets within health policies and integrate indicators for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) into national monitoring mechanisms to establish baselines, track progress and track health system performance on a regular basis.

### **Trigger questions on targets and monitoring**

**Q1.** What are your targets for WASH in HCF?

**Q2.** Are high risk settings prioritized (e.g. maternity wards)?

**Q3.** What is the process for assessing progress towards achieving these targets?

**Q4.** How is progress incentivized?

### **Overview of targets and prioritization:**

*Not yet set. WASH targets for HCFs will be set while preparing roadmap.*

### **Assessing progress and use of incentives process/plan:**

*Initial plan is to assess the progress through standalone monitoring system however, the long term plan is to institutionalize the reporting and monitoring into the DHIS2*

# 5. Integrate WASH into health programming



**What:** Integrate safe water, sanitation and hygiene (WASH) into health programming, including into nutrition and maternal, child and newborn health within the context of safe, quality and integrated people-centred health services, effective universal health coverage, infection prevention and control (IPC) and antimicrobial resistance.

## **Trigger questions on integrating WASH into health programming**

**Q1.** What are the key opportunities in specific national health programmes for WASH in health care facilities?

**Q2.** In what ways has WASH in health care facilities been included (e.g. in training, in monitoring, etc)?

**Q3.** What further integration needs to happen and what is the plan for doing so?

## **Key opportunities for integration & examples:**

*WiHCFs program has been identified as one of the priority areas by the Ministry of Health since this has impact on many of the other health indicators and outcomes. WASH is the basic and yet the most important requirement in the health centres.*

## **Opportunities and plans for further integration:**

*This program will be first piloted in few districts by capitalizing on the ongoing Rural Sanitation & Hygiene Program. Once the approach is accepted by our health workers, it will be rolled out the other parts of the country.*



## 6. Allocate regular funding



**What:** Have procedures and funding in place to operate and maintain safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) services in health facilities, and to make continuous upgrades and improvements based on needs so that infrastructure continues to operate and resources are made available to help facilities access other sources of safe water in the event of failures in the normal water supply, so that environmental and other impacts are minimized and in order to maintain hygiene practices.

### **Trigger questions on regular funding**

**Q1.** Have capital and operation and maintenance expenditures for WASH in health care facilities been costed?

**Q2.** Is there a budget line within Ministry of Health? Is so, what is it, and what is the gap?

**Q3.** What plans are in place to fill in, any gaps around costs and financing?

### **Country funding/current budget lines:**

*Yes, but does not cover the entire facilities. Detailed costing will be carried out while preparing the roadmap.*

### **Plans to address gaps:**

*Yes, the budget WinHCFs is included under the over all WASH program*

# 7. Establish a multisectoral coordination mechanism



**What:** Establish strong multisectoral coordination mechanisms with the active involvement of all relevant ministries, particularly those responsible for health, finance, water, and energy; to align and strengthen collaborative efforts and ensure adequate financing to support the delivery of all aspects of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) across the health system.

## **Trigger questions on multisectoral coordination mechanisms**

**Q1.** Is there a national multisectoral committee that coordinates, advocates and plans for efforts on WASH in health care facilities? If so, what are the key responsibilities and what has been accomplished to date?

**Q2.** How can such a committee be strengthened?

## **Country multisectoral coordination mechanism, responsibilities & accomplishments:**

*Under process*

## **Process/plan for strengthening the committee:**

*Committee members shall be from all relevant sectors including finance. This body shall also serve as the body to provide strategic direction to the program.*

# 8. Develop a health workforce



**What:** Invest in a sufficient and well-trained health workforce, including health care workers, cleaners and engineers to manage WASH services, provide ongoing maintenance and operations and perform appropriate WASH and IPC practices, including strong pre-service and ongoing in-service education and training programmes for all levels of staff; educate and raise awareness, in line with regional agreements, on water, sanitation and hygiene, with a particular focus on maternity, hospital facilities, and settings used by mothers and children

## Trigger questions on developing a health workforce

**Q1.** What kind of training, mentoring and/or investments in health workforce have taken place to support the safe use and maintenance of WASH in health care facilities services?

**Q2.** Has the WASH FIT or other similar tools been used and adapted? If so, in how many facilities and what has been the key results?



## Training, mentoring and/or investments in process or planned:

*The first pilot program has been rolled out in 9 health facilities. Health workers have been trained to carry out assessment, prioritize the issues to be addressed, reporting and also engagement of the communities.*

## Use/adaptation of WASH FIT (or other tools) including numbers of facilities and key results:

*WASH FIT has been adopted in Bhutan with minor changes in assessment form to suit the local context*