



# DFAT Health for Development Strategy 2015 – 2020

## - WASH in health care facilities -

WASH in health care facilities Workshop  
19 May 2016 Brisbane  
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Foreign Affairs and Trade





# Presentation overview

- Health and WASH in **2030 Agenda**
- Health and WASH in **DFAT strategy** and performance assessment
- Improving **WASH** in health care facilities
- **Australian Aid** examples



# Implementation of 2030 Agenda – Why health care facilities matter ?



- **SDG 3 – Ensure healthy lives and promote well-being for all at all ages**
  - Achieve universal health coverage including access to essential health care services
- **SDG 6 – Ensure access to water and sanitation for all.**
  - Achieve access to sanitation and hygiene for all, paying special attention to needs of women and girls and the vulnerable.



# Health for Development Strategy 2015-2020



**Geographic focus** East Asia and Pacific - our near region

## Outcomes:

- **Country level systems and services** responsive to health needs
- Strengthened regional preparedness and response to emerging threats

## Investment priorities:

1. **Strengthen core public health systems** and capacities to prevent, detect and respond
2. Address health threats that cross national borders
3. A more effective global response and international health architecture in our region
4. **Access to clean water, sanitation and hygiene** and good nutrition
5. Health **innovation**, new solutions



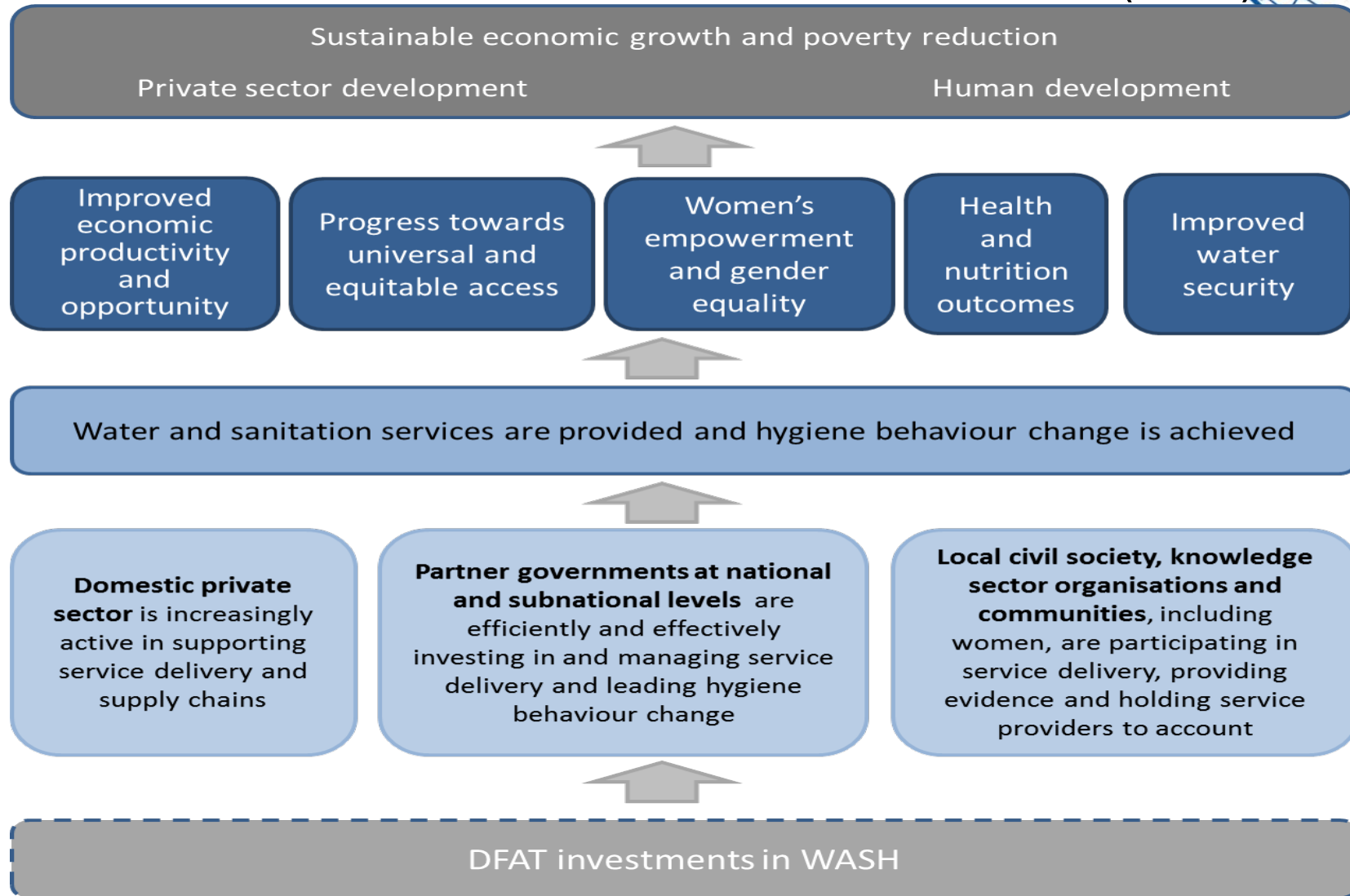
# Strategy investment criteria



- Demonstrate **sustainable impact** on health security and **public health systems** in low and middle income East Asia and Pacific countries
- **Leverage country** policy reform, additional resources, and/or technical capability
- Support DFAT regional and bilateral **aid investment plans**
- Reduce fragmentation and improve **aid effectiveness**



# WASH Theory of Change from WASH Performance assessment note (PAN)



# Health Facilities and WASH :



- **Universal and equitable access to water and sanitation services and hygiene promotion**
  - for households, schools, **and health centres.**
- **Health and Nutrition Outcomes**
  - reduce under nutrition and stunting through improved hygiene and sanitation
- **Women's empowerment** and gender equality
  - increasing access to quality health care facilities
- Sustainable, affordable, and water and sanitation **services,**
  - **delivered by government** including through **private sector** provision.



# Access in health care facilities



*Access to WASH in health care facilities is a **basic prerequisite** for delivery of quality health care:*

- Functional and safe water and sanitation systems, available 24 hours a day
- Staff and patient infection, prevention and control, and personal hygiene
- Appropriate disposal of medical, surgical and human waste.

Examples of program indicators from the **WASH PAN**:

- % of health centres with **safely managed WASH services**
- % of (sampled) population using hospitals, health centres and clinics providing basic WASH
- % of (sampled) population using health care facilities with basic menstrual management facilities
- % of health facilities with a handwashing facility with soap and water in or near sanitation facilities, food preparation areas and patient care areas







# DFAT supported programs: examples:

## Cambodia Partnering to Save Lives (PSL) program –

PSL is a reproductive, maternal and new born health program implemented by 3 NGOs (MSI, CARE and Save the Children) with the Cambodian Ministry of Health.

Results so far -improved WASH in 34 health centres:

- 157 staff trained in infection control
- 26 double hole placenta pits constructed
- Equipped with sanitation materials (e.g. brooms, rubbish bins)
- 6 wells constructed, 13 water tanks installed
- 13 health centre toilets improved or constructed.





## DFAT supported programs: examples:

### Timor Leste rural WASH program “BESIK” –

BESIK worked with the Ministry’s of Infrastructure and Health to improve community water and sanitation infrastructure and hygiene behaviours. Results:

#### **Improved WASH to health facilities:**

- BESIK I: 34 health posts and 14 health centres
- BESIK II: 13 health clinics.

**Improved capacity of rural WASH sector enabling environment**, access to safe water, improved sanitation use, improved hygiene behaviours.



# DFAT supported programs: examples:

**Vietnam – DFAT**  
support for National  
Target Program which  
aims for 100% WASH  
coverage of health  
clinics.

- **Indicators** (by end of 2014)
- 92.8% (target 92%) health clinics
- End target of 100% for clinics will not be met
- Operation and Maintenance (O&M) of clinic facilities remains a concern



# DFAT supported programs: indirect examples:



## Solomon Islands upgrade of Honiara infrastructure –

DFAT helped Solomon Water to improve their levels of water service (quality, quantity and reliability):

- Result: increased daily hours of water supply in Honiara (where the National Hospital and health centres located) from 10 to almost 23 hours per day.





# Questions

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