Learning Lab One
Conducting a situational analysis of WASH in health care facilities

Facilitators' Guide

Instructions

- Have participants sit in a circle.
- Each participant reads a section in turn.
- When a participant comes to a question, he/she reads it.
- The next person provides a response to the question.
- Each participant in turn offers an additional response until no more are offered.
- At that point, the facilitator asks if anyone in the group has another response.
- When there are no more responses, the facilitator can read additional responses from the facilitators' guide.
- Additional instructions for question 4 and the calculation table are indicated below in bold.

BACKGROUND (5 minutes for background and objectives)

Achieving health for all, and in particular universal health coverage (UHC), is the key priority for Sustainable Development Goal 3, ensuring healthy lives. UHC will not be achieved without fully functioning basic water, sanitation and hygiene (WASH) services in all health care facilities (HCF).

In May 2019, all 194 **WHO member states passed a resolution** committing to take action to improve WASH in health care facilities. Specifically the resolution calls upon countries to conduct situational analyse and set baselines, develop national roadmaps and targets, regularly monitor services, increase investments in health workforce and infrastructure, and integrate WASH in health care facilities into key health programmes. The foundation for this work is country-led initiatives

OBJECTIVES

You have been tasked with leading an effort to implement full coverage of WASH in healthcare facilities in your country. This learning laboratory will focus on the first of the practical steps needed, namely:

1. conducting a situational analysis
2. understanding service levels to prioritize investments
3. establishing a multisectoral coordination mechanism.

The underlying aim of these activities is to **develop a national roadmap to help reach full WASH coverage in HCF**. The specific objectives of the learning lab are to:

1. Understand the importance of and outline the "how" in conducting a situational analysis for WASH in HCF (e.g. policies, service levels, stakeholders)
2. Understand service levels, specifically, discuss the team needed to gather and use data, where and how to collect data, the types of information needed, resources required and steps for analyzing and disseminating results
3. Outline initial steps for using the results from a situational analysis to engage stakeholders and to develop a national roadmap/strategy.

Part A. Situational Analysis (25 minutes)

Imagine you have recently been nominated as the national focal point for WASH in health care facilities (hooray!). It is your first day on the job and you want to first better understand who deals with the issue, what are the key priorities in health, and what policies, frameworks and funding mechanism(s) exist that could be used to support better services. You should first conduct a review of relevant policies, guidelines and frameworks with the aim of presenting your findings to a broad group of stakeholders.

To prepare a situational analysis, you **need to identify key stakeholders.** You plan to involve the Ministry of Health, which can assume a leadership role and also provide guidance in health training, programme implementation, and monitoring.

1. **What other key agencies, organizations and people should be invited that could participate in program implementation? What roles could they play?**

    a. **Ministry of Health --** specific divisions, including the following :
        a. Environmental health, occupational health
        b. Maternal and Child Health
        c. Communicable Diseases
        d. Quality of Care/UHC
        e. Vaccines
        f. Health financing
        g. Other?
    b. **Ministry of Water** (collaborate with MOH to help with WASH infrastructure construction, operation and maintenance)
    c. **Ministry of Finance** (help mobilize local resources)
    d. **Ministry of Rural development** (mobilize resources and local support)
    e. **Ministry of Local Government** (mobilize resources and local support)
    f. **Ministry of Information** (assist with needed data and help plan and conduct data collection)
    g. **Local government** (ensure enabling environment, mobilize local organizations, assign personnel for WASH operation and maintenance, and help with data collection)
    h. **Local utilities** (help organize operation and maintenance of WASH infrastructure)
    i. **NGOs**: WASH and health focused (assist with implementation and training activities, help mobilize financial resources, advocacy)
    j. **Community organizations**: women's groups, water committees (provide oversight of activities, generate demand for improved services, and assist with implementation)
    k. **Private sector partners:** water companies, consumer products (soap, etc.), to help mobilize resources

2. What is your "pitch" to convince these stakeholders to come to the meeting and support WASH in HCF?

Consider different approaches and evidence needed for different groups of people.

a. This initiative is in keeping with a unanimous approval of the WASH in healthcare facilities resolution at the World Health Assembly
b. Health benefits & epidemic preparedness
c. Documentation that WASH interventions have economic benefits: reduced healthcare costs, more productive workforce
d. WASH interventions have social benefits: greater dignity for patients and health workers
e. Being a leader in the region and providing a good example to other countries

Now that you have identified the key stakeholders and have begun to reach out to motivate them to participate, it is important to review any existing policies to understand the role of each stakeholder, what plans and budgeting has already taken place, and what accountability mechanisms exist. [Note: of 110 countries recently surveyed in the UN Global Analysis of Sanitation and Drinking-water, 94% had policies on WASH in HCF but only half of these were costed[1].]

3. Which policies would you start to review? In what types of policies would you expect to find WASH in HCF?

a. National health strategic plan
b. National WASH standards
c. National WASH in healthcare facilities strategic plan
d. National quality of care standards
e. AMR National Action Plan
f. Infection prevention and control
g. Maternal and Child Health strategy

[Refer to the supplementary example on page 11 for a list of policies from Tanzania]

Increasingly the world and countries recognize that health care without quality (infrastructure, skilled professionals, essential medicine, people-centered approaches) is detrimental and can even lead to death. Currently, more people die for poor quality care (8.2 million annually) than lack of care[2]. Recognizing that WASH is a fundamental foundation for quality care you realize embedding WASH in quality efforts will be crucial to the success of your work.

4, Quality care can be addressed at every level of a health system, and mechanisms often exist to drive quality at every level. The example below from Ethiopia illustrates the different quality mechanisms at different levels of the health care system.

Please take 5 minutes to go over the figure below with the person sitting to your left, and consider these two key questions:

a) Which level may be most important?
b) Where might you begin in embedding WASH in quality efforts?

[1] WHO, 2019. Un Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2019 report. https://www.who.int/water_sanitation_health/publications/glaas-report-2019/en/

[2] National Academies of Sciences, Engineering, and Medicine. 2018. *Crossing the global quality chasm: Improving health care worldwide*. Washington, DC: The National Academies Press.

Figure 3. Summary of mechanisms influencing quality across the health system [3]

1 *Results from 2016 Ethiopia situational analysis*

Part B. Understanding WASH coverage using a "district" baseline approach (25 minutes)

At the meeting, it is clear that there is a lack of data to guide efforts and a baseline estimate is needed. However, doing a national baseline is costly and time consuming and you need data more quickly. You decide **to conduct an assessment in two districts** to obtain an understanding of the situation and use this information to drive national efforts to embed WASH indicators into national monitoring.

You are planning to review SDG6, national standards on WASH and IPC for healthcare facilities, and tools for routine data collection (e.g. HMIS, DHIS2). You plan to use these data to inform the development of survey tools for your baseline assessment, which will help determine existing WASH deficiencies in healthcare facilities. You and your colleagues in the Ministry of Health have decided that you will base your healthcare facility WASH guidelines on the **WHO/UNICEF basic service levels**. These guidelines are as follows:

Water supply
Improved water source on healthcare facility premises and available

Sanitation
Improved sanitation facilities with at least one toilet dedicated for staff, at least one toilet designated for women with menstrual hygiene supplies (water and soap or covered trash bin) available inside, and at least one toilet accessible to people with reduced mobility.

Hygiene
Functional hand hygiene facilities with water and soap and/or alcohol-based hand rub at points of care and within 5m of toilets

Healthcare waste
Safe separation of medical waste into at least three bins (sharps, infectious, and non-infectious) and safe treatment and disposal of sharps and infectious waste.

Environmental cleaning
Basic cleaning protocols available and all staff with cleaning responsibilities have received training

1. **To gain an understanding of baseline conditions in your sample of healthcare facilities, what type of information would you want to include in your survey of HCFs?**

a. Type of healthcare facility (hospital, health center, health post/dispensary)
b. Numbers of each type of room (e.g. outpatient, inpatient, labor and delivery, surgical suite, pharmacy, laboratory)
c. Coverage by WASH services (guided by JMP indicators)
    i. Water supply (e.g., improved vs unimproved, on or off premises, adequacy of supply, availability of supply, presence/absence of E. coli)
    ii. Handwashing stations per room or toilet (enumeration of all rooms where patient contact takes place, where lab specimens or drugs are handled, and toilet facilities)

iii. Toilet coverage
    i. Types of toilets (e.g., improved vs unimproved, functional vs non-functional)
    ii. Separate for staff and patients
    iii. Separate locking facilities for women designed for menstrual hygiene management
    iv. At least one toilet accessible to mobility impaired patients
iv. Healthcare waste management
    i. Separate bins for sharps and infectious and non-infectious waste
    ii. Bins located in all rooms in which waste is generated (e.g., inpatient, outpatient, L&D, laboratory)
    iii. Waste disposal facilities (incinerator) or pickup for central disposal
    iv. Waste separation from the public and animals
v. Overall HCF hygiene
    i. General order and cleanliness
    ii. Availability of cleaning supplies
    iii. Presence of cleaning staff

2. Now that you are getting an idea of the data you will be collecting, **you realize you need to begin planning for the assessment**. You meet with your team and brainstorm the following actions that need to take place: **To prepare for the meeting of the committee to oversee baseline data collection, you need to develop an agenda that places the activities in logical order.**

Take 5 minutes with the person sitting next to you and decide the order in which you would place tasks A-I. Number the 9 activities in the space to the left in the order in which they should be performed.

ACTIVITY	ORDER
a. Conduct field work	
b. Incorporate data into WASH in healthcare facility program planning	
c. Pre-test and finalize data collection tools	
d. Disseminate findings	
e. Determine which healthcare facilities to include in survey (e.g. all vs a random sample vs a sample of districts)	
f. Obtain funds to support data collection	
g. Analyze data	
h. Develop assessment protocol	
i. Write reports	

*[After a few minutes, the **facilitator** asks the next participant in order how they ordered their activities. Other participants can weigh in after that.]*

You have spent the next several months planning, hiring and training enumerators, and collecting data. Now you must **begin the data analysis**. You decide that the key concept for planning is percent coverage by WASH services. For example, full coverage of handwashing facilities would include all patient care areas, all laboratories, and all pharmacies. The percent coverage would include the number of patient care areas in which handwashing facilities with water and soap present are observed, divided by the total number of patient care areas. If there were 100 patient care areas in

healthcare facilities in your assessment district and you observed 45 patient care areas with handwashing stations with soap and water present, coverage would be 45%.

3. What are some other indicators for WASH services you would consider examining?

a. Percent of HCFs covered by improved water supply
b. Percent of HCFs with water supply on premises
c. Percent of patient care areas with handwashing stations coverage (percent of all rooms that should be covered)
d. Percent of HCFs with toilets separated by staff and patients
e. Percent of HCFs with at least one toilet for MHM
f. Percent of HCFs with at least one toilet for mobility-impaired patients
a. Percent of patient care areas with waste bin coverage (percent of rooms with waste bins, percent of rooms with waste bins that are not overflowing)
b. Percent of HCFs with incinerator coverage
c. Percent of HCFs with regular cleaning staff

Other important variables include the following:

a. Patient load per time period (e.g. monthly)
b. Number of HCF staff
c. Average number of patient visitors per time period
d. Percent of HCFs with adequate supply for daily needs
e. Percent of HCFs with year-round water supply
f. Drinking water availability and coverage (percent per room that should be covered)
g. Average number of patients per toilet (ideally separated by outpatient and inpatient)
h. Patient opinions about WASH conditions in their HCF
i. Patient satisfaction with WASH services at HCF
j. Patient opinion about safety and security of HCF
k. Healthcare worker opinions about WASH in their HCF
l. HCF cleaning staff opinions about WASH in their HCF

The table below shows selected data you collected from 10 rural health centers and dispensaries in District A.

4. Fill in the empty cells to determine the percentage of wards with handwashing stations and the number of wards lacking handwashing stations.

[Facilitator asks participants to pair up and assigns them to fill in the cells for two named healthcare facilities. The facilitator then goes around the table and asks each group for their calculations. Each participant can fill in their table as each group provides their responses.]

HCF name	Inpatient wards	Wards with handwashing stations observed	Coverage (%)	Wards with no handwashing stations observed
A	2	1	50	1
B	3	2	67	1
C	6	2	33	4

D	1	0	0	1
E	2	2	100	0
F	4	1	25	3
G	1	0	0	1
H	2	1	50	1
I	1	1	100	0
J	3	1	33	2
Total	25	11	44	14

5. What does the coverage data tell you? What do the data in the final column tell you?

Only two healthcare facilities have full coverage, while most are deficient. The last column indicates the number of handwashing facilities that would need to be installed for full coverage in each healthcare facilities.

When your analysis is complete, you send written reports to the Ministry of Health, the WHO country office, and the district health office.

6. What other organizations could use the report to take action?

a. Ministries of water, finance, rural development, etc. (district, provincial, and national levels)
b. HCF staff
c. Donors
d. District assemblies
e. Community organizations
f. NGOs
g. Private sector partners
h. Public stakeholders (print and broadcast media, social media)

Part C. Multisectoral coordination and engaging health to develop a roadmap (25 minutes)

The baseline data should be presented and discussed at the annual health sector review and/or at a national level roundtable with stakeholders including ministry officials, WHO, donor organizations, partners and health facility staff. These activities should be supported by senior leaders within and outside of health. It is essential that senior leaders recognize that WASH is fundamental to all health areas and priorities. Proposals should be made for specific actions and commitment to develop a national roadmap.

The findings of the situational analysis should be used as the basis for creating a roadmap with associated targets, toward implementation of WASH interventions.

As part of this process you plan to use the data to write proposals for funding and plan procurement of equipment and supplies.

1. What are some other potential uses of the data?

a. Develop a training program to complement implementation activities

b. Identify key populations within healthcare facilities to target with intervention (e.g., training of cleaners, handwashing behavior change with providers)
c. Present to community organizations to solicit their participation in planning and implementing interventions
d. Set implementation targets based on need (e.g., by underserved districts or healthcare facilities)
e. Use as a baseline for tracking progress through monitoring and evaluation
f. Use to make proposals for action at short, medium, and longer term
g. Use to obtain commitments for taking action and developing a national roadmap

As you review your data with your colleagues, there is a prevalent belief that larger institutions should be a priority because of larger patient volumes, greater concentrations of pathogens, more invasive procedures, and longer duration of admissions.

2. What other healthcare facility characteristics might you consider in prioritizing healthcare facilities for action?

a. Urban location: easier access to equipment and supplies, easier implementation logistics
b. Rural location: harder to get equipment to healthcare facilities, supplies may not be locally available, consequently costs may be greater; are typically smaller, may not admit patients, and may do deliveries rarely but conditions are often worse
c. Smaller healthcare facilities often have poor conditions but may have lower budget for construction, maintenance, and repair of infrastructure, or procurement of supplies

3. What challenges do you think might arise in translating data to action? How might you overcome these challenges?

a. Aligning expectations of different stakeholders (e.g., MOH and MOW)
b. Communicating findings in an understandable fashion with different stakeholders (e.g., national MOH officials vs community organizations)
c. Lack of awareness of the range of potential interventions
d. Local implementers may have difficulties aligning spending priorities with identified deficiencies
    a. Keep initial plans/spending flexible until deficiencies have been identified; ensure partners agree to align with government plans as part of system strengthening and sustainability efforts.
e. Translating WASH deficiencies into budget line items and implementation strategies
f. Discomfort among data collectors or implementers in working in HCFs
g. Communicating HCF standards from central to HCF level
    a. Start with the lowest level-facility, community, then district and work your way up to national level, bringing along an increasingly strong and wide group of stakeholders.
h. Establishing accountability among stakeholders
i. Lack of openness to adverse information (e.g. WASH deficiencies) by local and/or national stakeholders
j. Ensuring that data collected meet local needs for HCF improvement
    a. Keep indicators simple; insure those collecting and responding to questions see the relevance and want high quality data
k. Security issues in some regions
    a. Empower local officials and partners who remain in the area; use community meetings, radio, etc. to reach certain areas.
l. Lack of financing and reliance on partners for support

a. Engage with private sector (e.g. 1% of private capital can fill the SDG gap).

4. What other activities should be undertaken to complement the baseline assessment?

a. Systems strengthening (e.g., policy setting, human resources management, financing, supply chain, operation and maintenance, budgeting, etc.)
b. Training/capacity building/behavior change (providers, cleaners, etc.)
c. Establishing written policy guidelines for each healthcare facility (WASH, waste management, infection prevention and control, etc.)

Conclusions (5 minutes)

Thank you for your participation in this learning lab. We will now hand out the facilitator's guide for you to review and take with you. Some useful resources listed below can assist you in planning and carrying out WASH in healthcare facility activities. We wish you the best of luck as you join in this global effort.

Resources and further reading

Achieving quality universal health coverage through better water, sanitation and hygiene in health care facilities: A focus on Ethiopia. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/255264/9789241512169-eng.pdf?sequence=1

National Guidelines for WASH Services in Health Care Facilities. United Republic of Tanzania. https://www.washinhcf.org/resource/national-guidelines-for-wash-services-in-health-care-facilities-tanzania/

Un Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2019 report. World Health Organization. https://www.who.int/water_sanitation_health/publications/glaas-report-2019/en/

Supplementary example

3.1 Overview

This chapter provides a succinct summary of policies, legal and institutional framework related to WASH with a view to understand the extent to which WASH is a public health issue of major concern in Tanzania and the extent to which it supports the promotion of WASH in HCFs. All these policies reflect requirements as outlined in the National Development Vision (NDV) 2025. Specifically, the NDV 2025 aims among other things, at achieving a universal access to primary health care and 75% reduction in infant and maternal mortality rates. Impliedly, provision of adequate WASH services in HCFs is one area that can guarantee the realization of this ambition of reduction in infant and maternal mortality, as these groups are the most vulnerable.

The following national policies, strategies and legislations have been reviewed. The list of documents provided hereunder is likely not to be exhaustive due to the fact that WASH is multi-sectoral. Nevertheless, the review has tried as much as possible to cover the key sector guiding instruments as listed below:

(i) National Health Policy, 2007
(ii) National Water Policy, 2002
(iii) National Environmental Policy, 1997
(iv) Community Development Policy, 1996
(v) The National Environmental Health, Hygiene and Sanitation Strategy (NEHHSAS 2008-2017)
(vi) National Health Strategic Plan IV
(vii) The Public Health Act, 2009
(viii) Environmental Management Act, 2004
(ix) The Tanzania Occupational Health and Safety Act, 2003
(x) Industrial and Consumer Chemicals (Management and control) Act, 2003
(xi) The Local Government (District and Municipal Authorities) Act, 1982 as amended on 30th June 2000
(xii) Energy and Water Utilities Regulatory Authority Act, 2001
(xiii) The National Water Sector Development Strategy 2006-2015
(xiv) Water Supply and Sanitation Act No 12, 2009
(xv) The Water Resources Management Act, 2009
(xvi) Tanzania Food, Drug and Cosmetics Act, 2003 (Food Hygiene Regulation, 2006).
(xvii) Environmental Management Act, 2004 (Water Quality Regulation, 2007).