



Rwanda

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: According to the Rwanda Service Provision Assessment Survey(2007):- 33% of the surveyed health facilities had regular water supply;- 73% had client latrines;- 72% clean facilities;- 88% facilities with health care waste management system.

Information on underserved areas:

WHO Guidelines on water quality were not fully satisfied: **Implementation of Water Safety Plans and building capacity for water quality monitoring in HCFs**

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:

Rwanda's fourth health sector strategic plan (HSSP4) that include implementation plans of WASH in HCFs)

Targets and linkages to SDGs:

- Percentage of Health centres without water from 16% in 2016 to 0 % in 2021
- % Public Health Facilities with effective waste management systems according to MOH/ WHO standards

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:

Hospital Accreditation Standards (2nd Edition, October 2014)

Regulation of standards process or plan:

Regulated by MoH and cover the full range of services that are described in the MoH “Service Package for Health Facilities at Different Levels of Service Delivery”.

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:

The target is to achieve universal access to safe water, sanitation and Hygiene in HCFs with focus on IPC, quality and maternal, newborn and child health.

Assessing progress and use of incentives process/plan:

Assessment through Accreditation Monitoring and routine supervision by national team from MOH. Incentives are provided through the Performance Based Financing (PBF) approach

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:

WASH in HCFs is integrated with functional health system from national to community level. There is also the Community based Environmental Health Promotion Program (CBEHPP) That includes WASH in HCFs

Opportunities and plans for further integration:

Scaling up the CBEHPP countrywide.

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:

The MoH's general O&M budget lines are inclusive of maintaining WASH facilities within HCFs.

Plans to address gaps:

There is no WASH facilities budget in separate lines, it is included in the general HCF O&M budget

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:

Health Promotion & Environmental Health Technical Working Group (HP&EH TWG) that includes Government and Development partners that coordinates all interventions in the areas of Health Promotion and Environmental Health

Process/plan for strengthening the committee:

The TWGs under MoH have been recently reviewed to improve the coordination

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:

Periodic trainings have been provided to WASH personnel in HCFs at all levels. They focused mainly on drinking water quality monitoring and the management of Health care waste.

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

In May 2019 , WHO provided WASH FIT training to Environmental Health Officers from District Hospitals