



**Water and Sanitation for Health Facility Improvement Tool (WASH FIT)  
8-regional country workshop**

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**Dakar, Senegal,  
6-8 June 2016**

**Meeting report**

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## Introduction

In 2015, for the first time, WHO and UNICEF assessed the status of WASH in health care facilities in low- and middle-income countries<sup>1</sup>. With nearly 40% of facilities lacking improved water, and nearly 20% without sanitation, WHO, UNICEF and partners committed to address the situation at a global meeting<sup>2</sup>, with the aim of *achieving universal access in all facilities, in all settings by 2030*. Furthermore, the WHO/UNICEF Joint Monitoring Programme committed to reporting on access to WASH in health care facilities as part of monitoring the Sustainable Development Water and Sanitation Goal (Goal 6). WHO and UNICEF have established an action plan, along with task teams comprised of health and WASH professionals to drive forward progress in four main areas: advocacy and leadership; monitoring; evidence and research; facility based improvements. In addition a global knowledge portal has been established to share, exchange and further mobilize global, national and local action<sup>3</sup>.

Part of the action plan focuses on country capacity building on WASH in health care facilities. The recent development of WASH FIT (Water and Sanitation for Health Facilities Improvement Tool) has been a large part of this work. WASH FIT is a practical, risk-based approach to improving WASH services in health care facilities. The content is designed for small tertiary facilities in low-income countries but the approach is flexible, and users are encouraged to adapt the tools to meet local needs and conditions. To date, the approach has been used in Mali, in cholera hotspots in Chad, and in Liberia to help in early-recovery and health systems strengthening in the context of Ebola. A number of other countries are planning to adapt and use the tool.

## Meeting objectives

A three-day workshop was held in Dakar, Senegal in June 2016 to convene relevant stakeholders (officials from the Ministry of Health working on environmental health, child and maternal health and health systems, WHO and

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<sup>1</sup> WHO/UNICEF, 2015, *Water, sanitation, and hygiene in health care facilities: status in low and middle-income countries and way forward*. Report. [http://www.who.int/water\\_sanitation\\_health/publications/wash-health-carefacilities/en/](http://www.who.int/water_sanitation_health/publications/wash-health-carefacilities/en/)

<sup>2</sup> WHO/UNICEF, 2015. *Water, sanitation and hygiene in health care facilities: urgent needs and actions*. Meeting Report. [http://www.who.int/water\\_sanitation\\_health/en/](http://www.who.int/water_sanitation_health/en/)

<sup>3</sup> WASH in health care facilities knowledge portal: [www.washinhcf.org](http://www.washinhcf.org)

UNICEF technical staff, heads/directors of health care facilities, and national and regional non-governmental organizations and partners ) to strategize on effective measures for improving WASH at the facility level and to develop country plans for scaling-up WASH improvements and ongoing maintenance in health care facilities. The specific objectives of the workshop were as follows:

- Share a brief overview on global efforts on WASH in health care facilities, highlighting progress of the global action plan;
- Share country examples of successful capacity building strategies and approaches for improving WASH in health care facilities;
- Sensitize participants on the WASH FIT methodology and its application in health care facilities;
- Strategize on capacity building for WASH in health care facilities, addressing specific challenges regarding implementation, reflecting on lessons learned (particularly in the context of Ebola) and considering how to embed efforts within the health sector, including quality of care initiatives;
- Hold small working group sessions to develop national action plans for improving WASH in health care facilities, with an emphasis on implementation and monitoring and evaluation;

## Participants

Eight African countries took part in the workshop: Chad, Democratic Republic of Congo, Ghana, Guinea, Liberia, Mali, Senegal and Sierra Leone. These countries were chosen based on their needs in regards to WASH in health care facilities (particularly in light of health systems strengthening, preparedness and early recovery), leadership from the Government and capacity and interest for partner support. Approximately 50 stakeholders from the aforementioned groups took part. The meeting took place in English and French with translation.

## Opening, global perspective of WASH in HCF and overview of WASH FIT

The workshop was opened by Dr Papa Amadou Diack, the Director General of Health, from the Ministry of Health and Social Action, highlighting the negative consequences of health care associated infections. The WHO Representative in Senegal , Dr Deo Nshirimana added his support to the meeting, stating that inadequate WASH services in health care facilities impedes global and national efforts to improve infant, child and maternal health and greatly reduces the number of people accessing health care services. Dr Ngashi Ngongo, Principal Advisor Child Survival and Development from UNICEF West and Central Africa Regional Office (WCARO) then called for urgent action to improve the quality of WASH services in the region.

Fabrice Fotso (UNICEF WCARO) presented a summary of the global action plan on WASH in health care facilities, the benefits of adequate WASH services, for example reduced infections, improved quality of care, increased patient and staff morale, more efficient services, and better uptake of services. He stressed the need to integrate WASH with the health sector, including quality universal health coverage, infection prevention and control (IPC) (highlighted by the recent Ebola experience), maternal and child health and antimicrobial resistance (AMR). Arabella Hayter (WHO HQ) then presented a brief overview of the WASH FIT tool, broadly explaining the methodology, the list of tools included, the seven domains which are based on the 2008 WHO standards<sup>4</sup> (water, sanitation, hand hygiene, health care waste, cleaning and disinfection, environmental management and facility management). In the afternoon of day one, a second session covered WASH FIT in more detail and include time for discussion and feedback on the tool. WASH FIT is adaptable approach to managing WASH services and need not be the same across all settings and a long discussion was had on how to adapt WASH FIT to the local context. Although the indicators used in the assessment tool are based on global standards, they should not be confused with global monitoring efforts which use common indicators across all settings: countries may adapt the indicators to local norms and standards with the primary aim of continually improving and maintaining WASH services in order to improve quality care.

## Country presentations

The workshop began with each country giving a presentation on their national situation of WASH in health care facilities, including a summary of national coverage of WASH in health care facilities; the status of guidelines, policies and policy making; programmatic initiatives (including integration of WASH with other initiatives such as maternal and child health, infection prevention and control); examples of collaboration and partnership, including political will and leadership; and opportunities, challenges and lessons learned. Common themes presented included little or no data on WASH, poor WASH coverage and large inequalities of coverage within countries, inadequate operation and

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<sup>4</sup> WHO (2008) Essential Environmental Standards in Health Care Settings. Geneva: WHO

maintenance of services, insufficient leadership within the health system, poor coordination between stakeholders and lack of sustainable funding, particularly in the Ebola affected countries, where many funding streams are now coming to an end. Chad, Liberia and Mali shared their experiences of training and implementation of WASH FIT. Cascading training was identified as a major barrier in Liberia to national implementation of WASH FIT where there is currently insufficient funding and human resources to undertake further trainings. Funding should be dedicated to cascading to capitalise on initial investments, otherwise earlier efforts will have been wasted. All countries highlighted the need for ongoing follow up and support of WASH FIT teams.

### Field visit – Conducting a WASH FIT assessment

On the second morning of the workshop, participants conducted a field visit to Etablissement Publique de Santé de l'Institut d'Hygiène Social and Centre de Santé Gaspard Camara to conduct a WASH FIT assessment. Chad, DRC, Guinea, Mali and Senegal visited Etablissement Publique de Santé de l'Institut d'Hygiène Social and Ghana, Liberia and Sierra Leone visited Centre de Santé Gaspard Camara. The field visit lasted two hours, during which time each country team assessed one of the seven WASH FIT domains, calculated the relevant indicators, and identified potential areas for improvement as part of a sample WASH FIT plan.

Each country then presented the results of their assessment, using photos to illustrate the problems identified. Overall, participants felt that the field visit enabled them to gain a practical understanding of the WASH FIT tools and overall concept, and provided inspiration for improvements that could be made to WASH in health care facilities in their respective countries. Specific examples included budget lines for WASH, having monthly staff meetings at which issues related to WASH are discussed, and improving cleaning and disinfection practices. A representative from both facilities attended the session during which countries presented their results and recommendations from their WASH FIT assessments. Notable recommendations given to the facilities included making services more gender friendly by providing the means for menstrual hygiene management, ensuring there was soap and water at all points of care for handwashing, toilets that were available to patients as well as staff, and improving safe health care waste management practices. Staff from the two facilities said that the visits had enabled learning on both sides and would work on the problems identified and suggested solutions.

### Country action plans

On the final day of the workshop, countries worked in groups on developing national action plans for WASH in health care facilities. Action plans included the following themes:

- How WASH can be embedded within other health initiatives (e.g. quality of care, health systems, maternal and child health, IPC)
- An outline of how WASH FIT will be rolled out, at district and national level
- Proposed monitoring and evaluation of WASH FIT, including who will be responsible
- A proposed strategy for financing WASH services, including budgets for operation and maintenance
- A list of clear, concrete activities to follow up from the meeting.

The following summarises the key actions and priorities identified by each country as part of their draft action plan. This will be refined and finalized with their country team.

**Chad** plans to document the lessons learned from the WASH FIT pilot phase conducted in 2015 and extend WASH FIT from 13 HCF into an additional 24 HCF in the priority districts. To begin this work, a baseline assessment of these 24 facilities will be conducted. Monitoring and support of the original 13 WASH FIT facilities will continue to be conducted by the Ministry of Public Health.

**DRC** will advocate at the national level for the implementation of WASH FIT. They will establish a group of master trainers in the Hygiene Section of the Ministry of Health. This training will be cascaded to six members of each 'Zone de Santé', who in turn will train the head nurse and 'responsable maternité' in each health centre. WASH FIT will be piloted over two years, in facilities which are selected based on the number of deliveries per month and treatment of cholera cases. This will be scaled up in other areas after two years.

**Ghana** plans to embed WASH in HCF within IPC and other relevant health programmes (Maternal, Neonatal and Child Health, HIV, TB etc.), which will be coordinated by a National Focal Person within the IPC unit. They will conduct a baseline survey/assessment of WASH in HCF, as well as learning/study visits to selected HCFs. To support WASH related activities, they will form a task team and conduct training on WASH FIT, including a national master

trainer's programme and regional training of trainers. They will develop a national monitoring and evaluation system with indicators for incorporation into HIMS (DHIMS<sup>5</sup>) and align draft WASH-HCF/IPC indicators with global indicators. To support this work, resource mobilisation will be a priority.

**Guinea** will work on better integration of WASH with other health initiatives, including IPC, nutrition, Plan National de Développement Sanitaire (PNDS) and maternal and child health. A national workshop will be held with partners to provide feedback from the workshop, followed by 8 regional training of trainers' WASH FIT workshop. This training will then be cascaded to the district and facility level.

**Liberia** will brief the Ministry of Health Authority on the proposed action plan following the workshop. They will share WASH updates during the weekly health services meeting and develop a strategic plan for district level roll out of WASH FIT, following the training in November 2015-February 2016. They will write a concept note for the roll out process and a proposal for funding to support it and conduct training of health care workers to strengthen their capacity on WASH FIT. WASH activities will also be included in the quality management framework of the Ministry of Health.

**Mali's** action plan focused on expanding and improving existing WASH FIT activities. Firstly, a road map will be produced outlining an agenda for WASH in HCF. Subsequent activities include reinforcement of intersectoral collaboration (for example WASH and nutrition), advocacy to decision makers in the government to prioritise WASH in health programming and to identify a technical lead for WASH in health care facilities. At the district level, teams will be formed who are responsible for supporting WASH FIT implementation and monitoring.

**Senegal's** national action plan is broken down into three levels. At the national level, activities include advocacy for political engagement, identification of a WASH focal point in the Ministry of Health, and establishment of a multisectorial committee to pilot WASH FIT. At the regional level, a situational analysis of WASH in HCF will be conducted and regional and district action plans will be developed. Finally, at the local level, the two facilities visited during the field visit will be further supported to implement WASH FIT.

**Sierra Leone** plans to work on a more integrated approach for WASH and IPC programming (including integration of joint WASH/IPC indicators into the national HMIS) and will add WASH FIT to the country's Water Safety Policy. Following the workshop, they will hold a stakeholder consultation meeting and will work on formulating a long term Ebola recovery plan. WASH FIT will be piloted in selected districts as well as capacity building of relevant staff. The action plan will be finalised and formalised in a printed document.

## Translating plans into action - next steps

The workshop ended with a plenary discussion of next steps and commitments. The following action points were suggested and agreed by all participants:

- Produce and share a report of the workshop
- WHO and UNICEF will share all presentations and materials from the workshop as well as the WASH FIT training package in a Dropbox folder (available at <https://www.dropbox.com/sh/smjglw0dsefdohw/AADz7Waf0gDl0owNzkyt8ZkAa?dl=0>)
- On returning to their countries, participants will share learning from the workshop with colleagues. Participants are invited to share feedback or ideas for improving the tool (via [washinhcf@who.int](mailto:washinhcf@who.int))
- Each country to identify a focal point for WASH FIT in the government
- All countries to finalise their draft national action plans for WASH in HCF, within three months
- All countries to continue to engage with each other, share experiences and lessons learned to help others, both bilaterally and as part of a wider group; an email distribution list should be established to facilitate this
- Countries committed to continue to work to advocate for and improve WASH in HCF
- WHO HQ to host a teleconference or webinar in September 2016 for countries to share progress on WASH FIT and other WASH in HCF-related activities.

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<sup>5</sup> DHIMS2 (District Health Information Management System), is an open-source software for managing national health information systems online, including data management and analysis, health programme monitoring and evaluation, facility registries and service availability mapping. It is currently used in 47 countries. More details are available here: <https://www.dhis2.org/>

## Conclusion

Overall, the workshop was a great success. There was constructive discussion both within and between country teams and the workshop generated energy and enthusiasm related to WASH in HCF. The workshop provided a springboard to catalyse efforts on WASH in HCF, and enabled countries to reflect on progress to date, identify bottlenecks and strategies to overcome them. The eight participating countries each face enormous challenges relating to WASH in HCF, many of which are similar across the region. Continued information sharing between countries will be useful to help overcome these challenges in the future. The immediate priority for each country following the workshop is to work on their national action plan, considering strong collaboration with the health sector, to consider how to implement WASH FIT sustainably, in order to make advances towards achieving universal access to WASH in health care facilities.

**Appendix 1: Meeting agenda**
**REGIONAL WASH IN HEALTH CARE FACILITIES WORKSHOP**
**Hotel Terrou Bi, DAKAR - SENEGAL**
**6-8 JUNE 2016**
**Agenda**

TIME	ACTIVITY/TOPIC	PRESENTER	MODERATOR
<b>DAY 1: 6<sup>th</sup> JUNE 2016</b>			
8:30-9:00	<b>Registration of Participants</b>		
9:00-9:45	<b>Opening Ceremony</b>		
	<ul style="list-style-type: none"> <li>• <b>Opening Remarks</b></li> <li>• <b>Short Remarks</b></li> <li>• <b>Objectives and expectations of the workshop</b></li> </ul>	Ministry of Health WHO and UNICEF Fabrice Fotso, UNICEF	
9:45-10:30	<b>Session 1: Global perspective on WASH in health care facilities</b>		
Presentation and discussion	<ul style="list-style-type: none"> <li>• WASH in health care facilities: aims, activities and embedding in health</li> <li>• Introduction to WASH FIT</li> </ul>	Fabrice Fotso, UNICEF Arabella Hayter, WHO	Khalifa Mbengue, WHO
10:30-10:40	<b>Group Photograph</b>		
10:40-11:00	<i>Coffee Break</i>		
11:00-13:00	<b>Session 2: Country presentations on current status of WASH in health care facilities</b> Presentations on status of WASH in HCF including coverage, national policies and standards, embedding within other health efforts (e.g. health systems, universal health coverage, infection prevention and control, maternal and child health), ongoing initiatives		
Presentation and discussion	(10 minutes per presentation) <ul style="list-style-type: none"> <li>• Senegal</li> <li>• Mali</li> <li>• Guinea</li> <li>• DRC</li> <li>• Chad</li> <li>• Sierra Leone</li> <li>• Liberia</li> <li>• Ghana</li> </ul>		Fabrice Fotso, UNICEF
13:00-14:00	<i>Lunch break</i>		
14:00-15:30	<b>Session 3: Overview of WASH FIT</b>		
Presentation and discussion	<ul style="list-style-type: none"> <li>• Overview of WASH FIT modules, 5 step methodology, and tools</li> </ul>	Arabella Hayter, WHO	UNICEF
15:30 – 5:45	<i>Coffee Break</i>		
15:45 – 6:30	<b>Session 4: Planning and implementing WASH FIT</b> Presentations on the practical aspects of implementing WASH FIT and lesson learned from country examples		
Presentation and discussion	<ul style="list-style-type: none"> <li>• How to plan and implement WASH FIT and what makes WASH FIT succeed?</li> <li>• Lessons learned: Liberia case study</li> </ul>	Fatoumata Maiga, WHO Mali Francis Ndivo, WHO Liberia	Rick Gelting, CDC
16:30-16:45	<b>Wrap up</b>		
16:45-17:30	<b>Facilitators' debrief</b>		
17:30-18:30	<b>Welcome Cocktail</b>		

**DAY 2: 7<sup>th</sup> JUNE 2016**

9:00-9:15	<b>Summary of Day 1 &amp; Objectives of field visit</b>	WHO	
9:15-13:00	<b>Session 5: Field visit - Conducting a WASH FIT assessment</b> Participants to divide into 2 groups to visit two facilities. Country teams to assess 1-2 domains, risks, hazards and identify possible areas for improvement		
Field visit	<ul style="list-style-type: none"> <li>• Mali, Senegal, Chad</li> <li>• Liberia, Sierra Leone, Ghana</li> <li>• Guinea &amp; DRC</li> </ul> <p>Return to meeting venue for lunch</p>	<p>Fabrice Fotso (UNICEF)</p> <p>Rick Gelting (CDC)</p> <p>Arabella Hayter (WHO)</p>	
13:00-14:00	<i>Lunch Break</i>		
14:00-15:30	<b>Session 6: Presentation of results from WASH FIT assessment</b>		
Group work and presentation	15 min per presentation Presentations of results from each country, including summary of risks, hazards and possible areas for improvement of each domain		Arabella Hayter, WHO
15:30-15:45	<i>Coffee Break</i>		
15:45-16:45	<b>Session 6: Continued presentation of results from WASH FIT assessment</b>		
Group work and presentation	15 min per presentation Presentations of results from each country, including summary of risks, hazards and possible areas for improvement of each domain		Arabella Hayter, WHO
16:45-17:00	<b>Wrap up</b>	UNICEF	



**DAY 3: 8<sup>th</sup> JUNE 2016**

9:00 – 9:15	<b>Summary of Day 2</b>	UNICEF
9:15 – 11:00	<b>Session 7: Group work on the development of national WASH FIT action plans, Part A</b>	
Group work	Countries will break into teams to develop national plans to implement training and strengthen broader policy, financing and support for WASH in HCF.	Facilitators as above.
11:00-11:30	<i>Coffee Break</i>	
11:30-13:00	<b>Session 8: Country presentations of national WASH FIT action plans and next steps, Part A</b>	
	Break-out groups present their national action plans	
Presentation and discussion	(10 mins per presentation) <ul style="list-style-type: none"> <li>• Senegal</li> <li>• Mali</li> <li>• Chad</li> <li>• DRC</li> </ul>	UNICEF
13:30 – 3:45	<i>Lunch Break</i>	
13:45 – 4:30	<b>Session 8: Country presentations on the national WASH FIT action plans and next steps, Part B</b>	
Presentation and discussion	(10 mins per presentation) <ul style="list-style-type: none"> <li>• Guinea</li> <li>• Ghana</li> <li>• Sierra Leone</li> <li>• Liberia</li> </ul>	UNICEF
14:30-15:30	<b>Session 9: Translating plans into action</b>	
Moderated discussion with all	<ul style="list-style-type: none"> <li>• <b><i>Next Steps (timelines, key contacts, commitments)</i></b></li> </ul>	Arabella Hayter, WHO
15:15 – 5:30	<i>Coffee Break</i>	
15:30-16:00	<b>Closing Ceremony</b>	

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### Appendix 3: Summary of status of WASH in HCF

Country	Coverage of WASH in HCF	Status of guidelines, policies & policy making	Programmatic initiatives	Implementation of WASH FIT to date	Collaboration and partnership	Opportunities, challenges & lessons learned
<b>Chad</b>	<p>National data not available for HCF.</p> <p>General context: poor management of health care waste, poor access to water, recurring cases of infectious and diarrhoeal diseases, no implementation of policies and standards</p>	<p>National Policy and Strategy for Sanitation (June, 2013)</p> <p>Hygiene Code (adopted on 28 February 2011)</p> <p>Water directive</p> <p>Guide to the Management of bio-medical waste (to be redone)</p>	<ul style="list-style-type: none"> <li>• WASH is a part of the minimum package of activities</li> <li>• WASH Project (2013-2015) to address poor WASH services in cholera hotspot areas (13 HCF)</li> </ul>	<p>Two WASH FIT trainings with health care workers from 13 project HCF took place in July 2015. Each HCF visited at least twice between August 2015 and March 2016 to provide support and assess progress towards WASH FIT.</p>	<p>Ministries of Infrastructure and Water work together, and Maternal &amp; child health, Nutrition, Vaccinations and Integrated surveillance initiatives are also connected.</p> <p>Other partners include: UNICEF OXFAM Action Contre le Faim International Red Cross Centre de Support en Santé Internationale (CSSI)</p>	<ul style="list-style-type: none"> <li>• Behaviour change at the household level and maintenance of environmental health has been difficult</li> <li>• Need more sharing of data between countries</li> <li>• Implementation of WASH FIT has been beneficial to all HCF who have used it</li> <li>• Need to advocate for implementation and use of existing policies, standards and guidelines</li> </ul>
<b>DRC</b>	<p>No national data available</p> <p>64% of HCF from 3/11 provinces have access to water</p> <p>Out of 447 HCF surveyed in 2016, 20% have a water point within the facility and 29% within 500m, 44% had access to latrines, and 48% had access to hand hygiene stations.</p>	<ul style="list-style-type: none"> <li>• Water Policy, 2016</li> <li>• Hygiene Code</li> <li>• Decree to restructure the 'CNAEHA', 2015</li> <li>• PNDS 2016-2020</li> <li>• Development of Standards for Hospital Hygiene</li> <li>• Framework for Accelerated Reduction of Maternal, Newborn</li> </ul>	<ul style="list-style-type: none"> <li>• Training on prevention and control of infections</li> <li>• WASH identified as high-impact intervention</li> <li>• WASH integrated in the Access to Primary Health Care project</li> <li>• National Sanitary Village program</li> </ul>	<p>Not currently implemented</p>	<p>Political will shown by: Workshop on "accountability analysis for the sustainability of WASH services in the health system"</p> <p>Integration of WASH in HCF in PNDS 2016-2020</p>	<ul style="list-style-type: none"> <li>• Expanded normative documents to be operational</li> <li>• Reducing hospital infections</li> <li>• Inadequately trained staff</li> <li>• Mobilization of financial resources (needs advocacy)</li> <li>• Infrastructure</li> <li>• Scalability</li> </ul>

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		and Child				
Ghana	Data on WASH in HCF is limited. Assessment of 1268 HCF by Ghana Health Service in 2011 found 88% had potable water (piped or pumped from a borehole) and 8% had no source of water supply (2011).	National Policy and Guidelines on IPC in Healthcare Settings (2015) Healthcare Waste Management Policy and Guidelines for Health Institutions (MOH, 2006) Guidelines on cleaning and janitorial services Draft Guidelines on WASH in HCF, include: minimum requirements for water supply, toilets and hand washing facilities in HCF with respect to quality and access; management, operation and maintenance of WASH infrastructure; and minimum design and construction standards for WASH infrastructure in HCF.	<ul style="list-style-type: none"> <li>• No standalone programme for WASH in HCF</li> <li>• IPC embodies some components of WASH in HCF</li> <li>• Survey on WASH in HCF in four districts done (<i>results are yet to be disseminated</i>)</li> <li>• Training of service providers on IPC, including hygiene practices</li> <li>• Draft guidelines and tools for integrated and technical supportive supervision and monitoring (peer review system)</li> <li>• Aspects of WASH are integrated into: HIV, TB, reproductive, neonatal and child health, and public health emergencies response actions; waste management and other environmental issues; and community-based health planning</li> </ul>	Not currently implemented	<ul style="list-style-type: none"> <li>▪ Ministry of Local Government &amp; Rural Development</li> <li>▪ Ministry of Water Resources Works and Housing</li> <li>▪ Community Water and Sanitation Agency</li> <li>▪ WaterAid</li> <li>▪ UNICEF</li> <li>▪ World Health Organisation</li> </ul>	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>▪ Strong political and top management commitment</li> <li>▪ High recognition of importance of WASH in HCF</li> <li>▪ Potential for further integration into other programmes for better results</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>▪ Aspects of WASH being implemented by GHS with other sectors and Development Partners, but very little coordination</li> <li>▪ Limited advocacy</li> <li>▪ Inadequate funding</li> </ul> <p><b>Lessons learned</b></p> <ul style="list-style-type: none"> <li>▪ Integration is key</li> <li>▪ Requires concerted leadership</li> <li>▪ Effective WASH can help reduce morbidity and mortality tremendously</li> </ul>

Country	Coverage of WASH in HCF	Status of guidelines, policies & policy making	Programmatic initiatives	Implementation of WASH FIT to date	Collaboration and partnership	Opportunities, challenges & lessons learned
			services (CHPS)			
<b>Guinea</b>	Big regional differences in coverage, ranging between 50% in rural areas of Labe district to 92% in urban areas of Mamou district. No breakdown of details of coverage provided. Evaluation carried out after the Ebola outbreak (date not given).	<ul style="list-style-type: none"> <li>• Code of public health (1997)</li> <li>• National health care waste management plan (2000)</li> <li>• National directorate on hospital hygiene (2008)</li> <li>• National strategy on health care waste (2011, rev 2015)</li> <li>• National insurance policy on quality, safety of patients and risk management in HCF</li> </ul>	<ul style="list-style-type: none"> <li>• WASH learning committed established (includes health, nutrition)</li> <li>• WASH programme under development</li> <li>• Capacity building</li> <li>• WASH/IPC focal points in place in HCF</li> <li>• Community platforms established</li> <li>• IPC policy and programme</li> </ul>	Not currently implemented	<ul style="list-style-type: none"> <li>• WASH FIT integrated with IPC in maternal health programming</li> <li>• Increased political will for WASH in HCF</li> <li>• Examples of leadership and engagement include: Plan National du Developpement Sanitaire 2015-2024 and 'PRRS'S 2015-2017</li> <li>• Ebola has reinforced the WASH sector</li> </ul>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Achieving universal coverage of WASH in HCF</li> <li>• Capacity building of health workers and other stakeholders</li> <li>• Establishment of a reliable information system</li> <li>• Quality control system</li> </ul> <p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Reinvigoration of WASH cluster</li> <li>• WASH in the SDGs will increase resource mobilization</li> <li>• Integration of WASH and IPC</li> </ul> <p><b>Lessons learned</b></p> <ul style="list-style-type: none"> <li>• Including WASH in health care worker training reduces infections</li> <li>• WASH/IPC groups established</li> <li>• Emergency teams established</li> <li>•</li> </ul>
<b>Liberia</b>	<b>Water:</b> 657/727 HCFs surveyed. 48% of primary health care	<b>Relevant available guidelines</b> <ul style="list-style-type: none"> <li>• Infrastructure standard</li> </ul>	<ul style="list-style-type: none"> <li>• WHO, UNICEF and MoH are doing a lot of advocacy to support WASH in</li> </ul>	<b>WASH FIT partially implemented in Liberia.</b> <ul style="list-style-type: none"> <li>• National training on</li> </ul>	<b>Integration of WASH in HCF with:</b> <ul style="list-style-type: none"> <li>• Infection Prevention and Control (IPC):</li> </ul>	<b>Challenges</b> <ul style="list-style-type: none"> <li>• Poor infrastructure and locations of many healthcare facilities</li> </ul>

Country	Coverage of WASH in HCF	Status of guidelines, policies & policy making	Programmatic initiatives	Implementation of WASH FIT to date	Collaboration and partnership	Opportunities, challenges & lessons learned
	<p>facilities, 57% of secondary and 100% of tertiary have a protected year round water source.</p> <p><b>Sanitation:</b> 96% of 657 facilities have toilets, and 91% of facilities have at least one functioning toilet.</p> <p><b>Hygiene:</b> 89% of facilities were reported to have handwashing station and 58% of these were in locations other than latrines.</p>	<ul style="list-style-type: none"> <li>• Infection Prevention and Control SOPS (Guidelines are being developed)</li> <li>• Healthcare waste management guidelines</li> <li>• WASH and Environmental Health Package (WASH FIT)</li> </ul> <p><b>Key policies</b></p> <ul style="list-style-type: none"> <li>• Environmental Health policy: MOH</li> <li>• Medical waste management policy: MOH</li> <li>• WASH minimum standard: MOH/WHO</li> </ul>	<p>HCF e.g. Resource Mobilization</p> <ul style="list-style-type: none"> <li>• 94 National Master trainers have been trained on the WASH and EH package and 14,000 health facility staff have been trained in the Safe Quality Service (SQS) approach</li> <li>• Construction of 25 new Demontfort, 13 pyrolytic, 12 mediburn incinerators and 8 autoclaves installed in healthcare facilities.</li> <li>• Joint Integrated Supportive Supervision (JISS) reporting format in place.</li> <li>• Shifting from Pit latrine to flush toilets, open burning to incineration ,etc.</li> <li>• The nationwide Rapid Assessment of WASH systems in healthcare facilities conducted in 2015</li> <li>• The development and finalization of</li> </ul>	<p>WASH FIT was Completed in February 2016; District and Health facility level training is ongoing.</p> <ul style="list-style-type: none"> <li>• Counties specific, WASH FIT developed for healthcare facilities.</li> <li>• Launching of the WASH FIT -Package by the government on June 10, 2016.</li> <li>• Mentoring 727 healthcare facilities by using the Minimum Standard Tools (MST) which comprises WASH and IPC SOPS</li> <li>• Universal implementation of comprehensive package of WASH interventions has not been achieved</li> </ul>	<p>Training in SQS, Monitoring and supervision</p> <ul style="list-style-type: none"> <li>• Quality Management program: Overall infrastructure improvement</li> <li>• MOH child health component of Millennium Challenge Cooperation (MCC) compact: Hygiene education, water quality promotion</li> </ul> <p><b>Political will</b></p> <ul style="list-style-type: none"> <li>• Chief Medical Officer has signed the WASHFIT and EH Package</li> <li>• Planned launch of package by Vice President of R. Liberia on June 10,2016</li> </ul> <p><b>Other partners include:</b></p> <ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• World Health Organization (WHO)</li> <li>• United Nations Children Fund (UNICEF)</li> <li>• US Center for disease prevention and control (CDC)</li> </ul>	<ul style="list-style-type: none"> <li>• Resource allocation for WASH in health – there is no dedicated allocation of MoH budget for improvement of WASH interventions in health facilities, however there is a general budget for County health services whereby WASH can access limited funding.</li> <li>• More lobbying for budget allocation needed, policy document and strategic direction for WASH in HCFs.</li> <li>• Training, Logistics, inadequate waste management facilities.</li> <li>• Facility management: lack of engagement and oversight to ensure IPC/WASH compliance</li> <li>• Facility infrastructure not always conducive to IPC/WASH practices</li> </ul> <p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Ebola epidemic has</li> </ul>

Country	Coverage of WASH in HCF	Status of guidelines, policies & policy making	Programmatic initiatives	Implementation of WASH FIT to date	Collaboration and partnership	Opportunities, challenges & lessons learned
			<p>the WASH and Environmental Health Package in Health Facilities completed in 2016</p> <ul style="list-style-type: none"> <li>• The training on WASH in Health Facility accountability conducted in 2016</li> <li>• Setting up of WASH/IPC focal person in all HCFs</li> <li>• The MOH recognize the national investment plan by the Government that stresses the need for re-engineering of the health infrastructure to meet WASH/IPC standards as priority.</li> </ul>		<ul style="list-style-type: none"> <li>• International Non-Governmental Organizations</li> </ul>	<p>raised awareness and increase stakeholders interest and support in WASH and IPC for HCF</p> <ul style="list-style-type: none"> <li>• Provision of water and sanitation plays an essential role in protecting human health during all disease outbreaks.</li> </ul>
<b>Mali</b>	<ul style="list-style-type: none"> <li>• 23% (291/1282) HCF don't have a water point (0% in Bamako, 32% in Kayes, 35% in Mopti)</li> <li>• 69% of HCF have inadequate disinfection of beds, floors, walls, surfaces, equipment</li> <li>• 29% lack a hand hygiene station in the</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic plan for prevention and control of healthcare associated infections</li> <li>• Outline of the minimum package of WASH in health facilities</li> <li>• Good practice guide on hospital hygiene in Mali</li> <li>• National biomedical</li> </ul>	<ul style="list-style-type: none"> <li>• WASH and Nutrition</li> <li>• HIV</li> <li>• Strengthening of health workers and WASH-related actors in prevention and control of infections (PCI), staffing of health facilities, materials and equipment (e.g. storage tanks, hand</li> </ul>	<p>WASH FIT implemented as part of a pilot project with WHO, WaterAid, CDC Atlanta, involving 22 community HCF and 2 referral HCF across 2 districts (Bla and Koro).</p> <p>Activities to date include: training of community organisations</p>	<ul style="list-style-type: none"> <li>• WASH in HCF Task force established</li> <li>• Technical support provided for WASH</li> <li>• WASH FIT pilot project in Bla and Koro</li> <li>• UNICEF Project: 213 HCF</li> <li>• 'BECEYA' project: 150 HCF to date</li> <li>• 'CRM' project: 63</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of WASH in all Ministry of Health programmes</li> <li>• Development of a multisectoral approach involving all stakeholders (water, sanitation, civil society);</li> <li>• Strengthening the coordination of activities of different</li> </ul>



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	<p>consultation room</p> <ul style="list-style-type: none"> <li>• 24% have insufficient water for everyday use</li> <li>• 4% of HCF have signs of open defecation</li> <li>• 75% don't sort, or partially sort medical waste</li> <li>• 60% do not have a functional incinerator</li> </ul>	<p>waste management plan</p> <ul style="list-style-type: none"> <li>• Three-year national plan for prevention of cholera and other diarrhoeal diseases</li> <li>• Manual of biomedical waste management procedures</li> <li>• Technical guidelines for prevention and control of healthcare associated infections</li> <li>• National policy on health and population</li> <li>• National public health policy</li> <li>• Environmental health policy</li> </ul>	<p>hygiene, sanitation, waste, incinerators, cleaning products, cleaning and maintenance etc.)</p> <ul style="list-style-type: none"> <li>• Integrating WASH into other projects, e.g. Reproductive Health</li> </ul>	<p>('ASACO'), training of district health officers, national training of 36 partners on WASH FIT, implementation of WASH FIT in 11 community and 1 referral HCF, supervision and monitoring of progress, regional training of trainers on WASH FIT methodology.</p>	<p>HCF to date</p> <ul style="list-style-type: none"> <li>• Implementation and validation of national plan on WASH in HCF ongoing</li> </ul>	<p>actors</p> <ul style="list-style-type: none"> <li>• Continued capacity building of health workers and other WASH-related actors in health care including prevention and control of infections</li> <li>• Further strengthening of communication for behavior change through the development and dissemination of educational materials necessary for the application of essential hygiene by staff and users of HCF</li> </ul>
<b>Senegal</b>	<p>Varied coverage according to type of facility and region. Nationally, 94% of HCF have access to water and 95% access to sanitation (EDS, 2014).</p>	<ul style="list-style-type: none"> <li>• National programme for control of nosocomial infections</li> <li>• National quality programme</li> <li>• Hygienic hospitals with hygiene agents and/or technicians</li> </ul> <p>Existence of incinerators and disinfection</p>	<ul style="list-style-type: none"> <li>• Commission of Antibiotics established, no.005711, 7/7/04</li> <li>• National Committee of Antibiotic Therapy, no.05808, 3/7/08.</li> <li>• National hospital policy with a multidisciplinary committee</li> </ul>	<p>Not currently implemented</p>	<ul style="list-style-type: none"> <li>• Committees of Health, Safety and Working Conditions established in health centers, health posts, clinics and private practices.</li> <li>• WASH and Nutrition</li> <li>• Ebola precautions put in place</li> <li>• Health systems strengthening</li> </ul>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Institutional framework needed</li> <li>• Operational capacity building (training, equipment, facilities, intersectoral collaboration)</li> <li>• Regional leadership and synergy between regions</li> </ul> <p><b>Opportunities</b></p>

Country	Coverage of WASH in HCF	Status of guidelines, policies & policy making	Programmatic initiatives	Implementation of WASH FIT to date	Collaboration and partnership	Opportunities, challenges & lessons learned
		<p>equipment in structures</p> <ul style="list-style-type: none"> <li>Centre of biomedical waste management at Grand Yoff General Hospital</li> <li>Local production of alcohol based hand rub</li> </ul>	<p>responsible for the policy of each EPS for quality and safety of care will be offered.</p>		<p>platform newly established</p>	<ul style="list-style-type: none"> <li>Develop an action plan</li> <li>Training on WASH FIT tool</li> <li>Conducting national assessment</li> <li>Expanding a pilot</li> <li>Roll out nationally</li> </ul>
<p><b>Sierra Leone</b></p>	<ul style="list-style-type: none"> <li>1,244 Peripheral Health Units (CHCs, MCHPs &amp; CHP), coverage of WASH in these is at 69,3%. (Ministry of Health and Sanitation/ MoHS) Sept 2015)</li> <li>Construction of Waste Management facilities( Incinerators UNOP's) (Autoclaves in 10 Hospitals UNDP), ERC (now HealthCo) Unicef &amp; other partners in different locations for Water Supplies, Waste Management etc.</li> <li>Burning pits still common in 65% of HCF. (MoHS)</li> <li>65 % have access to perennial water</li> </ul>	<ul style="list-style-type: none"> <li>The MoHS is responsible for Policy implementation of WASH related activities, whilst the Ministry of Water is responsible for Infrastructure development</li> <li>Draft Guidelines for WASH in HCF developed. Still to be validated and rolled out.</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of Directorate of Environmental Health &amp; Sanitation</li> <li>Working on the 10 – 24 months recovery plan on WASH in HCF</li> <li>Construction of WASH/IPC related infrastructure in HCF.</li> <li>Development of Guidelines and polices on WASH in HCF.</li> <li>Development of WASH/IPC indicators.</li> <li>Integrated WASH /IPC in all HCF.</li> <li>Posted WASH Focal persons in all HCF.</li> <li>Facility Improvement Teams (FIT) to assess WASH status among others in designated Emergency Obstetric and Neonatal Care</li> </ul>	<p>WASH FIT has not been implemented. The Ministry would like to implement the WASH FIT, but lacks resources.</p>	<ul style="list-style-type: none"> <li>Government committed to upscale WASH/IPC in HCF by creating enabling environment for the participation of partners, development of policies etc.</li> <li>WASH in HCF is being integrated with IPC with the support from partners.</li> </ul>	<ul style="list-style-type: none"> <li>The development of Standard Guidelines for WASH in HCF is a milestone in harmonizing infrastructure and systems. Though it is still to be finalized.</li> <li>Sustainability of Waste management options (Autoclaves, energy)</li> <li>Overarching roles and responsibilities between MoHS and other Ministries and Partners.</li> <li>We have learnt that poor WASH systems contributed to the spread of Ebola, and that improved WASH systems help reduce spread of Water Borne disease, e.g.</li> </ul>

Country	Coverage of WASH in HCF	Status of guidelines, policies & policy making	Programmatic initiatives	Implementation of WASH FIT to date	Collaboration and partnership	Opportunities, challenges & lessons learned
	<p>sources which are boreholes and wells</p> <ul style="list-style-type: none"> <li>• 57% hand dug wells supplying water to HCF dries up during the dry season.</li> <li>• A total of 2,556 Toilets in 12 district HCF (1,343 are pit latrines, 790 are VIP latrines and the remainder is other improved toilets (pour flush and flush toilets).</li> </ul>		(EmONC) facilities.			<p>last year flooding, no incidence of cholera as the victims observed hand washing and hygiene as an important factor learned during the EVD out break ?</p>

#### Appendix 4: Selection of photos



WASH FIT Workshop participants



Opening of the workshop by Drs Deo Nshimirama, Ngashi Ngongo and Papa Amadou Diack.