WASH in Healthcare Facilities Initiative

Global framework for action on WASH in HCFs webinar

6 August 2024

Announcements

Monthly CoP newsletter is joining forces with WHO/UNICEF

- CoP content will be included in WHO/UNICEF newsletter
- No separate CoP monthly newsletter

Community of Practice Corner

The Community of Practice Corner is an effort to showcase the collaboration between the Global WASH in Healthcare Facilities Community of Practice (CoP), WHO, and UNICEF through a combined newsletter. The CoP aims to exchange knowledge, promote learning, and support cooperation among professionals, scholars, and activists to enhance WASH in HCFs. This segment of the newsletter will present achievements and insights from CoP participants. To become a member of the CoP, kindly reach out via email at washinhcfcop@sph.unc.edu.

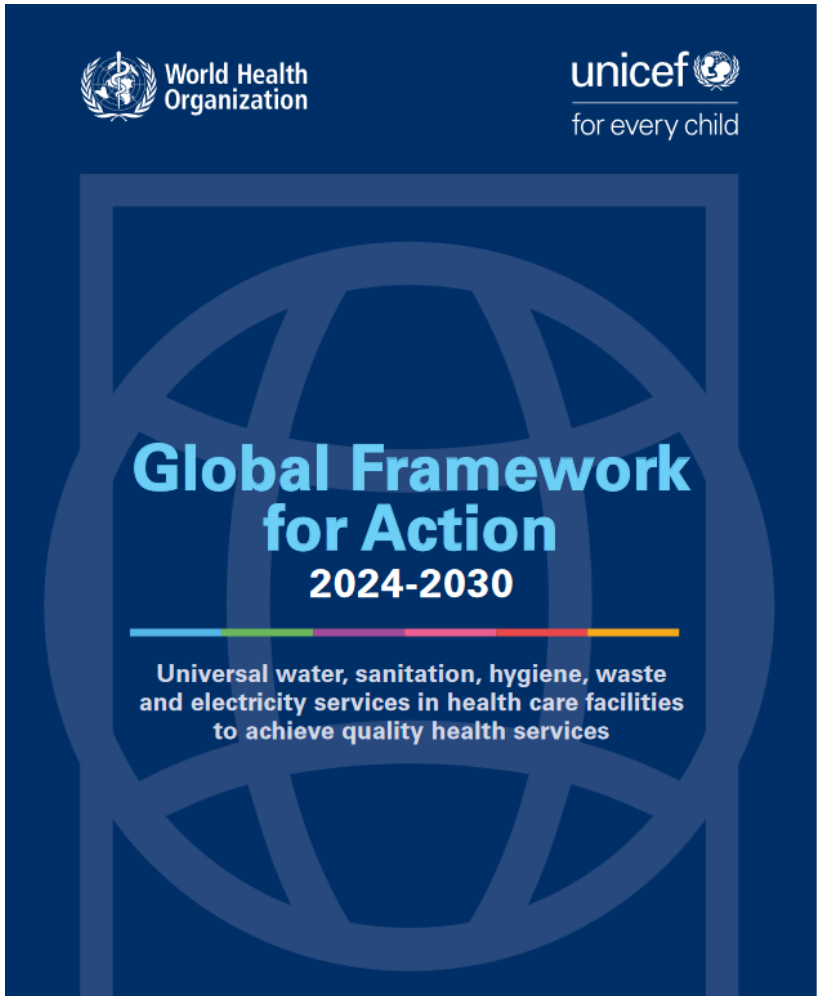
A project for budgeting and advocacy in Thakurbaba Municipality, Nepal is leading transformative change for WASH in healthcare facilities at the local and national levels. The team has documented their learnings to help scale-up efforts to develop and implement

Announcements

To subscribe, visit washinhcf.org

Agenda

- Introduction to the Global Framework for Action on WASH in HCFs
- Country case study: Philippines
- Country case study: Nepal
- Moderated Q&A session



World Health Organization

WASH in Health Care Facilities

unicef for every child

A Pivotal Moment:
The UN Resolution and Global Framework for Action

Universal WASH, waste and electricity services in all health care facilities to achieve quality health care services

Growing imperative for better WASH, waste and electricity services

Reduce costs and save lives

8 million die annually from poor quality care resulting in US$ 6 trillion in losses

Fundamental to ending preventable maternal and newborn deaths 47% of newborn deaths occur in Sub-Saharan Africa, where only 1 in 2 HCF have water

Growing crises & emergencies require cost-effective, sustainable investments

In 2023, 363 million affected by emergencies

Required to meet commitments for low-carbon & sustainable HCF

> 82 countries agreed at COP 27

Global community committed to strengthening WASH, waste and electricity in health care facilities

Ongoing country implementation (75+) of standards, regular monitoring, WASH FIT, roadmaps

2019 — Global baseline and guidance on WASH/waste, 72nd World Health Assembly Resolution

April 2022 — WASH FIT V 2.0 package with focus on climate and equity

August 2022 — Global update on WASH/ waste services in HCF (SDG 6)

June 2023 — Global Summit; Progress report launch

Aug 2023 — 1st global report on electricity published

Dec 2023 — **UNGA Resolution approved**

May 2024 — Framework for Action (2024-2030) launched; Global Strategic Roundtable

2025 — Global progress report to UN General Assembly due

Ultimate Aim: Every person has quality, essential health care

Global Efforts co-led by WHO and UNICEF

Contributions from 50+ Partners (e.g. World Bank, UNDP, IFRC, Global Fund, Gavi, WaterAid, World Vision, Save the Children, Helvetas)

Strategic Inputs from Core Partners (trailblazer countries+ UN/NGOs + academia + donors e.g. FCDO, USAID, ROK, SIDA, GIZ)

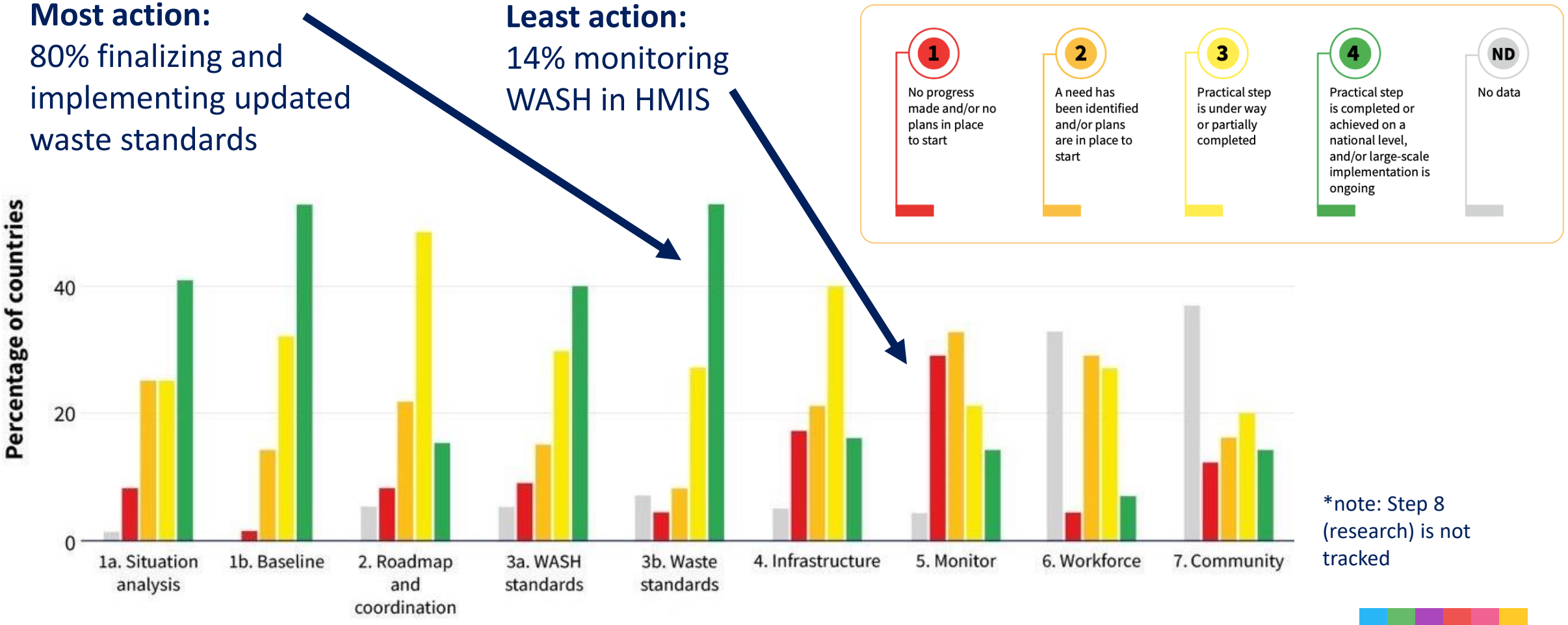
Global Knowledge Portal (www.washinhcf.org)

- *Training and resource materials*
- *Country tracker*
- *Latest news and case studies*

2023 Progress Report Informed the Resolution & Framework for Action

Most action:
80% finalizing and implementing updated waste standards

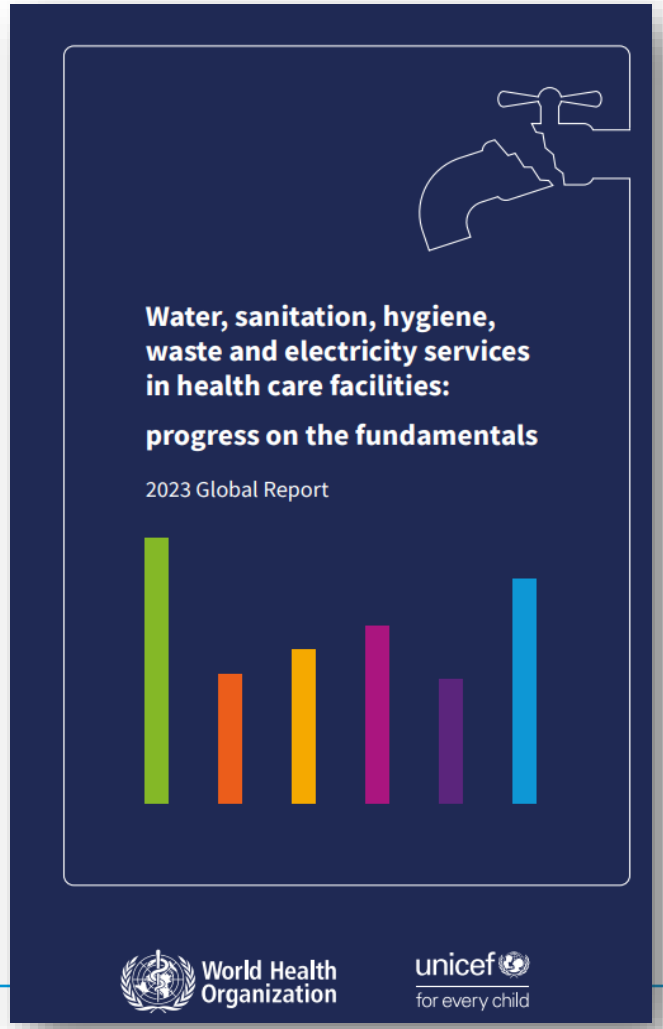
Least action:
14% monitoring WASH in HMIS



*note: Step 8 (research) is not tracked

8 Practical Steps for Improving WASH in HCFs

2023 Global Progress Report: Recommendations



1. **Integrate** WASH, waste and electricity services into **health planning, programming, financing** and **monitoring** at all levels**.**

2. **Regularly monitor** and **review progress, strengthen accountability.**

3. **Develop** and **empower the health workforce to deliver** and **maintain** WASH, waste and electricity services, and practice good hygiene.

Download the report: ***https://www.who.int/publications/i/item/9789240075085***

2023 UN Resolution on WASH, Waste and Electricity in Health Care Facilities

Adopted by UN Member States in December 2023, the Resolution calls on:

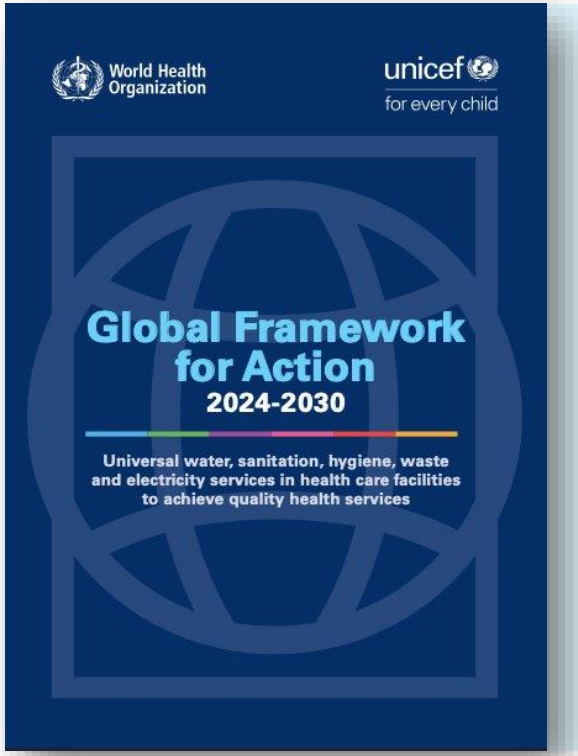
- **Countries to:**
  - **Integrate** and **mainstream** WASH, waste and energy services for HCFs into **national health sector** planning, programming, financing, monitoring and evaluation
  - **Empower** the **health workforce** to demand, use, and maintain these services
  - Strengthen **international cooperation**, including through enhanced official development assistance to support health financing
- **Partners to:**
  - Enhance **coordination**, strengthen existing global initiatives, and bolster efforts to increase data coverage through the inclusion of global indicators in programme surveys
- **UN Agencies to:**
  - Promote the **optimum use of resources** and to support countries on WASH, waste and energy in HCFs, at their request

Why is UN Resolution important?

- The **2019 World Health Assembly (WHA) Resolution** was the first global policy document focused specifically on WASH in health care facilities.
  - This WHA resolution sparked action and brought greater attention to the issue by countries and partners alike.
  - Reporting on the WHA resolution closed in 2023.
- The UN Resolution not only picks up where the WHA resolution left off, it is a **whole-of-government commitment at the highest level**, supporting greater integration and cross-sectoral efforts. It also has expanded to include a closely related topic, electricity in HCFs.
- Its unanimous adoption by the UN General Assembly demonstrates **global support**. The UN resolution includes specific actions for countries, partners, and UN Agencies.
- This new resolution now carries through 2030 and will be guided in implementation by the **Global Framework for Action.**

Global Framework for Action to Support Implementation of the Resolution

WHO & UNICEF's new Global Framework for Action (2024-2030), published in May, **serves to guide collaborative global and national efforts** to deliver safe and sustainable WASH, health care waste management and reliable electricity in all health care facilities.



Framework Aims:

- Increase **political commitment** and **leadership and** scale up **investments**
- Support **systems strengthening** and **integration** of WASH, waste, electricity with health sector
- Develop, resource, implement **costed roadmaps** and programmes
- Regularly **monitor** and review progress in meeting national and global targets
- Capacitate the health workforce through **training** and **mentoring**
- Support **inclusive** and **equitable** services

Framework for Action's Plan for Monitoring & Reporting

- **Systems targets and tracking, based on the 8 Practical Steps**
  - National standards
  - Resourced roadmaps
  - Health systems monitoring and financing
  - Gender/disability/inclusion plans
- **Service targets and tracking**
  - Water, sanitation, hygiene, waste and cleaning services in health care facilities (SDG 6)
- **Regular reporting to UN Secretary General (2025, 2028, 2030)**

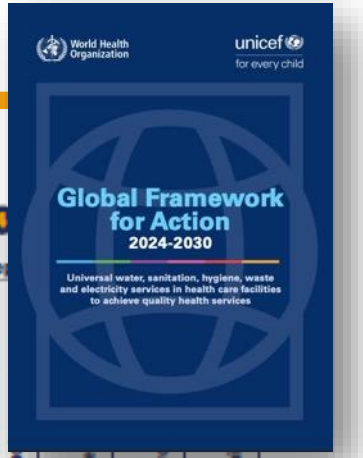


Table A4.1. Full country tracker with all countries (n = 73)

	Step 1		Step 2	Step 3					
Country	1a. Conduct situational analysis	1b. Conduct (baseline) assessment	Set targets and establish coordination mechanism	3a. Establish national WASH standards	3b. Establish national health care waste standards	Improve and maintain infrastru	Monitor and revie	Develop p health w	Engage commu n
Angola	2	2	1	1	4	1	ND	2	ND
Bangladesh	4	4	4	3	3	4	3	3	3
Benin	1	4	2	2	2	1	4	ND	ND
Bhutan	3	4	3	3	3	3	3	3	3
Bolivia	4	3	4	3	3	1	1	ND	ND
Brazil	4	3	2	ND	ND	3	3	2	3
Burkina Faso	2	4	3	3	4	3	1	ND	ND
Cambodia	4	3	4	4	4	4	2	ND	ND
Cameroon	3	3	ND	ND	ND	ND	ND	ND	ND
Chad	2	1	1	1	3	1	2	2	3
Colombia	2	3	2	4	ND	1	1	2	ND
Democratic Republic of the Congo	2	3	4	4	3	4	3	ND	ND
Equatorial Guinea	3	4	3	3	3	2	1	1	1
Eswatini	2	4	3	3	4	3	2	3	3
Ethiopia	4	4	4	4	4	3	3	3	3

Area 1: Integration, Policy & Governance

Action	Data		Targets	
	2020	2022	2026	2030
1.1 Establish baseline service levels	75%	92%	**100%** of countries	**100%** of countries regularly update the status of the baseline (every 5 years).
1.2 Update national standards	52%	53%	**75%** of countries	**100%** of countries
1.3 Develop and implement costed roadmaps for improved WASH, waste and electricity.	ND	63%	**80%** of countries	**100%** of countries
1.4 Establish national coordination mechanism and strengthen intersectoral governance and action	ND	63%	**70%** of countries	**100%** of countries
1.5 Monitor WASH, waste and electricity within health information systems	10%	14%	**50%** of countries	**100%** of countries
1.6 Secure sufficient financing of services	11%	12%	**40%** of health care facilities	**100%** of health care facilities

Area 2: Service Levels

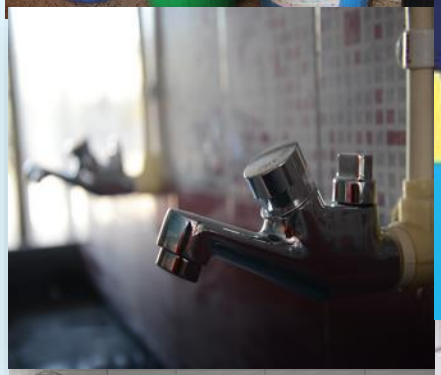
Action	Data		Targets	
	2020	2022	2026	2030
2.1 Improve services globally	Water: 76% Sanitation: ND Hand hygiene: ND Waste: ND Electricity: ND	Water: 78% Sanitation: ND Hand hygiene: 51% Waste: 61% Electricity: 1 billion health users with unreliable or no electricity	**80%** of countries have universal basic services and all have established national standards and monitoring indicators for higher levels. **At least 80%** of HCF in every country have access to reliable electricity.	**100%** of countries have universal basic and higher levels of service. **100%** of HCF in all countries have universal access to reliable electricity.
2.2 Improve services in LDCs	Water: 50% Sanitation: 37% Hand hygiene: ND Waste: 30% Electricity: ND	Water: 53% Sanitation: 21% Hand hygiene: 32% Waste: 34% Electricity: ND	**60%** of HCF in LDCs have basic services. **70%** of HCF in LDCs have access to reliable electricity.	**100%** of HCF in LDCs have basic services and **50%** have higher levels of service. **100%** of HCF in all countries have access to reliable electricity.

Area 3: Equity, Inclusivity and Community Engagement

Action	Data		Targets	
	2020	2022	2026	2030
3.1 Improve inclusivity of WASH services and processes at national and facility levels	No data	No data	**50% of countries** have plans that address inclusivity of WASH services and mainstream gender-transformative WASH and rights (equity, disability) in planning, designing and implementing WASH systems.	**100% of countries** have plans that address inclusivity of WASH services, and these plans are resourced, implemented and monitored.

WASH FIT is a Practical Tool for Facility-Level Improvements

- Used in **about 70 countries**; covers water, sanitation, water, hand hygiene, waste, cleaning, energy and management
- Based on **catalytic practical actions** and **quality improvements** at facility
- Country examples:
  - **Ukraine**: Combined with IPC/antimicrobial resistance efforts, including on frontlines
  - **Philippines**: Higher level standards established and monitored through health systems
  - **Mali**: Locally based water and sanitation designs with focus on reducing maternal/newborn mortality



Next Steps

- Increase **political commitment** and leadership
- Rapidly **scale up investments**
- Support **systems strengthening** and **integration** of WASH, waste, electricity (in context of climate change) with health sector
- Develop, resource, implement **costed roadmaps** and programmes
- Regularly **monitor** and review progress in meeting national and global targets
- Capacitate the health workforce through **training** and **mentoring**
- Support **inclusive** and **equitable** services



Progress is possible!




World Health Organization

WASH in Health Care Facilities

unicef for every child

Thank you!

WHO

https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health

UNICEF

https://www.unicef.org/wash

WHO/UNICEF knowledge portal on WASH in HCFs

www.washinhcf.org

Case study 1: Philippines

June Philip Ruiz

Green and Safe Health Facilities Strategic Plan 2030

Engr. June Philip Ruiz, MME
Development Management Officer IV
Health Facility Development Bureau
Department of Health

01 WHERE ARE WE NOW?

GREEN HEALTH FACILITIES

Investing for Resiliency and Sustainability

Republic of the Philippines
Department of Health
/doh.gov.ph

01 WHERE ARE WE NOW?

The environmental health* issues of the Philippines are growing at an exponential rate and rapid pace.

The Philippines Remains At-Risk of Emergencies and Disasters

Rank	Country	Risk
1.	Philippines	46.82
2.	India	42.31
3.	Indonesia	41.46
4.	Colombia	38.37
5.	Mexico	37.55
6.	Myanmar	35.49

NHFR at a Glance

Total active health facilities and health-related facilities

Updated as of:
Monday, October 09, 2023
8:12:07 AM

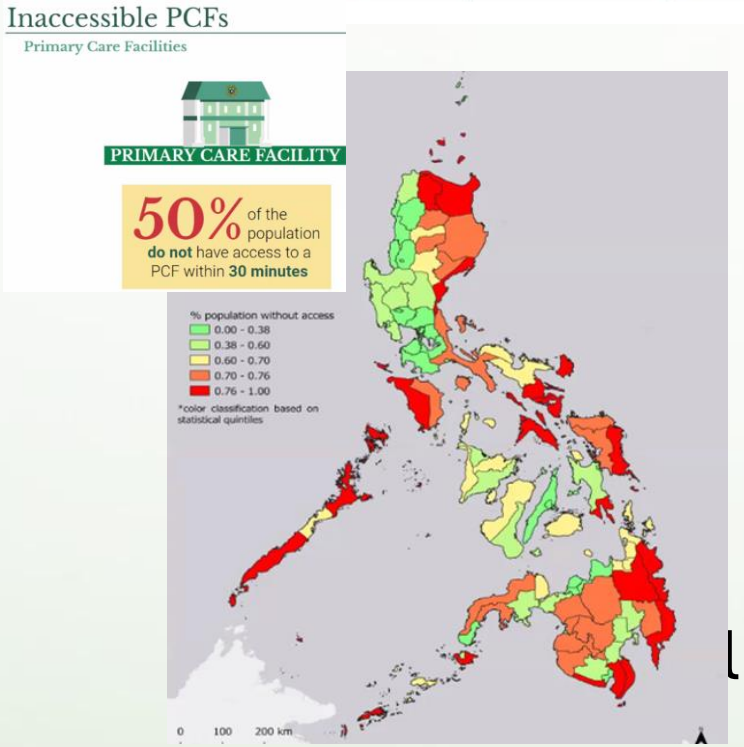
Total Health Facilities	Total Hospitals	Total Infirmaries	Total Rural Health Units	Total Barangay Health Stations	Total Other Health & Health Related Facilities
39,610	1,345	656	2,605	25,664	9,340

Addressing these problems necessitate a whole-of government, whole-of-society approach. We must all work together to achieve our shared goal of protecting the health of present and future generations of Filipinos.

What Works: PHILIPPINE HEALTH FACILITY DEVELOPMENT PLAN (2020-2040)

Philippine Health Facility Status

Health Facility Type	Total Facilities	Government	Private	No License	Licensed
Barangay Health Station	25,324	25,324	0	943	39
Birthing Home	2,957	1,232	1,725	8	2,926
Rural Health Unit	2,605	2,605	0	106	172
Hospital	1,352	464	888	31	1,318
Infirmary	649	356	293	9	639
City Health Office	42	42	0	12	3



02 WHERE DO WE WANT TO GO?

Bawat Komunidad

HANDA sa KRISIS

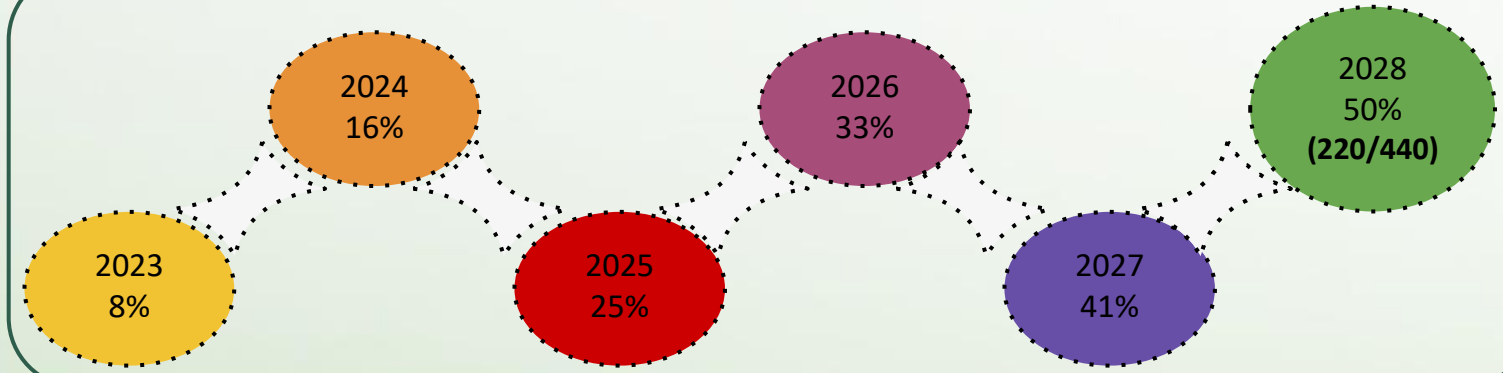
Republic of the
Departmen
/doh.gov.ph

Strategic Objective:

Capacity to Recover From and Adapt to Future Disasters and Related Crisis

Strategic Intervention:

✓ **Strengthen the climate resilience and environmental sustainability of health facilities**



Targets:

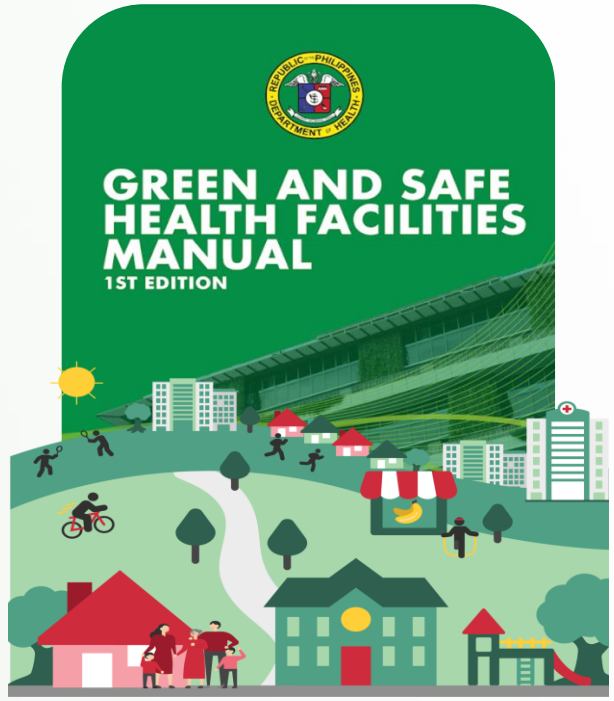
Govt hospitals are **RECOGNIZED** as green, safe, and climate-resilient health facilities

BAGONG PILIPINAS

Green Viability Assessment (GVA) System

This is the **green rating of hospitals under the GVA system.** Assessment, validation, and recognition of hospitals using the GVA tool to determine the compliance to the green, safe, and climate resilient performance standards.

- Governance
- Energy efficiency
- Materials sustainability
- Site sustainability
- Water efficiency, sanitation and hygiene
- Health care waste management
- Environmentally resilient health facility
- Indoor environment quality

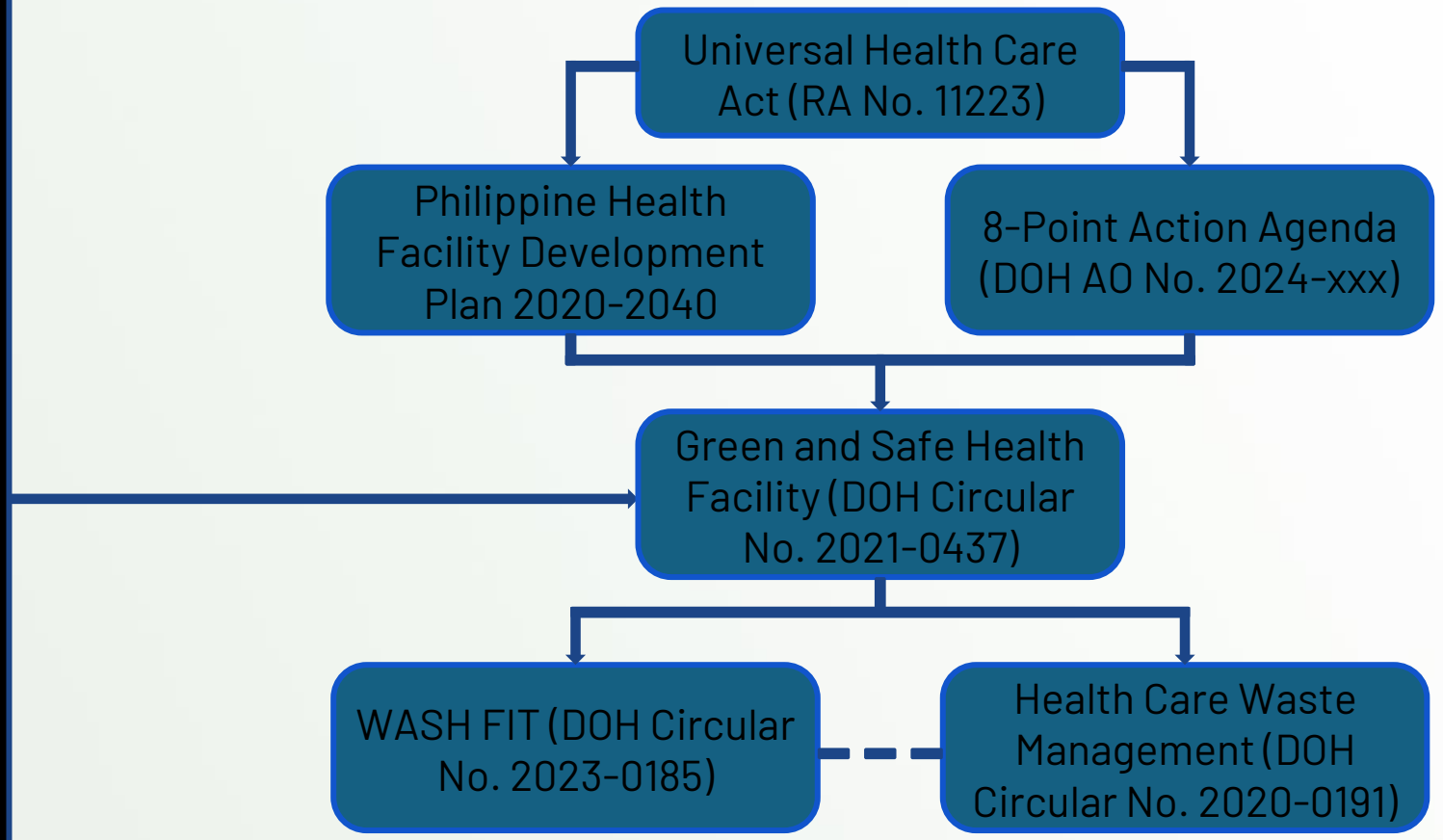


Objective of the Green and Safe

*The **Green, Safe, and Climate Resilient Health Facilities Strategic Plan 2030** shall provide a detailed sustainable program and overall direction in the planning, financing, implementation, monitoring and evaluation of the Green and Safe Health Facilities.*

Green and Safe HF Framework

- Code on Sanitation of the Philippines (PD 856)
- Philippine Clean Air Act of 1999 (RA 8749)
- Philippine Clean Water Act of 2004 (RA 9275)
- Renewable Energy Act (RA 9513)
- Energy Efficiency and Conservation Act (RA 11285)
- Climate Change Act of 2009 (RA 9279)
- Philippine Disaster Reduction and Management (RA 10121)
- Philippine Green Building Code (Referral code of PD 1096)



Guidelines on the Green and Safe Health Facilities: Integration of Climate and Disaster Resilient Measures in the Construction of Health Facilities

- For new construction and for renovation/upgrading projects:
  1. Ensure that the building design of the facilities can withstand a Typhoon, minimum wind speed load of 300 KPH.
  2. Seismic / Earthquake load as requirement specified under the applicable code or ordinance.

Table 208-5 Near-Source Factor N_a [1]

Seismic Source Type	Closest Distance To Known Seismic Source[2]		
	≤ 2 km	≤ 5 km	≥ 10 km
A	1.5	1.2	1.0
B	1.3	1.0	1.0
C	1.0	1.0	1.0

Table 208-6 Near-Source Factor, N_v [1]

Seismic Source Type	Closest Distance To Known Seismic Source[2]			
	≤ 2 km	5 km	10 km	≥ 15 km
A	2.0	1.6	1.2	1.0
B	1.6	1.2	1.0	1.0
C	1.0	1.0	1.0	1.0

Table 208-4 - Seismic Source Types [1]

Seismic Source Type	Seismic Source Description	Seismic Source Definition: Maximum Moment Magnitude, M
A	Faults that are capable of producing large magnitude events and that have a high rate of seismic activity.	$7.0 \leq M \leq 8.4$
B	All faults other than Types A and C.	$6.5 \leq M < 7.0$
C	Faults that are not capable of producing large magnitude earthquakes and that have a relatively low rate of seismic activity.	$M < 6.5$

[1] *Subduction sources shall be evaluated on a site-specific basis.*

Green and Safe HF Strategic Plan

Vision: Leader in Green, Safe, and Climate-Resilient Health Facility Development
Mission: Health Facility Development Bureau is a team of driven, innovative, and competent professionals that develops policies, plans, standards, and programs; provides technical advisory services and capability building for safe, resilient, and sustainable health services and facilities to ensure universal access to quality health care
Objective: By 2030, at least 50 percent of hospitals and other health facilities owned and operated by the national and local governments are implementing green, safe, and climate-resilient health facility development

Moving towards Green, Safe, and Climate-Resilient Health Facilities

Strengthen green and safe health initiatives through the Green Viability Assessment System

Improve availability of high quality data on the impact of climate change on health

Raise awareness of stakeholders and policy makers

Continuous **improvement** and **implementation** of safe, sustainable and resilient health infrastructure

Sa Bagong Pilipinas, Bawat Buhay Mahalaga

Republic of the Philippines
Department of Health
/doh.gov.ph

GREEN & SAFE HEALTH FACILITIES

Department of Health
Health Facility Development Bureau

Case study 2: Nepal

Seema Rajouria

Global Framework for Action on WASH in HCFs: Applying it in Nepal

Seema Rajouria
WaterAid Nepal
August 6, 2024

The Policy Landscape in WASH in Health Care Facilities

Legal provisions

www.lawcommission.gov.np

Solid Waste Management Act, 2068 (2011)

Date of Authentication and Publication

2068/3/1(2011/7/ 21)

2) Notwithstanding anything written in Sub-section (1) the responsibility for the processing and management within the set standard of harmful waste, health institution related waste, chemical waste or industrial waste shall be of the individual or body producing such solid waste.

The Public Health Service Act, 2075 (2018)

Date of Authentication

2075/6/2 (18 September 2018)

Act Number 11 of the year 2075 (2018)

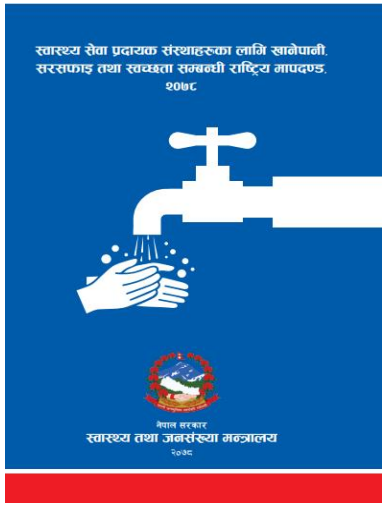
41. **Sanitation and waste management:** (1) The Government of Nepal may, in order to control or cause to be controlled the adverse effect to the human health by environmental pollution and waste, make necessary standards in accordance with the prevailing Federal law.

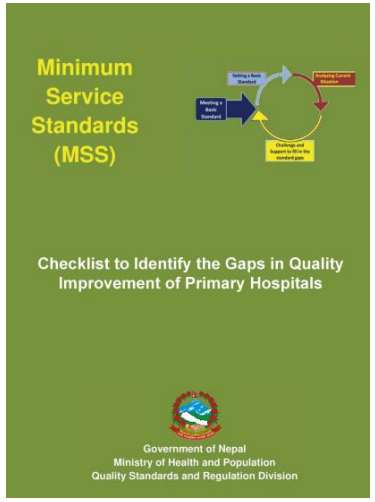
(2) The Government of Nepal shall make necessary standards for collecting, reusing, refining, disposing and regulating the health friendly waste.

(3) It shall be the duty of the Provincial and Local Level to comply with the standards referred to in sub-section (1) and (2).

Public Health Service Regulations, 2020

11. Related to management of health-related and other waste
12. Related to drinking water, sanitation, electricity supply, gai maintenance

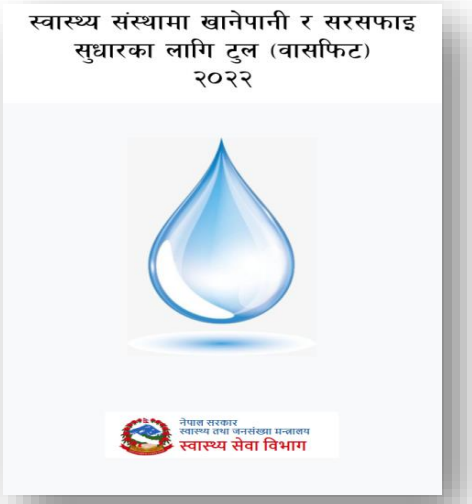




National Road Map on WASH in Health Care Facilities of Nepal 2023-2030

Draft

Government of Nepal
Ministry of Health and Population

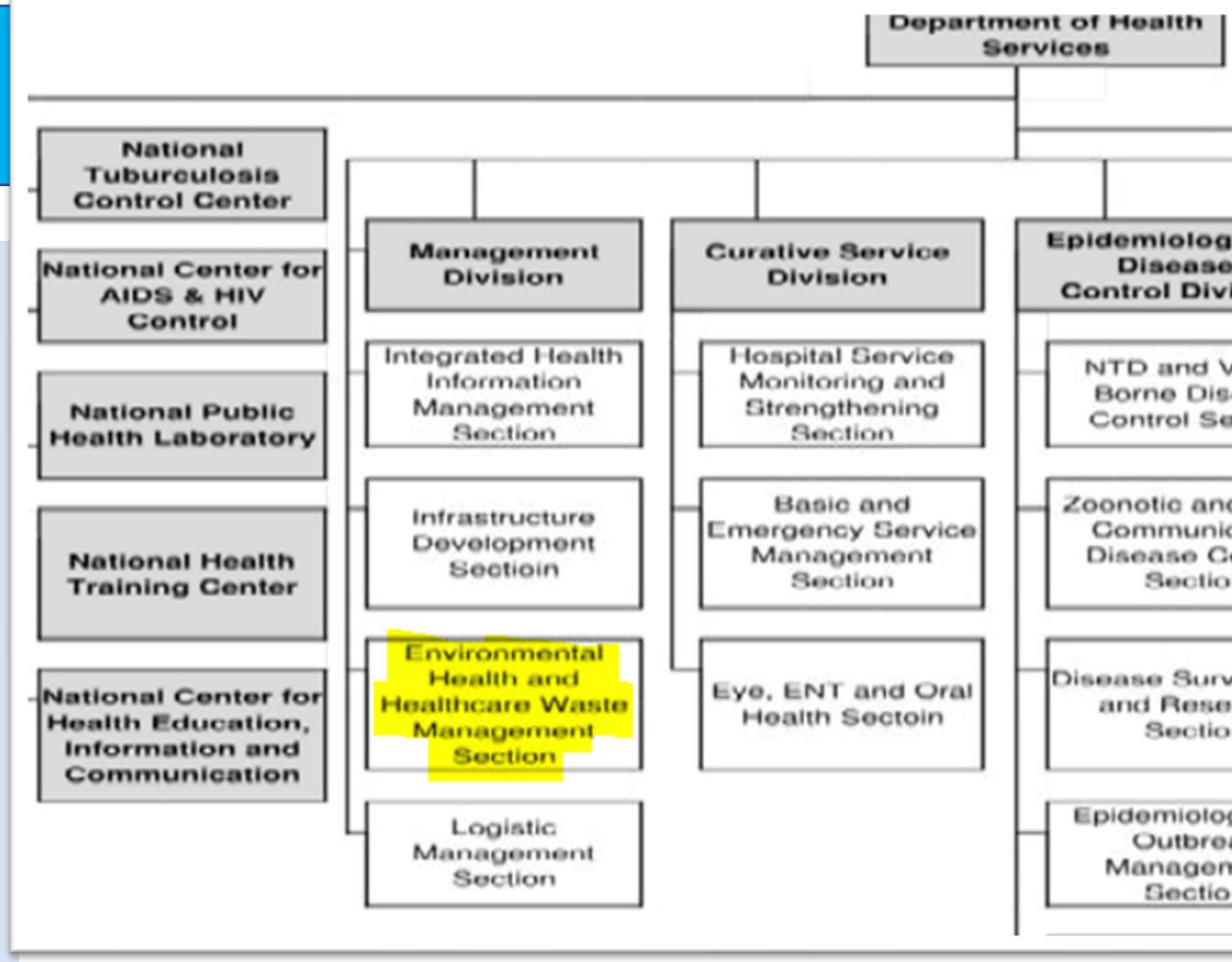


Engaging leaders and stakeholders

- Nepal shared its plans on WASH in HCF and HCWM at a Global Learning Event – 2017
- National workshop by MoHP in Dec 2019 - 12 points collaborative actions to work on WASH in Health Care Facilities, HCWM promoting environment-friendly technologies. Training package also developed on both areas.
- Highest level commitment to prohibit burning1400 HFs by 2030 – NDC and NDC Implementation Plan
- Participation of high-level political leaders and managers in Provincial level dissemination of standards and operating procedures of HCWM and WASH in healthcare facilities
- Steering committees and technical working groups at all three levels
- On the leadership of the Director/ In-charge, Health facility level HCWM committees
- Operation and Maintenance policy and funds in some Local level
- Matching funds for WASH and HCWM infrastructures & supplies at Municipal level

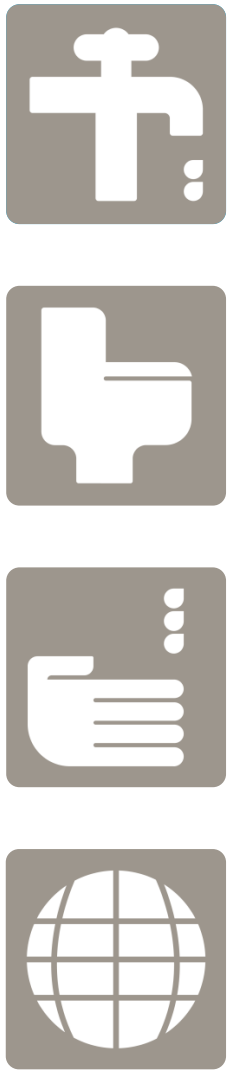
Key enablers of success

- Dedicated section under Management Division of Department of Health Services
- WASH in HCF National Standards 2021
- HCWM Guidelines (2014) followed by SOP (2020)
- Minimum Service Standards by MOHP sets out WASH & HCWM indicators
- Significant Collaboration with partners
- Effective Leadership of Hospitals/ Health Facilities
- Utilisation of COVID 19 response assistance funds for procurement and supply of Autoclaves and other accessories
- Technical assistance from National and International level
- Focused monitoring and implementation support to the hospitals



World Health Organization Nepal
unicef
THE WORLD BANK
ADB
WaterAid

Approaches for Efficacy of WASH in HCFs



- Assessment of hospital readiness to HCWM, WASH and IPC

Detailed Assessment

Infrastructure development and equipment supply

- Refurbishment/construction of HCWM treatment center/WASH facilities
- Supply and installation of equipment and utility (Autoclave, medication trolley, bins, etc.)

- MToT (WASH, HCWM)
- HCWM model ward setup and replication
- Structured data recording and reporting for WASH and HCWM
- Regular validation and maintenance of autoclave and maintenance of WASH infrastructure
- BCC for good practices

WASH in HCF and HCWM Intervention

Evaluation and Follow Up

- Monitoring and onsite coaching

Success story

NEPAL

Use of alternative waste treatment technologies and recycling of vaccination waste

Use of alternative waste treatment technologies and recycling of vaccination waste

Remote, rural facilities, including those in Nepal, often struggle with safe management and treatment of vaccine waste. Facilities from the periphery of Kathmandu Valley regularly request help to manage safety boxes, which frequently pile up around vaccination sites and health posts. Open burning of safety boxes is still the main treatment option in many places, posing health and environmental risks. Data on the quantity of waste generated are rarely collected, which makes planning for waste management more difficult. A partner organization, Terre des hommes, has piloted a method for measuring waste in three rural healthcare facilities. Waste produced from the delivery room, from the outpatient department and by facility staff was segregated and collected in plastic bags. Waste generated over a 24-hour period was transferred for digital weighing, and a new plastic bag was replaced at the point of collection to collect the waste for the next 24 hours. The number of people who produced the waste each day was also recorded. This continued for 7 consecutive days. This tracking effort allowed facilities to identify where segregation could be improved, thereby reducing the amount of waste that needs to be treated.

Budgeting and advocacy to improve water, sanitation, and hygiene in healthcare facilities: a case study in Nepal

January 2024

January 2024

DOI:10.1101/2024.01.29.24301941

Segregation

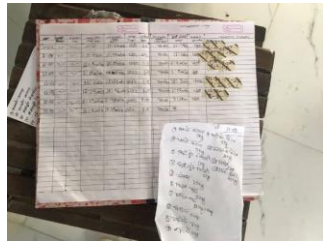
Transportation

Treatment

Post Rx segregation

Storage/Resource recovery

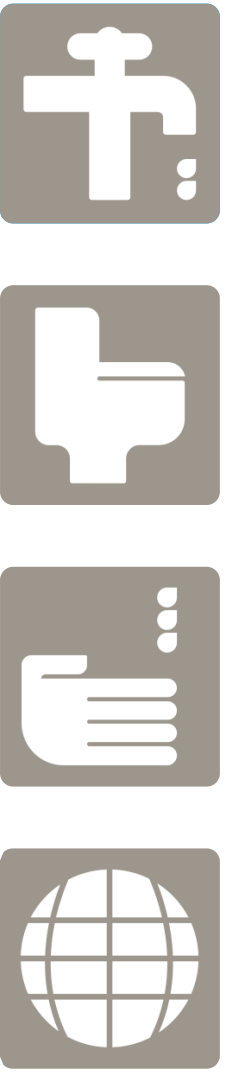
Disposal



Data and quality assurance

OSH

Result



Previous Practice

Mixed Waste

Bury

Burn

Direct disposal to municipal landfill

Pay waste collector to collect waste

Current Practice

Waste reduction through segregation at source

Segregated recyclables

Waste Treatment (Non-burn technology)

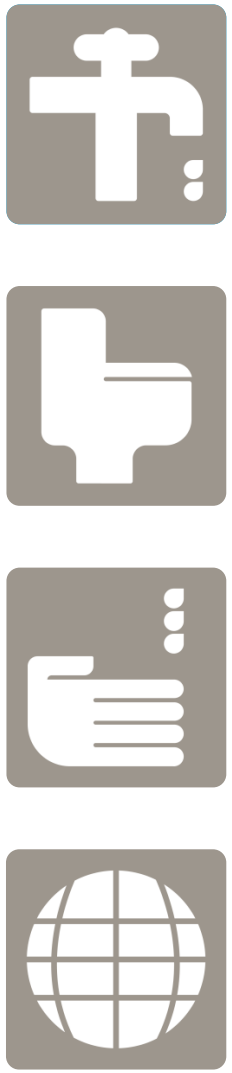
Risk minimization – Less waste to landfill

Get paid by waste collectors for waste collected

A missed opportunity

Source: NHRC conference 2024 paper “An experience on HCWM intervention of 13 hospitals”

Barriers for success/ sustainability



Inadequate tech. knowledge of Health sector/ Lack of Dedicated HR

Procurement

O & M

Lack/ Insufficient annual budget

Evidence/ advocacy to support Non-burn HCWM practices, not WASH

Replication of WASH/ HCWM good practices to basic/ rural HFs

Difficulty in Co-ordination among 3 tiers of Government

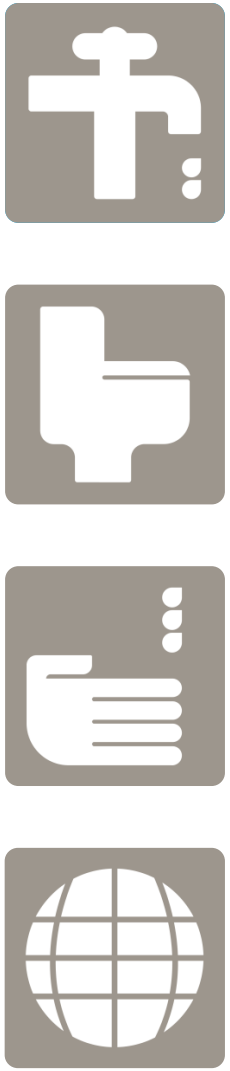
No HCW data, WASH M&E through HMIS

Country progress

Legend (see below)

- Practical step completed or achieved on a national level and/or large-scale implementation ongoing
- Practical step underway or partially completed
- A need has been identified to and/or plans are in place to start
- No progress made and/or no plans in place to start
- No data
- Linked resources

Government Plan

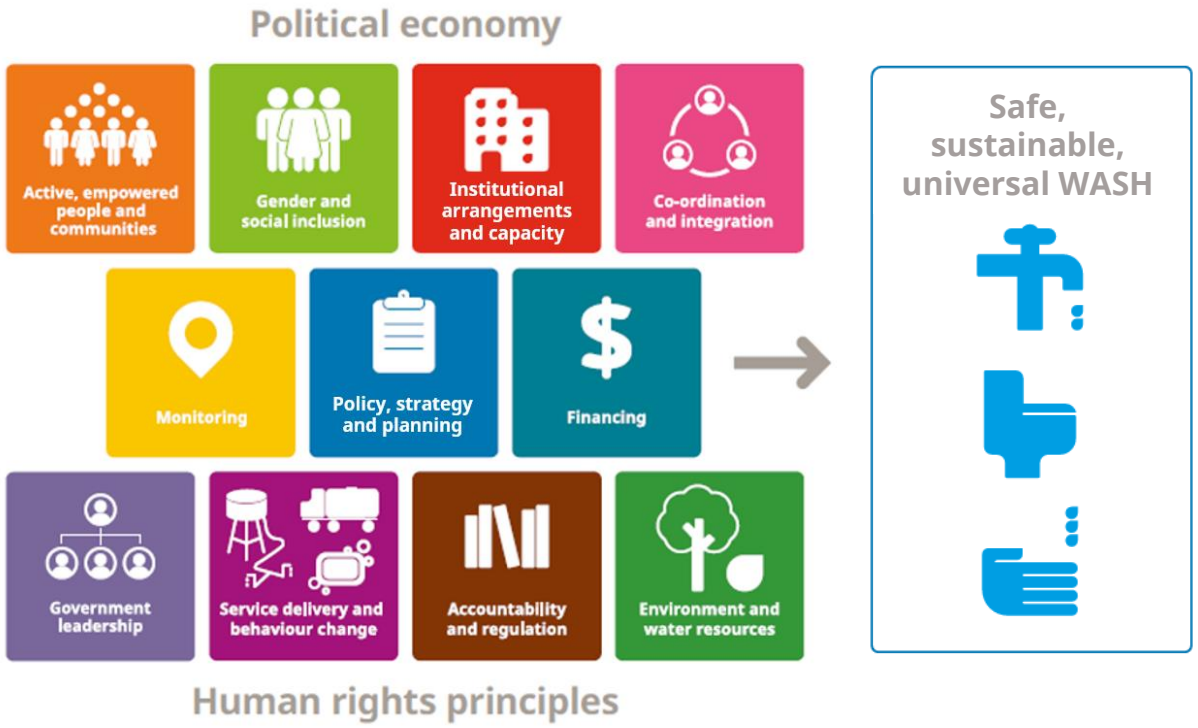


- Moving from district to basic level health facilities for WASH and HCWM
- Financing Costed Roadmap to meet SDG for WASH in Healthcare Facilities
- Cheaper climate smart Non burn techniques for HCWM can be replicated to other parts
- Immunization waste management by using hub cutters at vaccination sites
- Clear guideline for the Expired COVID 19 vaccine management
- Strong evidence, comparison of different methods including Non burn in addition to existing WHO guideline and recommendation
- Bring technology closer and cheaper to LMICS

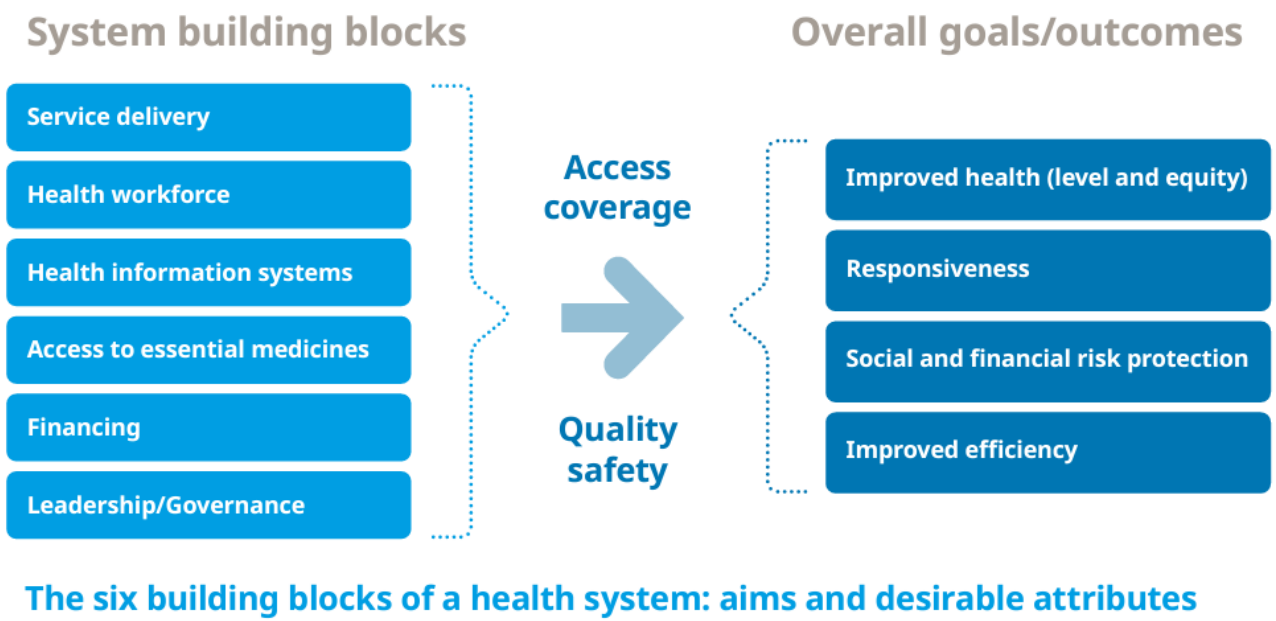
Breaking down system complexity using building blocks

Interactive components of a system

WASH system



Health system



The six building blocks of a health system: aims and desirable attributes

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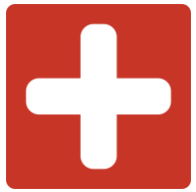
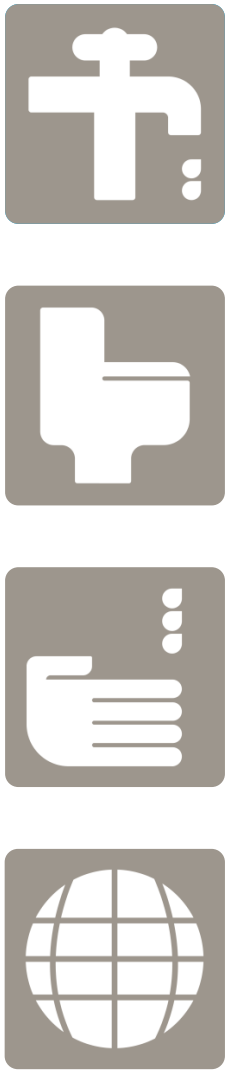
System strengthening building blocks



Leadership and governance	Service delivery	Financing	Health workforce	Health information systems	Access to essential medicines

Fundamentals of WASH in HCF



Fundamentals of WASH in HCF[3,ii]

Water: Water is available from an improved source[iii] on the premises.

Sanitation: Improved sanitation facilities[iv] are usable, with at least one toilet dedicated for staff, at least one sex-segregated toilet with menstrual hygiene facilities, and at least one toilet accessible for users with limited mobility.

Hygiene: Functional hand hygiene facilities (with water and soap and/or alcohol-based hand-rub) are available at points of care, and within five metres of toilets.

Healthcare waste management: Waste is safely segregated into at least three clearly labelled or colour coded bins, and sharps and infectious waste are treated and disposed of safely.

Environmental cleaning: Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training.

Reliable electricity to run and operate services smoothly.

Competent management and workforce to operate and support systems and practices.

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Thank you, any questions?

Q&A session