



WASH in HCF: National Action & Commitments

WHO AFRO Regional Leadership Summit | Friday, April 23, 2021

Represented Countries

1. Burkina Faso
2. Guinea
3. Kenya
4. Madagascar
5. Senegal
6. Sierra Leone
7. Uganda

Burkina Faso: Current Status/ Statut actuel 1/7



Pan-african Leaders' summit for improving access to WASH in Healthcare facilities: 23.04.21

Conditions préalables pour la qualité des soins et services de santé

- disponibilité de l'eau,
- Accessibilité des ouvrages d'assainissement
- Pratique des mesures d'hygiène



Current Status/ Statut actuel 2/7

Pan-african Leaders' summit for improving access to WASH in Healthcare facilities



Acquis

- ✓ Institutionnalisation du WASH à tous les niveaux du système de santé
- ✓ Curricula de formations sur le WASH (technicien, ingénieur, DU, Master)
- ✓ Formations continues sur plusieurs volets du WASH
- ✓ Directives et documents techniques
- ✓ Communication et sensibilisation sur le WASH
- ✓ Collaboration multisectorielle sur le WASH
- ✓ Mobilisation des PTF et la société civile : cluster WASH santé

Current Status/ Statut actuel 3/7

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Difficultés liées à la disponibilité de l'eau potable :

- ✓ Disponibilité insuffisante en quantité et à proximité des points d'utilisations
- ✓ Contamination des nappes phréatiques dans certaines zones par les métaux lourds (cyanure, arsenic, plomb et le mercure)
- ✓ Faible réalisation des contrôles qualité de l'eau
- ✓ Gestion et maintenance insuffisantes des points d'eau potable



Current Status/ Statut actuel 4/7

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Difficultés liées aux ouvrages d'assainissement

- ✓ Insuffisances de toilettes: quantité insuffisante, séparation selon le genre
- ✓ Inadéquation des toilettes: handicapés, gestion des menstrues
- ✓ Insuffisance d'entretien et de maintenance des latrines
- ✓ Manque d'ouvrages de canalisation des eaux usées et pluviales (inondations++)
- ✓ Insuffisance de dispositif de lavage des mains fonctionnels



Current Status/ Statut actuel 5/7

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Difficultés liées à la gestion des déchets

- ✓ Insuffisance des outils de collecte et transport des déchets
- ✓ Absence de sites aménagés pour le stockage des déchets
- ✓ Faible fonctionnalité des ouvrages de destruction des déchets entraînant souvent des brûlages à l'air libre
- ✓ Insuffisance de gestion des déchets spéciaux (organes, déchets de laboratoire, déchets liquides, déchets radioactifs)



Current Status/ Statut actuel 6/7

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Difficultés liées à l'Hygiène des bâtiments et de l'hôtellerie

- ✓ Faible organisation de l'entretien ménager dans les formations sanitaires ;
- ✓ Faible gestion de l'hygiène de la restauration ;
- ✓ Insuffisance de la gestion de l'hôtellerie prenant en compte la qualité et la disponibilité des lits, des matelas et des draps;
- ✓ Insuffisance de la gestion des nuisibles et vecteurs



Current Status/ Statut actuel 7/7

Pan-african Leaders' summit for improving access to WASH in Healthcare facilities:



Difficultés liées à l'Hygiène des soins

- ✓ Faible disponibilité des Equipements de protection personnelle ;
- ✓ Faible application des mesures standards (Hygiène des mains, traitement du linge et des dispositifs médicaux réutilisables, etc.) et complémentaires de prévention et contrôle des infections
- ✓ Insuffisance de la surveillance et la prise en charge des infections associées aux soins

Progress on the 5 first Practical Steps/ Progrès faits sur les 5 premières étapes pratiques



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- ✓ **Analyse de la situation du WASH:** prévue cette année et sera la base d'une feuille de route pour améliorer le WASH dans les établissements de santé
- ✓ Des **normes nationales existent.** Elles servent à la planification des activités et au renforcement des compétences.
- ✓ Les **infrastructures WASH** ne répondent pas aux normes nationales. Des actions sont entreprises pour les normaliser et assurer leur entretien
- ✓ Des **indicateurs WASH** existent mais ne sont pas intégrés dans le système national d'information sanitaire

Foreseen actions/Futures actions envisagées

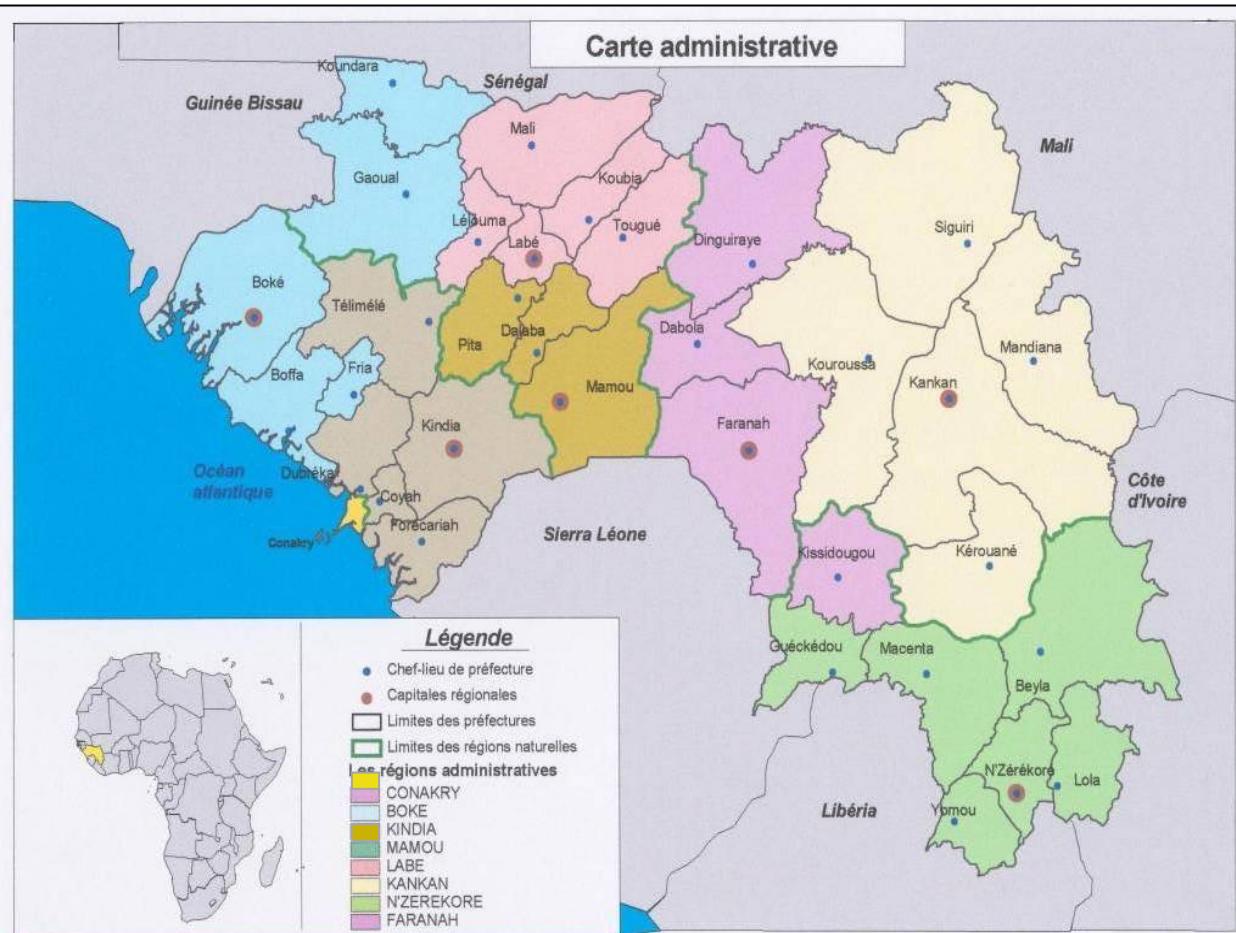


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- Elaboration de la stratégie nationale de l'hygiène hospitalière y compris le WASH dans les établissements de santé avec un plan d'investissement
- Détermination des axes d'intervention pour l'amélioration du WASH
- Mise en œuvre du plan d'urgence des Hôpitaux qui permettra également de renforcer les services WASH
- Mutualisation de la gestion des déchets biomédicaux
- Renforcement de la coordination des interventions WASH
- Renforcement du système de suivi-évaluation du WASH
- Renforcement des compétences sur le WASH

Guinea: Current Status/ Statut actuel

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Population : **12 559 623 habitants** (INS projections 2020)

Taux de mortalité infantile : **66,0 pour mille** (INS 2018)

Taux de mortalité maternelle : **550 / 100.000 naissances vivantes** (MICS 2016)

Taux d'accès à l'eau de base dans les FOSA : **42 %** (SARA-2020)

Taux d'accès à l'assainissement de base dans les FOSA : **79 %** (SARA-2020)

Hygiène de base (Hygiène des mains) dans les FOSA : **70 %** (SARA-2020)

Elimination finale des déchets infectieux : **58 %** (SARA-2020)

Progress on the 5 first Practical Steps/ Progrès faits sur les 5 premières étapes pratiques

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1. ANALYSE DE LA SITUATION ET MISE EN PLACE D'UNE BASE DE RÉFÉRENCE

- La situation nationale concernant les services WASH dans les établissements santé a été effectuée;
- Résultats diffusés dans le rapport de l'enquête SARA du pays et utilisés dans les planifications stratégiques;

2. COORDINATION NATIONALE, DÉFINITION DES OBJECTIFS ET ÉLABORATION D'UNE FEUILLE DE ROUTE

- Un groupe technique de travail existe mais non formalisé
- Les objectifs nationaux concernant les services WASH dans les établissements de santé reflété dans PNDS et PNDES. Ces plans s'appuient notamment sur l'ODD6.

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3. ÉLABORATION ET MISE EN ŒUVRE DES NORMES ET DES MÉCANISMES NATIONAUX DE REDDITION DE COMPTES

- Le pays ne dispose pas de normes nationales pour les services WASH dans les établissements de santé ;
- Il existe un document des normes pour la gestion des déchets médicaux (copie : la pièce sera jointe), C'est un instrument séparé aux services WASH.
- Les services WASH dans les établissements de santé sont intégrés aux programmes : le PEV, le PNLP, le PNLS, le PNLT, le Programme National PCI, la MTN, la SRMNIA-N.

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4. AMÉLIORATION ET ENTRETIEN DES INFRASTRUCTURES

QUELQUES PROCESSUS MIS EN PLACE

- Mise en place d'un point focal national WASH FIT ;
- Renforcement des capacités aux niveaux régional (les huit régions du pays) et communal (quarante communes de convergence);
- Synergie d'action soutenue entre les PTFs (OMS, UNICEF, TDH) en appui aux autorités nationales sous la coordination du Ministère de la Santé.

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5. CONTRÔLE ET VÉRIFICATION DES DONNÉES

- Les indicateurs WASH dans les établissements de santé sont intégrés dans les systèmes de suivi systématique (SARA, 2020) et dans le monitorage intégré.

Foreseen actions/Futures actions envisagées

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- Formaliser le groupe national technique de travail;
- Elaborer une feuille de route du groupe national de travail pour l'amélioration du WASH dans les établissements sanitaires ;
- Poursuivre la mise en œuvre de WASH FIT;
- Renforcer l'intégration entre les programmes PCI et WASH dans les établissements de santé;
- Veiller à l'intégration des indicateurs WASH dans le DHIS2 ;
- Veiller à la collecte des indicateurs WASH au niveau du système de monitorage intégré, du DHIS2 et du SNIS.

Kenya - Current Status

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1. WASH Policies including Legal and Governance structures

- Kenyan Government's policies, strategies and overall stewardship for the Water, Sanitation and Hygiene (WASH), as well as Water Resource Management (WRM) sectors provide a **clear vision** and policies for the Country. There is clear and **institutionalized coordinating mechanism with routine sector meetings that are chaired by the respective Ministries**.
- There is a clear legal framework governing access to water and sanitation as well as conservation of resources in the sector. The Kenyan **constitution acknowledges the importance of water and entrenches** access to safe water as a human right as well as empowering County Governments to provide access to water and sanitation services. Other legal documents include the **Water Act**.

2. WASH Funding streams

- Total expenditure by the public sector on WASH increased from **US\$ 499 million** in 2014/15 to **US\$ 671 million**; being 0.92% of gross domestic product (GDP) for the fiscal year 2016/17.
- The per capita WASH expenditure increased from **US\$ 11** in 2014/15 to **US\$ 15** in 2016/17.
- In 2014/15/16, main financing units were water users followed by Government agencies and external sources through bilateral and multilateral agencies. For 2016/17, the two levels of government were the main sources of financing, accounting for **45%**, followed by water users at **30%**, bilateral and multilateral sources at **20%** and NGOs/CBOs at **5%**.

3. WASH coverage and compliance to standards

- 59% of Kenyans have access to basic water services and only 29% have access to sanitary services (WHO/UNICEF JMP, 2019).
- Mean availability of standard precaution for infection prevention items is 65%. Further, only 12% of health facilities have all items for standard precaution for infection prevention (Kenya Health Facility Assessment Report, 2019).

Progress on the 5 first Practical Steps (Kenya)



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The five steps and progress are as outlined below;

1. **Conduct Situational Analysis and Needs assessment (SANA):** Kenya developed a situation analysis examining health and WASH policies, governance structures, and funding streams. This also provided updated figures on WASH coverage and compliance.
2. **Set Targets and define roadmap** – as there exists intersectoral coordination committees to streamline workstreams cutting across various agencies, Departments and Ministries (ADM), the next step after the commitments spelled in this forum, Kenya will develop a roadmap, supported by an intersectoral national team, to clearly define the approach, intervention areas, responsibilities, targets, and budget for WASH improvements over the next five years.
3. **Establish National Standards and Accountability Mechanisms** – There exists various WASH related National standards under different workstreams including waste management. Kenya will adopt accountability mechanisms to ensure that all facilities meet national standards.
4. **Improve and Maintain Infrastructure** – Water, Sanitation, and Hygiene Facility Improvement Tool (WASH/FIT) has been implemented in pilot basis in Kenya since 2015. This will be scaled up with the aim of improving WASH infrastructure to meet National standards and keep them operational over time.
5. **Monitor and Review Data** – In the last Health Facilities Assessment, Infection, Prevention and Control (IPC) indicators were included in the National assessment conducted in 2019. In coming days, WASH indicators will be integrated into routine data collection and review processes for health care in order to measure progress and hold stakeholders accountable.

Foreseen actions (Kenya)

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As Specific commitment towards achieving the global target of having universal access to basic WASH services in Health facilities, Kenya will improve on

- **Leadership:** to spearhead focused country support and tracking workforce development (equipping with appropriate skills and proper deployment); standards and regulations consolidation and review. These are geared towards completion of the Kenya Water, Sanitation and Hygiene in Health Care Facilities Guidelines and Standards by 2022
- **Resources:** this will include costing/budgeting for infrastructure development and improvements. Governments, partners and donors will increase investments in WASH and Infection Prevention and Control (IPC) with ring-fenced financing by 2023
- **Monitoring:** Develop WASH implementation plan, monitoring framework and integrate indicators in health systems monitoring by 2023
 - At least 80% of facilities will have basic WASH services by 2025 which is geared towards Universal Access to basic WASH services by 2030 as per the current global targets

Madagascar: Current Status/ Statut actuel

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44,14% des formations sanitaires ont accès à l'eau potable



58.15% ont accès aux latrines



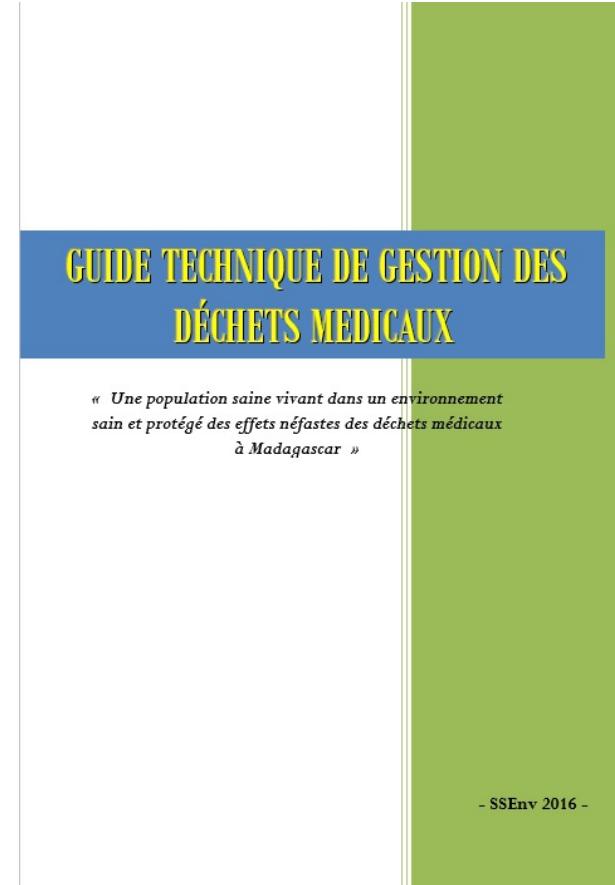
17.01% effectuent la gestion des déchets médicaux selon les directives nationales.

Progress on the 5 first Practical Steps/ Progrès faits sur les 5 premières étapes pratiques



Utilisation de meilleures
techniques disponibles pour
l'élimination des déchets
médicaux

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Démonstration du lavage correct
des mains



Foreseen actions/Futures actions envisagées

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- Recherche- action sur les approches à adopter pour assurer la pérennisation des services WASH dans les établissements de santé
- Adaptation et harmonisation des outils sur les interventions WASH/PCI dans les formations sanitaires
- Considération de l'équité pour les services WASH dans les formations sanitaires
- Elaboration du plan stratégique et d'une feuille de route sur le WASH dans les formations sanitaires

Senegal: Current Status/ Statut actuel

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EHA:

- Essentiel pour la santé,
- Pilier pour la réduction du risque infectieux pour le personnel de santé, patients et la communauté
- Absence de service WASH :absence de soins de qualité et lourd fardeau économique et social

Au Sénégal,

- WASH → stratégie globale d'amélioration de la qualité et sécurité des soins et service
- Cadre institutionnel et organisationnel : PCI/WASH
 - ✓ Direction de la Qualité, de la Sécurité et de l'Hygiène Hospitalière (DQSHH)
 - ✓ Service National d'Hygiène (SNH)
 - ✓ Comités de lutte contre les infections associées aux soins et groupes opérationnels (hygiène des mains, bio nettoyage, stérilisation , gestion des déchets et bon usage des antibiotiques

Progress on the 5 first Practical Steps/ Progrès faits sur les 5 premières étapes pratiques



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Dans le domaine du PCI/WASH: efforts importants ont permis d'avoir les résultats assez satisfaisants

- ECPSS 2019 :(Enquêtes continues des prestations des services de soins de santé effectuées tous les ans par Agence Nationale de la Statistique et de la Démographie en collaboration avec le Ministère de la Santé)
 - Taux accès à des sources d'eau améliorées : 97 %
 - Taux accès à des services d'assainissement améliorées : 97 %
 - 52% des structures effectuent un stockage approprié des déchets
 - 88% des structures assurent une élimination des OPCT dans les conditions optimales
 - 58% des structures disposent d'un équipement de stérilisation aux normes
- Politique nationale hospitalière en matière de qualité et de sécurité des soins avec un comité multidisciplinaire chargé de la mise en œuvre de la politique dans chaque EPS
- feuille de route technique national PCI/WASH

Enquêtes continues des prestations des services de soins de santé (ECPSS)

Progress on the 5 first Practical Steps/ Progrès faits sur les 5 premières étapes pratiques



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- Mise en place en 2016 d'un Groupe de travail technique(2 réunions + élaboration d'un draft de plan d'action)
- Mise en place d'unités de fabrication de Solution Hydro Alcool(SHA) dans 04 EPS,
- Renforcement en matériels et Équipements (dispositif hygiène des mains, poubelles , sachets poubelles, incinérateurs, banaliseurs)
- Elaboration de Lignes directrices nationales sur PCI/WASH
- Renforcement de capacités du personnel et coaching sur site (hygiène des mains, gestion des déchets, bio nettoyage)
- Système continu de surveillance (supervision semestrielle a l'aide d'une grille) et Enquêtes de prévalence infections nosocomiales dans les établissements de soins (dernière en 2018);
- Plan national de gestion des déchets biomédicaux (2015-2020) : révision prévue a T4 2021

Enquêtes continues des prestations des services de soins de santé (ECPSS)

Foreseen actions/Futures actions envisagées



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Le Sénégal a fait des progrès indéniables, mais des défis restent à être relevés pour l'optimisation des services du WASH dans les établissements de soins:

RENFORCEMENT DES CAPACITES OPERATIONNELLES:

- Formation sur l'outil Wash Fit
- Equipements et installations (traitement des déchets biomédicaux)

REDYNAMISATION DU GROUPE TECHNIQUE

- Réactualisation du plan d'action (draft):
- Déroulement d'une expérience pilote
- Passage à l'échelle nationale
- Intégration des indicateurs Wash dans la plateforme DHIS2

RENFORCEMENT DE LA COLLABORATION INTRASECTORIELLE

PLAIDOYER POUR LE FINANCEMENT DU PLAN D'ACTION

Formation sur l'outil WASH FIT à l'IHS



Sierra Leone: Current Status/ Statut actuel



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- GoSL overall objective is to increase access of the population to safe drinking water and improved sanitation – Mid-Term Development (New Direction Agenda)
- 1,365 healthcare facilities in Sierra Leone of which 75% of them have WASH services
 - However, maintenance of installed WASH facilities is a major challenge
- The burden of maternal sepsis is noted to be a concern in Sierra Leone
- WASH services with provisions for:
 - menstruating women and girls and people with limited mobility tend to be less prevalent in our health care facilities
 - preventing and controlling the population during infectious disease outbreaks, including the current COVID-19 pandemic and Ebola Outbreak

Current Status/ Statut actuel cont...

Pan-african Leaders' summit for improving access to WASH in Healthcare facilities: 23.04.21

- Water availability in HCFs at National level show that:
 - 26% had no services, 53% had limited services and 21% had basic services.
- In terms of sanitation 11% had no services.
- There are insufficient data for hygiene services
- Waste management: 19% of the healthcare facilities had basic services, 80% had limited services and 0.6% had no services.

Source: WHO/UNICEF JMP (2020).

Current Status/ Statut actuel cont...

Pan-african Leaders' summit for improving access to WASH in Healthcare facilities: 23.04.21

- Inadequate WASH in HCFs contributes:
 - increase use of antibiotics (drives the emergence of AMR)
 - Leading to the spread of antimicrobial-resistant infections
 - placing patients and staff at risk of serious infections that are hard to treat
- AMR is a major factor determining:
 - clinical unresponsiveness to treatment and rapid evolution to sepsis and septic shock

Source: WHO/UNICEF JMP (2020).

Progress on the 5 first Practical Steps/ Progrès faits sur les 5 premières étapes pratiques

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- Adopted WASH-FIT tool and methodology
 - Trained 104 health care facilities staff in 52 HCFs in 7 Districts
 - 14 DHMT members in 7 districts
- Documentation:
 - Developed Water safety plan and Sanitation and Hygiene strategies
 - Standard and Guidelines for WASH in HCFs

Challenges on the 5 first Practical Steps/ Progrès faits sur les 5 premières étapes pratiques

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- Water supply in most of the HCF is seasonal
 - Some HCF do not have water facility within the healthcare premises
- Lack of maintenance is another big challenge,
 - no fund for maintenance of WASH facilities in HCF
- Lack of costed national roadmap with appropriate financing for improvement of access to WASH services in HCF
- Limited data for WASH in HCF, and
- Insufficient monitoring and evaluation of WASH interventions

Foreseen actions/Futures actions envisagées



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By 2023, all Member States are mandated to have:

- Improved WASH services in plans, budgets, and implementation efforts for improving quality of care, strengthening infection prevention and control, preventing antimicrobial resistance, and supporting the commitment to universal health coverage

Providing technical assistance to governments to strengthen country systems, the following will serve as an appeal to GoSL, donor partners, UN agencies and INGOs:

- a. Develop costed national roadmap for improvement of access to WASH services in HCF
- b. Financial support to water and sanitation utilities to monitor and support cash reserves, staffing levels and routine/capital maintenance.
- c. Assessment and established data for WASH in HCF
 - Safely managed WASH services and maintained a resilience against future pandemics/epidemics
- d. Ensuring the viability of critical supply chains such as for hygiene product availability in markets (e.g. soap, disinfectant, point of use water treatment supplies)

Uganda: Current Status/ Statut actuel



Pan-african Leaders' summit for improving access to WASH in Healthcare facilities: 23.04.21

The current situation in Uganda is got from findings of 3 studies (Joint Monitoring Program Report 2019, UNICEF Assessment of WASH in HCF 2018 and a Water Aid Study in 2019).

The 2019 Joint Monitoring Program Report indicates that, 31 percent of health facilities in Uganda have basic water, 12 percent basic sanitation and 43 percent basic waste disposal.

In 2018, the UNICEF WASH conditions assessment in 139 healthcare facilities in Karamoja and West Nile Region. Generally, it was observed that most of the facilities have limited WASH services with hand washing facilities being the worst service provided.

- In West Nile 85 percent of healthcare facilities had limited water supply due to lack of a reliable water source within their premises and relied mainly on rain water harvesting during the rainy periods.
- 100 percent of the healthcare facilities did not know of any written guidelines to guide the operation and maintenance (O&M) of WASH facilities

Current Status/ Statut actuel

Pan-african Leaders' summit for improving access to WASH in Healthcare facilities: 23.04.21

- Only 2.4 percent of the healthcare facilities had a sufficient annual budget for O&M, 14.6 percent used only internally generated facility revenues for O&M
- Only 20 percent had adequate staff for O&M activities.
- Finally, 40.6 percent of the healthcare facilities had a functional WASH management committee.

In Karamoja:

- 70% of the health facilities had limited water supply,
- 92% had limited sanitation facilities for instance latrines were insufficient and unhygienic,
- 80% had limited hand hygiene facilities with no soap, water and some were non-functional.
- 63 percent had no written guidelines on O&M and, 5.5 percent had a functional WASH management committee.
- Only 2 percent of the HCFs had a sufficient annual budget for O&M, 14 percent used only internally generated facility revenues for O&M and 60 percent had adequate staff for O&M activities.

Current Status/ Statut actuel

Pan-african Leaders' summit for improving access to WASH in Healthcare facilities: 23.04.21

Similarly, in a study done by WaterAid in 2019 together with partners among 63 health care facilities in central Uganda, revealed that

- 48.1 % of the health care facilities did not have access to a reliable and safe water supply;
- 85.2 % did not have safe and private toilet facilities; 51.9 percent were visibly unclean,
- 57.4 % did not have adequate hand hygiene facilities while
- 53.7 percent did not have an efficient health care waste management system.
- 69.2 percent had annual planned budgets for the healthcare facility that includes funding for WASH infrastructure;
- only 61.5 percent had a dedicated infection control focal person or committee;
- 62.0 percent had written guidelines pertaining to WASH for the healthcare facility; and
- 36.9 percent had staff responsible for cleaning the delivery room receiving training in the last 24months.

Progress on the 5 first Practical Steps/ Progrès faits sur les 5 premières étapes pratiques



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Step 1. Conduct a situation Analysis and Assessment: Data collection has been done and analysis is underway

Step 2. Set targets and define a road map: Not yet done, it should be done after the national assessment results are ready

Step 3. Establish National Standards and accountability Mechanism: Process is underway in the National guidelines that are under the process of ratification. The national plan on Health care waste management sets standards for health care waste management.

Step 4. Improve and maintain infrastructure: Lots of gains made during COVID-19 response with over 99% of health care facilities reached with hand washing facilities and disinfectants.

5. Monitor and Review Data: Done sporadically not routinely, not yet part of the HMIS routinely collected data.

6. Develop Health Work Force: Almost all health facilities reached for training for infection control during the COVID-19 rresponse intervention

Progress on the 5 first Practical Steps/ Progrès faits sur les 5 premières étapes pratiques

Pan-african Leaders' summit for improving access to WASH in Healthcare facilities: 23.04.21



5. Monitor and Review Data: Done sporadically not routinely, not yet part of the HMIS routinely collected data.
6. Develop Health Work Force: Almost all health facilities reached for training for infection control during the COVID-19 response intervention
7. Engage communities: Some work has been done on engaging Health Management Committees on WASH in HCF

Foreseen actions/Futures actions envisagées

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1. Complete analyzing data and make report from the national assessment undertaking
2. Disseminate findings of the national assessment in a high level meeting to advocate for promoting WASH in HCF
3. Finalize the guidelines for WASH in HCF
4. Develop a plan to improve WASH in HCF and an attendant road map
5. Advocate for resource mobilization
7. Implement the plan and Monitor progress

Thank You

