



Ethiopia

Introduction

- ❖ As per the 2018 Ethiopia SARA Report.
 - About 61% of health facilities have sanitation facilities
 - Only 34% health facilities have improved water source

- ❖ MoH involving stakeholders have been prioritize and working on Health Care facilities to improve quality of care to address the specified WASH service gaps through:
 - Launching of new initiatives
 - Commitment of government: engagement of higher political officials including the PM.
 - Resource mobilization: 50 million ETB (1.8 million USD) budgeted this year for the implementation of CATCH-IT initiative

Strengths

- National interventions for improving quality of care and WASH in health care facilities are priority of senior leaders
 - ✓ Clean and safe health care facilities (CASH)
 - ✓ Clean and Timely Care of H...for Institutional Transformation (CATCH-IT) Initiatives
- Integrated with healthcare quality Standards ([HSTQ](#))
- Integrated with patient/client satisfaction standards
- Priority under the Ethiopians Hospitals alliance for quality (EHAQ) Platform
- Availability of improvement and regulatory standards
- Availability positive competitive environment
- Availability of Institutional WASH Structure at MOH.
- Indicators are included to the DHIS2(eg. CASH audit score)

Con...

Involvement of business organization



Neonates ICU renovation at Black lion Hospital, Ethiopia



Sanitation facility renovation, Black Lion Hospital, Ethiopia

Gaps

- Limited budget for WASH services improvement;
- Poor coordination among sectors;
- Poor design of health care facilities;
- Lack of commitment from senior leaders at health care facility level.

Annexes:

- CATCH –IT project documents
- Ethiopian National Quality Strategy(ENQS)
- Health Service Transformation for Quality (HSTQ)
- Patient satisfaction assessment tool.
- Health sector Transformation Plan
- CASH tools

1. Establish baseline



What: Conduct comprehensive assessments according to the national context and, where appropriate, to quantify: the availability and quality of, and needs for safe water, sanitation and hygiene (WASH) in health care facilities; and infection prevention and control (IPC) using existing regional and global protocols or tools and in collaboration with the global effort to improve WASH in health care.

Trigger questions on WASH baseline data

Q1. Does your country have a baseline for WASH in HCF? If yes, share information below on the status of water, sanitation, health care waste, hygiene and cleaning. If not, share information on your plans for establishing such a baseline.

Q2. Have underserved areas been identified? If yes, share information below on what/where these are and how they are being targeted for improvement.

Baseline data/plans for establishing baseline data:

No comprehensive national baseline data exist for WASH in HCF. However, Service Availability and Readiness Assessment (SARA, 2018) done by Ethiopian Public Health institution indicated that Sampled health facilities have access of 34% improved water source and 61% with sanitation facilities. Good to establish baseline data using secondary data also as an option.

Information on underserved areas:

No clear information. However, MOH has identified more than 700 health facilities to have access with full WASH facilities through finance from (MOH, Child Investment Fund and One WASH program) for the year 2019/20

2. Develop and implement roadmap



What: Develop and implement a road map according to national context so that every health care facility in every setting has, commensurate with its needs: safely managed and reliable water supplies; sufficient, safely managed and accessible toilets or latrines for patients, caregivers and staff of all sexes, ages and abilities; appropriate core components of infection prevention and control (IPC) programmes, including good hand hygiene infrastructure and practices; routine, effective cleaning; safe waste management systems, including for excreta and medical waste disposal; and, whenever possible, sustainable and clean energy.

Trigger questions on national roadmaps

Q1. Has your country started the process of developing a national roadmap? If yes, what are the key elements included and what is the plan to finalize and implement?

Q2. What specific targets are included and how do the activities map to sustainable development goals (SDG) efforts, especially those on WASH and health?

Process, key elements & finalization/implementation plans of national roadmap:

No national roadmap yet initiated. However, MOH has implementation plan on one WASH program (as Institutional WASH is one of the 5 components of the program). MOH also planned to develop comprehensive WASH in HCFs guideline in the year 2019/20.

Targets and linkages to SDGs:

MoH in the national hygiene and environmental health strategy and strategic action plan document(2016-2020) targeted to increase proportion of health facilities implementing CASH (risk based WASH) and national health facility standards from the baseline to 100%.

3. Establish and implement standards



What: Establish and implement, according to national context, minimum standards for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in all health care settings and build WASH and IPC standards into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice.

Trigger questions on standards

- Q1.** Does your country have standards for WASH in health care facilities?
- Q2.** What are the key elements in the standards and when were they last updated?
- Q3.** Are there any gaps in these standards and if so, what are these gaps and how will they be addressed?
- Q4.** How are these standards regulated, if at all?

The status of national standards including gaps and plans to address:

Yes, there are standards in the form of CASH tool, national hygiene & environmental health strategy and in health care waste management guideline. However, the national standard need to be more comprehensive and convenient to use by all actors. Health Facilities are not also consistently reporting on WASH status on regular basis using HMIS/DHIS2.

Regulation of standards process or plan:

Health and Health Related Regulatory Directorate in the MoH is currently responsible and conducting regulation activity in HCFs and reported to Hygiene and Environmental Health Directorate.

4. Set targets and monitor progress



What: Set targets within health policies and integrate indicators for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) into national monitoring mechanisms to establish baselines, track progress and track health system performance on a regular basis.

Trigger questions on targets and monitoring

Q1. What are your targets for WASH in HCF?

Q2. Are high risk settings prioritized (e.g. maternity wards)?

Q3. What is the process for assessing progress towards achieving these targets?

Q4. How is progress incentivized?

Overview of targets and prioritization:

MoH targeted to increase proportion of health facilities implementing CASH (risk based WASH) and national health facility standards to 100% by the year 2020. Health Care Quality Improvement is the focus in the Ethiopian Hospital Alliance for Quality (EHAQ) platform.

Assessing progress and use of incentives process/plan:

CASH tool being used to assess progress. However, the tool need to address relevant components to capture progresses on WASH targets. Ethiopian Hospital Alliance for Quality (EHAQ) platform is being used as learning platform with incentive processes (recognizing and awarding champions).

5. Integrate WASH into health programming



What: Integrate safe water, sanitation and hygiene (WASH) into health programming, including into nutrition and maternal, child and newborn health within the context of safe, quality and integrated people-centred health services, effective universal health coverage, infection prevention and control (IPC) and antimicrobial resistance.

Trigger questions on integrating WASH into health programming

- Q1.** What are the key opportunities in specific national health programmes for WASH in health care facilities?
- Q2.** In what ways has WASH in health care facilities been included (e.g. in training, in monitoring, etc)?
- Q3.** What further integration needs to happen and what is the plan for doing so?

Key opportunities for integration & examples:

Efforts has been made to integrate WASH in to the ongoing health programs such as Maternal Health, Nutrition and NTD. It is mainly included in capacity building trainings, monitoring and learning visits for effective UHC and IPC.

Opportunities and plans for further integration:

Strengthen WASH integration in to existing health program such as Maternal health, Nutrition, WASH-NTD and Emergency health program. Moreover, good to use initiatives such as Ethiopian Hospital Alliance for Quality(EHAQ), CASH, Clean and Timely Care in hospitals for Institutional Transformation (CATCH-IT).

6. Allocate regular funding



What: Have procedures and funding in place to operate and maintain safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) services in health facilities, and to make continuous upgrades and improvements based on needs so that infrastructure continues to operate and resources are made available to help facilities access other sources of safe water in the event of failures in the normal water supply, so that environmental and other impacts are minimized and in order to maintain hygiene practices.

Trigger questions on regular funding

- Q1.** Have capital and operation and maintenance expenditures for WASH in health care facilities been costed?
- Q2.** Is there a budget line within Ministry of Health? Is so, what is it, and what is the gap?
- Q3.** What plans are in place to fill in, any gaps around costs and financing?

Country funding/current budget lines:

It is reported that SDG pool fund is being used for costs related to WASH in HCFs. One WASH national program is also allocate budget for WASH in HCFs. Some health care facilities are also using own resources (health care financing) mainly to maintain existing WASH facilities.

Plans to address gaps:

MOH planned to mobilize resources from different partners to ensure that all health care facilities have full WASH package within the next two years time. Implementation capacity need to be also strengthened at all level for effective implementation.

7. Establish a multisectoral coordination mechanism



What: Establish strong multisectoral coordination mechanisms with the active involvement of all relevant ministries, particularly those responsible for health, finance, water, and energy; to align and strengthen collaborative efforts and ensure adequate financing to support the delivery of all aspects of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) across the health system.

Trigger questions on multisectoral coordination mechanisms

Q1. Is there a national multisectoral committee that coordinates, advocates and plans for efforts on WASH in health care facilities? If so, what are the key responsibilities and what has been accomplished to date?

Q2. How can such a committee be strengthened?

Country multisectoral coordination mechanism, responsibilities & accomplishments:

One WASH national program is served as coordination mechanism. MOU signed among 4 ministries. MOH is also currently tasked to coordinate national hygiene and environmental health interventions. However, the coordination mechanism is not well cascaded to regions, zones, and districts.

Process/plan for strengthening the committee:

Functional coordination mechanism to be cascaded to regions, zones/districts and HCFs level. More partners to be engaged in the coordination mechanism at all level.

8. Develop a health workforce

What: Invest in a sufficient and well-trained health workforce, including health care workers, cleaners and engineers to manage WASH services, provide ongoing maintenance and operations and perform appropriate WASH and IPC practices, including strong pre-service and ongoing in-service education and training programmes for all levels of staff; educate and raise awareness, in line with regional agreements, on water, sanitation and hygiene, with a particular focus on maternity, hospital facilities, and settings used by mothers and children

Trigger questions on developing a health workforce

Q1. What kind of training, mentoring and/or investments in health workforce have taken place to support the safe use and maintenance of WASH in health care facilities services?

Q2. Has the WASH FIT or other similar tools been used and adapted? If so, in how many facilities and what has been the key results?



Training, mentoring and/or investments in process or planned:

So far in-service trainings has been provided to WASH/IPC focal persons with different backgrounds using CASH tool.

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

CASH tool has been adapted and being used. However, all facilities are not consistently using and results are not well captured for actions.