



Outcomes Report

The Role of Faith- and Community-Based Organizations in Ensuring WASH in Healthcare Facilities: Leadership, Opportunities and Next Steps

Tuesday, April 9, 2019 | Washington, DC

On April 9, 2019, 40 faith-based organizations (FBOs) gathered for the first time to share perspectives and discuss scaling sustainable water, sanitation and hygiene (WASH) in all healthcare facilities (HCF) in an event hosted by the USAID Center for Faith and Opportunity Initiatives and Global Water 2020. Set forth below is a summary of principal observations and discussed action emerging from the event that took place at Bread for the World. As illustrated by the attached list of attendees, the participants included leaders from USAID and FBOs with expertise in both health and WASH.

EXECUTIVE SUMMARY

Primary Observations

At this historic gathering, all of the parties strongly agreed on certain key premises, including:

- Sustainable WASH is a core foundation for effective and sustainable healthcare. Like schools, HCF are cornerstones for healthy community-wide WASH coverage and, in turn, are essential to healthy economic development for all people. Almost inexplicably, WASH too often does not appear in healthcare operating plans or budgets.
- The timing of the event was propitious -- the JMP report reminds us that it is a time urgently to scale WASH in HCF. Effective scale-up calls for “co-creation” of solutions by partners, as opposed to organizations operating in silos, which has held all of us back.
- Another strong area of agreement is the importance of integrated, systems-oriented approaches and solutions that begin with the community and an understanding of its culture and history.
- There is also a strong sense that the leaders of the healthcare sector need to be involved in scale-up because too often in the past, healthcare professionals have “tolerated” inadequate conditions and often believed solutions were not in their purview.

Summary Action Steps

1. **Develop a Community of Practice.**
 - Map geographical coverage of FBOs to determine where overlaps exist with other organizations’ WASH and health programming.
 - Create a vehicle to share data and best practices
2. **Commitments.** All FBOs touching healthcare make some kind of commitment to focus more sharply on WASH capacity or to scale-up WASH in HCF. The more organizations that speak up about commitments will help beget partnerships and more commitments.
3. **Transformative Goal.** A core group of FBOs and public and private organizations partners to scale-up WASH in multiple facilities in a region or country and to bring in new donors to invest in that transformation.



OVERVIEW OF DISCUSSIONS

Opening

The Gathering opened with remarks by the day's moderator Jean Duff (Partnership for Faith and Development), co-host Kirsten Evans (Center for Faith and Opportunity Initiatives, USAID), Michele Sumilas (Bread for the World), and Bruce Wilkinson (Catholic Medical Mission Board). Recognizing the dedication and support FBOs bring to the communities they serve, there is an historic opportunity for renewed energy to address WASH in HCF. The newly released JMP report on WASH in HCF gives the WASH and health communities a strong call to arms and a timely tool to promote this issue. The collaborative space created at this event allows for everyone to come together to co-create solutions and drive action.

Panel 1: The View from the Frontlines

The first panel discussion, moderated by Rick Santos of IMA World Health, included Peter Yeboah (Africa Christian Health Associations Platform), Richard Hart (Adventist Health International), Therese McFarland (Daughters of Charity), Anwar Khan (Islamic Relief USA) and Mori Neumann (IsraAID). After hearing from the panelists, the floor was opened to all participants to provide insights.

Questions:


1. What is the key limiting factor to getting WASH into HCF?
2. How is WASH currently being addressed?
3. How would you characterize the challenges to scale-up and sustainability?

Key barriers to success:

- WASH has been largely excluded in discussions around health systems strengthening and resources are frequently mismanaged.
- Far too often, WASH is simply not included in budgets and operating plans for HCF. Moreover, even when some hard infrastructure exists, 'software' remains a critical, missing piece. Behavior change and the culture of WASH are ignored, leading to no or improper use of WASH facilities.
- A significant number of faith-based HCF are half-century old, leading much of the WASH infrastructure to be in disrepair.
- Health professionals have developed a tolerance for poor WASH.
- Implementers do not have a good understanding of the local communities. Understanding the cultural and historical context of the area is a requirement for success.

Scale-up and sustainability challenges:

- WASH needs to be integrated and mainstreamed within the health system. Facilities must also be designed to be disability-inclusive and gender-sensitive.
- The health community needs to be brought into the conversation to prioritize WASH in HCF, including expectations of and standards in facilities.
- Solutions for WASH in HCF need to address the entire water system, including wastewater management (which requires different treatment than that from households) and protection of freshwater sources.
- Funding is needed for new WASH infrastructure, as well as maintaining existing infrastructure (e.g. replacing damaged pipes and leaky faucets).
- Community involvement is necessary along with the use of local materials and resources. Implementers should develop partnerships with indigenous organizations (e.g. sister congregations, diaspora) that already familiar with and work in these communities. Women,



seniors, girls, and other community members should be activated to demand WASH in their local HCF.

Panel 2: What Will it Take to Fix the Shortfall of WASH in HCF?

The second panel, moderated by David Young of Boston Consulting Group, included Jonathan Duffy (Adventist Development and Relief Agency), Greg Allgood (World Vision), Matt Hangen (Water4), Mercy Niwe (World Bank) and Ian Moise (Catholic Relief Services). Again, the discussion was opened to the floor after initial comments from the panelists.

Questions:

1. What will it take to fix the shortfall of WASH in HCF?
2. What are concrete ideas on how to accelerate scale-up of sustainable WASH, including management approaches, key partners and funders, and how critical government and nongovernment institutions can best collaborate?

Build donor awareness and demonstrate need:


- There is money to fund WASH in HCF; these projects need to be brought before private donors and investors (including corporations and private equity) to connect the two. To be seen as community supporters, these donors want to invest in projects with societal impacts, but they may not be aware of such projects unless presented to them.
- It is crucial to bring together different sectors to break free from the silos that have been created, and to develop new funding models that bridge the private, public and social sectors.
- The body of evidence supporting WASH in HCF is available to present a strong needs case to funders and implementers.

Build partnerships and increase collaboration:

- Many HCF were founded without a business plan and without being connected to national health systems or other local organizations. Moving forward, health facilities should partner with government stakeholders early on to establish the best project design and lineup operational support across all levels -- from local communities to the ministries of health, water and finance.
- FBOs must invest time in the local community to leverage their knowledge and resources and empower them to see WASH in HCF as an issue they can manage and overcome.
- The WASH and health communities must be brought together at all levels to institutionalize WASH with health.
- Implementers must be open to creative and diverse ways of funding WASH in HCF. Ministries of finance and other sources of funding should be invited to these conversations and meetings.

Take steps to ensure sustainability:

- Systems are needed to support the management and accountability of WASH in individual HCF and the broader health system to ensure that WASH in HCF is implemented at scale.
- WASH in HCF must be communicated to those in charge of health systems. Doctors who manage HCF are trained to treat and not prevent disease, but health professionals need to also be responsible for WASH in order for it to be improved.
- Those running HCF must have the technical expertise to properly manage an HCF; including wastewater and solid waste management. Maintenance should be incorporated into the business model at the outset.
- To support accountability, WASH components need to be identified and addressed early within the design stage of program development.
- Faith leaders must be made aware of the problem and CSOs empowered so that governments and healthcare providers are held accountable for inadequate WASH.



Reflection and Closing

Monique Chireau Wubbenhorst (Bureau for Global Health, USAID) and David Douglas (Global Water 2020) gave closing messages. Key categories of critical success were summarized as:

- **Who:** Local governments, ministries of finance, ministries of health, local communities, in-country partners and healthcare leadership need to be included in WASH in HCF programming.
- **What:** We have the knowledge and expertise, so we need to use it to create solutions. We also need to share knowledge with multi-sectorial stakeholders, reflecting on who is missing from the table.
- **How:** To scale-up WASH in HCF, we need to build and expand partnerships and create vehicles for this cooperation. WASH especially needs to be built into health systems strengthening to build capacity and drive accountability and ownership.

Proposed Actions

- **Commit.** All FBOs are encouraged to develop a commitment to WASH in HCF, which will be shared at the June 19th WASH in HCF Stakeholders Commitment Gathering at PAHO.
- **Communication.** FBOs deliver a major proportion of the world's healthcare. This reality needs to be communicated, along with the results of the JMP report showing serious gaps in sustainable WASH coverage. Finally, the solvability of the WASH gap needs to be communicated.
- **Community of Practice.** Leaders in the room represent an enormous amount of collective knowledge and experiences, which can be the foundation for a strategy to scale-up. We should also create an online compendium of best practices and a library of WASH in healthcare resources among faith-based partners to complement the WASHinHCF.org site.
- **Select locations for partnerships.** In order to facilitate an action strategy to scale-up sustainable WASH, we should map geographic coverage of FBO activities identify countries where several FBOs have overlapping focuses in WASH and health. Priority focal areas can be selected based upon where coverage already exists and where community and political conditions are most congenial to facilitate co-creation of a plan to scale sustainable WASH in HCF.
- **Identify critical success factors for partnerships.** This includes identification and constructive engagement of key players in each geographic area. These key parties to engage include:
 - Ministries, especially the Ministry of Health, but also the Ministry of Finance and Ministry of Water.
 - Community leaders who can reflect the culture, history and demographics of each community.
 - Healthcare sector leaders in HCF managers.
 - Leading implementation organizations.
 - Donors/financial resources.
- **Convene.** Identify and participate in upcoming opportunities to advance co-creation partnerships, including:
 - World Health Assembly (Geneva, May 20-25)
 - Kaiser Family Foundation WASH/Health Gathering (DC, June 11)
 - WASH in HCF Stakeholder Commitments Gathering (DC, June 19)
 - WHO/UNICEF WASH global event focused on government commitments (TBD)
 - Meeting with World Bank sector leaders around WASH and the Human Capital priority
 - USAID's New Partnerships Initiative: <https://www.usaid.gov/npi/>

- **Focus on local collaborators.** USAID’s emphasis on new partnerships and smaller, local organizations, provides an opportunity to include local faith-based collaborators, like Christian Health Associations or Islamic health providers.
- **Integrate WASH into global healthcare agenda.** In assembling a critical mass of implementers to design scale-up of projects and approach large funders, it is critical for us to engage healthcare sector leaders to ensure proposed WASH commitments and strategies are fully integrated with key priorities, such as health systems strengthening, universal health coverage, infection prevention and control, global health security, antimicrobial resistance, and maternal and child health, as well as the financial sustainability of HCF.
- **Integrate WASH and health financing.** Build collaboration between the WASH teams and the health teams at the World Bank to allow for more funding channels for WASH in HCF.

Immediate Next Steps

- Create an informal FBO follow-up/steering team. Identify a core group of leading FBOs to create a powerful message and the critical mass needed to support commitments and scale-up partnerships to take to funders.
- Map FBO activity and identify several countries to drive collaborative action on WASH in HCF.
- Put together an agreed upon action list and circulate to the larger group for follow-up.
- Send out a special mailing encouraging guidance on commitments for June 19th and defining ways each organization might participate.

PARTICIPANT LIST

Organization	Participant
4africa	Alex Radler
Adventist Development and Relief Agency (ADRA)	Jonathan Duffy
Adventist Health International	Richard Hart
Africa Christian Health Associations Platform (ACHAP)	Peter Yeboah
American Leprosy Missions	Brent Merchant
Boston Consulting Group	David Young
Buddhist Tzu Chi Foundation	Debra Boudreaux
Catholic Medical Mission Board (CMMB)	Bruce Wilkinson
Catholic Relief Services (CRS)	Ian Moise
CDC	Rick Gelting
Children’s AIDS fund	Anita Smith
Compassion International	Claudia Longoria
Daughters of Charity	Therese McFarland
eMi	Jason Chandler
Healing Waters International	Rob Anthony
IMA World Health/Lutheran World Relief	Rick Santos
IMA World Health/Lutheran World Relief	Holli Jordan

Institute for Youth Development	Shepherd Smith
Islamic Relief USA	Anwar Khan
IsraAID	Seth Davis
IsraAID	Mori Neumann
Kyle House Group	Michele Wymer
Living Water International	Jonathan Wiles
Loyola Foundation	Greg McCarthy
National Latino Evangelical Coalition	Rev. Gabriel Salguero
Nazarene Compassionate Ministries	Zekarias Asfaw
Partnership for Faith and Development	Jean Duff
Presbyterian Church (USA), World Missions	Jim McGill
Osprey Foundation	Bill Clarke
Salvation Army	Comm. David Hudson
Salvation Army	Bram Bailey
State Department	David Hermann
Sustainable Rural Sanitation	Gavin Pryce Lewis
Sustainable Rural Sanitation	Hilton Pryce Lewis
Vatican	Tebaldo Vinciguerra
Water Mission	Andrew Armstrong
Water4	Matt Hangen
Waterlines	Mark Reimer
World Bank	Mariah Johnston
World Bank	Mercy Niwe
World Evangelical Alliance	Comm. Christine MacMillan
World Hope International	Keith Norris
World Vision	Greg Allgood
World Vision	Jordan Smoke
USAID	Kirsten Evans
USAID	Brian Klotz
USAID	Marsha Baxter
USAID	Dianna Lightfoot
USAID	Jeffrey Goldberg
USAID	Jesse Shapiro
USAID	Jennifer Mack
USAID	Lisa Schechtman
USAID	Monique Wubbenhorst
USAID	Timothy Lavelle

USAID	Camille Solberg
USAID	Genetra Griffin
USAID	Ryan Mahoney
USAID	Rhea Bright
Global Water 2020	David Douglas
Global Water 2020	Lindsay Denny
Global Water 2020	Hank Habicht
Global Water 2020/Faiths for Safe Water	Susan Barnett
Global Water 2020	John Oldfield
Global Water 2020	Kelly Bridges
Global Water 2020	Caitlin Orton

ACTIVITIES BY ORGANIZATION

Below is a list of the WASH in healthcare facilities activities/interests by participating organization.

4africa

4africa has worked with local health facilities, clinics, and hospitals in Uganda to address their need of access to clean water. As part of our WASH initiatives, we are committed to multi-year partnerships with communities in the areas of preventative health, hygiene, and sanitation.

Boston Consulting Group

Boston Consulting Group has comprehensive cross-sector experience in water and sanitation projects. Our global development, total societal impact, and sustainability teams are advancing innovative technologies and business models to address access to water and unmet needs for sanitation services around the world as seen in our recent research, [Tech Disruption Comes to Global Sanitation](#).

Buddhist Tzu Chi Foundation

Buddhist Tzu Chi Foundation provides WASH educational training to 10 remote clinics in Sierra Leone by sharing the PowerPoint training, as well as flyers, with vulnerable women, single parents, and more than 28 care providers. The foundation has also worked in two hospitals in Haiti, providing water buckets around the emergency room and in-patient wards.

Catholic Relief Services


CRS is expanding its WASH in healthcare facilities portfolio in Ghana, Burkina Faso, Madagascar, Ethiopia, and the DRC. WASH in healthcare facilities is a significant piece of CRS's new [Water Security Strategy](#), as it addresses institutional WASH within the WASH priority area.

Compassion International

Compassion partners with more than 6,900 local churches around the globe to identify and implement the most effective and sustainable water and sanitation solutions for the communities in which they work.

Daughters of Charity

Daughters of Charity International Project Services is in contact with our sisters in 64 low-resource



countries to identify where they have programs and services that need assistance with water and sanitation issues including healthcare facilities/programs, working with organizations like Water Engineers for the Americas (www.wefta.net). Included among our varied projects in health, education and social services, DCIPS is raising funds from diverse sources for water, sanitation and hygiene projects; as requested by our sisters in low-resourced countries.

Global Water 2020

Global Water 2020, in collaboration with Emory University, trained representatives from Christian Health Associations (CHAs) on WASH in healthcare facilities and continue to provide technical support through the implementation process. We work with a wide range of faith-based organizations to connect partners, share lessons learned and advocate for WASH in healthcare facilities.

Living Water International

Living Water International facilitates WASH services for healthcare facilities as part of our WASH Program Area model—a five-year program that mobilizes faith actors and communities to improve WASH service delivery across whole districts. While we do not have programs that focus exclusively on healthcare facilities, we are keenly interested to learn more about how we can tailor our work to meet their needs and demand more effectively.

Nazarene Compassionate Ministries

Our WASH programming primarily targets communities, yet institutions like schools and healthcare facilities within the community always are beneficiaries of both hardware and software interventions/activities. We also intentionally work with these institutions to develop contextualized materials to help us target and address key behaviors within the community through WASH interventions, with projects in Africa, Asia, the Caribbean and South America.

Water4

Water4's area-based safe water coverage model aims to minimize the number of hospital occupants by reducing water-borne illnesses, as well as ensure healthcare facilities have access to safe water in order to provide high-quality services to patients. We do this through local safe water enterprises that promote health and hygiene behavior change, drill boreholes, install piped water systems, and operate and maintain these systems to ensure access to safe, affordable water that is reliable and sustainable for all their customers.

World Hope International

World Hope International is committed to supplying critical WASH infrastructure to health facilities using various technologies from hand pump borehole water and latrines, to solar-powered water towers, to piped water models, to solar-powered desalination. World Hope is committed to providing this infrastructure via community-based, market-based or emergency response delivery mechanisms.

World Vision

World Vision is working with governments, the Conrad N. Hilton Foundation, the World Health Organization, the CDC, WaterAid, and other partners to help ensure that all healthcare facilities have clean water and adequate sanitation and hygiene, and safely managed waste (WASH) by 2030. We use a holistic approach of community involvement to provide WASH in HCF, schools and communities, reaching 4 million people with clean water in 2018.