

WASH in Health Care Facilities

Ethiopia Convening Report



MILLENNIUM WATER
ALLIANCE



Millennium Water Alliance
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Background

The importance of water, sanitation and hygiene (WASH) in health care facilities (HCF) is increasingly being recognized with new efforts being made to improve services. The Sustainable Development Goal (SDG) targets 6.1 and 6.2 focus on service for everyone and include the need to expand WASH services beyond the household to include institutions such as health care facilities and schools. Target 6.2 also promotes, “paying special attention to the needs of women and girls and those in vulnerable situations,” who are often a target population at health care facilities¹.

During March 2018, the United Nations Secretary-General issued a global call for greater leadership and accountability to provide WASH services in all health care facilities. The first global WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation reported concerning data that showed the sub-standard level of WASH services in health care facilities around the globe. The report stated that an estimated 896 million people use health care facilities with no water service and 1.5 billion use facilities with no adequate sanitation².

The most recent program of the Millennium Water Alliance (MWA) in Ethiopia included a detailed assessment, conducted by the Centers for Disease Control and Prevention (CDC), of WASH in health care facilities to understand the existing status of WASH in the HCFs. The data generated through the assessment was highly informative to prioritize intervention areas for WASH in HCFs in a five-year program to be implemented by MWA partners in three target districts of Dera, Farta and North Mecha.

As part of the preparation and detailed planning for the Sustainable WASH Program, MWA in partnership with Stanford University, organized meetings and workshops in Addis Ababa to present the findings of the WASH in HCF assessment, analyze the root causes of poor WASH services in HCFs and brainstorm potential impactful solutions.

Specifically, the meetings supported the following objectives:

1. Expand and strengthen partnerships
2. Gain a deeper understanding of the root causes leading to poor WASH services in health facilities in Ethiopia
3. Develop a list of potential interventions with supporting evidence for how they are linked to improved services at health care facilities
4. Develop a plan for MWA’s work going forward on WASH in health care facilities

Events of the week:

- Half-day meeting with the Water Development Commission, Stanford University, MWA, CDC, World Health Organization (WHO), UNICEF, Catholic Relief Services
- Two-day workshop with MWA, Catholic Relief Services, World Vision, Water Aid, Stanford University, CDC, Desert Rose Consulting (hired facilitators), Amhara Regional staff, North Mecha District Staff, Health Center Directors, Health Extension Workers (from North Mecha), Bahir Dar University lecturer
- Half-day meeting with the Ministry of Health, Stanford University, MWA, CDC, UNICEF, Catholic Relief Services
- One-day planning workshop with MWA members (FH Ethiopia, World Vision, WaterAid, Catholic Relief Services), Stanford and CDC.

¹ UNICEF and WHO (2018). Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals.

² Joint Monitoring Program, WHO, UNICEF (2019) WASH in Health Care Facilities. Global Baseline Report.

Meetings with the Water Development Commission and the Ministry of Health

During the half-day meetings with the separate organizations, progress, challenges and opportunities were discussed following the presentation on the findings of WASH in HCFs in Dera, Farta and North Mecha districts of Amhara region.

Key updates from the meetings:

- Water Development Commission is currently preparing a guideline for a regulatory organ to help standardize WASH activities
- Launching of Open Defecation Free (ODF) campaign is expected to be started soon with a plan for Ethiopia to be ODF by 2024
- The One WASH National Program II (OWNP II) has a larger focus on WASH in institutions than the previous OWNP
- UNICEF is revising standards for HCF construction and design to include components related to WASH that are currently missing
- Restructuring of the Water Development Commission is still in progress
- The Clean and Safe Health initiative is being updated to include 'timely' care and will be relaunched soon
- A recent public announcement shared that all HCF should have water access by 2020

Select Challenges noted during the meetings:

- Site selection for HCFs often do not consider accessibility factors for water supply
- Community knowledge is lacking in terms of demanding WASH services and utilizing them correctly
- Water quality is poor - both at source and at point-of-use
- Lack of ownership of WASH facilities within the HCF
- Chlorine availability is limited
- Health center leadership may not have adequate understanding of the importance of WASH and infection prevention and control (IPC)
- Poor quality chlorine is sometimes produced and utilized
- Inadequate regulation and accountability for WASH facilities at HCF
- Town water utilities often cannot produce enough water supply for demand – including HCFs
- Lack of prioritization of spending for WASH facilities and operations
- No strong regulatory entity for WASHCOs or utilities
- Water Schemes at HCF are sometimes not properly managed by the HCF
- Lack of available spare parts and maintenance technicians for HCF operations and management
- High staff turnover at district offices and HCFs

Two-day Workshop with Amhara Regional Bureaus and North Mecha District

The two-day workshop included Regional Bureau representatives from Bureaus of Finance and Economic Cooperation; Regional Planning Commission; Bureau of Water, Irrigation and Electricity; and Bureau of Health. District sector heads, health extension workers, a lecturer from Bahir Dar University and health center leaders from North Mecha participated. Additionally, MWA member organizations working in WASH in HCFs (World Vision, Catholic Relief Services and WaterAid) in Ethiopia participated and provided facilitation support. Workshop facilitation was provided by Stanford University and Desert Rose Consultants and technical expertise was provided by CDC and Catholic Relief Services.

The workshop and associated activities were designed by the Water, Health and Development Program at Stanford University to enable the identification of root causes that result in poor WASH in HCFs and then identify and prioritize possible solutions to these root causes.

Opening remarks were provided by Dr. Beshah Mogesse, Commissioner for the Water Development Commission from Ministry of Water, Irrigation and Electricity. Dr. Beshah emphasized that water supply in health care facilities is a critical activity that needs to be ensured through the collaborative efforts of government and non-governmental organizations. He reiterated the commitment of Water Development Commission to strengthen its leadership to achieve the national goals set in the One WASH National Program II.

The key sessions of the first day included a presentation about the importance of WASH in HCF, risks of not having good WASH services and data from CDC's North Mecha study. The assessment findings included in this presentation showed the magnitude of the problem of WASH in HCFs with particular emphasis on the case of North Mecha where MWA is planning to start pilot implementation work before upscaling select approaches to two other target districts as part of the Sustainable WASH Program. Some key points included in the CDC presentation were:

- Adequate WASH infrastructure is essential to being able to perform infection prevention behaviors and procedures
- The consequences of poor WASH service in HCFs including administering unsafe oral medicine and an unclean health facility environment which impairs patients' trust in the health care system at large
- **89%** of health centers and **11%** of health posts met the JMP standards for basic water supply level
- **67%** of health centers reported having adequate quantities of water to meet their needs
- **33%** of health centers experience seasonal interruptions of their main water sources
- Water was available by tap in **22%** of health center clinical areas
- **0%** of HCFs met the JMP basic **sanitation** service level
- **3%** of health center toilets had handwashing stations **within 5 meters of the toilet**

Participants shared reflections and questions on the findings of the assessment. One question of note focused on why water quality at health facilities (*E. coli in water samples*) was better than water quality at the water source, despite finding no chlorine residual in the water at the HCFs. Other reflections confirmed the extent of the problem across the district and the region at large.

The next session was an individual activity where participants identified actions and associated responses and learnings related to water access at HCFs. This same activity included identification of learning from the action and reaction that each participant was able to identify from practical experience (see Figure 1).

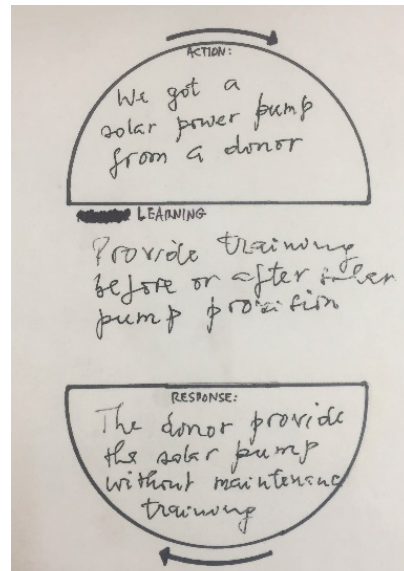


Figure 1: Sample 'story' showing an action, response and learning from a situation related to water access at a health care facility. These visuals were used by workshop participants to develop their stories.

Another key aspect of the workshop which helped participants to identify root causes through in-depth thinking, reflection and group discussion was the 'Five-Why' exercise. As opposed to traditional program design based on underlying assumptions and pre-assumptions, this method provided a practical root cause identification among participants (see Figure 2).

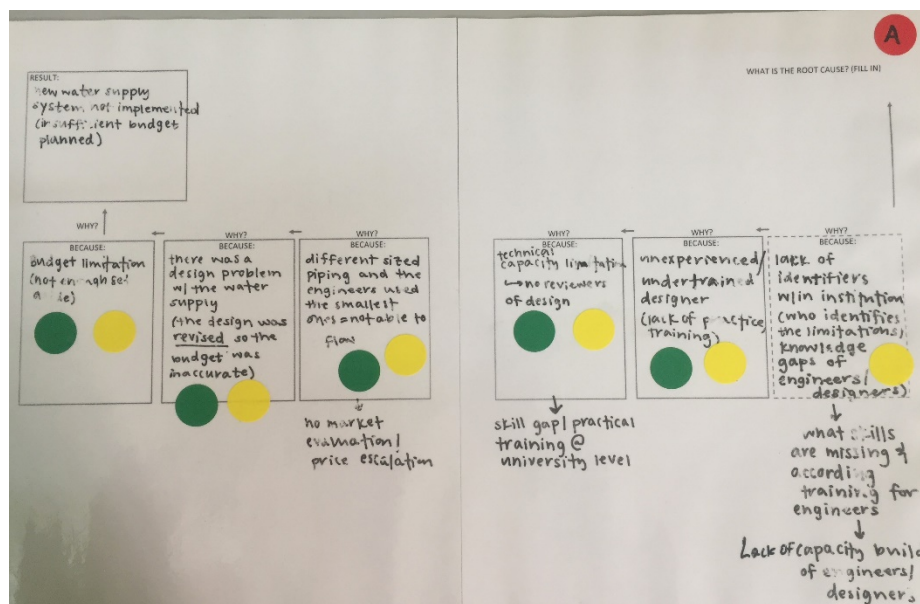


Figure 2: The Five-Why tool used to help participants dig into root causes. One learning was that the linear nature of this story board was challenging for participants since the causal analysis is not often linear.

During the second day, Francois Kangela, Global WASH Technical Advisor for Catholic Relief Services based in the Democratic Republic of Congo (DRC), provided a presentation about the Clean Clinic Approach³ and shared a case study of its implementation. Participants responded with interest and questions.

According to the presentation, the following points were proposed as key important components from the success story of the Clean Clinic Approach in a specific health center:

- The design and delivery of well-developed training materials and a cascading strategy
- Thorough risk-based planning
- The presence and functionality of a dynamic WASH-IPC committee
- Starter kit provision before implementation as needed
- Follow-up, supportive supervision and coaching supported by a scoring system by the district (monthly), region (quarterly) and national level (bi-annually).

The in-depth group discussions continued into day two to finalize a list of root causes. Below is a select list of root causes developed based on participants' practical experiences:

- Lack of prioritization of funding for WASH facilities and operations and maintenance staffing at HCF
- Lack of accountability mechanisms for WASH in HCF
- Not enough overall budget to do everything needed for adequate WASH facilities
- Health facilities are built without consideration for affordable water access – leading to expensive and challenging solutions required to improve water access given the location
- Poor working conditions and salaries at district offices and health offices leads to high turnover and thus lack of knowledge and capacity
- Lack of partnerships and information flow - between health centers and NGOs, between layers of government, between health and water
- Roles/responsibilities and nationally produced guidelines not understood and/or not implemented in practice
- Both communities and, in some cases, health facilities staff lack knowledge about use of hygiene and sanitation facilities⁴
- Lack of ownership WASH facilities by HCF staff and leaders
- Perverse professional incentives

There was a group discussion to identify possible solutions to some of the root causes and develop criteria by which the potential solutions could be reviewed and prioritized. A few criteria discussed were:

- Cost-effective
- Alignment with government policies
- Chances for success
- Community priority
- Feasibility – technology type
- Ensuring ownership and sustainability
- Availability of budget

³ More can be found on the Clean Clinic Approach here: <https://www.mcsprogram.org/resource/clean-clinic-approach-brief/>

⁴ Interestingly, the CDC study noted that HCF staff have a high level of knowledge about the importance of WASH and handwashing, but don't necessarily have the equipment, water access or time to follow suggested procedures.

A final game-show style case was provided where a few participants shared a challenge, causes, and potential solutions. The workshop concluded with a statement by Mr. Anteneh Adamu, North Mecha District Administrator, who emphasized the importance of focusing on this critical area of WASH in HCF and reflected positively on the workshop methods and outcomes.



Figure 3: Select photos of group work and discussion during the workshop.

MWA WASH in HCF – the future

MWA members working together on WASH in HCF as part of a new five-year program convened for a one-day planning workshop following the broader workshop and meetings. Stanford University supported the facilitation and planning of this meeting and CDC and CRS provided technical expertise. Partners reviewed results of the workshops and meetings from the week. Then participants engaged in prioritization and causal problem analysis exercises to narrow the focus of MWA's work and improve understanding of root causes and potential intervention points.

Selected outcomes:

It is likely that at the start of the five-year MWA program the focus will be on mitigating some of the root causes of two identified challenges listed below:

1. Lack of water access at health care centers (at centers where water access is exceptionally challenging due to the siting process of the health centers)
2. Lack of practiced hand hygiene behaviors

Next steps for MWA related to WASH in HCF:

- Engage in further detailed intervention planning with partners and local government (August 2019)
- Develop a communications and advocacy plan around WASH in HCF (October 2019)
- Share the CDC findings broadly after they have been reviewed by the applicable districts (September 2019)

Recommendations

Informed by the evidence generated from the detailed assessment conducted by CDC in Dera, Farta and North Mecha districts as well as the in-depth root cause analysis, the Millennium Water Alliance Ethiopia partnership provides the following recommendations:

1. The design and construction of all health care facilities needs to include a feasibility study of water supply availability. This should be one of the standardized quality assurance criteria for all health care facilities.
2. The provision of water supply and sanitation services in health care facilities needs to be considered as a basic criteria for health care provision. Currently, it appears that WASH in HCF is widely considered as a quality improvement aspect and hence perceived by health care managers as a level of need beyond basic required service.
3. In health care facilities where water supplies are available, the presence of *E. coli* is worrisome. Thus, water quality testing, treatment and awareness raising amongst non-clinical staff, including cleaners, guards and other members of the health care system, needs to be improved through a concerted effort by the health care facility managers.
4. The accountability mechanisms for the health care system at large should include the sustainable provision of water supply and sanitation service in all HCFs. This requires, amongst other measures, the inclusion of WASH services as a monitoring criteria at district, zone, region and national levels.
5. The governance of health care facilities, especially health centers, needs to provide leadership on the inclusive planning, sustainable management, and quality of available water supply and sanitation services in HCFs. These include ensuring the allocation of proportional budget to improve and maintain water supply, hygiene and sanitation services in all HCFs.
6. The design and implementation of WASH programs by NGOs and government institutions needs to include strengthening WASH in HCFs in particular and WASH as a comprehensive package. In order to make sure of the implementation of WASH as a package, Woreda WASH Teams and related structures that are established at different levels should work hand-in-hand for efficient use of resources, coordination and swift information flow.

About.

The Millennium Water Alliance (MWA) is a permanent coalition of leading humanitarian and private organizations that convenes, integrates, and influences critical players in the business, technology, government and NGO sectors to supply clean, safe drinking water and sanitation to millions of the world's poorest people in Africa, Asia, and Latin America. Founded in 2002, MWA tests, innovates and scales effective and sustainable solutions towards this goal. Learn more at www.mwawater.org.

In Ethiopia, MWA has convened a coalition involving CARE, World Vision, Food for the Hungry, WaterAid, Catholic Relief Services, IRC WASH, the Centers for Disease Control and Prevention (CDC) and Splash. This partnership is utilizing technical expertise, a facilitation approach, systems strengthening and other techniques to support the Amhara National Regional State to achieve the WASH SDGs in three districts.

This report is the result of collaboration between the Water, Health and Development Program at Stanford University and MWA with support and recommendations from the Conrad N. Hilton Foundation and technical advice from CDC and Catholic Relief Services. This report summarizes a series of meetings and workshops held in Ethiopia during July, 2019 and shares key findings of note for the WASH sector. This work builds on the findings and data from many reports and documents previously developed about WASH in HCF globally or in Ethiopia and supports progress towards achieving the priorities of the Government of Ethiopia.

MWA would like to thank all the attendees who took time from your normal work to attend the meetings or workshop and provide valuable insights. We also are grateful for the insights and financial support from the Conrad N. Hilton Foundation that allow us to engage in these types of learning collaborations. Finally, we are grateful for the extensive time and support of Stanford University, the technical expertise shared by Catholic Relief Services and CDC and the strong partnerships with our member organizations.

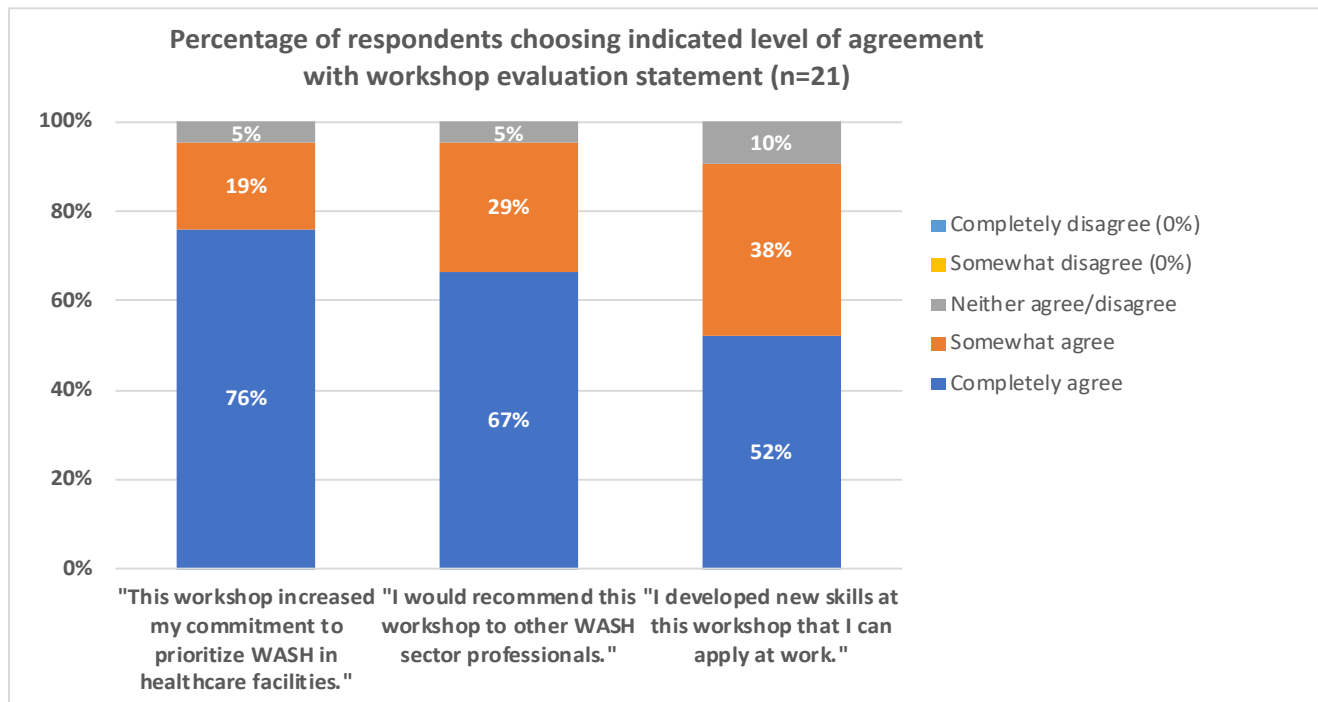
Additional information about this workshop can be found on the [MWA website](#) and the [website of the Water, Health and Development](#) program of Stanford University.



Funding from the Conrad N. Hilton Foundation is gratefully acknowledged.

Appendix 1:

Results of workshop evaluation sby participants



Appendix 2:

Participant lists for meetings and workshop

Meeting with the Water Development Commission

Name	Position	Organization
Shewanesh Demeke	Deputy Commissioner	Water Development Commission
Nureidin Mohammed	Director, WSSIM	Water Development Commission
Tamiru Gedefa	Director, WSSDCM	Water Development Commission
Waltaji Terfa	WHO	NPO Public Health and Environment
Jane Bevan	UNICEF	Rural WASH Manager
Tesfaye Lule	Expert	Water Development Commission
Laura Brunson	Global Program Director	MWA - United States
Tedla Mulatu	Country Director	MWA - Ethiopia
Jenna Davis	Associate Professor of Civil and Environmental Engineering	Stanford University
Margaret Person	Epidemiologist	CDC
Genene Abera	WASH Program Manager	Catholic Relief Services - Ethiopia
Francois Kangela	Global WASH in HCF Advisor	Catholic Relief Services - Democratic Republic of the Congo

Meeting with Ministry of Health

Name	Position	Organization
Molla Godif	IPC/CASH Focal Person	Clinical Service Directorate, Ministry of Health
Beza Kibret	Institutional WASH Expert	Hygiene and Environmental Health Directorate, Ministry of Health
Netsanet Kassa	WASH Officer	UNICEF
Francois Kangela	Global WASH in HCF Advisor	Catholic Relief Services - Democratic Republic of the Congo
Genene Abera	WASH Program Manager	Catholic Relief Services - Ethiopia
Laura Brunson	Global Program Director	MWA – United States
Tedla Mulatu	Country Director	MWA - Ethiopia
Rachel Cardone	Deputy Director of the Program on Water, Health & Development	Stanford University

Workshop with Amhara Region and North Mecha Officials and Experts

Full Name	Organization	Location	Position
Kindie Alebachew	Amhara Bureau of Health	Bahir Dar	Coordinator
Solomon Tefera	Amhara Plan Commission	Bahir Dar	Director
Maru Alem	Amhara BoWIE/ROWASH	Bahir Dar	Coordinator
Dejene Bayu	Amhara BoFEC	Bahir Dar	Project Expert
Dr. Muluken Azage	Bahir Dar University	Bahir Dar	Assistant Professor
Anteneh Adamu	N.Mecha Admin Office	Merawi	Chief Administrator
Yaregal Manie	N.Mecha Water & Energy Office	Merawi	Office Head
Yihenew Simeneh	N.Mecha Finance & Econ Office	Merawi	Office Head
Anemaw Alene	N.Mecha Health Office	Merawi	Office Head
Bekalu Getahun	Birkat Health Center	Birkat	Health Centre Head
Getaneh Chanie	Tagel Health Center	Tagel	Health Centre Head
Estifanos Endale	Reem Health Center	Reem	Health Centre Head
Mulugeta Bizuayehu	Wotet Abay Health Center	Bicholo	Health Centre Head
Aytenew Melese	Ambo Mesk Health Center	Ambo Mesk	Health Centre Head
Yalganesh Wole	Zemene Hiwot Health Post	Zemene Hiwot	Health Extension Worker
Tirngo Mulat	Tekile Dib Health Post	Tekile Dib	Health Extension Worker
Dr. Beshah Moges	Water Development Commission	Addis Ababa	Commissioner
Manaye Siyoum	WaterAid	Addis Ababa	Director of Technical Services
Ashenafi Alebachew	Catholic Relief Services	Addis Ababa	Program Officer
Genene Abera	Catholic Relief Services	Addis Ababa	WASH Program Manager
Maggie Person	CDC	United States	Epidemiologist
Mekonnen Tesfamariam	Catholic Relief Services	Addis Ababa	Health Programme Manager
Yonas Lemma	World Vision	Addis Ababa	Sanitation and Hygiene Coordinator
Nigussie Yisma	World Vision	Addis Ababa	WASH Operations Manager
Francois Kangela	Catholic Relief Services	DRC	Global WASH in HCF Advisor
Zewudu Kelbessa	WaterAid	North Mecha	Regional WASH Specialist
Yakob Abay	CARE	Farta	Hygiene Specialist
Martha Aynalem	Desert Rose	Addis Ababa	Facilitator
Yared Abera	Desert Rose	Addis Ababa	Head of Administration
Betty K.Gebregzabheir	Desert Rose	Addis Ababa	Intern
Abigail Megbar Debebe	Desert Rose	Addis Ababa	Intern

Bethel Gashaw	Stanford University	United States	Student
Mussie Tezazu	Millennium Water Alliance	Addis Ababa	Monitoring and Learning Manager
Tedla Mulatu	Millennium Water Alliance	Addis Ababa	Country Director
Laura Brunson	Millennium Water Alliance	United States	Global Program Director
Jenna Davis	Stanford University	United States	Associate Professor of Civil and Environmental Engineering
Rachel Cardone	Stanford University	United States	Deputy Director of the Program on Water, Health & Development