

### **Global Action Plan Summary**

**Bruce Gordon WHO**

*Background / Joint actions (strengths of health and WASH actors)*

Bruce talked through the history of the Global Report, its main findings and the current progress on the Global Action Plan for WASH in HCF that WHO and UNICEF are leading globally.

#### Questions and discussion points:

- Importance (and challenges) of getting explicit WASH indicators in health systems strategies
- Need to combine advocacy at national level with the provision of actionable guidance/tools at field level
- Brief examples shared of WASH in HCF efforts initiated in Cambodia, China and India (including successes in India attributed to keeping messages and actions simple and doable, and challenges in China in getting WASH indicators adopted despite many years of efforts)

### **Review of the evidence**

**Erin Flynn (LSHTM)**

*Evidence of burden of disease, links between poor WASH and health outcomes*

Erin presented a synthesized overview of several areas of evidence for WASH in HCF and its impacts on health including what the challenges are, link with health care associated infections (HAIs), antimicrobial resistance, care seeking behaviours, staff moral and perceptions and health care costs. There is limited evidence on WASH in HCF directly and we need to begin to fill some of the evidence gaps. However, it should not prevent action on improving WASH in HCF.

(No time for discussion)

### **Creating an enabling environment**

**WHO, SHARE and WaterAid**

#### Unclean toilet exercise:

A picture of an unclean toilet was shown and participants were asked to think about “WHY” and we continued to develop a diagram that unpacked the “WHY” and what were some of the system challenges that affected the toilet being cleaned (lack of water, no training, no enforcement, no cleaning staff etc).

#### Questions and discussion points:

- Bruce: think about role of client feedback in driving political will. Value of a complaints mechanisms to give clients a voice – to bring attention to their experience.
- Brecht: accountability is key. Why is toilet in that state? No one accountable.
- Chander: monitoring also a critical part of enabling environment.

## Cambodia example (WaterAid and Emory)

To put the enabling environment discussion into practice, there were two presentations from country examples where this had happened. One was from Cambodia where a series of research and advocacy activities has resulted in WASH in HCF to be prioritized in health planning and practice at the national level and another from Nepal that showed how the earthquake response and subsequent recovery were important catalyst for improving WASH in HCF practices and standards.

### Presentation summary, questions and discussion points:

Example from Cambodia of how you begin with an interest in supporting WASH in HCFs and start to take effective action? What first steps? s

- Scoping study - talk to stakeholders about needs – who is doing what, where are gaps? Identified WASH in HCFs as priority area.
  - Collaborate with partners active in the area of work
  - Draw on all available information on WASH and HCF and develop report. Available data slim.
  - Design practical tool for assessing WASH in HCF. Rapid assessment (45 minutes).
  - Meet with ministries to determine focal point. Questions about where responsibility lies / focal point (MRD or MoH).
  - MoU signed to clarify/document relationship with MoH.
  - Established working group. Trying to establish minimum standard for WASH in HCF.
  - Feeding into work on IPC and infrastructure policies/standards.
  - Guiding MoH assessment of status of WASH in HCF.
  - Trying to get WASH into Health Sector Strategic Plan.
- **Where to from here?** How do we push agenda? Group questions/comments were:
    - How does community fit in? Starting with national advocacy to build will and establish policies to drive more attention and improved practice. Shifting focus to province. Need to do piloting in health centers to feed up and inform provincial/national decision making.
    - Narrow geographic focus to gain experience, demonstrate success, learn lessons. **Establish successful models** before fully committing to indicators, actions, details and before scaling up.
    - **Consider WASH in other institutions, e.g. schools, as a model.**
    - Develop a costed plan for this work. (This was an oversight in WASH in schools, as per UNICEF comment.)

## Report back on Nepal example discussion

- Nepal's immediate response to earthquake involved WQ monitoring; first time in HCFs.
- MoH had not given enough attention to WASH in HCFs.
- There were questions around where responsibilities lie.
- There were no national procedures to follow, only WHO guidelines.
- Motivation of health care workers is a challenge.

- Comparison shown between Haiti and Nepal quakes (more than 8000 deaths from cholera in Haiti, none in Nepal).

## **Monitoring**

### **Chander Badloe (UNICEF)**

*Update on indicators, how they will be tracked?*

Chander presented the proposed core indicators for WASH in HCF and how they will be imbedded in SDG monitoring mechanisms. The core indicators with the finalized in New York in June so the floor was opened up to discuss the indicators.

### **What are quick thoughts on basic indicators shared?**

#### Indicator 1:

- How to interpret “on site” and “available”? does available mean to all and functional?
- Can we look beyond “improved” water source and consider water safety? What about **safe** instead of improved?

#### Indicator 2:

- Sludge disposal
- How about water “safety” in addition to improved source?
- Target group – expand to patients and attending visitors
- Sludge treatment is missing?

#### Indicator 3:

##### Nigeria:

- Behavior not captured in handwashing indicator, which is a major problem. Infrastructure may be there, but what if no one using it? How to ensure handwashing by caregivers?
- Term “point of care” needs to be clarified.
- What about the cafeteria?

#### Indicator 4:

- Need to consider patient volume/traffic (primary/tertiary care).
- For all indicators, should we aim for “safely managed” instead of “basic”.
- Any consideration on frequency of cleaning by type of HCF – primary/tertiary and what /when time of day to clean
- Concept of clean – how to define clean, cleaning materials (cleaning with dirty water!)

#### Indicator 5:

- How does size of facility come into play? How does this apply to health posts (more rural/commune level)

## **Country examples**

### **Fiji (MoH and UNICEF)**

Fiji MoH and UNICEF shared the proposed work to include WASH in HCF in the upcoming HeRAMS in Fiji. They discussed the domains it will cover, how it is core to the assessment and what the process for follow on actions will be. There was a focus on having resilient infrastructure due the extreme weather event risks that Fiji is prone too.

(Moved through quickly. No time for questions.)

### Quick presentation of Tools

#### Questions and discussion points:

- Emory tool focuses on infrastructure. How we assess behavior? (Answer: that being developed as a separate tool as it proved too cumbersome to combine the assessments in practice.)
- In Emory tool, has weighting been applied to more important risk factors? (Answer: weighting is equal.)

## Walk through activity

In order to discuss the realities faced at the facility level and think about how change can occur, what is might be and to explore the WASH FIT process in practice. The room was set up as a facility with photos placed around the room to replicate a health facility. Participants were given a cut down version of the WASH FIT tool and formed groups to conduct the risk assessment. There were roaming 'health care staff' to answer questions. After 45 minutes participants were asked the following questions to think about how to action improvements based on the assessment.

### Group questions that followed "walk through activity".

As a health facility manager.....

- 1) What would you prioritise?
- 2) Human and financial resources needed?
- 3) Systemic issues to be addressed

Group report back (some related to questions, some more general comments):

#### Group 1

- Mobilize own staff to optimize work as possible within available resources
- Need funds to improve dysfunctional facilities
- Insufficient budget & strengthen O&M

#### Group 2

- WASH in HCFs doable?! Institutions are there, monitoring is there. Just a question of priorities. Accountability.

#### Group 3

- Water
- Need HR for technical assistance to revamp water systems; need funds. Also funds needed for O&M and capacity building.
- Need consistent budget.

#### Group 4

- Insufficient sanitation facilities (too few plus none suitable for people with limited mobility); also too few HW facilities; improved monitoring needed (including patient feedback)
- More cleaners needed and funds for facilities mentioned above
- Management buy-in critical; more regular budgets needed

#### Group 5.

- HW = low-hanging fruit. Follow up with training/behavior change

**Linking with existing health efforts**  
**WHO/DFAT/UNICEF**

It was noted that though the WASH sector has an important role to play in supporting WASH in HCF improvements, standards and monitoring, it must be core to existing health efforts and lead by health system processes. To share where efforts are ongoing globally embedding WASH in HCF work into health programs and policies, three presentations from DFAT, WHO and UNICEF showcased how this is happening in practice. There is not one solution but it was highlighted that making sure it is not 'tacked on' or seen as external to health system functions for sustainable improvements and change.

(No discussion after brief presentations.)

**Bringing it together**  
**Global map exercise**

### **What do you feel you can action**

- Power analysis in MoH to find out who is responsible for HCF
- Piloting/strengthening practical, field level approaches to assessing needs and planning improvements
- Advocate/share resources within the sector
- Engage in global discussions and support global research agenda
- Investigate existing HCF assessment tools for rapid assessments
- Talk about enabling environment factors for consideration
- Global leadership and coordination
- Further assessments on conditions, behaviour assessments, implementing and testing indicators
- Pilot WASH FIT in Nepal
- Pilot WASH FIT
- Engage with MoH and WHO at country level to take it forward
- Advocate for WASH in HCF
- Inform/share with health colleagues learning from this training e.g. availability of WASH in HCF assessment tools
- Very little at this stage. It seems that the focus is primarily on the indicators at this time and it will take a while for practical implementation strategies and programs to be developed
- Develop thorough behaviour change assessment checklist for health care facilities and test in a few countries. Initiate WASH in HCF assessment in a few countries.
- Comprehensive assessment of the situation and planning for action. Needs to involve health sector
- Help Government in framing evaluation. Training for demand creation and planning
- Thinking about results of the HCF survey in Solomon Islands and next steps
- HCF assessment
- Have assessment tool and do small assessment in selected HCF. Using WHO Essential Env. To guide country to develop standards guidance
- Develop WASH in HCF policies

### **What have you learned/feel confident about**

- Process for starting assessment of WASH in HCF

- General focus on quality of care and need for quality of facilities (including WASH) is positive. Good examples of standard setting inclusive of WASH
- Great collaboration between WHO and UNICEF
- Enough evidence to take action
- I have learnt the importance of WASH in HCF and feel confident about implementing it
- Partner and stakeholder commitment from a wide variety of backgrounds
- WASH in HCF assessment tools are under development and some available to use
- Good flow for NGO in Cambodia of WinHCF implementation. Enabling environment factor to consider. HCF should do needs assessment for WASH. 5 core indicators for WASH in HCF.
- Various tool and activities to use, WHO and UNICEFs WASH in HCFs plans
- Why WASH in HCF is so important
- What to look for and monitor when implementing WASH in HCF
- Many initiative are happening around WASH in HCF from donors, global (WHO/UNICEF)
- Good examples of country initiatives in 1. Baseline indicators, 2. Development/adaptation of tools, 3. Assessments on Win HCF
- Some good entry points for WASH programs to consider HCF
- New facility assessment tools
- I'm confident that doing WASH in HCF is the right thing
- That an assessment of the infrastructure is not enough for programming; An assessment of KAP around WASH in HCF is needed for a comprehensive understanding of the situation. Tools are available for this.
- The importance of WASH in HCF
- Indicators and tools
- Renewed focus on the importance of WASH in HCF in the big picture
- I have learnt that there are a growing body of evidence on the need of WASH in HCF and what is needed is action