

Healthcare facilities (HCF) in low- and middle-income countries (LMICs) are compromised in their ability to provide safe, quality, and dignified care because they lack the basic essentials -- water, sanitation, and hygiene (WASH), as well as healthcare waste management. Globally, 1 in 4 healthcare facilities lack basic water services, 1 in 5 lack sanitation facilities, and 2 in 5 lack hand hygiene facilities at points of care. That means 2 billion people must use HCF without basic water services and 1.5 billion must use facilities without toilets (JMP, 2019).

The alarm was sounded in 2015 when WHO and UNICEF released their first [report](#) on this neglected crisis. Between 2015 and 2018, the agencies and their partners raised awareness of the issue. Since 2018, momentum around WASH in HCF advocacy and implementation has increased dramatically:

- **March 2018:** UN Secretary General issues a global [Call to Action](#) to ensure sustainable WASH in all HCF. WHO and UNICEF are leading the follow-up.
- **April 2019:** JMP releases the first [baseline report](#) on WASH in healthcare facilities. WHO and UNICEF also publish a companion document outlining the [8 Practical Steps](#) countries need to take, in response to the Call to Action.

THE EIGHT PRACTICAL STEPS

1 CONDUCT SITUATION
ANALYSIS AND
ASSESSMENT



2 SET TARGETS AND
DEFINE ROADMAP



3 ESTABLISH NATIONAL
STANDARDS AND
ACCOUNTABILITY MECHANISMS



4 IMPROVE
INFRASTRUCTURE
AND MAINTENANCE



5 MONITOR AND
REVIEW DATA



6 DEVELOP HEALTH
WORKFORCE



7 ENGAGE
COMMUNITIES



8 CONDUCT OPERATIONAL
RESEARCH AND SHARE
LEARNING



- **May 2019:** Member States at the 72nd World Health Assembly unanimously pass a [Resolution](#) calling for action on WASH in HCF, based on the practical steps.
- **June 2019:** Global Health Council and Global Water 2020 host a WASH in HCF Stakeholder Commitments Gathering. Over [80 commitments](#) are announced on advocacy, implementation, technical guidance, research, and funding, and over \$120 million is committed to WASH in HCF.
- **September 2019:** WHO and UNICEF organize a [meeting](#) hosted by the government of Zambia to bring together national governments, UN officials, and external partners in order to plan country roadmaps to 100% WASH coverage in HCF.

TOOLKIT OVERVIEW

The June 2019 Stakeholder Commitments Gathering exceeded expectations and offered a new platform for global collaboration around WASH in HCF. [Eighty-five diverse commitments](#) targeted 50 countries; fifty-two of these commitments focused on global and local advocacy for WASH in HCF. These “committees” are advocating to national and subnational governments, civil society organizations, the global health community, and local HCF leadership, among others.

What is the purpose of this toolkit?

This toolkit offers a simple framework to advocate for WASH in HCF to a variety of stakeholders -- from the grassroots level to those at the highest levels of government. It can be useful whether you are planning to raise awareness, advocate for policy change, allocate funding, drive demand, or increase prioritize for WASH in HCF. While many will be advocating to governments, you may find reason to advocate to other parties including local communities, clinicians, or specific sectors (global health, WASH).

Who is this toolkit for?

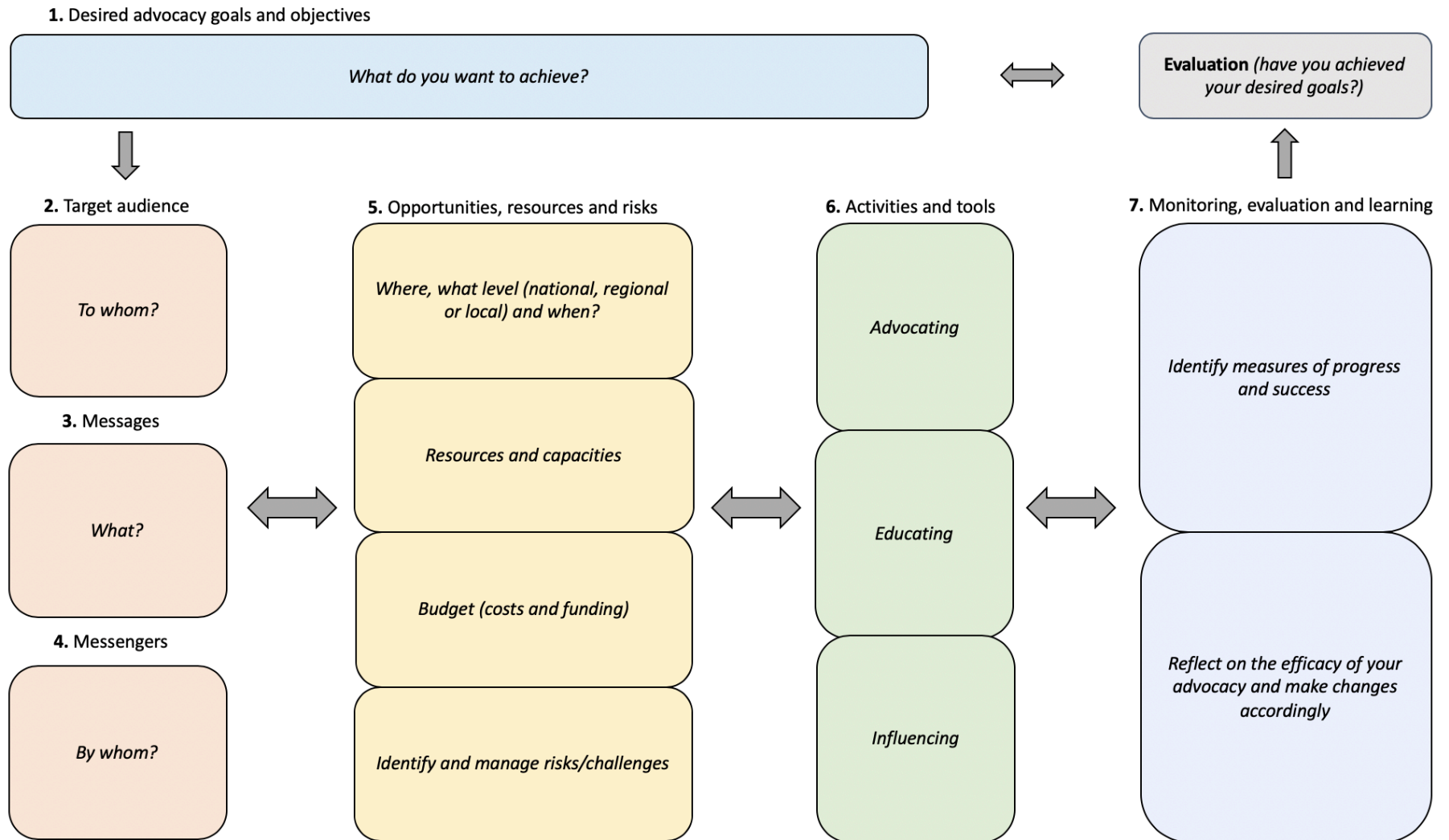
This toolkit was originally written for the groups committed to advocating for WASH in HCF. It is meant to offer a simple, guiding approach to advocacy and could be used by any party advocating for more WASH in HCF. Examples of who can use this toolkit include NGOs advocating to the national government, midwives advocating to their district health officers, and community leaders driving demand for more soap in hospitals.

How can you use this toolkit?

Advocacy is a critical part of continuing the current momentum for WASH in HCF because it can increase public pressure and influence those who make policy and budgetary decisions. However, advocacy needs to be strategic, which is why a roadmap is needed. This toolkit takes you through the process of developing an advocacy strategy by determining the objectives, target audience, messages, messengers, activities, resources, opportunities, and risks required to achieve your advocacy goal. The roadmap illustrates the process, and each step is described in the subsequent text.

This document is reflective of current discussions around WASH in HCF. We welcome feedback and encourage those who are doing advocacy on the issue to share their experiences so that we can continue to learn from best practices.

ADVOCACY ROADMAP



Adapted from *Advocacy Toolkit – Influencing the post-2015 development agenda*

1. DESIRED GOAL AND OBJECTIVES

Desired Goal

For WASH in HCF, the [global vision](#) is 60% coverage by 2022, 80% coverage by 2025, and 100% coverage by 2030, with a particular focus on addressing inequities. However, your desired goal may vary based on local context and need.

Objectives

- Understand the problem: It is known that many LMICs lack WASH in HCF, but in order to create change we need to know **WHY**. What are the root causes and determinants? Better understanding the problem (e.g., why is there a lack of WASH in HCF in the first place) will help frame the objectives of your efforts.
- For example, recent analyses have shown WASH in HCF is a **severe and overlooked problem** in LMICs because...
 - WASH is not prioritized within the HCF because it is competing with other healthcare priorities (e.g., focus on treatment rather than prevention);
 - WASH in HCF falls between two sectors (WASH and health), and is not recognized as an issue and/or not given the technical expertise it deserves;
 - The severity of the problem is largely unknown, therefore WASH in HCF has not been addressed as a basic necessity for healthcare delivery;
 - There is not enough funding for WASH in HCF infrastructure, operation and maintenance, and training;
 - There is not enough demand from patients and healthcare workers for WASH services within HCF.
- Determine the specific gaps that need to be filled to achieve your goal: What needs to be changed to address these gaps?
- Set your objectives and consider the activities needed to get there: The objectives are the change/actions you want to see from the decision-maker (i.e., what will they do). The activities are specific to your advocacy efforts (i.e., what you will do) and are based on what you can reasonably accomplish. This toolkit offers a step-by-step guide to determine the most effective activities to achieve your objectives.

Timeline

- Consider the timeline for your advocacy goals and objectives. This may include both short-term and long-term goals (e.g., 1 year, 5 years).
- Benchmarks for your long-term goal, such as those included in the Global Vision, may help you maintain an ambitious target while still being realistic and encouraging progress over time.

Example #1: Funding

PROBLEM	There is not enough funding for WASH in HCF infrastructure (e.g., soap, toilets, and sinks).
GAP	There is no framework in place (e.g., budget line items for WASH) to allow for more funding to go towards WASH in HCF infrastructure.
OBJECTIVE	The Ministry of Health, working with other government Working Groups, creates a budget line item specifically for WASH in HCF.
ACTIVITY	Advocates work with advisors to the Ministry of Health and other government Working Groups to voice concern for WASH in HCF, convene meetings, and develop resources to ensure a budget line item for WASH in HCF is created and finances are allocated, starting in 2021.

Example #2: Demand

PROBLEM	Midwives and other healthcare workers are not speaking out for more WASH in HCF.
GAP	WASH is not recognized as key to improving health of patients. Advocacy resources are lacking for healthcare workers.
OBJECTIVE	Midwifery associations have improved messaging and use that messaging to drive demand within local district government for more WASH in HCF.
ACTIVITY	Demonstrate how improving WASH will benefit their needs (e.g., improved maternal and newborn health outcomes). Work with midwifery associations to improve messaging and help develop resources to drive community demand for WASH in HCF

2. TARGET AUDIENCE

- Identify target audience(s): Who must you reach in order to achieve your goal? Who has the power to make change happen? This audience may be at the global, national, subnational, or community level. For example, if the goal is to ensure that there is a budget line for WASH, a close advisor to the Ministry of Finance may be the most appropriate target audience.

****NOTE:** Before starting your advocacy work, it is important to understand the political landscape and government processes necessary to achieve your goals. This preparation will ensure that you are targeting the right audience and the most effective way to influence them. It is also important to research current policy frameworks, government structures, etc. that might help or impede your campaign.

- **Example target audiences:** Your audience will depend on your objective. For example, if you are looking to influence policy change, then a government body may be the best audience for your campaign. Alternatively, if you are looking to drive demand among mothers who can speak out about the need for safe WASH in HCF, then a grassroots audience may be more appropriate. See example target audiences below.
 - **Government:** Ministry of Health, Ministry of Water, Subnational government offices, District health officers, Health sector officials, WASH sector officials, Water and Sanitation Working Groups, Health Working Groups
 - **Communities of Practice:** Reproductive, maternal, newborn and child health (RMNCH) groups, WASH groups, Quality of Care networks, Clinical associations/networks (surgery, OB-GYN, etc.)
 - **Other Stakeholders:** UNICEF, WHO, UN Regional Offices, Faith-based organizations, Private sector partners
 - **Local Community:** Mothers, Families, Community leaders, Faith leaders, Youth, Community health boards
 - **Facility:** Healthcare facility managers, Doctors, Midwives, Nurses, Administrators

3. MESSAGES

- Develop a message that will be most effective for reaching your target audience, based on your desired impact. Messaging should include both the importance of WASH in HCF and your specific “ask” of the audience.
- An advocacy message typically includes: 1) problem statement; 2) evidence; 3) anecdotal example; 4) overarching goal; and 5) desired action by audience.
- For example, if you are advocating to a large health NGO your message could include information on the WASH in HCF problem using JMP data and its impact on mothers and babies; a story from a midwife; the global goal of 100% WASH coverage in all HCF by 2030; and a request that the NGO integrate WASH into its maternal and newborn health programming.

Key Messaging Documents:

To help craft your WASH in HCF messages, please feel free to tailor the following to your purposes:

- [Key Messages for WASH in HCF](#)
- [Talking Points for WASH in HCF](#)
- [Data for Advocacy](#)

Tips:

- Keep your messaging simple, consistent, and jargon free
- Tailor the message to your target audience
- Ask the audience to take specific action
- Be memorable through examples/stories

4. MESSENGERS

- A messenger is someone who will carry your message to the target audience: Note the **target audience** is typically the decision-maker who has the power to make your change happen, while the **messenger** is the person who has access to the decision-maker.
- Messengers do not necessarily have to be within the decision-maker's immediate circle and can often include the media, members of government, donors, faith leaders, or other close allies/organizations.
- When identifying the most effective messenger, consider the following questions:
 - Why is she/he credible when it comes to advocating for WASH in HCF?
 - How much influence does she/he have over your target audience?
 - Will she/he be consistent in her/his messaging (and not wander into other topics)?
 - How important is WASH in HCF to her/him and what is her/his perception of this issue?
 - How compelling is your messenger? (e.g. think of a mother vs. a politician)
 - How articulate is your messenger?
- Example messengers: For WASH in HCF, consider messengers who may be particularly compelling such as clinicians (doctors, nurses, and midwives), mothers, health and WASH organizations, and other community leaders. See example messengers below.
 - **Government:** Advisors to the Ministry of Health or Ministry of Water, Focal point for WASH in HCF within the Ministry of Health or Ministry of Water, Water and Sanitation Working Groups, Health Working Groups, District health officers
 - **International Organizations:** Chief of WASH or Health – UNICEF, WASH or Health Program Managers – NGOs/FBOs, WHO WASH in HCF focal point, Donors interested in WASH, Research institutions studying WASH in HCF, Civic leaders (e.g., Rotarian leaders)
 - **Local Organizations/Institutions:** Medical associations (doctors, midwives, nurses), Student associations, Schools of Medicine/Public Health/Nursing, Association of private healthcare facilities, Faith-based health associations
 - **Community:** Mothers, Families, Community leaders, Faith leaders, Youth, Community health boards, Political party voters
 - **Facility:** Healthcare facility managers, Doctors, Midwives, Nurses, Administrators

****NOTE:** There may be overlap between target audiences and messengers. For example, if you want to drive demand among midwives for improved WASH in HCF, this may involve targeting midwives to demand WASH services but also using midwives/their associations as messengers to develop educational resources and further engage around this issue.

5. OPPORTUNITIES, RESOURCES AND RISKS

Before you initiate any advocacy activities, you should determine what opportunities and risks should be taken into account, while also reviewing the resources at your disposal.

OPPORTUNITIES

- Is now a good time to advocate?
- Are there opportunities, either global, national, or local, which can help elevate your issue?
 - This might include awareness days, existing campaigns, events or processes that could be leveraged (e.g., budget appropriations)
- Are there opportunities/messages/resources which can be leveraged to amplify your advocacy efforts?
- Are there groups doing similar work you can partner with?
- Are there groups doing work outside your expertise you can partner with?

RESOURCES AND CAPACITIES

- What does your team have the capacity to do and is your plan realistic based on your capacity?
- What resources do you have available to undertake your activities (human resources, tools, expertise, compelling stories, photos)?
- What will you need in addition to these resources?
- How can you use social media or other media outlets to raise awareness?
- What is the timeline of your advocacy efforts and do you have the bandwidth/capacity to see it through?
- Are there other organizations working on your issue who can help amplify your message?
- Will you need to outsource any tasks?

BUDGET AND FINANCE

- What is your budget?
- What costs should you consider, including primary costs of strengthening advocacy capacity as well as resources needed for specific actions?
- Will other partners be contributing? (e.g., financially or in-kind)

RISKS

- Are there potential challengers to the issue of WASH in HCF? If so, do you understand why certain groups are opposed to your message?
- Is there a potential conflict with other events or ongoing advocacy work?
- Is WASH in HCF and/or your methods of advocating considered controversial?
- Is there a reputational risk with your campaign?

You can also analyze potential opportunities and risks with a [SWOT Analysis](#) (Strengths, Weaknesses, Opportunities, and Threats).

6. ACTIVITIES AND TOOLS

Below are examples of activities and different communication tools to help your advocacy efforts. Choose the most appropriate based on your target audience. Additional resources can be found at the end of the document.

	Governments/Institutions/Experts	Engaged Partners	General Public
Written	<ul style="list-style-type: none">• Policy studies• Research papers• Working papers• Policy reports• Policy-oriented journals	<ul style="list-style-type: none">• Policy briefs, memos and fact sheets• Newsletters• Policy reports	<ul style="list-style-type: none">• Op-ed articles in newspapers• Letters to newspapers• Ads, banners, posters, t-shirts, stickers
Oral	<ul style="list-style-type: none">• Conference presentations• Less formal presentations at one-on-one meetings or lobbying• Presentations to working groups or public hearings		<ul style="list-style-type: none">• Radio and TV programs• Public meetings and hearings• Speeches to the public
Visual		<ul style="list-style-type: none">• Documentary videos• Advocacy-based advertising• Photos	
Digital	<ul style="list-style-type: none">• Dedicated advocacy websites	<ul style="list-style-type: none">• Email campaigns• Dedicated advocacy websites or pages• Social Networking platforms• Texts/messaging apps	

Adapted from ICM Africa Regional Conference 2019

****NOTE:** Storytelling and personal anecdotes are important tools for advocacy and should not be overlooked in favor of solely the use of data. Depending on the objectives of your campaign and who your target audience is, some tools will be more effective for delivering your message than others.

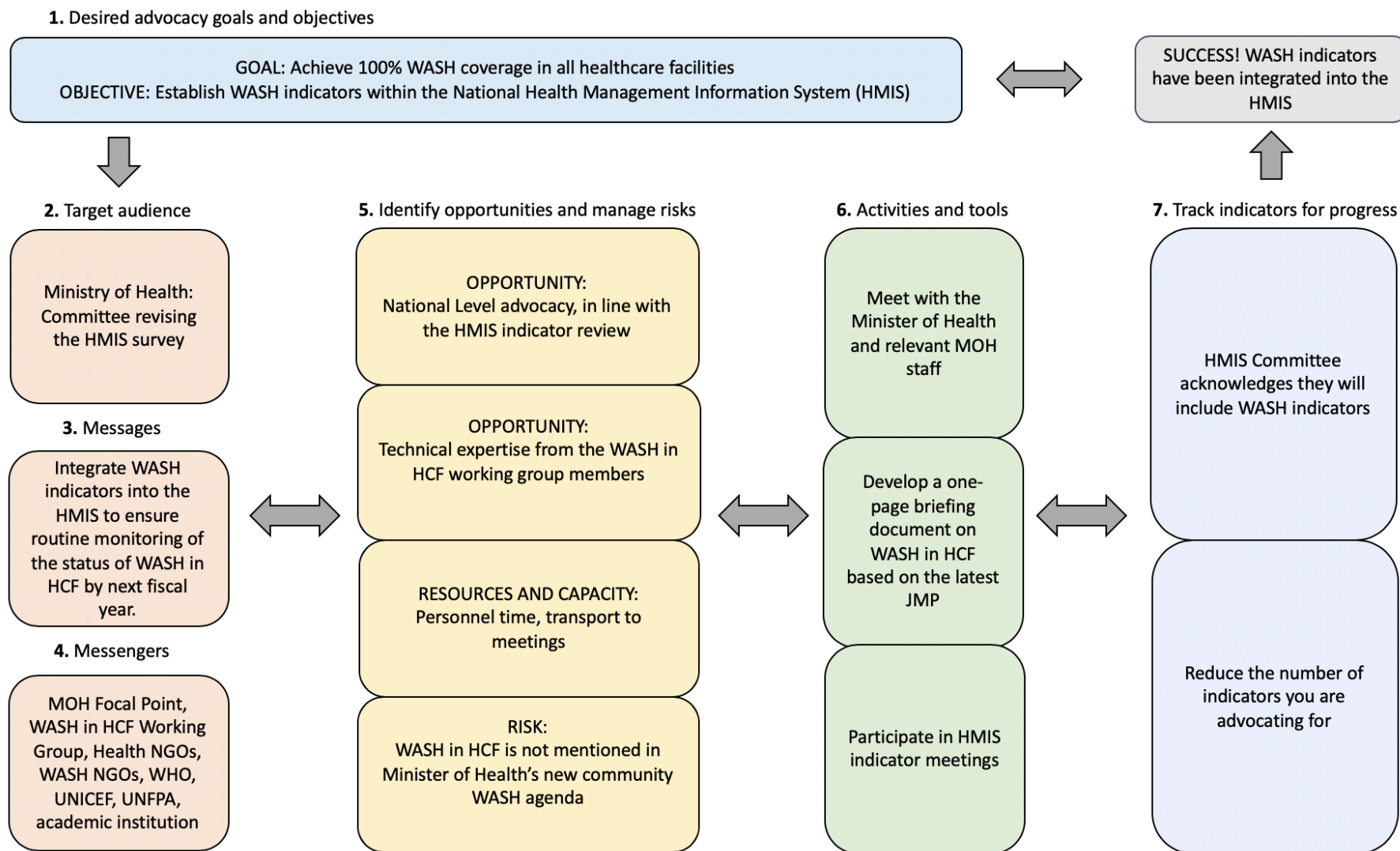
7. MONITORING, EVALUATION AND LEARNING

Successful advocacy can take many shapes, both concrete and abstract. To continue to be effective, advocacy must also be adapted. Be sure to reflect on your strategy and adjust accordingly. As you reflect, track measures of progress and evaluate your successes and failures. A new strategy may be required, with a different message, new messengers, or an alternative approach.

Measures of advocacy progress for getting more WASH into more HCF include:

- A government Call to Action, resolution or policy on WASH in HCF
- Development of national WASH in HCF standards and monitoring indicators
- Integration of WASH indicators into Health Management Information Systems (HMIS)
- A WASH line item in Ministry of Health and/or healthcare facility budgets
- Public, private, Catholic-run healthcare facilities initiate assessments on WASH in HCF
- Development of government work groups and/or national workshops on WASH in HCF
- Improvement of sustainable WASH infrastructure in healthcare facilities
- Training program on WASH for healthcare facility staff
- Increased public discourse

EXAMPLE ADVOCACY STRATEGY



ADVOCACY RESOURCES

For more information on WASH in HCF, please reference WHO and UNICEF's site WASHinHCF.org, a growing repository of data, stories, tools, and other resources. We encourage stakeholders to share their experiences through reports and case studies.

Other Advocacy Toolkits:

- [Health Sector Budget Advocacy: A guide for civil society organizations](#)
- [How to Engage in Budget Cycles and Processes to Leverage Government Budgets](#)
- [The Elusive Craft of Evaluating Advocacy](#)
- [Using advocacy and data to strengthen political accountability in maternal and newborn health in Africa](#)
- [WHO: A practical guide to successful advocacy](#)
- [WaterAid: The Advocacy Sourcebook](#)
- [UNICEF Advocacy Toolkit](#)
- [Stronger Health Advocates, Greater Health Impacts: Advocacy Capacity Support from Path](#)
- [Strong Health Advocates, Greater Health Impacts: Map Your Advocacy Strategy \[Infographic\]](#)

Articles/Videos:

- [Resolution to Revolution video](#) – WHO/UNICEF
- [Opinion: From resolution to revolution in health care](#) – Devex
- [Kenya: Ministry should raise hygiene standards in public hospitals](#) – Standard Digital
- [No Water or Toilets in Health Facilities? That's Horrifying-- and Donors are Paying Attention](#) – Inside Philanthropy
- [Safe Surgery – and UHC – Hinge on Water, Sanitation and Hygiene](#) – Global Health NOW
- [Parallel Lives Video](#) – WaterAid

Common Terms related to WASH in HCF Advocacy:

- Accountability Mechanisms: Tools to help governments and development partners fulfill promises they make to global initiatives (e.g. achieving SDG#6).
- Capacity Building: The process by which stakeholders develop, enhance and organize their systems, resources and abilities to perform and pursue a given function.
- Collective Action: Coordination of behavior or action taken by a group of people to achieve a common objective.
- Engagement Strategy: A coordinated plan to engage stakeholders on a particular issue (e.g. WASH in healthcare facilities) which involves potential collaborators and possible avenues for engagement.
- Stakeholder Engagement: A coordinated plan to engage stakeholders around a particular issue to influence the implementation of its decisions.
- Systems Approach: A problem solving paradigm that considers the attributes of an entire system to achieve the objective of a system and solve a problem.
- Systems Strengthening: Any array of initiatives and strategies that improves one or more of the functions of the a given sector's system (e.g., health, WASH) and that leads to more holistic programming, with the goal of improving a range of outcomes.