



WASH in Health Care Facilities Country Progress: Zimbabwe

1. Establish baseline



- UNICEF Health and WASH team worked to establish baseline estimate in time for the 2019 JMP report, based on indicators from the Vital Medicines Availability & Health Services Survey of Quarter 4, December 2018.
- A total of 1450 facilities were used in the analysis and these were spread throughout Zimbabwe across urban/rural; Govt/Non-Govt facilities etc.
- Significant differences between location, province and level of the health care facility.
- The following proportion of health care facilities in Zimbabwe had basic services at baseline:
 - Water: 81%
 - Sanitation: 17%
 - Hygiene: 58%
 - Waste Management: 55%
- Only 4.4% of the health care facilities had basic sanitation services

2. Develop and implement roadmap



- Zimbabwe has not started the process of developing a national roadmap.
- The Government of Zimbabwe, WHO, and UNICEF are using the opportunity of the Zambia meeting to initiate a discussion on WASH in Health Care Facilities, including roadmap development.

3. Establish and implement standards



- WASH facilities have been constructed in accordance with infrastructural standards for health care facility construction.
- However, Zimbabwe has not developed the necessary national standards for WASH in health care facilities.
- This will be addressed during the roadmap development.

4. Set targets and monitor progress



- Zimbabwe has not developed targets for WASH in health care facilities.

5. Integrate WASH into health programming



- Integration of WASH into health programming has been limited in Zimbabwe.
- Given the current Ebola outbreak in DRC and limited capacity for infection prevention and control in Zimbabwe, WASH elements need to be more fully integrated into health programs at health care facilities.

6. Allocate regular funding



- The capital, operation, and maintenance expenditures for WASH in health care facilities have not been costed, and MoH has not included a budget line for WASH in health care facilities; currently any work done is funded at facility level.

7. Establish a multisectoral coordination mechanism



- Currently, Zimbabwe does not have a national multisectoral committee for WASH in health care facilities. WASH has commented on IPC guidelines and AMR discussions.
- A positive development has been recent flagging of WASH gaps at the Steering Committee meetings of the Health Development Fund, a pooled donor-Govt fund for Health strengthening.
- A national roadmap for WASH in HCF (to be developed) will need to specify roles and responsibilities.

8. Develop health workforce



- Zimbabwe has not used WASH FIT or other tools to provide training on WASH in health care facilities.
- WASH has been included as a topic for existing health care staff training though this needs both regular reinforcement and the required tools at facility level (e.g. soap and water at designed points within the health facility).