



**GOVERNMENT OF MALAWI
MINISTRY OF HEALTH**

**WATER SANITATION AND HYGIENE IN
HEALTH CARE FACILITIES ROADMAP**

4th April, 2022

PREFACE

Water sanitation and hygiene (WASH) is a prerequisite for the delivery of high-quality care that improves the health, welfare and dignity of clients, patients and staff and improves health outcomes. To provide quality care, healthcare facilities (HCFs) need to have a safe and accessible water supply; clean, safe and inclusive sanitation facilities; hand hygiene facilities at points of care and within five meters of toilets; and appropriate waste disposal systems. Infrastructure that supports water, sanitation, hygiene (WASH) and healthcare waste management practices helps prevent the spread of diseases within the healthcare facility and to the surrounding community. Healthcare facilities in resource-limited settings lack essential WASH and health care waste services.

Different levels of healthcare facilities also have different WASH needs. A facility that provides acute care, such as performing surgeries or treating highly infectious patients, requires more advanced WASH practices. Access to better IPC and WASH facilities is a top priority for dignified and safe maternal and newborn health service delivery. Facilities that offer only primary care services still require good WASH systems but may not need to meet these stricter requirements.

Realizing the importance of WASH in the delivery of quality health care, the Ministry of Health has developed this roadmap, which calls for collective efforts from all stakeholders in prioritizing WASH interventions in all health care facilities of different levels in Malawi.

The Ministry of Health is hopeful that effective implementation of this roadmap shall improve the quality of care in the healthcare facilities and contribute to improved health outcomes.



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SECRETARY FOR HEALTH

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INTRODUCTION

Water, Sanitation and Hygiene (WASH) in Health Care Facilities (HCFs) has received international attention in recent years, starting with the launch of the “WASH in health care facilities status in low- and middle-income countries and way forward” report by WHO and UNICEF in 2015. This set the momentum for the passing of the World Health Assembly (WHA) Resolution on WASH in HCF in 2019 and launch of the global baseline report on ‘The status of WASH in HCFs’ by the World Health Organization (WHO) and UNICEF. Malawi’s Ministry of Health (MoH) was represented at the WHA meeting in 2019 by the then Chief of Health Services, Dr Charles Mwansambo who is now the Principal Secretary for Health, among other senior MoH officials.

Following the passing of the resolution and to assist countries implement the resolution, WHO and UNICEF convened a multi-stakeholder global meeting on WASH in HCFs, in September 2019, in Zambia entitled “From Resolution to Revolution.” Malawi was represented by the Ministry of Health and WaterAid. During the meeting, WHO and UNICEF recommended eight (8) practical steps to be taken by countries, towards ensuring that 100% of HCFs have basic WASH facilities by 2030. The practical actions were drawn from existing knowledge and practice from over 50 countries on what works in improving patient safety. Key aspirational milestones include: 60% of HCFs have basic WASH facilities by 2022; 80% by 2025; and 100% by 2030. Like other member states and in keeping with the WHA72 resolution on WASH in HCFs, Malawi committed to increase investment in WASH services in HCFs.

This recent attention being given to WASH provides opportunities for Civil Society Organizations (CSOs), donors and Government to collectively advance the WASH in HCF agenda in Malawi where WASH service provision in HCFs has remained inadequate for several years. For example, according to the Global Progress Report on WASH in HCFs (WHO/UNICEF, 2020), 24% of HCFs in Malawi lack basic water services and 32% lack hand hygiene facilities at points of care. Of the same facilities, 23% lack improved and usable sanitation facilities and only 3.3% have improved, usable sanitation facilities designated for staff, women and meeting the needs of those with limited mobility. 58% of the HCFs in Malawi do not have adequate waste management facilities.

The country roadmap for WASH in HCFs identifies eight (8) strategic action areas and opportunities for investments to improve WASH in Malawi, and to increase supply and demand, by aligning multi-sectoral stakeholders and investments around a common, co-developed vision and course of action. The roadmap lays out a path for maximizing upcoming opportunities (i.e., upcoming review or development of new policies, national development plans, emergency preparedness and response plans, etc.). The eight strategic action areas are: Conduct a Situation Analysis and Assessment; Set National Targets and Define a Roadmap; National Standards and Accountability; Improve and Maintain WASH Infrastructure; Monitor and Review Data; Develop Health Workforce; Engage Communities; and Operational Research and Learning.

The development of the roadmap involved the review and assessment of the current WASH activities in HCFs, identified strengths and gaps, and planned and prioritised activities across the value and supply chain of the WASH services, taking into consideration existing capacities and resources as well as potential risks and challenges. This process brought together stakeholders from across sectors and disciplines involved in the implementation of WASH in HCFs with a vision and course of action to align investments and activities.

The roadmap aligns itself with the Malawi Vision 2063 and National Health Policy (2017) which recognize WASH in health care facilities as very key to responding to the Health Sector Strategic Plan (HSSP) III and SDG 6.1 and 6.2 which set the goals for universal access to safe drinking water and to hand hygiene by 2030. The review of existing literature exposed a number of gaps that the health care delivery system faces ranging from inadequate prioritization, poor planning and inadequate financing.

WASH services for HCFs play an important role during the care of the sick besides preventing the spread of health care associated infections (HCAIs) and upholding of dignity of the vulnerable populations. Adequate WASH services in HCFs reduce the risk of HCAIs for staff, patients, clients, carers and visitors and it tackles antimicrobial resistance (AMR) and ultimately improves the health outcomes of patients.

The development of this roadmap wants to address the identified gaps and challenges by proposing strategic actions by all relevant stakeholders in WASH sector.

VISION OF THE ROADMAP

The purpose of the roadmap is to provide direction for the health sector to strengthen the WASH interventions being implemented in healthcare facilities.

OBJECTIVES

The objectives of the road map are:

- To identify or strengthen existing coordination mechanisms with all actors relevant for WASH in Health Care facilities and define the process, roles, responsibilities and timelines
- To understand the current WASH in health care facilities landscape (context / coverage / stakeholders / funding) and identify strengths and gaps to be addressed in the roadmap plan.
- To define actions to build upon existing activities and strengthen WASH in health care facilities across settings
- To identify costs and mobilize funding for each activity prioritized in the roadmap.

STRATEGIES FOR IMPROVING WASH IN HEALTHCARE FACILITIES

- Building capacities of personnel managing WASH services in health care facilities (A lack of budget and the absence of an institution that takes responsibility for maintenance from a financial perspective is a problem in many places)
- Use of WASHFIT to develop actions
- Strengthen proper waste streams (health care facility's wastewater has the potential to be contaminated with infectious diseases)
- Strengthen public private partnership in WASH services at all levels to leverage on resource mobilization
- Advocacy and engagement

WORK PLAN						
No	Practical Action Areas	Identified Action /Entry points	Implementation level	Budget	Implementing Partners	Timeline
1	<p>Conduct a situation analysis and assessment</p> <p><i>Assess health and WASH policies, governance structures and funding sources. Review updated data on WASH coverage and alignment to national and global standards.</i></p> <p><i>This forms the basis for prioritizing action and mobilizing resources.</i></p>	<p>1.1 Finalize draft policies on Health Care Waste Management (HCWM), and IPC/WASH (including facilitation of stakeholder input meetings on QM strategy and IPC/WASH guidelines)</p> <p>1.2 Revitalize governance structures:</p> <ul style="list-style-type: none"> ○ National Sanitation and Hygiene Coordination Unit (NSHCU) ○ National Sanitation and Hygiene Technical Committee (NSHTC) ○ District Coordination Teams (DCT) ○ Technical Working Groups (TWG) <ul style="list-style-type: none"> ▪ QMD TWG ▪ EHP TWG ○ Hospital Advisory Committees / Health Centre Advisory Committees /Health Centre Management Committees (HAC/HCAC/HCMC), ○ Quality Improvement Support Teams (QIST), meetings on new guidelines) <p>1.3 Establish a robust data base to</p>	<p>1.1 National</p> <p>1.2 National, district and local</p> <p>1.3 National</p>	<p>1.2.1- National (NSHCU and NSHTC): K12,000,000</p> <p>1.2.2- Local: K20,000,000 (focus will be on orienting DCTs, HCMCs and HACs on revised TORs and supporting the Policy Development and Planning Directorate in the MoH to consult, consolidate recommendations and present the recommendations to MoH SMT for guidance on the alignment of sub-TWGs to the EHP TWG).</p> <p>1.3- K50,000,000.00</p>	<p>WHO UNICEF Global Fund WaterAid USAID GIZ Ministry of Water and Sanitation (MoWandS) Ministry of Local Government and Rural Development (MoLGRD) MoH Ministry of Transport and Public Works (Engineers for infrastructure)</p>	<p>March 2023</p>

		capture all WASH data				
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No	Practical Action Areas	Identified Action /Entry points	Implementation level		Implementing Partners	Timeline
2	<p>Set national targets and define a roadmap</p> <p><i>A roadmap supported by an intersectoral national team, should clearly define the priorities, approach and intervention areas, responsibilities, targets, and budgets for WASH improvements in HCFs over a defined time period.</i></p>	<p>2.1 Institutionalize the operations of WASH in government strategic plans and policies (Draw national targets etc from Quality Management (QM) Strategy, National Sanitation and Hygiene Strategy (NSHS 2018-2024) and from Malawi 2063.</p> <p>2.2 Draw a roadmap to operationalize the process.</p>	National and district	<p>2.1 K24,000,000 (Focus is to conduct dissemination meetings targeting district level intersectoral teams, to ensure national level strategies translate into district level processes and activities (operational plans with clearly defined priorities, targets and budget allocation)</p> <p>2.2- MK6,000,000</p>	<p>MOH WHO UNICEF WaterAid USAID GIZ Medical Council of Malawi (MCM) Water and Environmental Sanitation Network (WESNET)</p>	<p>May 2022 - October 2022</p>
3	<p>National Standards and accountability</p> <p><i>National standards reflect national context and provide the basis for design, costing,</i></p>	<p>3. Adapt WHO standards on WASH in institutions and mirror SDG criteria in developing standards and guidelines.</p> <p>3.1 Constitute a National Taskforce to draw roadmap</p> <p>3.2 Conduct stakeholder mapping, analysis, and consultations</p>	3. National	<p>3. MK 23,000,000</p>	<p>MOH MoLGRD WHO UNICEF USAID GIZ WaterAid MCM Malawi Health Equity Network</p>	<p>May 2022 - October 2022</p>

<p><i>implementation, and operation of WASH services.</i></p> <p><i>Accountability Mechanisms should ensure that all facilities meet national standards and that responsible ministries are accountable for their actions.</i></p>	<p>3.3 Package and disseminate learning</p> <p>3.4 Draft standards</p> <p>3.5 Revise HCF certification/monitoring checklists).</p> <p>3.6 Orient target community action groups (e.g. NICE Citizen Forums) on accountability mechanisms (scorecard process; Service Delivery Satisfaction Surveys (SDSS) and or exit interviews)</p>			<p>(MHEN) White Ribbon Alliance (WRA) National Initiative for Civic Education (NICE)</p>	
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No	Practical Action Areas	Identified Actions /Entry points	Implementation level	Budget	Implementing Partners	Timeline
4	<p>Improve and maintain WASH infrastructure.</p> <p><i>WASH infrastructure should be improved to meet national standards and be accompanied by policies, resources, and strategies to keep infrastructure and services operational at all times.</i></p> <p><i>Design an OandM strategy to ensure that facilities are operational.</i></p>	<p>4. Scale up WASH improvements and keep facilities operational (Learn from WaterAid’s Deliver Life Projects and USAID’s Performance Based Financing Project).</p> <p>4.1 Develop an operations and maintenance plan for assets and infrastructure from a life-cycle cost analysis (LCCA) understanding. The plans to be at Physical Assets Management (PAM) Unit and at Council levels).</p> <p>4.2 Develop a strategy for resourcing the assets and infrastructure maintenance plan</p>	4. National, district and local	<p>4.1 K25,000,000</p> <p>4.2 MK25,000,000</p> <p>4.3 MK 10,000,000 (Workshops to revise registers – MK4m; Registers re-design and printing 50 copies) – MK6m)</p>	<p>UNICEF USAID WHO WaterAid MOH (including PAM and DPPD) MOLGRD, Ministry of Finance Ministry of Economic Planning, Development and Public Sector Reforms.</p>	July 2022 – March 2030

		4.3 Revise, open and manage assets registers at all levels to keep track of infrastructure (incorporate PAM unit and Directorate of Planning and Policy Development (DPPD)).				
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No	Practical Action Areas	Identified Actions /Entry points	Implementation level	Budget	Implementing Partners	Timeline
5	<p>Monitor and review data</p> <p><i>WASH indicators can be integrated into routine data collection and review processes for health care. The data can be used to measure progress, identification of gaps and course correction.</i></p> <p><i>Governments can integrate the JMP core questions and indicators for monitoring WASH in HCF into their monitoring systems.</i></p>	<p>5. Revitalize WASH MandE tool and host it on DHIS2 (CMED). Indicators to be tracked to include: % of HCFs with improved water sources, available when needed and on premises; % of HCFs with improved sanitation facilities that are usable, designated for staff, women and meeting needs for limited mobility i.e. Incorporate both JMP and SDG criteria in the indicators.</p>	5. National	K22,000,000	MOHP (CMED) MOLGRD Ministry of Finance Ministry of Economic Planning, Development and Public Sector Reforms.	July 2022 - March 2023
No	Practical Action Areas	Identified Actions /Entry	Implementation level	Budget	Implementing Partners	Timeline

		points				
6	Develop health workforce <i>All workers engaged in health systems, from doctors, nurses, midwives to cleaners should have access to up to-date information on WASH and infection prevention and control practices during pre-service training and as part of regular professional development. Also, important to identify training needs of the health workforce and deliver in service training, coaching, and mentoring.</i>	6. Develop health workforce 6.1 Train providers on IPC WASH at district levels (health centres, HSA clusters) 6.2 Provide resources for WASH implementation. 6.3 Advocate with donors, professional and regulatory bodies (for resources, inclusion of IPC WASH in health worker trainings and enforcement of standards at facility certification time). 6.4 Advocate for IPC/ WASH in pre-service curriculum	6. National, District and Local (with focus on Academia for 6.4)	6.1 MK43,680,000 (10 HSAs (and 3 facilitators) per cluster x 10 clusters per district x 28 districts x 2 x 6,000 lunch and refreshments) 6.2 MK6,480,000,000 WASH infrastructure (complete package comprising at MK60,000,000 per facility for 102 HCFS = MK6,480,000,000 (for effective waste management, we might consider costing supplies such as color-coded waste bins) 6.3 MK50,000,000	MOLGRD MOH WaterAid GIZ USAID MCM Nurses and Midwives Council of Malawi (NMCM) National Organization of Nurses and Midwives (NONM) Society of Medical Doctors (SMD) Malawi Environmental Health Association (MEHA) Training Institutions / Academia	On-going up to 2030

No	Practical Action Areas	Identified Actions /entry points	Implementation level (national, sectoral, sub national and local)	Budget	Implementing Partners	Timeline
7	<p>Engage communities</p> <p><i>Community members serve an important role in defining, demanding, using, and providing feedback on health services. They ought to be included in the development of WASH policies and in the regular review of WASH coverage and implementation data.</i></p> <p><i>Working with communities to identify gaps</i></p>	<p>7. Revamp local governance structures for WASH:</p> <p>7.1 DCTs, CFs (Bwalo Forum), HAC/HCMC.</p> <p>7.2 Capacitate community action groups (citizen forums etc) to demand WASH services.</p> <p>7.3 Strengthen community feedback mechanisms and processes</p>	7. District and Local	<p>7.1 MK43,680,000 (Revise/develop and orient groups on TORs and rights and responsibilities (HRBA))</p> <p>7.2 MK43,680,000 (Orientation on and facilitation of score card process / SDSS / Exit interviews to gauge client feedback and service satisfaction levels).</p> <p>7.3. MK43,680,000 (Work to strengthen trust in the office of the hospital Ombudsman as feedback / complaint mechanism; make the office of the Ombudsman an established post towards achieving</p>	<p>MOH MOLGRD WHO UNICEF WaterAid USAID WESNET MHEN Office of the Hospital Ombudsman Parental and Child Health Initiative (PACHI) Ministry of Gender, Community Development and Social Welfare (MoGCDSW)</p>	On-going up to 2030

	<i>relating to WASH in HCFs, plan, implement and monitor activities is an important aspect for strengthening health systems. Communities should be part of the HCFs committees and other structures so also integrate local knowledge, resources.</i>			independence of the office and motivating the office holder appropriately)		
8	Operational research and learning <i>External review and research is important for testing and scaling-up innovative approaches and reflecting on and revising programmatic strategies.</i>	8. Operational Research and Learning 8.1 Institute implementation research to establish impact of WASH on health outcomes to inform scale up. 8.2 Translate research into action – translate into policy and practice	8. National and District	8. MK250,000,000	MOH (including the Research Commission) MOLGRD WHO UNICEF USAID WaterAid Ministry of Finance and Economic Development	April 2024-March 2030

