Global Summit on WASH and Waste in Health Care Facilities: Bangladesh

### HEALTH CARE FACILITIES

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>National hospitals</td>
<td>11</td>
</tr>
<tr>
<td>Regional/District hospitals</td>
<td>244</td>
</tr>
<tr>
<td>Sub-district centers (UHC)</td>
<td>485</td>
</tr>
<tr>
<td>Local health centers (Union centers)</td>
<td>1518</td>
</tr>
<tr>
<td><strong>TOTAL PUBLIC</strong></td>
<td>2258</td>
</tr>
<tr>
<td>Private registered hospitals/clinics</td>
<td>5321</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>7,579</td>
</tr>
</tbody>
</table>

### MAJOR ACHIEVEMENTS IN WASH

- **WASH strategy (2019)** which aims to ensure basic WASH services in 80% of HCFs by 2023.
- **National WASH standards (2021)** and guidelines developed.
- **WASH indicators integrated in H-MIS for monitoring of WASH progress**

### CLIMATE RESILIENCE, ENVIRONMENTAL SUSTAINABILITY IN HCF

- Climate resilient WASH initiatives piloted in 8 health care facilities in Gabtandha.
- Training manual developed on climate change and Health for HCFs staff.

### PROGRESS-8 PRACTICAL STEPS

- Situation Analysis and Assessment in 2019
- National roadmap and Target Approved and published 2020
- WASH standards in HCF Developed and published 2022
- Infrastructure and Maintenance
- Monitor and Review Data WASH indicators included in HMIS 2022. Reporting started
- Develop Health Workforce
- Engage communities
- Operational Research

### BEST PRACTICES

- Over 100 community clinics in climate-related disaster-prone areas of southwest Bangladesh have been renovated with support from partners according to a newly developed set of WASH guidelines for community clinics and the National Strategy for WASH in health care facilities and Framework for Action 2019-23.
- National roll-out of WASH FIT: First piloted in Cox’s Bazar, it has led to assessment and improvements in 184 health care facilities with a further 104 health care workers trained in and around the Rohingya refugee camps.
- WASH in H-MIS. WASH indicators are linked to facility scoring system under Health system performance measurement Dashboard. Each hospitals are scored based on their performance on the indicators each year. The top ten scorer hospitals get Health Minister Award every year. This will put enormous positive impact on WASH improvement in future.

### GENDER AND EQUITY ACTIVITIES

**Gender-based violence support:** Upazila health complex (subdistrict) provide 'One stop service' to provide medical care, counseling, and referrals to appropriate legal support.

**Breastfeeding support:** HCFs provide dedicated space for lactating mothers and encourage optimal infant feeding practices.

**Gender-sensitive healthcare workforce:** HCFs maintained gender sensitivity within the healthcare workforce and promote understanding of gender issues and respectful and equitable care.

**Engaging male partners:** HCFs engage male partner during reproductive health consultations and take the opportunity to discuss on gender equality, responsible fatherhood, and shared decision-making.

### CHALLENGES

- WASH, MWM and IPC intervention get less attention because of high patient load
- Inadequate programmes and budget allocation for WASH and MWM in health sector plan
- Poor Staff vs Patient ratio
- Insufficient skilled staff

### KEY NEXT STEPS

- Scale up WASH-FIT in a phased manner across the country (10% of UHC by 2024)
- Build capacity of the healthcare staffs on WASH and Emergency preparedness and response
- Integrate WASH standards with FDP for improved infrastructure and O&M 2024
- Develop curriculum on climate change and health for under grade medical students 2023
- Scale up the Climate resilient HCFs 10% UHC 2024
Sommet mondial sur l’eau, l’hygiène et l’assainissement, et les déchets dans les établissements de santé : Côte d’Ivoire

**ÉTAT DES SERVICES DE BASE WASH, DES DÉCHETS, DU NETTOYAGE ENVIRONNEMENTAL ET DE L’ÉNERGIE DANS LES ÉTABLISSEMENTS DE SOINS DE SANITÉ**

- Accès aux services de base en eau et assainissement dans les établissements de soins de santé.
- Accès aux services de base d’hygiène environnementale.
- L’amélioration du système de gestion des déchets sanitaires.

**DÉFIS**

- États des services de base WASH, des déchets, du nettoyage environnemental et de l’énergie dans les établissements de soins de santé.

**TOTAL PUBLIC**

2459

**TOTAL PRIVÉ**

2668

**TOTAL GÉNÉRAL**

5127

**AVANCER SUR LES 8 ÉTAPES PRATIQUES**

**ÉTAPE 1 : ANALYSE ET ÉVALUATION DE LA SITUATION**

- Rapport d’analyse de la situation sur WASH dans les établissements de santé.
- Étude de faisabilité des projets d’amélioration des services de base WASH et des déchets.

**ÉTAPE 2 : ÉTUDES D’ENVIRONNEMENT**

- Étude de faisabilité des projets d’amélioration des services de base WASH et des déchets.
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**ÉTAPE 3 : NORMES WASH DANS LES ÉTABLISSEMENTS DE SANITÉ**

- Arrêté ministériel fixant les normes et standards en vigueur.
- Mise en place de normes nationales WASH dans les établissements de santé.

**ÉTAPE 4 : INFRASTRUCTURE ET MAINTENANCE (WASH FIT)**

- Construction de latrines/toilettes séparées selon le sexe.
- Prise en compte de l’approche genre dans le document de normes nationales WASH.

**ÉTAPE 5 : SURVEILLANCE ET EXAMEN DES DONNÉES (HMIS)**

- Surveillance et responsabilisation.
- Intégration de la composante WASH dans le système national d’information sanitaire existant.

**ÉTAPE 6 : DÉVELOPPEMENT DU PERSONNEL**

- Autonomisation du personnel de santé.
- Surveillance et responsabilisation.

**ÉTAPE 7 : ENGAGEMENT DES COMMUNAUTÉS**

- Mise en place des comités PCI/WASH dans les établissements de santé.
- Édition et diffusion de la stratégie nationale WASH et du plan d’opérationnalisation.

**RÉALISATIONS MAJEURES DANS LA FOURNITURE DE SERVICES WASH, WASTE & ENERGY**

- Rapport de diagnostic et d’évaluation sur les problèmes de santé des agents de santé, des accompagnants et des patients du fait d’un accès insuffisant aux installations WASH dans les établissements de santé.
- Directives WASH existantes.
- Mécanismes de gestion et de maintenance des infrastructures WASH dans les établissements de santé.

**MISE EN ŒUVRE DE WASH FIT & DURABILITÉ (TOTAL URBAIN ET RURAL, SSP, AUTRES)**

- Évaluation de 20 autres établissements de santé à l’aide de l’outil WASH FIT.

**MEILLEURES PRATIQUES SUR LA MISE À L’ÉCHELLE ET LA RÉPLICATION**

- Coordination et leadership de la Direction Générale de la Santé - Ministère de la Santé.
- Implication des ministères techniques en charge de WASH dans le Comité Technique de Suivi tout au long du processus.
- Implication du niveau régional et déconcentré des ministères techniques en charge de WASH.
- Mise en place d’un Groupe Technique de Travail dédié à la gestion des déchets sanitaires.
- Contractualisation de la gestion des déchets issus des activités liées à la COVID-19 et de vaccination.
- Délivrance d’agrément aux organismes exerçant dans la filière de gestion des déchets sanitaires.

**PROCHAINS ÉTAPES CLÉS POUR ACCLÉRER LES PROGRÈS**

- Intégration dans la planification, le suivi et le financement de la santé (y compris l’allocation des ressources).
- Intégration de la composante WASH dans le Financement Basé sur la Performance, à l’échelle nationale.
- Intégration de la composante WASH dans le système national d’information sanitaire existant.
- Surveillance et responsabilisation.
- Mise en place des comités PCI/WASH dans les établissements de santé.
- Autonomisation du personnel de santé.
- Renforcement des capacités sur WASH dans les établissements sanitaires pour le personnel de santé aux niveaux régional et départemental.
- Édition et diffusion de la stratégie nationale WASH et du plan d’opérationnalisation.

**PARTENARIATS**

- UNICEF
- OMS
- USAID/MTaPS
- UCP-BANQUE MONDIALE
- UCP-FONDS MONDIAL
- EXPERTISE FRANCE
Mobilization of necessary resources facilitating the Revitalization of hygiene brigades to support the Finalization of the development of the strategy for the Finalization of the dissemination plan for IPC-WASH

**CHALLENGES**

- Lack of adequate WASH infrastructure at health facilities
- Implementation of PCI IPC at the HCF and community levels
- Revitalization of hygiene brigades to support the implementation of PCI IPC at the HCF and community levels
- Finalization of the development of the strategy for the protection of healthcare professionals and monitoring of healthcare associated infections.

**STATUS OF WASH, WASTE, ENVIRONMENTAL CLEANING, AND ENERGY SERVICES IN HCFs:**

- **HEALTH CARE FACILITIES number and categories in the country:**
  - Health Zones: 519
  - Health Areas: 9,131
  - General Hospital: 469
  - Health Center: 13,373
  - Provincial Hospital: 13
  - National Hospital: 5

- **PROGRESS ON THE 8 PRACTICAL STEPS**
  - Step 1: Situation Analysis & Assessment
  - Step 1: Baseline assessment
  - Step 2: National Roadmap & Targets
  - Step 3: WASH Standards in HCF
  - Step 3: Health care Waste standards
  - Step 4: Infrastructure & Maintenance (WASH Fit)
  - Step 5: Monitor & Review Data (HMIS)
  - Step 6: Develop Health Workforce
  - Step 7: Engage Communities

- **MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**
  - Developing normative documents:
    - Four documents already validated by the Technical Coordination Committee: Biomedical waste management guide, WASH standards and guidelines in HCF, Hygiene and healthiness brigade standards and guidelines, IPC SOP manual.
    - Four other documents are in validation process: IPC-WASH strategy, IPC-WASH strategic plan, Standards of WASH works in HCF and the drinking water quality control procedures manual.
  - Construction of WASH infrastructure: water drilling with photovoltaic pumping system, fenced biomedical waste areas including incinerator (19 GRH, Equateur province).
  - Installation of lighting with solar system in priority health facilities (maternity, surgery, etc.) within 22 GRH, Equateur province.
  - Setting up triage in 19 GRH (Equateur Province) and isolation centers in 4 GRH (Equateur Province) for infectious diseases.

- **CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES.**
  - Drawing up the roadmap for a health system and communities resilient to climate change in the DRC 2022-2030.
  - Implementation of low carbon resilience interventions with the use and exploitation of renewable energy.
  - Boreholes drilled and equipped with solar system pumps in 19 HCF in the Equateur province.
  - Incinerators burn above 900 °C, and lighting for health facilities using solar energy with photovoltaic installations in 19 HCF in Equateur.

- **BEST PRACTICES ON SCALING UP AND REPLICATION**
  - IPC assessments of 38 ESS: development and monitoring of their improvement plans; waste management assessments within 8 DPS and 42 HCF followed by the development of their improvement plans, IPC assessments of the central level;
  - Develop and adopt guidelines and standards to ensure quality, compliance and sustainability of infrastructures.
  - Capacity building of all healthcare professionals for management and maintenance effectively infrastructures.

- **KEY NEXT STEPS TO ACCELERATE PROGRESS**
  - Advocacy at government level for budget allocation for implementation of WASH in HCF activities.
  - Advocacy to Technical and Financial Partners for their support in the implementation of the national IPC-WASH strategy including sustainable WASH in HCF.
  - Organize research / studies in IPC of guidelines; to provide scientific evidence in decision-making and development
  - Advocacy for the integration of an axis related to the IPC / WASH in HCF within the PNDS 2024-2030.
  - Creation of guidelines to monitor nosocomial infections
  - Creation of guidelines for implementation of WASH-FIT in HCF.

- **EMPOWERING HEALTH WORKFORCE**
  - Providing ongoing training and education to keep healthcare workers up to date with the latest medical advances and techniques
  - Ensuring a safe and healthy work environment and avoid health care associated infections when possible.
Global Summit on WASH and Waste in Health Care Facilities: Egypt

Population: 105,005,543

Health Care Facilities by Number and Categories

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Hospitals</td>
<td>660</td>
</tr>
<tr>
<td>Private Hospitals</td>
<td>1136</td>
</tr>
<tr>
<td>PHC facility</td>
<td>5426</td>
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Progress on the 8 Practical Steps

Step 1: Situation Analysis & Assessment
Step 1: Baseline assessment (assessment of 183 PHC facility)

Step 2: National Roadmap & Targets
Need for developing and implementing a policy/protocol for operation and maintenance

Step 3: WASH Standards in HCF
Conducted at the facilities of the project only (183)

Step 3: Health Care Waste Standards
National standards in 2021

Step 4: Infrastructure & Maintenance (WASH Fit)
Great need for development

Step 5: Monitor & Review Data (HMIS)
Need for monitoring system

Step 6: Develop Health Workforce
Need more workforce

Step 7: Engage Communities
Unified complaints system

Major Achievements in WASH, Waste & Energy Service Delivery
- Improvement in hygiene practices and sanitation services at 60 PHC facility

Climate-Resilient, Environmentally Sustainable Activities
- Assessment of rural & urban PHCs facilities using (WHO tool) Vulnerability and Adaptation Assessment in Health Care Facilities
- Designing first model of green PHC facility in Egypt

Challenges
- Low resources
- Low workforce
- Infrastructure

Partnerships
- Ministry of water and irrigation
- UNICEF

Key Next Steps to Accelerate Progress
- Integration into the health planning, monitoring and financing (including resource allocation)
- Install solar cells in primary health care facilities to improve WASH services in Egypt
- Green facilities
- Expansion of number of facilities included in WASH program
- Increase awareness of community about wash program
- Partnership with NGOs
- Monitoring and accountability
- National standards and policies for WASH in health care facilities are necessary for implementing, monitoring, and regulating health services.
- Empowering health workforce
- Continuous training on infection control practices
- Safe disposal of medical waste
Global Summit on WASH and Waste in Healthcare Facilities: Ethiopia

HEALTH CARE FACILITIES number and categories in the country:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive specialized hospital</td>
<td>27</td>
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<tr>
<td>General hospital</td>
<td>116</td>
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<tr>
<td>Primary hospital</td>
<td>269</td>
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<tr>
<td>Health center</td>
<td>3790</td>
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<tr>
<td>Health post</td>
<td>17,345</td>
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<tr>
<td>TOTAL PUBLIC</td>
<td>21,547</td>
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<tr>
<td>Private registered hospitals/clinics</td>
<td>20,130</td>
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<tr>
<td>TOTAL</td>
<td>41,677</td>
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Status of WASH, waste, environmental cleaning, and energy services in HCFs:

- WASH in HCFs design and construction manual
- WASH and environmental health strategy
- One WASH national program (OWNP) (Institutional WASH as one of the major component)

CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES
- National Climate resilient health system and health care facility guiding tool kit developed (2022)
- Climate Sensitive Diseases Surveillance sentinel sites-14 Hospitals
- MoH conducted an assessment on climate resilient health care facilities (14 HCFs)

BEST PRACTICES ON SCALING UP AND REPLICATION
- OWNP (CWA) provides WASH facilities improvement in HCFs across the country. It is a multi sector program with one budget, one plan and joint implementation and monitoring
- Recognition mechanism for best performing Healthcare facilities CASH/CATCH-IT initiatives and this increased positive competition among HCFs

KEY NEXT STEPS TO ACCELERATE PROGRESS
- Integration into the health planning, monitoring and financing (including resource allocation)
- Financing of WASH in HCF
- Strengthen partnership and coordination mechanism
- Monitoring and accountability
- Ensure leadership commitment and community engagements
- Establish WASH in HCF management information system
- Monitoring, support and evaluation
- Empowering health workforce
- Strengthen capacity of sub-national / Districts and HCFs

CHALLENGES
- Financial Resources to improve WASH in HCFs
- Data inconsistency

WASH FIT IMPLEMENTATION & Sustainability (Total (urban and rural, PHC, Others)
- National level WASH-FIT TOT provided to 36 Health Practitioners in the country (15-19 May 2023)

PROGRESS ON THE 8 PRACTICAL STEPS*

**Step 1: Situation Analysis & Assessment**
- National WASH in HCF situational analysis and assessment completed and disseminated for wider use/ action.

**Step 1: Baseline assessment**
- National WASH in HCF baseline data also established

**Step 2: National Roadmap & Targets**
- Have functional national WASH in HCF Technical Working Group to enhance coordination
- National targets for WASH in HCF included in HSTPII and in the WASH and Environmental Health national Strategy

**Step 3: WASH Standards in HCF**
- National WASH in HCF national guideline with standards developed in May 2021 and being used
- National WASH in HCF training manual developed and used

**Step 3: Health care Waste standards**
- Health care waste management manual developed in April 2021 and being used

**Step 4: Infrastructure & Maintenance (WASH Fit)**
- CASH/CATCH-IT initiatives for quality improvements
- National WASH-FIT guide adaptation

**Step 5: Monitor & Review Data (HMIS)**
- Data collected and analyzed using DHIS2 on quarterly basis

**Step 6: Develop Health Workforce**
- Included in pre-service Environmental Health training program, in-service trainings

**Step 7: Engage Communities**
- Community feedback mechanisms and presence of Health Extension workers

**CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**
- National Climate resilient health system and health care facility guiding tool kit developed (2022)
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**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**
- WASH in HCFs design and construction manual
- WASH and environmental health strategy
- One WASH national program (OWNP) (Institutional WASH as one of the major component)

**GENDER AND EQUITY ACTIVITIES**
- National Gender and disability inclusive WASH and MH in emergency guide develop (2023 to be endorsed)

**PARTNERSHIPS**
- National and international institutions and organization supporting the government on IPC/WASH in HCF
  - UNICEF
  - WHO
  - WaterAid
  - World vision
  - USAID (T-WASH, PSI)
  - Concern Worldwide
  - Catholic relief service
  - Plan International

**CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**
- National Climate resilient health system and health care facility guiding tool kit developed (2022)
- Climate Sensitive Diseases Surveillance sentinel sites-14 Hospitals
- MoH conducted an assessment on climate resilient health care facilities (14 HCFs)
Global Summit on WASH and Waste in Healthcare Facilities: Fiji

**HEALTH CARE FACILITIES number and categories in the country:**

- Nursing Stations: 100
- Health Centres: 85
- Subdivisional Hospital: 18
- Divisional Hospital: 3
- Specialized Hospital: 3

**Status of WASH, waste, environmental cleaning, and energy services in HCFs:**

- Basic Services
  - Status: 68.5%
  - Waste: 9%
- No Data
- No Data
- 56.25%

**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**

- WASFIT Rollout
- WASH Improvements in HCFs
- HCWM for HCFs
- Medical Incinerators
- HCWM Policy

**GENDER AND EQUITY ACTIVITIES**

- Gender inclusive washrooms in HCFs
- Menstrual hygiene bins

**CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**

- Rainwater harvesting system
- Community Health Vulnerability Assessment
- Relocation of HCFs

**KEY NEXT STEPS TO ACCELERATE PROGRESS**

- Integration into the health planning, monitoring and financing (including resource allocation)
  - Policy document by 2025
  - Strategic plan by 2026
- Monitoring and accountability
  - Regular audits at least once a year
  - Updating of inventories on quarterly basis
- Empowering health workforce
  - Capacity building on annual basis
  - Audits on annual basis

**BEST PRACTICES ON SCALING UP AND REPLICATION**

- UNICEF funded storage containers filled with prepositioned WASH supplies for scaling up for response in 5 sites

**CHALLENGES**

- Maintenance and upkeep
- Capacity Building

**PARTNERSHIPS**

- UNICEF
- WHO
- MFAT
- DFAT
- KOICA
Global Summit on WASH and Waste in Healthcare Facilities: Georgia

**HEALTH CARE FACILITIES number and categories in the country:**
- Total health care facilities: 1957.
- Primary health service: 1363.
- Specialized outpatient: 339.
- Hospitals, including private sector: 255

**POPULATION:** 3,736.4 million

**PARTNERSHIPS**
- Ministry of Regional Development and Infrastructure
- National Environmental Agency
- National Food Agency
- Professional associations and facility networks

**BEST PRACTICES ON SCALING UP AND REPLICATION**
- Timely dissemination of results from assessments and involvement of relevant departments (e.g. IPC) for uptake of recommendation across relevant health policies.
- Use of dissemination work to build capacity of local public health officers.
- Joined work across health sectors to integrate WASH in related health programming.

**PROGRESS ON THE 8 PRACTICAL STEPS**

**Step 1: Situation Analysis & Assessment**
Comprehensive situational analysis conducted in 2021, including a representative national survey of HCFs and an analysis of the enabling environment

**Step 1: Baseline assessment**
Currently working on disseminating and publishing the report.

**Step 2: National Roadmap & Targets**
WASH integrated in AMR and National action plan. Currently working on dissemination of results and starting planning

**Step 3: WASH Standards in HCF**
Detailed IPC standards and permitting requirements are in place that address WASH and HCWM, gaps observed for sanitation

**Step 4: Infrastructure & Maintenance (WASH Fit)**

**Step 5: Monitor & Review Data (HMIS)**
WASH services are partially addressed in the inspections and controls through the accreditation system

**Step 6: Develop Health Workforce**
Training on IPC and hand hygiene for all staff in the national guidelines

**Step 7: Engage Communities**

**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**
- National plans for environment and health (National action plan) and AMR have been adopted, including a dedicated area for IPC and WASH
- Provisions for structured training on IPC for all staff working at the health care facility are in the regulations
- Identified priorities and related indicators for monitoring improvements towards basic and advanced WASH services.

**GENDER AND EQUITY ACTIVITIES**
A comprehensive policy review has been recently conducted (2021). The results showed gaps in equitable provisions with respect to menstrual hygiene and accessibility. The results are currently being discussed and disseminated to inform planning improvements.

**CHALLENGES**
- All health care facilities in the country are private
- Significant disparities are observed between health care facilities located in urban areas and rural areas

**STATUS OF WASH, WASTE, ENVIRONMENTAL CLEANING, AND ENERGY SERVICES IN HCFs:**

- Results of the nationally representative survey conducted in 2021, including 240 HCFs at all levels
- 85% of HCFs had basic provisions for drinking water
- 90% of HCF had improved sanitation, but 7% of HCFs had basic provisions for sanitation
- 80% of HCFs had basic provisions for hand hygiene (Hospitals 94%, Specialized outpatient 92%)
- Safe treatment and/or disposal of sharps and infectious waste in 85-90% of HCFs but 44% met basic services
- 39% of HCFs (64% of hospitals) had basic provisions for cleaning while 55% of HCFs have protocols in place

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Global Summit on WASH and Waste in Healthcare Facilities: Ghana

POPULATION: 30.8 million | 50.7% Female

HEALTH CARE FACILITIES number and categories in the country:
- Hospitals: 945
- Health centres: 1071
- Polyclinics: 72
- Clinics: 965
- Maternity homes: 339
- CHPS: 7080

STATUSES OF BASIC WASH, WASTE, ENVIRONMENTAL CLEANING, AND ENERGY SERVICES IN ALL HCF TYPES:

- 67.07% (JMP)
- 50% (DHIMS)
- 61.78% (JMP)
- 51.34% (JPM)

CHALLENGES
- Resource constraints resulting in the lack of prioritization to WASH infrastructure in HCF
- Suboptimal functioning of WASH facilities due to poor design, construction and maintenance
- Strengthening managers’ capacity to identify intra-and inter-regional disparities, track progress and priorities for improvements using routine WASH data

PROGRESS ON THE 8 PRACTICAL STEPS

Step 1: Situation Analysis & Assessment carried out in 2018
Step 2: National Roadmap & targets not determined. Costed strategy developed in 2020 with plans to operationalize same with a roadmap
Step 3: WASH Standards in HCF developed in 2017
Step 4: Infrastructure & Maintenance - WASH fit adapted to Ghana context in 2021 & being implemented in selected HCFs since 2019
Step 5: Monitor & Review Data (DHIMS): Routine quarterly reporting of WASH indicators into DHIMS at all levels of care since 2018
Step 6: Develop Health Workforce
Step 7: Develop Health Workforce

WASH FIT IMPLEMENTATION & Sustainability (Total [urban and rural, PHC, Others])
Adapted WASH FIT to country context & Capacity building of the health workforce on WASH FIT as a tool for quality improvement in HCF

- Use of WASH FIT in selected HCFs for WASH quality improvement. Evaluation of WASH status and generation of needs and gaps in WASH services implementation in national designated COVID-19 treatment centers
- Behaviour-change approaches to WASH in HCF adopted informed by WASH FIT

MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY
A national costed strategy on WASH in health care facilities, linked several sectoral policies & strategies.

- Policies on HCF infrastructure have explicit requirement to provide healthcare waste management systems
- A national technical guidelines on WASH minimum standards for HCFs
- Integrated IPC/WASH indicators into the Ghana District Health Information Management System (DHIMS-2)

GENDER AND EQUITY ACTIVITIES
- WASH/IPC standards integrated into maternal & newborn and child health health policies and programs
- WASH minimum standards include gender-specific, disability & rural/urban indicators
- 70% of maternity homes and 42% of hospital respectively, have disability friendly toilets
- National WASH database analyzed to determine inequities and inform appropriate resource investment

CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES
- Stakeholder conversations and dialogue ongoing on climate-related risks to HFCs – e.g., storms, floods and droughts
- On-going Research to generate evidence to improve resilience for WASH services

BEST PRACTICES ON SCALING UP AND REPPLICATION
- Deepening community involvement in WASH initiatives through Community Health Action Planning
- Optimizing WASH using quality improvement such as 5S-KAIZEN
- Political and leadership commitment at all level is critical to sustaining and acceleration WASH action in HCF
- Supportive supervision is an effective WASH service implementation

KEY NEXT STEPS TO ACCELERATE PROGRESS
- Foster donor partnership and coordination for WASH in HCF
- Prioritize resource mobilisation to sustain and scale-up WASH in HCF especially in rural Ghana
- Scale up WASH FIT as a tool for frontline quality improvement
- Operationalize national WASH costed strategy
- Improve health system information management system to record and report on basic sanitation, cleaning and energy
- Accelerate capacity strengthening of clinical and nonclinical health workers in WASH service implementation

PARTNERSHIPS

- Global Communities
- unicef
- CRS
- WaterAid
- SNV
- JICA
- World Vision
- Global
- Africa
- EC funky CRP
- Dash
- Save
- world
- as
- a
- team
- for
- clean
- water
- and
- sanitation
- in
- Africa
- Clean
- the
- planet
- in
- Africa
Global Summit on WASH and Waste in Healthcare Facilities: Hungary

HEALTH CARE FACILITIES number and categories in the country*:

- **Primary health care**: 15,265 care providers (general practitioners, paediatricians, GPs, dentists, midwives)
- **Secondary**: 18,698 care providers (specialised outpatient care, diagnostics)
- **Tertiary**: 336 (hospitals, clinics, long-term care institutions)

*Includes both public and private

Status of WASH, waste, environmental cleaning, and energy services in secondary and tertiary care facilities (**Basic service according to JMP definition**):

- **100%**
- **91.7%**
- **99.5%**
- **98.1%**

96% HCF have energy saving devices
49% of the bulbs are energy-saving

CHALLENGES

- Regulation covers most areas, but
  - No requirements on menstrual hygiene management
  - No regulation on HCF WW pre-treatment
  - Monitoring: Lack of financing information
  - Institutional: safe drinking water is available
  - Concerns of Legionella colonisation
  - Hand hygiene: behaviour change is needed
  - Cleaning staff is not available in 24/7 in many HCFs

QUALITY- AND EQUITY ACTIVITIES

Separate toilets for men and women in HCFs
75.8% of the toilets are suitable for menstrual hygiene management
One toilet/ward should be accessible for people with physical disabilities
Non-WASH related equity challenges

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Non-WASH related equity challenges

Key Next Steps to Accelerate Progress

- Integration into the health planning, monitoring and financing (including resource allocation)
- Central provision of continuous, dedicated funding of WASH in every HCF
- Define national level indicators on WASH in HCF
- Dissemination of baseline assessment data and development of action plan
- Monitoring and accountability
  - Surveillance tool from Protocol on Water and Health → adapt to Hungarian situation
  - Monitoring and development of the physical conditions of hand hygiene at institutional level
  - Monitoring of cleaning at institutional level
  - Monitoring of one-phase soap and disinfectant consumption
  - Checking hand disinfectant dispensers in hospitals (2023)
  - Monitoring IPC minimum requirements in primary health care facilities (2024)
- Empowering health workforce
  - Trainings, rising awareness
  - Doctors and nurses (all)
  - Cleaning staff (all)
  - Patients and visitors.
Global Summit on WASH and Waste in Healthcare Facilities: INDONESIA

**Major Achievements in WASH, Waste Management & Energy Service Delivery**

- Implementation of WASH in PHCs costed roadmap and integration with national strategic planning 2025-2029
- Integration into the health planning, monitoring and financing
- Costed roadmap on WASH in PHCs (2021) aimed to ensure basic WASH services in 100% of HCFs by 2024.
- National WASH guideline developed in 2021
- National roll out of WASHFIT in over 300 health care facilities.
- National WASH in HCF information system developed and equipped with IoT for waste identification.

**Next Key Steps to Accelerate Progress**

- Costed roadmap on WASH in PHCs aimed to ensure basic WASH services in 100% of HCFs by 2024.
- National WASH guideline developed.
- National roll out of WASHFIT in over 300 health care facilities.
- National WASH in HCF information system developed and equipped with IoT for waste identification.

**Challenges**

- Competing demand at the facility levels to prioritize WASH and CRESHCF hence limited budget allocation
- Need to improve capacity and awareness on CRESHCF among HCWs and policy makers
- Need to develop the guideline on WASH in HCF improvement

**Gender and Equity Activities**

- ToT at national level for health care workers on Climate change and Health adaptation, which includes adaptation action in HCFs (2018).
- Training on climate impact check up tools in selected HCFs (2022)
- Pilot climate resilient WASH in HCF

**Best Practices on Scaling Up and Replication**

- Gedsis Sensitization and community empowerment in the WASH HCF policy, guideline and implementation
- Green hospital program, emphasizing the importance of clean energy

**Status of WASH, Waste, Environmental Cleaning, and Energy Services in HCFs (%)**

<table>
<thead>
<tr>
<th>Service</th>
<th>WASH</th>
<th>Waste</th>
<th>Energy</th>
<th>Hygiene</th>
<th>Environment Cleaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic</strong></td>
<td>21.4</td>
<td>15.5</td>
<td>77.9</td>
<td>21.4</td>
<td>15.5</td>
</tr>
<tr>
<td><strong>Limited</strong></td>
<td>72.2</td>
<td>72.3</td>
<td>72.1</td>
<td>72.2</td>
<td>72.1</td>
</tr>
<tr>
<td><strong>No Services</strong></td>
<td>15.3</td>
<td>12.2</td>
<td>50.0</td>
<td>15.3</td>
<td>12.2</td>
</tr>
</tbody>
</table>

**Gender and Energy Activities**

- Gedsis Sensitization and community empowerment in the WASH HCF policy, guideline and implementation
- Green hospital program, emphasizing the importance of clean energy

**Next Steps**

- Conducted a national survey for health facilities in 2019 (every 5 years)
- Involved the community in WASH FIT technical coaching at Primary Health Centers in 5 provinces.
- Currently only hospitals are included in the national indicators, Primary Health Centers will be proposed as a strategic plan for 2025-2029.

**Partnerships**

- Outline key partners and their roles: UNICEF (WASH FIT implementation in 125 PHCs, WASH in HCF TOT module and curriculum accreditation), WHO (developed WASH in HCF information system), UNDP (developed IoT system for waste generation identification), WaterAid (Climate resilient HCF pilot in 2021), SNV (WASH FIT-Inclusive HCF), Plan Indonesia (Gender WASH in HCF), Healthcare without harm (CRESHCF)
Global Summit on WASH and Waste in Healthcare Facilities: Iran

**POPULATION:** 84,926,000

**HEALTH CARE FACILITIES** number and categories in the country:

<table>
<thead>
<tr>
<th>Types of Iran's healthcare facilities</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital 1 (Active)</td>
<td>32155</td>
<td>32955</td>
</tr>
<tr>
<td>Non-Hospital</td>
<td>31957</td>
<td>2287</td>
</tr>
<tr>
<td>Governmental</td>
<td>31567</td>
<td></td>
</tr>
<tr>
<td>Non-Governmental</td>
<td>2287</td>
<td></td>
</tr>
</tbody>
</table>

Status of WASH, waste, environmental cleaning, and energy (Improved: Available and usable services) services in HCFs:

- Water: 98%
- Sanitation: 98%
- Energy: 92%
- Environment: 96%

**CHALLENGES**

- Effects of climate change on the decrease in the quality of water resources and creating a threat through the reduction of access to drinking water sources for the consumption of HCFs, especially in the low rainfall areas of the country.
- Hosting several million refugees, especially from Afghanistan, which affects the country's infrastructure, including HCFs, beyond their designed capacity and affects the quality of the WASH program.
- The possibility of floods and landslides in many parts of the country, which will cause the quality of water resources to deteriorate and disrupt WASH services in HCFs.
- High probability of landslide occurrence in most parts of the country and interruption of water supply services through the distribution network and other WASH services during the crisis and establishment of temporary places for HCFs.

**PROGRESS ON THE 8 PRACTICAL STEPS**

**Step 1: Situation Analysis & Assessment**
- Examining the regulations, and policies, and reviewing information sources to identify existing opportunities.

**Step 1: Baseline assessment**
- Field assessment on WASH conditions in HCFs.

**Step 2: National Roadmap & Targets**
- Implementation and analysis of strategies and frameworks and Costing of environmental health services.

**Step 3: WASH Standards in HCF**

- **Step 3: Health care Waste Standards**
- **Step 4: Infrastructure & Maintenance**
  - **UNICEF WASH bottleneck analysis tool**

**Step 5: Monitor & Review Data (HMIS)**

**Step 6: Develop Health Workforce**

**Step 7: Engage Communities**
- Establishment of the Working Group of multidisciplinary experts from stakeholders.

**WASH FIT IMPLEMENTATION & Sustainability**

- **(Total urban and rural, PHC, Others)**

- Although WASH FIT is not implemented, the baseline assessments, situation analysis, and intervention recommendations conducted in an integrated manner. Also, an online platform developed to be used for regular updates and follow-ups for decision makers.

**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**

- Full coverage of water distribution network throughout the country including urban and rural areas and continuous monitoring of these resources by the MOHME.

**GENDER AND EQUITY ACTIVITIES**

- Situation of HCFs with respect to gender-specific services for women and girls assessed.
- Situation of HCFs with respect to assess for people with disability assessed.

**CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**

- Situation analysis of 267 HCFs in 6 climate-representative provinces of Iran, using localized WHO guide on climate resilience and environmental sustainability, in terms of Water, Sanitation, and healthcare waste management; Health workforce; Energy; Infrastructure, technology, and products.

- A detailed set of national strategic directions for improvement of climate resilience and environmental sustainability of HCFs developed. Based on the results of the evaluations, it was determined that climate resilience and environmental development in hospitals is better than other health care centers.

**PARTNERSHIPS**

- Ministry of Health and Medical Education, relevant deputies and departments:
  - Center for Environmental and Occupational Health Department of Health Economics
  - Deputy of Treatment
  - Deputy of Development of Management and Resources
  - Hospital Supervision and Accreditation Department
  - Budget and Performance Evaluation Department
  - Universities of Medical Sciences
  - National Water and Wastewater Engineering Company
  - Water and Soil Protection Office
  - Wastewater Operation Supervision Office
  - Ministry of Interior
  - Ministry of Energy
  - Iran’s Municipalities and Village Administrations Organization
  - Urban and Rural Municipalities Organization

**BEST PRACTICES ON SCALING UP AND REPLICATION**

- Development of a national assessment, and monitoring platform for all components of WASH in HCFs.
- Establishment of the multi-sectoral mechanism as a forum of three thematic working groups for development of the costed road map and strategy development, consisting of all the partners mentioned in the "PARTNERSHIPS" section.

**KEY NEXT STEPS TO ACCELERATE PROGRESS**

Integration into the health planning, monitoring and financing (including resource allocation):

- National and sovereign monitoring and supervision by all stakeholders, using the platform developed.
- Incorporating the evidences from baseline assessment and the costed road map developed into the health system policy making.
- Revision of rules and regulations in the framework of the general policies of the health system with the participation of stakeholders.
- Increasing interdepartmental interactions for effective implementation.
- Enhancing the online registration and reporting of multi-stakeholders system.

Monitoring and accountability:

- Establishing the self-declaration system for of the HCFs.
- Enabling monitoring mechanism of the government inspection.
- Establishing a feedback system for the governance system (government) to the people.
- Empowering health workforce.

Capacity building and empowering national and regional workshops:

- Training on the relevant technical guides using the implementation methods of other countries.
Global Summit on WASH and Waste in Healthcare Facilities: Iraq

**HEALTH CARE FACILITIES number and categories in the country:**
- Main PHC: 1367
- Subsidiary PHC: 1326
- Family medicine health centers: 197
- Family planning centers: 778
- Public clinics: 358
- Health insurance clinics: 207
- Health houses: 580
- Civil registration offices: 339
- Private and Public Hospitals: 482
- Total: 5634

**Population:** 41,190,658

**Challenges:**
- Time shortage
- Community Resistance
- Limited financial resources

**Status of WASH, waste, environmental cleaning, and energy services in HCFs:**
- 55% of HCFs with full services (1993) (all type)
- 38% of HCFs with full services (1,377) (all type)
- 48% of HCFs with full services (1,740) (all type)
- 42% of HCFs with full services (1,522) (all type)
- 36% of HCFs with full services (1,305) (all types)

**WASH FIT IMPLEMENTATION & Sustainability (Total (urban and rural, PHC, Others))**
- Iraq started implementing WASH-FIT in 2022 as a pilot project in 40 PHCs
- Working on expansion to 200 PHCs.
- Iraq will keep progress to support all the HCFs and using this tool to enhance the infrastructure

**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**
1. A comprehensive WASH-IPC assessment had been done, produced an informative dashboard
2. MoH is on its way to developing its policy and roadmap to improve WASH services, considering detected gaps.
3. An updated national IPC guideline was published in 2022.
4. Supply of shredding autoclaves for 181 PHCs.
5. Pilot applying of WASH-FIT for HCFs (40).
6. A pilot project to build smart monitoring system using the collected data from WASH-FIT.
7. Applied many training courses for health workforce under IPC field.
8. Applied 6 successful community engagement sessions to decrease resistance to having shredding autoclaves.

**CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**
Eliminate the hazardous waste from HCFs, avoid recycling it to the environment and reduce the impact of water scarcity

**GENDER AND EQUITY ACTIVITIES**
- it is a priority
- Empowering health workforce

**BEST PRACTICES ON SCALING UP AND REPLICATION**
- Selection of the right partners and transparent dialogue
- Planning according to evidence

**KEY NEXT STEPS TO ACCELERATE PROGRESS**
- Integration into health planning, monitoring and financing (including resource allocation)
  - Develop early warning systems in water testing laboratories to quickly update the health system.
  - Applying WASH-FIT in 200 PHCs (step 2).
  - Allocate suitable financial resources (Invest in prevention)
- Monitoring and accountability
  - Strengthening data management and systemizing data cross-cutting among the entities
- Empowering health workforce
  - The plan is to train 7100 person from health workforce during the coming 12 months in collaboration with WHO
- Dedicate authorities and define responsibilities through clear standards
Global Summit on WASH and Waste in Healthcare Facilities: Jordan

**Population:** 11,392,273

**Health Care Facilities** number and categories in the country:
- Healthcare Centers: 671
  - Comprehensive centers: 122, primary centers: 365, sub centers: 184
- Hospitals: 120
  - MOH: 31, RMS: 17, University hospitals: 2, private hospitals: 70

**Status of Basic WASH, waste, environmental cleaning, and energy services in HCFs:**
- WASH: 73%
- Waste: 12%
- Environmental cleaning: 59%
- Energy Services: 30%
- Water: 20%
- Electricity: 32%

**Challenges:**
- Lack of human and financial resources
- Indeterminate institutional arrangements
- Lack of consolidated regulations on WASH in HCFs

**WASH FIT Implementation & Sustainability (Total (urban and rural, PHC, Others).**
- **494** HCFs of different types, including **21** hospitals, **116** comprehensive centers, **371** PHCs underwent WASH FIT assessment in **2023.**

**Progress on the 8 Practical Steps**

1. Situation Analysis & Assessment
2. Baseline assessment
3. National Roadmap & Targets
4. WASH standards in HCF
5. Health care Waste standards
6. Infrastructure & Maintenance (WASH Fit)
7. Monitor & Review Data (HMIS)
8. Develop Health Workforce
9. Engage Communities

**Major Achievements in WASH, Waste & Energy Service Delivery**
- Developed situational analysis in 2022
- Carried out baseline assessment in 2023
- Developed a roadmap and a costed short-term strategy in 2023
- Updated HCWM instructions in 2023
- Updated IPC guidelines in 2022
- Accreditation of **98** PHCs in 2022

**Climate-Resilient, Environmentally Sustainable Activities**
- Developing CRES national standards in 2023
- Advocating on using environmentally-friendly cleaning supplies in 2023
- Piloting CRES HCFs (Rainwater harvesting, greywater, solar panels) through GCF/FAO funds in 2023

**Best Practices on Scaling Up and Replication**
- Established a MOH steering committee in 2022
- Intensify cooperation and coordination between stakeholders through the steering committee
- Engaging relevant organizations and bodies

**Key Next Steps to Accelerate Progress**
1. Streamline WASH within MOH programmes (2024-2025)
2. Coordinate and integrate various funding streams (2024-2025)

1. Develop and integrate national WASH indicators within MOH quality control health information systems (2024-2025)
2. Utilize data to inform decision-making improvement plans and budgeting (2025)

1. Disseminate and train on CRES national WASH standards (2024-2025)
2. Integrate WASH in HCFs into health education curricula

**Partnerships**
- WHO
- UNICEF
- USAID
- UNDP
- FAO
- WHO
- UNICEF
- USAID
- UNDP
- FAO
**Global Summit on WASH and Waste in Healthcare Facilities: LAO People’s Democratic Republic**

**POPULATION: 7.425 million (2021)**

**HEALTH CARE FACILITIES number and categories in the country:**
- Total: 1,237 HCFs
- Central = 10
- Provincial = 17
- District = 135
- Health Center = 1,075

**Status of WASH, waste, environmental cleaning, and energy services in HCFs:**
- 70% Basic service
- 17% Limited service
- 11% No service
- 2% Basic service
- 98% Limited service
- 19% Basic service
- 74% Limited service
- 9% No service
- 16% Basic service
- 74% Limited service
- 9% No service

**WASH FIT IMPLEMENTATION & Sustainability**
- More than 100 HCFs implementing WASH FIT
- Safe-Clean-Green-ClimatE Resilient Health Care Facility intervention packages designed for strengthening national, sub-national and health facility team capacity
- The National WASH Strategy and Plan of Action for 2018-2030 has an ambitious target of ensuring 85% of HCFs have basic WASH services by the year 2025, and 100% by 2030. Source: WHO, Global Progress Report on WASH in healthcare facilities 2020-2021

**CHALLENGES**
- Limit capacity at health facility level
- Limit capacity Infrastructure improvement
- No pre-service training

**PROGRESS ON THE 8 PRACTICAL STEPS**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Progress 2019-2021</th>
<th>Progress 2022-2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Situation Analysis &amp; Assessment</td>
<td>GLASS survey and assessment on WASH and HCWM during COVID-19 by MoH/WASH FIT team, DPs</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Baseline assessment</td>
<td>Conducted in 2021</td>
<td>Internal disseminated in 2022</td>
</tr>
<tr>
<td>3</td>
<td>National Roadmap &amp; Targets</td>
<td>Drafted in 2022</td>
<td>Underway to get approval in 2023</td>
</tr>
<tr>
<td>4</td>
<td>WASH Standards in HCF</td>
<td>Approved and disseminated in 2018</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Health Care Waste standards</td>
<td>Approved in 2014</td>
<td>Revised in 2017 and updated in 2023</td>
</tr>
<tr>
<td>6</td>
<td>Infrastructure &amp; Maintenance</td>
<td>WASH FIT piloted (HCWM) priority in 2017</td>
<td>Tailored to the country context (add CR/water scarcity &amp; quality) in 2019</td>
</tr>
<tr>
<td>7</td>
<td>Health Workforce</td>
<td>In-service training: WASH FIT &amp; HCWM since 2017</td>
<td>Pre-service training: CCH adaptation in public health school curriculum in 2021</td>
</tr>
<tr>
<td>8</td>
<td>Engage Communities</td>
<td>COVID-19/cleaning, disinfection and hand hygiene</td>
<td>Open-defecation free by CLTS Community managed Water Safety Plan BCL-SWASH</td>
</tr>
</tbody>
</table>

**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**
- Access to safe WASH facilities, and proper disposal of medical waste, are also pre-conditions for delivering quality health care services and achieving the Government’s Universal Health Coverage (UHC) goals by 2025.
- Since 2014, the MoH prioritized development of WASH policies, strategies and basic health facility environmental standards and Health Care Waste Management regulations.
- In 2017, it further adopted the use of WASH FIT as the principal method to support implementation of these national WASH standards and regulations at health care facility level.
- Following adaptation of the tool to the local context and has been piloted at Champheone district hospital.
- Since July 2020, MoH has expanded the implementation of WASH FIT.

**CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**
- MoH committed to promote low carbon and environmentally sustainable health care facility during COP 26
- Training, monitoring, revision of SOPs and equipment provided.
- 93% of provincial and district hospitals have been shifted from open burning/or low temperature incinerator use to non-combustion technology (autoclaves)
- Expansion of the use of hydropower has helped Laos to increase electrification rates from 15% in 1995 to 90% in 2019. (85% of all HCF has power supply)

**PARTNERSHIPS**
- WHO, UNICEF, UNDP, World Bank, ADB, INGOs/NGOs (Plan International, SNV, Save The Children International...)

**GENDER AND EQUITY ACTIVITIES**
- Gender –segregated toilets with menstrual hygiene facility is newly added in the national goal, target and indicators (15% in 2021 to 66% by 2025).
- Approximately, 50% of Lao women use antenatal services in Lao PDR.
- Women are the primary users of those essential health services and in turn are also disproportionately impacted when WASH services are inadequate in HCFs.

**BEST PRACTICES ON SCALING UP AND REPLICATION**
- 2020-2022 MOH has been implementing “Safe, Clean, Green and Climate Resilient” healthcare facility initiative in 77 district hospitals (50% of all district hospitals), 12 Provincial hospitals, and more than 20 health centers

**KEY NEXT STEPS TO ACCELERATE PROGRESS**
- Integration into the health planning, monitoring and financing (including resource allocation)
- 2021 Baseline assessment defined baseline and targets for safe level of WASH, HCWM in all health care facilities and assessed readiness of health care facility for climate related risks and natural disaster and response capacity.

**WASH FIT IMPLEMENTATION & Sustainability**
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**CHALLENGES**
- Limit capacity at health facility level
- Limit capacity Infrastructure improvement
- No pre-service training

**GLOBAL SUMMIT ON WASH AND WASTE IN HEALTHCARE FACILITIES:**

- No pre-service training
- Limit capacity Infrastructure improvement
- No pre-service training

**POWER SUPPLY**
- 85% of all HCF has power supply

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**WASH in HCFs**

<table>
<thead>
<tr>
<th>Service</th>
<th>2021 baseline (% of HCFs)</th>
<th>2023 target (% of HCFs)</th>
<th>2025 target (% of HCFs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>67% Baseline</td>
<td>88%</td>
<td>98%</td>
</tr>
<tr>
<td>Hygiene</td>
<td>85% Basic hygiene</td>
<td>90%</td>
<td>98%</td>
</tr>
<tr>
<td>Waste</td>
<td>60% Basic hygiene</td>
<td>70%</td>
<td>90%</td>
</tr>
<tr>
<td>Energy</td>
<td>60% Basic hygiene</td>
<td>70%</td>
<td>90%</td>
</tr>
</tbody>
</table>

**NATIONAL LEVEL STEPS:**
- Develop a national policy and strategic action plan with roadmaps towards SDG targets for provision of basic WASH and waste management services by 2025.
- Target underserved HCFs to close the gaps in WASH service delivery. Particularly to improve water services in health centres, especially in the northeastern part of the country, basic sanitation services in all HCFs across the country.

**EMPOWERING HEALTH WORKFORCE**
- WASH IPC team in health care facility is leading implementation and monitoring of WASH CCH adaptation in HCFs.
- Training program on WASH FIT and HCWM for WASH IPC team.
- CCH adaptation for public health specialist (integrated with curriculum of public health school)
- Autoclave operators developed, and on-the-job trainings are ongoing
Global Summit on WASH and Waste in Healthcare Facilities in Madagascar

**HEALTH CARE FACILITIES (HCFs)**

- **3010 HCFs in total**

**STATUS OF WASH, WASTE, ENVIRONMENTAL CLEANING, AND ENERGY SERVICES IN HCFs** (data source: SSEnv – Ministry of Health)

- **25%** have access to water
- **58,15%** equipped with hygienic toilet
- **Nearly 50%** of HCFs equipped with handwashing facilities
- **30%** have adequate waste disposal facilities
- **75%** have well maintained cleaning equipment
- **27%** have electricity
  - *13%* connected to grid (JIRAMA)
  - *14%* solar system

**CHALLENGES**

- Insufficient political will to develop incentive policy for private investment participation in WASH
- Difficulty to comply with the WASH infrastructures standards mainly due to space availability in urban areas
- Low investment in WASH and energy infrastructures and services improvements
- Lack of financial mechanism, monitoring, capacity building

**PROGRESS ON THE PRACTICAL STEPS**

**Step 1: Situation Analysis & Assessment**

Done along with the roadmap design, added by the ongoing inventory of WASH services and infrastructures.

**Step 2: National Roadmap & Targets**

Ongoing finalisation of the national roadmap on inclusive manner.

**Step 3: WASH Standards in HCF**

Standards and norms of infrastructures validated with MoWASH in 2022.

**Step 4: Infrastructure & Maintenance (WASH Fit)**

Speed up required in the standardisation of WASH infrastructures (solve land access issues, improvement of coverage of WASH interventions).

**Step 5: Monitor & Review Data (HMIS)**

Improvement of data collection and reporting required in order to meet the JMP standards.

**Step 6: Develop Health Workforce**

More capacity building to health and community agents and hygiene committees required essentially with the newly developed training curricula.

**Step 7: Engage Communities**

Ongoing approval of the hygiene committee roles and responsibilities to support their commitments.

**MAJOR ACHIEVEMENTS IN WASH & WASTE SERVICE DELIVERY**

- **38%** of Health Facilities with WASH services (MICS 2018),
- **2016**: integration the WASH friendly approach in the implementation guide for HCFs
- **2017-2022**: training of 1,104 personal health on WASH friendly approach and WASH FIT
- IPC national program recently released

**GENDER AND EQUITY ACTIVITIES**

- Systematic separation of toilets and of shower for women and for man
- Mainstreaming of safe and health menstrual management at national level

**CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**

- Inclusion of climate change resilient infrastructures in the national guide for Buildings
- Provision of environmentally-friendly waste disposal equipment in 509 HCFs

**PARTNERSHIPS**

- Ministries: WASH, Decentralisation, Education, Finance and Budget, Environment, Town Planning
- PTF, private: WHO, World Bank, USAID, UNICEF, WSUP, WaterAID, RanoWASH, ACF, HappyTap, Helvetas, MCD GH, PAAEP, ACCESS, ... 
- Type of partnerships: Between Ministries; Government – Municipalities; Government – iNGOs/NGOs; PPP (Clinics – Private hospitals)

**BEST PRACTICES ON SCALING UP AND REPLICATION**

- WASH friendly certification: municipalities’ ownership of the approach reached

**KEY NEXT STEPS TO ACCELERATE PROGRESS**

- Disseminating the integration of the HCFs needs in municipalities’ planning, monitoring and financing
- Finalising and implementing national strategic documents:
  - Strategic plan for WASH in HCFs
  - Roadmap for the WASH services improvement in HCFs
  - Technical manual for sustainable WASH services in institutions
- Monitoring and accountability
- Integration of WASH indicators in DHIS2-programme of MOH and SESAM for MoWASH

**PROGRESS**

- **2016**: integration the WASH friendly approach in the implementation guide for HCFs
- **2017-2022**: training of 1,104 personal health on WASH friendly approach and WASH FIT
- IPC national program recently released

**REPLICATION**

- Using database for decision-making through high level advocacy
- Empowering health workforce through intensive training, tools equipment and municipality-led incentives to community agents
Global Summit on WASH and Waste in Healthcare Facilities: Mali

**POPULATION:** 22 049 255

**HEALTH CARE FACILITIES** number and categories in the country:
- 7 EPH 3ème Réf,
- 8 EPH 2ème Réf,
- 62 CSRéf,
- 1 605 CSCom,
- 1 076 Privés,
- 88 Parapublics et
- 3 345 sites ASC

Status of WASH, waste, environmental cleaning, and energy services in HCFs: HCF basic services coverage (Herams, avr 2022)
- 78% (water)
- 68% (sanitation)
- 73% (trash)
- 59% (electricity)
- 62% (energy)
- 73% (electricity)

**CHALLENGES**
- Financement du WASH
- Changement de comportement
- Durabilité des services
- Instabilité politico sécuritaire

**WASH FIT IMPLEMENTATION & Sustainability** (Total (urban and rural, PHC, Others)
- Dans 330 centres de santé dont 18 en milieu urbain et 312 en milieu rural.

**PROGRESS ON THE 8 PRACTICAL STEPS**
1. **Step 1: Situation Analysis & Assessment**
2. **Step 2: Baseline assessment**
3. **Step 3: National Roadmap & Targets**
4. **Step 4: WASH Standards in HCF**
5. **Step 5: Health care Waste standards**
6. **Step 6: Infrastructure & Maintenance (WASH Fit)**
7. **Step 7: Developing Health Workforce**
8. **Step 7: Engage Communities**

**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**
- Plan stratégique WASH
- Plan stratégique PCI
- Guides infrastructures et promotion des bonnes pratiques d’Hygiène en milieu de soins
- Paquet minimum WASH
- Révision du manuel de procédure de gestion des déchets médicaux,
- Révision et paramétrage des indicateurs et des outils de collecte de données WASH
- Adaptation du guide WASH Fit 2.0 et formation des formateurs

**GENDER AND EQUITY ACTIVITIES**
- Adaptation des infrastructures aux femmes et aux personnes en situation de handicap,
- Construction de douches spécifiques pour les accouchées

**BEST PRACTICES ON SCALING UP AND REPLICATION**
- Intégration du concours Centre de santé propre au WASH FIT
- L’utilisation de l’art social pour le changement de comportement
- Organisation d’espace d’interpellation des élus autour du WASH FIT

**KEY NEXT STEPS TO ACCELERATE PROGRESS**
- Integration into the health planning, monitoring and financing (including resource allocation)
- Evaluation nationale des services WASH suivie de l’élaboration de la feuille de route,
- Collecte de données à travers le SIS (DHIS2)
- Poursuite la mise à échelle du WASH FIT (régions en situation de crise et les hôpitaux)
- Monitoring and accountability
- Renforcement du suivi du financement à travers trackfin
- Renforcement de la collaboration avec la société civile pour le plaidoyer
- Empowering health workforce
- renforcement des capacités du personnel de soutien (ambulanciers, techniciens de surface etc.)/ sensibilisation

**PARTNERSHIPS**
- Utilisation de l’art social-
- Recherche académiques sur l’impact de l’hygiène des mains sur la santé
- Plateforme en ligne pour la formation PCI
Global Summit on WASH and Waste in Healthcare Facilities: Montenegro

POPULATION: 628,296

HEALTH CARE FACILITIES number and categories in the country:
- Primary health service: 108 facilities
- Secondary health service: 43 facilities
- Tertiary health service: 3 facilities

Status of WASH, waste, environmental cleaning, and energy services in HCFs:

- Results from 2021 survey on 151 HCFs, all levels
  - 88% of all health care facilities provided basic water services
  - In 90% of HCFs drinking-water was in compliance with national standards
  - 71% of HCFs had basic waste management
  - 77% of HCFs had basic hand hygiene services. The majority of available hand-washing facilities at toilets were equipped with running water (97%), soap (88%), and had adequate drainage (99).

CHALLENGES - The most important priority areas for the improvement at the facility level are basic sanitation (in particular, provisions for menstrual hygiene and accessibility) and cleaning services, followed by basic waste management services. In general, primary health care facilities were found to face most challenges, especially those located in rural areas.

MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY
- Introduction of drinking-water quality testing in 2022 for all health care facilities
- Currently in the process of developing national targets
- Conduction of capacity building on health care waste management in all public HCFs

BEST PRACTICES ON SCALING UP AND REPLICATION
- To establish an integrated medical waste management system, a contract agreement has been concluded between the Ministry of Health and two companies, which oblige the concessionaires to collect, transport, process, and sterilize the medical waste generated in the health care facilities, so to transform it into non-hazardous municipal waste.
- National surveillance of drinking-water quality in health care facilities informing policy development

GENDER AND EQUITY ACTIVITIES
Planning is ongoing based on the results of a recent comprehensive situational analysis (2019).
- The policy review revealed that several aspects related to WASH services and equity are not yet sufficiently addressed in the legal framework, in particular for People with disabilities that seek health care at secondary and tertiary level, children in paediatric settings, and women. Differences were observed in service provision for vulnerable groups between facilities located in urban and rural areas, as well as the lower provision of basic services in primary compared to secondary / tertiary care facilities call for targeted action for disadvantaged facilities.

PROGRESS ON THE 8 PRACTICAL STEPS*

- Step 1: Situation Analysis & Assessment - is being performed annually as an integral part of the health care planning, and programming process.
- Step 2: Baseline assessment - WASH conditions are subject to separated and targeted surveillance activities or ad hoc monitoring
- Step 3: National Roadmap & Targets - Political prioritization of WASH in HCF is underpinned by the Draft National Targets on WASH in health care facilities which have been defined under the framework of the Protocol on water on health, but not yet adopted.
- Step 4: WASH Standards in HCF - Majority of critical health-relevant requirements are fully or satisfactorily covered for the WASH dimensions
- Step 4: Health care Waste standards - good implementation of the procedures for the collection, separation, disposal, and treatment of waste in public HCF
- Step 5 Infrastructure & Maintenance (WASH FIT) - a need for improvement in the provision of hand hygiene stations in common areas and at entries of health care facilities
- Step 5 Monitor & Review Data (HMIS) - WASH aspects are being partially monitored under the overall sanitary-technical conditions in HCF
- Step 6 Develop Health Workforce - introduction of continuous medical education of health workers
- Step 7 Engage Communities: cooperation with the NGO sector that deals with environmental protection and the problem of waste management

KEY NEXT STEPS TO ACCELERATE PROGRESS
- Integration into the health planning, monitoring and financing (including resource allocation)
  - To ensure the sustainable and long-term investment for WASH in health care facilities, a dedicated, separate budget line should be established at the national level.
  - Monitoring and accountability
  - For the short term, in the ongoing definition of checklists for sanitary surveillance performed by health-sanitary inspection, inclusion of indicators employed in this survey should be considered

- Empowering health workforce
  - Identification of personnel for operation and maintenance of water networks and infection prevention and control

* The progress of different levels of care: Primary health service: 108 facilities
Secondary health service: 43 facilities
Tertiary health service: 3 facilities

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Global Summit on WASH and Waste in Health Care Facilities: Morocco

HEALTH CARE FACILITIES number and categories in the country:
- **Public Sector**:
  - Hospitals: 165
  - Primary health care facility: 2985
- **Private Sector**:
  - Private clinics and Hospitals: 384

**Status of WASH, waste, environmental cleaning, and energy services in HCFs:**

**Hospital (Public Hosp and Private Clinic):**
- Basic (97.5%)
- Non-Hospital (PHCFs): Basic (85.9%)

**Hospital (Public Hosp and Private Clinic):**
- Basic (85.5%)
- Non-Hospital (PHCFs): Basic (55.4%)

**Hospital (Public Hosp and Private Clinic):**
- Basic (62%)
- Non-Hospital (PHCFs): Basic (32.4%)

**Hospital (Public Hosp and Private Clinic):**
- Basic (42.1%)
- Non-Hospital (PHCFs): Basic (15%)

**Hospital (Public Hosp and Private Clinic):**
- Basic (85.5%)
- Non-Hospital (PHCFs): Basic (55.4%)

**Step 1: Situation Analysis & Assessment**
A national assessment (sample of 1185 out of 3339 HCFs) was carried out in 2022

**Step 1: Baseline assessment**
See above

**Step 2: National Roadmap & Targets**
Scheduled for 2024

**Step 3: WASH Standards in HCF**
Scheduled for 2024

**Step 3: Health care Waste standards (*)**
Scheduled for 2024

**Step 4: Infrastructure & Maintenance (WASH Fit)**
Scheduled for 2024

**Step 5: Monitor & Review Data (HMIS)**

**Step 6: Develop Health Workforce**

**Step 7: Engage Communities**

**CHALLENGES**
- Establishment of reliable secondary water sources to guard against water shortages;
- Installation of sanitation facilities for healthcare personnel, patients, visitors and in particular for people with reduced mobility;
- Endowment of Primary Health Establishments with human and material resources dedicated to cleaning and cleanliness;
- The establishment of an information system dedicated to monitoring the quality and levels of access to WASH services, and integrating it into existing information systems.

**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**
In Morocco, WASH services in HCFs are framed by a rich and diversified regulation. Drinking water and pharmaceutical medical waste are among the most strongly regulated WASH areas. With the joint support of WHO and UNICEF, a major evaluation of these services was recently carried out. This evaluation made it possible to establish that in terms of access and quality of service, the HCFs generally have efficient services except for the cleaning and cleanliness in PHCFs (rural areas).

**CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**: The Ministry of Health and Social Protection made a formal commitment on November 1, 2021 to set up a sustainable and resilient health system in the face of climate change. A roadmap has been adopted and includes three steps: Assessment of vulnerability and GHG emissions - Establishment of national standards - Upgrading of health facilities. WASH is one of the areas that will be included in this major upgrade project.

**BEST PRACTICES ON SCALING UP AND REPLICATION**

1. Establish strong regulations
2. Involve local authorities

**PARTNERSHIPS**
- Local Authorities
- National Office for Water and Electricity
- WHO
- UNICEF

**KEY NEXT STEPS TO ACCELERATE PROGRESS**

I. Establishment of national standards
II. Develop a National Program for upgrading WASH services in HCFs to comply with established standards
III. Monitoring and accountability
IV. Empowering health workforce
**Global Summit on WASH and Waste in Healthcare Facilities: Nepal**

**POPULATION:** 29.16 M

**HEALTH CARE FACILITIES number and categories in the country (DOHS: 2020/21):**

<table>
<thead>
<tr>
<th>S N</th>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public Hospitals</td>
<td>201</td>
</tr>
<tr>
<td>2</td>
<td>PHCCs</td>
<td>189</td>
</tr>
<tr>
<td>3</td>
<td>HPs</td>
<td>3792</td>
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<tr>
<td>4</td>
<td>Non-public facilities</td>
<td>2082</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>6264</strong></td>
</tr>
</tbody>
</table>

**Status of WASH, waste, environmental cleaning, and energy services in HCFs (Nepal HF Survey, 2021):**

- B-83% L-13% N-4%
- B-68% L-31% N-1%
- B-10% L-72% N-18%
- NA


**CHALLENGES**
- Monitoring system for WASH in HCF
- Committees not fully functional for WASH/HCW
- Poor and old infrastructure
- Less priority to preventive (WASH, waste mgmt.)
- Lack of separate budget code / Financing gap of proposed Roadmap
- No dedicated fund for O&M, repair/rehabilitation for WASH, HCWM

**PROGRESS ON THE 8 PRACTICAL STEPS**

1. **Step 1: Situation Analysis & Assessment**
   - Nepal Health Facility Survey Report 2021 Published.
2. **Step 2: National Roadmap & Targets**
   - National Roadmap is drafted yet to be approved
3. **Step 3: WASH Standards in HCF**
   - Approved and dissemination done at all provinces
4. **Step 4: Infrastructure & Maintenance (WASH Fit)**
5. **Step 5: Monitor & Review Data (HMIS)**
6. **Step 6: Develop Health Workforce**
7. **Step 7: Engage Communities**
8. **Step 8: WASH Fit Implementation & Sustainability**

**WASH FIT IMPLEMENTATION & SUSTAINABILITY**
There are many interventions targeted at WASH, HCWM, IPC. However, the WASHFIT tool is applied by various organization in following numbers:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Description</th>
<th>Urban</th>
<th>Rural</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GoN</td>
<td>7</td>
<td></td>
<td>Piloteds</td>
</tr>
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<td>Basic Health Centres</td>
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<td>3</td>
<td>USAID-HHA</td>
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<td></td>
<td>Basic Health Centres</td>
</tr>
<tr>
<td>4</td>
<td>Tdh</td>
<td>21</td>
<td>2</td>
<td>Basic Health Centres</td>
</tr>
<tr>
<td>5</td>
<td>SIMAVI</td>
<td>6</td>
<td>6</td>
<td>Basic Health Centres</td>
</tr>
</tbody>
</table>

**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**
- Standards and operating procedure
- Establishment of TWG- federal level
- NWASH MIS also captures HCF data
- Implementation of WASH FIT approach
- Trainings/ Onsite coaching on EH,WASH and HCWM- 1000 staffs
- Partners Engagement
  - Diagnostic assessment of hospital for WASH and HCWM
  - Drafted costing roadmap for WASH in HCF

**GENDER AND EQUITY ACTIVITIES**
- Include female nursing staff and representative from local govt and public in WASHFIT team
- WASH in HCF standard mandates GEDSI friendly services

**CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**
- CR and Env Sustainability approach to 3 hospitals
- Estimation of Health Sector’s GHG emission and reduction plan - ongoing

**PARTNERSHIPS**
- World Bank, ADB
- USAID, GIZ, WHO, UNICEF
- Tdh, CSOs
- Federal/provincial/local government

**BEST PRACTICES ON SCALING UP AND REPLICATION**
- Operationalization and Scaling up of WASHFIT
- Pilot CR and Environmental Sustainability approach internalizing importance of including them for long term sustainability
- Replicating waste management practices from COVID 19 hub hospitals to other hospitals
- Operation and maintenance policy and allocation of fund for WASH services in HCF by local government

**KEY NEXT STEPS TO ACCELERATE PROGRESS**
- Integration into the health planning, monitoring and financing (including resource allocation) (1-7 yrs)
- Finalize, approve and roll out costed national roadmap
- Collaboration for additional financing as per roadmap
- Carry out joint planning, review, monitoring of WASH in Healthcare facility between WASH and health sector
- Integration and collaboration of activities with IPC and AMR
- Monitoring and accountability
  - Inclusion of WASH information in DHS platform (1 yr)
  - Exchange of data between HMIS and NWASH (1yr)
  - Monitoring to track SDG progress via MSS – 3 yrs
  - NHFS be comprehensive to track the WASH progress-3y
- Empowering health workforce (5yrs)
  - HFOMC orientation on WASH/WASHFIT (gradually-3 yrs)
  - Capacity building of health workers on WASHFIT
  - Ensure safety of health workers conducting cleaning and handling waste
  - Provision of dedicated staffs at federal and provincial level hospital for WASH including HCWM and cleanliness
Global Summit on WASH and Waste in Healthcare Facilities: Niger

**Challenges**

- Financement conséquent de l’approche pour le changement de comportement du personnel de santé
- Disponibilité de données WASH FIT
- Vulgarisation des documents stratégiques et normatifs

**Status of WASH, waste, environmental cleaning, and energy services in HCFs:**

- 58.3% ont accès au service basique de l’eau
- 21% ont accès aux équipements de lavage des mains avec du savon

**Population:** 25,369,415 hbts (INS 2023)

**HEALTH CARE FACILITIES number and categories in the country:**

- HOPITAUX NATIONAUX : 7
- CHR: 7
- CSME: 7
- HD: 37
- CSI II: 344
- CSI I: 1,326
- CS: 2,292

**WASH FIT IMPLEMENTATION & Sustainability (Total urban and rural, PHC, Others)**

<table>
<thead>
<tr>
<th>Implementation</th>
<th>Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL:</td>
<td>412</td>
</tr>
<tr>
<td>Urban:</td>
<td>28</td>
</tr>
<tr>
<td>Rural:</td>
<td>384</td>
</tr>
</tbody>
</table>

**Key Next Steps to Accelerate Progress**

- Réunion régulière des organes multisectoriels de coordination
- Adaptation des outils WASH FIT au contexte national
- Intégration de certains indicateurs WASH FIT dans le DHIS 2
- Encrage institutionnel du comité de pilotage au cabinet du Premier Ministre

**Global Summit on WASH and Waste in Healthcare Facilities: Niger**

**Progress on the 8 Practical Steps**

1. **Step 1:** Situation Analysis & Assessment
2. **Step 2:** National assessment
3. **Step 3:** WASH Standards in HCF
4. **Step 4:** Infrastructure & Maintenance (WASH Fit)
5. **Step 5:** Monitor & Review Data (HMIS)
6. **Step 6:** Develop Health Workforce
7. **Step 7:** Engage Communities

**Major Achievements in WASH, Waste, and Energy Service Delivery**

- Elaboration des documents stratégiques et normatifs
- Existences des organes de pilotage au niveau national
- Adhésion et alignement des partenaires à l’approche WASH FIT

**Gender and Equity Activities**

- 5.5% des établissements sanitaires disposent des latrines sensibles au genre et inclusive
- Elaboration d’un modèle de latrine sensible au genre et inclusive
- Prise en compte du genre dans la composition des équipes WASH FIT

**Climate-Resilient, Environmentally Sustainable Activities**

- Promotion de l’utilisation de l’énergie solaire dans les formations sanitaires
- Amélioration des pratiques d’élimination des déchets dans les formations sanitaires

**Partnerships**

- Ministère de l’Hydraulique et de l’Assainissement
- World Vision
- Swissaid
- CDC
- ICRC
- UNICEF
- Fondation SONGES
- Ministère de la Développement de la Population et de la Famille

**Best Practices on Scaling Up and Replication**

- Integration into the health planning, monitoring and financing (including resource allocation)
- Finaliser l’élaboration de la Feuille de Route Nationale et son plan d’action chiffré
- Plaidoyer auprès des PTF pour la mobilisation des ressources afin de passer à l’échelle
- Susciter l’engagement des autorités des collectivités territoriales et des leaders communautaires pour la mobilisation des ressources locales
- Monitoring and accountability

**Key Next Steps to Accelerate Progress**

- Mettre en place la démarche WASH FIT dans 80% des établissements de santé du Niger d’ici fin 2026
- Vulgariser le tableau de bord des indicateurs WASH FIT a tous les niveaux
- Elaborer le Guide National de Suivi-évaluation des indicateurs et mettre en place une base de données WASH FIT
- Empowering health workforce
### HEALTH CARE FACILITIES number and categories in the country:
- Hospital: 1201
- TB Centers: 347
- Maternal & Child Health Centers: 731
- Basic Health Units: 5518
- Rural Health Centers: 683
- Dispensaries: 5802

### POPULATION:
- Total: 233,480,202
- Urban: 54%
- Rural: 46%

### Status of WASH, waste, environmental cleaning, and energy services in HCFs:
- Water: 36%
- Sanitation: 58%
- Electricity: 18%
- Heating: 36%

### CHALLENGES
- Lack of water quality surveillance at HCF
- Lack of inter-organizational linkages
- No standards for WASH services at the HCF
- Weak infrastructure for waste management
- Limited data and lack of resources
- Lack of safely managed sanitation services particularly for women and People with Disabilities

### WASH FIT IMPLEMENTATION & Sustainability (Total (urban and rural, PHC, Others))
- Pakistan has not formally implemented the WASH FIT. However, WHO Pakistan supported uplidding of WASH services at various secondary hospitals.

### PROGRESS ON THE 8 PRACTICAL STEPS
- **Step 1: Situation Analysis & Assessment**
- **Step 1: Baseline assessment**
- **Step 2: National Roadmap & Targets**
- **Step 3: WASH Standards in HCF**
- **Step 3: Health care Waste standards**
- **Step 4: Infrastructure & Maintenance (WASH Fit)**
- **Step5: Monitor & Review Data (HMIS)**
- **Step6: Develop Health Workforce**
- **Step 7: Engage Communities**

### MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY
- Carried out situational analysis
- Revised HCWM standards
- Support mechanism to actively engage local communities
- Initiatives taken to support WASH services through clean energy/solarization
- Healthcare staff capacities built on water quality surveillance
- WASH sector coordination established in 2019

### GENDER AND EQUITY ACTIVITIES
- WASH facilities improved with a particular focus on women & girls
- Sample latrines constructed/rehabilitated for people with disabilities, pregnant women and elderly people
- Gender segregated toilets available at HCF

### CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES
- Introduced provision of drinking water at HCF through clean energy/solarization
- Safely disposal of hospital hazardous waste through provision of incinirators
- Provision of electricity through solarization
- Energy efficient infrastructure i.e. toilets reconstructed/rehabilitated with proper natural(sunlight) illumination and ventilation

### PARTNERSHIPS
- Ministry of Climate Change
- Ministry of Health
- UNICEF
- UNDP
- WHO
- GIZ
- WaterAid

### BEST PRACTICES ON SCALING UP AND REPLICATION
- Develop a national strategy for water quality and safety
- Update national guidelines for WASH climate risk assessment, drinking water and sanitation policies, and plans in line with National Climate Change Policy 2021
- Develop national guidelines for WASH expenditures reporting with particular focus on climate response
- WASH budgeting and reporting
- Multi-stakeholders collaboration as MoCC, MoH, UN agencies, WHO and private sector engaged to support different initiatives
- Joint up advocacy and resource mobilization strategies to pool in technical and financial expertise to avoid duplication
- Capacity development of local staff
- M&E and systems for data collection, review and analysis

### KEY NEXT STEPS TO ACCELERATE PROGRESS
Integration into the health planning, monitoring and financing (including resource allocation)
- Demonstrate models in the health systems at various levels of care; i.e. primary, secondary and tertiary
- Mobilize resources and Joint-up advocacy
- Review Health budgeting, advocate for budget allocation for WASH services
- Introduce self reporting tool for HCF Monitoring and accountability
- Introduce dedicated dashboard/reporting tools for WASH facilities assessment at HCF, maybe WASH Fit tool if Govt agrees
- Analyze different WASH reporting mechanisms such as the PSLM, JMP etc.; either club or introduce missing areas, where possible

**Empowering health workforce**
- Educate and equip with necessary tools on the water quality surveillance, reporting etc.
The financial crisis affecting the health sector in SoP has markedly reflected on the pharmaceutical sector in governmental HCs. With regard to developing and mainstreaming quality and patient safety systems, efforts have been fruitful over the past years. With regard to health governance, there are still gaps that need to be addressed now and in the coming years. Similar to most countries in the region and worldwide, Palestine is facing a major health challenge in terms of the high prevalence of associated risk factors, such as smoking, overweight and lack of physical activity. The prevalence of NCDs, especially the continuous increase in the incidence of cancer and cardiovascular diseases, as well as the high prevalence of associated risk factors, such as smoking, overweight and lack of physical activity. The prevalence of NCDs, especially the continuous increase in the incidence of cancer and cardiovascular diseases, as well as the high prevalence of associated risk factors, such as smoking, overweight and lack of physical activity.

**Major achievements in WASH, Waste & Energy Service Delivery**
- Finalizing the national WASH in HCFs vulnerability assessment.
- Developing the WASH in HCFs national standards.
- Developing training package of the national standards for the HCFs staff.

**Gender and Equity Activities**
- The developed of WASH in HCFs national standards takes into consideration the Age and Gender marker.
- Specific items and questions in the assessment were GAM oriented.

**Climate-Resilient, Environmentally Sustainable Activities**
- All of the planned WASH in HCFs activities are climate resilience oriented.
- One of the main national assessment and standards is to consider climate resilience adaptation.

**Best Practices on Scaling up and Replication**
- Invest more in sustainable water, sanitation and hygiene interventions in HCFs.
- Gather more evidence of meeting WASH needs.
- Improve health systems.
- Expanding the capabilities of health workers.
- Rehabilitation and development of infrastructure to suit quality services.

**Partnerships**: UN Agencies, IN/NGOs, CSOs, Private Sector
- Upgrading the infrastructure and health services in hospitals and health centers, including the upgrading and renovating of buildings and medical equipment and introduction of new health services.
- Enhancing health governance and developing national policies and health laws and regulations.
- Improving and re-forming the system of referrals and purchase of medical services.
- Continuously enhancing the quality of health services in hospitals and PHC centers.
- Computerized health information system.
- Enhancing education in health and improving the capacity of health personnel to keep pace with scientific and technological developments.

**Challenges**
1. The financial crisis affecting the health sector in SoP has markedly reflected on the pharmaceutical sector in governmental HCs.
2. Similar to most countries in the region and worldwide, Palestine is facing a major health challenge in terms of the high prevalence of NCDs, especially the continuous increase in the incidence of cancer and cardiovascular diseases, as well as the high prevalence of associated risk factors, such as smoking, overweight and lack of physical activity.
3. In cooperation with its partners, the MoH recently launched a slogan of "working towards nationalizing health services in Palestine".
4. With regard to developing and mainstreaming quality and patient safety systems, efforts have been fruitful over the past years in implementing the patient safety initiative in all public hospitals.
5. Family Practice Approach.
6. With regard to expanding the network of the computerized information system in the health sector.
7. With regard to health governance, there are still gaps that need to be addressed now and in the coming years.

**Global Summit on WASH and Waste in Healthcare Facilities: State of Palestine**

**POPULATION:** 5,289,768

**Health Care Facilities number and categories in the country:**

- Number of HCFs (MoH 2023 data)
  - 33 Hospitals, 823 Clinic and Health centers
  - % of HCFs covered by type

**Status of WASH, waste, environmental cleaning, and energy services in HCFs:**

- 90% of HCFs are connected to piped water services
- 98% of HCFs facilities have sufficient number of handwashing stations
- 98% of the facilities are connected to public solid waste collection services
- 52% of HCFs are connected to public sewer service
- 69% of HCFs have full-time cleaning staff, and 36% of the cleaning staff receive regular cleaning and environment hygiene training
- 85% of HCFs are connected to public grid power supply system

**Progress on the 8 Practical Steps**

- Step 1: Situation Analysis & Assessment
- Step 1: Baseline assessment
- Step 2: National Roadmap & Targets
- Step 3: WASH Standards in HCF
- Step 3: Healthcare Waste standards
- Step 4: Infrastructure & Maintenance (WASH Fit)
- Step 5: Monitor & Review Data (HMIS)
- Step 6: Develop Health Workforce
- Step 7: Engage Communities

**WASH Fit Implementation & Sustainability (Total urban and rural, PHC, Others)**
- The State of Palestine is still not using the FIT tool

**Challenges**
1. The financial crisis affecting the health sector in SoP has markedly reflected on the pharmaceutical sector in governmental HCs.
2. Similar to most countries in the region and worldwide, Palestine is facing a major health challenge in terms of the high prevalence of NCDs, especially the continuous increase in the incidence of cancer and cardiovascular diseases, as well as the high prevalence of associated risk factors, such as smoking, overweight and lack of physical activity.
3. In cooperation with its partners, the MoH recently launched a slogan of "working towards nationalizing health services in Palestine".
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5. Family Practice Approach.
6. With regard to expanding the network of the computerized information system in the health sector.
7. With regard to health governance, there are still gaps that need to be addressed now and in the coming years.

**Key Next Steps to Accelerate Progress**

- Create policy frameworks to direct capital toward sustainable infrastructure rapidly.
- Enhancing the network of the computerized information system in the health sector.
- According to scientific and technological developments.
- Continuously enhancing the quality of health services in hospitals and PHC centers.
- Computerized health information system.
- Enhancing education in health and improving the capacity of health personnel to keep pace with scientific and technological developments.

**Partnerships**: UN Agencies, IN/NGOs, CSOs, Private Sector
- Upgrading the infrastructure and health services in hospitals and health centers, including the upgrading and renovating of buildings and medical equipment and introduction of new health services.
- Enhancing health governance and developing national policies and health laws and regulations.
- Improving and re-forming the system of referrals and purchase of medical services.
- Continuously enhancing the quality of health services in hospitals and PHC centers.
- Computerized health information system.
- Enhancing education in health and improving the capacity of health personnel to keep pace with scientific and technological developments.

**Monitoring and accountability**
- MoH is the main health service provider and stakeholder supported by different Health actors (WHO, UNICEF, NGOs, etc)

**Empowering Health Workforce**
- The national WASH in Health Working Group has been established and activated.
- The WASH and Health clusters support the MoH in related coordination mechanisms.
Global Summit on WASH and Waste in Healthcare Facilities: Philippines

**POPULATION:** 114 Million (2022)

**HEALTH CARE FACILITIES number and categories in the Philippines (as of Apr. 2023):**

<table>
<thead>
<tr>
<th>Health Facility Type</th>
<th>Total</th>
<th>Public</th>
<th>Private</th>
<th>Total License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barangay Health Station</td>
<td>15,334</td>
<td>14,334</td>
<td>1,000</td>
<td>15,334</td>
</tr>
<tr>
<td>Birthing Home</td>
<td>3,927</td>
<td>3,720</td>
<td>207</td>
<td>3,927</td>
</tr>
<tr>
<td>Rural Health Unit</td>
<td>2,605</td>
<td>2,605</td>
<td>0</td>
<td>2,605</td>
</tr>
<tr>
<td>Hospital</td>
<td>1,352</td>
<td>464</td>
<td>888</td>
<td>1,352</td>
</tr>
<tr>
<td>Infirmary</td>
<td>149</td>
<td>355</td>
<td>253</td>
<td>149</td>
</tr>
<tr>
<td>City Health Office</td>
<td>42</td>
<td>42</td>
<td>0</td>
<td>42</td>
</tr>
</tbody>
</table>

**Status of WASH, waste, environmental cleaning, and energy services in HCFs:**

- **WASH Fitness Implementation & Sustainability (Total (urban and rural, PHC, Others):**
  - 10 HCFs – DFAT Project Areas (WASH Assessment/Improvement, Capacity building)
  - 28 HCFs – JVC Project Areas (WASH Assessment, Capacity building)
  - 10 HCFs – KOICA Project areas (WASH Assessment/Improvement, Capacity building)
  - 6 HCFs – KDCA Project Areas (WASH Assessment/Improvement, Capacity building)

**Best Practices on Scaling up and Replication:**

- Green Star awards on HCFs compliant to Green standards with incentives

**Targets:**

- Govt hospitals are climate resilient and environmentally sustainable

**Key Next Steps to Accelerate Progress:**

- Inclusion of Greening and WASH standards in HCF licensing requirements.
- Nationwide capacity building for health workforce on WASH and Greening HCF.
- Involvement of the community in WASH and Greening activities.
- Implementation of Environmental Sanitation Information System with WASH in HCF indicators
- Donor mobilization to support local government units on WASH and greening improvements

**CHALLENGES:**

- Inadequate funding at local government level to support WASH and Greening improvements
- Lack of technical expertise at sub-national levels for WASH and Greening HCF

**PARTNERSHIPS:**

- WHO, Unicef, ADB, World Bank, USAID, HCWH and Philippines’ National Government Agency and NGOs
Sommet mondial sur l'eau, l'hygiène et l'assainissement, et les déchets dans les établissements de santé : République du Congo

**POPULATION:**

Nombre et catégories des ÉTABLISSEMENTS DE SANTÉ dans le pays :

État des services WASH, des déchets, du nettoyage environnemental et de l'énergie dans les établissements de soins de santé :

**AVANCER SUR LES 8 ÉTAPES PRATIQUES** *

- Étape 1 : Analyse et évaluation de la situation
- Étape 1 : Évaluation de base
- Étape 2 : Feuille de route et objectifs nationaux
- Étape 3 : Normes WASH dans les établissements de santé
- Étape 3 : Normes relatives aux déchets de soins de santé
- Étape 4 : Infrastructure et maintenance (WASH Fit)
- Étape 5 : Surveiller et examiner les données (HMIS)
- Étape 6 : Développer le personnel de santé
- Étape 7 : Engagez les communautés

**RÉALISATIONS MAJEURES DANS LA FOURNITURE DE SERVICES WASH, WASTE & ENERGY**

**ACTIVITÉS GENRE ET ÉQUITÉ**

**ACTIVITÉS RÉSILIENTES AU CLIMAT ET DURABLES SUR LE PLAN ENVIRONNEMENTAL** **

**MISE EN ŒUVRE DE WASH FIT & Durabilité**

(Total (urbain et rural, SSP, Autres)

**MEILLEURES PRATIQUES SUR LA MISE À L’ÉCHELLE ET LA RÉPLICATION**

**PROCHAINES ÉTAPES CLÉS POUR ACCÉLÉRER LES PROGRÈS**

- Intégration dans la planification, le suivi et le financement de la santé (y compris l'allocation des ressources)
- Surveillance et responsabilisation
- Autonomisation du personnel de santé
Global Summit on WASH and Waste in Healthcare Facilities: Serbia

**POPULATION:** 6,797,105

**HEALTH CARE FACILITIES number and categories in Serbia:**

<table>
<thead>
<tr>
<th>Type of health care facilities</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>1,463</td>
</tr>
<tr>
<td>Secondary</td>
<td>285</td>
</tr>
<tr>
<td>Tertiary</td>
<td>111</td>
</tr>
<tr>
<td>Multilevel</td>
<td>29</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,888</td>
</tr>
</tbody>
</table>

Status of WASH, waste, environmental cleaning, and energy services in HCFs: Out of 320 HCFs

<table>
<thead>
<tr>
<th>Category</th>
<th>Basic</th>
<th>Limited</th>
<th>No Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WATER</strong></td>
<td>318</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>SANITATION</strong></td>
<td>5</td>
<td>307</td>
<td>8</td>
</tr>
<tr>
<td><strong>HYGIENE</strong></td>
<td>274</td>
<td>44</td>
<td>2</td>
</tr>
<tr>
<td><strong>WASTE MANAGEMENT</strong></td>
<td>271</td>
<td>38</td>
<td>11</td>
</tr>
<tr>
<td><strong>CLEANING</strong></td>
<td>180</td>
<td>123</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>953</td>
<td>540</td>
<td>30</td>
</tr>
</tbody>
</table>

**CHALLENGES**
- Significant shortcoming related to sanitation infrastructure – very low accessibility for patients with impaired mobility
- Lack of detailed protocols for cleaning procedures or a lack of structured training
- Limited financial resources
- Lack of personnel

**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**
Aligning with SDG goals, Serbia integrated SDG indicators for WASH in HCFs in the National monitoring programme of sanitary-hygienic conditions in HCFs in 2017 and in 2019 defined the advanced indicators at national level for four dimensions based on the national assessment.

Following up recommendations from the national assessment, WASH was integrated in policy on IPC in 2020 and the National action plan for improving of the WASH situation in HCFs in Serbia was developed in 2022, targeting all five WASH dimensions. Integration of WASH in IPC policy refers to mandatory testing of drinking water quality and training of medical and non-medical staff on WASH in HCFs on regular basis.

Training material for cleaning staff was prioritised in the Action plan and implemented in 2022. Covering critical moments in environmental cleaning, seven video presentation exclusively targeting the cleaning staff were created. Dissemination of training material to all HCFs through the network of institutes of public health was perform.

**BEST PRACTICES ON SCALING UP AND REPLICATION**
- Under limited financial resources and exciting infrastructural level of standards
- Improvements of the WASH situation in HCFs are possible, taking step wise approach starting from situation assessment and building on the results and recommendations.
- Developing of National road map or action plan, prioritizing feasible action (empowerment of HCF staff that will be skilled and capable to adequately maintain WASH conditions in HCFs)
- Engaging with and bring together different stakeholders, partners and donors
- Through strong and diligent individual leadership
  Can ignite the action!

**PROGRESS ON THE 8 PRACTICAL STEPS**

1. **Step 1: Situation Analysis & Assessment**
   - Conducted in Serbia in 2019, based on 320 HCFs and supported by the World Health Organization
   - Summary report was published and available at: https://apps.who.int/iris/handle/10665/354708

2. **Step 2: National Roadmap & Targets**
   - Developed for all 5 dimensions in 2022

3. **Step 3: WASH Standards in HCF**
   - Regular mandatory testing of drinking water quality in HCFs and training on sanitary-hygienic conditions for hospital staff was integrated and adopted in the rulebook on infection prevention and control (IPC) in 2020.

4. **Step 4: Infrastructure & Standards**
   - Prioritised in the Action plan and building on the recommendations.

5. **Step 5: Monitor & Review Data (HMIS)**

6. **Step 6: Develop Health Workforce**
   - Training material for cleaning staff in HCFs developed and disseminated in 2022

7. **Step 7: Engage Communities**

**KEY NEXT STEPS TO ACCELERATE PROGRESS**
- Integration into the health planning, monitoring and financing (including resource allocation)
- Integration of the advanced WASH indicators in the National monitoring programme of sanitary-hygienic conditions in HCFs.
- Empowering health workforce
  - Further implementation of the National action plan, targeting and strengthening professionals of various disciplines in HCFs for ensuring safe and quality WASH services.

**PARTNERSHIPS**
- The Ministry of Health
- The Ministry of environmental protection
- Donors
- Inter-institutional partnership
- within health sector

**ENERGY SERVICE DELIVERY**
- Under limited financial resources and exciting infrastructural level of standards
- Improvements of the WASH situation in HCFs are possible, taking step wise approach starting from situation assessment and building on the results and recommendations.
- Developing of National road map or action plan, prioritizing feasible action (empowerment of HCF staff that will be skilled and capable to adequately maintain WASH conditions in HCFs)
- Engaging with and bring together different stakeholders, partners and donors
- Through strong and diligent individual leadership
  Can ignite the action!
Global Summit on WASH and Waste in Healthcare facilities: Sierra Leone

Population: 7,548,702

41% URBAN

59% RURAL

42% of the Population is under the age of 15

1 in 32 babies die during their first month of life

Progress on the 8 Practical steps

<table>
<thead>
<tr>
<th>Steps</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct situation analysis and assessment</td>
<td>A WASHFIT analysis and assessment has been conducted</td>
</tr>
<tr>
<td>Set targets and define a roadmap</td>
<td>An assessment of the situation, setting objectives and defining roadmap was conducted</td>
</tr>
<tr>
<td>Establish National standards and accountability mechanisms</td>
<td>Sierra Leone has a technical guidelines on WASH in healthcare facilities which is now due for revisions. Sierra Leone also has draft designs for WASH facilities for the various categories of healthcare facilities (CHC, CHP, MCHP).</td>
</tr>
<tr>
<td>Improve infrastructure and maintenance</td>
<td>Comprehensive Improvement plans have been done for all districts and regional hospitals (Secondary and tertiary healthcare facilities). There is also a draft operation and maintenance guide for WASH facilities</td>
</tr>
<tr>
<td>Monitor and review data</td>
<td>WASHNORM covered data from WASH in HCF Nationwide</td>
</tr>
<tr>
<td>Develop Health Workforce</td>
<td>Comprehensive WASHFIT training has been done for all district and regional hospitals</td>
</tr>
<tr>
<td>Engage Communities</td>
<td>There are now 1756 WASHCOMs that supports their HCFs</td>
</tr>
<tr>
<td>Conduct operational research and share learning</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Achievements so far

In the past 3 years, through partnership with UNICEF & its donor partners, we have:

* Installed of SPWS for 91 health care facilities (14 hospital and 77 PHUs) across 15 districts of Sierra Leone.
* Constructed sanitation, hygiene and waste management facilities in 57 health care facilities.

Status of WASH in Health facilities

**WATER**

- 61.7% of the health facility have water available from an improved water source located On-premises

**Sanitation**

- 76.2% of HFs have usable improved Sanitation facilities with at least one sex-separated toilet with menstrual hygiene facilities and at least one toilet accessible to PWD

**Hygiene**

- 29.9% of the Health facilities have both water and soap available at handwashing facility within 5m of the Toilet
- 38.9% of the HFs have at least one usable improved toilet designated for women/ girls, which provides facilities for MMH

Challenges

- Lack of data
- Inadequate resources to improve access
- Low capacity of Healthcare workers on WHO/UNICEF WASH (FIT)
- Weak coordination and partnership with other partners and actors at the district level

Good Practices

- WASH FIT assessment and training of healthcare workers in tertiary hospitals
- Mapping the availability of WASH facilities at healthcare facilities through NORM survey
- Currently reviewing and updating the WASH standards in healthcare facilities 2012
- Increased synergy, partnership, and collaboration with UNICEF, WHO, and GOAL at the national level
- Active participation in climate change, Resilience and Environmental Technical Working Group (TWG) coordinated by WHO

Practical steps to achieve universal access to quality care

- Capacity building of Technical staff of HCF on Operation and Maintenance of WASH services
- Concerted and collective efforts; integrated approach needed to improve on WASH facilities access & eventually improved quality of care
- Need for effective collaboration with Health-related NGOs in the country
- Increased budget allocation to WASH in the Health facility

Partnerships

Global Summit on WASH and Waste in Healthcare Facilities: Solomon Islands

POPULATION: 735,876

HEALTH CARE FACILITIES number and categories in the country: 351

- National Referral Hospital: 1
- Hospitals : 10
- Area Health Centres: 36
- Rural Health Clinics: 116
- Nurse Aid Posts: 186
- TOTAL 348

Status of WASH, waste, environmental cleaning, and energy services in HCFs:

- WASH: 69%
- Waste: 26%
- Environmental Cleaning: 23%
- Energy: 16%

CHALLENGES:

- Limited government funding to support WASH in health Care Facility (HCF) Improvements
- Very high logistical cost in provision of WASH services due to remoteness of most of the HCF
- Some of the HCF buildings/infrastructure is dilapidated requiring reconstruction or rehabilitation first before Institutional Arrangements to support Operation & maintenance of WASH Services in HCF

PROGRESS ON THE 8 PRACTICAL STEPS:

- Step 1: Situation Analysis & Assessment
- Step 1: Baseline assessment
- Step 2: National Roadmap & Targets
- Step 3: WASH Standards in HCF
- Step 3: Health care Waste standards
- Step 4: Infrastructure & Maintenance (WASH Fit)
- Step 5: Monitor & Review Data (HMIS)
- Step 6: Develop Health Workforce
- Step 7: Engage Communities

WASH FIT IMPLEMENTATION & Sustainability (Total (urban and rural, PHC, Others))

- Nil

MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY:

- National Baseline survey to assess the status on WASH, Environmental Cleaning, Health Care Waste Management & Energy Services & data dashboard [SI HCF WASH (akvo.org)]
- Development of National Standards & Guidelines for WASH, Health Care Waste and Environmental Cleaning in progress

GENDER AND EQUITY ACTIVITIES:

- Development of National Standards & Guidelines for WASH, Health Care Waste and Environmental Cleaning in progress

CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES

- Clean Energy for Powering the HCFs and water supply pumping systems
- Development of Climate Resilient WASH infrastructure guidelines and standards

BEST PRACTICES ON SCALING UP AND REPLICATION:

- Development of National Roadmap and establishment of targets
- Strengthening WASH in Health Care Monitoring & Reporting for National/SDG 6
- Public, Private Partnerships for improving WASH services in health care facilities

KEY NEXT STEPS TO ACCELERATE PROGRESS

- Integration into the health planning, monitoring and financing (including resource allocation)
- Development of National Standards for WASH, Environmental Cleaning & Health Care Waste Management
- Setting of National Roadmap & Targets
- Establishment and/or integration of a real time Monitoring and accountability system for tracking improvements
- Empowering health workforce

PARTNERSHIPS

- Donors
- UNICEF
- Private Sector
- Provincial Governments
Global Summit on WASH and Waste in Healthcare Facilities: Somalia

**Population:** 18,143,378

**Healthcare Facilities**
- Number and categories in the country: 1023
  - Hospitals: 323
  - Healthcare Centers: 700

**Status of Basic WASH, Waste and Energy Services in HCFs as per the 2022 JMP Assessment**
- WASH: 46% (urban and rural, PHC, Others)
- Sanitation: 8% (urban and rural, PHC, Others)
- Hygiene: 12% (urban and rural, PHC, Others)
- Waste Management: 42% (urban and rural, PHC, Others)
- Environmental Cleaning: 0% (urban and rural, PHC, Others)

**Challenges:**
- Limited funding specific for WASH in HCFs.
- Limited capacity of WASH in HCF personnel.
- Limited staff dedicated for wash in healthcare facility.
- Limited awareness of hygiene practices of the HCWs.

**Progress on the 8 Practical Steps (for countries who have not filled in tracker or want to update)**

1. Situation Analysis & Assessment of WASH in HCFs
2. Targets & Roadmap
3. Standards & Accountability Mechanism
4. Infrastructure & Maintenance
5. Monitor & Review Data
6. Develop Health Workforce
7. Engage Communities
8. Research & Share Learnings

**Major Achievements in WASH, Waste & Energy Service Delivery**
- Completed and disseminated situational analysis and WASH in HCFs’ assessment data in 2022.
- Developed HCWM strategy in 2023.
- WASH policy, WASH strategy and M&E framework documents 2019-2024 were developed and disseminated in 2019.
- Completed development of National hygiene promotion Strategic plan 2023 – 2027.

**Gender and Equity Activities**
- Provision of gender segregated latrines in the HCFs.

**Climate-Resilient, Environmentally Sustainable Activities**
- Implementation of renewable energy for water production and health facilities’ electrification.
- Implementing floods’ resistant latrines.
- Using Sterile wave machine for HCWM.

**WASH FIT Implementation & Sustainability**
- Currently there is no healthcare facility implementing WASH fit, but the selection and the ToT training were completed.

**Best Practices on Scaling Up and Replication**
1. Advocate for using renewable energy in the healthcare facilities.
2. Training of the healthcare workers on the WASH models.
3. Water treatment systems in the healthcare facilities like LifeStraw water filters.

**Key Next Steps to Accelerate Progress**
- Integration into the health planning, monitoring and financing (including resource allocation).
- Integrate WASH in health care facility services into the national Health sector strategic Plan by 2024.
- Allocating a specific budget for WASH in healthcare facility 2023.
- Establishing national monitoring indicators for WASH in healthcare facilities to regularly monitor progress and strengthen accountability for WASH services at the end of 2023.
- Provision of monitoring tools by 2023.
- Developing National WASH and IPC in HCFs training manual by 2024.

**Partnerships**
- MOH
- WHO
- UNICEF
- Global Fund
- CERF

**MOH**
Ministry of Health and Human Services

**WHO**
World Health Organization

**UNICEF**
United Nations Children’s Fund

**Global Fund**
Global Fund to Fight AIDS, Tuberculosis and Malaria

**CERF**
Central Emergency Response Fund
Global Summit on WASH and Waste in Healthcare Facilities: Uganda

### PROGRESS ON THE 8 PRACTICAL STEPS

**Step 1: Situation Analysis & Assessment**
- Conducted situational analysis, health and WASH policies, governance structures, institutional arrangements, funding streams and stakeholders in 2020.

**Step 1: Baseline assessment**
- Conducted in 2020 in 4272 HCFs (all the 136 districts).

**Step 2: National Roadmap & Targets**
- National/HCFs costed micro-plans developed but no roadmap in 2021.

**Step 3: WASH Standards in HCF**
- In 2022, developed guidelines that dictate infrastructure & resources for sustainable WASH services.

**Step 3: Health care Waste standards**
- (Integrated in the WASH in HCFs guidelines- not disseminated)

**Step 4: Infrastructure & Maintenance (WASH Fit)**
- HCFs plan and provide WASH infrastructure but not generally improved and have poor maintenance.

**Step 5: Monitor & Review Data (HMIS)**
- (MIS system is put in place, not rollout to HCFs. So monitoring of WASH progress is not done regularly)

**Step 6: Develop Health Workforce**
- (14/136 district staff were well-trained and well-supported with WASH-FIT in 2022)

**Step 7: Engage Communities**
- Community members and organizations are engaged in decision-making and management of services in only 14 districts.

### MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY

1. Developed & disseminated WASH in HCFs Guidelines & micro-planning handbook to 89/136 districts.
2. Supported 89 districts to develop own costed action plans, and 14 trained on WASH-FIT.
3. Developed O&M guidelines.
4. A national trainers of trainers (ToT) training of WASH-FIT for 16 health workers.

### Establishment of National WASH in HCF coordination committee

### KEY NEXT STEPS TO ACCELERATE PROGRESS

Integration into the health planning, monitoring and financing (including resource allocation)

1. Securing senior management presentation of WASH in HCFs gaps by September 2023
2. Wide dissemination of the WASH in health care facilities micro plan and costed plan by December 2023
3. Development of the WASH in HCF strategic plan by March 2024
4. Engagement of district local governments to prioritize WASH in HCFs in their planning by December 2023

### BEST PRACTICES ON SCALING UP AND REPLICATION

- Integration of supportive supervision of other district based activities with training of WASH/IPC focal persons as a contribute to the WASH FIT process
- Encourage district/ health facility exchange visits for best practices and experience sharing
- Engaging decision makers (e.g. through breakfast meetings) for critical thinking and provision of WASH in HCF infrastructure
- Partners are encouraged and committed to support WASH-FIT capacity building in their project areas.

### STATUS OF WASH IN HCFs (4,272 Surveyed out of 6,937)

- 61% have basic water service
- 5% have basic sanitation service
- 47% have basic hand hygiene service
- 8% have basic Env’t cleanliness
- 56% have basic waste mgmt service
- 28% have reliable electricity

### CHALLENGES

- Inaccurate, poor management and utilization of WASH data
- National WASH FIT guideline not disseminated to HCFs
- Lack of capacity among health workers on climate resilient WASH services delivery
- Poor operation and maintenance of the WASH facilities
- High cost of water or electricity utility tariff
- Lack of willingness to prioritize WASH in HCFs

### POPULATION:

- National hospitals: 5
- Regional/District hospitals: 192
- Sub-district centers: 229
- Local health centers: 6,511
- TOTAL PUBLIC: 3,133
- Private registered hospitals/clinics: 3,804
- TOTAL: 6,937

### GENDER AND EQUITY ACTIVITIES

- All WASH-FIT committees (250) formed have at least 30% female representation
- WASH in HCF planning has inclusion of people with disability
- The country’s WASH facility designed and management are inclusive

### CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES

- Provision of about 60% of Climate resilient WASH infrastructure by 2022
- Nationally determined contribution with support from UNDP while UNICEF reviewed WASH component
- Climatic risk and vulnerability assessment is conducted in 2022

### PARTNERSHIPS

- National and international institutions and organization supporting the government on IPC/WASH in HCF:
  - UNICEF
  - WHO
  - CDC
  - USAID
  - World Vision
  - IDI
  - WaterAid
  - Baylor

### MONITORING AND ACCOUNTABILITY

1. Integrated Community health and WASH MIS will be launched by September 2023
2. WASH MIS capacity building at local govt will be conducted December 2023
3. Strengthen the national WASH in HCFs coordination mechanism to advocate and align interventions
4. Advocate for inclusion of WASH in HCF indicators in health system monitoring for instance HMIS December 2023

### EMPOWERING HEALTH WORKFORCE

1. Stakeholder/ partner mapping for local capacity building of the health workers on WASH-FIT September 2023
2. Continue integrating WASH-FIT capacity building in all support supervision activities on going
Global Summit on WASH and Waste in Healthcare Facilities: Ukraine

Status of WASH, waste, environmental cleaning, and energy services in HCFs:
- Rapid response measures have effectively tackled all challenges in water, sanitation, and hygiene (WASH) within HCF, marking a significant transformation since the full-scale invasion and making the collection of current WASH status a top priority.

Challenges
- The impact of hostilities on water supply and drainage, energy infrastructure, and health care facilities
- Over 900 verified attacks on healthcare facilities:
  - 1412 objects in 577 HCFs were damaged
  - 101 deaths
  - 139 injuries
- Readiness and preparedness
- Availability of and supply chains for water treatment agents, disinfectants and equipment
- Drain of manpower
- Ensuring provisions for alternative / emergency supplies.

Emergency situation around the Kakhovka Hydroelectric Power Plant
- 80% of the station was destroyed
- 150 tons of turbine and transformer oil leaked
- The danger of failure in cooling reactors of the Zaporizhia NPP
- 20 settlements on the right bank of the Dnipro River and more than 1,900 houses were flooded in the Kherson (updating*)
- Changes in the climatic regime of the region
- Poisoning of the water of the Dnipro and Southern Bug rivers

Best Practices on scaling up and replication
- Support systematic assessment, management and incremental improvements of WASH in HCFs
- Increased standards and requirements for WASH services during construction, renovation and use of HCFs.
- Maintaining and enhancement of WASH services at healthcare facilities

Key Next Steps to Accelerate Progress
- Integration into the health planning, monitoring and financing (including resource allocation)
- Integration of WASH FIT tool in national legislation and routine use of the tool for incremental improvement of WASH in HCF.
- Effective coordination between MoH, three levels of WHO and partners facilitate achieving the progress in WASH services in Ukraine.
- Investment cases, practical examples and step by step guidance on improving waste management and building climate resilient WASH services

Key Partnerships
- WHO on IPC (Infection Prevention and Control), cholera prevention, public health, and laboratories
- UNICEF & WHO on WASH in healthcare facilities
- The Health and WASH Clusters as platforms for mobilizing support
- Water Quality Working Group, established under the WASH Cluster and led by the US CDC

Population: 41 million

Healthcare facilities number and categories in the country:
Approximately 15127 HCFs
- 5448 entitled to provide primary medical care

Major achievements in WASH, waste & energy service delivery
- Updated legislation on waste management
- Maintaining health care services, including WASH services, in areas with severe hostilities
- Quick resuming of services in de-occupied and severely affected areas
- 239 damaged objects were repaired
- 282 damaged objects were partially repaired
- Every HCFs are provided with alternative power sources that are able to support the work of the institution for 5 days

WASH FIT Implementation & Sustainability (Total [urban and rural, PHC, Others])

WASH FIT:
- Training for HCFs
- SOPs development / Technical support
- Priority goods provision

Progress on the 8 Practical Steps:
- Step 1: Situation Analysis & Assessment
- Step 2: National Roadmap & Targets
- Step 3: WASH Standards in HCF
- Step 4: Infrastructure & Maintenance (WASH Fit)
- Step 5: Monitor & Review Data (HMIS)
- Step 6: Develop Health Workforce
- Step 7: Engage Communities
Global Summit on WASH and Waste in Healthcare Facilities: Venezuela

PROGRESS IN THE 8 PRACTICAL STEPS *

- Step 1: Situation Analysis & Assessment
- Step 1: Baseline assessment
- Step 2: National Roadmap & Targets
- Step 3: WASH Standards in HF
- Step 3: Health care Waste standards
- Step 4: Infrastructure & Maintenance (WASH Fit)
- Step5: Monitor & Review Data (HMIS)
- Step6: Develop Health Workforce
- Step 7: Engage Communities

MAJOR ACHIEVEMENTS IN WASH, WASTE, Energy

- Installations of equipment to access and deliver safe water. (Deep boreholes, pumping systems). Chlorination System and Maintenance of water storage ponds and containers. Dissemination of techniques for hand washing. Sensitization and awareness of World Water Day.

GENDER AND EQUITY ACTIVITIES

- Provision and management of timely and quality service
- Free health care without distinction, gender, ethnicity and cultures according to individual needs and socio-economic context.

CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES

- Dissemination of climate change mitigation measures.
- Adaptation of infrastructure for conditioning in the face of climate change. Institutional actions for the attention in adverse events, of climate and natural phenomena.
- Preparing for climate emergencies. Disaster Reduction & HCWM Green hospitals & Resilient Hospitals

WASH FIT IMPLEMENTATION & Sustainability

(Water, urban and rural, PHC, Others)

POPULATION:
- 33,728,050 hab
- Men: 16,535,260
- Source: National institute of statistic (INE), Poblational Census. 2023

HEALTH CARE FACILITIES number and categories in the country

<table>
<thead>
<tr>
<th># of HCFs across Venezuela</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,793</td>
<td>pHCFs and Specialized attention HCFs (Both pHCFs and tertiary level of attention)</td>
</tr>
<tr>
<td>296</td>
<td>Red de Atención Comunal de Salud/Red de Ambulatoria Especializada</td>
</tr>
</tbody>
</table>

Total: 5,089
Source: Ministerio del Poder Popular para la Salud (MPPS-MoH), 2023

WASH FIT IMPLEMENTATION & Sustainability (Total: urban and rural, PHC, Others)

- MPPS (MoH) actions from current roadmaps and targets with UNICEF support

12 Venezuelan states with current WASH FIT in HCFs implementation since 2020.

KEY NEXT STEPS TO ACCELERATE PROGRESS

- Integration into health planning, monitoring and financing (including resource allocation)
- Ongoing agenda by MoH and national alliances
- Health workers with installed capacities and WASH FIT and IPC
- Monitoring and accountability
- Already carried out by MoH with national mapping of needs and risks of emergencies.
- Reporting and data analysis of the WASH FIT agenda for the country once integrated to national policies and protocols
- Empowering health workforce
- Training of health personnel in the cleaning and disinfection of the internal areas of health centers.
- Training of health personnel in the integral management of healthcare waste management at HCF level. Online training of maintenance personnel in cleaning and disinfection practices of water distribution systems for human consumption.
- Promote the installation of wastewater treatment system in large-scale health centers.

MAJOR ACHIEVEMENTS IN WASH, WASTE, Energy

- Installations of equipment to access and deliver safe water. (Deep boreholes, pumping systems). Chlorination System and Maintenance of water storage ponds and containers. Dissemination of techniques for hand washing. Sensitization and awareness of World Water Day.

WASH FIT Venezuela Training

Online training to 30 participants from the national and state level of the Vice Ministry of Collective Health Networks, specifically in the modules of the WASH-FIT 2.0 training package, October 2022. Including several Venezuelan states: Aragua, Monagas, Anzoátegui, Lara, Barinas, Dist. Capital, Sucre, Guárico, Zulia, Nuevo Esparta, Táchira, Arauquía, Amazonas, Apure, Delta Amacuro, Lara, Mérida y Carabobo, nivel central. Practical activities and field visits to (05) HCFs in Gran Caracas.

BEST PRACTICES ON SCALING UP AND REPLICATION

- Carry out WASH experiences in other health facilities, located in places of difficult access.
- Dissemination of experience in water treatment of health centers and expansion in surrounding communities through ToTs, scaling up strategies.
**Global Summit on WASH and Waste in Healthcare Facilities: Zambia**

**HEALTH CARE FACILITIES number and categories in the country:**

- **3409 Health care facilities**
  - 126 1st Level Hospitals
  - 38 2nd Level Hospitals
  - 16 3rd Level Hospital
  - 1091 Rural Health Centers
  - 580 Urban Health Centers
  - 1486 Health Posts
  - 33 AHC Hospitals
  - 89 Mini Hospitals

**POPULATION: 19,464,164**

**WASH Fit-2019- Percentage of HCFs (125 HCFs Assessed)**

- 69%
- 53%
- 49%
- 64%
- ND

**CHALLENGES**

- Insufficient healthcare financing for WASH
- Inadequate fixed handwashing devices at strategic points
- Inadequate final waste treatment/disposal facilities

**WASH FIT IMPLEMENTATION & Sustainability (Total (urban and rural, PHC, Others)**

- WASH Assessment in one Province-Using the updated assessment tool
- Earlier Assessment conducted in 6 provinces using WASH-FIT
- Updated WASH FIT tool which includes other new parameters

**MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY**

- Formidable and active coordinating committee in Place
- Baseline data for WASH in HCFs in place
- Developed standards for WASH in HCFs
- Developed a National Technical Assessment Tool for WASH in HCFs
- Developed a technical field guide for WASH in HCFs
- Conducted a Water Quality Monitoring Gap Analysis
- Developed a Water Quality monitoring protocol
- Resource mobilization for WASH in HCFs
- Capacity building and mentorship for WASH in HCF
- Strong collaboration between Government line ministries and partners in WASH in HCFs
- Developed a score card for IPC in HealthCare Facilities (Indicators derived from the WASHFIT and Individualized rapid assessment tool (IRAT)

**BEST PRACTICES ON SCALING UP AND REPLICATION**

- WASH in Health facilities Standards and guidelines in Place
- Multisectoral Coordination Committee led by MoH-WASH technical expertise, Advocacy for WASH in Health and Progress tracking
- Autoclaving and shredding of waste
- Strong Community engagement participation

**GENDER AND EQUITY ACTIVITIES**

- Inclusive WASH infrastructure designs
- Participatory Hygiene and Sanitation Transformation Methodology (PHAST) use of tools like Daily activity Calendar
- Involvement of Both Gender in planning and train...

**CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**

- HNAP
- Autoclaving and Shredding of Healthcare waste in Lusaka, Central Copper-belt Provinces.

**KEY NEXT STEPS TO ACCELERATE PROGRESS**

- Finalizing WASH in Health Care Facilities Indicator in HMIS-WASH in Health indicators identified and developed; Indicator matrix developed. Next is to identify registers for data collection
- WASH assessments in 9 provinces using updated assessment tool to inform status and programming
- Continue resource planning, mobilisation for WASH in HCF and capacity building
- Provision of Piped water supply in HCFs
- Accelerate construction of Fixed handwashing devices at strategic points( Already started with support from the World Bank and WaterAid)
- Installation of Final waste treatment facilities
Global Summit on WASH and Waste in Healthcare Facilities: Zimbabwe

**POPULATION:** 15.1 Million

**HEALTH CARE FACILITIES number and categories in the country:**

- Quaternary Level: 6
- Tertiary level: 7
- Secondary level: 210
- Primary level: 1,644
- **TOTAL:** 1,867

**Status of WASH, waste, environmental cleaning, and energy services in HCFs (JMP service ladders in 2021):**

- **Basic:** 81%
- **Limited:** 11%
- **None:** 8%

- **Basic:** 58%
- **Limited:** 32%
- **None:** 10%

- **Basic:** 78%
- **Limited:** 22%
- **None:** 0%

**CHALLENGES**

1. Limited financial resources dedicated to WASH in HCF programming
2. Staff turnover (e.g., trained HCF staff may leave the institution)

**PROGRESS ON THE 8 PRACTICAL STEPS**

- **Step 1:** Situation Analysis & Assessment
- **Step 1:** Baseline assessment
- **Step 2:** National Roadmap & Targets
  - WASH in HCF Roadmap drafted in January 2021
- **Step 3:** WASH Standards in HCF
  - National WASH in HCF guidelines drafted in December 2022
- **Step 3:** Health care Waste standards
- **Step 4:** Infrastructure & Maintenance (WASH Fit)
- **Step 5:** Monitor & Review Data (HMIS)
- **Step 6:** Develop Health Workforce
- **Step 7:** Engage Communities

**WASH FIT IMPLEMENTATION & Sustainability (Total (urban and rural, PHC, Others))**

- WASH FIT implementation in 100 HCFs with sustainability plans (Aug 2021 – June 2023)

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinics</td>
<td>53</td>
<td>42</td>
<td>95</td>
</tr>
<tr>
<td>Hospitals</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

**BEST PRACTICES ON SCALING UP AND REPLICATION**

- Evaluation of WASH FIT assessment in 50 COVID-19 isolation facilities in Zimbabwe
- WASH FIT has been digitized (ODK) in the Ministry of Health and Child Care (MoHCC) information system to ensure government ownership and use
- WASH FIT costing tool has been developed and digitized to estimate HCF budget requirements based on WASH FIT assessment results
- A package of interventions including WASH FIT training/assessment, WASH infrastructure upgrades, supply provision, and WASH/IPC training for non-clinical staff provided

**CLIMATE-RESILIENT, GENDER-SENSITIVE, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**

- WASH in Healthcare Facilities (HCFs) guidelines developed in 2022 by incorporating climate resilience and gender sensitivity
- Solarization and WASH infrastructure upgrades in 100 HCFs completed in February 2023

**PARTNERSHIPS**

National and international institutions and organization supporting the government on IPC/WASH in HCF:

- UNICEF, USAID/Bureau for Humanitarian Assistance, U.S. Centers for Disease Control and Prevention, Action Contre la Faim (ACF), International Medical Corps (IMC), WHO

**KEY NEXT STEPS TO ACCELERATE PROGRESS**

Integration into the health planning, monitoring and financing (including resource allocation)

- Review and endorsement of the WASH in HCF roadmap and WASH in HCF guidelines

**QUANTITATIVE DATA**

- Urban: 81%
- Limited: 11%
- None: 8%
- Insufficient data

- Rural: 58%
- Limited: 32%
- None: 10%
- Insufficient data

- Total: 78%
- Limited: 22%
- None: 0%
- Insufficient data

Source: BBC.