

TOTAL

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

CLIMATE RESILIENCE, ENVIRONMENTAL POPULATION: 165.2 million MAJOR ACHIEVEMENTS IN WASH SUSTAINABILITY IN HCF WASH strategy (2019) which aims to ensure • **HEALTH CARE FACILITIES** basic WASH services in 80% of HCFs by2023, National WASH standards (2021) and National hospitals 11 guidelines developed Regional/District hospitals 244 WASH indicators integrated in H-MIS for Sub-district centers (UHC) 485 monitoring of WASH progress 1518 Local health centers (Union centers) 70% basic services TOTAL PUBLIC 2258 WATER 02% no service Private registered hospitals/clinics 5321 31% basic services 7579 SANITATION 25 06% no services 38% basic services HAND HYGIENE 03% no services X 76%** basic services **ENVIRONMENTAL** Maintenance CLEANING 11% no services \sim WASTE 11% basic services MANAGEMENT 04% no services SERVICES Partnership 88%** of health care Unicef, WHO, WaterAid, ENERGY facilities with regular access Terre des hommes- SNVto energy WASH in HCFs; HEKSEPER -





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

- Manual for building Climate resilient health care facilities (2022)- addressing WASH, IPC, and health workforce
 - Climate resilient WASH initiatives piloted in 8 health care facilities in Gaibandha
 - 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 Monitor and Review Data WASH indicators included in HMIS 2022, Reporting started **Develop Health Workforce** Engage communities

Operational Research

* For definitions of basic services/no service refer the JMP Service ladder for HCFs. ** source HRIS **BEST PRACTICES**



WASFIT pilot

- 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.



National Strategy for WASH in Health Care Facilities 2019-2023 A Framework for Action

Sommet mondial sur l'eau, l'hygiène et l'assainissement, et les déchets dans les établissements de santé: Côte d'Ivoire

POPULATION: 29 389 150 hbts

Nombre et catégories des ÉTABLISSEMENTS DE SANTÉ dans le pays :

| Centres Hospitaliers Universitaires | 5 | * = |
|-------------------------------------|------|------------|
| Instituts Nationaux spécialisés | 10 | |
| Hôpitaux de référence | 131 | |
| Centres Hospitaliers spécialisés | 2 | |
| Etablissements de premier contact | 2311 | |
| TOTAL PUBLIC | 2459 | പ |
| TOTAL PRIVE | 2668 | 4 |
| TOTAL GENEARL | 5127 | کص |

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



- l'accès aux services de base en eau et assainissement des établissements de santé.
- L'accès aux services de base d'hygiène environnementale.
- L'amélioration du système de gestion des déchets sanitaires.

AVANCER SUR LES 8 ÉTAPES PRATIQUES*

Étape 1 : Analyse et évaluation de

la situation Rapport diagnostic et d'evaluation des

- risques publié en 2020
- Étape 2 : Évaluation de base
- Rapport analyse situationnelle publié en 2021

Étape 2 : Feuille de route et obiectifs nationaux

Étape 3 : Normes WASH dans les établissements de santé. Arrêté ministériel fixant les normes et standards publié en 2021. Étape 3 : Normes relatives aux déchets de soins de santé

- En cours Étape 4 : Infrastructure et
- maintenance (WASH Fit) En cours

Étape 5 : Surveiller et examiner les données (HMIS) En cours

Étape 6 : Développer le personnel de santé *En cours* Étape 7 : Engagez les communautés *En cours*

MISE EN **CE**UVRE DE WASH FIT & Durabilité (Total urbain et rural, SSP, Autres)

- Utilisation du WASH FIT pour l'évaluation en vue de l' élaboration du rapport diagnostic sur les risques pour la santé du personnel, des accompagnants et des patients du fait d'un accès insuffisant aux installations WASH dans les établissements de santé.
- Evaluation de 20 autres établissements de santé à l'aide de l'outil WASH FIT.

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

Rapport de diagnostic et d'évaluation sur :

- Risques pour la 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

Rapport d'analyse de la situation sur WASH dans les établissements de santé :

- Echelle nationale
- Spécifique pour les régions prioritaires couvertes par le programme de coopération gouvernement-UNICEF
 Document de normes nationales pour le WASH dans les

établissements de soins.

Arrêté ministériel fixant les normes et standards WASH dans les établissements de santé, les directives de bonnes pratiques d'hygiène et les mécanismes de gestion et d'entretien des services d'eau, d'hygiène et d'assainissement dans les établissements de santé.

Modules de formation sur les normes et standard WASH dans les établissements de santé.

ACTIVITÉS GENRE ET ÉQUITÉ

- Construction de latrines/toilettes séparées selon le sexe dans certains établissements sanitaires
- Prise en compte de l'approche genre dans le document de normes nationales WASH
- Construction des infrastructures WASH avec prise en compte de l'accès aux personnes à mobilité réduite
- Accès de tous, sans distinction, aux infrastructures WASH dans les établissements de soins

ACTIVITÉS RÉSILIENTES AU CHANGEMENT CLIMATIQUE ET DURABLES SUR LE PLAN ENVIRONNEMENTAL**

 Elimination écologiquement rationnelle des déchets dans par incinération ou par banalisation dans plusieurs établissements sanitaires

PARTENARIATS

- UNICEF
- OMS
- USAID/MTaPS
- UCPS-BANQUE MONDIALE
- UCP-FONDS MONDIAL
- EXPERTISE FRANCE

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'agréments aux organismes exerçant dans la filière de gestion des déchets sanitaires.

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)
 - ✓ 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
 - ✔ Edition et Diffusion de la stratégie nationale WASH et du plan d'opérationnalisation.





MINISTÈRE DE LA SANTÉ PUBLIQUE, HYGIÈNE ET PRÉVENTION Global Summit on WASH and Waste in Healthcare Facilities : CONGO DR

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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.
 - 4 other documents are in validation process : IPC-WASH strategy, IPC-WASH strategic plan, Standards of WASH works in HCF and the drinking water guality 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 * departments (maternity, surgery, etc.) within 22 GRH (Equateur).
- 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
Setting up an exhaustive IPC-WASH database at the 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 of their improvement plans; waste monitorina 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 * guality, 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.

Monitoring and accountability

- Regular inspection of facilities, adherence to safety protocols and guidelines
 - central level.

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





- CHALLENGES
- Low resources
- Low workforce
- Infrastructure



PROGRESS ON THE 8 PRACTICAL STEPS





Step5: Monitor & Review Data

(HMIS):Need for monitoring system

Step6: Develop Health Workforce: Need more work force

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 Eqypt

PARTNERSHIPS

UNICEF









Ministry of water and irrigation

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
- Partner ship 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
- Continous training on infection control practices
- · Safe disposal of medical waste





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Global Summit on WASH and Waste in Healthcare Facilities: Ethiopia







- Financial Resources to improve WASH in HCFs
- Data inconsistency

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

Step5: Monitor & Review Data (HMIS)

- Data collected and analyzed using DHIS2 on quarterly basis

Step6: 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

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)

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 MHH in emergency guide develop (2023 to be endorsed)

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)



- WHO

- WaterAid

PARTNERSHIPS

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

- UNICEF USAID (T-WASH,PSI)
 - Concern Worldwide
 - Catholic relief service
- World vision Plan International



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

Global Summit on WASH and Waste in Healthcare Facilities: Fiji



POPULATION: 915,242



- Maintenance and upkeep
- Capacity Building

PROGRESS ON THE 8 PRACTICAL STEPS *



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

- WASFIT Rollout
- WASH Improvements in HCFs
- HCWMP 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





BEST PRACTICES ON SCALING UP AND REPLICATION

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



- 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



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. ٠
- Hospitals, including private sector: 255 ٠

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



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- 85% of HCFs had basic provisions for drinking water
- 90% of HCF had improved sanitation, but 7% of HCFs had basic provisions for sanitation



Safe treatment and/or disposal of sharps and infectious waste in 85-90% of HCFs but 44% met basic services



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39% of HCFs (64% of hospitals) had basic provisions for cleaning while 55% of HCFs have protocols in place

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



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 Step 3: Health care Waste standards Detailed IPC standards and permitting requirements are in place that address WASH and HCWM, gaps observed for sanitation



Step5: Monitor & Review Data (HMIS) WASH services are partially addressed in the inspections and controls through the accreditation system

Step6: Develop Health Workforce

Training on IPC and hand hygiene for all staff in the national guidelines



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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.



- 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.

KEY NEXT STEPS TO ACCELERATE PROGRESS

- Further integration into the health planning, monitoring and financing (including resource allocation)
 - Creation of a national IPC and WASH strategy and action plan with identified ring-fenced budget by end 2023.
 - Improving legislative and regulatory framework
- Monitoring and accountability
 - Publication of national report on the situational analysis of WASH in health care facilities and further dissemination.

Empowering health workforce

- Development and standardization of IPC and WASH education for both IPC professionals and healthcare workers by end 2023.
- Strengthen for capacity building and awareness raising on WASH for AMR.





Global Summit on WASH and Waste in Healthcare Facilities: Ghana



HEALTH CARE FACILITIES number and categories in the country:

| Hospitals | 945 |
|-----------------|------|
| Health centres | 1071 |
| Polyclinics | 72 |
| Clinics | 965 |
| Maternity homes | 339 |
| CHPS | 7080 |

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



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



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PROGRESS ON THE 8 PRACTICAL STEPS

Step 1: Situation Analysis & Assessment Step 1: Situation Analysis & Assessment

- **Step 1:** Baseline assessment done using routine DHIMS data in 2018
- **Step 2:** National Roadmap &T argets 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 3: Health care Waste standards developed and launched in 2020

Step 4: Infrastructure & Maintenance -WASH Fit adapted to Ghana context in2021 & being implemented in selectedHCFs since 2019

Step5: Monitor & Review Data (HMIS):
 Routine quarterly reporting of WASH
 indicators into DHIMS at all levels of care
 since 2018

Step6: Develop Health Workforce

Step 7: Engage Communities

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)

Developed a strategy for hand hygiene for all initiative & Capacity building of clinical and nonclinical health workers on WASH

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

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PARTNERSHIPS





U WaterAid



CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES

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- 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 REPLICATION

- 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

- Foster donor partnership and coordination for WASH in HCF
- Prioritize resource moblisation 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



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, paediatric GPs, dentistries, 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):



- 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 HCF



National level: Water and Health Expert Group, Antibiotic

(2021-2023), leading in the priority area of WASH in HCF,

Co-leader of the UN Group of Friends for WASH in HCF

PROGRESS ON THE 8 PRACTICAL STEPS

Step 1: Situation Analysis &

Step 1: Baseline assessment

Step 2: National Roadmap & Targets

Step 3: Health care Waste standards

Step 4: Infrastructure & Maintenance

Step 3: WASH Standards in HCF

Step 5: Monitor & Review Data

Step 6: Develop Health Workforce

75.8 % of the toilets are suitable for menstrual hygiene

One toilet/ward should be accessible for people with

Step 7: Engage Communities

Separate toilets for men and women in HCFs

Salary gap, access to HC by ethnic minorities

Assessment

(WASH Fit)

GENDER AND EQUITY ACTIVITIES

Non-WASH related equity challenges

Protocol on Water and Health chairmanship

management

Technical work

(MFA) - political

committee

physical disabilities

PARTNERSHIPS

(HMIS)

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MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY

- High infrastructural compliance
- Safe drinking water supply in every facility
- Mandatory reporting
- Hospital outbreaks and several types of healthcare-associated infections – National Nosocomial Surveillance System since 2005 (continuously expanded monitoring)
- Participation in ECDC-coordinated point-prevalence surveys in hospitals and in long-term care facilities since 2011
- Monitoring of alcohol-based hand rub consumption in inpatient and outpatient facilities since 2015"
- All hospitals complete the WHO hand hygiene self-assessment form annually since 2014
- Strict regulation of the handling of infectious materials → high compliance
- Separate budget line for hand disinfectants in many HCFs \rightarrow no , needle in a haystack"
- Regulation on Legionella in HCF (2015) \rightarrow also effects for other opportunistic pathogens.

CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**

- Heat wave warning in 97% of hospitals
- Heat response plan in 33.9%
- Refrigerator or cooled room for medicine
- Outdoor recreational area for patients in 96.6% 50% of the buildings are thermally insulated

MONITORING SYSTEMS AND SURVEYS

•WHO Hand Hygiene Self-Assessment Framework •WHO Infection Prevention and Control Assessment Framework

•UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (2022)

- •National Nosocomial Surveillance System (yearly)
- European Point Prevalence Survey

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- •Survey on the environmental Health Conditions in HCF (2018/2019)
- •No significant urban rural differences

BEST PRACTICES ON SCALING UP AND REPLICATION

- Regulation covers infrastructural aspects
- Guidelines of the National Public Health Center
- Hand hygiene in healthcare (2008/2010)
- Legionella risk management (2023)
- Infection prevention and control (2018)
 - IPC in special settings (dialysis centres, dentistries, 2016)

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- Prevention of device associated infections (2019)
- Prevention of infections caused by specific pathogens (MDR, C. difficile, 2016)
- Diagnosis, treatment and prevention of Clostridioides difficile infections (2016)
- Mandatory reporting system for nosocomial infections and control measures
 - (including hand disinfectant consumption)
- Risk based approach on institutional level
 - Water safety plan (2017)
 - Legionella risk assessment (2016)
 - Energy saving plans
 - Heat preparedness
 - Contingency plans

- 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 \rightarrow 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



facilities with basic services to empower health

workforces to improve WASH services

compliance of WASH standards in Hospitals

implementation in more than 300 HCFs

WASH FIT training that resulted to Partnership in its

- Need to develop the guideline on WASH in HCF improvement
- among HCWs and policy makers

Global Summit on WASH and Waste in Healthcare Facilities : Iran

the

HEALTH CARE FACILITIES number and categories in the country:

POPULATION: 84,926,000

National total number: 33854

Types of Iran's healthcare facilities

| Urban | Rural | Hospita I (Active) | Non-Hosp ital | Govern mental | Non-Gove rnmental |
|-------|-----------|--------------------------|------------------|------------------|----------------------|
| 13498 | 2035 6 | 899 | 32955 | 31567 | 2287 |

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



CHALLENGES

The effects of climate change on the decrease in the tity 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 earthquake 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
- 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

Step 4: Infrastructure & Maintenance: UNICEF WASH bottleneck analysis tool

(HMIS)

Step6: 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

- World Health Organization Country Office in I.R. Iran
- 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

tandards

Step5: Monitor & Review Data

Global Summit on WASH and Waste in Healthcare Facilities : Iraq



| HEALTH CARE FACILITIES num categories in the country: | mber and |
|--|----------|
| Main PHC | 1367 |
| Subsidiary PHC | 1326 |
| Family medicine health center | er 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 |

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





- 48% of HCFs with full services (1,740) (all type)
- 42% of HCFs with full services (1,522) (all types)

36% of HCFs with full services (1,305) (all types)

CHALLENGES

2

- Time shortage.
- **Community Resistance**
- Limited financial resources

PROGRESS ON THE 8 PRACTICAL STEPS *

Step 1: Using Dashboard for analysis

Step 1: WASH-IPC assessment

Step 2: Defining a national roadmap and detected gaps

Step 3: Updating the WASH standards

Step 3 Improving Medical Waste Management (Solid, Liquid)



Step5: Iraq will build a smart monitoring \sim system

Step6: Invest in health workforce capacity $\Theta \Theta$ لؤيكا building

Step7: Enhance community engagement

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

- Irag 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

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

GENDER AND EQUITY ACTIVITIES

it is a priority

CLIMATE-RESILIENT, ENVIRONMENTALLY SUSTAINABLE ACTIVITIES**

Eliminate the hazardous waste from HCFs . avoid recycling it to the environment and reduce the impact of water scarcity

PARTNERSHIPS

unicef 🥴

Efficient partnerships Government, Private sector, UN Agencies, Financing Agencies and Community

Strengthening the multisectoral approach to deal with challenges.



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



CHALLENGES

(±

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

PROGRESS ON THE 8 PRACTICAL STEPS

WASH FIT IMPLEMENTATION & Sustainability

hospitals, 116 comprehensive centers, 371 PHCs

(Total (urban and rural, PHC, Others).

494 HCFs of different types, including 21

underwent WASH FIT assessment in 2023.

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 environmental-friendly cleaning supplies in 2023
- Piloting CRES HCFs (Rainwater harvesting, greywater, solar panels) through GCF/FAO funds in 2023

PARTNERSHIPS

- WHO
- UNICEF
- USAID
- UNDP
- FAO

BEST PRACTICES ON SCALING UP AND REPLICATION

- Established a MOH steering committee in 2022 ٠
- Intensify cooperation and coordination between • stakeholders through the steering committee
- Engaging relevant organizations and bodies •

- Integration into the health planning, monitoring and financing (including resource allocation)
- Streamline WASH within MOH programmes 1. (2024 - 2025)
- 2. Coordinate and integrate various funding streams (2024 - 2025)
- Monitoring and accountability
- Develop and integrate national WASH indicators 1. within MOH guality control health information systems (2024-2025)
- 2. Utilize data to inform decision-making improvement plans and budgeting (2025)
- **Empowering health workforce**
- Disseminate and train on CRES national WASH 1. standards (2024-2025)
- 2. Integrate WASH in HCFs into health education curricula



Global Summit on WASH and Waste in Healthcare Facilities : LAO People's Democratic Republic

WINDER 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:

Water service ladder distribution. Lao

No service Sasic water service

85% of all HCF has

power supply

GUANGX



2% Basic service 98% Limited service



19% Basic service 77% Limited service 4% No service

CHALLENGES

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

| PRC | JGRESS ON THE 8 PRACTICAL STEPS | 2019-21 | 2022-23 |
|--------------|---|---------|---------|
| ¥ = (| Step 1: Situation Analysis & Assessment GLAAS survey, and assessment on HCW and WASH during COVID-19 by MOH/WASH FIT team, DPs | | |
| | Step 1: Baseline assessment Conducted in 2021 Internal disseminated in 2022 | | |
| <u>ک</u> چ | Step 2: National Roadmap & Targets Drafted in 2022 Underway to get approval in 2023 | | |
| | Step 3: WASH Standards in HCF Approved and disseminated in 2018 | | |
| | Step 3: Health care Waste standards Approved in 2014 Revised in 2017 and updated in 2023 | | |
| X | Step 4: Infrastructure & Maintenance WASH FIT piloted (HCWM-priority) in 2017 Tailored to the country context (add CR/water scarcity & quality) in 2019 Scale-up as Safe Clean Green CR HCF intervention package in 2020-2022 (>100 out of 1,237 HCFs) | | |
| ~ . | Step5: Monitor & Review Data (HMIS) SDG monitoring plan for 2025 (WASH, HCWM) is developed in 2022 Scoring system for Safe Clean Green CR HCF is drafted in 2022-2023 | | |
| | Step6: Develop Health Workforce In-service training: WASH FIT & HCWM since 2017 Pre-service training: CCH adaptation in public health school curriculum in 2021 | | |
| | Step 7: Engage Communities COVID-19/cleaning, disinfection and hand hygiene Open-defecation free by CLTS Community managed Water Safety Plan &CL-SWASH | | |
| w • | ASH FIT IMPLEMENTATION & Sustainability More than 100 HCFs implementing WASH | FIT | |

DDOODECC ON THE O DDACTICAL

- 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

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 Champhone 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
- HCWM regulation (revised 2017, update 2023).
- 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 saf 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 in HCFs

| Service | 2021 baseline (% of HCFs) | 2025 target (% of HCFs) | 2030 target (% of HCFs) |
|------------|---|-----------------------------------|---|
| Vater | 70% basic 17% limited 11% no service | 89%11% | 90% basic service 10% Safely managed |
| Sanitation | 2% basic 98% limited 0% no service | • 66% • 44% | 80% basic20% Safely managed |
| ygiene | 16% basic hygiene 74% limited 9% no service | 64%36% | 80% basic20% safely managed |
| CWM | 19% basic 77% limited service 4% no service | • 100% | 100% basic |

World Health Organization

 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

Monitoring plan develope

- 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



POPULATION : 28 177 762 (RGPH3 - Instat 2021)





* CHU: Centre Hospitalier Universitaire CHRR: Centre Hospitalier de référence Régional CHRD: Centre Hospitalier de référence de District CSB1: Centre de Santé de Base de niveau 1 CSB2: Centre de Santé de Base de niveau 2

STATUS OF WASH, WASTE, ENVIRONMENTAL CLEANING, AND ENERGY

SERVICES IN HCFs (datasource: SSEnv – Ministry of Health)







75% have

maintained

equipment

cleaning

well







with handwashing

30% have adequate waste disposal facilities

equipped with

hygienic toilet

58,15%



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





~...



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

BEST PRACTICES ON SCALING UP AND REPLICATION

- 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



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)



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
- Using database for decision-making through high level advocacy
- Empowering health workforce through intensive training, tools equipment and municipality-led incentives to community agents



PARTNERSHIPS







Global Summit on WASH and Waste in Healthcare Facilities: Mali



68%

59%

73%



- Financement du WASH
- Changement de comportement
- Durabilité des services
- Instabilite politico securitaire

PROGRESS ON THE 8 PRACTICAL STEPS*



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.

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 collectes 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



PARTNERSHIPS

- Utilisation de l'art social-
- o Recherche académiques sur l'impact de l'hygiène des mains sur la santé
- o Plateforme en ligne pour la formation PCI

BEST PRACTICES ON SCALING UP AND REPLICATION

- o Intégration du concours Centre de santé propre au WASH FIT
- o L'utilisation de l'art social pour le changement de comportement
- o Organisation d'espace d'interpellation des élus autour du WASH FIT

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

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 including private sector
- 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



 71% of HCF had basic waste maganement



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.



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 and health, but not yet adopted-

Step 4: WASH Standards in HCF - Majority of critical health-relevant requirements are fully or satisfactory 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
- Step5: Monitor & Review Data (HMIS) WASH aspects are being partially monitored under the overall

sanitary-technical conditions in HCF 60 Step6: Develop Health Workforce introduction of continuous medical فرلفري education of health workers

Step 7: Engage Communities: cooperation with the NGO sector that deals with environmental protection and the problem of waste management

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



GENDER AND EQUITY ACTIVITIES

Planning is ongoing based on the results of 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.



At the national level: Ministry of health; Ministry of Ecology, Spatial and Urban Planning; Ministry of Finances and Social Care; Institute of Public Health of Montenegro At the sub-national and local level: local self-government units, public utility companies, health care facilities, NGOs with commitment to environmental protection



- 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 ٠ care facilities informing policy development

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





13% of HCFs had basic cleaning services

16% of all HCFs have basic

15% of the surveyed HCFs

had no toilets for patients

<

sanitation

• 85% of all HCFs have

improved sanitation

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

A national

assessment

2022

2024

2024

2024

See above

Scheduled for

Scheduled for

Scheduled for

(sample of 1185

out of 3339 HCFs)

was carried out in



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 s and quality of service, the HCFs generally have efficient services except for the to 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 3 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

PARTNERSHIPS

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



BEST PRACTICES ON SCALING UP AND REPLICATION

- **Establish strong regulations** 1.
- Involve local authorities

Ш.

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- **Establishment of national standards**
- **Develop a National Program for** upgrading WASH services in HCFs to comply with established standards
- 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).

| - | cute | Corres in the country (Dor | | |
|---|-------|----------------------------|--------|----|
| | S N | Description | Number | |
| | 1 | Public Hospitals | 201 | 2 |
| | 2 | PHCCs | 189 | |
| | 3 | HPs | 3792 | |
| | 4 | Non-public facilities | 2082 | |
| | Total | | 6264 | VG |

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



Number of surveyed facility: Federal/Provincial level hospitals - 27, Local level hospital- 17, Private hospitals- 116, PHCCs -51, Health Posts- 1064, Urban Health Centres-154, Community Health Units-1 35, Standalone HTCs-11

CHALLENGES

- Monitoring system for WASH in HCF
- Committees not fully functional for WASH/HCWM
- 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*

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Step 1: Situation Analysis & Assessment ×= 19 (Nepal Health Facility Survey Report 2021 Published.

- Step 2: National Roadmap & Targets National Roadmap is drafted yet to be approved
- Step 3: WASH Standards in HCF

Approved and dissemination done at all provinces

Step 4: Infrastructure & Maintenance (WASH Fit)

Step5: Monitor & Review Data (HMIS) Realized in draft national roadmap Step6: Develop Health Workforce

At least a training was done in all provinces. Nearly 100 HWS trained during TOT of EH,HCWM and WASH.

Step 7: Engage Communities

The HFOMC consist of local elected leader as a chairman

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:

| S. N. | Urban | Rural | Remarks |
|-----------|---------------------|---|---|
| GoN | | 7 | Piloted |
| 1/UNICEF | 5 | 5 | Basic Health Centres |
| USAID-HHA | | 130 | Basic Health Centres |
| Tdh | 21 | 2 | Basic Health Centres |
| SIMAVI | 6 | 6 | Basic Health Centres |
| | सारक रेन बरकाय क | प्रदानक संसनाहरतम (बड़ी क्रानेकमी ब स्वयक्ता कल्लामी टर्निट्व लाग्डरण. २००८ | स्वाख्य संस्थामा खानेपानी र सरक्षफाइ सुधारका सामि दुस (वासफिट) २०२२ |
| | | | |

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 costed 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



- 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
- Piloting 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





WASHFIT assessment

WASHFIT team including elected body

- 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 DHIS platform (1 yr)
- Exchange of data between HMIS and NWASH (1yr)
- Monitoring to track SDG progress via MSS 3yrs
- 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



| HEALTH CAF | <pre>XE FACILITIES number and n the country: (Dec. 2022)</pre> |
|------------|--|
| HOPITAUX N | ATIONAUX : 7 |
| CHR: | 7 |
| CSME: | 7 |
| HD: | 37 |
| CSI II: | 344 |
| CSI I: | 1 326 |
| CS: | 2 292 |

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



* Rapport final, Enquête de suivi des indicateurs du PROSEHA en 2021, INS Niger (Enquête conduite sur un échantillon de 381 établissements de santé dont 331 CSI&CS et 50 HD)



- Financement conséguent de l'approche pour le passage à l'échelle
- Disponibilité des ressources humaines (experts et agents auxiliaires)
- Changement de comportement du personnel de santé en matière des bonnes pratiques d'hygiène
- Disponibilité de base de données WASH FIT
- Vulgarisation des documents stratégiques et normatifs

POPULATION: 25 369 415 hbts (INS 2023) 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

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TOTAL:

Urban:

Rural:

Step 4: Infrastructure & Maintenance (WASH Fit)

Step5: Monitor & Review Data (HMIS)

Step6: Develop Health Workforce

Step 7: Engage Communities

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

Implementation Sustainability

- Création des organes 412 • multisectoriels de coordination
- 28 Elaboration des documents stratégiques et normatifs
- Plan de mise a l'echelle (PNS 384 • 2022-2026

MAJOR ACHIEVEMENTS IN WASH, WASTE & 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 (zone a déchet)

Ministère de l'Hydraulique et de l'Assainissement



- 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

KEY NEXT STEPS TO ACCELERATE PROGRESS

 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

Mettre en place la démarche WASH FIT dans 80% des établissements de sante 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

Former 500 acteurs sur l'approche WASH FIT d'ici fin 2026

Former 2,012 agents de santé sur le traitement et surveillance de la gualité de l'eau d'ici fin 2026 Former 3,000 techniciens de surfaces à l'entretien des ouvrages d'assainissement d'ici fin 2026 Former 5,000 agents de santé sur la Prevention et le Contrôle des Infections d'ici fin 2026

PARTNERSHIPS FOUNDATION



Global Summit on WASH and Waste in Healthcare Facilities: Pakistan

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CHALLENGES

- Lack of water quality surveillance at HCF
- Lack of inter-organizational linkages

36%

- No standards for WASH services at the HCF
- Weak infrastructure for waste management
- Limited data and lack of resources
- Lack of safely managed sanitation serices particularly for women and **People with Disabilities**



Step 1: Situation Analysis & Assessment *=/

> Step 1: Baseline assessment **Step 2: National Roadmap**

&Targets

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Step 3: WASH Standards in HCF Step 3: Health care Waste standards



Maintenance (WASH Fit)

Step 7: Engage Communities

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

Pakistan has not formally implemented the WASH FIT. However, WHO Pakistan supported uplidting of WASH services at various secondary hospitals.

MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY

- Carriedout 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 buit 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
- Provison of electricity through solarization
- Energy efficient infrastructure i.e. toilets reconstructed/rehabilitated with proper natural(sunlight) ilumination 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

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Educate and equip with necessary tools on the water quality surveillance, reporting etc.

 \sim Step5: Monitor & Review Data (HMIS) Step6: Develop Health ស ខា Workforce

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





- 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.

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 in 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, I/N 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 reforming 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

Map for SoP HCFs (type and location)



KEY NEXT STEPS TO ACCELERATE PROGRESS Integration into health planning, monitoring and financing (including resource allocation)

- □ Create policy frameworks to direct capital toward sustainable infrastructure rapidly.
- Bring in key stakeholders to mobilize finance: development finance institutions, multilateral development banks, national development banks, private financial institutions, and institutional investors.
- □ Fundamentals Guarantee.
- □ Application of standards.
- □ Strengthening management, monitoring and supervision.
- Improving the resilience of health facilities finance innovators.

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



Donor mobilization to support local government units on 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
- 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)

- management audit
- Capacity building on green building professionals and HCF design
- Conduct of Energy and HCWM Audit in HCFs
- General Appropriations Act (GAA) allocation for green hospitals
- Incorporation of green and safe guidelines to HFEP funding availment for fiscal year 2024

Govt hospitals are climate resilient and environmentally sustainable



- Inclusion of Greening and WASH standards in
- Nationwide capacity building for health workforce on WASH and Greening HCF
- Involvement of the community in WASH and
 - Information System with WASH in HCF

Sommet mondial sur l'eau, l'hygiène et l'assainissement, et les déchets dans les établissements de santé : **République du Congo**



POPULATION:

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Nombre et catégories des ÉTABLISSEMENTS DE SANTÉ dans le pays :



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



Étape 1 : Analyse et évaluation de *****=/ la situation -=6/

Étape 1 : Évaluation de base

AVANCER SUR LES 8 ÉTAPES PRATIQUES *



Étape 3 : Normes WASH dans les établissements de santé Étape 3 : Normes relatives aux déchets de soins de santé

XG 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

MISE EN ŒUVRE DE WASH FIT & Durabilité (Total (urbain et rural, SSP, Autres)

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

ACTIVITÉS GENRE ET ÉQUITÉ

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

PARTENARIATS



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



HEALTH CARE FACILITIES number and categories in Serbia: Type of Numb health care er facilities 1463 Primary Secondary 285 Tertiary 111 Multilevel 29 1888 Total Status of WASH, waste, environmental cleaning, and energy services in HCFs: Out of 320 HCFs no basic limited service 318 1 0% 0% 99% WATER 307 5 8

POPULATION: 6 797 105



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

PROGRESS ON THE 8 PRACTICAL STEPS*

Step 1: Situation Analysis & Assessment

Conducted in Serbia in 2019, based on 320 HCFs and supported by the World Health Organization Step 1: Baseline assessment Summary report was published and available at:

https://apps.who.int/iris/handle/10665/ 354708

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

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.

Step 3: Health care Waste standards

Step 4: Infrastructure & Maintenance (WASH Fit)

Step5: Monitor & Review Data (HMIS)

Step6: Develop Health Workforce Training material for cleaning staff in HCFs developed and disseminated in 2022



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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 guality 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.

PARTNERSHIPS



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!

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 quality WASH and services.

Step 7: Engage Communities



· All a Das

Global Summit on WASH and Waste in Healthcare facilities: Sierra Leone

| Population: 7.548.702 | Progress on the 8 Practical steps Status of WASH in Health facili | | ealth facilitie | S | | | | |
|--|---|--|---|--|--|---|--|---------------------------------------|
| | Steps Prog | gress | | | WATER | | | • |
| URBAN 59% URBAN | Con tion asse | nduct situa- n analysis and essment targets and | A WASHFIT analysis and ass ment has been conducted An assessment of the situat | sess- tion, | 61.7% of the health facility have available from an improve source located | water ed water | 42.79 of the health fa HFs have funct improved wa supply facility v | cilities tional ater within |
| 42% of the Population is under the age of 15 | defin | ne a roadmap | setting objectives and defin roadmap was conducted. | ning | On-premises | | the premises accessible to P | and PLWD |
| 1 in 32 babies die during their first month of life | Esta Stan acco mec | ablish National adards and ountability chanisms | Sierra Leone has a technica lines on WASH in healthcard ties which is now due for re Sierra Leone also has draft for WASH facilities for the v categories of healthcare fac (CHC, CHP, MCHP). | l guide- e facili- evisions. designs various cilities | Sanitation 76.2% of HFs have usable improved facilities with at least one of | d Sanitation | 39.5% of the HFs has separate latrine/toil compartment males and fen | ave let it for males |
| 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 | Impi struc mair | rove infra- icture and ntenance | Comprehensive Improvement have been done for all distri- regional hospitals (Seconda tertiary healthcare facilities There is also a draft operation | ent plans ricts and iry and i). ion and | separated toilet with menst facilities and at least one to to PWD | rual hygiene ilet accessible | | |
| hospital and 77 PHUs) across 15 districts of Sier- ra | | | facilities | ы | Hygiene | | | • |
| Leone. * Constructed sanitation, hygiene and waste management facilities in 57 health care facilities. | Mor Image: Work Image: Work Image: Work Image: Work | nitor and re- v data elop Health rkforce | WASHNORM covered data WASH in HCF Nationwide. Comprehensive WASHFIT tr has been done for all distric regional hospitals. | from raining ct and | 29.9% of the Health Facilities have both water and soap available at | 38.9% of the HFs have Handwashing Faci | af the HFs h least one u improved designate | nave at usable toilet ed for |
| Partnerships | Com | nmuni- ties | that supports their HCFs HFCs have Facilities Mgt Co mittees | m- | handwashing facility within 5m of the Toilet | within or around t Toilet/latrine bloo | he women/girls k provides facil MHM | s, which lities for 1 |
| World Vision International Sierra Leone, Medicos Del Mundo, Welt Hunger Hilfe (WHH), Living Water International Sierra Leone (LWISL), Ter- | Cond tiona and | duct opera- al research share learning | N/A | | Only 5.7% of Health care fa Have access to function | ncilities nal im- | Ê | |
| tiary, secondary, and primary hospitals, World Hope International. | | | | | proved water supply fa in the premises *Have access to Improve tion facilities which are at least one toilet dedic separated toilet with m one toilet accessible fo *Have hand hygiene stat | cilities with- ed sanita- e usable with cated for staff, at nenstrual hygiene r people with lin tions with runnir | 5.7 least one sex- e facility, and at hited mobility. og water and so | D t least |

ALTERNA DE LA CONTRACTOR DE LA CONTRACTO

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 health care 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

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



- 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) Step5: Monitor & Review Data Step6: 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(<u>SI HCE</u> <u>WASH (akvo.org)</u>
- 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

PARTNERSHIPS

- Donors
- UNICEF
- Private Sector
- Provincial Governments

* * *

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

- 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

Global Summit on WASH and Waste in Healthcare Facilities: Somalia





CHALLENGES:

(!)

- Limited funding specific for WASH in HCFs.
- Limited capacity of WASH in HCF personnels.
- 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)



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

Engage Communities

Research & Share

Learnings

7.

Currently there is no healthcare facilities implementing WASH fit, but the selection and the ToT training were completed

MAJOR ACHIEVEMENTS IN WASH, WASTE BEST PRACTICES ON SCALING UP AND & ENERGY SERVICE DELIVERY REPLICATION

- 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

PARTNERSHIPS



WHO UNICEF **Global Fund** CERF

MOH

- Advocate for using renewable energy 1. in the healthcare facilities
- Training of the healthcare workers on 2. 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.

Monitoring and accountability

- 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 **Empowering health workforce**

Increase the capacity of healthcare workforce by conducting trainings on WASH and IPC including WASHFIT, Hygiene promotion and medical waste management by 2023. Develop National WASH and IPC in HCFs training manual by 2024.



Global Summit on WASH and Waste in Healthcare Facilities: Uganda



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



- **Assessment** (Conducted situational analysis health and WASH policies, aovernance
- 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
 - (MIS system is put in place, not rollout to HCFs. So monitoring of WASH
- progress is not done regularly)

Step 6: Develop Health Workforce

ப் (14/136 district staff were

well-trained and well-supported with WASH-FIT in 2022)

Step 7: Engage Communities

districts.)

(Community members and organizations are engaged in decision-making and management of services in only 14

MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY

- 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



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 county'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 • USAID

WHO

CDC

World Vision

IDI

Baylor

WaterAid

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

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

Monitoring and accountability

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

Empowering health workforce

- 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



HEALTH CARE FACILITIES number and Ê categories in the country: Approximately 15127 HCFs

> - 5448 entitled to provide primary medical care

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.



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

Step 1: Situation Analysis & Assessment

Step 1: Baseline assessment

PROGRESS ON THE 8 PRACTICAL STEPS*

Step 2: National Roadmap & Targets

✓ Step 3: WASH Standards in HCF Step 3: Health care Waste standards

> Step 4: Infrastructure & Maintenance (WASH Fit)

Step6: Develop Health Workforce

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

support





Priority goods provision

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 foe 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



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



Step 7: Engage Communities

Step5: Monitor & Review Data

Global Summit on WASH and Waste in Healthcare Facilities: Venezuela

PROGRESS IN THE 8 PRACTICAL STEPS * POPULATION: 33.728.050 hab Women 17.192.790 Men 16.535.260 Step 1: Situation Analysis & Source: : National institus of sttatistic Assessment (INE). Poblational Census. 2023 ž≣≬ Day. **HEALTH CARE FACILITIES number and** Step 1: Baseline assessment categories in the country Step 2: National Roadmap & Targets hospitals. Categories ∕ Step 3: WASH Standards in HCF pHCFs and Specialized # of HCFs Step 3: Health care Waste attention HCFs (Both pHCFs across service and tertiary level of atention) standards Venezuela 4793 Red de Atención Comunal de Step 4: Infrastructure & de Salud/Red Ambulatoria Maintenance (WASH Fit) Especializada ~... Step5: Monitor & Review Data 296 Red de Atención Ambulatoria (HMIS) Especiales y Red de Atención Hospitalaria Step6: Develop Health Workforce of Total: 5089 Step 7: Engage Communities Source: Ministerio del Poder Popular para la of Preparing Salud (MPPS-MoH), 2023 Disaster WASH FIT IMPLEMENTATION & Sustainability 5 (Total (urban and rural, PHC, Others) MPPS (MoH) actions from current roadmaps Technology 12 Venezuelan and targets with UNICEF

states with

current WASH

FITi in HCFs

implementation

since 2020.

support

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

Sensitization and awareness of Global Handwashing Day.Sensitization and awareness of World Hand Hygiene Day. Installation of incinerators and projection of repair of other equipment. Installation of power generators in

GENDER AND EQUITY ACTIVITIES

Provision and management of timely and quality

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 climate change. Institutional actions for the attention in adverse events climate natural and phenomena. for climate emergencies Reduction & **HCWM** Green hospitals & Resilient Hospitals

PARTNERSHIPS

Ministry of People's Power for:

The Attention of the Waters. Ecosocialism. Science, and Innovation. Education Health (Moh) (Vice-Ministry of Collective Health Networks, Hospital Network, Ambulatory Care Network, Integral Health, National Institute of Nutrition, National Institute of Hygiene, Autonomous Service of Health Comptroller) UNICEF. PAHO and other

BEST PRACTICES ON SCALING UP AND REPLICATION

Carry out WASH experiences in other health facilities, located places of difficult access. Dissemination of experience in water treatment of health centers and expansion in surrounding communities through ToTs, scaling up strategies.





Infection Prevention and Control Training: Theoretical-practical/interactive training to 64 participants of the National Public Health System from HCfs in the states: Dtto, capital, Zulia, Trujillo Miranda, Bolívar, Táchira, Sucre, Amazonas, Apure, Delta Amacuro, Lara, Mérida y Carabobo, nivel central. Practical activities and fiedl visits to (05) HCFs in Gran Caracas.

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.



Global Summit on WASH and Waste in Healthcare Facilities: Zambia

| HEALTH CARE FACILITIES numbe and categories in the country: |
|--|
| HEALTH CARE FACILITIES numbe 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

Status of WASH, waste, environmental cleaning, and energy services in HCFs:- Used WASH Fit-2019- Percentage of HCFs (125 **HCFs Assessed**)





Insufficient healthcare financing for WASH

- Inadequate fixed handwashing devices at strategic points
- Inadequate final waste treatment/ disposal facilities

PROGRESS ON THE 8 PRACTICAL STEPS*

Step 1: Situation Analysis &



Step 2: National Roadmap &Targets

Step 43 WASH Standards in HCF Step 3: Healthcare Waste standards Step 4: Infrastructure & ~_∎ Maintenance (WASH Fit) Step 5: Monitor & Review

Data (HMIS) Step6: Develop Health Workforce

Step 7: Engage Communities

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 V
- 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, Centr Copper-belt Provinces.

- 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 1





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



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

Basic: 17%

None: 1%

Insufficient

Insufficient

data

data

Limited: 82%

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

Basic: 58%

Limited: 32% None: 10%

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

CHALLENGES

- Limited financial resources 1. dedicated to WASH in HCF programming
- Staff turnover (e.g., trained HCF 2. 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)

Step5: Monitor & Review Data (HMIS)



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)

| | Urban | Rural | Total |
|-----------|-------|-------|-------|
| Clinics | 53 | 42 | 95 |
| Hospitals | 5 | 0 | 5 |

Map of Zimbabwe



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

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

KEY NEXT STEPS TO ACCELERATE PROGRESS Integration into the health planning, monitoring and financing (including resource allocation)

National rollout of WASH FIT to all HCFs

Monitoring and accountability

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

Empowering health workforce

 Risk-informed assessment (WASH FIT) and IPC training for non-clinical staff