WASH in HCF Community of Practice Event

Where do we go from here in WASH in Healthcare Facilities?

Wednesday, October 4 | 8:00AM – 9:30 AM EDT / 15:00 – 16:30 EAT

Part 1: How the Community can respond to the newest global recommendations

Part 2: How to approach behavior change in healthcare facilities

Simultaneous interpretation available in French and Spanish

Connect. Share. Act.



Interpretation

- INTERPRETATION: Select English, French, or Spanish. Then, click "Mute Original Audio."
- INTERPRÉTATION: Sélectionnez Anglais, Français ou Espagnol. Puis, cliquez sur "Couper le son d'origine."
- INTERPRETACIÓN: Seleccione Inglés, Francés o Español. Luego, haga clic en "Silenciar audio original."







This Community of Practice is an action-oriented learning platform that brings together the WASH and health communities to focus on policy, evidence, and practice in WASH in HCF.



CONNECT partners

SHARE experiences

Encourage groups to ACT

WASH in HCF Community of Practice Basic Principles

- 1. WASH is a **fundamental prerequisite for quality care** within a healthcare facility and **there cannot be effective infection prevention and control** without adequate WASH.
- 2. WASH in healthcare facilities is a **solvable issue** and will require multiple systems, sectors, and stakeholders to work together to see sustainable improvements.
- The Community of Practice is open to all who seek to learn and share about WASH in healthcare facilities. We welcome all and respect the diversity of perspectives who participate.



New Resource Alert



Guidelines for WASH FIT in the Philippines

The Department of Health published their own version of WASH FIT this year. It is a streamlined, simplified version with examples from the Philippines and guidance for use in the country.

A useful example to other countries looking to tailor and adopt WASH FIT.



Success Corner

The advocacy over the past 8 years had led to significant increase in awareness on WASH in HCF. It has also led to increased financing. While there is more to be done, some exciting examples include:

- African Development Bank prioritizing health facility physical infrastructure, namely WASH, waste & energy, in their new health strategy
- Republic of Korea funding WASH in HCF in 22 countries through UNICEF as part of health system resiliency, post-COVID. Additionally, FCDO, Global Affairs Canada, DFAT, USAID, SIDA and other donor gov'ts have supported WASH in HCF programming.
- GAVI funding waste management and energy in priority countries
- The Global Fund including WASH and waste as a potential request for funding in new core allocations
- World Bank funding large-scale WASH in HCF programming in East Africa
- Most importantly, national governments allocating domestic funds for WASH in HCF, such as Ghana



Today's Agenda

Part I: How the Community can respond to the newest global recommendations

- Recap of the Global Report
- Summary of COP Resources

Part II: How do you approach behavior change in healthcare facilities?

- Overview of behavior change in healthcare settings
- Interview with WASH Behavioral Scientist, Christy Craig (US CDC)
- Q&A / Discussion

News/Updates on the COP





Part 1: How the Community Can Respond to the Global Recommendations



Global Progress Report (June 2023)



The **report provides a comprehensive review of the progress made across 73 countries** since the World Health Assembly's 2019 resolution. It offers valuable insights into the successful strategies and challenges faced by these countries in implementing their WASH initiatives.

- Current status (data from JMP)
- Progress tracker on the 8 Practical Steps
- Financing
- Recommendations





Fig. 8. Investments needed for WASH





Fig. 3. Snapshot of country status on practical steps (n = 73)

- A need has been identified and/or plans are in place to start
- Practical step is under way or partially completed
- Practical step is completed or achieved on a national level, and/or large-scale implementation is ongoing
- No data

Integrate WASH, waste and energy services into health planning, programming, financing and monitoring at all levels.

What does this mean for practitioners? Let's advocate!

- Regularly engage with health officials on your programming, from conception to design/implementation and monitoring.
- Raise awareness of the remaining needs and the realities in the HCFs where you work
- Offer technical support, as needed (assessments, standards, dissemination, etc.)
- Participate in health meetings and events to advocate for WASH in HCF



Recommendation 2: Monitor

Regularly monitor and review progress and strengthen accountability.

What does this mean for practitioners? You too shall monitor!

- Monitor your own programs and regularly share data with national/local health officials, as well as with facilities themselves
- Consider not only basic WASH service levels but additional metrics that may support recommendation #1, including costing/budgeting data and patient/staff satisfaction
- Advocate for the government to integrate indicators into HMIS
- Participate in discussions on appropriate indicators, providing any necessary technical advice
 WASH in Healt



Recommendation 3: Develop Workforce

Develop and empower the health workforce to deliver and maintain WASH, waste and energy services and practice good hygiene.

What does this mean for practitioners? Go forth and build!

- Ensure any program on WASH in HCF includes a component to support the development of the health workforce, particularly O&M. Include non-clinical staff such as cleaners and maintenance workers as applicable.
- Include in your advocacy to health officials not just service delivery but also behavior change programming
- Partner with Ministry of Health to support IPC adherence
- Provide technical support to any national efforts to create more WASH/waste professionals



Resolution & Global Action Plan

These recommendations make up the basis of the **UN Resolution on WASH**, **Waste & Energy in HCFs**, to be discussed by the General Assembly in November 2023.

More specific details of the way forward will be outlined in the **Global Action Plan**, planned to be launched in early 2024, with a focus on these recommendations and how we address them throughout the system.





WASH in HCF Community of Practice Recap

- Total WASH in HCF COP Events: 13
- Total live participants across all 13 events: 1,307
- Total recording viewings: 2,880
- Total WASH in HCF newsletters sent: 17
- Total Listserv Followers: 1,090
- Total YouTube Followers: 502



NEW: WASH in Healthcare Facilities Community of Practice Initiative

Launch	Event						Tueso	lay, Februai		
Tuesda	WASH i	in HCF Co	mmunity	of Practice	e Event			M - 9:00 AI	WASH in	
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					Connect. S	Share. Ac	t.		ASH in Healtho	

WASH in HCF Community of Practice Event Leveraging JMP Data for Action: WHO/UNICEF Present Newest Data on WASH in HCF ICF Community of Practice Event **Measure Success for WASH in Healthcare** Working Session on Indicators - Part 2 WASH in HCF Community of Practice Event s It Clean? Lessons Learned on Improving invironmental Cleaning in Healthcare Facilities uesday, March 2 WASH in HCF Community of Practice Event er the past few ye ognized as a critic **Building Climate Resiliency into** marize the progr periences from util **WASH in Healthcare Facilities Programming** multaneous inter Thursday, May 25 | 9:00AM - 10:30 AM EDT / 16:00 - 17:30 EAT WASH in HCF Community of Practice Event Connect. Sl Climate change thre as it relates to the av programming is an in **Ask a WASH in Healthcare Facilities Expert** resources to suppor climate resiliency, ar Wednesday, August 2 | 9:00AM - 10:00 AM EDT / 16:00 - 17:00 EAT Simultaneous in Do you ever have **Connect. WASH in HCF Community of Practice Event** expert? Now is y the expertise you Where do we go from here in WASH in Healthcare who can respond control; equity/C **Facilities?** Simultaneous ir Wednesday, October 4 | 8:00AM - 9:30 AM EDT / 15:00 - 16:30 EAT **Connect.** Part 1: How the Community can respond to the newest global recommendations Part 2: How to approach behavior change in healthcare facilities Simultaneous interpretation available in French and Spanish **Connect. Share. Act.** WASH in Healthcare ASH in Healthcare **Facilities** Initiative Facilities Initiative

WASH in HCF COP Events – washinhcf.org/cop





Ask An Expert (August 2023)	+
Climate Resiliency (May 2023)	+
Environmental Cleaning (March 2023)	+
Global JMP Data (February 2023)	+
Indicators (November 2022)	+
Built Environment (September 2022)	+

WASH in HCF COP – New Videos

Weathering the Storm: Climate Resilient WASH in Healthcare Facilities Programming

Clean Care: Environmental Cleaning in Healthcare Facilities







8 views • 1 day ago

6 views • 1 day ago

28 views · 2 weeks ago

8 views · 3 weeks ago

WASH in HCF Resources – Lit Review & Indicators

WASH in Healthcare Facilities Literature Review Updated October 2022

Emory University's Center for Global Safe WASH conducted this informal literature review, which includes 85 published articles from scientific journals that specifically focus on water, sanitation, hygiene, cleaning, and waste management in healthcare facilities in low- and middle-income countries dating from 2005 to October 2022. They are organized by themes: conditions & infrastructure, monitoring, implementation, health systems & enabling environment, sustainability, costing and budgeting, behaviors, care-seeking behaviors & enabling environment, sustainability, costing and budgeting, behaviors, care-seeking behaviors, gender, and enterprise. Note that COVID-19 is a crosscuting theme for many of the articles published between 2020-22 and is denoted by an asterisk.

Because of the breadth of literature on hand hygiene in HCF and infection prevention and control (IPC), we have not included them in this review beyond when they are discussed as part of a more explicit WASH in HCF articles. Similarly, we have not included articles that focus exclusively on healthcare waste management, as that is also a large body of research. We encourage members of the community to seek additional research to that end.

When this literature review was originally published in 2019, it included 64 journal articles, plus additional grey literature. In the process of updating this literature review in 2022, it was decided to focus only on published scientific articles due to the extensive grey literature on the subject. For those interested in case studies and other works not published in scientific journals, visit the Resources section on WASHINICF.org. The USAID Water Currents <u>issue on WASH in Healthcare Facilities</u> is also a key compilation of resources.

We encourage the community to share any resource missing from this review that furthers the community's knowledge of WASH in HCF.

Conditions & Infrastructure

- *Status of water, sanitation, and hygiene and standard precautions in healthcare facilities and its relevance to COVID-19 in Afghanistan. Alemi et al. 2022. Environmental Health and Preventive Medicine. 27(0), 6.
- Health facility preparedness for cholera outbreak response in four cholera-prone districts in Cameroon: a cross sectional study. Ateudjieu et al. 2019. BMC Health Services Research, 19(1), 458.
- How health professionals can leverage health gains from improved water, sanitation and hygiene practices. Perspectives in Public Health. Bartram et al. 2010. Volume: 130 issue: 5, page(s): 215-221.
- Lack of toilets and safe water in health-care facilities. Bartram et al. 2015. Bulletin of the World Health Organization 93:210.
- Environmental factors and WASH practices in the perinatal period in Cambodia: implications for newborn health, Bazzano et al.2015. International journal of environmental research and public health. 12(3): 2392–2410.

*Denotes crosscutting theme of COVID-19 & WASH in HCF

WASH in Healthcare Facilities Initiative

Indicators for WASH in Healthcare Facilities

In the Fall 2022, the Community of Practice hosted two events to engage COP members in an exercise brainstorming useful indicators to monitor and evaluate WASH in HCF.

To define success in WASH in HCF, we started by discussing WHAT aspects of WASH in HCF we should focus on and WHO is defining 'success'. Examples of what might success look like include: safer healthcare facilities, meeting standards/guidance, increased adherence, improved dignity/equity and achieving program activities. Examples of who might be defining success include: government, external partners, patients, staff, and facility.

Community members then discussed impact, outcome, and activity level indicators, coming up with the following list:

JMP service	Basic/advanced water services		
availability	Basic/advanced sanitation services		
	Basic/advanced hand hygiene services		
	Basic/advanced waste management services		
	Basic/advanced environmental cleaning services		
Additional WASH	See full WASH FIT tool – including energy and facility management		
service information	Water guality testing		
WASH-related	Frequency of trainings on WASH/IPC at the facility		
Behaviors	Frequency of coaching sessions on WASH/IPC		
	Perceived ability to integrate hand hygiene into daily routines		
	Knowledge/attitudes of WASH/IPC behaviors		
	Presence of job aides		
	Hand hygiene/environmental cleaning compliance		
Facility Outputs	Inpatients and outpatients/month		
	Deliveries/month		
	Monthly revenue		
Standard Operating	Presence of day-to-day plans or checklists for WASH		
Procedures	Presence of facility emergency plans for continuance of WASH		
	Presence of cleaning schedules		
	Records log of operations & maintenance		
	Temperature water is heated to minimal heat inhibitory		
	concentration (legionella)		
Health Outcomes	Sepsis		
	Healthcare-acquired infections		
	Maternal mortality rate, neonatal mortality rate, still births		
Patient Experience	Patient satisfaction with WASH services (male & female patients)		
	Patient perception of WASH services (male & female patients)		
	Feelings of dignity (male & female patients)		
	Care-seeking behaviors		

List of Indicators for WASH in HCF, from COP members

WASH en Establecimientos de Salud: Recursos en español Documento Título y enlace Año, Editor Descripción **Reportes Globales** forme sobre los 2021 El informe identifica las principales OMS/UNICEF progresos realizados a deficiencias mundiales en servicios escala mundial en WASH, describe las respuestas di. mundiales y nacionales a la resoluc EAH dans les Éstablissements de Santé: Ressources en français Titre et lien Document Année, La Description Editeur Rapports globaux Le rapport identifie les principales apport de situation mondial 2021, ur les services WASH dans les OMS/UNICEF lacunes mondiales en matière de établissements de santé: les services d'EAH, il décrit les réponses 2 M mpératifs premiers mondiales et nationales à la résolution de l'Assemblée mondiale de la santé de 2019 sur l'EAH dans les établissements de santé, et il comprend des recommandations nour arcélérer les investissements et les améliorations des services d'EAH dans les établissements de santé. WASH dans les établissements 2019, Ce premier rapport du JMP sur les de santé: Rapport référentiel OMS/UNICEF services d'EAH dans les mondial 2019 établissements de santé présente le nouvelles échelles de services pour les services de base. Il établit des estimations de référence qui contribuent au suivi mondial des cibles ODD concernant l'accès universel aux services d'FAH et la couverture sanitaire universelle

List of key WASH in HCF available in French and Spanish



2022 Updated Literature Review on WASH in HCF

WASH in HCF Resources



Clear Filters

Search

Over the course of the WASH in HCF COP, we've discussed many resources, guides, reports, presentations, and materials. All of these resources can be found on <u>https://www.washinhcf.org/resources/</u>

Following this event, a newsletter will be shared which compiles the various resources that were highlighted during the past COP events. If you haven't signed up, please do so by signing up through the <u>link</u> in the chat!



WASH in Healthcare Facilities Initiative

Recommendation 3: Develop Workforce

Develop and empower the health workforce to deliver and maintain WASH, waste and energy services and practice good hygiene.

What does this mean for practitioners? Go forth and build!

- Ensure any program on WASH in HCF includes a component to support the development of the health workforce, particularly O&M. Include non-clinical staff such as cleaners and maintenance workers as applicable.
- Include in your advocacy to health officials not just service delivery but also behavior change programming
- Partner with Ministry of Health to support IPC adherence
- Provide technical support to any national efforts to create more WASH/waste professionals



Behavior Change Wheel

The behaviour change wheel: A new method for characterising and designing behaviour change interventions

Michie *et al*.



Michie *et al. Implementation Science* 2011, **6**:42 http://www.implementationscience.com/content/6/1/42 (23 April 2011)

Michie, S., van Stralen, M.M. & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Sci* **6**, 42 (2011). https://doi.org/10.1186/1748-5908-6-42

The Behaviour Change Wheel A Guide to Designing Interventions

Susan Michie, Lou Atkins & Robert West

Open access article.

Behavior Change Wheel

The behaviour change wheel: A new method for characterising and designing behaviour change interventions

Michie et al.

BioMed Central

Michie *et al. Implementation Science* 2011, **6**:42 http://www.implementationscience.com/content/6/1/42 (23 April 2011)

- A classification system for behaviour change interventions that incorporates (FIRST) an understanding of the nature of the behaviour to be changed
- Then asks: what is the "broad intervention <u>approach</u>" that should be adopted to change this behaviour?"
- Michie et al., does not recommend specific techniques or activities

Michie et al (2011); Diagram Courtesy of M. Freeman



Change the physical or social context

Provide an example for people to aspire to or emulate







Behavior Change Wheel Linking COM to intervention functions

	Intervention functions								
	Education	Persuasion	Incentivisation	Coercion	Training	Restriction	Environmental restructuring	Modelling	Enablement
Physical capability									
Psychological capability									
Physical opportunity									
Social opportunity									
Automatic motivation									
Reflective motivation									

Table 2, Michie et al., 2011

Michie et al (2011); Diagram Courtesy of M. Freeman



NICE

Behavior Change Wheel

The behaviour change wheel: A new method for characterising and designing behaviour change interventions

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The Behaviour Change Wheel A Guide to Designing Interventions

Susan Michie, Lou Atkins & Robert West

Open access article.

ANNEX: IMPROVING HAND HYGIENE THROUGH A MULTIMODAL STRATEGY

WHO's multimodal hand hygiene improvement strategy

- Effective hand hygiene improvement programmes can prevent up to 50% avoidable infections acquired during health care delivery and generate economic savings on average 16 times the cost of implementation.
- The multimodal improvement strategy is highly effective, leading to significant improvement of key hand hygiene
 indicators in health care facilities. It comprises five elements.
- Implementing a multimodal strategy leads to a reduction of health care-associated infections and antimicrobial resistance, and substantially helps to stop outbreaks.

Use the five elements to drive improvement

All elements are **essential** and **complementary**.

The **five critical elements** to be implemented as part of an infection prevention and control programme at the health care facility level, in an integrated manner, can be simplified as: Build it; Teach it; Check it; Sell it and Live it (see visual).

Track progress

- Track progress over time through use of the Hand Hygiene Self-Assessment Framework.
- The Framework is a diagnostic tool, identifying strengths and gaps requiring improvement across each of the five elements.

SYSTEM CHANGE (Build it)

 Achievement of continuous availability of the necessary infrastructure, materials and equipment to effectively perform hand hygiene at the point of care.

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 This includes the reliable and uninterrupted provision of alcohol-based hand rub at the **point of care**, continuous supplies of safe, clean water, soap, singleuse towels, and an adequate number of functioning sinks.

TRAINING AND EDUCATION (Teach it)

- Tailored education and practical training of clinical staff, patients and visitors about the importance of hand hygiene to better understand when and how it should be performed.
- Education should also address all other health workers, including hospital administrators, cleaning personnel and community health workers.

MONITORING AND FEEDBACK OF HAND HYGIENE INDICATORS (Check it)

 Regular monitoring and evaluation (ideally using standardized tools) of hand hygiene infrastructures (location of facilities at the point of care, consumption of soap and alcohol-based hand rubs), including knowledge of and compliance with best practices

 Providing regular feedback to health workers and senior management using local data is a very powerful approach to raise awareness and achieve improvement of practices.

REMINDERS IN THE WORKPLACE/ COMMUNICATIONS (Sell it)

- Posters, stickers, visual and vocal prompts, banners, screensavers.
 They can continually prompt and remind health workers about the importance of hand hygiene and the indications when to perform it.
- They also help to **involve patients and** their visitors and inform them of the level of care they should expect from health workers with regards to hand hygiene.

SAFETY CLIMATE/CULTURE CHANGE (Live it)

 Creating an organizational environment that prioritizes high compliance with hand hygiene to achieve patient and health worker safety.

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- At the institutional level, this should include the allocation of resources for hand hygiene programmes and clear messages of support for hand hygiene from leaders within the institution, setting benchmarks or targets, and having hand hygiene champions.
- At an **Individual level**, the aim is to ensure that health workers identify hand hygiene as a **priority** that reflects their commitment to do no harm to patients. Partnering with patients and patient organizations to promote hand hygiene may also promote a climate of patient safety, but should be undertaken sensitively and in close consultation with key stakeholders, including health workers and patient representatives.



WHO Multimodal Improvement Strategy (MMIS)

- Sustaining behavior change, such as hand hygiene, requires a multimodal approach - of which training is only one component
- Other key elements include ensuring there are the resources available, routine evaluation/feedback, reminders, and changing the culture within the HCF.

Source: A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy



Center for Global Safe Water, Sanitation, and Hygiene





WASH-related IPC Behaviors



Key HCF Staff Behaviors Include:

- 1. Hand Hygiene
 - 2. Environmental Cleanliness
 - 3. Medical Equipment Processing
- 4. Healthcare Waste Management





Target Populations for Behavior Change

Target Population	Role within the HCF
Managers (Directors, Frontline Managers)	Plan, direct, and coordinate medical and health services; manage an entire facility, a specific clinical area or department, or a medical practice.
Clinicians (Doctors, Nurses, Midwives, IPC Committees/ Focal Points)	Work directly with patients to diagnose, treat, and care for patients.
Non-Clinical Staff (Lab/Pharmacy, Cleaners, Maintenance)	Work behind the scenes to support patient care.
Patients/ Caregivers	Receive care or medical treatment; assist with patient care needs.





Healthcare Facility Hierarchy

It is important to recognize the hierarchy which exists within the healthcare facility and how this may impact the behavior change interventions you have planned.





Center for Global Safe Water, Sanitation, and Hygiene

Gender Considerations in HCF

According to WHO, 75% of the healthcare workforce is female, yet more often than not the top leadership positions are held by men.

- What does this mean for the hierarchical nature of the healthcare facility?
- What are the implications for training healthcare workers and staff?

Source: WHO (2019)



Center for Global Safe Water, Sanitation, and Hygiene DELIVERED BY WOMEN, LED BY MEN: A GENDER AND EQUITY ANALYSIS OF THE GLOBAL HEALTH AND SOCIAL WORKFORCE

Human Resources for Health Observer Series No. 24





Behavior Change Interventions

Who	Roles	Type of Training	Example
Managers (Directors, Frontline Managers)	Plan, direct, and coordinate medical and health services; manage an entire facility, a specific clinical area or department, or a medical practice.	Formal pre-service leadership training and training as part of regular professional development leadership training for district-level health officers and health leadership for participating facilities. Focus on monitoring.	The Clean Clinic Approach
Clinicians (Doctors, Nurses, Midwives, IPC Committees/ Focal Points)	Work directly with patients to diagnose, treat, and care for patients.	Formal pre-service training and training as part of regular professional development that focuses on concepts that are familiar to health staff. For example, key topics where IPC and WASH overlap: hand hygiene, medical equipment processing, environmental cleanliness, and healthcare waste management.	WASH for Health Training, MMIS for Handwashing
Non-Clinical Staff (Lab/Pharmacy, Cleaners, Maintenance)	Work behind the scenes to support patient care.	Formal pre-service training and training as part of regular professional development for those who clean by promoting IPC and WASH standards for a safer environment.	TEACH CLEAN
Patients/ Caregivers	Receive care or medical treatment; assist with patient care needs.	Generate public awareness and patient participation. Many health facilities also educate and encourage patients and their families to participate in the utilization of WASH services.	Handwashing Day

Behavior Change for WASH in HCF

So, here is what we know...

•	There are		-
	program		
		together?	
•	There are		enting
	behavior	What actually works in	CHINK
	multi-mo	healthcare facilities?	
•	There are		mpact
	behavior		mpact s of

healthcare workers and the power dynamics that exist







SPECIAL GUEST





NEXT STEPS



Fundamentals of WASH in HCF Course

- Emory University's Center for Global Safe WASH will launch the **Fundamentals of WASH in Healthcare Facilities Course** next year.
- This *online, self-paced course* consists of four modules, designed to equip WASH practitioners with a comprehensive introduction to the importance, severity, and implications of poor WASH conditions in healthcare facilities and provide the foundation to begin programming.
- Registration will open in November. The course will be available from January 15 through March 15, 2024. Participants can complete the course at any point within that two-month window, following which they will receive a Certificate of Completion from CGSW.
- Course fees: US\$249
- See link in the chat to sign up to receive more information about the course.



W∕€SH

in Health Care Facilities



WASH in Healthcare Facilities Community of Practice

The WASH in HCF Community of Practice Initiative, facilitated by Emory University, is an action-oriented learning platform seeking to connect practitioners around the world.

CREDIT-Lindsay Denny Global Water 2