



Water, Sanitation and Hygiene in Healthcare Facilities

The 2020 Trailblazers

Second Edition

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in Healthcare Facilities**

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December 2020




Center for Global Safe Water, Sanitation, and Hygiene



Save the Children.

Safer Motherhood in Rural Ethiopia





“If you cannot do the basics [like WASH], forget the rest. Prevention, prevention, prevention.”

— Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

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A Neglected Crisis

Water, sanitation and hygiene is the foundation for global health, yet it is absent in the majority of healthcare facilities in the developing world.

It should go without saying—safe water, functioning toilets and supplies of soap must be present in all hospitals and health clinics in order to provide safe and dignified care. Tragically however, billions of people must rely on tens of thousands of healthcare facilities that lack the foundation for healthcare: water, sanitation and hygiene (WASH). Without WASH, healthcare facilities become Centers of Infection, not the Centers of Healing they are meant to be. Every infection prevented is one that needs no treatment, causes no suffering, and imposes no economic burden.

WASH in Healthcare Facilities: By the Numbers

The [first global baseline assessment](#) of WASH in healthcare facilities was released by the World Health Organization and UNICEF in 2019. Data was gathered from 560,000 healthcare facilities in 125 low- and middle-income countries and the findings were devastating:

- 2 billion people must rely on healthcare facilities that lack basic water services
- 1.5 billion people must rely on healthcare facilities without sanitation facilities
- 45% of healthcare facilities in Least Developed Countries lack basic water services and 21% have no sanitation services
- 49% of healthcare facilities in sub-Saharan Africa lack basic water services
- 64% of healthcare facilities in Eastern and Southeastern Asia lack basic hygiene services



Credit: Village Health Partnership

Mothers and newborns are most vulnerable.

Day One is when more than 40% of maternal and newborn deaths occur, though the majority of these tragedies are preventable. In some places, newborns are not even named because death is so commonplace. In the Least Developed Countries, 17 million women give birth in healthcare facilities without adequate WASH every year. Women in labor have to haul their own water, of questionable quality, to give birth on tables wiped down with dirty rags. Unwashed hands, contaminated beds, unsafe water and dirty instruments used to cut umbilical cords transmit easily preventable, and sometimes deadly, infections.

Global health threats know no borders.

Never has that fact been clearer than right now. Among the key guidelines to prevent the spread of COVID-19, and many other infectious diseases, is handwashing. But two in five healthcare facilities globally do not have soap and water or alcohol-based hand sanitizer at points of care. These facilities, and their staff, are on the frontlines of curing illness and stopping diseases, yet many can't adequately wash their hands.

Diseases and pandemics thrive on the ability to beat efforts to control them, especially at critical sites, and can spread where there is a density of pathogens and volume of sick people. Healthcare facilities clearly fall into that category. They must be able to maintain hygiene to stop further infection. We need health facility staff—nurses, midwives, doctors, and cleaners—to stay healthy, always, and particularly during this dangerous time.

Sustainability is the biggest challenge of all.

The single most important challenge is sustainability. Sustainability requires leadership, commitment and coordination among water, health and finance sectors—local to global. Without sustainability, broken pipes, rusted pumps, and busted faucets will rollback WASH investments that make healthcare safer.



Credit: Tom Greenwood/
Wateraid

Sustainable WASH in healthcare facilities is not only initial capital investment in infrastructure and resources to ensure basic WASH service, but also budgets, operations and maintenance, management, monitoring, and accountability to ensure WASH services are continually available — year in and year out. A full system strengthening approach, led by the health sector and supported by the WASH sector, is needed.

This crisis is big.

And it's solvable.

*“A healthcare facility without WASH
is **not** a healthcare facility.”*

— **Dr. Maria Neira**
Director of Public Health and Environment
World Health Organization

Momentum & Commitments

The historic 2019 commitments effort generated [nearly 100 commitments](#) representing investments exceeding US\$120 million, accompanied by in-kind support and substantial advocacy focused on identifying and scaling solutions. Commitments have come from widely diverse organizations—non-governmental, faith-based, corporate, governmental and philanthropic.

One year ago, never could we have imagined the world would be in the midst of a historic and deadly pandemic. Nor could we know that the commitments gathered would turn out to be prescient.

UN leaders, Presidents and First Ladies and Ministers of Health have taken up the mantle. Key development leaders, global banks, and private foundations, have increased funding and begun to fund WASH in healthcare facilities for the first time. More and more international health and development organizations on the frontlines—both secular and faith-based—are publicly recognizing that the foundation for safe and dignified care inside healthcare facilities must start with WASH and are including it in their efforts. Local communities and community-based organizations are key partners.



Credit: USAID Maternal and Child Survival Program

Commemorating Progress

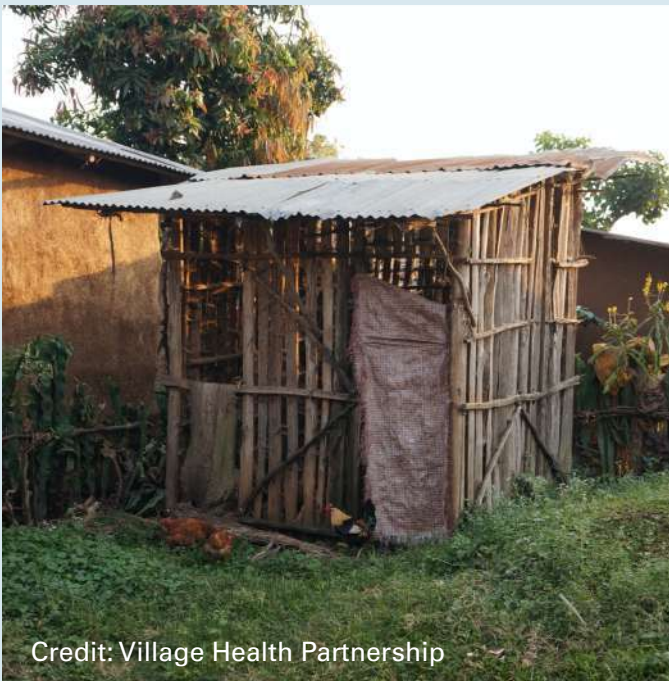
WASH in healthcare facilities became a globally-recognized issue in 2015, when WHO and UNICEF rang the alarm with their [initial report](#) detailing the extent of the crisis. Over the past five years, progress has accelerated and momentum is building:

- **March 2018:** UN Secretary-General António Guterres issued a global Call to Action to get WASH into all healthcare facilities.
- **March 2019:** The Vatican, a major provider of healthcare, requested all healthcare facilities affiliated with the Catholic Church evaluate and remedy gaps in WASH as part of the Vatican's strategy for ensuring human development.
- **April 2019:** Forty of the largest faith-based organizations, representing more than 40% of healthcare providers in some regions, met to coordinate efforts to increase WASH in healthcare facilities.
- **April 2019:** WHO and UNICEF released the [first global assessment and recommendations for action](#).
- **May 2019:** The World Health Assembly unanimously passed a [resolution](#) with clear practical steps for governments and partners to get WASH into healthcare facilities worldwide.
- **June 2019:** The ['What Women Want' survey](#) of 1.2 million women and girls in 114 countries revealed that WASH in healthcare facilities was their second highest ranking healthcare demand after dignity of care to improve reproductive and maternal health services.
- **June 2019:** Financial institutions, corporations, philanthropies, non-governmental organizations, faith-based organizations and universities gathered in Washington, DC to announce historic [commitments](#) to WASH in healthcare facilities funding, technical assistance, research, training, maintenance and advocacy.
- **September 2019:** WHO/UNICEF called [a meeting of national governments](#), hosted by Zambia, to help generate plans and support to achieve 100% WASH in HCF coverage by 2030.
- **January 2020:** [WHO cited](#) the absence of water, toilets, soap and waste management in healthcare facilities among the most urgent global health challenges in the coming decade.
- **March 2020 - Present:** The COVID-19 pandemic has underscored the critical role of WASH within a healthcare facility, as health systems across the world struggle to respond to the outbreak.
- **December 2020:** WHO and UNICEF publish the [Global Progress Report](#) and establish the first costing analysis, demonstrating the achievability and benefits gained from WASH in healthcare facilities.

Accelerating Action

The COVID-19 pandemic has brought this critical need into even sharper focus. But it is the significant progress being made that really reminds us what could be lost if we fail to continue this momentum and don't push even harder in the months and years ahead. WASH in healthcare facilities must be a foremost priority for governments, funders and health and development assistance organizations alike. This past year has proven that real progress is possible and will continue as long as we continue to demand ample support for sustainable and accountable WASH services in every healthcare facility.

As we look towards the future, let us take a moment to celebrate success. Because together we are turning *this* :



Credit: Village Health Partnership

into *this* :



Credit: Village Health Partnership

It is time we made quality healthcare accessible and safe for all through sustainable WASH in healthcare facilities.

Leader Statements

"I am using the launch of the Water Action Decade to make a **global call to action for water, sanitation and hygiene – or WASH -- in all health care facilities**. A recent survey of 100,000 facilities found that more than half lack simple necessities, such as running water and soap - and they are supposed to be healthcare facilities. The result is more infections, prolonged hospital stays and sometimes death. We must work to prevent the spread of disease. **Improved water, sanitation and hygiene in health facilities is critical to this effort.**"



*United Nations Secretary-General
António Guterres*

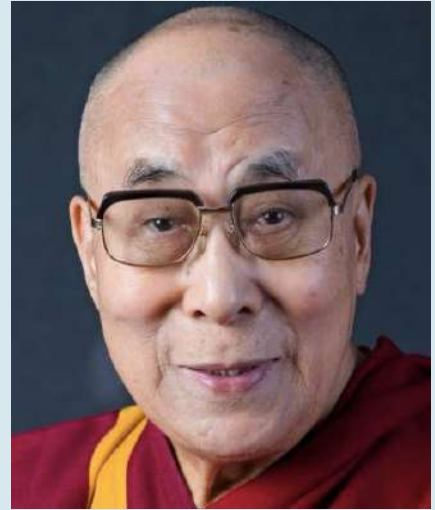


**DICASTERY FOR PROMOTING
INTEGRAL HUMAN DEVELOPMENT**

The Vatican's Dicastery "considers access to drinking water in schools and healthcare centers...namely those owned and managed by the Catholic Church, to be a priority" (Communique, World Water Day, 2019). The Dicastery announced that "**a strategy is being defined to address the current situation regarding water, sanitation and hygiene in the broadest sense (WASH) in healthcare facilities belong[ing] to the Catholic Church...**" (Press Release accompanying release of Aqua fons vitae, World Water Day 2020) and has written that "the goal is to have an adequate access to water, sanitation and hygiene in all Catholic healthcare facilities in order to safely treat patients, prevent further spread of COVID-19 and other diseases, and protect health care workers and chaplains who are doing God's work by caring for the sick."

Dicastery for Promoting Integral Human Development, Vatican

"We must ensure that the sick and the valiant healthcare providers throughout the world have access to the fundamental necessities of clean water and proper sanitation to prevent the uncontrolled spread of disease. Hygiene is one of the bases of effective health care. **Sustainable access to properly equipped and staffed health-care facilities will help us meet the challenges of the current pandemic that ravages our planet.** It will also offer one of the strongest defenses against future public health crises."



His Holiness the Dalai Lama



"Almost half the clinics and hospitals in the world do not have handwashing stations. And by some predictions 1.5 billion people could seek care in a healthcare facility without basic water services...Every government has COVID-19 near the top of its policy and political agenda. But they probably don't know to be effective about that they must elevate in parallel the water and sanitation agenda as well. **So my call to action is become locally politically active in getting your governments around the world to do the right thing by water and sanitation now.**"

***Prime Minister Kevin Rudd
Chair, Sanitation and Water for All***

"It is good health care to have good water in every facility. In fact, **it is both scandalous and illogical that we should have so many healthcare facilities in the world that do not have access to clean water...** It is a solvable problem. It's a pretty straightforward fix, when you look at the range of global development problems...It is not costly. The governance and ownership of the problem is pretty straightforward. So, I would say this should be a real push."

***Peter Laugharn
President & CEO, Conrad N. Hilton Foundation***



Leader Statements

“A healthcare facility cannot provide safe and effective healthcare services in the absence of WASH...the US Government is committed to helping countries around the world establish and maintain basic WASH services in all households, schools and healthcare facilities. USAID is proud to lead this work. We have redoubled our efforts at this critical time. Our COVID-10 strategy includes a specific focus on WASH in healthcare facilities...Last year we raised awareness and mobilized support. Now we need to turn words into action. I have the utmost confidence that this audience will do just that. And USAID will work side-by-side with you along the way.”



USAID Administrator John Barsa



We know without clean water and soap you don't have hygiene — it's just A plus B equals C. When I walked into the Kikwete General Hospital in 1995 in the middle of the Ebola outbreak I was stunned that there was no water at that hospital...The doctors themselves had no way to wash their hands and so not surprisingly Ebola in that region was primarily spread within hospital settings... All over the world we see that roughly 16 percent of health care facilities lack any serious clean running water which is absolutely an astonishing finding...You can't stop a pandemic if you don't have the ability to clean your hands.****

Laurie Garrett
Global Health Security Expert

First Ladies of the Americas

“We in Latin America will be leaders... ensuring that these essential services [like WASH] will be available in healthcare facilities for all of our citizens... As Goodwill Ambassador for the 17th SDG [Sustainable Development Goals]...**I call on First Ladies throughout Latin America to join me in championing this cause**...As we commit to champion this regional effort we will also benefit greatly from the support and investment of public and private organizations worldwide.”



Her Excellency María Juliana Ruiz Sandoval
First Lady of Colombia



“Today more than ever we are aware that water, sanitation and hygiene services, particularly in health facilities, are essential for the fulfillment of the SDGs, thus guaranteeing a healthy life and promoting the well-being of all at all ages and the availability and sustainable management of water and sanitation for all.”

Madam Silvana Abdo
First Lady of Paraguay

“Water, sanitation and hygiene services are **essential to prevent and control infections and guarantee the quality of care**, they are essential to respect the dignity and human rights of anyone who needs medical care and also of the health workers themselves.”

Madam Fabiola Yáñez
First Lady of Argentina



The Next Big Frontier

Investing in WASH in Healthcare Facilities

Recognition of the foundational importance of sustainable WASH in healthcare facilities, and its achievability, is growing. While more funders are becoming aware and engaged, **WASH is often absent from national and facility healthcare budgets**. A recent [UN Water report](#) found that only eight of 69 responding countries reported having more than 75% of the funds needed to reach targets for WASH in healthcare facilities. **There is an opportunity to build a coordinated funding strategy to scale up sustainable WASH in healthcare facilities much more rapidly.**



Credit: USAID Maternal and Child Survival Program

The Situation Today

- Today, in hundreds of public and private organizations, the level of awareness that **WASH is the bedrock of strong and resilient health systems** is at an all-time high. COVID-19 has drawn attention to the urgent need for clean water and sustainable WASH. Fortunately, public and private supporters of WASH have a significant presence in most of the neediest countries.
- **Significant levels of funding are being deployed globally**, both in short-term responses to COVID-19 and in the hardening of infrastructure for prevention and mitigation, as well as strengthening health systems; however, **we do not yet see a coordinated strategy or agreed upon priorities for deploying these funds**. Certainly, WASH needs to be an integral part of that strategy.
- While improved WASH in healthcare systems needs to be funded and implemented at the country level, there is an **urgent need to create long-term platforms to identify and deploy financial and expert resources** in order to the design and implementation of sustainable WASH in healthcare facility programs.

The Path from Here

The 2020 Commitments Anniversary event is shining a light on the shared recognition of the problem and actions that demonstrate how WASH can be integrated into health-related investment strategies. Global funders like the World Bank and philanthropic leaders like the Conrad N. Hilton Foundation are building WASH-focused investments at the district and country level. At the same time, implementers like World Vision are engaging their funders to support scale up of WASH in healthcare facilities.

These developments suggest a pathway to accelerate integration of WASH in healthcare facilities into global funding strategies. It begins with policy, budgetary and regulatory commitments at the ministerial level, including Ministries of Finance, and district and local governments. Key elements of a path forward include:

Articulating the Business Case: A preliminary articulation of the case for [investing in WASH in healthcare facilities](#) exists. Numerous organizations including UNICEF, WHO and the World Bank are developing more extensive investment cases. WASH can be fully integrated into healthcare budgets and operating plans, rather than having it be a separate focal area. WASH should be fully integrated into healthcare budgets and operating plans, rather than having it be a separate focal area. This includes incorporation into facility design and engineering standards; operating plans; and system operations, maintenance, training and sustainability.

Information and Matchmaking: Create transparency about projects and success stories that are replicable. Continue to build upon [an effort to connect](#) implementing organizations and funders.

Partnership Models: Build examples of partnerships that integrate diverse sources of public and private philanthropic and corporate capital, including investments in private businesses that support both sustainable community water infrastructure and WASH in healthcare facilities. These partnerships can be “bankable” (attractive to investors).

Funding at Scale: Identify focal points to link diverse sources of domestic, public and private capital to implement WASH on a large-scale. This can include a multi-donor funding plan to scale up WASH coverage in healthcare facilities throughout an entire country. Another example could be a multi-donor trust fund or similar vehicle to provide seed funding and technical assistance to integrate WASH into healthcare-related projects.

It is expected in the coming year that numerous projects will be implemented, in addition to the creation of collaborative financing platforms. All organizations, whether involved in finance or implementation, are invited to bring ideas forward and participate in these groundbreaking partnerships.

Meet the 2020

WASH in Healthcare Facilities

TRAILBLAZERS

Meet some of the partners leading the way...

The Health Leaders

No voice is louder than the health sector when it comes to conveying the foundational importance of ensuring WASH in healthcare facilities, and integrating WASH into key health initiatives like quality of care and maternal, newborn and child health.

The Implementers

Doing the hardware and software work—trainings, construction, rehabilitation—making sure that all healthcare facilities are WASH-equipped, staff are WASH knowledgeable, and it's all sustainable.

The Researchers

Researchers are unlocking best practices, cost analysis, coverage and gaps, as well as the impact of poor WASH and better understand the barriers to ensure WASH in every healthcare facility.

The Advocates

Working at the global, national and subnational levels, advocates make the case for prioritizing WASH in healthcare facilities to governments, donors and health and development partners.

The Innovators

WASH in healthcare facilities may be foundational but it still isn't universal. A creative cadre is finding new ways to make sure sustainable WASH reaches facilities everywhere.

The COVID-19 Responders

Partners have quickly stepped up with WASH infrastructure, supplies and training so that healthcare workers and patients will be safer during this historic pandemic.

The Health Leaders



The Health Leaders



Uganda Catholic Medical Bureau

The Uganda Catholic Medical Bureau (UCMB), which oversees more than 300 healthcare facilities across Uganda, has made progress on multiple fronts, including patient satisfaction assessments of WASH conditions; monitoring of and reporting on WASH; the use of results-based financing programs to boost WASH; and integrating WASH into accreditation criteria. Results-based financing has been implemented to improve quality of care with a focus on WASH. UCMB has had to continually support health facilities to fulfill the requirements because failure to achieve them would also hinder the payment of subsidies attached to the provision of quality health services. The annual accreditation program was also used to enforce WASH. Standards set include elements of WASH and these are continuously assessed and monitored by the Quality Improvement teams. UCMB periodically implements patient satisfaction assessments as one of the feedback mechanisms. This has helped UCMB to continuously learn about the health facility maintenance of toilets, bathrooms and environment at large. This is another way of enforcing monitoring of WASH and sustaining safe practices.



Credit: Global Water 2020 for UCMB

The Health Leaders

Amref Health Africa

Amref Health Africa has undertaken a WASH program in Uganda in collaboration with the District Health and Engineering department. The primary focus has been on the improvement of WASH services for maternal and newborn health. Two maternity wards were renovated to create a safe and conducive environment that is easy to clean, in accordance with Ministry of Health standards. Post-delivery washrooms were also renovated, placenta pits were constructed, and to ensure that there is running water in the healthcare facilities, motorized solar water systems were installed.

To ensure that the health facilities are cleaned at all times, Amref procured and distributed sets of essential cleaning supplies to six health facilities. These supplies have helped in improving hygiene conditions in these facilities, which attracted more communities to take up healthcare services and mothers to come for delivery services. Consequently, a total of 646 babies were delivered from across the six intervention health facilities in just one year, and a total of 8022 clients accessed various healthcare services. The percentage of skilled assisted deliveries in targeted health units increased from 20% to nearly 60%. Though this is still lower than the district average, the almost 10% average increase in the targeted healthcare facilities in the three years is evidence that improving sanitation and hygiene conditions in a healthcare facility increases uptake of services.

Partners in Health/Zanmi Lasante

Over the years, Partners in Health/Zanmi Lasante (PIH/ZL) has aimed to provide high-quality treatment and care at our cholera treatment units, offer public education on cholera prevention, perform aggressive case finding via community health workers, implement several oral cholera vaccine campaigns, and improve access to clean water and improved sanitation for thousands of families.

Another accomplishment is l'Hôpital Universitaire de Mirebalais, a 300-bed public hospital opened in 2013 in partnership with the Haitian Ministry of Health. PIH/ZL recognizes that many of the people that come to the hospital travel from far and may not have access to clean water or sanitation once at the hospital. On average, more than 500 people use the toilet facilities each day, where they have access to bathrooms and showers, separated by gender and equipped with clean water and soap; and there are four cleaning staff that ensure the space is cleaned around the clock.

This influx of people showering daily required that the wastewater treatment facility at the hospital be maintained continuously. The hospital became a center of innovation, promoting environmentally-friendly practices within medical facilities through its bio-digester waste treatment unit with the capacity to process up to 50,000 gallons of wastewater per day, an international standard. All wastewater produced by the hospital passes through the system.

The Health Leaders

Terre des Hommes

WASH in healthcare facilities continues to be a core aspect of Terre des Hommes' perinatal health programs. This includes upgrading WASH in delivery rooms and improving knowledge and skills on infection prevention and control. In 2019, Terre des Hommes supported national health authorities and municipalities in Bangladesh, India, Iraq, Mali, Myanmar, Nepal and Nigeria to assess and improve WASH services in 59 healthcare facilities. The work contributed to efforts of the national WASH in healthcare facilities task teams in Mali and Nepal. Working with the Ministry of Health and Sport in Myanmar, Terre des Hommes supported contextualization and piloting of the WASH FIT process in seven healthcare facilities in Hlaing Thayar Township under the Yangon City Development Committee. In Bangladesh, WASH FIT was piloted in an emergency setting (Cox's Bazar).

While WASH and health have often been implemented separately, it is clear that coordination between the two sectors is critical. Cross-sectoral collaboration and effective partnership cement WASH as a foundational component of health system strengthening. These health leaders are taking responsibility for WASH, paving the way for more integrated programming and making sure WASH is never again left behind.

Village Health Partnership

Working with the Ethiopian Government, Afro Ethiopia Integrated Development, Engineers Without Borders and Water Engineers for the Americas and Africa, the Village Health Partnership (VHP) put together a WASH and Maternal Health Initiative that was initially focused on five health facilities in the West Omo Zone in Southwestern Ethiopia. Under Phase One and Two of the project, VHP cleaned health facilities and compounds; constructed fenced biohazard areas; created access to clean water; implemented handwashing stations in patient care areas; constructed maternity waiting areas with kitchens, showers and concrete pit latrines; and trained medical providers in clean and safe healthcare. In Phase Three, VHP plans to expand the program to four more medical facilities which will ultimately form a health system of care that covers the entire Zone. VHP will also develop a program for the ongoing monitoring and evaluation of the project ensure sustainability. Their work is already having a ripple effect throughout the Zone with the creation of a clean and safe healthcare system. They are impacting pregnant women and neonates along with the entire community of more than 500,000 people. In the future, they hope to expand our work to all 39 health care facilities Zone and the neighboring Bench Sheko Zone, ultimately impacting the lives of 1.8 million people.

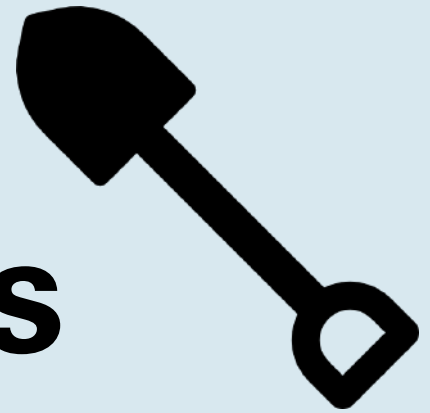


Credit: Village Health Partnership

The Implementers



The Implementers



Engineers Without Borders-USA

Engineers Without Borders-USA partnered with the Malawi-focused NGO [Freshwater Project International](#) to assess water systems at 16 rural health centers serving expectant mothers and vulnerable populations. Many health centers in Malawi were constructed with a functioning water supply system. However, over the years, many of those systems have fallen into disrepair—corroded pipe systems, broken taps, leaky tanks and clogged septic tanks cause inconsistent water supply and increases the risk of water contamination and infections to the patients the health centers serve. To date, the project has completed seven site rehabilitations of water and wastewater systems throughout the southern region of Malawi.

The project works with local stakeholders including plumbers, electricians, District Health Officers, and Community-led Health Advisor Committees. Mobilizing these groups along with implementing a Systems Operator's Approach for maintenance and using high-quality and appropriate materials will better ensure sustainability. All parts are locally sourced to ensure that maintenance can take place in a timely manner without parts being ordered from abroad. Most importantly, the facility and staff are provided with the tools and training needed to ensure ongoing infrastructure functionality and the continued supply of clean water.

Waterlines

Waterlines' commitment was to assess WASH conditions in 15 healthcare facilities in Bomet County, Kenya with "Monitoring and Action Plans" and take action to improve sustainable access to latrines and handwashing stations. Since 2012, Waterlines' facilitators in Bomet County have worked with staff at 15 dispensaries to construct rainwater harvesting tanks and gutters (costing US\$2,500 for each tank, 25% local funding, 75% from Waterlines). Waterlines' initial focus with these dispensaries was to provide only water systems, not latrines and handwashing stations.

After committing to WASH in healthcare facilities in 2019, improvements to the water systems were carried out for each dispensary. Local artisans were hired by dispensaries to make minor improvements of the rain harvesting systems costing up to US\$1,000 (funded half by dispensary, half by Waterlines). Monitoring and Action Plans were carried out to provide improved latrines, including a new latrine block building with toilets for women-only or both genders, funded 75% by Waterlines. Waterlines' facilities are currently assessing the adequacy of handwashing stations (in the dispensary at points of care and near the toilets) and the availability of soap.

The Implementers

Water For People

In Uganda, Water For People is supporting Kamwenge District Local Government to implement the Everyone Forever model. This model is aimed at demonstrating that access to universal WASH services is possible, including every school, healthcare facility, and household within the district. Water For People has supported the district in reaching 27 healthcare facilities with interventions to help reduce the spread of healthcare-acquired infections, including: a baseline assessment to understand the status of WASH in healthcare facilities; training of healthcare facility staff, including support staff; and provision of water, sanitation, and handwashing facilities in patient care areas, and waste management facilities.

An impact evaluation showed that access to drinking water increased for both patients and staff, though coverage remained limited. At follow up, more than half of the rooms still needed drinking water stations. Toilet coverage, handwashing and waste management increased from baseline to follow up, with all health centers having at least one toilet.

Through partnership with the District Health Officers, regular check-ins at each facility ensure that training of staff for maintenance is reinforced, and have also led to an increase of funds allocated to WASH services and facilities (for payment to water vendors or for water bills where the connection was to a larger system). In addition, anecdotes of better patient care and higher customer satisfaction were reported. Water For People continues to use this experience to develop longer-term interventions and expansion of WASH services across Uganda in partnership with the Ministries of Health (MoH) and Water and Environment (MWE). Water For People is also exploring opportunities to improve bulk waste management and fecal sludge management across healthcare facilities.



Credit: World Vision

The Implementers



Credit: World Vision

World Vision

In 2019, World Vision and partners made a commitment to provide basic water, sanitation, and hygiene services in 800 rural healthcare facilities serving an estimated 7.2 million people at a cost of approximately US\$100 million between 2019-2021. World Vision trains the staff at each healthcare facility on hygiene, sanitation and waste management including disinfection during cleaning, and provides handwashing stations with soap in all the areas where patients are seen; waste buckets designed to segregate waste into sharps, hazardous and nonhazardous waste; and an incinerator on premises. Water points are provided directly into the facility along with gender-specific latrines, and a place for women to wash themselves, including after birth.

After just one year, this effort is ahead of schedule, reaching 399 healthcare facilities with clean water, with the most progress in India (36 healthcare facilities), Tanzania (32), South Sudan (30), Zambia (30), Sudan (27), Kenya (24), Rwanda (19), Sudan (19), Mali (19) and Ghana (16).

In February 2020, philanthropists David and Dana Dornsife announced a US\$40 million investment in World Vision's water programs from 2020-2025 that will include helping to meet this commitment. World Vision Afghanistan was also awarded US\$950,000 for this effort by the German PATRIP Foundation, largely due to the sharing of information provided through an assessment conducted with Emory University. The Conrad N. Hilton Foundation has provided US\$3 million for this work in Ghana and US\$2 million in Niger.

World Vision has also equipped 478 medical facilities and 13,250 frontline health workers with COVID-19 prevention materials such as disinfectant, sanitizer and protective equipment.

The Implementers

Water4

Access Development Ghana is a Water4 private enterprise delivering safe and affordable NUMA-branded water in Wassu East District, Ghana. In 2019, the U.S. Centers for Disease Control found that, on average, only 73 gallons of water per day were available at each clinic, but that the few clinics served by NUMA water had sufficient safe water for the sick, and adequate storage for hand washing and sterilizing surgical tools.

Building on this progress, Water4 partnered with the Conrad N. Hilton Foundation to stand up 100 handwashing stations in the community and plumb 16 healthcare facilities, bringing multiple taps into each facility to serve a combined 2,700 patients each month. The enterprise, which expanded to manufacture and sell soap, collects a monthly fee to conduct routine maintenance to ensure water keeps flowing.

Global Communities, in parallel, is leveraging safe water to improve hygiene and infection prevention practices for 72 staff across all 30 healthcare facilities in the district. In September, the partners disseminated new National Guidelines on WASH in healthcare facilities and a baseline for each facility, which will help the District Health Office generate intervention plans to meet the needs of each clinic, educate staff and patients, and improve routine facility monitoring. This work forms part of Water4's global pandemic response strategy, through which 12,137 people have been trained in improved COVID-sensitive WASH practices, and 536 hand washing stations have been deployed in high traffic areas across rural Africa.

Credit: Water4



Improving access to WASH services in healthcare facilities requires technical expertise to team up with health colleagues. Together, these implementers can deliver sustainable solutions which allow healthcare workers to provide safe, quality healthcare for all.

The Implementers

SNV USA

SNV USA leads USAID's Health and Hygiene Activity (*Swachchhata*) ('cleanliness' in Nepali), which aims to improve the health status of communities in Nepal by integrating improved sanitation and good hygiene practices in health services delivery. The project works with stakeholders in the community at rural municipality, district, provincial, and national levels to catalyze stronger governance and community ownership structures to align sanitation and health efforts.

In the Magma Health Post in West Rukum, *Swachchhata* trained all staff, including the Health Facility Quality Improvement Committee, on the Government of Nepal's approved Infection Prevention training package in January 2019, but noticed that there was some difficulty maintaining the skills in practice. *Swachchhata* worked with the committee to encourage more frequent check-ins and tracking of skills learned including waste management, sterilization and the maintenance of a running water source. When the training was first completed, the facility scored 50%, with many gaps and issues noted such as a lack of supplies and equipment, and poor maintenance of skills. After six months, the assessment scored 92%, and after one year, the health facility was able to meet all standards, encouraging the standardization of frequent monitoring and scoring.



Credit: SNV USA

The Implementers



Credit: Water Engineers for the Americas and Africa

Water Engineers for the Americas and Africa

Over the past year, Water Engineers for the Americas and Africa (WEFTA) has collaborated with Daughters of Charity (DOC) of St. Vincent de Paul, Village Health Partnership (VHP), Sanitation & Water Action (SAWA), Church Builders, Inc., Wheaton Franciscan Sisters and the Benedictine Sisters on multiple WASH projects in Latin America and Africa. Projects underway in Tanzania are water supply and wastewater system improvements for St. John's Hospital in Lugarawa and Bikira Maria Mama Wa Tumaini Health Center in Masanga. These multi-phase projects will bring safe reliable water and sanitation to hundreds for daily use and to over 40,000 people who are served by the healthcare facilities.

In Ethiopia, with Village Health Partnership, WEFTA has provided technical expertise for a rooftop rain catchment system and storage tank for Chebera Health Clinic. At Bachuma District Hospital, WEFTA recently drilled a well, and it was reported that the Zonal Administrators were impressed by the successful operation with the water discharge being the highest in the area. In Addis Ababa, WEFTA is currently providing drilling oversight for a well for the DOC compound, including St. Mary's Laboratory and Clinic which serves an immediate population of 200 and covers a service area of over 21,000 people.

In Chiapas, Mexico, construction of a wastewater treatment system in San Carlos Hospital in Altamirano is scheduled to begin once pandemic delays subside.



The Researchers



The Researchers



Makerere University, Department of Disease Control and Environmental Health

Over the past year, Makerere University's Department of Disease Control and Environmental Health has conducted research in 63 healthcare facilities in the Greater Kampala Metropolitan Area (GKMA). With funding from WaterAid Uganda, the aim was to assess the WASH status, associated factors and management systems for WASH sustainability in healthcare facilities in the GKMA. In August, the Ministry of Health and WaterAid Uganda organized a stakeholders meeting for the dissemination of study findings. The stakeholders agreed on the way forward which will involve three steps: development of WASH guidelines for healthcare facilities in Uganda, review of existing literature on WASH in healthcare facilities in Uganda and creation of a national task force.

Additionally, with funding from WHO, the research team conducted a baseline assessment with the aim of determining whether healthcare facilities in districts hosting refugees meet requirements for practices, equipment, supplies and waste disposal for prevention and control of Ebola, and the ability of non-Ebola Treatment Unit healthcare facilities to conduct triage for Ebola Virus Disease. This assessment was followed by capacity building of healthcare providers.



The Researchers

Desert Research Institute and Transform International

The Desert Research Institute (DRI) and Transform International are working with local authorities to identify and address gaps, with the objective of supporting effective operation and maintenance of WASH infrastructure, and adherence to good WASH practices.

The work began with a desk review of the global landscape of efforts to address sustainability by other groups, followed by a field assessment of all 18 government and faith-based facilities in Rumphi district, northern Malawi. This research provided useful insights: patients often didn't know how to properly use facilities; training for staff was done infrequently and inconsistently; roles and responsibilities often were unclear; facilities lacked financial and material resources and infrastructure repairs took a long time. Even though staff were usually aware that their WASH infrastructure and practices were not optimal, they didn't necessarily know what they were supposed to look like, leading to inadequate leadership.

Working closely with district leadership, job aids such as checklists and written guidelines for staff were introduced. To assist in the shift from reactive to proactive infrastructure maintenance, DRI and district leadership will develop a program of trained technicians who visit the healthcare facilities regularly and provide support: technical services that are beyond the scope of healthcare facility staff, training, monitoring, and delivery of materials and supplies.

The Center for Global Safe Water, Sanitation and Hygiene at Emory University

Over the past few years, Emory and multidisciplinary partners have labored together to expand thinking around the importance of WASH status in healthcare facilities. Emory is committed to the application of rigorous scientific methods to address the most pressing research questions in WASH in healthcare facilities. In addition to testing over 7,500 samples of water from healthcare facilities in five countries and performing over 4,000 observations of sink taps to document access, functionality and availability of soap, Emory has also launched into microbiological studies to understand the link between health outcomes and inadequate WASH infrastructure and environmental contamination in maternity and neonatal intensive care wards. A pioneering study with Emory School of Nursing has revealed a complex interplay between WASH, surface contamination, sepsis risk, mortality risk and antimicrobial resistance. Preliminary analysis identified sepsis as a primary driver of all facility-based newborn mortality in facilities with low WASH infrastructure. The findings of this study have important implications for how WASH status in healthcare facilities impacts the overall safety and effectiveness of healthcare for mothers and neonates in low resource settings.

Lastly, Emory remains committed to education and training as a core feature of efforts to improve WASH in healthcare facilities worldwide. Whether this includes the design, implementation and evaluation of healthcare worker trainings within specific healthcare facility or online instruction for WASH and health program officers and staff, Emory prioritizes the dissemination of quality information, best practices and other lessons learned, including through an online community of practice of more than 600 partners.



The Advocates

UNAOMBA NDUGU NA
WAGONJWA MSITUMIE
SINK HILI
SINK LA KUNAWA
MIKONO
TAFADHALI USIOSHE
VYOMBO HAPA

**Wash Hands
Before & After Wearing Gloves**

Usipo nawa mikono
bakteria bado
wanaweza kuenea
hata kama umevaa
glovu

Tuwakige
wagonjwa wetu.
Tuanze kwa
unawaji wa
mikono sabili

Medipeace

HOW DO WE WASH OUR HANDS?

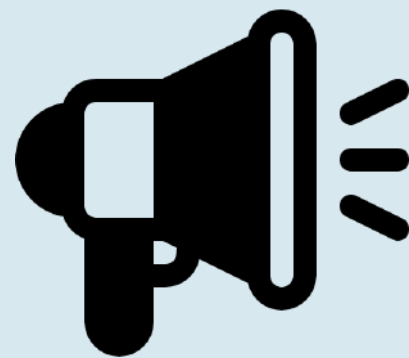
30 seconds with clean water & soap

1. Lavandish mikono kwa maji
2. Waka sabuni ya kutanuka kwa mikono yote
3. Fika kwa viganja vya mikono kwa mikono
4. Kiganga cha mikono wa kulia juu ya nyuma ya kiganga cha mikono wa kushoto kutanuka na kinyume chake
5. Kiganga kwa kiganga na vidole kutanuka
6. Nyuma ya vidole dhidi ya viganja vya mikono na vidole kutanuka
7. Sogola kwa kutanuka kwa mikono na nyuma na vidole vilivyotikamata vya mikono wa kulia kwenye kiganga cha mikono wa kushoto na kinyume chake
8. Sogola mikono kwa maji
9. Sogola kwa kutanuka kwa mikono na nyuma na vidole vilivyotikamata vya mikono wa kulia kwenye kiganga cha mikono wa kushoto na kinyume chake
10. Sogola kwa kutanuka kwa mikono na nyuma na vidole vilivyotikamata vya mikono wa kushoto na kinyume chake
11. Mikono yote sana ni safi

Medipeace
KOICA
Kenya International
Cooperation Agency



The Advocates



Credit: White Ribbon Alliance

White Ribbon Alliance

After learning White Ribbon Alliance (WRA) Nigeria's top result from the What Women Want Survey was WASH (especially clean maternity wards and clean toilets in rural facilities), Community Design Development Center (CDDC) decided to partner with WRA Nigeria to pilot an initiative in Niger State in early 2020. This represents a unique partnership that marries introduction of new technology with citizen demand. CDDC – the corporate social responsibility arm of UNITS Environmental Science – will provide innovative, eco-friendly toilets to communities and health facilities

Meanwhile, the top five demands from the What Women Want campaign in Malawi have been incorporated into the National Quality of Care assessment tool. The top five results include: 1) Respect and dignity; 2) Confidentiality and privacy; 3) Improved health and well-being; 4) WASH; and 5) Timely and attentive care. WRA Malawi also participated in WHO's Training of Trainers, related to the top five asks.

The Advocates

Concordia

Concordia has been an incubator for partnership building and cross-sector understanding around the pressing global issue of WASH services in healthcare facilities. Since 2018, through a set of programming at Regional (Africa and Americas) and Annual Summits (New York City), Concordia has convened leaders from the public, private and nonprofit sectors who have shared best practices towards fulfilling the UN Secretary-General's Call to Action to drive WASH in healthcare facilities as a global priority.

In 2018, at the Concordia Annual Summit, President Duque of Colombia officially announced that Colombia would join the support for the UN WASH for All Initiative to promote water and sanitation and reduce communicable diseases. Colombia's First Lady continued the initiative by leading a conversation at the 2019 Annual Summit, focused on the needs, barriers and opportunities that countries throughout the world have to ensure these services. During Concordia's inaugural Africa Initiative in 2019, a meeting was hosted to specifically address the continent's major priorities related to WASH in healthcare facilities. This covered the necessity for partnership creation in Africa, the establishment of resources to achieve action-oriented goals, and general knowledge sharing across sectors.



Credit: Engineers Without Borders - USA

More than 50 organizations committed to advocate for WASH in healthcare facilities – at conferences and events, through communities of practices, within internal organizations, to governments, and with a subset of partners, like the surgical community. It is through the efforts of this extensive network that WASH in healthcare facilities will be institutionalized and prioritized.

Faiths for Safe Water

As a multi-faith project that engages faith voices to advocate for the single symbol shared by every world religion—water—Faiths for Safe Water (FSW) offered content support to committers, focused on writing commentaries and opinion pieces. FSW wrote, edited and published numerous articles in national and targeted publications, including [USA Today](#), [Christian Post](#), [L'Osservatore Romano](#), [Inside Philanthropy](#), [Global Health NOW](#), [ASCE Magazine](#), [Council on Foreign Relations](#), and [Devex](#), which have been re-posted around the world.

The Advocates

WaterAid

From April 2019-March 2020, provisional analysis shows that WaterAid's direct program work in Africa and South Asia directly supported 174 healthcare facilities and supported over 1 million patient visits and staff with clean water, decent toilets and good hygiene. Much of this work has been accelerated or pivoted to rapidly support [COVID-19 response action](#), such as by providing hygiene materials and personal protective equipment to healthcare centers in Ghana, Malawi, Mali and Nepal, as well as supporting government-led national hygiene promotion campaigns in many countries.

In the last year, 18 of WaterAid's country teams have influenced national level change, such as:

- In Cambodia, the team supported the Ministry of Health to develop and launch new national guidelines on WASH in healthcare facilities, seeing incremental improvements for WASH and IPC-related infrastructure in healthcare facilities.
- In Ghana, it supported the Ministry of Health to convene its first ever [National Patient Safety and Healthcare Quality Conference](#) in September 2019 to mark the first World Patient Safety Day.
- In Malawi, it has influenced key national health policies and plans, succeeding with the inclusion of sanitation and hygiene components in the Health Sector Strategic Plan and the National Strategies for Sexual Reproductive Health and for School Health and Nutrition. [WaterAid has also been supporting Volunteer Health Centre Management Committees to demand improvements.](#)
- In Tanzania, it has been supporting the government's nationwide rollout of [national guidelines for WASH in healthcare facilities](#)—with the government committing a specific budget for WASH improvements in healthcare facilities and setting a target to improve 100 healthcare facilities within its financial year. For this Year of the Nurse and Midwife, WaterAid has been highlighting [the 'Heroes of Geita'](#)—midwives empowered through WASH in healthcare facilities. [And we have advocated that the global spread of COVID-19 should provide impetus for accelerating the improvement of WASH in healthcare facilities in Tanzania.](#)

WaterAid worked closely with the Government of Zambia, WHO, UNICEF, the World Bank and other partners to organize the ['From Resolution to Revolution'](#) global event in September 2019. As the COVID-19 pandemic has spread, we have called for the prioritization of WASH in healthcare facilities alongside hygiene promotion as a first line of defense against the virus. WaterAid launched an action plan ['Hygiene: the missing first line of defense against COVID-19'](#) ahead of the 73rd World Health Assembly.

[WaterAid continues to raise the alarm](#) at the relative lack of priority being given to hygiene/WASH in the context of COVID-19. WaterAid hopes to work with partners, allies and our whole WASH in healthcare facilities community to address this alarming lack of prioritization and financing.

The Advocates

Health Rights Advocacy Forum

To mitigate WASH shortfalls in healthcare facilities, Health Rights Advocacy Forum (HERAF) in Kenya spearheaded advocacy initiatives to influence planning and budgeting for WASH in healthcare facilities, including establishing an advocacy coalition of civil society organizations (CSOs), and targeted capacity development and dialogue forums. The project harnessed and elevated the voices of the CSOs and local communities, including the most at risk populations of persons with disabilities, women and girls, in planning and budgeting. Their views and suggestions were compiled into memorandum and petition for consideration by County Executive and County Assembly.

Some of the gains realized included recognition by the county government of the importance of WASH investment in healthcare facilities. However, for these to be realized effectively, both decision and policymakers agreed on the need to realign WASH, currently domiciled at the Department of Water and Environment, with the health policies to ensure WASH in healthcare facilities are directly planned for and budgeted under the Health Department. In the short-term, funds were set aside and used to renovate existing WASH facilities to ensure they are disability-friendly and gender-compliant. Further, support staff were re-deployed to ensure the facilities were regularly cleaned including handwashing points with soap and detergent.

American College of Obstetrics and Gynecology

American College of Obstetrics and Gynecology (ACOG) has offered technical assistance and capacity building to help OBGYNs champion access to WASH in healthcare facilities in Ethiopia and Uganda. The organization has worked with OBGYN professional associations, the Ethiopian Society of Obstetricians and Gynecologists and the College of Surgeons of East, Central and Southern Africa, who in turn advocate with government decision-makers to provide for WASH funding and implement national guidelines. The ACOG Office of Global Women's Health prepared an advocacy toolkit and workshop presentation to be shared with our professional association peers. The toolkits address matters such as preparation before, during and after meetings with legislators; working with advocacy coalitions and allies; and a checklist to help streamline legislative efforts. The toolkits were used at ACOG's advocacy workshops in Uganda and Ethiopia.



Credit: Chris Huber/World Vision

The Advocates



Credit: Emory University

IRC

IRC believes that driving universal access within partner districts is the right scale to model behavior, test approaches and identify solutions that deliver and maintain universal access to water, sanitation, and hygiene, leaving no one behind.

Leaning on the strong partnership and collaboration with the Kabarole District over the past 10 years, IRC Uganda in their hub role engaged partners to address some of the challenges of WASH in healthcare facilities.

IRC supported an [assessment of WASH in healthcare facilities](#) to ascertain the extent of the problem in Kabarole. This assessment was a collaborative effort between the Kabarole District Health Office, IRC Uganda, Mountains of the Moon University School of Public Health and the Centers for Disease Control and Prevention (CDC) in Atlanta USA, each bringing different but much needed expertise to the project.

IRC's longstanding relationship with the district facilitated the processes to discuss findings and disseminate results with stakeholders from HCFs, the District Water Officer, Secretary of Works and the Local Media. The input and contributions from all the stakeholders throughout the process were essential to ensure the results were used in decision making.

The assessment provided a basis for advocacy, planning and resource mobilisation for WASH in healthcare facilities in Kabarole. Implementing partners including development agencies and NGOs now discuss investment plans for WASH in healthcare facilities collaboratively with the District prior to implementation.

The Innovators



The Innovators



Save the Children

Save the Children, under USAID's Maternal and Child Survival Program (MCSP), developed the Clean Clinic Approach (CCA) to empower healthcare facility staff and health systems to implement simple, low-cost and effective WASH improvements that are proven to help protect patients and staff from infection. CCA focuses primarily on management, motivation and accountability as key drivers to maintaining WASH and infection prevention services. The CCA encourages collaboration between program implementers and the national Ministry of Health to develop WASH for infection prevention and control evaluation criteria and ratings systems. Then, the CCA implementer works directly with healthcare facilities to improve their rating to meet local standards by developing action plans and making incremental WASH improvements on their own.

Following a pilot program in Haiti, the CCA was initiated in Guatemala with the support of the Ministry of Health. MCSP selected 11 healthcare facilities, the vast majority of which had low levels of WASH compliance at baseline. In less than a year, with action plans in place, all of the facilities achieved Clean Clinic status, receiving certification. Clean Clinic teams were encouraged to seek solutions with the resources available at the facility as well as by reaching out to local stakeholders for support. Implementation and opportunity costs were maximized through community engagement and coordination with other local social actors.

The CCA process and tools facilitated a systematic way for healthcare facilities to prioritize, make, and measure WASH quality of care improvements. Save the Children is now focused on analyzing costs and benefits, supporting subnational governments with tools and reporting systems, tracking WASH impact on infection, and expanding WASH in healthcare facilities programming in Niger through a designated US\$3 million award under a USAID Integrated Health program.



The Innovators

World Hope International

World Hope International partnered with GivePower in 2019 to build a solar-powered water desalination and distribution center in town of Anse-à-Galets in Haiti. The community then identified similar needs for their healthcare facility. The so-called “water plant” was successfully launched in late spring of 2020. The project harnesses the entrepreneurial spirit on the island, not only providing clean water at affordable pricing, but employing local staff to run the facility and opening up opportunities for micro-enterprise.

Now fully operational, the water plant utilizes reverse osmosis on the brackish water, significantly reducing the previous reliance on scarce and contaminated freshwater sources. The sale of the water allows the installation to be entirely self-sufficient, covering the ongoing maintenance of the equipment and salaries of the local technicians and staff. As part of the setup, 1,000 liters of clean water are provided daily to the hospital from the water farm, with any possible additional needs easily and affordably accessible. The water plant is now selling more than half of the production capacity each day.

Banka BioLoo

Banka BioLoo, an India-based sustainable sanitation company, installed two bioloos (one for men/boys and the other for women/girls) in the government-supported primary healthcare center in Peravali. The bioloos were installed in partnership with Diwantham Tollway Private Limited, a unit of Safeway Concessions. Diwantham Tollway funded the bioloos through their corporate social responsibility initiative and Banka BioLoo installed the bioloos, as their implementing partner.

Faith-based organizations play an important role in the delivery of WASH services in healthcare facilities. From WASH implementers to healthcare facility operators, these partners have longstanding relationships with the communities they serve. More than a quarter of the commitments made to WASH in healthcare facilities were submitted by faith-based organizations.



Credit: World Hope International/GivePower

The Innovators

One Drop Foundation

In 2019, One Drop™ committed to the United Nations' Call to Action recognizing the deficit of WASH infrastructure and services in healthcare facilities worldwide. One Drop took this commitment to its partners in November 2019, at the *Lab for Change* event it hosted in Mexico, which brought together our Executing Partners from 13 projects across 11 countries. The gathering aimed to facilitate exchange, learning and forward-thinking solutions to reach Sustainable Development Goal #6. It provided a forum for organizations that contribute to WASH in healthcare facilities to share their experiences and viewpoints on current trends and practices, and their individual in-country realities to generate new knowledge and reinforce best practices.

One Drop created an internal task force to provide technical assistance to active WASH in healthcare facilities projects in Haiti, Malawi, Mali and Burkina Faso, particularly in relation to adapting One Drop's Social Art for Behaviour Change™ (SABC) approach and addressing behaviors that can sustain and improve the quality of care and services. One Drop is closing this momentous year by supporting, alongside Global Affairs Canada, other major donors, local governments/Ministries of Health, and Executing Partners, WASH initiatives in a total of 86 healthcare facilities in four countries. One Drop's technical assistance in SABC along with its financial contribution amounts to US\$7 million and has acted as a catalyzer towards a total funding of US\$46 million from all partners.



Credit: One Drop Foundation

The COVID-19 Responders



The COVID-19 Responders



Burkinabe Observatory for Healthcare Quality and Safety

In the response against COVID-19 in Burkina Faso, the Burkinabe Observatory for Healthcare Quality and Safety (OBQUASS) supported health centers in making alcohol-based hand sanitizer according to WHO standards for hand hygiene. OBQUASS, in collaboration with local television and radio, developed a program to increase awareness regarding COVID-19, including WASH issues in healthcare facilities. In addition, OBQUASS is part of a national task force to quickly assess WASH issues in healthcare facilities and provide technical assistance for the infection prevention and control component of the national response plan against COVID-19.



Credit: World Vision

Wine To Water

Wine To Water quickly pivoted to the COVID-19 pandemic in Colombia, Nepal, Tanzania and the Dominican Republic to combat the spread of the coronavirus by fabricating and distributing handwashing stations with soap at clinics, maternity wards, hospitals and public sites, along with WASH education. By April, more than 240 handwashing stations around the globe had been distributed and the demand continues to grow.

In Tanzania and Kenya, the team implemented 200+ handwashing stations, including basic handwashing stations in seven healthcare facilities and has plans to distribute in more. In the Dominican Republic, 40+ handwashing stations were distributed, including four to healthcare facilities helping more than 700 people. In Nepal, the team put into place a plan for 25 handwashing stations at healthcare facilities specifically working in conjunction with the Nepal WASH cluster including UNICEF and WHO.

COVID-19 has brought into even greater clarity the key role WASH plays in ensuring safe healthcare delivery. Handwashing, environmental cleaning, and healthcare waste management practices — all critical infection prevention and control protocols — require WASH services.

The COVID-19 Responders

PharmAccess

During this pandemic, SafeCare, a stepwise quality recognition program, has been working closely with clinics in Kenya, distributing job aids and tools to promote effective handwashing. These standards are accredited by the International Society for Quality in Healthcare. PharmAccess has reached 300 facilities with facility-specific checklists. Hand hygiene posters aligned with WHO standards have been distributed. An online resource page with downloadable guidelines in English and Kiswahili has been shared with more than 1,000 providers. The team of health experts is also offering remote support to health facilities and a series of weekly webinars, with dissemination of safety guidelines a key goal. As resources allow, the team is providing facilities with protective gear and tools including at Kombewa Hospital – a designated isolation facility in Kisumu County. Gloves and hand sanitizer have been sent to help protect people in the isolation area and the maternity ward.



Credit: PharmAccess

ADRA

ADRA Yemen—one of the ADRA network's largest offices with decades of experience—operates a strong portfolio of programs and projects including WASH. During the COVID-19 outbreak, ADRA successfully conducted three days of virtual training-of-trainers, including simulation scenarios for ADRA-employed physicians. These frontline workers build capacity in health, nutrition and hygiene promotion in three southern governorates. Among topics designed to prepare for COVID-19, the training included a review of standard precautions including hand and respiratory hygiene; personal protective equipment according to the risk; cleaning, disinfecting and managing sharps and patient care equipment; environmental cleaning including safe handling and cleaning of soiled linen; and waste management. The physicians practiced protocols they will share with health facility staff including triage, various levels of PPE, what to do with a dropped sharp, and how to manage an infected patient who is vomiting or has diarrhea.

With support from the Office of U.S. Foreign Disaster Assistance, among other sectors, ADRA is implementing integrated primary health care, nutrition, and WASH, including comprehensive WASH in healthcare facilities. The project includes 52 healthcare facilities providing services to approximately 20,000 very vulnerable patients each month.

The COVID-19 Responders

Water Mission

To aid healthcare workers in their life-saving work during the COVID-19 outbreak, Water Mission is equipped and positioned to assist doctors and nurses by ensuring they have water that is treated (with chlorine) and safe for drinking, handwashing and disinfecting; encouraging medical staff to store and transport water in a manner that prevents recontamination; and promoting coronavirus-specific hygiene information amongst medical staff, patients and community members.

Water Mission uses several safe water solutions, such as the Potable Water Chlorinator, that can treat water with chlorine. This treated water can then be used to eliminate the risk of most life-threatening waterborne diseases; maintain hygienic conditions of facilities; and help stop the spread of the coronavirus through frequent handwashing.

But water treatment solutions such as the Potable Water Chlorinator are only as effective as the systems set to routinely test and monitor water quality. Water quality testing is done with simple, low-cost products, which can easily be obtained and conducted by healthcare facility staff after some basic training. This training allows healthcare providers to test their own water and ensure it continues to be safe to consume and



Credit: Water Mission

The COVID-19 Responders



Credit: CAWST

The Centre for Affordable Water and Sanitation Technology (CAWST)

In response to the pandemic, the Centre for Affordable Water and Sanitation Technology (CAWST) shifted priorities of their training and consulting services from in-person to online and remote, with a continued focus on supporting WASH implementing organizations and capacity service providers. They have supported organizations to design and adapt COVID-19 responses in communities, while continuing to provide training and advice on conventional WASH programming and helping organizations to implement COVID-19 safety measures in order to continue WASH programs safely.

Additionally, CAWST partnered with the London School of Hygiene & Tropical Medicine to develop the [COVID-19 Hygiene Hub](#). The Hub is a free service that supports actors in low- and middle-income countries to rapidly design evidence-based hygiene interventions to combat the coronavirus. It provides three main services: providing real-time advice from technical advisors on hygiene programs, sharing resources that summarize the current evidence to make practical recommendations, and offering a platform for sharing what is working among governments, organizations, and civil society actors.

Aligned with the WHO/UNICEF Joint Monitoring Programme service ladders for WASH in healthcare facilities, CAWST offers support to achieve improvements in WASH services. CAWST shares experience integrating the [WASH FIT approach](#), in a gender-responsive manner. These solutions are best suited for smaller healthcare facilities, such as health posts, clinics, and health centres.

Through 2021, CAWST will identify how to best support implementing organizations to deliver adequate, appropriate, and sustainable WASH in healthcare facilities. CAWST is working with implementing organizations and capacity service providers to identify key challenges and gaps. Through this input, CAWST will develop step-by-step guides, technical briefs, and training to aid decision-making, implementation, and operation and management.

The COVID-19 Responders

Food for the Hungry

In March 2020, recognizing the critical importance of hand hygiene, safe water, and good sanitation at healthcare facilities in curbing the spread of the coronavirus, Food for the Hungry (FH) collaborated with Engineers Without Borders USA (EWB) to develop a rapid assessment tool to evaluate the readiness and capacity of HCFs to respond to the pandemic. The tool was developed using the [WASH FIT](#) framework and modified for COVID-19 response based upon guidelines and indicators provided by WHO and UNICEF.

The tool covers four broad areas considered critical to COVID-19 response: hygiene, water, sanitation and waste, and building and power. Each area includes indicators and targets for achieving minimum standards for maintaining a safe and clean environment and ensuring staff and patient safety. In addition, the tool includes fields for general indicators and a facility scoring system. Users can complete the assessments using printed forms or digitally with a smartphone or tablet using [KoBoToolbox](#) software.

Recognizing it was not just FH and EWB field staff that needed this information, the team [made the tool accessible](#) for all interested NGOs and governments, in three languages — English, French, and Spanish. The WHO quickly recognized the value of the tool, adopted it and has provided it to country and organizational partners all around the world. Having a common tool for use in each country helps to ensure that needs are identified consistently and correctly across a wider area and helps to ensure collaborative efforts are implemented to effectively meet those needs.

As of early October 2020, FH and EWB have assessed over 300 HCFs and schools in Ethiopia, Kenya, Guatemala, Malawi, Indonesia, and Cambodia. The tools have also been used extensively by other organizations in their programs worldwide including the WHO, UNICEF, Catholic Relief Services, Save the Children, Water for People, and Living Water International.



The COVID-19 Responders

Accord WASH Alliance

The ACCORD WASH Alliance is a collaboration of likeminded WASH implementers that came together under the ACCORD Network, which currently has 108 members. The Alliance has recently applied to bring to bear its collective resources in a coordinated multi-country COVID-19 WASH in healthcare facilities response in 11 countries, a concrete step toward going beyond sharing and collaboration to coordinated response. The ACCORD WASH Alliance will continue to use its public and global platform to bring the issues of WASH in healthcare facilities before ACCORD members and the broader public, advocating with constituents and stakeholders that WASH in healthcare facilities be prioritized in future health and WASH programming.



Credit: Amref Health Africa

Resources



Ten Immediate WASH Actions in Healthcare Facilities to Respond to COVID-19

Below describes ten immediate WASH actions that low-resource healthcare facilities can undertake with limited budget in the near-term (0-3 months) to prepare for and address COVID-19. While some activities may be temporary stopgaps, the goal is to provide incremental improvements that can be sustained and built upon after the outbreak subsides. In particular, the proper management of WASH will be critical to protect healthcare workers and prevent infections. WHO has stated that WASH guidelines for COVID-19 are the same as for preventing other infections. The immediacy of the outbreak will require healthcare facilities, Ministries of Health, and partners to prioritize activities, with a focus on infection prevention and control and preparing for an influx of patients, causing greater demand on WASH services. This list is also available in [French](#), [Spanish](#), and [Portuguese](#).

- 1. Handwashing:** Set up handwashing facilities, like a bucket with a tap with soap, throughout the facility. Prioritize the facility entrance, points of care, and toilets, as well as patient waiting areas (and other places where patients congregate). If the facility is piped, repair any broken taps, sinks or pipes.
- 2. Water Storage:** Consider the water requirements to perform WASH/IPC activities with an increased patient load. If inconsistent or inadequate water supply is a concern, increase the water storage capacity of the facility, such as by installing 10,000L plastic storage tanks.
- 3. Supplies:** Solidify supply chains for consumable resources, including: soap (bar or liquid), drying towels, hand sanitizer, and disinfectant. Ensure cleaners have Personal Protective Equipment (PPE) for cleaning. If ingredients are available locally, produce hand sanitizer at the facility (or at district-level) – see [WHO protocols](#).
- 4. Cleaning & Disinfecting:** Review daily protocols, verifying based on national guidelines or global recommendations for resource-limited settings and noting additional levels and frequency of cleaning in clinical areas with high numbers of COVID-19 cases, including terminal cleaning. Ensure adequate supplies of cleaning fluids and equipment, making allowance for additional cleaning requirements. Ensure handwashing stations and toilet facilities are cleaned frequently.

Resources

5. **Healthcare Waste Management:** Strengthen healthcare waste management protocols by making sure bins are located at all points of care, that they are routinely emptied, and waste is stored safely.
 6. **Staff Focal Points:** Assign staff member(s) – cleaners, maintenance staff, or clinicians -- whose job it is to oversee WASH at the facility, including: refilling handwashing stations, auditing availability of supplies in wards, reporting on WASH maintenance issues, monitoring cleaning and handwashing behaviors of staff, and communicating updates to the director daily.
 7. **Training:** Organize training for all staff on WASH as it relates to their role at the facility, including a specific training for cleaners based on the protocols reviewed above.
 8. **Daily Reminders:** Remind staff of WASH protocols during morning meetings. Post [hygiene promotion materials](#) throughout the facility, particularly next to handwashing facilities.
 9. **Hygiene Culture:** Encourage a culture of hygiene at the facility. Emphasize that all staff members, including cleaners and maintenance staff, are part of a team working to prevent the spread of infection. Recognize individual WASH champions in the HCF.
 10. **IPC Team:** Work with the Infection Prevention and Control (IPC) team at the facility to make sure efforts are reinforced and aligned, avoiding duplication. Encourage WASH focal points/partners to participate in IPC meetings. Coordinate WASH/IPC activities based on plans to isolate COVID-19 patients.
- BONUS - Preventative maintenance:** Check on WASH infrastructure and undertake any necessary preventative maintenance, such as repairing possible disruptions to the water supply, storage, distribution or treatment.



Credit: World Vision

Resources

Additional Resources

[WASHinHCF.org](https://washinhealthcare.org) is the knowledge portal for WASH in healthcare facilities, managed by WHO and UNICEF. On the website, you'll find information about the issue, a page of commitments from organizations and individuals, stories from those taking action on WASH in healthcare facilities, and news and updates, as well as a library with over 500 resources. Key resources from this library include:

Reports and Data

[WASH in Healthcare Facilities: Status in low- and middle-income countries and way forward](#) (2015)

[JMP Global Baseline Report on WASH in Healthcare Facilities](#) (2019)

[GLAAS: National Systems to Support Drinking-Water, Sanitation and Hygiene: Global Status Report](#) (2019)

[Global Progress Report on WASH in Healthcare Facilities: Fundamentals First](#) (2020)

Taking Action

[Practical Steps to Achieve Universal Access to Quality Care](#) (2019)

[72nd World Health Assembly Resolution on WASH in Healthcare Facilities](#) (2019)

[Water and Sanitation for Health Facility Improvement Tool \(WASH FIT\)](#)

Videos & Webinars

[WHO and UNICEF WASH in Healthcare Facilities YouTube Channel](#)

[Emory University 2018-19 Webinar Series on WASH in Healthcare Facilities](#)

***Have a success story about WASH in healthcare facilities?
Want to join the WASH in Healthcare Facilities Trailblazers?***

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Credit: Water Engineers for the Americas