Purpose of this Webinar
Water, sanitation and hygiene (WASH) in healthcare facilities (HCF) in developing countries remains poor. Many HCF face issues such as intermittent or no direct supply of clean water, sub-standard sanitation infrastructure, inadequate soap and hygiene supplies, and insufficient hygiene and infection prevention training for staff and caregivers. Achieving sustainable improvements to WASH in HCF requires a health systems strengthening approach that focuses on partnerships and collaboration, leadership and management priorities, costing and budget allocation, and institutional and social norms regarding WASH.

Summary of Presentation
Key statements from Alison Macintyre (Health Advisor - WaterAid Australia)

- Focus on WASH in HCF is frequently geared towards visible cleanliness and infrastructure, while many issues such as unhealthy social norms, system finance and management, and staff knowledge, skills and attitudes are ignored

- Important health system buildings blocks paired with accessibility, coverage, and quality care is linked to desired goals and outcomes including improved health for populations and financial risk protection for the health system

- The way of working through health systems for WASH includes a slightly different focus than what we may think when considering WASH in general: a national ‘package’ must be applied and fit within the health system and priorities of the HCF

- Systems level approaches require working across all elements of a health system (leadership, finance, workforce, hardware and technology, research, and service delivery), which can drive broader achievements toward universal health coverage, and improved WASH is a fundamental component

Challenges to consider throughout a health systems strengthening approach to WASH in HCF:

- How to maintain and strengthen coordination with government and partners

- How to distill knowledge and learning from successful programs and share with the community of practice for widespread WASH in HCF improvements

- How to obtain accurate costing and advocate for adequate budget allocation to implement WASH in HCF programs and maintain progress
• How to engaging private sector providers in regulations and accountability to ensure WASH in HCF improvements are not limited to public and government run HCF

• How to ensure WASH in HCF is featured across a whole set of health issues such as maternal and newborn care, antimicrobial resistance, quality of care, and universal safe health coverage

• How to ensure WASH in HCF is a joint WASH-Health issue, and align health sector strengthening approaches with WASH sector strengthening approaches, especially when moving from community level approaches in WASH to the institutional level such as with HCF

• How to ensure integration of Joint Monitoring Program indicators into routine monitoring systems and effective use of data

Lessons learned and examples from WaterAid’s experience:

• Building strong relationships and coordinating processes across WASH and health sectors and stakeholders is crucial
  o In Cambodia, developing an informal working group with key agencies and organizations interested in WASH in HCF lead to coordinated development of new health policy documents which included WASH in HCFs

• Embedding WASH within existing health priorities is essential to sustainable and well-coordinated improvements for WASH in HCF
  o In Myanmar, joining multi-sector and cross departmental working groups resulted in tailoring WASH assessments and resulting activities to support achievement of existing Ministry of Health goals on maternal and newborn health through development of quality care mechanisms

• Stronger monitoring of WASH within existing health monitoring systems is needed
  o In Uganda, development of a small task team with government and external partners resulted in national recommended HMIS indicators for WASH

• Community engagement and empowerment should be prioritized to promote citizen-led accountability
  o In Malawi, promoting awareness and voicing of healthcare rights among patients and community members led to greater accountability of duty-bearers and changes at national level that addressed WASH issues in HCF.

Important Discussion Points

• Individuals and organizations who do not have reach into national governments and Ministry of Health can still influence health systems. There are often standards and guidelines at the national level that could be extended, aligned, and adapted to the sub-national and local level. If those guidelines are not meeting the needs of the facility, one way the system may influence and feedback to HCF management is using monitoring data to inform and influence decision-making and resource allocation for WASH in HCF at the sub-national level.
Commenters mentioned the use of Health Management Information Systems (HMIS).

- WaterAid’s success influencing the development of new recommended national standards for WASH in HCF in Uganda were partially attributed to involving several actors with existing relationships with both WaterAid and Ministry of Health. Having strong input and coordination with these partner organizations (including WHO and UNICEF) helped catalyze the development of these new standards.

- An attendee discussed perceived challenges in Cambodia implementing new WASH in HCF policies. He highlighted that while the development of national policies are an important step, a frequent barrier to widespread implementation of policies is the lack of strong leadership as well as budget allocation at the sub-national level. He stated the need for stakeholder trainings or workshops and strong advocacy to influence local leadership to implement WASH in HCF policy. He also mentioned that while new policies are in place, budget allocation from the national government needed to implement policies will likely lag behind, and sustainable improvements for WASH in HCF should not be so reliant on outside donors.

- The process of strengthening health systems for sustainable WASH improvements may be slow and include achievements that are less visible, and thus, perhaps less desirable to donors than outcomes such as quick infrastructure upgrades. Additionally, needs and gaps in the health system may not be immediately apparent. Health system needs, priorities, desired outcomes, and timelines should be articulated clearly to donors, as well as the need for flexible funding that can be used for multiple purposes.

Summary of Action Items
A detailed ‘Action Document’ PDF can be found in the resources for this webinar on WinHCFaction.org

- Health System Scoping
  - Understand the health system where your work is operating
- Health System Analysis
  - Understand what can be utilized within the existing system, what needs to be strengthened, and with/through whom to work
- Establishment of WASH in HCF Coordination Group
  - Coordinate and align work with multiple actors, including the government and Ministry of Health
- Development of an Action Plan
  - Use the learning from scoping, analysis, and assessments to work with facility management and staff, community and organization partners, and government to develop an appropriate plan of action that builds on and improves WASH in the existing health system