

Quality, Accessible and Safe Healthcare

Lessons on Strengthening WASH in Healthcare Facilities



Report at a glance

Water for Women (WfW) aims to improve the health, gender equality and wellbeing of communities across the Asia and Pacific regions through improved water, sanitation and hygiene (WASH) and strengthening the systems that sustain these services. Under WfW's Learning Agenda, civil society organisation (CSO) partners have contributed to an initiative to understand the progress and lessons arising from their efforts to enhance WASH in healthcare facilities (HCFs).

This report highlights the achievements of WfW CSO partners and draws out lessons learnt under three themes emerging from the research and practical experience across the Fund:

1. CSOs' role in supporting governments' action — global approaches for WASH in HCFs
2. WASH FIT strengthens collaboration at subnational and facility levels
3. WASH in HCFs' progress is enhanced through coordination and learning.

The recommendations should inform CSOs' future project designs and advocacy to important sector actors to improve support for universal coverage and access to WASH in HCFs by 2030.

About Water for Women

Water for Women supports improved health, gender equality and wellbeing in Asian and Pacific communities through socially inclusive and climate-resilient WASH projects and research. It is the Australian Government's flagship WASH program, investing AUD154.9 million over seven years. WfW is partnering with CSOs, research organisations and local partners to deliver 40 projects in 16 countries from 2018 to 2024. Knowledge and learning are central to WfW, positioning the Fund as an important contributor to global knowledge development and sharing in inclusive and climate-resilient WASH. WfW's Learning Agenda promotes collaborative learning, knowledge development and sharing to support long-term transformative change to WASH policy and practice globally.

Acknowledgements

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Abbreviations

CHAMP	Changing Hygiene Around Maternal Priorities
CSO	Civil Society Organisation
GEDSI	Gender Equality, Disability and Social Inclusion
HCF	Healthcare Facility
HCFs	Healthcare Facilities
IPC	Infection Prevention and Control
IWJ	Inclusive WASH Jirga
JMP	Joint Monitoring Programme
LMICs	Low and Middle-Income Countries
NGO	Non-Governmental Organisation
O&M	Operation and Maintenance
PNG	Papua New Guinea
SDG	Sustainable Development Goal
TEACH CLEAN	Training in Environmental Hygiene and Cleaning in Healthcare
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WASH FIT	Water and Sanitation for Health Facility Improvement Tool
WfW	Water for Women
WHO	World Health Organization

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Front cover: The parents and sister of a six-week-old baby girl attend an appointment for her at a health centre in Pursat Province, Cambodia, where Water for Women partners have been supporting WASH improvements. Credit: WaterAid / Tom Greenwood.

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Summary

Water, sanitation and hygiene (WASH), environmental cleaning and healthcare waste management make up the five WASH domains for healthcare settings. Each of these domains is critical for healthcare providers to deliver quality and safe healthcare. However, in many healthcare facilities (HCFs) in low- and middle-income countries, WASH services are poor or non-existent, compromising the ability to provide safe care and presenting serious health risks to patients, healthcare providers and surrounding communities.¹ To achieve the [Sustainable Development Goals](#) relating to WASH and health by 2030, governments, donors and international development sector actors are increasing their efforts to close the gap across and within countries.

Within the broader program from 2018 - 2022, Water for Women supported WASH in HCF initiatives in eight countries, delivered by six civil society organisations (CSOs). These CSOs contributed to research and good practice towards WASH in HCFs, and supported the strengthening of national leadership, coordination, planning, monitoring and accountability mechanisms in their respective countries. The Asia and Pacific regions often experience complex challenges to access and sustainability of WASH services in HCFs due to the geographical remoteness of communities, fragile water sources exacerbated by climate change, natural disasters and limited infrastructure.

The synthesis of evidence in this report consists of findings from interviews conducted, stories collected, and a summary of rapid self-assessments undertaken with WfW CSO partners implementing WASH in HCFs in Bhutan, Cambodia, India, Myanmar, Pakistan, Papua New Guinea (PNG), Solomon Islands and Vanuatu. The report highlights how WfW partners are facilitating progress towards basic WASH service levels; collaborating with national and subnational governments to action steps from the World Health Organization (WHO) and United Nations Children Fund (UNICEF) framework to improve WASH in HCFs; and implementing the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) approach for ongoing operation and maintenance of WASH services. Gender equality, disability and social inclusion (GEDSI) approaches beyond infrastructure improvements for WASH in HCFs are also considered.

Three learning themes resulting from the analysis of this learning initiative are discussed in the following sections of this report:

1. CSOs' role in supporting governments' action — global approaches for WASH in HCFs
2. WASH FIT strengthens collaboration at subnational and facility levels
3. WASH in HCFs' progress is enhanced through coordination and learning.

All WfW WASH in HCF projects show evidence of effective health systems strengthening, but results are strongest at the subnational and local level. CSOs have collaborated with national and subnational level governments and stakeholders to improve WASH in HCFs but have reported significant challenges initiating these new measures at national level. Implementing the following recommendations for governments, donors, key WASH and health actors, and communities will strengthen health systems, improve WASH in HCFs and achieve high-quality and safe healthcare services for all.

Supporting WASH in HCFs is considered a 'best buy' investment in delivering quality and safe healthcare services. Since the call to action² to improve WASH services in healthcare settings in 2015, CSOs have continued to play a vital role in progressing WASH in HCFs. Through WfW, CSOs have successfully contributed to research and practice using approaches and tools that have enabled health system strengthening at national, subnational and local levels. CSOs are recognised as key actors within the health and WASH sectors, contributing to closing the gap in WASH in HCFs within and across countries, especially in low-resource settings.

Through this learning initiative, CSOs shared experiences that enabled them to facilitate and improve WASH services in HCFs. Key lessons are [shared within this resource](#) for CSOs working on WASH in HCFs when engaging with key stakeholders including government and policy makers, donors, healthcare facilities, community, and non-governmental organisations (NGOs) and other CSOs.

¹ WHO and UNICEF, *WASH in health care facilities: Global baseline report 2019*, WHO/UNICEF, Geneva, March 2019.
<https://www.who.int/publications/i/item/9789241515504>

² WHO and UNICEF, *Water, sanitation and hygiene in health care facilities: status in low- and middle-income countries and way forward*, WHO/UNICEF, Geneva, 2015.
<https://apps.who.int/iris/handle/10665/154588>

Addressing the global crisis in WASH in healthcare facilities

Healthcare facilities (HCFs) are formally recognised facilities providing primary, secondary and tertiary levels of healthcare, can be publicly or privately managed (for example, faith-based), and include temporary structures designed for emergency contexts. HCFs can be located in urban, peri-urban, or rural areas and include hospitals, health centres, clinics, dental surgeries and general practitioner services.³

Water, sanitation and hygiene (WASH) in HCFs refers to water, sanitation, healthcare waste management, hygiene, and environmental cleaning across all parts of a facility.⁴ Adequate WASH in HCFs is critical to the delivery of high-quality and safe care. This is particularly true for services during labour, delivery and postnatal care periods, when poor WASH services can threaten the health of mothers and newborns.⁵ Additionally, adequate WASH is essential to maintain infection prevention and control during outbreaks such as COVID-19.

The first global WASH in HCF status report was published in 2015,⁶ revealing a crisis in this fundamental aspect of quality healthcare. In 2019, at the World Health Assembly, the 194 World Health Organisation (WHO) Member States unanimously approved the Resolution on WASH in HCF (WHA72.7), which outlines actions needed to meet universal coverage. As countries grappled with how to deliver on their commitments under the Resolution, Water for Women (WfW) began to support action and learning on these early sector efforts to enhance WASH in HCFs in the Asia and Pacific regions. WfW-funded CSOs contributed to research and practice towards WASH in HCFs, either as a major focus of their projects, or as a smaller component of their general WASH activities. The overall Fund target was to improve WASH in 273 HCFs, while recognising that HCFs are part of the WASH and health system. Therefore, some WfW partners have focused their HCF work within broader WASH programming, and others through a health systems lens.

Purpose and process of the WASH in HCFs Learning Agenda Initiative

The learning initiative used three main global tools to inform efforts to improve WASH in HCFs:

1. the Joint Monitoring Programme (JMP) WASH service ladder for WASH in HCFs
2. the eight practical steps for WASH in HCFs, designed by WHO and the United Nations Children's Fund's (UNICEF) as a framework for national governments
3. the Water, Sanitation and Hygiene Facility Improvement Tool (WASH FIT).

Further information about these tools is available in the following section, [Understanding the value of WASH in HCFs](#).

WaterAid led the WASH in HCFs learning initiative, aiming to understand progress on WASH in HCFs, CSOs' role in it, and how future investments could best contribute towards universal access to WASH in HCFs. They reviewed CSOs' efforts across the five domains of WASH in HCFs as defined by the JMP service levels and the WHO/UNICEF eight practical steps for WASH in HCFs and drew out lessons and examples of success. In addition to highlighting where progress is strong, gaps and challenges to securing safe, sustainable WASH in HCFs were identified.

The WASH in HCFs learning initiative included a rapid self-assessment survey of CSOs and semi-structured interviews. With collaboration from CSOs and the WfW Fund Coordinator team, WaterAid led the analysis of survey and interview results and developed recommendations to inform future CSO efforts to improve WASH in HCFs were identified.

The report highlights examples of CSOs implementing WASH in HCFs in health systems at national, subnational and local levels in the Asia and Pacific regions.

³ J Adams, J Batran and Y Chartier, *Essential environmental health standards in health care*, WHO, Geneva, 2008.

⁴ WHO, [Water, Sanitation and Hygiene, WASH in health care facilities](#), WHO website, n.d., accessed May 2023.

⁵ WHO and UNICEF, *WASH in health care facilities: Global baseline report 2019*.

⁶ WHO and UNICEF, *Water, sanitation and hygiene in health care facilities: status in low- and middle-income countries and way forward*.

Understanding the value of WASH in HCFs

Water, sanitation and hygiene in HCFs is a critical element of high-quality and safe care and an essential determinant of health and wellbeing. In HCFs, WASH includes environmental cleaning and healthcare waste management. Recognised as a human right, WASH is a focus of the [2030 Agenda for Sustainable Development](#). Sustainable Development Goals (SDGs) 6 and 3 ([Figure 1](#)) have targets related to WASH and health.⁷ [SDG 6](#) aims to ensure available and sustainable management of water and sanitation for all, and targets 6.1 and 6.2 refer to universal and equitable access to drinking water, sanitation and hygiene for all. [SDG 3](#) aims to ensure healthy lives and promote wellbeing for all ages, with targets 3.1, 3.2, and 3.8 being to reduce maternal and under-five and neonatal mortality, as well as end epidemics, including water-borne diseases, and provide access to quality essential healthcare services for all.

Reliable WASH in HCFs:

- reduces the risk and spread of infectious diseases such as COVID-19
- combats antimicrobial resistance
- builds trust in healthcare services
- improves patient satisfaction
- upholds the dignity of vulnerable populations, including pregnant women, newborns and children, and people with a disability.



Drinking water for staff and patients at a point of care in a HCF in Dagana district, Bhutan, where SNV [has collaborated](#) with the Ministry of Health and other key stakeholders to improve WASH in HCFs as part of their [Water for Women project](#)
Credit: SNV / Aidan Dockery

⁷ WHO and UNICEF, *WASH in health care facilities: Global baseline report 2019*.

The 2030 Agenda for Sustainable Development, further propelled by the UN Secretary-General during the launch of the Water Action Decade in 2018, urges all Member States, UN agencies and partners to commit leadership and resources to fill fundamental gaps. The global vision is that every HCF has functional and climate-resilient WASH services and practices that can provide essential, quality health services for everyone, everywhere.⁸

The global targets developed by WHO and UNICEF are:

- by 2025, 80% of facilities will have basic WASH services
- by 2030, 100% of facilities will have basic WASH services.

These targets address inequities across geographic (rural and urban) areas and among primary, secondary and tertiary HCFs. The metrics include situational analyses, standards, integration of WASH in health sector plans, budgets and commitment of additional resources. In 2019, at the World Health Assembly, all 194 WHO Member States approved the Resolution on WASH in HCF (WHA72.7), which outlines actions needed to achieve universal coverage.

Civil society organisations use the following global frameworks and tools in their efforts to improve WASH services for healthcare settings.

	Goals	Targets
	6: Ensure availability and sustainable management of water and sanitation for all	6:1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all
		6:2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
	3: Ensure healthy lives and promote well-being for all at all ages	3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Figure 1. United Nations Sustainable Development Goals 6 and 3

Source: WHO/UNICEF (2022)

⁸ WHO and UNICEF, *WASH in health care facilities: Global baseline report 2019*.

JMP WASH service ladders

Since 1990, the JMP report has provided country, regional and global estimates of progress in WASH. The JMP database is the leading source of comparable estimates of progress for WASH in HCFs and published its first report in 2019. The JMP service ladders for basic WASH services in HCFs establish national, regional and global baseline estimates, facilitating the global monitoring of universal access to WASH (SDG targets 6.1 and 6.2).

The service ladders (Figure 2) are used to benchmark the progress of each domain of WASH in HCFs across countries. The definition for 'basic water services' is that water is available from an improved source on the premises. 'Basic sanitation services' means at least one toilet for HCF staff, one accessible to persons with limited mobility and one gender-segregated toilet. The gender-segregated toilet requires menstrual hygiene facilities to meet this basic women-specific need. 'Basic hygiene services' entail hand hygiene facilities (water and soap or alcohol-based hand rub), which are functional and available at points of care and/or within five metres of toilets. Basic waste management service is also essential, which consists of the safe disposal of waste into at least three bins, with sharp and infectious waste treated and disposed of safely. Additionally, environmental cleaning requirements include staff with adequate training and necessary cleaning protocols in place and available. The service ladders, when used by CSOs and government stakeholders, provide a measure of progress towards delivering adequate WASH facilities in healthcare settings.

Service level	Water	Sanitation	Hygiene	Waste Management	Environmental Cleaning
Basic service	Water is available from an improved source* on the premises.	Improved sanitation facilities* are useable, with at least one toilet dedicated for staff, at least one sex-separated toilet accessible for people with limited mobility.	Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets.	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	Protocols for cleaning are available, and staff with cleaning responsibilities have all received training.
Limited service	An improved water source is available within 500 metres of the premises, but not all requirements for a basic service are met.	At least one improved sanitation facility is available, but not all requirements for a basic service are met.	Functional hand hygiene facilities are available either at points of care or toilets but not both.	There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for a basic service are met.	There are cleaning protocols and/or at least some staff have received training on cleaning.
No service	Water is taken from unprotected dug wells or spings, or surface water sources; or an improved source that is more than 500 metres from the premises; or there is no water source.	Toilet facilities are unimproved (e.g. pit latrines without a slab or platform, hanging latrines, bucket latrines) or there are no toilets.	No functional hand hygiene facilities are available either at points of care or toilets.	There are no separate bins for sharps or infectious waste are not treated/disposed of.	No cleaning protocols are available and no staff have received training on cleaning.

* Improved water sources are those that by nature of their design and construction have the potential to deliver safe water. These include piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. Improved sanitation facilities are those designed to hygienically separate human excreta from human contact. These include wet sanitation technologies – such as flush and pour-flush toilets connecting to sewers, septic tanks or pit latrines – and dry sanitation technologies – such as dry pit latrines with slabs, and composting toilets.

Figure 2. JMP service ladders for WASH in HCFs

Source: Adapted from WHO/UNICEF JMP (2019)

Eight practical steps

The global call to action from the UN Secretary-General led to the development of eight practical steps for UN Member States and partners to improve WASH in HCFs. The [steps \(Figure 3\)](#) are a companion to the WHO and UNICEF JMP 2019 SDG [baseline report for WASH in HCFs](#).⁹ Although presented linearly, the steps can occur in any order or simultaneously. They apply to multiple levels of government: specific steps are relevant for national, subnational or facility levels, while some apply across all levels. Practical steps one to three focus on health information systems and tracking WASH in HCF through situational analysis and assessments; at the policy level, setting targets, defining roadmaps and establishing national standards and accountability mechanisms. Practical steps four, six and seven focus on empowering and training the health workforce, installing appropriate infrastructure for WASH services, and engaging communities to access quality care. Practical steps five and eight focus on monitoring and review of WASH in HCF data, conducting operational research and sharing learning for continuous improvement to achieve universal coverage and access for WASH and healthcare and support quality of care for all. CSOs can use the JMP country estimates to determine progress on WASH in HCFs and compare this to other countries in the region or globally to identify WASH gaps. Non-governmental organisations (NGOs), including CSOs, can contribute to actioning the eight practical steps at any level of government.



Figure 3. The eight practical steps to improve WASH in health care facilities

Source: Adapted from WHO (2019)

⁹ WHO and UNICEF, *WASH in health care facilities: Global baseline report 2019*.

WASH FIT

The WASH FIT is a risk-based tool for improving and maintaining high-quality WASH, healthcare waste management and environmental cleaning infrastructure and services in healthcare settings.¹⁰ Developed by WHO and UNICEF, the [WASH FIT](#) has set indicators and targets for achieving minimum standards for maintaining a safe and clean healthcare environment. CSOs can adapt the assessment tool to include indicators appropriate to the local context.

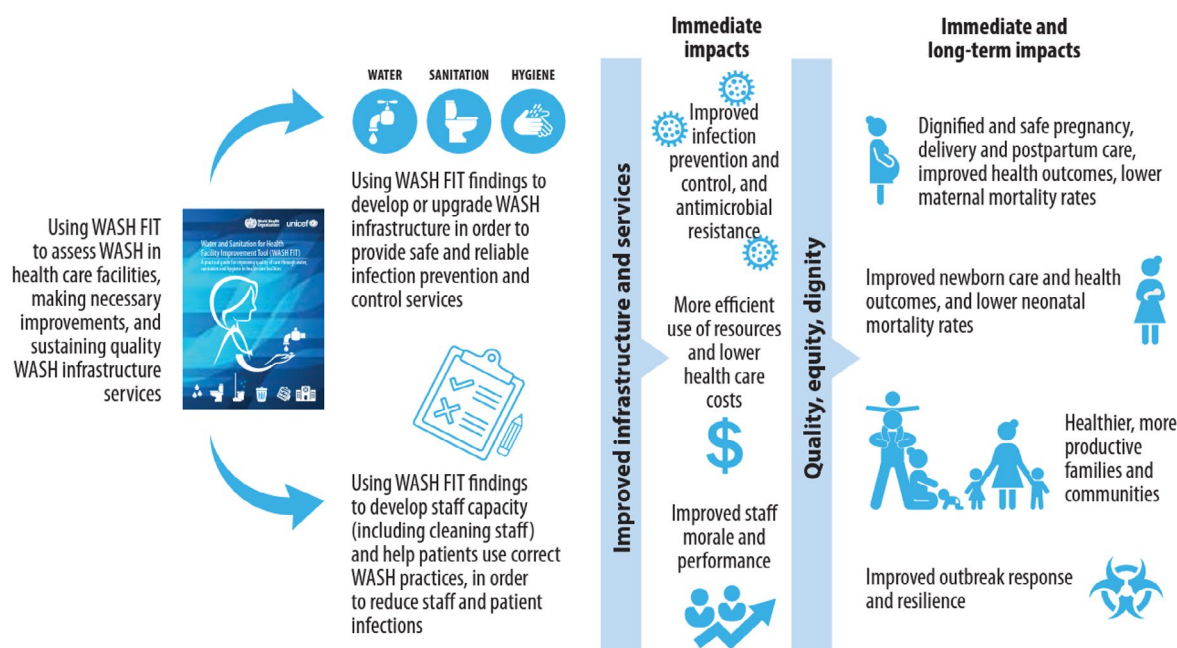


Figure 4. Process and impact associated with WASH FIT

Source: WHO and UNICEF (2022)

WASH in HCF enables critical infection prevention and control (IPC) practices such as hand hygiene and environmental cleaning and reduces the risks of healthcare-associated infections. During the COVID-19 global pandemic and outbreaks of Ebola virus and mpox, the spotlight was put on governments to meet basic levels for the five WASH in HCF domains. Basic levels of WASH services in HCFs are achievable when government leadership is strong, and there are sufficient financial and human resources for ongoing O&M of infrastructure and services. A recent WHO and UNICEF study of universal coverage of basic WASH services in the 46 least developed countries estimated that USD6.5–9.6 billion was needed to meet basic WASH services in all HCFs by 2030. This cost is equivalent to less than USD1 per capita per year between 2021 and 2030 to cover capital investment and O&M – far less expensive than thought initially. This investment is considered a ‘best buy’ for governments, donors and stakeholders investing in WASH in HCFs.

In 2022, a WHO and UNICEF report¹¹ presented the following global data for WASH in HCFs:

- 1.7 million people globally lacked a basic water service at their HCF, including 857 million people who had no service
- 3.85 billion people lacked a basic hygiene service at their HCF, including 688 million people with no service
- 73% of HCFs globally had systems for segregating healthcare waste
- 780 million people had no sanitation service at their HCF, with only 21% of HCFs in least-developed countries having a basic sanitation service.

Since the first global report on WASH in HCF was published in 2019, many countries have strengthened national monitoring systems and included WASH indicators in HCF assessments and routine monitoring information systems.

¹⁰ WHO, *Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities* (2nd edition), WHO, Geneva, 2022. <https://www.washinhcf.org/wash-fit/>

¹¹ WHO and UNICEF, *Progress on WASH in health care facilities 2000–2021: special focus on WASH and infection prevention and control (IPC)*, WHO/UNICEF, Geneva, 2022. <https://www.who.int/publications/i/item/9789240058699> There were too few countries with national data to calculate regional or global estimates for basic environmental cleaning.

CSOs' role in supporting governments' action — global approaches for WASH in HCFs

Civil society organisations can play a significant role in driving and supporting governments' application of the eight practical steps framework. Governments must implement many actions if the global WHA Resolution 72.7 for universal access to WASH in HCFs is to be achieved locally. This section explores the global framework designed for governments to progress WASH in HCFs and how WfW partners have supported this process.

Understanding the context and barriers to quality of care and the enabling environment of WASH in HCFs is an integral part of the eight practical steps framework. Some of the countries where WfW partners conduct WASH in HCF activities have fragile health systems, making it difficult to implement global WASH actions. In addition, HCFs vary from formally recognised facilities providing primary out-patient services, such as community health centres, to more complex secondary and tertiary hospital levels of healthcare with specialised in-patient services. The distribution of resources and opportunities for healthcare are not uniform within countries, leading to practical steps being prioritised differently.

The rapid assessment conducted by WfW partners implementing WASH in HCFs showed that most activities related to practical steps four (infrastructure improvements) and seven (community engagement). During semi-structured interviews, WfW partners indicated that these were the highest priorities. This was because WASH services and infrastructure in HCFs were inadequate, non-functioning or inaccessible, with the greatest impact falling on vulnerable members of the community such as people with disabilities, women and children. Some WfW partners described the challenges of engaging national governments, especially if a national WASH and health technical working group (TWG) or taskforce does not already exist.

[Table 1](#) shows the WHO and UNICEF [Country Tracker](#) data for the countries where WfW partners implement WASH in HCFs against the eight practical steps. The colours indicate the status of each step as of October 2022.

Table 1. Country progress tracker – Water for Women -funded projects against the eight practical steps

Countries	Situational analysis	Baseline assessment or data	National coordination & roadmaps	WASH in HCFs	Healthcare waste management	Infrastructure Improvements	WASH indicators in national monitoring
							
Bhutan							
Cambodia							
India							
Myanmar							
Pakistan							
Papua New Guinea							
Solomon Islands							
Vanuatu							



Practical step completed or achieved on a national level and/or large-scale implementation ongoing



Practical step underway or partially completed



A need has been identified and/or plans are in place to start



No progress made and/or no plans in place to start



No current data

Source: Adapted from WHO/UNICEF (2022 b)

Table 1 shows that Pakistan, Solomon Islands and Vanuatu have no current data for progress against the country tracker for situational analysis. Bhutan has plans to conduct a situation analysis; Myanmar and Cambodia are the only countries in the table to have completed the first of the eight practical steps, and India and PNG have partially completed their country situational analyses. The global country tracker is updated when countries report their progress status of the steps to WHO and UNICEF. Therefore, some countries may have made progress, but it has not been made available in the public domain.

Conducting a WASH in HCF country situation analysis and assessment increases the profile of WASH services and is a starting point for prioritising action and mobilising resources for the other practical steps. This first practical step involves coordination and collaboration with multiple stakeholders, including all levels of government ministries for health, WASH and infrastructure, and other key actors such as the UN and NGOs. The analysis incorporates a desk review of existing national policies, guidelines, governance structures and other institutional arrangements, funding streams and stakeholders, and a review of data on WASH coverage and compliance.

Supporting national and subnational governments to action the eight practical steps can be perceived as resource and time intensive because of the level of coordination and multi-sectoral stakeholder engagement required across the health and WASH sectors. Water for Women partners are influencing change at the national and subnational levels in countries like PNG, Bhutan and Cambodia. For example, in PNG, WfW partners World Vision, WaterAid, Plan International and Live & Learn have formed [a consortium](#) and coordinated WASH in communities, schools and HCFs. WaterAid is leading the WASH in HCF national and subnational level activities to achieve practical steps one, two and three – situation analysis and assessment, a costed roadmap, and targets and national standards respectively. The following example ([Box 1](#)) from PNG illustrates the role WaterAid has played in enabling the government-led application of the eight practical steps at national and subnational levels.



A one-month-old baby has her health check-up at Kang Meas Referral Hospital, Kampong Cham province, Cambodia

Credit: WaterAid / Tariq Hawari

Box 1. Papua New Guinea – a national situation analysis highlights urgent action needed to achieve 100% WASH in HCF coverage

After the promulgation of the PNG Water, Sanitation and Hygiene (WaSH) Policy 2015, a national WASH Coordination Group was established to provide secretariat and administrative support for WASH implementation. However, the agenda for WASH in HCF lost momentum and remained dormant. In 2021, the WASH in HCF TWG was reformed and empowered to improve sector coordination at the national level between the National Department of Health, Department of Planning and Monitoring, and other multi-sector stakeholders including WHO, UNICEF, WaterAid, Plan International and World Vision. The TWG re-established its commitment to lead in developing national standards, monitoring and accountability mechanisms, improving workforce development and integrating WASH in healthcare planning and services.

WaterAid PNG is a crucial member of the TWG, supporting it and the National Department of Health in bi-monthly WASH in HCF stakeholder meetings by keeping and following up minutes. WaterAid also helped to facilitate the Terms of Reference for implementing the eight practical steps one to three — they used the WHO and UNICEF eight practical steps framework to conduct a situation analysis of WASH in HCFs in PNG in 2022. A brief paper to accompany the situation analysis report was also developed, which has been shared with TWG members and used as an advocacy piece with government ministers and potential investors in WASH in HCFs.

Findings from the situation analysis highlight the urgent action needed for PNG to achieve its ambitious goal of reaching universal coverage and targets for WASH in HCFs by 2030. Many HCFs in PNG lack basic services across all domains of WASH, waste management and environmental cleaning. Sanitation and waste management services have the most significant gaps. Rural areas have much less access to basic services than urban areas.

As a signatory to the WHA72.7 Resolution on WASH in HCFs, PNG commits to providing necessary, functional and climate-resilient WASH services and practices to deliver essential, quality health services for everyone, everywhere. The WASH in HCF situation analysis report provides useful insights regarding policies and planning – including standards and coverage targets, monitoring mechanisms, and access to data and tools. The findings suggest that much needs to be done to improve the situation of WASH in HCFs to ensure safety and quality care, especially for mothers and newborns during and immediately after birth.

The TWG now facilitates the progress of WASH in HCF by strengthening national and subnational multi-sector coordination and collaboration; developing a country-road map to guide and prioritise targets; developing guidelines on minimum requirements relevant to the PNG context – especially in rural areas, and supporting inclusion of WASH in HCF data into a national WASH monitoring system.



A health care worker washes her hands at Namatania District Hospital, Papua New Guinea
Credit: WaterAid

WASH FIT strengthens collaboration at subnational and facility levels

Healthcare facilities in WfW target areas have limited to no WASH services, and there is limited collaboration between WASH and health actors. Results from the rapid assessment completed by WfW partners indicated that most utilise or adapt the WASH FIT developed by WHO and UNICEF. The WASH FIT proved an effective means of bringing WASH and health actors together at the facility level as well as key actors at the subnational level. The WASH FIT process facilitated discussion of WASH in HCF priorities that are contextually relevant to WASH improvements and behaviour change approaches. [Table 2](#) shows the JMP service ladders for monitoring basic WASH services in HCFs according to the countries in which WfW partners are working.¹²

All the countries in which WfW is implementing WASH in HCFs have insufficient data to indicate progress across the five domains of WASH services. Several factors may explain the gaps in WASH services in these countries. For example, healthcare staff may have insufficient training to monitor WASH services, and leadership commitment may be lacking due to competing health priorities. Another factor could be that O&M budgets for WASH infrastructure are small or non-existent, and the supply chain does not function adequately for items such as personal protective equipment, soap or alcohol-based hand-rub. Inconsistencies in WASH national guidelines and standards may also create problems.

Table 2. JMP WASH services in HCFs by Water for Women-funded project countries, 2021

WfW Countries	Water			Sanitation			Hygiene			Waste management			Environmental cleaning		
	No service	Limited	Basic	No service	Limited	Basic	No service	Limited	Basic	No service	Limited	Basic	No service	Limited	Basic
Bhutan	-	5%	95%	1%	83%	16%	-	-	73%	-	-	36%	40%	55%	5%
Cambodia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
India	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Myanmar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pakistan	-	-	-	14%	70%	16%	31%	15%	55%	55%	31%	14%	22%	43%	34%
PNG	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Solomon Islands	19%	11%	69%	21%	74%	5%	48%	28%	23%	24%	57%	19%	14%	71%	16%
Vanuatu	15%	13%	72%	24%	68%	9%	38%	35%	27%	8%	87%	13%	7%	88%	5%

- Insufficient data available

Source: WHO/UNICEF (2022)

By using and adapting WASH FIT, WfW partners have been able to inform significant WASH service improvements at HCFs; most can be classified as 'hardware'. Examples of hardware improvements made by WfW partners are:

- installation of hand hygiene facilities at various points of care in the HCF
- rehabilitating toilets for staff, women and men and segregating by sex
- installing menstrual hygiene facilities
- providing colour-coded bins for healthcare waste handling
- improving access to WASH services for vulnerable persons.

¹² WHO and UNICEF, *WASH in health care facilities: Global baseline report 2019*.

However, it is widely recognised in the WASH sector that new or improved WASH infrastructure alone is inadequate to support a robust and sustainable health system, nor is it enough to reach the scale needed to achieve SDGs 3 and 6. Most of the HCFs in which WfW partners are implementing WASH services offer primary healthcare, usually the first point of care for most populations in rural areas and critical for responding to and curbing disease outbreaks. Nevertheless, without WASH services, the ability of healthcare workers to carry out proper infection prevention and control measures and demonstrate safe WASH practices (especially important in controlling and stopping outbreaks) is compromised significantly.

Water for Women partners using WASH FIT at the primary healthcare level coordinate and collaborate with key WASH and health stakeholders at subnational and local levels of government. For example, World Vision is implementing WASH in HCF support in the primary healthcare centre in Awaba Western Province, PNG. They reported that using WASH FIT enabled them to deliver 'software' activities such as hand hygiene behaviour change approaches within the HCF. Previously they had conducted training activities for healthcare workers and the health facility management committee on WASH in HCFs. They engaged the Provincial Health Authority Coordinator and the Environmental Officer in the WASH FIT committee, as well as the health facility director and the leaders of the local community's WASH committee. Together they mobilised community members to support WASH activities in the facility, such as clearing the bush around it, general cleaning of the facility compound and ensuring patients and families do not litter. This action-oriented decision by the WASH FIT committee strengthened the commitment to technical support from the Provincial Health Authority. An action plan documented the ongoing O&M of the WASH facilities and community buy-in to drive change.

WASH FIT assessments conducted by WfW partners identified basic healthcare waste management and environmental cleaning as the domains needing the most improvement in most HCFs. For example, in Bhutan, SNV conducted a WASH FIT assessment of all health facilities in Lhuentse Dzongkhag in 2020¹³. The findings indicated that there was no national environmental cleaning protocol. Almost 20% of HCFs had cleaning protocols, 45% had trained cleaning staff, and 5% met JMP basic environmental cleaning services. The proper segregation of healthcare waste and disposal techniques were inadequate: only 36% of HCFs correctly segregated medical waste and treated and disposed of infectious and sharps waste safely. SNV, in partnership with the Public Health Engineering Division and the Ministry of Health, used the WASH FIT process to collectively strengthen the delivery of quality and safe healthcare services.



At the [medical aid post](#) in Dimiri village, a remote community of PNG in South Fly District, colour-coded bins are used to ensure the safe storage and hygienic treatment and disposal of different types of waste
Credit: World Vision PNG

¹³ Y Dorji, *Report on Water & Sanitation Hygiene for Health Facility Improvement Tool (WASH-FIT) in all 15 Health Facilities under Lhuentse Dzongkhag*, SNV Bhutan, Lhuentse, Dzongkha, 2020.

Water for Women partners learnt several lessons when facilitating the WASH FIT approach to strengthen health systems:

- WASH FIT is more effective when project teams clearly understand WASH in HCF contexts, including national policies, guidelines, standards and protocols. Without this knowledge at the outset, WASH interventions tend to focus on infrastructure improvements instead of identifying health and WASH system elements that can be strengthened sustainably.
- Intentional involvement of subnational and local health and WASH authorities before commencing project implementation and close engagement in planning activities promotes successful implementation.
- WASH FIT data can be integrated into the national health information system and is critical for contributing to country-context situational analysis.
- It is important to train-the-trainers in using WASH FIT to ensure sustainable use of the tool beyond the project timeframe.
- It is challenging to prioritise further healthcare waste management beyond basic improvements due to the costly nature of proper treatment and disposal for some healthcare wastes.
- Ongoing monitoring visits post-WASH FIT assessment proved invaluable in identifying limitations relating to environmental cleaning and behaviour change approaches.
- Including existing community-based structures (for example, community WASH committees) is crucial to facilitate implementation of WASH in HCF and ensure community buy-in.
- Achieving sustainable behaviour change is challenging but possible. WASH infrastructure designs that responded to user needs and desires and included ongoing engagement to reinforce behaviours and adapt approaches to user requirements were more successful.

"The WASH FIT approach enabled us to facilitate a team consisting of the Provincial Health and Environmental Health Coordinators, District Health Management, staff from the local facility and community leaders."

World Vision PNG team member

The following stories ([Box 2](#), [Box 3](#) and [Box 4](#)) provide further examples of WfW partners using and adapting WASH FIT to improve WASH infrastructure and services and strengthen health systems.



In Sarlahi, Nepal, SNV has been improving WASH outcomes by improving WASH in HCFs, including installation of inclusive latrines like this one at Parsa Health Post
Credit: Sapana Rana

Box 2. Solomon Islands – the Marara Area Health Centre recruits its first janitor after WASH FIT assessment

With the support of Plan International in Solomon Islands, the Marara Area Health Centre committee was revived and linked with the WASH FIT committee to receive training and develop capacity in closing WASH gaps in rural health facility settings and integrate WASH into health sector budgets and plans. The WASH FIT committee identified several gaps in WASH services, including lack of healthcare waste management and environmental cleanliness. The WASH FIT team devised a WASH improvement plan for the facility and worked together to implement the plan. It consisted of infrastructure improvements, allocation of waste management resources, and recruitment of a janitor.

After implementing some of the actions from the WASH improvement plan at Marara, the Guadalcanal provincial health administration increased the number of services provided at the HCF and placed a full-time physician on-site for referrals. The increase in clinical services significantly supported the delivery of health services in the height of the COVID-19 pandemic. Marara Health Centre is now seen as a model facility within the province. The health staff, patients and communities are proud to attend the facility to provide and receive health care.

The following lessons were learnt during the WASH FIT improvement plan:

- Training janitors in IPC must go hand-in-hand with facilitating basic environmental cleaning services.
- Provincial health administration and health management involvement in the WASH FIT process enabled funds to be committed to WASH infrastructure O&M.
- Regular updates on the WASH FIT improvement plan increased accountability to health staff, patients and communities on quality health service delivery.

"The actions taken by the health authority to recruit a janitor for the clinic, the support that the nurses and the clinic health committee rendered to the janitor ... and the commitment that all have in achieving their dreams for the health facility was realised through a relationship that was cultivated out of their desire to provide the best health services for the people."

Plan International team member



The Marara Area Health Centre cleaner utilises the dedicated laundry facility to prepare cleaning materials. The outdoor laundry was established as part of the WASH FIT improvement plan and supported by Plan International and Live & Learn through their [Water for Women project](#)
Credit: Plan International

Box 3. Cambodia – adapting WASH FIT for a facility-based assessment to invest in hand hygiene for midwives

Adequate hand hygiene during birth and postnatal care is critical to prevent infection-related neonatal deaths. Hand hygiene is pivotal to IPC strategies, a behaviour intervention practised throughout the continuum of care. The continuum of care for maternal, newborn and child health is typically defined as including care during pregnancy, delivery and postnatal care. Over 90% of births in Cambodia are in HCFs, highlighting the critical need to minimise risks within facilities effectively. Innovative approaches to improving hand hygiene compliance among healthcare workers are needed to prevent the transmission of many infectious diseases.

Previous studies in Cambodia have found significant gaps in IPC procedures during labour and delivery. A study of 10 HCFs found that nine had inadequate provision for handwashing, often lacking soap and clean/disposable towels for hand drying. Similarly, hand hygiene protocol is not an ingrained behaviour in facilities, with some healthcare workers citing lack of training as a barrier to uptake. A study of hand hygiene compliance among midwives in eight HCFs found that midwives followed proper hygiene protocol before only 18% of critical events. Behavioural science-informed interventions targeting the range of caregivers in the HCF are scarce.

[Changing Hygiene Around Maternal Priorities \(CHAMP\) Plus](#) is a mixed-methods research and learning project implemented in referral hospitals in Kampong Cham Province, Cambodia. It aims to improve the hygiene behaviours of midwives, mothers, fathers, caregivers and visitors. These behaviours influence maternal and neonatal infection during labour, delivery and postnatal care in HCFs. A secondary objective is to improve understanding of how hygiene influences perceptions of the quality of care and satisfaction with health services.

To inform the facility-based hand-hygiene behaviour change interventions, the research team (consisting of London School of Hygiene and Tropical Medicine (LSHTM), Cambodia's National Institute of Public Health, and WaterAid) completed a facility-level IPC readiness assessment. The hand hygiene facility assessment incorporated and adapted elements of the WASH FIT, along with other IPC tools. The CHAMP Plus project facilitated a stakeholder workshop and collected baseline data on the hand hygiene practices of 47 midwives. Midwives participated in semi-structured interviews to explore barriers and enablers to hand hygiene in the delivery and post-natal rooms. Contextual information (for example, patient load, services offered, catchment population) was collected to understand factors associated with hygiene and IPC programs at the facility level.

The study's initial intervention products consisted of environmental cues, participatory training of midwives, peer-to-peer accountability and normative messaging on hand hygiene. The project modified these intervention products, field-tested them among midwives in similar referral hospital settings in Cambodia, and adjusted them as required.



A midwife washes her hands in front of the Thlok Vien health centre in Kampong Chhnang province, Cambodia
Credit: WaterAid / Remissa Mak

Box 4. Myanmar – improving infection prevention and control to support safer births

WaterAid Myanmar, in partnership with Jhpiego and in collaboration with the Ministry of Health and Sports, facilitated a [WASH and health project](#) applying health system strengthening and gender equality, disability and social inclusion (GEDSI) approaches.¹⁴ The project focused on improving hygiene behaviours and practices, strengthening IPC, and improving accessible WASH facilities for women, the elderly and people with disabilities in five township hospitals in Ayeyarwady Region.

The baseline assessment was a critical turning point in mobilising key stakeholders and enhancing their knowledge of GEDSI-sensitive WASH, IPC and relevance for quality healthcare. The baseline assessment integrated WASH FIT and SoapBox Collaborative¹⁵ toolkits to benchmark environmental cleaning measures against global standards. It revealed significant data gaps on basic environmental cleaning services and inconsistent training provided to staff responsible for cleaning the facility. The baseline findings were presented alongside the JMP basic WASH service indicators to the national WASH in HCF TWG members, consisting of the Ministry of Health and Sports, UNICEF, WHO and other CSO partners. Basic service for environmental cleaning in HCF is defined in the JMP as basic protocols for cleaning being available, and all staff with cleaning responsibilities having received training. Therefore, with the support of the TWG and in partnership with LSHTM, a contextualised Training in Environmental Hygiene and Cleaning in Healthcare (TEACH CLEAN) package was developed, and train-the-trainer ‘champions’ in environmental cleaning selected from across the five townships.

Along with training on the content of TEACH CLEAN, the champions received training in supportive supervision and the quality improvement cycle. Supportive supervision enables monitoring of standards, highlights areas needing improvement, and gives cleaning staff the requisite knowledge and skills.

The TEACH CLEAN training incorporated GEDSI concepts and explored vulnerabilities and barriers that staff and patients experience when accessing WASH or IPC services in HCFs and how to overcome them. Each HCF made significant progress in the second quality improvement cycle as environment cleaning services improved. Advocacy initiatives leveraged lessons from the intervention to improve decision makers’ understanding of social inclusion barriers within the HCF workforce and approaches to address these. During visits to the HCFs, WaterAid Myanmar staff observed that township medical officers demonstrated an improved sense of ownership of WASH and IPC following the TEACH CLEAN training.



Cleaners practise handwashing steps as part of training supported by WaterAid Myanmar through their [Supporting Safer Births](#) project, which was concluded in 2020
Credit: Jhpiego / Tin Maung Than

¹⁴ The Water for Women Fund WASH in HCF project implemented by WaterAid Myanmar was concluded in 2020 due to ongoing political unrest.

¹⁵ The Soapbox Collaborative, *Training in Environmental Hygiene and Cleaning in Healthcare (TEACH CLEAN) Package*, Soapbox Collaborative, 2019.
<https://www.lshtm.ac.uk/research/centres/march-centre/soapbox-collaborative/teach-clean>

WASH in HCFs' progress is enhanced through coordination and learning

Analysing experiences across WfW reveals that greater coordination across projects and actors, linking national, subnational and local WASH approaches, can increase impact and sustainability. Improving WASH in HCFs requires more than solving problems at individual facilities; multiple systems, sectors and stakeholders must work together to see sustainable improvements. A health system strengthening approach entails working across systems to drive achievement of universal health and WASH coverage. A WASH in health system strengthening approach requires input from many actors, such as policymakers, national, subnational and local authorities responsible and accountable for WASH, health and planning services, service providers who manage O&M, and community engagement. This section considers WfW partners' contributions to health systems strengthening through actions implemented to improve WASH in HCFs.

Contributing to health system strengthening

There is increasing evidence that strong health systems deliver services equitably and efficiently and achieve improved health status for populations.¹⁶ COVID-19 brought renewed public health attention to health security threats. Governments are prioritising health systems strengthening to anticipate, prevent, detect, respond to and recover from overlapping health security risks. However, health systems strengthening is unsustainable without basic WASH services. With global WASH in HCF data still showing large proportions of facilities lack basic WASH services, the quality and safety of health service delivery remain compromised. To build health system resilience and strengthen future pandemic preparedness and response, comprehensive WASH services are essential. Therefore, investment in WASH infrastructure and service improvements must be well planned and budgeted and aligned with national guidelines and standards as part of a broader health systems strengthening approach.

Water for Women partners contribute to strengthening the health system by situating WASH FIT within a systems-focused approach, illustrated in Figure 5. CSOs actively link and leverage contextual elements of the eight practical steps to inform the preparation stage for WASH FIT implementation and action stage, and engage national-level expertise and authority in the follow-up and evaluation stages. Linking the implementation of WASH FIT with national level actors and processes promotes ownership and sustainability, allowing CSOs to exit and the health system hierarchy to take improvements forward.

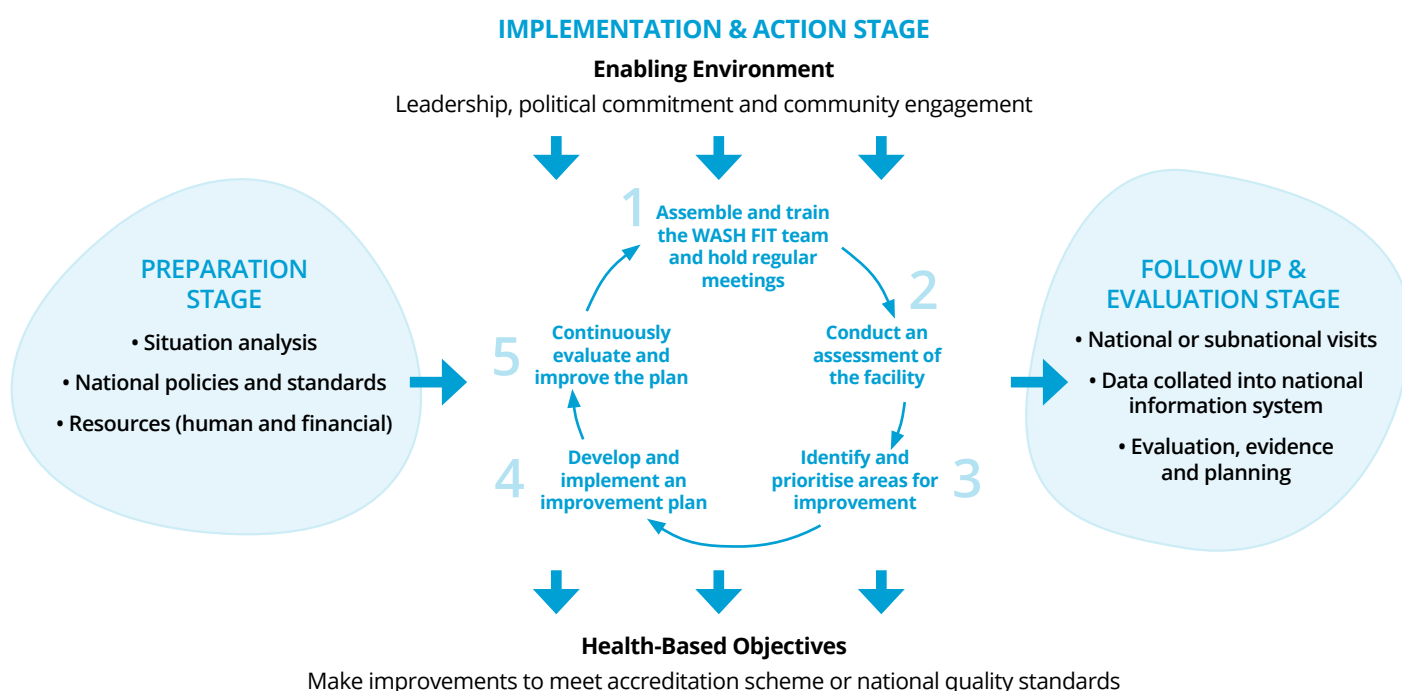


Figure 5. How WASH FIT can support outcomes beyond the facility

¹⁶ T Manyazewal, Using the World Health Organization health system building blocks through survey of healthcare professionals to determine the performance of public healthcare facilities, *Archives of Public Health*, 75:50, 2017. <https://doi.org/10.1186/s13690-017-0221-9>

Strengthening health systems for quality care requires governments to aspire to improve WASH services in HCFs to basic and more advanced levels. Each country in which WfW partners implement WASH in HCFs has specific needs, but some standard features for strengthening health systems to improve WASH services in HCFs include:

- functionality of WASH facilities, such as handwashing stations and sanitation facilities, for staff and patients
- WASH governance structures that are appropriate for the health system
- continual or seasonal availability of water, IPC supplies (soap, cleaning solutions and personal protective equipment) and infrastructure spare parts
- climate resiliency and environmental sustainability of WASH infrastructure and services – health systems should be built and operated to lower carbon emissions and foster environmental sustainability
- training of the health workforce on IPC protocols and WASH-related behaviours (for example, hand hygiene)
- recurrent funds for ongoing O&M.

Gender equality, disability and social inclusion considerations

In the implementation and action phase, WASH FIT considers GEDSI determinants of WASH in HCFs. Poor access to WASH in HCFs disproportionately affects women, girls, people with disabilities and the elderly. Female patients have specific WASH needs, such as those associated with menstrual hygiene management, post-partum bleeding and delivery of babies. All WfW partners using or adapting WASH FIT described positive outcomes of infrastructure improvements and GEDSI considerations such as sex-segregated sanitation services, menstrual hygiene facilities and ensuring toilets are secure and provide adequate privacy to users.

[Table 3](#) summarises the GEDSI opportunities WfW partners facilitated during project implementation. However, partners also expressed some barriers to progressing WASH in HCFs when attempting to drive change and strengthen health systems. These included:

- disjointed government structures that disable good governance and leadership commitment
- weak or non-existent national guidelines or protocols to enable good WASH practices or protocols in HCFs
- dilapidated WASH infrastructure, and insufficient health budget to rehabilitate and provide ongoing O&M
- large WASH service gaps between primary and secondary HCFs
- the geographic locations of rural and remote communities and HCFs making access to piped water and adequate sanitation facilities difficult.

Context-adapted GEDSI considerations are essential to achieving WASH in HCFs. WfW partners have demonstrated various ways to achieve this and adapt the WASH FIT facilitation process to meet community needs, ensuring inclusion of people experiencing marginalisation in that context. To achieve a meaningful result, project leadership must take a deliberate approach to understanding and meeting needs related to GEDSI. Safe and quality healthcare is inextricably linked to the robustness of a country's health system. Adequate WASH in HCFs is critical to delivering high-quality and safe care for patients, especially those at risk, such as mothers, newborns and patients with co-morbidities. Thus, for HCFs to function effectively, basic WASH services must be available in HCFs.

Table 3. A summary of gender equality, disability and social inclusion considerations

WfW partner	GEDSI considerations
SNV Bhutan	Strengthening the accessibility of WASH in HCFs by increasing the recognition and importance of safe, equitable and functioning WASH services for women, girls and people with a disability. During a learning event held in Bumthang, post-WASH FIT assessments were conducted in six districts in Bhutan (Chhukha, Dagana, Lhuntse, Pemagatshel, Trashigang and Zhemgang). Some assessment identified that due to inadequate heating in HCFs, men would often smoke indoors to avoid the cold – exposing women who had given birth, newborns and other vulnerable people in the facility to smoke. An action plan following the WASH FIT assessment incorporated behaviour change approaches to educate HCF staff and patients about the dangers of indoor smoke for mothers, newborns and vulnerable people.
World Vision PNG	Facilitating GEDSI training with the WASH FIT committee formed at Awaba Health Centre, PNG, which included representation of women and people with a disability. World Vision facilitated training on GEDSI with the committee and ran a session on accessible WASH in HCFs for pregnant women and socially disadvantaged groups such as transgender and people with a disability. The session discussed engaging community members identified as vulnerable to participate in decisions about WASH infrastructure and service improvements.
IRC Pakistan	Engaging community groups known as Inclusive WASH Jirgas (IWJ) to ensure WASH in HCF services are ongoing and inclusive. The social construct in Pakistan makes it difficult for women to access toilets in front of men. 'Jirga' means the power to decide, and each community has an IWJ. There are specific IWJ for women and men, comprising 15 members selected through a community-led process. The IWJ include religious leaders, disability organisation representatives, health facility workers, school teachers and other religious minority groups. Although not formally recognised, the IWJ act as an accountability mechanism for WASH and health actors in each village. They ensure WASH in HCF services are ongoing and inclusive for all people, especially women accessing healthcare services.
WaterAid PNG	Considering GEDSI mainstreaming in developing the national roadmap and WASH in HCF standards and guidelines. The WASH in HCF situation analysis in PNG found that GEDSI is captured in most national policy documents but poorly conceptualised and implemented. GEDSI mainstreaming is often overlooked but will be considered when developing the national roadmap and WASH in HCF standards and guidelines.
LSHTM Cambodia	Exploring how gender and power dynamics influence hygiene seeking-behaviour. The CHAMP Plus research focuses on hand hygiene behaviour change in maternity and neonatal wards in Kampong Cham Province, Cambodia, including how gender and power dynamics influence hygiene-seeking behaviour for midwives, healthcare staff, mothers, carers and families visiting the HCF. The research seeks to understand barriers and enablers using a qualitative approach.
Live & Learn PNG	Supporting health committees consisting of local community members, including women, young people and people with a disability. After completing basic needs assessments at 12 HCFs in Namatanai and Kavieng Districts, PNG, health committees devise an action plan and support its implementation. Each health committee consists of local community members, and includes women, young people and people with a disability. The committee considers issues of power dynamics, control and barriers to health-seeking for vulnerable community members.

Applying concurrent approaches to advance WASH in HCFs

Figure 6 highlights ways in which WASH FIT, the JMP ladders and the eight practical steps can be used concurrently to advance WASH in HCFs. Together, these tools and processes enable CSOs and government stakeholders to ascertain the critical contextual aspects of WASH service gaps at national, subnational and facility levels. Understanding the specific country context's health and WASH systems and key actors enables collaboration and avoids duplication. CSOs can leverage government and donor efforts and resources to improve WASH in HCFs through targeted investments, training and mentoring.

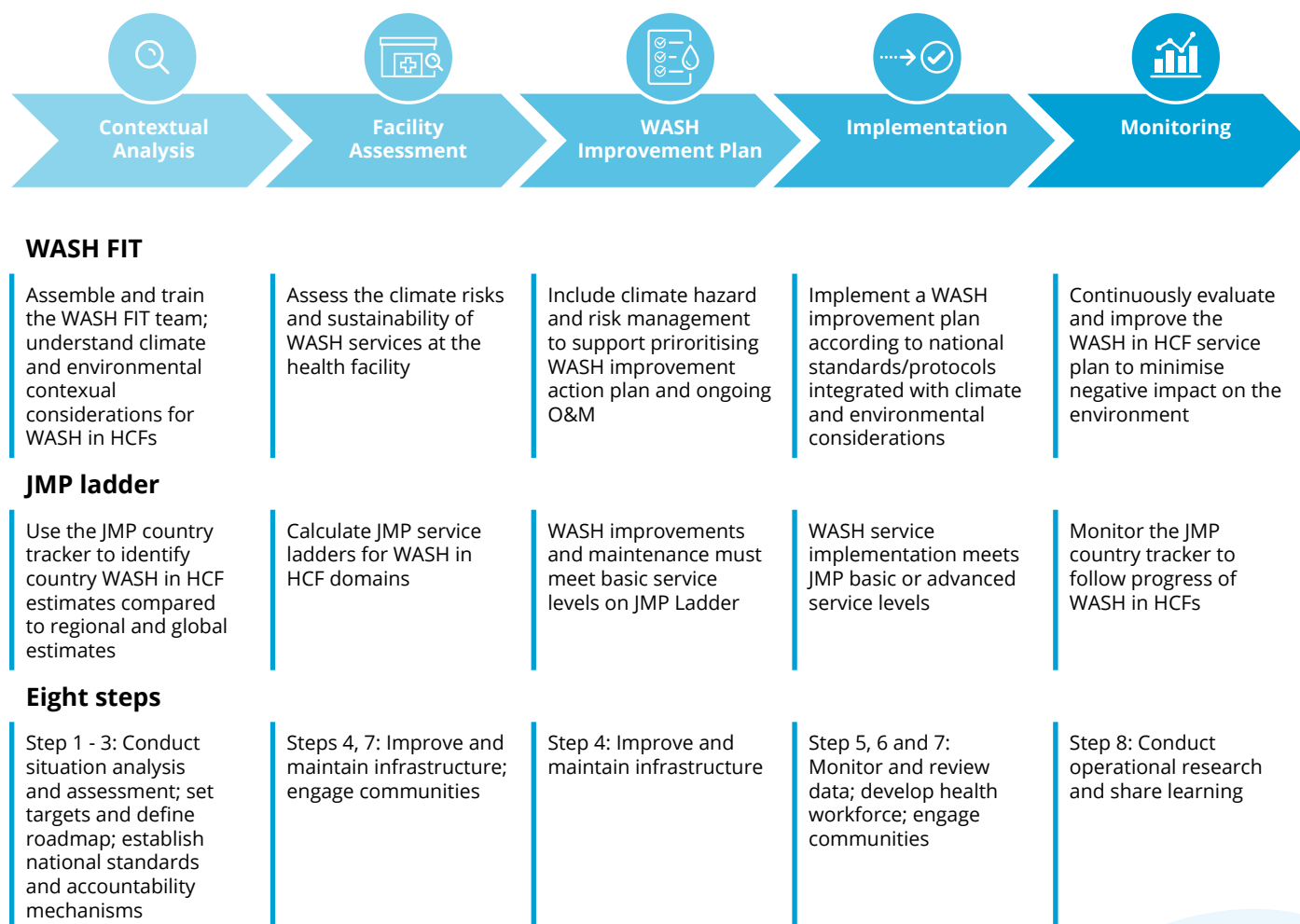


Figure 6. A conceptual framework for CSOs to support local actors' use of global approaches and tools during WASH in HCF project management

Recommendations

Key lessons from this learning initiative are summarised in the following recommendations for CSOs working on WASH in HCFs when seeking to engage with stakeholders, including governments and policymakers, donors, healthcare facilities, communities, NGOs and other CSOs.

Governments and policymakers

- Use the JMP country tracker to compare country status with regional and global status and use the results to advocate for government and policymakers to prioritise WASH in HCFs.
- Identify and engage key leadership across health and WASH departments, UN agencies (WHO and UNICEF) and donor stakeholders to focus and align WASH in HCF efforts.
- Support the coordination of a national, subnational and facility-level TWG for WASH in HCFs.
- Promote engagement of representative voices from marginalised groups during evidence gathering and decision-making processes.
- Document and share facility assessments or baseline data to contribute to the WASH in HCF situation analysis.
- Gain government buy-in before implementing WASH in HCF interventions to ensure alignment and sustainability of services.
- Consider the roles and responsibilities of governments and donors for financing the various WASH service components for HCFs to ensure finance flows are effective and transparent.
- Ensure that healthcare facility budget allocations provide for the WASH FIT budget planning process required to progress WASH services for facilities.
- Use evidence of lessons and achievements from WASH in HCFs to demonstrate why it is a 'best buy' investment for donors.
- Share example models of WASH in HCFs for scale-up opportunities.
- Celebrate stories of change and improvements of WASH in HCFs.

Donors

- Collate evidence of successes from WASH in HCF projects, and particularly for women and marginalised groups, to demonstrate why it is a 'best buy'.
- Demonstrate good practice in health systems strengthening that achieves universal coverage of WASH in HCFs.
- Prompt donors to contribute multi-year funding to enhance health systems strengthening for improved WASH in HCFs.

Healthcare facilities

- Adapt and contextualise the WASH FIT for subnational and local facility levels to develop quality improvement plans.
- Consider climate-resilient WASH infrastructure when developing improvement and maintenance plans.
- Engage women healthcare workers, clinicians and healthcare personnel when developing WASH in HCF improvement plans and activities.
- Prioritise and budget WASH FIT improvement plans and track life cycle costs for WASH services (WASH supplies and products, O&M, training and workforce development, rehabilitation of infrastructure, etc.)

- Incorporate existing national WASH guidelines and protocols when conducting workforce development and training on WASH in HCFs.
- Strengthen supportive supervision of the health workforce and accountability mechanisms for ongoing O&M of WASH services.
- Ensure adequate time and resources to identify appropriate solutions to meet the needs of women and marginalised users of WASH facilities.

Communities

- Mobilise relevant community stakeholders to ensure accountability for providing essential WASH services in HCFs.
- Involve community stakeholders in the identification of GEDSI and cultural barriers to accessing WASH in HCFs.
- Design and deliver behaviour change approaches to improve the WASH practices of healthcare workers, patients and visitors to HCFs.

NGOs and CSOs

- Understand the country context of health and WASH systems and the associated community needs.
- Coordinate with other CSOs working in WASH in HCFs to avoid silos and duplication of services and share resources and learning.
- Engage with and support government at multiple levels of the health system for decision making and action to ensure ongoing ownership of improvements.
- Support the set-up and continued engagement of a national coordination/TWG to support the eight practical steps for WASH in HCFs (and as a starting point, the country situational analysis).
- Recognise that new or improved WASH infrastructure alone is not adequate to support sustainable WASH in HCFs.
- Recognise that achieving behaviour change outcomes requires contextualised interventions, adequate time, resources and ongoing engagement with the health workforce and communities.

Conclusion

In low-resource settings, CSOs play a vital role in improving WASH in HCFs. Water for Women WASH CSO partners utilised their knowledge of the local context, understanding of marginalisation, and strong relationships. They were able to leverage global tools and apply them effectively, adapting to needs and grasping opportunities to sustainably improve WASH in HCFs in challenging and complex settings.

Since 2015, when the first global status report¹⁷ on WASH in HCFs was published, many countries have improved WASH infrastructure and services substantially. Nevertheless, as this report has highlighted, significant global gaps remain. Achieving the ambitious targets of SDGs 3 and 6 for WASH in HCFs requires an acceleration of investment by governments, donors, WASH and health actors, including CSOs. The global WASH sector acknowledges that new or improved WASH infrastructure alone is not adequate to support sustainable WASH in HCFs.

The Australian Government's WfW investment, particularly the WASH in HCF projects, is a step in the right direction. Water for Women partners have made notable progress in WASH in HCFs in countries in the Asia and Pacific region but are yet to achieve basic WASH service levels for all HCFs. Water for Women partners have demonstrated through their projects that supporting government action on the eight practical steps at all levels of the health system enables the provision of quality and safe healthcare. The use and adaptation of the WASH FIT have facilitated WASH service improvements across health systems, especially at subnational and local levels. Although global progress is slow, COVID-19 and other disease outbreaks, such as Ebola and mpox, have heightened awareness of the need for better IPC and improving hand hygiene facilities in HCFs. Without basic WASH in HCFs, the risk of infection and antimicrobial resistance increases, negating IPC measures and placing patients, healthcare staff and communities at risk. Closing the gaps in WASH in HCFs requires government leadership commitment and political will to prioritise WASH services at all levels of the healthcare system. WfW partners, through various interventions and activities, are improving WASH in HCFs.



At a HCF in Dagana district, Bhutan, where SNV has been [supporting WASH improvements](#) in collaboration with WHO and the Ministry of Health, a health staff member washes his hands in a delivery room
Credit: SNV / Aidan Dockery

¹⁷ WHO and UNICEF, *Water, sanitation and hygiene in health care facilities: status in low- and middle-income countries and way forward*.

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