Meeting the Challenge of WASH in Health Facilities

Fostering synergies between the health sector and community care




29th AGUASAN Workshop, June 17-21, 2013, Sigriswil, Switzerland

Background and Outcomes

Application instructions

The following presentation illustrates the background, the process and the outcome of the discussion on water, sanitation and hygiene in health facilities (WASH in HF) held by members of the water network RésEAU and the community of practice AGUASAN during an e-discussion (Nov/Dec 2012) and the 29th AGUASAN Workshop (June 17-21, 2013)

The presentation is mainly designed for participants of the AGUASAN workshop 2013 who want to communitcate this topic within their network

Please feel free to change and amend this presentation according to your personal needs

SDC on the web

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Swiss Agency for Development and Cooperation SDC

RésEAU on the web

SDC Network RésEAU

AGUASAN on the web

AGUASAN Community of Practice

Background

What is the current situation and why is this topic relevant for the development community?

What are the challenges of WASH in Health Facilities

Many health facilities in developing and transition countries do not have adequate amenities for Water supply, Sanitation and Hygiene (WASH)

Improper waste management may attract vectors of diseases (rats, flies, cockroaches) and form breeding places for mosquitos. A fatal situation in an area which stands for an accumulation of pathogenic organism

Proper hygiene practices reduce the risk of hospital-acquired infections

Adequate sanitation facilities allow patients to keep their dignity

Responsibilities regarding WASH in health facilities are often not well defined, neither within the health facility itself nor within the governmental organizational structures

Challenges: Water Supply

Water supply in a health center in Burkina Faso

Water source of a tuberculosis sanatorium in Uzbekistan

Challenges: Sanitation

Sanitation facilities in a tuberculosis sanatorium in Uzbekistan

Challenges: Solid Waste Management

Management of hospital waste in Pakistan

Challenges: Hygiene

Facilities for personal hygiene and laundry in a tuberculosis sanatorium in Uzbekistan

Challenges: Vector Control

Waste attracts disease vectors

Mosquito nets in a hospital in Mali

Background

How does WASH in health facilities differ from the regular WASH context?

Challenges

- Highly frequented by people that are **potential carriers of communicable diseases**
- **Accumulation of infectious and hazardous waste** products on the premises (infectious body fluids and excreta, organs, syringes, blood stained tissue, …)
- **Specific requirements** due to limited mobility of patients (wheel chairs, crutches, fatigue, advanced pregnancy) or particular needs for hygiene and privacy
- **Different user groups** (staff, patients, visitors) have **different needs**
- WASH has **low priority regarding financial and personnel support** within the health facility (HF) management and the Ministry of Health

but!

Opportunites

- Health care staff has a high reputation and can **promote hygiene behaviour change** in the entire community
- Health facilities **function as a role model** regarding proper waste management, sanitation and hygiene

Relevance for the development community

- Information on WASH in health facilities and guidance on how the issues need to be practically adressed is scarce
- WASH in health facilities is not much on the radar screen of the development community and governments yet but probably will be with the Post-2015 agenda
- WASH in health facilities is nevertheless a relevant issue for many water and health programmes of Swiss development cooperation/humanitarian aid actors
- Health facilities can be an excellent entry point for the promotion of hygiene programmes

Need for action

- SDC's water network (RésEAU) therefore organised an **e-discussion** (together with SDC's health network) to **establish a basic understanding on the needs** regarding WASH in health facilities and to facilitate **access of field staff to experiences** of other programmes
- **AGUASAN** (an interdisciplinary Swiss CoP in the water sector) themed its 29th international workshop (2013) accordingly in order to **develop a concept and practical guidance** and to plan **further steps and joint action** of the development community

E-discussion

Outcomes of a three-week e-discussion held among WASH and Health practicioners

Outcomes of e-discussion

Background

- Members of SDC's networks for water (RésEAU) and health
- 48 contributions from ~20 countries
- 3 weeks, November/December 2012

Outcomes

- High significance of WASH in Health Facilities to protect the well-being of staff, patients and visitors, to prevent epidemics and to act as a role model for the community
- Experience on the topic with a potential for joint learning and knowldege generation could be spottet
- Need for further conceptual and practical guidance directed towards designers, planners, implementers and managers of WASH in health facilities
- Minimum standards on WASH in HF are available but with gaps on software aspects and not sufficiently known by the practicioners


Formulaire d'évaluation rapide pour l'Eau, l'Assainissement, l'Hygiène dans les structures de soin en situation d'urgence

Different complexities of health facilities

- Health facilities have different complexities depending on geographical outreach as well as regarding organizational structures
- Depending on its classification, different authority levels sign responsible for the management of the health facility

National level

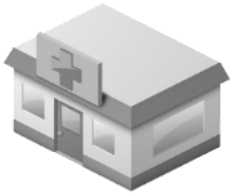
- National university hospital
- National referral hospital

Regional level

- Regional health center (outpatients)
- Regional hospital (outpatients and inpatients)

Local level

- Outpatient basis
- Community health centers
- Vaccination posts
- Ambulatory clinic



- Village committee
- Local health committee
- Health district committee

- Regional health department

- Ministry of health
- Central administration

Potential conflicts about competency

Identified HF-specific WASH infrastructure issues

Clean water

- Cleaning of wards, linen, medical equipment, toilets
- Food preparation
- Cleaning of patients
- Maternity ward
- Hand washing of personnel, patients and visitors
- Re-hydration
- Surgical processes

Sanitation

- Proper disposal of excreta in order to prevent outbreaks of diseases
- Adequate sanitation infrastructure for special needs of various groups (disabled, pregnant women, elderly)

Solid waste management

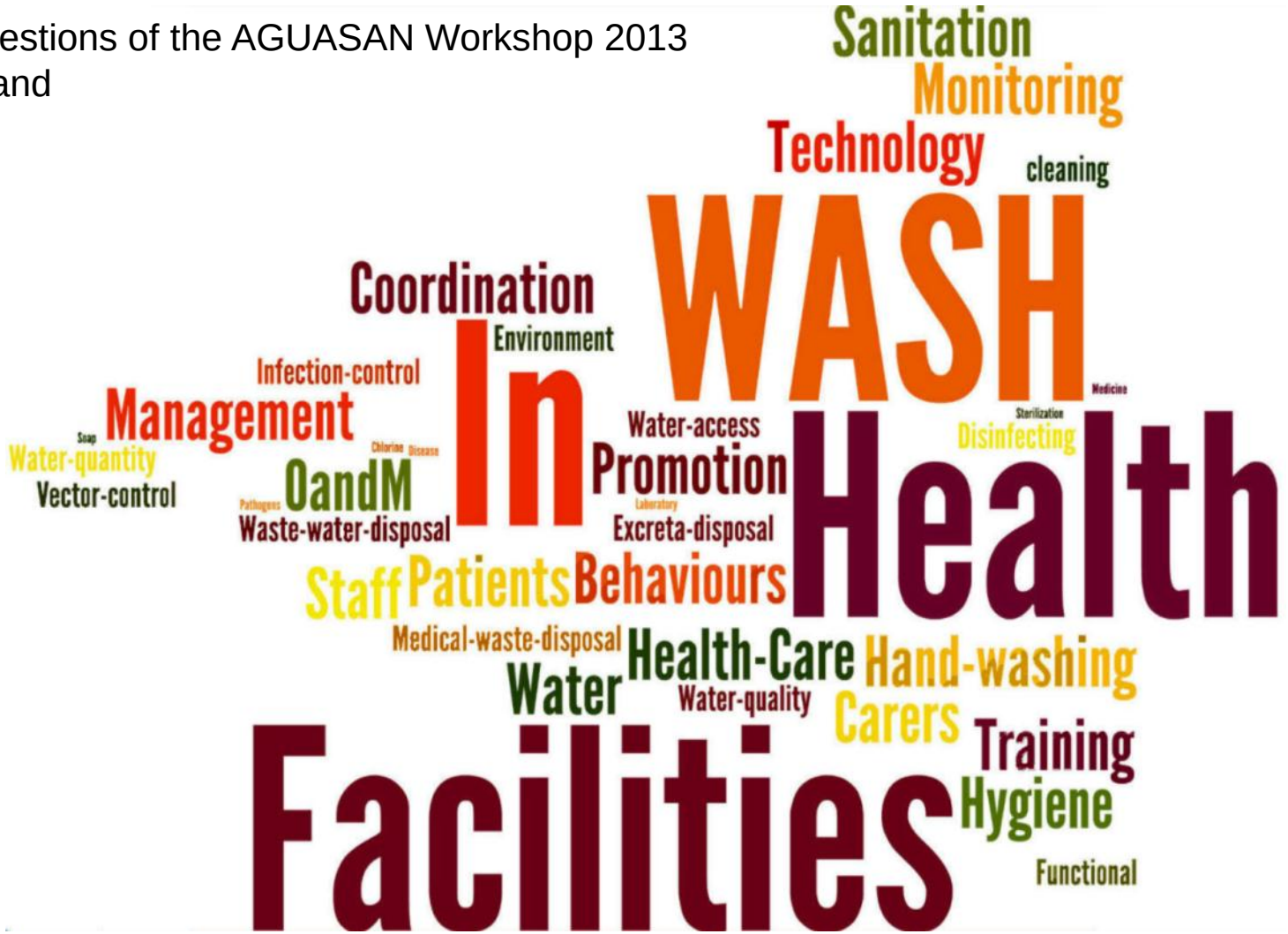
- Lack of adequate incinerators
- Lack of awareness
- Small quantities of contagious waste contaminate the large fraction of “unproblematic” waste
- Dumping of medical waste close to the buildings
- Solar incinerators as a possibility
- Need for sharps pits

Hygiene

- Ensure cleanliness of environment, equipment and staff (training as well as provision of soap, towels, disinfectant, gloves, …)
- Reliable energy source to maintain operation of refrigerators/incubators (food, medication, bacteriological tests)

Set-up of the 29th AGUASAN Workshop

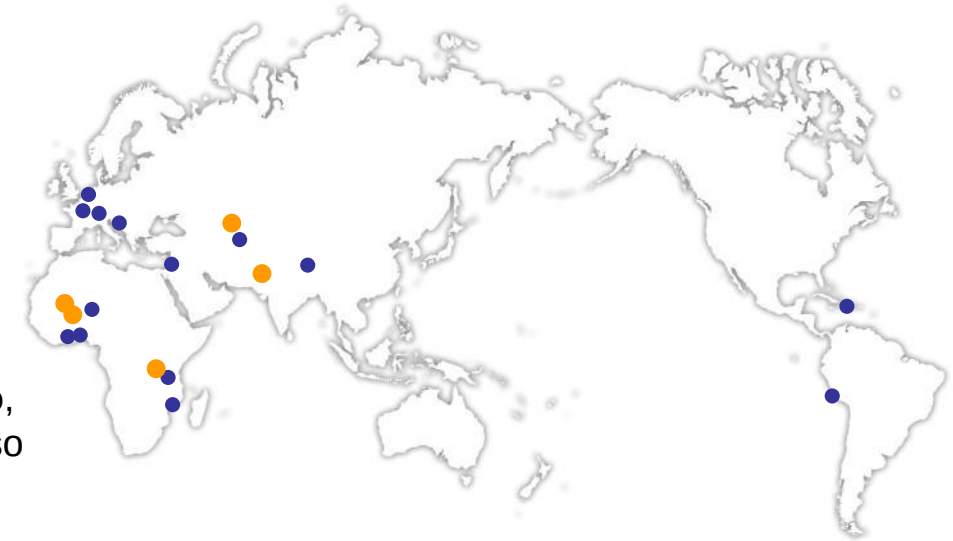
Program and key questions of the AGUASAN Workshop 2013 in Sigriswil, Switzerland



Setting of the AGUASAN WS 2013

- 41 practitioners from 19 countries

- 3 thematic key inputs
  - **WASH and health, with emphasis on neglected tropical diseases**, Jürg Utzinger, Swiss TPH
  - **Minimum requirements**, Antoine Delepière, Terre des hommes
  - **WASH in health facilities in Burkina Faso**, W. Luis Nana, Sanitary District, Burkina Faso



- 5 topic cases
  - **Mali**, Terre des hommes
  - **Benin/Burkina Faso**, Helvetas
  - **Uzbekistan**, ISW
  - **Pakistan**, SDC
  - **Burundi**, SDC

- Visit of the **Regional Hospital Thun** with a special focus on supply chain and waste management

Key questions and issues of AGUASAN WS 2013

- What are the **specific WASH needs** (technical/operational) of different types of HFs in routine and emergency situations – and how can these needs **effectively be addressed** (organizationally/institutionally)?
- What are the **potentials of HFs in improving the WASH situation in the surrounding communities** and vice-versa – and how (approach, roles/responsibilities) can this interaction be effectively operationalized?
- What **guidance** exists / is further needed for successfully designing, planning, implementing, managing and sustaining WASH in HFs – and what are the cogent **collective benefits** driving such interventions?
- What kind of **improvements in the countries' water and health policy provisions** are needed to enable a conducive framework for sustainable WASH in HFs – and how can such an advancement be triggered?
- What can each of us do in **the aftermath of the workshop** in strengthening WASH interventions in HFs and their interaction with the surrounding communities – and what kind of support is needed for this?

Relevant categories and practical actions

The participants identified nine fundamental categories which have to be considered in health facility-specific WASH programmes and developed practical actions to be taken in model cases

Identified categories of practical action for WASH in HF

Business plan

Includes financial flows, clear allocation of tasks and time management

WASH solutions

Ensure provision of appropriate technologies and promotion material

Monitoring

Identification of SMART indicators and build-up of feedback loops

Needs assessment

Analysis of the situation (technical, institutional, economic, sociologic, environmental and knowledge & skills)

Capacity building & Education

Training of HF management, personnel and officials in their relevant field of action

Standards & guidelines

Development of internal guidelines and national standards for operational procedures and standard measures

Institutional & legal framework

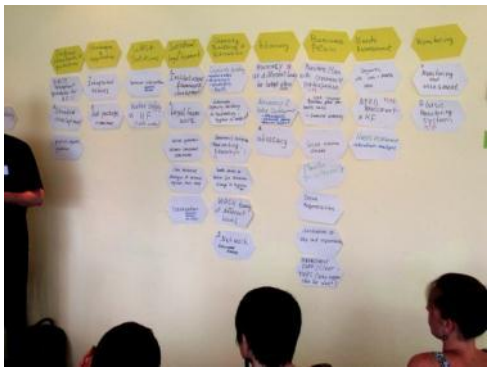
Coordination between appropriate authorities (defined roles and budgets)

Advocacy

Bringing the topic of WASH in HF on the agenda at political and institutional level

Strategies & approaches

Full package of minimum requirements, taking into consideration stakeholders' health and WASH issues



Development of practical actions

The participants of the AGUASAN Workshop were asked to develop **practical actions** in order to ensure proper WASH in health facilities on …

a) … health facility level

b) … national level

Practical actions on **health facility level**

Most relevant categories identified by the working groups:

- Needs assessment
- WASH solutions
- Capacity building & Education
- Advocacy

Goal:
Improve WASH conditions in health facilities

Needs assessment

Improve WASH infrastructure

- Construct/rehabilitate water supply
- Construct/rehabilitate sanitation facilities
- Construct/rehabilitate solid waste management infrastructure
- Ensure availability of infrastructure for hygiene practices

Improve WASH software

- Training of health personnel regarding operation of proper WASH practices
- Training of facility managers regarding maintenance of facilities and providing WASH services
- Training of management regarding development and management of the business plan
- Training of trainers

Ensure sustainable management of WASH

- Set-up business plan
- Develop and set-up monitoring system
- Develop guidelines for operation and maintenance
- Set-up steering committee for WASH related issues
- Hygiene awareness campaign in the community

Practical actions on **national level**

Most relevant categories identified by the working groups:

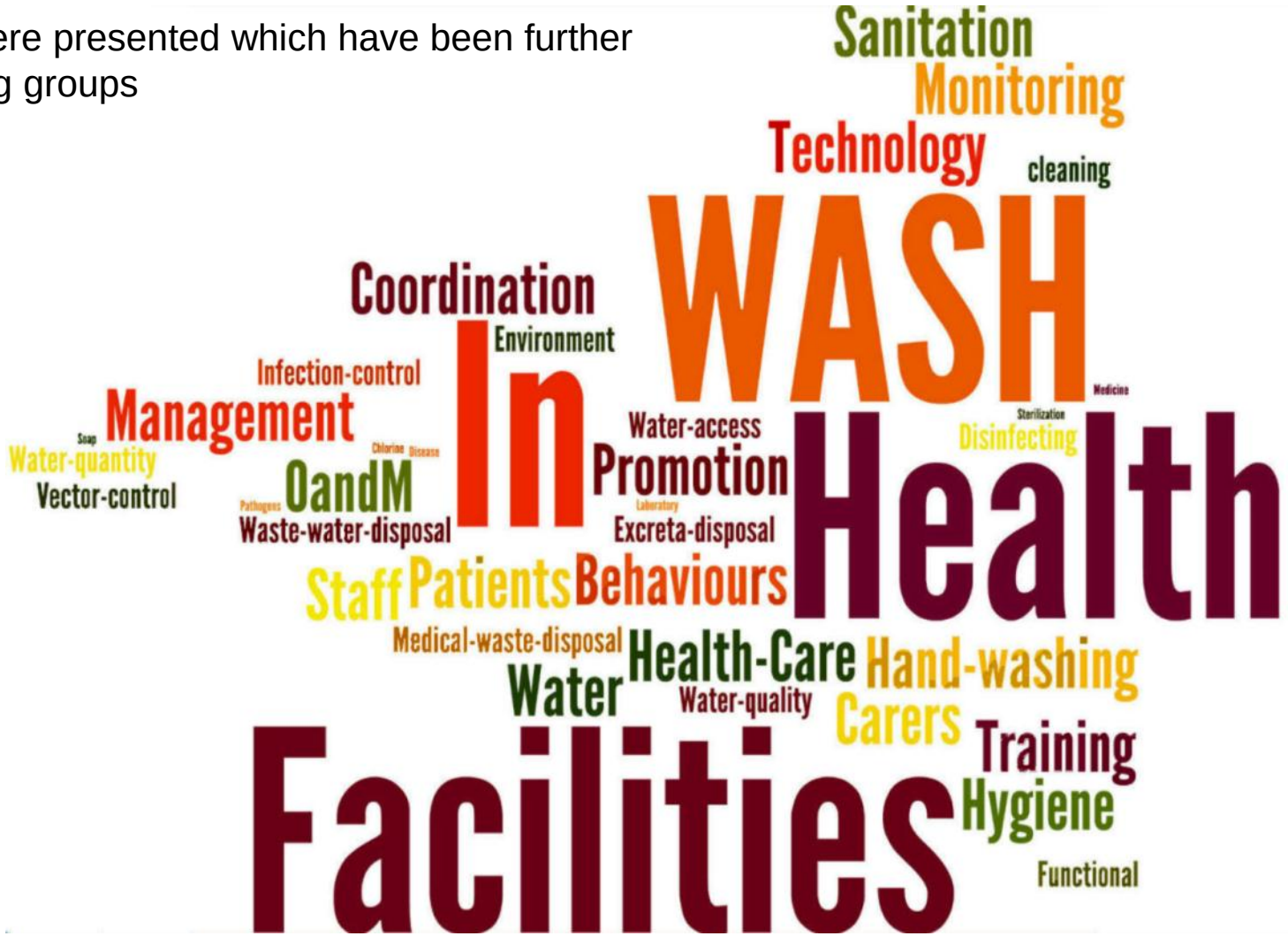
- Needs assessment
- Monitoring
- Business plan
- Capacity building & Education

Goal:
Establish national strategy for WASH in health facilities

Elaborate national strategy	• Stakeholder mapping and assessment of current situation • Evaluation of human, technical and financial resources • Definition of standards and guidelines (based on national/international experience) • Define legal and institutional framework
Implement strategy	• Translate policy into action plan • Training of governmental stakeholders of all levels • Implement awareness raising campaigns • Build-up demonstration facilities and support FH management in development of business plans
Ensure mechanism for sustainability	• Define contributions of personnel and budget from different levels • Develop monitoring system with SMART indicators • Support HF to generate revenue streams

Case studies

Five case studies were presented which have been further developed in working groups



Case studies

Mali:
WASH in health centres in Mali – minimum standards
Bruno Pascual (Terre des hommes)

Uzbekistan:
WASH in a regional tuberculosis sanatorium in Ferghana region
Feruza Madaliyeva (ISW)

Pakistan:
Community based emergency water treatment in Pakistan
Waseem ul Haq (SDC)

Benin/Burkina Faso:
From basic WASH conditions to hygiene promotion spaces
Apollinaire Hadonou (Helvetas)

Burundi:
Improvement of WASH in health facilities in the province of Ngozi
Wellars Ndutiye (SDC)

Case study: Mali

Title: WASH in health centres in Mali – minimum standards

Responsible: Bruno Pascual, Terre des hommes

Context: In Mali, the Ministry of Health is paying only the salary of the director of the health facilities. All other **costs have to be paid by the patients** through consultation fees.

The **WHO rapid assessment tool** has been used to generate a list of activities in order to guarantee minimum standards for WASH in Mali's health facilities. **Several improvements have been implemented** on the level of WASH solutions (use of Wata kit for water treatment, latrines, water source improvement, waste zone, vector control, hygiene kit, hygiene promotion, capacity building etc.).

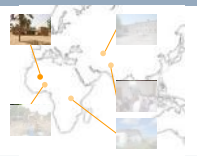
The project also promotes **public health activities** through the training of health volunteers, hygiene promotion in the community and sensibilization campaigns which motivate people to use the services of the health facility.

Rehabilitated and protected water source

Hygiene facilities for health staff

Sanitation facilities

Sprayed mosquito nets



Case study: Mali

Challenges:

- Proper operation and maintenance of established WASH infrastructure needs to be ensured through trainings and promotion activities
- Financial sustainability and the development of a business plan for the health facilities need to be assured
- Management of solid waste has to be improved regarding technology and operational procedures

Capacity building & Education

Business plan

WASH solutions

Example of work group outcome:

Identified options regarding financial management ("Business Plan"):

- **Selling of chlorine** for water treatment to patients (especially pregnant women)
- Sign a memorandum of understanding with the municipality in order to **receive 10% of the yearly budget** and to dedicate a fraction of the money into the operation and maintenance
- To promote a **membership card** for the population
- To set up an **insurance system for the transportation** of the patient to the health center
- Study **income generation** activities (recharge of cell phone batteries, selling water during the market day)

Case study: Benin/Burkina Faso

Title: From basic WASH conditions to hygiene promotion spaces

Responsible: Apollinaire Hadonou (Helvetas)

Context: Helvetas IC initiated a **project focussed on water supply in health centers** in Benin and Burkina Faso. **47 health facilities** have been assessed and several interventions have been carried out.

Focus of the interventions was set on the provision of drinking water which had to be fetched by visiting relatives and whose quality could not be assured. The project therefore included activities such as the **construction of mini-water supply systems** where water from the communal water points is being pumped to the health facility, storage facilities on the premises of the health facility and the **production of chlorine solution** for the production of safe drinking water.

The project also initiated a possibility of **income generation** for the health facility by selling excess electric power from the chlorine solution production for the recharge of mobile phone batteries.

Water point shared by health center and community

Solar power for the production of chlorine solution and income generation (mobile battery recharge)

Case study: Benin/Burkina Faso

Challenges:

- Implementation of the “full WASH package” needed. Sanitation and solid waste management has been neglected so far and needs to be integrated into the interventions
- Full-cost analysis to enable financial sustainability
- Establish systematic monitoring to enable evidence-based discussions and decisions within the project team and in collaboration with the authorities
- Lack of trained staff and brain drain

Needs assessment WASH solutions

Business plan

Monitoring

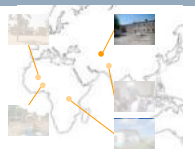
Capacity building & education

Example of work group outcome:

Identified options regarding the development of systematic monitoring:

Data from a systematic **monitoring enables evidence-based discussions and decisions** and enables extraction of best practices. Current monitoring strongly focuses on technical aspects of water supply. Suggestion to **focus project monitoring also on higher, outcome level** to assess the impact of improved WASH on the health situation of the patients, visitors and community.

- **Develop a monitoring concept** in collaboration with the gov. authorities and community that allows project monitoring and evaluation on output and outcome level (indicators should be in line with national strategies)
- **Define roles and responsibilities**, allocate budgets



Case study: Uzbekistan

Title: WASH in a regional tuberculosis sanatorium in Ferghana region

Responsible: Feruza Madaliyeva (ISW)

Context: A regional rural water supply project started in 2011 with the goal to provide safe water to 12,000 people in the area. The project puts the focus on the **participation by the community**. However, the **situation in the tuberculosis sanatorium has been underestimated** and needs to be tackled.

The **WASH situation** of the sanatorium for **120 inpatients** and more than **100 staff members** needs to be improved. Facilities are very limited and are often not functioning (2 showers, 14 toilets).

Fresh water is fetched from an open canal, «treated» in a sedimentation pond and chlorinated before being pumped to a 10 m^3 reservoir. Wastewater is first chlorinated before it runs to a settler and is used for irrigation of half a hectare.

Hygiene and health promotion training are held at regional level which covers all the rural schools and medical staff of the villages

The two showers for the 120 patients

A block of latrines outside the hospital

Fresh water source

Fresh water treatment with chlorine

Case study: Uzbekistan

Challenges:

- Assessment and baseline survey and identification of key actors
- Supply of the sanatorium with safe drinking water and solution for waste water treatment
- Involving authorities into the process in order to assure sustainable operation of the water supply and the waste water treatment system
- Proper inclusive planning of WASH solutions

Needs assessment

WASH solutions

Advocacy

Business plan

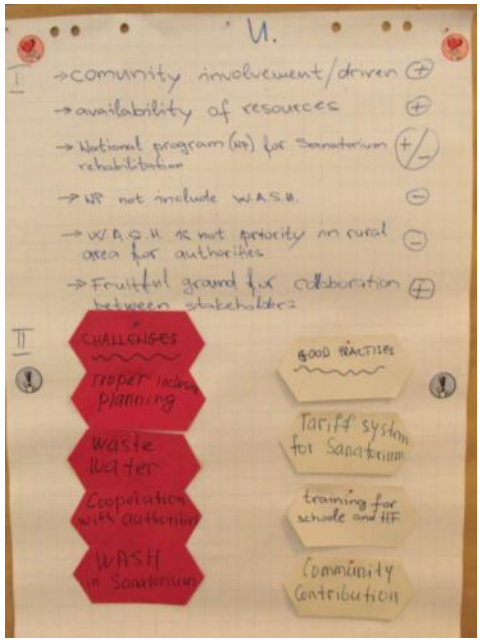
Example of work group outcome:

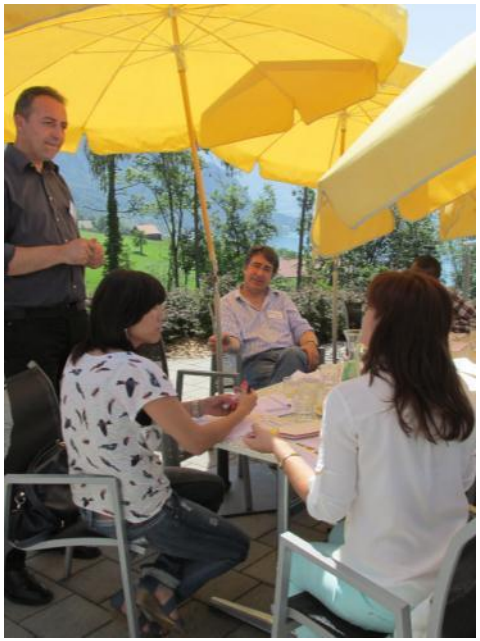
I) What impresses you most about the project?

- Community driven
- WASH not priority for authorities in rural area
- Collaboration between stakholders likely

II) What lessons come out of your discussion?

- Need for:
  - wastewater treatment
  - cooperation with authorities
  - inclusive planning





III) What practical guidance can the project provide?

- Baseline survey
- Experience with community managed water supply system
- Motivated and mobilized community
- Existing but outdated WASH standards

Case study: Pakistan

Title: Community based emergency water treatment in Pakistan

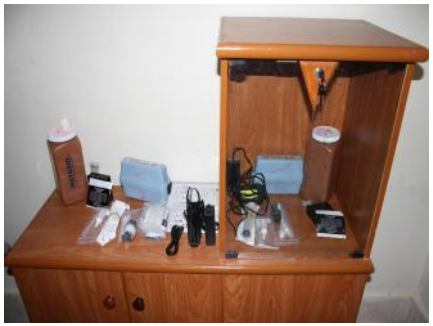
Responsible: Waseem ul Haq, (SDC)

Context: Following the floods in Pakistan, a pilot project was designed to **establish a water disinfection system** within the health facilities through provision of

- WATA kits (portable device producing chlorine from salt water)
- Training of health staff and community members
- Hygiene promotion and distribution of Information Education and Communication (IEC) material

The goal was to **prevent the spread of water borne diseases** amongst flood-affected people and the **preparedness for any upcoming emergency** i.e. floods or water borne disease outbreak

The water treatment system has been successfully implemented in several hospitals. However, the **outreach to the community has not happened**. The community dislikes the **pungent smell of chlorine** and rumours have spread that **drinking chlorinated water will lead to sterilization** of men.



Production of chlorine solution with WATA-kit

Provision of drinking water outside HF

Training of trainers for health staff

Training of community leaders

Case study: Pakistan

Challenges:

- Social barriers hinder the scaling up/dissemination of WASH practices (feudalism, low literacy, languages)
- Establishing the supply chain for WATA reagents is difficult and options for alternative reagents have to be found
- Financial and institutional support from Government needs to be increased

Capacity building & Education

WASH solutions

Advocacy

Example of work group outcome:

Lessons learned through the implementation of this project:

- Consideration of the requirements and criteria (technical, management and human/financial resources) associated with the **transformation from emergency to recovery to development** from the very start of an emergency operation
- The importance of **identifying the right champions** (in Pakistan: nobles, landowners, religious leaders, teachers, health staff) **to endorse the new ideas/practices** and to influence decision making authorities and the community
- The importance of getting **Government approval** (at the required different levels and within the required ministries) and ratification in the form of an MoU or Letter of Agreement or other document

Case study: Burundi

Title: Improvement of WASH in health facilities in the province of Ngozi

Responsible: Wellars Ndutiye (SDC)

Context: The WatSan project, implemented by the Swiss Tropical and Public Health Institute, has the objectives to (i) rehabilitate and construct water infrastructures in health facilities; (ii) mobilise the community to improve hygiene behaviour; (iii) improve the hygiene practices in health facilities.

A survey regarding hygiene behaviour of health staff revealed poor hygiene practices independently from the availability of running water in the health facility.

Health practitioners asked after the main issues related to hygiene that they observe amongst their patients mentioned lack of body and clothing hygiene (89%) and hygiene-related diseases (63%).

Health facilities organise weekly thematic community health promotion activities, in the form of animated workshops for visitors.

Rainwater harvesting

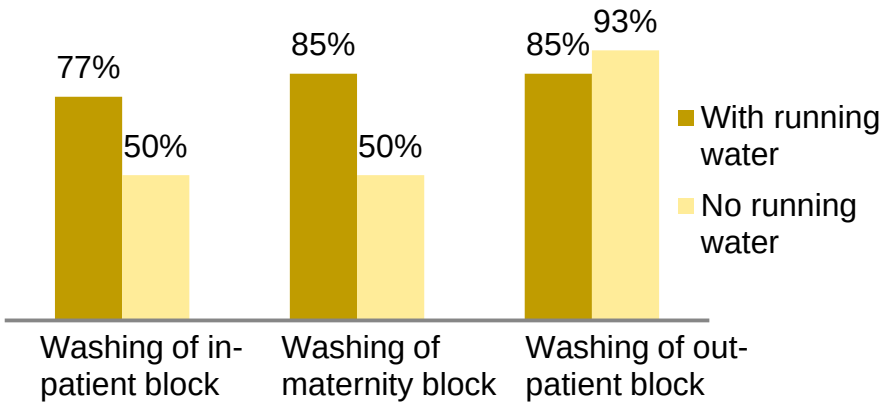
Provision of drinking water

Incinerator for solid waste

Training of hygiene/health promoters

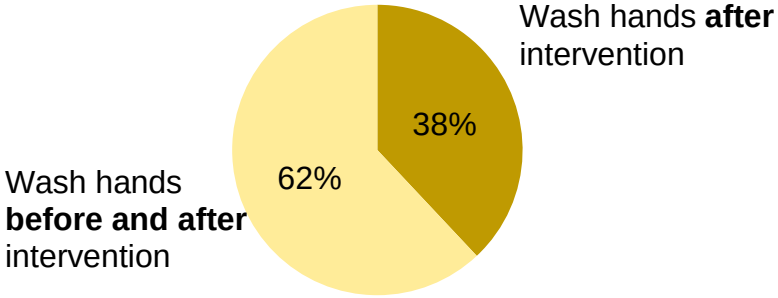
Case study: Burundi

Daily cleaning of facilities in health centers with and without running water

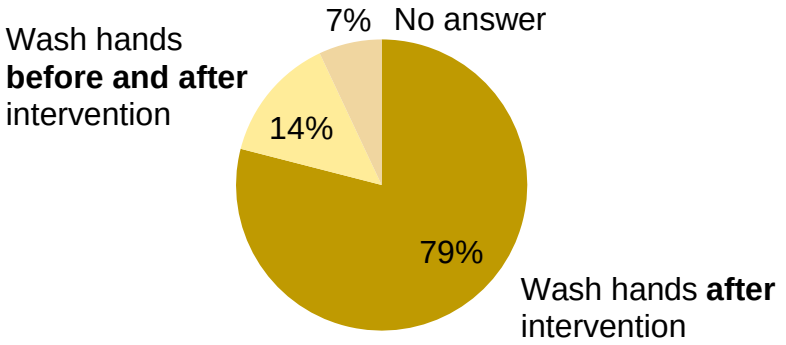


- 13 health facilities with, and 14 without a functional running water system were selected for this survey
- A majority of the health facilities reported not having washing equipment and solutions in sufficient quantities (62% for health facilities with water and 79% for facilities without water).
- Only 31% of the facilities had soap in each service

Hygiene practices of staff of health facilities *with* running water



Hygiene practices of staff of health facilities *without* running water



Case study: Burundi

Challenges:

- Hand washing facilities and practices of staff, patients and visitors
- Cleaning of showers and latrines
- Management of anal cleansing water
- Sustainability of the water service (technological choices, management, responsibilities, cost recovery)
- Constitute strategy for WASH in HF on national level

Capacity building & Education

WASH solutions

Business plan

Institutional & legal framework

Example of work group outcome:

Capacity building & Education	• Think of gender, disabled, separation between patient and staff. • Use common, proven and simple technologies to ensure that O&M can be offered with limited cost.
WASH solutions	• HF is a key place for education and has to be a role model. • Training for staff and general hygiene campaigns are not the same.
Business plan	• Take advantage of private sector to create market and handle supply chain which cannot be a public task. • Add a Budget and strategy on communication/advocacy and marketing to influence public policy.
Institutional & legal framework	• Elaborate national strategy for sanitation and water supply • Local authority should be the owner and responsible to ensure management and involvement of all stakeholders. • Be in line with existing sectorial institutional framework and identify leadership among various ministries involved.

Holistic approach:
WASH in HF needs to be combined with action plan at community level and school level.

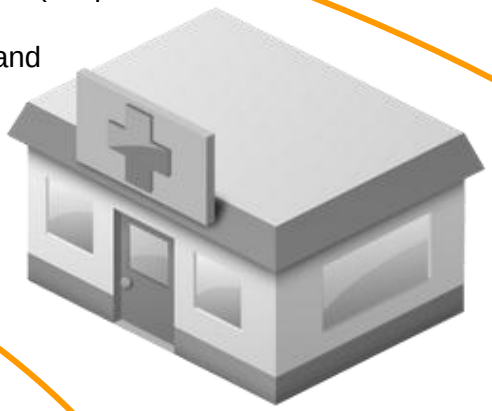
Burundi: Specific actions regarding Handwashing

Community

Build awareness of patients, visitors and community
- Develop information material on handwashing
- Regular communication campaigns aiming at surrounding communities
- Involve community health volunteers

Health facility

Ensure maintenance of handwashing infrastructure
- Supply chain for spare parts and consumables (soap, disinfectant)
- Ensure financial flow for maintenance work and consumables
- Assign responsibilites for maintenance



Handwashing facility

Assess the availability and condition of the handwashing facilities
- Check appropriate number, placement, availability of soap/disinfectant

Install/repair handwashing facilities
- Use appropriate, established and affordable technology

Ensure management of handwashing facilities
- Write down guidelines for the use and management of the handwash facilities

Education of all staff on necessity and practice of handwashing
- Development of training tools
- Train the trainers
- Organise trainings for new staff and institutionalised refresher courses

Most relevant areas of practical action

The participants worked out key issues of the four most relevant categories in group works.
However, the following slides do not have the claim of completeness but must be seen as food for thoughts

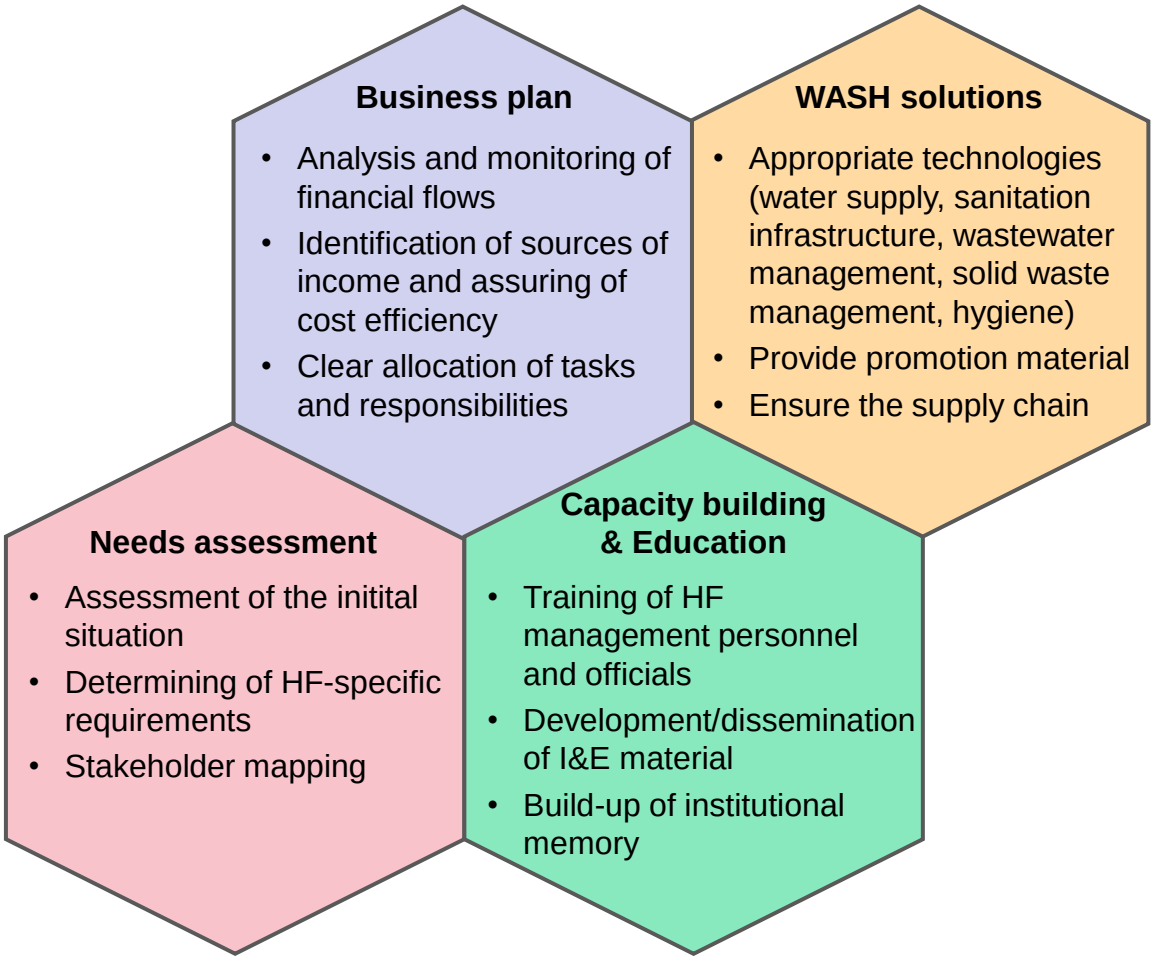
Which are the most relevant areas of practical action?

Which areas of practical actions have been mentioned during the groupwork tackling the theoretical Model studies as well as the practical Case studies?

1. **Model study**: Health Facility
2. **Model study**: National level
3. **Case study** Mali
4. **Case study** Benin/Burkina Faso
5. **Case study** Uzbekistan
6. **Case study** Pakistan
7. **Case study** Burundi

Which are the most relevant areas of practical action?

An analysis of the **theoretical model studies** and the **practice oriented case studies** identified four categories being crucial for the implementation of a viable WASH concept in health facilities



- **Know what you need**
- **Select the appropriate solution**
- **Ensure sustainable operation (finances, staff, maintenance)**
- **Educate all stakeholders**

Category **“Needs assessment”**

Needs assessment is the **first activity** to do in order to **understand the situation** and to **constitute a baseline** of the existing situation

- The assessment needs to consider **health facility-specific** requirements
  - Highly frequented by people that are potential carriers of communicable diseases
  - Accumulation of infectious and hazardous waste products (infectious body fluids and excreta, organs, syringes, blood stained tissue, …)
  - Specific requirements due to limited mobility of patients or particular needs for hygiene and privacy
- The assessment has to be done in **participatory manner**
- The assessment has to consider **political, economic, sociologic, technical, and environmental** issues

Burning issues

- Clear terms of references have to be elaborated
- Clear methodology has to be adopted
- Approach has to be pragmatic ans systematic
- Take into account existing data/studies
- Make results of the survey accessible to public (reports, maps)
- Consider using new technologies for the collection of data
- Present results to stakeholders in order to create ownership

Category **“WASH solutions”**

WASH solutions in health facilities start from a clean water supply and end with an adequate wastewater management. To ensure the success of the health center, software components hold together the hardware

- Selection of technologies based on needs assessment. Take into account existing infrastructure**, specific needs in HF** and **cultural context**.
- A health facility is **no place for experiments**. Use only established, reliable technologies
- Ensure **supply chain** for spare parts and consumables
- HF **staff needs to model values** regarding hygiene practices
- Align technology selection with **standards and norms**

Burning issues

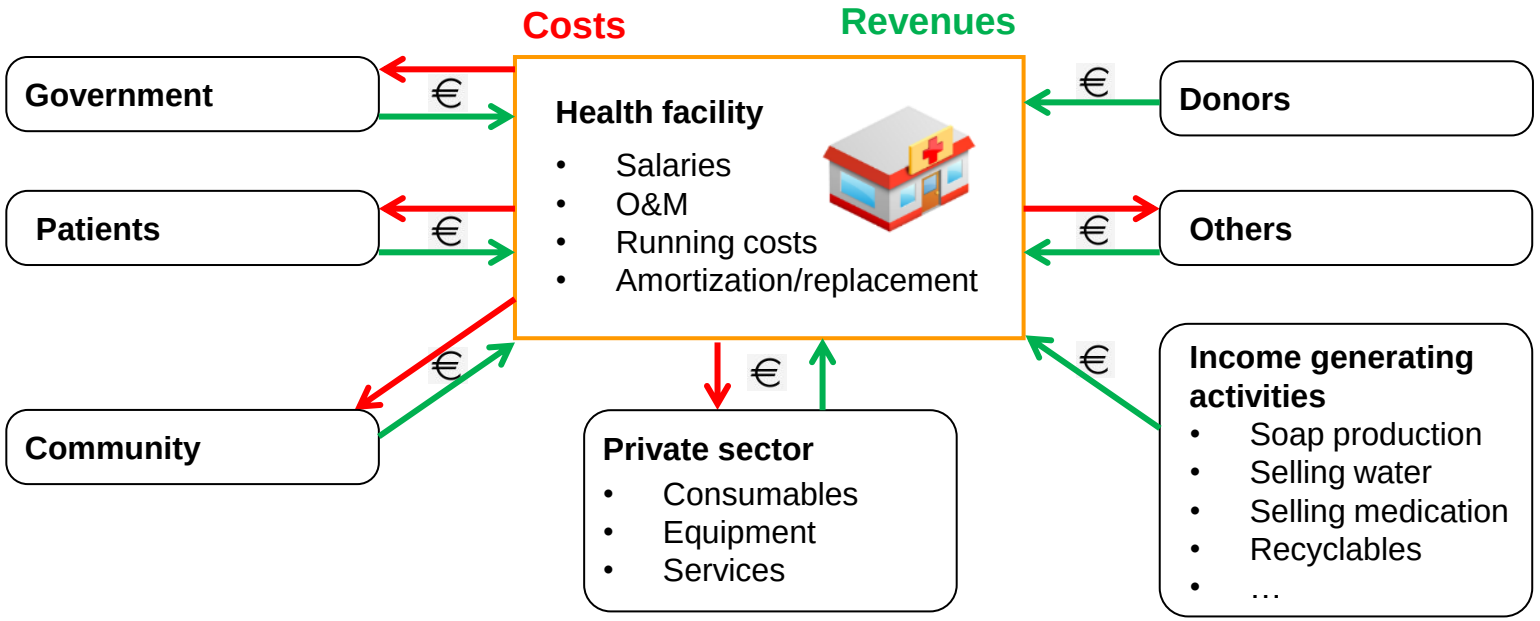
- Ownership by the government
- How to ensure sustainablitity
- Development of link between HF and communities
- Gender
- Financing of hardware
- Involvement of private sector

Category "**Business plan**"

- A clear **analysis of the financial flows** is crucial
- Initial investments are hard to mobilise and even harder to maintain
- **Capacity to manage business plans** are lacking and therefore need to be trained/educated
- WASH is often not integrated into **overall business plan** of the health facility
- Business plan needs to integrate **human resource planning** and clear **assignment of tasks**

Burning issues

- Monitoring of income use
- Contingency planning
- Public audit
- Enhance transparency
- Advocacy for government funding



Category **“Capacity building and Education”**

- Capacity building needs to happen on **every organizational level**. Be it within the health facility (facility manager, health staff, management) or on official level (ministries, municipality, community leaders)
- **Specific guidelines/manuals/modules** for the respective organizational level have to be developed or adapted
- Clear allocation of responsibilities and open communication of these
- Development of management plans in order **to secure institutional memory** in case of personnel fluctuations

Government

Information material for decision makers
- Brochures
- Study visits

Community

Awareness campaigns
- Handwashing promotion
- Hospital visits for schools

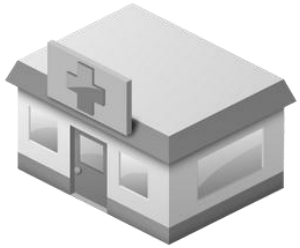
Education of responsible officers
- Development of training tools
- Train the trainers

Health facility

Appoint responsible person

Exchange visits
- Visits of other health facilities for health staff, management and facility managers

Exchange visits
- Regional or international exchange of experience for decision makers



Education of all staff on WASH issues
- Development of training tools
- Train the trainers
- Organise trainings for new staff and institutionalised refresher courses

Identify and get local champion on board
- Role model
- Respected person
- Has the ability to rectify misbeliefs and myths

Capacity building/training for local NGOs/CBOs
- Development of promotion material
- Training for community health workers

Conclusions

Health facilities have specific WASH needs and nothing runs without money

Summary

- An e-discussion and the 1-week AGUASAN workshop with international WASH- and Health-practitioners tackled the topic WASH in health facilities in the development context.
- Three thematic inputs («Wash and health», «Minimum requirements», «WASH in HF – a Ministry of Health perspective») provided the participants during the workshop with background information
- The participants defined nine areas of practical action and identified the four most relevant categories
  - Needs assessment
  - WASH solutions
  - Business plan
  - Capacity building & Education
- Practical actions for the five case studies (Mali, Benin/Burkina Faso, Uzbekistan, Pakistan, Burundi) were developed in group works and next steps identified
- An excursion to the regional hospital of Thun emphasized the importance of a complementary embedment of WASH into the management plan of the the whole hospital.
- The further development of the discussed case studies will be followed up in an e-discussion beginning of 2014

Key findings

- Minimum standards on WASH in HF are available but with gaps on software issues and not known enough
- A sound analysis of the current situation and the assessment of specific needs helps to assign priorities for interventions
- Health facilities are not a place for WASH-experiments. Use approved and established technologies in order to guarantee O&M and to enhance acceptance of the newly introduced technologies and work flows
- Money flows need to be analysed and optimized for cost reduction and income generation
- Health facilities are a key place for WASH education, reaching staff, patients and visitors.
- Include a strategy and a budget for communication in the planning in order to influence public health policy

Sustainability of WASH interventions in health facilities depends on:

- the choice of the **right technology/means**
- the involvement of **trained and motivated people**
- taking into consideration all aspects (financial, technical, environmental, institutional, social) in the form of a **management plan**

AGUASAN

Bridge the gaps