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

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

**Technical Brief 12**

## **WASH IN HCFs FOR QUALITY HEALTH SYSTEMS**

**USAID Water and Development**

TECHNICAL SERIES

### **INTRODUCTION**

This technical brief highlights considerations for water, sanitation, and hygiene (WASH) in healthcare facilities (HCFs) as part of improving health system strengthening (HSS) and health security. It provides evidence of how effective WASH is required to support countries in meeting their development goals and achieving the three HSS outcomes of equity, quality, and resource optimization. The brief describes “entry points” to consider WASH in HSS programming and serves to inform United States Agency for International Development (USAID) staff and implementing partners in activity planning, design, implementation, monitoring, evaluation, and learning.

### **KEY TAKEAWAYS**

- **Without basic WASH, it is not possible to provide quality healthcare services.** HCF staff and patients require provision of water, sanitation, waste management, hygiene, and environmental cleaning infrastructure and services across all parts of a facility. Effective WASH in HCFs can lead to reductions in morbidity, mortality, cost savings, and reductions in antibiotic use and antimicrobial resistance (AMR).
- **WASH in HCFs is more than infrastructure or training and requires a systems approach.** This includes creating a culture of hygiene at all levels of the health system by clarifying roles and responsibilities, improving accountability, and optimizing existing human and infrastructure resources.
- **WASH in HCFs will not be solved by the health sector or the WASH sector alone.** Progress requires leadership from Ministries of Health, in coordination with other key ministries and other stakeholders, along with technical support from the WASH sector.

## CONTEXT

WASH in HCFs refers to the provision of water, sanitation, healthcare waste management, hygiene, and environmental cleaning infrastructure and services across all parts of a HCF.<sup>1</sup> In 2018 the United Nations (UN) Secretary-General's [Global Call to Action](#) elevated the importance of and prioritized action on WASH in all HCFs. The following year, the UN released the [first global baseline report on WASH in HCFs](#), followed by an [update](#) in December 2020. The baseline report highlights that **one in three HCFs globally does not have adequate hand washing facilities at critical points of care, and 1.8 billion people use or work in HCFs without basic water services.**<sup>2</sup> In the lowest income countries, half of HCFs lack basic water services and 60 percent have no sanitation facilities,<sup>3</sup> while the full extent of the problem is hidden due to major gaps in data.<sup>4</sup>

WASH is essential to providing equitable and quality healthcare, protecting healthcare workers and patients from infections, and preventing the spread of infectious diseases. WASH in HCFs depends on sustainable access to safe water and improved sanitation facilities to ensure quality of care. The cornerstone of any infection prevention and control (IPC) program is WASH services, therefore the absence of or poor compliance with WASH standards and protocols can lead to healthcare acquired infections (HCAIs) and transmission of diseases from HCFs to communities. Increased infection and disease rates translate into a greater need for and use of antibiotics, inflated costs to patients and the health system, and the emergence and spread of AMR, all of which hamper a country's efforts to achieve universal health coverage.<sup>5,6</sup>

Availability of quality WASH services is closely tied to patient perceptions that health care is dignified and respectful and may impact utilization of health services. Frequently overlooked aspects of care, such as providing safe drinking water along with oral medications; giving birth in a clean, welcoming room with water readily available; and having access to a safe and functioning toilet all contribute to patient and healthcare worker satisfaction, increased care-seeking, and better health.<sup>7</sup> When assessing the acceptability and availability of services, it is important to consider accommodations for people with disabilities or mobility issues as well as cultural norms, including gender sensitivities.<sup>8</sup>

According to WHO, "infection prevention and control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science, and health system strengthening. IPC occupies a unique position in the field of patient safety and quality universal health coverage since it is relevant to health workers and patients at every single health care encounter."<sup>9</sup>

<sup>1</sup> WHO (2020). [Global Progress Report on WASH in Health Care Facilities: Fundamentals first](#). Geneva.

<sup>2</sup> Basic water services in HCFs are defined as an improved water source on premises with water available at the time of the questionnaire or survey.

<sup>3</sup> Basic sanitation services in HCFs are defined as improved latrines or toilets that are usable, separated for patients and staff, separated for women with menstrual hygiene facilities, and meet the needs of people with limited mobility.

<sup>4</sup> WHO (2020). [Global Progress Report on WASH in Health Care Facilities: Fundamentals first](#). Geneva.

<sup>5</sup> WHO, Food and Agriculture Organization of the United Nations (FAO) and World Organisation for Animal Health (OIE) (2020). [Technical Brief On Water, Sanitation, Hygiene And Wastewater Management To Prevent Infections And Reduce The Spread Of Antimicrobial Resistance](#). Geneva.

<sup>6</sup> Abu, T. and Elliott, S. (2020). [When It Is Not Measured, How Then Will It Be Planned for? WaSH a Critical Indicator for Universal Health Coverage in Kenya](#). *Int J Environ Res Public Health*, 7(16).

<sup>7</sup> Bouzid, M., Cumming, O., and Hunter, P. (2018). [What is the impact of water sanitation and hygiene in healthcare facilities on care seeking behaviour and patient satisfaction? A systematic review of the evidence from low-income and middle-income countries](#). *BMJ Glob Health*, 3(3).

<sup>8</sup> Sekhon, M., Cartwright, M., and Francis, J. (2017). [Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework](#). *BMC Health Serv Res*, 17(88).

## UNICEF/WHO JOINT MONITORING PROGRAMME BASIC WASH SERVICE LEVEL FOR HCFs

	 <b>WATER</b>	 <b>SANITATION</b>	 <b>HYGIENE</b>	 <b>WASTE MANAGEMENT</b>	 <b>ENVIRONMENTAL CLEANING</b>
<b>BASIC SERVICE</b>	Water is available from an improved source on the premises.	Improved sanitation facilities are usable, with at least one toilet dedicated to staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one 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.	Basic protocols are available and all staff with cleaning responsibilities have received training.

Source: WHO, JMP, and UNICEF (2019). *WASH in Health Care Facilities: Global Baseline Report 2019*.

Improved WASH in HCFs requires leadership and accountability from Ministries of Health to engage and coordinate a whole-of-society approach with diverse stakeholders including government, the private sector, [faith-based organizations](#), communities, and civil society. There is growing recognition that new or improved WASH infrastructure alone is not adequate to support a strong, sustainable health system. It is estimated that two-thirds of the financing required to reach universal WASH in HCFs is for operations and maintenance, not for infrastructure construction.<sup>9,10</sup> Strong operational, maintenance, and environmental cleaning arrangements, in addition to providing and monitoring good hygiene behaviors and ensuring adequate prioritization of resources, can improve quality of care.

### WHAT WOMEN WANT

A [global healthcare survey](#) of approximately 1.2 million women and girls in 114 countries, found that WASH in HCFs was the second most identified ‘demand,’ with respectful and dignified care being mentioned more often. While the survey measured demands of patients, healthcare workers (70 percent of whom are female), contend daily with the lack of WASH in healthcare settings and the dirty, unpleasant, and unhealthy environments this creates. Nurses and midwives often work at lower tier facilities that are not prioritized for investments despite the vast majority of services taking place there. They have poorer access to water, toilets, and facilities to manage menstrual hygiene, pregnancy, childbirth, and postpartum care needs and suffer from problems related to personal privacy, safety, and security at work.<sup>11</sup>

<sup>9</sup> Anderson, D., et al. (2020). Budgeting for Environmental Health Services in Healthcare Facilities: A Ten-Step Model for Planning and Costing. *Int J Environ Res Public Health*, 17(6).

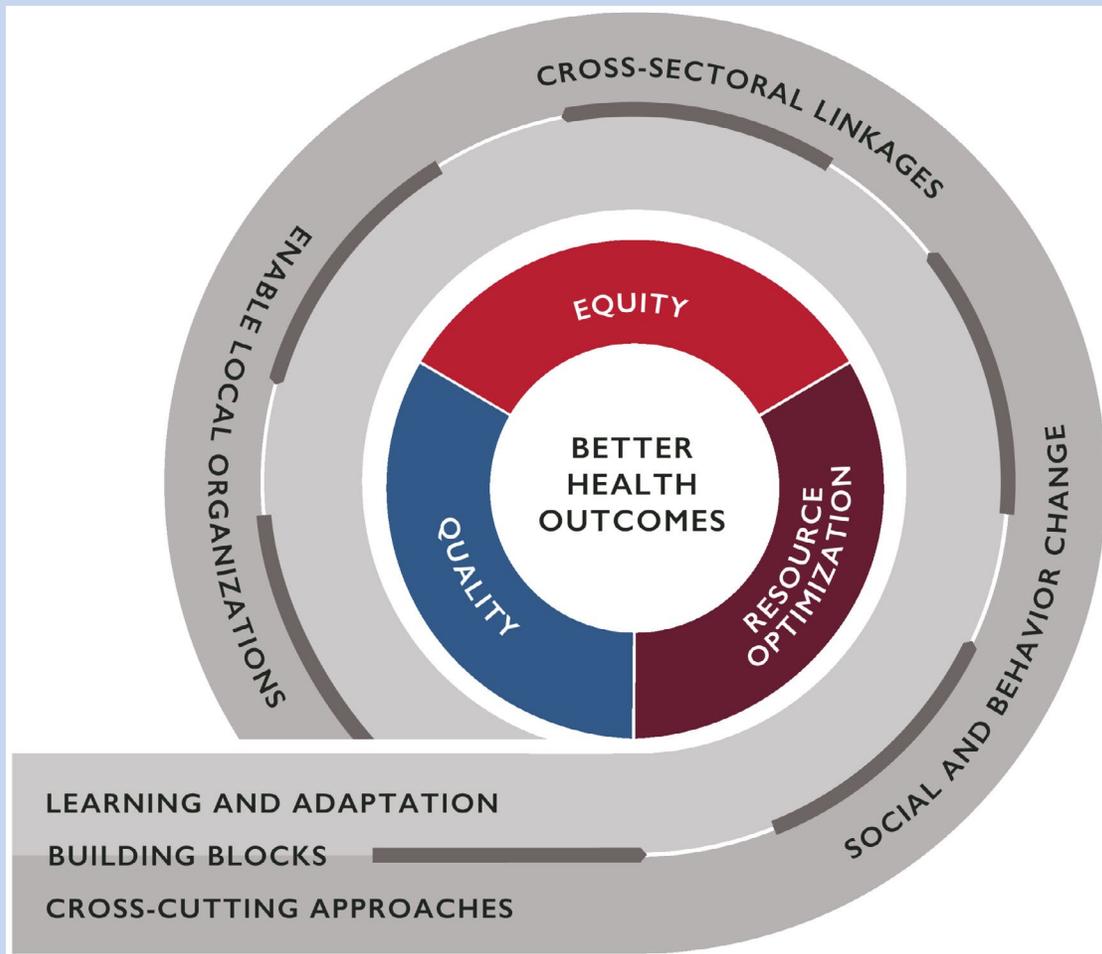
<sup>10</sup> WHO (2020). *Global progress report on water, sanitation and hygiene in health care facilities: Fundamentals first*. Geneva.

<sup>11</sup> *Ibid.*

## SYSTEMS APPROACHES TO WASH IN HCFs FOR QUALITY OF CARE

Provision of quality care is influenced by different systems, facilitators, and barriers. Before seeking to influence any of these facets, it is important to understand the system and the root causes of any challenge. Without this type of systems analysis, interventions designed to make improvement may overlook key decision-making processes or bodies; mis-identify key messages or messengers; or fail to address equity barriers, thereby limiting success, sustainability, and the efficient use of resources.

### WHAT IS HEALTH SYSTEMS STRENGTHENING?



HSS activities are highly dependent on context and country priorities, but ultimately aim to contribute to a **high performing health system that provides accessible, accountable, affordable, and reliable health care**.<sup>12</sup> When considering entry points for programming to improve quality of care, it is important to consider the interactions and interrelatedness of the six health systems functions that are required to achieve the desired outcome. Supporting access and use of sustainable WASH supplies and behaviors may connect to any or all of the six health system functions, depending upon the context.

Source: USAID (2021). *Vision for Health System Strengthening 2030*.

<sup>12</sup> USAID (2019). *Universal Health Coverage Through High-Performing Health Care*. Washington, DC.

USAID's [Health System Assessment Approach](#) can be used to diagnose the relative strengths and weaknesses of a health system, prioritize areas for strengthening, and identify potential solutions or recommendations to prioritize for system improvements. Applying this approach can enable a more strategic process to support WASH in HCFs and can facilitate the engagement of all stakeholders to identify priority solutions to the challenges identified through the assessment. This is important to ensure that WASH initiatives are appropriately planned, managed, implemented, and continuously monitored and improved. Tools such as [political economy analysis](#), [power mapping](#), or [collaboration mapping](#) are also methods that can be applied to assess the health system. WASH guidance on these tools can be found in the [USAID Water and Development Technical Brief: WASH Governance](#).

Some questions to consider when designing WASH in HCFs programs may include:

- What policies influence WASH in HCFs and who are the decision-makers who create and enforce those policies?
- How is WASH in HCFs financed?
- Are there resources, processes, and service delivery/quality of care standards in place to ensure operation and maintenance of WASH and ensure IPC?
- What monitoring and oversight mechanisms are in place to ensure compliance with national WASH standards and protocols?
- Who are the key actors involved in WASH in HCFs, including environmental cleaning, IPC, and the administrators responsible for planning, budgeting, and maintenance of a HCF and its WASH facilities?

## ILLUSTRATIVE ENTRY POINTS FOR IMPROVING QUALITY OF CARE THROUGH WASH IN HCFs

The following are illustrative entry points to improve WASH in HCFs, as part of health programming:

### IMPROVED IPC

Between 5.7 and 8.4 million people die each year in low- and middle-income countries (LMICs) as a result of poor quality healthcare.<sup>13</sup> According to WHO, the prevalence of healthcare-acquired infections (HCAIs) varies between 6 percent and 19 percent in LMICs.<sup>14</sup> In LMICs, surgical site infections afflict up to two-thirds of post-operative patients, with a frequency up to nine times higher than in developed countries.<sup>15</sup>

Effective IPC, which cannot be achieved without adequate WASH, can reduce HCAIs by at least 30 percent<sup>16</sup> and can help ensure HCFs are perceived and experienced as safe and effective by healthcare workers and patients. Infrastructure alone will not solve the problem. Increasing effective IPC requires adequate adoption of evidence-based practices and healthy behaviors by staff and patients. USAID programs should ensure HCF management and maintenance roles are clear and that behavior change activities for healthcare workers and facility staff are included in IPC efforts, with WASH as a critical component. Solutions to mitigate HCAI can be found in the 2019 [WHO Benchmarks for International Health Regulations \(IRH\) Capacities](#).

<sup>13</sup> WHO (2020). [Global Progress Report on WASH in Health Care Facilities: Fundamentals first](#). Geneva.

<sup>14</sup> WHO (2021). [Health care-associated infections Fact Sheet](#). Geneva.

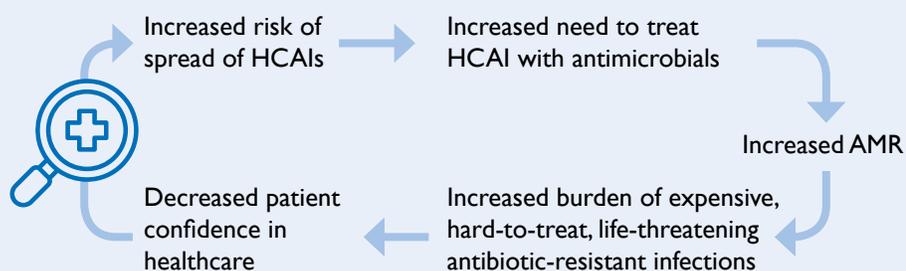
<sup>15</sup> [Ibid.](#)

<sup>16</sup> WHO (2016). [Health care without avoidable infections: The critical role of infection prevention and control](#). Geneva.

<sup>17</sup> WHO (2017). [Evidence of hand hygiene as the building block for infection prevention and control](#). Geneva.

## THE IMPACT OF POOR IPC

Without effective IPC, it is impossible to achieve quality health care delivery and the capacity to respond to outbreaks is severely compromised.



Source: USAID (2021). *Vision for Health System Strengthening 2030*.

**Hand Hygiene:** Central to improving IPC measures are improved *hand hygiene practices*,<sup>17</sup> including having sustainable access to adequate materials and equipment (e.g., appropriate infrastructure; the availability of safe water; and sanitation facilities that meet international and national standards, including soap and/or alcohol-based hand rubs); and monitoring and evaluation data to ensure continuous quality improvement (CQI). For adequate IPC, handwashing must occur at every point of care within a HCF. WHO recommends combining multiple and complementary improvement strategies (e.g., education, training, posters, focus groups, and observation with feedback) when implementing hand hygiene interventions. For more information, see the [WHO Brief: Hand hygiene for all initiative: improving access and behaviour in HCF](#) and the [USAID Water and Development Technical Brief: Social and Behavior Change for WASH](#).

## CONTINUOUS QUALITY IMPROVEMENT FOR IPC

**HCF infection control committees (ICCs)** are inter-departmental bodies that plan, develop, monitor, and update IPC programs, policies, and procedures, and are responsible for investigation, surveillance, and mitigation of infection outbreaks for the facility. Recognizing the important role ICCs play in the success of IPC programs, USAID is using CQI to sustainably operationalize ICCs to reduce the spread of Antimicrobial resistance (AMR) across five countries (DRC, Kenya, Senegal, Tanzania, and Uganda). CQI processes promote incremental progress through an iterative process of making improvements, assessing results, and adjusting activities based on the assessment and learnings from implementation. In this effort, a Plan-Do-Study-Act (PDSA) methodology was used, working with stakeholders to continuously improve IPC programs, reducing the spread of healthcare-associated infections, and limiting the opportunity for the development and spread of AMR.

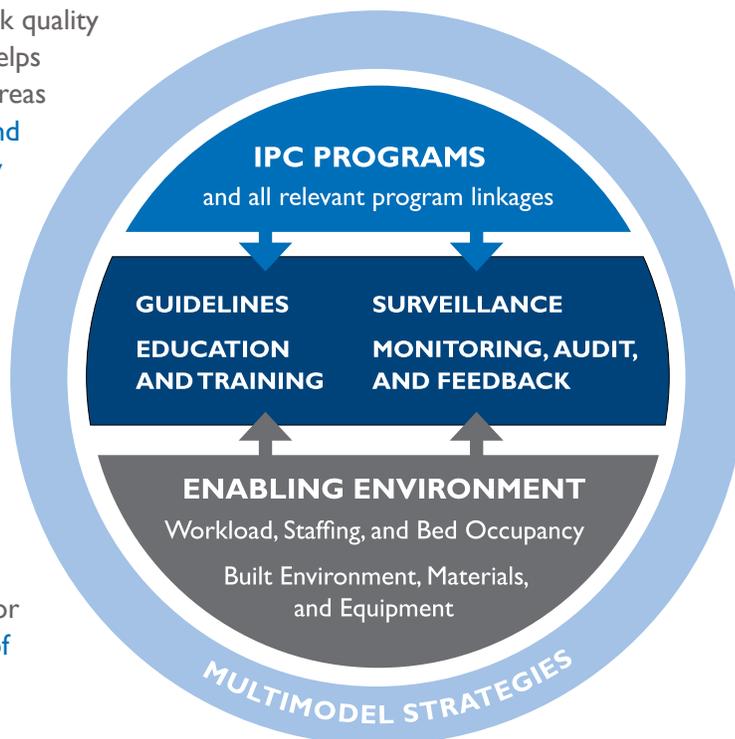
In Tanzania, USAID is working with national stakeholders to employ CQI to improve IPC at regional and zonal referral hospitals, using the WHO's [Water, sanitation and hygiene in health care facilities: practical steps to achieve universal access to quality of care](#) framework. As part of the process, an assessment was conducted on the implementation of WASH interventions at selected health facilities, and USAID worked with staff at those facilities to institutionalize the process for data generation and use. The findings from this assessment will be used to make improvements in WASH services at the specific HCFs and help staff at these facilities continue to utilize the CQI process to regularly make programmatic improvements to their IPC programs.

<sup>17</sup> WHO (2017). *Evidence of hand hygiene as the building block for infection prevention and control*. Geneva.

**Facility Assessments and Development of IPC Improvement Plans:** Most IPC programs begin with national planning. This includes ensuring that the WHO minimum requirements for IPC are in place as soon as possible at the national and facility levels. Partners should support gradual progress toward achieving all of the requirements of the IPC core components according to local priority plans. It is important to link quality improvement efforts with routine reporting, which helps facilities and communities understand progress and areas for improvement. The WHO's [Infection prevention and control assessment framework \(IPCAF\)](#) at the facility level lays out a five-step process for implementing a robust IPC program:

1. Preparing for action
2. Conducting a baseline assessment
3. Developing and executing an action plan
4. Assessing results and impact
5. Ensuring sustainability

USAID supported the development of a mini-guide for [IPC Facility Program Assessment and Development of IPC Improvement Plans](#) to complement IPCAF and other internationally accepted IPC assessment tools, and to provide country teams with simple recommendations for conducting IPC facility assessments and developing IPC improvement plans.



Source: adapted from WHO (2020). [Antimicrobial Resistance \(AMR\): A Major Public Threat](#).

**Antimicrobial Resistance:** AMR is a significant and growing threat. AMR is when microorganisms, such as bacteria, viruses, fungi, and parasites change and become resistant to medications that are used to treat infections, rendering the drugs ineffective. These drug-resistant infections can necessitate the use of second line or last resort medicines, which can be more expensive, have longer regimens, and greater side effects. Drug-resistant infections also can result in prolonged illness, increased risk of spreading the illness to others, and increased morbidity and mortality. AMR occurs naturally, but inappropriate use and overuse of antimicrobial drugs can create an enabling environment in which AMR can thrive.

The WHO [Global action plan on antimicrobial resistance](#) identifies reducing the incidence of infection as one of its five strategic objectives. Data demonstrates that a robust IPC program is an effective and resource-efficient approach to control and prevent the emergence and spread of AMR. To address AMR through IPC and other WASH-related interventions, the WHO published a [Technical brief on WASH and wastewater management](#). It identifies six priority action areas in WASH and wastewater elements within multi-sectoral AMR national action plans to prevent infections and reduce the spread of AMR.

## CLEAN CLINIC APPROACH IN GUATEMALA (2018)

USAID developed an approach based on self-led, incentivized, incremental improvements in WASH in HCFs called the [Clean Clinic Approach](#). In just one year of the program, the presence of handwashing stations with soap and water improved from 18 percent to 100 percent. Broad improvements were also seen for access to water, sanitation, healthcare waste, and environmental cleaning, which improved from 36 to 91 percent, 0 to 45 percent, 9 to 55 percent, and 0 to 55 percent, respectively. This effort included no construction. The approach focused on participatory facility assessments, action planning, and implementation with facility staff and management. Routine monitoring identified a clean clinic score for each facility, which through healthy competition with neighboring facilities, incentivized further action. Improvement activities focused on facility management, optimizing existing resources, and clarifying staff roles and responsibilities.

### THE CCA PROCESS



Source: USAID (2019). *Final Report: USAID's Maternal and Child Survival Program (MCSP) Guatemala*.

As one of the six priority action areas, WHO recommends illustrative WASH activities for HCFs that can prevent and curb the emergence of AMR. These may include:

- Prioritize immediate, low-cost interventions such as basic hand hygiene stations, regular cleaning, improved drinking water, and improved and accessible toilets;
- Focus attention on possible in-facility reservoirs of infectious bacteria and AMR, such as plumbing (including showers), sinks, surfaces, and infectious waste disposal bins;
- Waste management processes and standards: minimization of antimicrobial waste through good antimicrobial inventory control, responsible antimicrobial use policies, and appropriate antimicrobial waste treatment technologies;
- Support HCF workforce education with a combination of clinical and non-clinical skills to implement WASH and wastewater management programs; and
- Social and behavior change-related interventions, including AMR and WASH informational campaigns, signage on handwashing and infection prevention, and other standard ways to ensure hand hygiene, waste management, and IPC practices.

The [WHO Joint External Evaluation \(JEE\)](#) is a tool to improve national capacity to detect, assess, notify, and report public health events as identified in the [International Health Regulations \(2005\)](#), and includes IPC and WASH as necessary components of a country's capacity to effectively address AMR. In February 2014, recognizing that infectious disease threats know no boundaries, the Global Health Security Agenda (GHSA) was launched. The GHSA platform highlights the danger of AMR and the role of WASH in mitigating and preventing the emergence and spread of resistance. USAID includes efforts to address AMR through infectious disease prevention and control across its health, health systems, and health security programming. USAID global health security programming helps build national capacities to combat AMR outlined by the JEE, including by supporting WASH.

## WASH, HEALTH SECURITY, AND SYSTEMS RESILIENCE

Investing in health systems and healthier environments for health protection, environmental regulation, and climate resilience also provides protection against future disasters and offers some of the best returns on investment for society. Climate-related events can overwhelm health systems, disrupt services, and stress facility infrastructure. In addition to these health system risks, climate change can alter precipitation patterns and can reduce the availability and quality of water.

Of particular concern are disruptions to the reliability and quality of WASH services, which can compromise provision of safe health care services. Furthermore, when a shock occurs, continuity and quality of health services are often affected first, which can have far-reaching impacts. This is particularly the case for an infectious disease outbreak, which strains the capacity of the health system and healthcare staff, who are disproportionately affected, as was the case with Ebola in West Africa in 2014-2016, and the global COVID-19 pandemic. Without appropriate WASH services, preventing further spread of disease to staff and other patients within a facility is not possible, which has ripple effects across society and the economy. For examples of WASH quality indicators see [WHO Quality statement 8.1](#).

**Waste Management:**<sup>18</sup> According to the WHO baseline report, seven out of 10 HCFs do not have basic healthcare waste management services.<sup>19</sup> Approximately 15 percent of waste produced at HCFs is considered infectious or hazardous.<sup>20</sup> When not properly identified, segregated, or managed, hazardous waste can be subject to uncontrolled disposal or open burning. Poor waste management practices can expose healthcare workers, waste handlers, and communities to infections, toxic effects, and injuries. There is also a potential for spreading drug-resistant microorganisms in the environment.

Waste management procedures should be followed by all staff to ensure proper disposal of all healthcare waste. Safe management of healthcare waste involves three key principles: reduction of unnecessary waste, separation of general waste from hazardous waste, and waste treatment that reduces risks to health workers and the community.<sup>21</sup> After segregating the waste it should be safely treated and disposed of appropriately.

<sup>18</sup> UNEP/Secretariat of the Basel Convention and WHO (2005). [Fundamentals of health-care waste management. Preparation of National Health-Care Waste Management Plans in Sub-Saharan Countries: Guidance Manual](#). Geneva.

<sup>19</sup> Waste that is safely segregated into at least three bins (sharps, infectious, and non-infectious) in the consultation area, and safely treats and disposes of sharps and infectious waste is classified as a Basic health care waste management service.

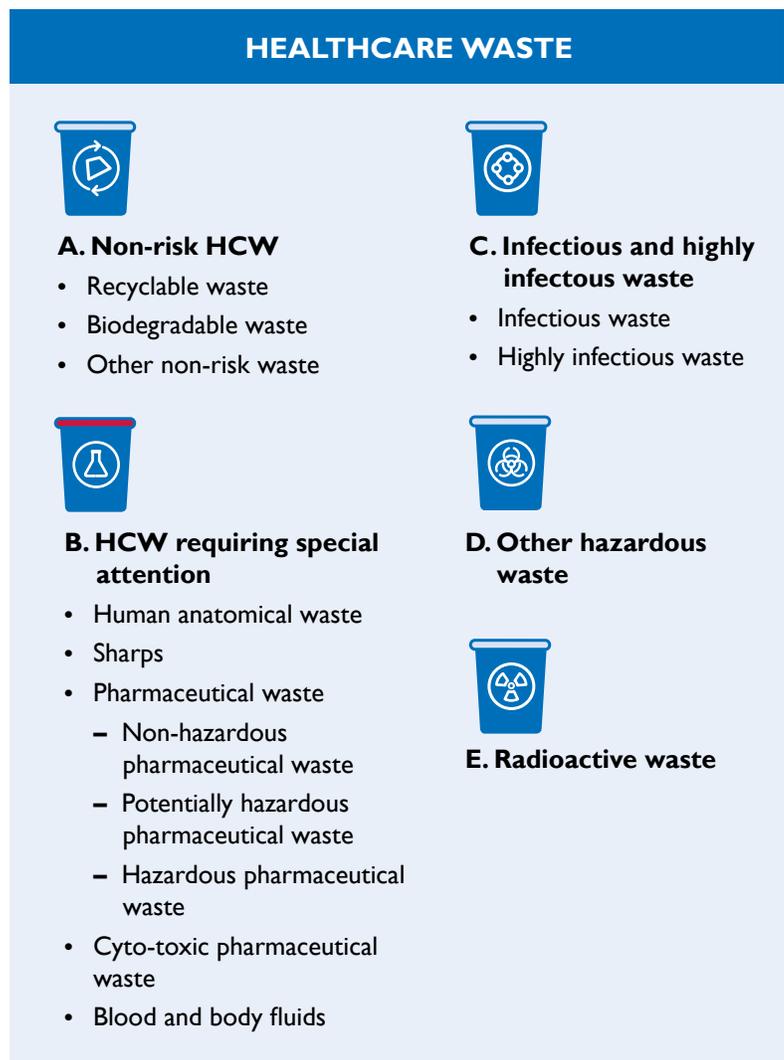
<sup>20</sup> UNICEF (2020). [WASH in health care facilities](#).

<sup>21</sup> UNEP/Secretariat of the Basel Convention and WHO (2005). [Fundamentals of health-care waste management. Preparation of National Health-Care Waste Management Plans in Sub-Saharan Countries: Guidance Manual](#). Geneva.

Illustrative healthcare waste management activities include:

- Ensuring management, logistical, and clinical capacity for appropriate separation and disposal of medical and non-medical waste;
- Developing or revising national policies and action plans for waste management;
- Elevating the role of cleaners with improved training and supplies and better wages;
- Building capacity of clinical staff, auxiliary staff, and waste handlers to improve infection prevention and control and WASH practices managed at points of service; and
- Developing technical guidance to assess the quantities and types of waste produced.

For additional waste management best practices, please see WHO's guidance on [safe management of wastes from health-care activities](#).



## STRENGTHENED GOVERNANCE AND FINANCING

Multiple ministries are involved in the sustainable provision of WASH services.<sup>22</sup> The effective and efficient implementation and monitoring of WASH in HCFs requires identifying and cultivating champions. These champions within the health sector and at each health facility can facilitate management, planning, and coordination among relevant stakeholders.

In order to reach WASH in HCFs at scale, WASH must be explicitly included in the health sector priority setting and budgeting process. Formal sector policy and strategic plans and programs should be informed by timely and high quality data and evidence. Such information will improve decision-makers' and stakeholders' abilities to make informed decisions about WASH in HCFs at sub-national and national levels. However, health information management systems often neglect WASH in HCFs, which is one reason for the limited data available. Health Facility Assessments should include indicators for both the existence and functionality of WASH services, as well as behaviors that ensure clean facilities and practices (e.g., existence of environmental cleaning standard operating procedures and handwashing regimes at all points of care). USAID's [High Performing Health Care tool](#) can be used to collect information on the functionality of the WASH and IPC processes.

<sup>22</sup> WHO (2013). [Integrating Wash Interventions Across Sectors to Improve Health Outcomes](#). Geneva.

During the health sector budget formulation process, it is critical to consider the recurring costs to sustain WASH services as well as capital investments for WASH facilities and infrastructure.<sup>23</sup> As noted above, the majority of costs to ensure adequate WASH in HCFs is for operations and maintenance, not for infrastructure construction. In facilities with existing WASH services, adequate maintenance of WASH infrastructure extends the life of WASH investments and results in lower costs over time. Maintenance costs, as well as water and waste disposal fees, should be included in costing estimates used to inform a facility's budget. If a facility exists without any WASH services, or if new facilities are being built, capital expenses for the infrastructure should be included in the budget as well as recurring maintenance costs.

Other WASH costs to include in HCF budgets are products such as soap and disinfectant, cleaning staff salaries and supplies, and funds for IPC in-service training for all staff, including cleaners. Financing challenges can include either a lack of financial resources, and/or a lack of prioritization of the available budget for costs related to WASH and IPC. Approaches to improve public financial management at the central and sub-national level can be used to improve flexibility and ensure resources are allocated and disbursed appropriately and in a timely manner to meet the facility's needs. By optimizing financial resources, along with clear ownership and responsibility at the facility, district, and central levels, value for money can increase throughout the health system and support improved quality of care.

Illustrative activities for the governance and financing of WASH in HCFs:

- Explicitly include WASH in health sector policies, strategies, and service delivery guidelines as relevant;
- Support stakeholders to ensure health budgets consider relevant WASH recurrent operating and maintenance, capacity improvement, staffing, and IPC program costs;
- Support efforts to include relevant WASH indicators in health management information and other monitoring systems; and
- Support efforts to include relevant WASH elements in facility or health sector assessments and evaluations.

## **COMMUNITY ADVOCACY AND SOCIAL ACCOUNTABILITY**

Whether through the provision of financial resources, capacity-building, or technology transfer, it is important to ensure cooperation with communities, including underserved populations, civil society, faith-based organizations, and non-governmental organizations. Effective community governance mechanisms are needed to hold decision-makers accountable; support the efficient management of resources; protect existing water resources; and ensure minimum quality of care standards.<sup>24</sup>

Informed and empowered communities are better positioned to advocate for their right to WASH services. Community engagement efforts should include advocacy-focused civil society organizations representing a range of related concerns, from WASH and health advocacy organizations to the media, in order to bolster mutual accountability for the development, enforcement, and financing of policies and practices that result in sustainable WASH in HCFs.

In order to improve social accountability and strengthen community advocacy, communities should be empowered to participate in decision-making and have a mechanism to report concerns to ensure

<sup>23</sup> Anderson, D. M. et al. (2021). *Safe Healthcare Facilities: A Systematic Review on the Costs of Establishing and Maintaining Environmental Health in Facilities in Low- and Middle-Income Countries*. *Int J Environ Res Public Health*, 18(2).

<sup>24</sup> UNDP Water Governance Facility/UNICEF (2015). *Accountability in WASH: Explaining the Concept*. Accountability for Sustainability Partnership: UNDP Water Governance Facility at SIWI and UNICEF. Stockholm and New York.

more equitable and safe WASH services to improve quality of care. Such mechanisms must demonstrate responsiveness to concerns, and may include:

- Expanding or operationalizing WASH in healthcare indices, ratings, dashboards, and community scorecards;
- Grievance redress mechanisms, such as patient safety hotlines;
- Citizen charters and citizen audits;<sup>25</sup> and
- Publishing data in regular reports.

### **ROLE OF THE PRIVATE SECTOR IN WASH IN HCFs**

Privately run HCFs are common in most countries and should be regulated to ensure WASH services meet the same national standards as public HCFs. USAID efforts to improve WASH in HCFs should engage with both public and privately run HCFs, including those run by faith-based communities.

The private sector also provides products and services that help transform, support, or establish WASH services in both public and private healthcare facilities. Examples include consumables like soap, construction of water or sanitation facilities, or maintenance and repair services. Local private sector product and service providers are also a key part of the WASH in HCFs supply chain. Private sector corporate partners should be leveraged to maximize opportunities to improve WASH at the point of service in both public and private facilities through public-private partnerships or other mechanisms.

The private sector can also be leveraged to strengthen supply chain management to improve access to and availability of essential WASH commodities, hand hygiene resources, and improved toilet technologies. The private sector can support managing logistics to transport waste from health care facilities to a centralized safe treatment plant to properly dispose of hazardous waste or contribute funds to develop safe waste treatment and disposal infrastructure at the facility level.

### **USAID EFFORTS TO FUND WASH IN HEALTH CARE FACILITIES**

USAID funds that can be used to support WASH in HCFs include:

- Maternal child health funds (can be used for community or facility WASH/IPC)
- Global health security funds (core mandate includes IPC)
- Tuberculosis (IPC in HCF to limit spread)
- PEPFAR ([Technical Guidance 15-May](#) states that programs should ensure proper IPC per [WHO COVID-19 IPC Guidance](#))
- Water (can be used to improve or sustain any WASH service in HCFs and their surrounding communities)
- Supplemental funding for COVID-19 response and recovery

<sup>25</sup> UNDP Water Governance Facility/UNICEF (2015). [Accountability in WASH: Explaining the Concept](#). Accountability for Sustainability Partnership: UNDP Water Governance Facility at SIWI and UNICEF. Stockholm and New York.

## HOW TO MEASURE SUCCESS AND ENSURE LEARNING

The lack of accurate, relevant, and timely data to inform decisions on services hampers the development of effective and efficient health systems. Policy and programmatic decisions that are clearly linked to evidence, particularly publicly-available information, lend credibility to the health system because of greater transparency and accountability in the decision-making process. Globally, WASH in HCFs is monitored by the WHO/UNICEF Joint Monitoring Programme (JMP) on Water Supply and Sanitation, which further defines these components with a service level ladder. WASH in HCFs should align with these [global standards for at least basic services](#). The health sector should participate in discussions at the country level to define national definitions for advanced services, and include monitoring and data collection in their health information systems to track progress.

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## MEASURING SUCCESS FOR WASH SECTOR FINANCING

USAID standard WASH indicators for institutional settings:<sup>26</sup>

- HL.8.1-4 Number of health facilities and schools gaining access to basic drinking water services as a result of USG assistance
- HL.8.2-4 Number of basic sanitation facilities provided in health facilities and schools as a result of USG assistance

Sample custom indicators:

- Number of national action plans in place to combat AMR that include WASH<sup>27</sup>
- Number of HCFs with suitable functional environments (including water and sanitation facilities), and necessary materials and equipment to perform IPC per national standards<sup>28</sup>
- All facilities in rural areas have reliable supply of electricity, running water, and sanitation service
- Disruption in supplies, commodities, electricity, running water, sanitation, and infection control are tracked and addressed within 72 hours
- Monitoring mechanisms report regularly on safe disposal of discarded medicines and contraceptive commodities
- Health facilities have consistent supply of materials and equipment for infection control
- Health facilities and health workers have the right supplies and quantity of commodities needed to deliver care, including running water and sanitation services, reliable sources of energy, and appropriate procedures to prevent infections

USAID Cross-cutting HSS PPR indicators:

- HL-6: **Quality improvement**—Percentage of people receiving health services from facilities implementing quality improvement (QI) activities in the project catchment area funded by USAID projects

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<sup>26</sup> USAID (2020). [Water and Development Indicator Handbook](#). Washington, DC.

<sup>27</sup> adapted from JEE Tool AMR targets.

<sup>28</sup> adapted from JEE indicator P3.3.

## CONCLUSION

Through systems analysis, areas for improvement can be identified to inform next steps for WASH in HCFs programming. Some recommendations rooted in systems thinking for WASH in HCFs include: explicitly **incorporating WASH in health sector policies, strategies, and service delivery guidelines** as relevant; supporting **efficient and equitable allocation of sustainable health financing that responds to HCF needs at the national and sub-national levels**; **strengthening accountability through community engagement and participatory monitoring** to ensure appropriate WASH in HCFs; **engaging and leveraging the private sector** to develop and scale improved service models that provide or expand access to WASH; and **strengthening WASH and infection prevention capacities among the health workforce** through training, mentoring, and ensuring the inclusion and empowerment of custodial staff.

## SELECTED RESOURCES

1. USAID (2021). [USAID's Vision for Health System Strengthening 2030](#).
2. WHO (2019). [Water, sanitation, and hygiene in health care facilities: practical steps to achieve universal access to quality of care](#). Geneva.
3. USAID (2021). [A Technical Guide to IPC Facility Program Assessment and Development of IPC Improvement Plans](#). USAID Medicines, Technologies, and Pharmaceuticals (MTaPS) Program. Washington, DC.
4. USAID (2021). [Implementing a Continuous Quality Improvement Approach to Strengthen Infection Prevention and Control Programs at Health Facilities in MTaPS Program Countries](#). Washington, DC.
5. WHO and UNICEF (2018). [Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals](#). Geneva and New York.