



WASH Futures Conference

16 - 20 May 2016
Brisbane, Australia

Summary

In May 2016 practitioners and professionals from civil society, governments, private sectors, donors, students and academic institutions, came together in Brisbane, Australia for the 4th WASH Futures Conference. Hosted by the Australian Department of Foreign Affairs and Trade (DFAT), the Australian WASH Reference Group and the International WaterCentre (IWC) the conference held parallel sessions that addressed the overarching theme: ‘Pathways to universal and sustained water, sanitation and hygiene’.

For the first time SHARE Research Consortium attended the conference and co-hosted the WASH in Health Care Facilities: A ‘How To’ for Driving Global, National and Facility level Action’ full day training in partnership with WaterAid, World Health Organization, DFAT, and UNICEF.

Health Care Facilities: A ‘How to’ for Driving Global, National and Facility level Action’

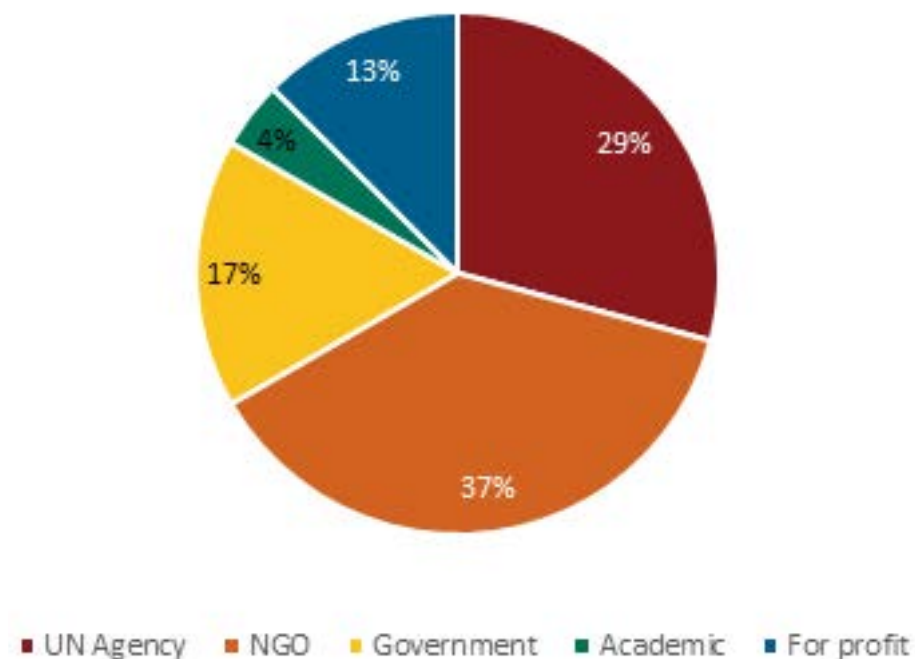
Attended by over 30 WASH professionals from government, non-government organisations, civil society and donors the session covered the scale of the problem, the Global Action Plan and progress being made, country level case studies, global monitoring of WASH in HCFs and facility level assessment tools. The four main areas of focus for the workshop were:

- the extent of the problem and health impacts;
- policy, enabling environment and standards;
- monitoring and driving improvements at the facility level;
- and, the need and ways forward for health leadership on this issue.

The day started with a presentation by Bruce Gordon from WHO that set the scene. During this session the group discussed the findings from the landmark WHO/UNICEF global report on [WASH in health care facilities in low and middle income countries](#) and progress being made on the [WASH in HCFs global action plan](#).

SHARE’s Research Policy Manager, Erin Flynn, went on to present a synthesized overview of several areas of evidence for WASH in HCF and its impacts on health including links with health care associated infections (HAIs), antimicrobial resistance, care seeking behaviours, staff moral and perceptions and health care costs. The presentation reinforced the underlying message of the [multiple benefits of WASH in health care facilities](#) and highlighted the importance of taking action.

Training participants per organisation (n=24)



After the overview presentations Alison Macintyre of WaterAid Australia facilitated an exercise that enabled the participants to critically analyse the multiple mechanisms by which a toilet in a healthcare facility would be functioning or non-functioning. Through this process the group identified facility level challenges and more systemic issues. Issues that emerged included technological, social or behavioural, managerial, leadership, regulatory, educational and financial challenges. To exemplify how system challenges can be addressed to improve the enabling environment to address WASH in HCF improvements, participants attended one of two parallel sessions. In these sessions country case studies were presented on Cambodia and Nepal. WaterAid and Emory University detailed efforts in Cambodia to build momentum and interest on the issue of WASH in HCFs. The MoH and WHO in Nepal gave insights into Cholera prevention efforts after the earthquake, including water quality testing at HCFs.

Later in the day three facility needs assessment and improvement tools - [WASH and Clean](#), [WASHFIT](#) and WASH Conditions in HCFs Scorecard were presented. The WASH in Clean, a delivery room assessment tool was developed in partnership with BRAC, the Soapbox Collaborative, University of Aberdeen, Public Health Foundation of India and SHARE. It uses multiple tools including a walk through checklist, semi-structured interviews and microbiological assessments to ascertain what improvements need to be made. WASHFIT is based on the risk-based Water Safety Plan approach and more specifically the Field Guide for Water Safety Plans document, written by the WHO Regional Office for Europe. It is another practical tool that can be used by facility-based staff

to make incremental improvements. The WASH Conditions in HCFs Scorecard has been developed by Emory University and used in Cambodia, and Uganda. The WASH Conditions Scorecard includes modules on water supply, sanitation, handwashing, cleaning and waste management, based on the WHO core indicators for WASH in health care facilities. The tool, which is administered on an Android mobile device and takes two to three hours to complete by one assessor, includes a survey, facility observation checklist and water sampling and analysis for E.Coli.

After the break the room was set up as a “facility”, using photographs to create facility like scenarios. For the activity participants were given a modified version of WASHFIT and asked to use the tool in teams to assess the facility. The session gave participants valuable insights into systemic challenges as well as the realities of WASH conditions for patients and healthcare providers in some settings. After the model ‘walkthrough’ activity was complete, team were asked to develop a plan with short term, medium term and longer term WASH improvements and a strategy for securing financial and technical resources to undertake these.

To address routine monitoring in HCFs, Chander Badloe from UNICEF introduced the proposed [core monitoring indicators for WASH in HCFs](#) and highlighted how they will be imbedded in SDG monitoring mechanisms. During the session participants were given the opportunity to discuss the indicators and provide feedback before the core indicators were finalised in August 2016. Country examples of where the draft indicators are being embedded and used in health and WASH baseline surveys were shared. In Fiji, the indicators are being built into HeRAMS and were used in a WASH baseline survey conducted by MoH, UNICEF and WaterAid in the Solomon Islands.

The final session for the day highlighted how WASH in HCF efforts are being embedded into existing health efforts. Health sector leadership is required to make sustainable changes required to improve WASH in HCF. DFAT presented on how WASH in HCF is core to their health strategy for development and provided examples of where they are supporting program on WASH in HCF in Cambodia, Vietnam and Timor-Leste. WHO and UNICEF also presented on how they are working with MNCH, AMR, IPC and UHC colleagues to ensure WASH in HCF is core to these major health efforts.

The day concluded with participants reflecting on what they learnt and action that they plan to take in the coming months. Emphasis was placed on the importance of the health sector leading and poor WASH being framed within existing health sector agendas.

Research for sanitation and hygiene solutions

The SHARE Research Consortium comprises eight organisations that have come together to generate rigorous and relevant research for use in the field of sanitation and hygiene. The purpose is to join together the energy and resources of these partners in order to make a real difference to the lives of people all over the world who struggle with the realities of poor sanitation and hygiene.

SHARE is led by the London School of Hygiene & Tropical Medicine (LSHTM) and includes the following partners:

- Centre for Infectious Disease Research, Zambia
- Great Lakes University of Kisumu, Kenya (GLUK)
- International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)
- International Institute for Environment and Development (IIED)
- Mwanza Interventions Trial Unit, Tanzania
- Shack/Slum Dwellers International (SDI)
- University of Malawi (College of Medicine and Polytechnic)
- WaterAid

The SHARE core team work from LSHTM.

Building knowledge. Improving the WASH sector.

The Sanitation and Hygiene Applied Research for Equity (SHARE) consortium seeks to contribute to achieving universal access to effective, sustainable and equitable sanitation and hygiene by generating, synthesising and translating evidence to improve policy and practice worldwide. Working with partners in sub-Saharan Africa and Asia, two regions with historically low levels of sanitation, SHARE conducts high-quality and rigorous research and places great emphasis on capacity development and research uptake.

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