



## WASHFIT Training of Trainers \_Nepal

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October 2024

# **WASHFIT Training of Trainers \_Nepal**

*21 - 24 October 2024*

## **Summary**

WASH FIT national training was successfully held in Nepal, Nagrkot, Bhaktapur District in Bagmati Province. A total of 26 participants attended four days training (21 – 24 October, 2024) at national WASH training center. It involved trainees from national and provincial Ministry of Health and Water, municipalities, hospital, UNICEF and partners staff. The training provided opportunity to share partners' experiences in WASH FIT implementation and health care waste management and an action plan for scaling up WASH FIT implementation was drafted.

The purpose of the training was to equip trainees with the necessary knowledge, skills, and tools to effectively train others including facility staff in implementing WASH FIT methodologies for improving water, sanitation, and hygiene, environmental cleaning and healthcare waste management practices in health care facilities (HCFs).

## **Program description**

### **Day 1 – Introduction and WASH-FIT Background**

Training startup which included opening remarks and introduction to WASH in HCFs, WASH FIT approach and methodologies were addressed.

### **Day 2 – Visit to HCFs for assessment and presenting the findings**

Practical visit to two primary health care facilities for assessment exercises and post visit group work on the findings and presentation were undertaken.

**Day 3 – Continuation on WASH FIT methodology and presentations on different topics including climate resilience, GEDSI and partners experience sharing on waste management, WASH FIT, behavior change**

**Day 4 – Facilitation skills, deep dive on WASH FIT domains using participants learning session, experiences sharing, action planning and wrap up**

Partners experience sharing, action planning for the national, provincial and a facility levels, and training wrap-up with post test, training evaluation and certification.

## List of the participants

Below is the summary of number of trainees from different organization:

- Department of Water Supply and Sewerage (1)
- Provincial Health Directorates (4)
- District/Provincial hospitals (3)
- Provincial WASH representative (6)
- Participants from selected municipalities (3)
- Participants from local government (2)
- Health Officers from UNICEF FO (Karnali and Madhesh) and Health Officer from NCO (2+1)-3
- Participants from HCF(1)
- Participants from WHO, WaterAid and USAID/ENPHO, -4

## Training facilitation

The training was facilitated by Upendra Dhungana, Department of Health Service, Rajit Ojha from Department of Water Supply and Sewerage Management, Siddhi Shrestha, WASH Specialist of UNICEF Nepal country office, Kebede Eticha (UNICEF HQ consultant) and Ajaysinh Chouhan (UNICEF ROSA consultant). Presentations and experience sharing were also made by different people from Dept of Water Supply and Sewerage Mgmt and partners including Tdh, Water Aid, and GiZ.

Participatory training and adult teaching methods which included practical visit to HCFs were employed for the training delivery.

### Day I – Training start up, introduction and WASH FIT methodology

Started with welcoming and participants self-introduction

Then the training started with informing on the objectives of the training and presentation on the introduction to WASH FIT including the implementation timeline and progress since the introduction of the tool and the way forward direction.

### Opening remark

**Section Chief, Environmental health and health care waste management** at Department of Health Service (DOHS) noted that it is multi-sector coordination between health and WASH providing training on WASH FIT. In the past many such training were organized by DOHS with support from EDPs such as GIZ, WHO, UNICEF and TDH which ranged from MTOT to TOT covering HCWM and WASH FIT. Piloting of WASH FIT is done by WHO, TDH and UNICEF in Nepal. Many people have capacitated on WASH FIT through provincial and federal government programme. There is time to

revise MSS incorporating WASH FIT indicators. Coordination between Health and WASH ministries, exchanging data and incorporating into MIS system is being worked out.

**Director General at Department of Water supply and Sewerage**, Ministry of Water Supply, noted that WASH FIT is an important risk based approach to identifying and prioritizing WASH intervention. The engagement of both health and WASH sector stakeholders are needed to improve WASH service. The role of WASH in improving services in HCF is important. The department has been contributing in collecting data from HCF while preparing WASH plan of local government with funding required for meeting capital and O&M of facilities. He further added that an MOU between WASH and Health ministry has been planned in near future to exchange data between two ministries. He wished that WASH FIT approach will be successful in Nepal for assessing gaps, preparing and implementing plan.

### **Participants' Expectations**

The participants indicated their learning expectations through writing on a pieces of paper. Some of the expectations include:

- Understanding about the tool and how to implement it
- To be equipped with knowledge and skills for effective facilitation of trainings
- To be able to surpass and implement the tool in WASH sector
- To get knowledge of WASH in HCFs setting
- Know linkages between WASH and Health sector for WASH FIT implementation

### **WASH in HCFs Background Presentation**

- WHO/UNICEF, JMP for WASH, 2024 indicate that WASH services in health care facilities are not improving as expected in the SDG regions
- The *SDGs place a new emphasis on universal health coverage*- access to WASH services to recognize the importance of quality care and an integrated, people-centered approach that enhances the experience of care.
- In March 2018, the UN Secretary-General issued a global call for greater leadership and accountability to provide WASH services in all health care facilities, emphasizing the high cost of inaction.
- in a May 2019 World Health Assembly resolution<sup>5</sup> calling on countries to conduct comprehensive assessments of WASH and IPC in health care facilities, and to take steps to improve WASH and IPC conditions where necessary.

- In May 2022, the World Health Assembly passed a resolution calling for WHO to draft a global strategy on infection prevention and control.
- Global Targets for WASH in health care facilities:
  - By 2022, 60% of all health care facilities globally and in each SDG region have at least basic WASH services; (progress is 36% on water, 19% in sanitation , 35% in hand hygiene, 24% in HCWM and 7% in Env cleaning)
  - By 2025, 80% have basic WASH services, and (progress is 28% in water, 20% in sanitation, 18% in Hand hygiene, 27% in HCWM and 13% in Envi cleaning in 2024)
  - By 2030, 100% have basic WASH services.

### Higher service levels

- By 2022, higher levels of service are defined and monitored in countries where universal basic WASH services have been achieved already.
- By 2030, higher levels of WASH services are achieved universally in 80% of *those countries*.

### Eight Practical Steps – Nepal progress

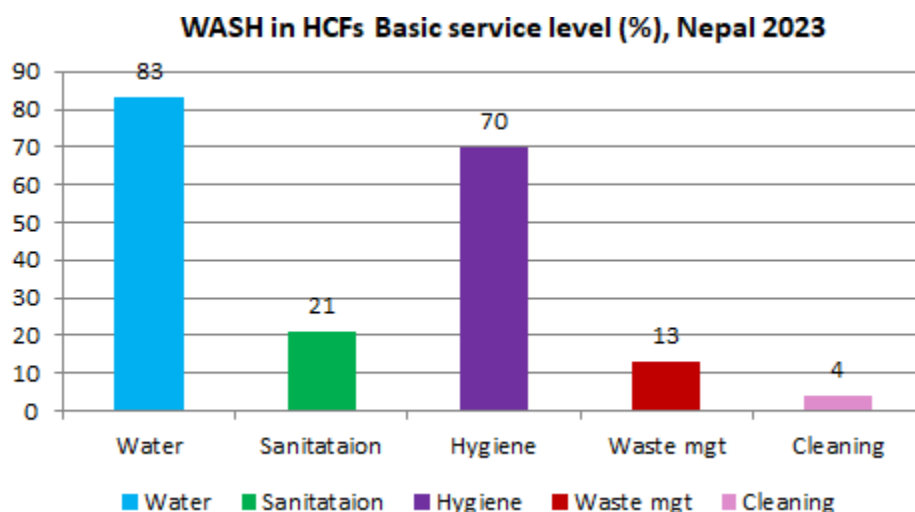
COUNTRIES & REGIONS	SITUATIONAL ANALYSIS	BASELINE ASSESSMENT OR DATA	NATIONAL COORDINATION & ROADMAPS	WASH IN HEALTH CARE FACILITIES STANDARD	HEALTH CARE WASTE MANAGEMENT STANDARD	INFRASTRUCTURE IMPROVEMENTS	WASH INDICATORS IN NATIONAL MONITORING	WORKFORCE DEVELOPMENT	COMMUNITY ENGAGEMENT
<a href="#">Nepal</a>									

*There has been progress and the tracker will be updated*

- 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 to and/or plans are in place to start
- No progress made and/or no plans in place to start
- No data
- Linked resources

## JMP report 2023 data update

The country is doing well with water and hygiene service, while sanitation, waste management and cleaning coverage is low.



## WASH FIT Introduction and Progress in Nepal

**2017** – First launched on 30th March 2017 during the “Global Learning Event 2017- Water, sanitation and hygiene in health care facilities: action-oriented solutions and learning” 28-30 March 2017.

**2017** – WASHFIT concept first share with TU Teaching HCWM team on 31<sup>st</sup> Dec. 2017

**2018** – WASHFIT advocacy meeting with partners working on WASH in HCFs

**2019** – WASHFIT piloted in 7 health care facilities (mostly HPs) in Nepal

– Technical support provided to partners (Water Aid Nepal and TDH)

**2020** – WASHFIT included in the 6-day training MTOT package as “Environmental health, HCWM and WASH in Health care Facility” and conducted MTOTs

**2020**- Pokhara

**2022** - Pokhara, Godawari

**2022** – WASHFIT budget allocated by Provincial Governments

**2022** – WASHFIT Training in Lumbini, Karnali, Gandaki and Sudur Paschim

**2023/24** - Lumbini, Madesh Pradesh, Karnali

Also described the commitment of the Government regarding health waste management for development of low carbon health systems:

- By 2030, 1,400 health facilities will be replaced with non-burn waste management systems
- Promote Reduce, Reuse, Recycle (3R) method including segregation of waste
- Waste will be managed in both degradable and non-degradable ways

Available national standards:

- Standards for drinking water, sanitation and hygiene for health facilities.
- The purposes of the standards include:
  - Identify WASH needs and address gaps that need to be improved
  - Help reduce the rate of HAIs, improve OSH, and provide quality healthcare
  - To increase utilization of health services and encourage learning and adoption of BCC
- Water Quality Standards, implementation and monitoring guideline, various parameters and maximum limits have been determined for measuring the quality of drinking water.

### **Session on the links of WASH in HCFs and Health**

The learning points from the session were:

- Importance of WASH for Quality of Care, and meeting SDG targets of health.
- Why HCFs? High density of pathogens and concern of HAIs
- Link with IPC: need for user centered services in design of infrastructure and as part of multimodal strategy (MMS),
- Link with AMR – 1.27 million deaths by 2019, drivers of AMR
- Need to prevent the need for use of antimicrobial and priority actions in terms of feasibility and impact including clean water, vaccine
- The issue of widespread access to medicine in Nepal without prescription
- A study identified anti-microbial resistant organism in health care waste water

### **Session on WASH FIT methodology**

The contents of the session included:

- Introduction to WASH FIT, the approaches and domains
- WASH FIT framework and implementation steps

## Step 1 – Establish and train team

Participants were asked to discuss and present in a group on the proposed WASH FIT members on different domains of WASH FIT, role of the team and responsibilities to be assigned to the members and challenges may encounter the team.

## Step 2 – WASH FIT assessment

Presentation and review of the indicators of WASH FIT domains by the trainees in groups were undertaken. The assessment tool is customized to have over 100 variables (with more variables of hand hygiene multimodal intervention strategies. Previously 75 variables were used in Nepal.

### Day II – Visit to HCFs for assessment and presenting the findings

In the morning session, trainees were divided into two visit two primary HCFs (government and private facilities) and asked to collect all information by indicators by assessing the facility. Debriefing session was conducted in both HCF.

In the afternoon session, the groups worked on scoring for each of the indicators and came up with WASH FIT score of individual domains, overall score of HCF and did presentation of the findings. One of the presentations is indicated below:

#### Summary of WASH FIT Assessment for Health Post (Gov't Facility)

Domains	Number of indicators*	Number of indicators assessed	Score	Score %
Water	18	15	23.00	77%
Sanitation	15	10	15.00	75%
Health care waste	20	15	16.00	53%
Hand hygiene	23	22	20.00	45%
Environmental cleaning	16	12	14.00	58%
Energy & environment	13	10	18.00	90%
Management & workforce	12	13	6.00	23%
<b>TOTAL</b>	<b>117</b>	<b>97</b>	<b>112.00</b>	<b>58%</b>
Total assessment completed:		<b>83%</b>		

The WASH FIT score has been classified as below



## Total score performance

<b>Low</b>	<50%
<b>Limited</b>	- 50 - 70%
<b>Basic</b>	- 71 - 85%
<b>Advanced</b>	- > 85%

The overall score of the HCF was calculated at 58% which is limited as per the global guidance.

Further by domains the service level for WASH were automatically calculated as below.

		Score %	JMP Ladders
1	Water	77%	JMP level: Basic
2	Sanitation	75%	JMP level: Basic
3	Health care waste	53%	JMP level: Limited
4	Hand hygiene	45%	JMP level: Basic
5	Environmental cleaning	58%	JMP level: Limited
6	Energy & environment	90%	
7	Management & workforce	23%	
	<b>TOTAL</b>	<b>58%</b>	

The assessment indicated that the three out of five domains met basic service level while limited service level for healthcare waste management.

## Day III – WASH FIT methodology continuation and presentations

The daily session started with recap of the key terms and concepts from the previous day sessions.

### Sessions on step 3, 4 and 5 of WASH FIT

Risk analysis and prioritization:

- Discussion on the associated risk to hazards / gaps identified, severity and likelihood of the problem occurrence scoring
- The trainee worked on two group and did practice on three main indicators who had low score from the facilities visit and calculated the risk score.
- Sample score calculated by one of the group is presented below.

	hide indicators not assessed)	Describe the location of problem, and any other relevant details. Be as specific as possible	risks, including those related to health, dignity, safety, climate, equity etc.	the environment Score 0-10 (0 is lowest risk, 10 is highest risk)	ce Score 0-10 (0 is lea	criteria filled in Columns G-H. Use the "sort" function to rank problems from highest to lowest risk.
At least one usable improved toilet meets menstrual hygiene management needs	1	No bins available for disposal of pad	infection, mental stress, dignity, hygiene, non	9.00	2.00	11.00
Strategies to reduce the quantity of waste generated are employed throughout the facility, including procuring items using less packaging and more sustainable packaging; promoting on rational use of PPE (training and reminders...) Need to include in Nepal case	0	No such strategies were available to reduce quantity of waste	environmental pollution, economic burden, occupational health hazards,	9.00	6.00	15.00
Staff are regularly (at least annually) appraised on their performance (e.g. on hand hygiene); high-performing staff are recognized and/or rewarded, and those who do not perform well are supported to improve	0	staff performance appraisal is not in practiced regarding WASH practice	low motivation, low performance, decreased efficiency, low quality of services	5.00	5.00	10.00

### Improvement planning:

- The selected indicators with calculated score were presented and incremental approach and key activities identified, required resources, type of resources required, responsible person, source of fund and time required to complete the activity. Plan for the improvement was done and presented by both group. One of the group presentation is provided below.

Step 4: Improvement plan						
Indicator	Specific action(s) to be taken to address problem <i>List as many tasks as are needed.</i>	Date to be completed	Resources needed <i>Financial, material and human resources</i>	Person(s)/ organization responsible	Costs/expenditure <i>Record actual costs spent to date carrying out activity</i>	Status <i>Select from dropdown list</i>
At least one usable improved toilet meets menstrual hygiene management needs						
Strategies to reduce the quantity of waste generated are employed throughout the facility, including procuring items using less packaging and more sustainable packaging; promoting on rational use of PPE (training and reminders...) Need to include in Nepal case	1. Include strategies formulation for waste reduction agenda in WASH FIT meeting ,2. Budget allocation (meeting expenses, expertise cost, final meeting cost), 3. Organize sharing meeting and collect feedbacks, 4. Endorsement of waste reduction strategies.	Oct 27,2024	1 lakhs	HP incharge, Health section incharge of municipality.		
Staff are regularly (at least annually) appraised on their performance (e.g. on hand hygiene); high-performing staff are recognized and/or rewarded, and those who do not perform well are supported to improve						

### Monitoring and review:

- Two aspects of monitoring i.e progress with the implementation and spot check regarding operation and maintenance, behavior and supplies were discussed
- Review of the implementation outputs, outcomes, lessons and challenges
- Reassess and re-plan

Sample format for monitoring and review is presented below.

Step 2: Assessment			Step 4: Improvement plan	Step 5: Monitor, review, adapt, improve		
Domain	Indicator number	Indicator	Specific action(s) to be taken to address problem <i>List as many tasks as are needed.</i>	Has the indicator improved, worsened or not changed since the last assessment? <i>Add column for each new review</i>	If task is ongoing and/or delayed, what corrective or additional action is needed? <i>If task has been completed, how will positive change be</i>	When will the problem next be assessed/ reviewed?
Sanitation	S_6	At least one usable improved toilet meets menstrual hygiene management needs				
Health care waste	HCWM_5	Strategies to reduce the quantity of waste generated are employed throughout the facility, including procuring items using less packaging and more sustainable packaging, promoting on rational use of PPE (training and reminders...) Need to include in Nepal case	1. Include strategies formulation for waste reduction agenda in WASH FIT meeting .2. Budget allocation (meeting expenses, expertise cost, final meeting cost), 3. Organize sharing meeting and collect feedbacks, 4. Endorsement of waste reduction strategies.			
Management & workforce	M_7	Staff are regularly (at least annually) appraised on their performance (e.g. on hand hygiene), high-performing staff are recognized and/or rewarded, and those who do not perform well are supported to improve				

## Session on Kobo tool box

Briefing on Kobo toolbox and practical exercises was undertaken on use of Kobo toolbox for creating form, through uploading WASHFIT kobo form, form sharing and data collection. Also on accessing the data and summary report online and downloading.

## Presentation on climate resilient and environmentally sustainable HCFs

The contents of the presentation included:

- A cross cutting domain within WASH FIT technical domains
- Role of HCFs for mitigating and adapting to climate change
- Need to prepare for and address additional health risks posed by climate change
- Four areas for safe and QoC and applicable to CR & ES HCFs:
  - Water, sanitation and health care waste interventions
  - Energy interventions
  - Health workforce interventions
  - Infrastructure, technology and products
- Proposed interventions, organized into 24 tables around the four areas
- Role of WASH FIT for CR and ES, for addressing the interventions

## Session on GEDSI

It involved:

- Addressing marginalization, discriminations and associated factors
- Markers of inclusive and empowering WASH in health care facilities
- Barriers analysis and participation ladder
- Addressing GEDSI in WASH FIT process steps
- Key indicators of GEDSI in WASH FIT

### Other presentations were also made on:

- WASH in HCFs in National WASH MIS (NWASH): Concept and demonstration. Details of link is provided separately.
- Partner GIZ experience on Waste management

### Day IV –Experiences sharing, action planning and wrap up

The daily session started with the recap of the key learning points from previous days using questions prepared for the purpose.



This was followed by the daily sessions which include:

- Partners experience sharing
- A session on adult teaching methods and skills
- Participants led session

### Experience sharing by partners

**Partner Terre des Hommes** made a presentation on their *WASH in institution four year project* implementation experiences in health care facilities and schools funded by SDC. Noted system strengthening approach and WASH FIT were employed. As a project outcome, the *realization of WASH needs by political leadership* and local ownership was noted. The *engagement of elected local representatives in WASH in HCF*

*orientations and WASH FIT process created interest to support facilities improvement plan as part of annual planning process.*

### **Hardware support - improved waste and placenta pit**



**Water Aid** staff did a presentation on *hygiene behavior change multicounty project* (Nepal, Tanzania and Madagascar) in health care facilities and schools funded by JICA. The project was research based using formative study to understand the factors and gaps influencing hand hygiene behavior. The project approach, outcomes and learning were shared. The infrastructure support interventions included:

- Water supply and treatment
- Hand washing stations
- Gender separated inclusive toilets
- Waste collection and disposal
- Cleaning protocol and checklist

### **Some of the good practices**

- Meeting regularly to review the plans
- Proper documentation of the meetings and updating WASH FIT periodically
- Updating the plan regularly
- Initiation from the HCFs team i.e. Green HCFs, Plastic free HCFs etc.
- IPC has been taken seriously by staff and elective representatives

### **Learning**

- A strong **leadership and interest** of HCF is fundamental for WASH FIT implementation
- *Good understanding and **supportive review and monitoring from the municipality coordinator** is critical for WASH FIT implementation*

- **Initial Handholding support** to the WASH FIT team is crucial in producing sustained and positive outcomes
- **Capacity building on resource tapping** including advocacy is needed for successful implementation of WASH FIT plans
- **Submission of WASH FIT plans to the Ward and/or Municipality** office and regular follow-up helps prioritization and budget allocations
- **Timely orientation** in case of any change in **HCF leadership** so smooth implementation of WASH FIT

### **Challenges**

- Irregular meetings of WASH FIT team and HFOMC
- WASH FIT is not considered as a mandatory assessment – vs MSS
- Lack of dedicated WASH focal point (capacity) or unit at the municipality level
- Gaps in operation and maintenance linked lack of funds at HCFs

### **Recommendations**

- Collective efforts and ownership at the HCFs level
- Municipality engagement in WASH FIT team and regular meetings with concrete decisions and follow-up
- Submission of plans to the municipality by HCFs team during annual planning process
- Regular budget allocations by the municipality based on the Improvement plans
- A mechanism to report on the status of WASH from the HCFs to the municipality
- Integration to the National Information System for effective planning and monitoring
- Budget allocations from the province and federal government for institutionalization of WASH FIT



*Some of the improvement interventions by the project support*










**UNICEF country office** did a presentation on WASH FIT capacity building training rollout and implementation experiences in different health care facilities. It also involved sharing the lessons from the intervention.

Below link is a story prepared by UNICEF CO on previous WASH FIT Training:

<https://www.unicef.org/nepal/stories/leading-charge-wash-healthcare-facilities>

## Session on adult teaching

Summary of the contents of the session:

	Why is this session important	Trainers need to be self-aware and know approaches / acquire skills to be able to create positive changes among learners
	Link with other sessions	• TOT part / WASH FIT
	Learning objectives	<ul style="list-style-type: none"> <li>• Understand <b>principles of adult education</b> and different learning style:</li> <li>• Know effective training methods and the learning cycle for adults</li> <li>• Able to organize a training <u>programme with sessions plan</u></li> </ul>
	Learning methods	  
	Content / sequences of the session	<ol style="list-style-type: none"> <li>1. Principles of adult learning</li> <li>2. <b>Pyramid of effective learning</b> = diversify the methods</li> <li>3. Put into practice the learning takes time (steps)</li> <li>4. Skills development through ELC - <b>Experiential Learning Cycle</b></li> <li>5. Four main <b>types of learning</b></li> <li>6. How to <b>prepare a training session and programme</b></li> </ol>
	Material (if applicable)	• Print the pyramid, teaching method cards

### Participants led session

Trainees in a group were asked to review and prepare a session on the domains of WASH in HCFs. The purposes of the exercise were:

- Let the trainee to deep dive into the technical modules
- Exercise adult education and facilitation skills

Guidance provided for undertaking the session on PLS:

- To go through the shared resources (*WASH in HCFs portal*)
- Prepare a session plan based on your assigned domain, this should include:
  - Consider identifying the audience
  - Selecting a learning objectives (1-2)
  - Identify key learning points for each objectives
  - Determine *methods* of facilitation
  - Include references
- Prepare short presentations, for delivery in 15 minute including question and discussion

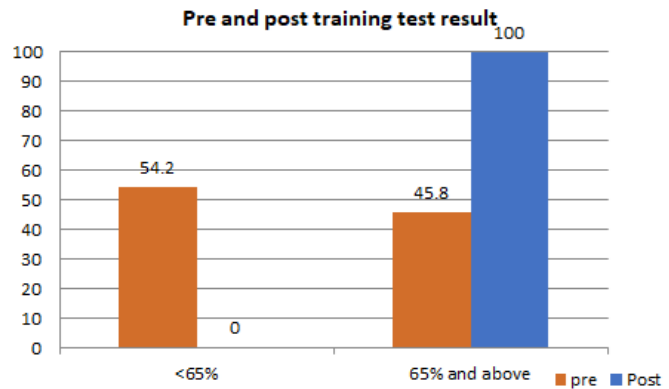


Accordingly the groups did the review of the resources and preparation. Two groups were asked to present in consideration of the constraint of time. The groups did a role play on hand hygiene practice key moments - before and after touching a patient and facilitated a session on importance of cleaning and related topics using quiz. Below is the picture taken on this.

### Pre and post training test result

The trainees' score on the pre and post training for twenty five questions increased from 65.0% on the pretest to 96.0% on the post test. Also:

- The maximum score increased from 84% to 100%.
- Minimum score increased from 48% to 68%
- Four people scored 60% in pretest while 9 persons scored 100% in posttest.



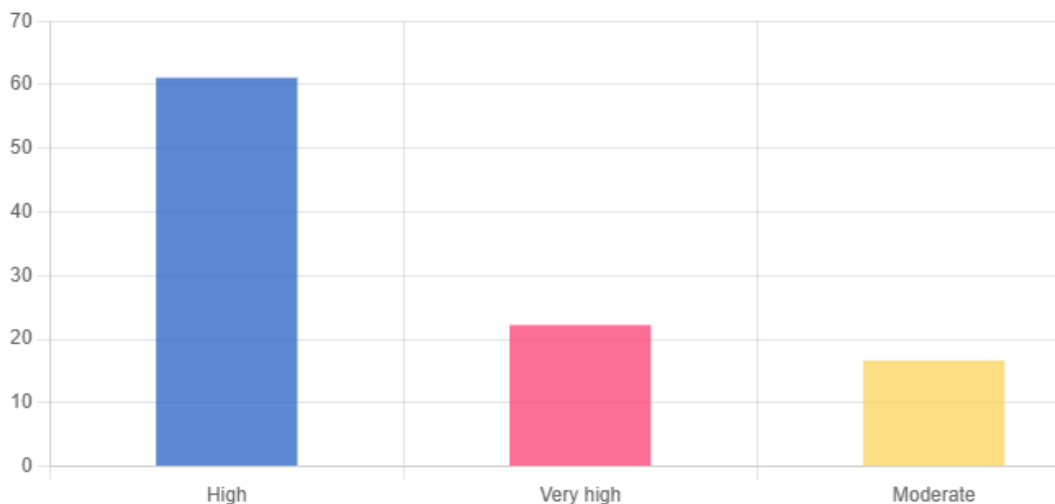
### Training evaluation

The participants gave their responses to the training evaluation and feedback form on Kobo platform online.

The summary of the responses are presented below:

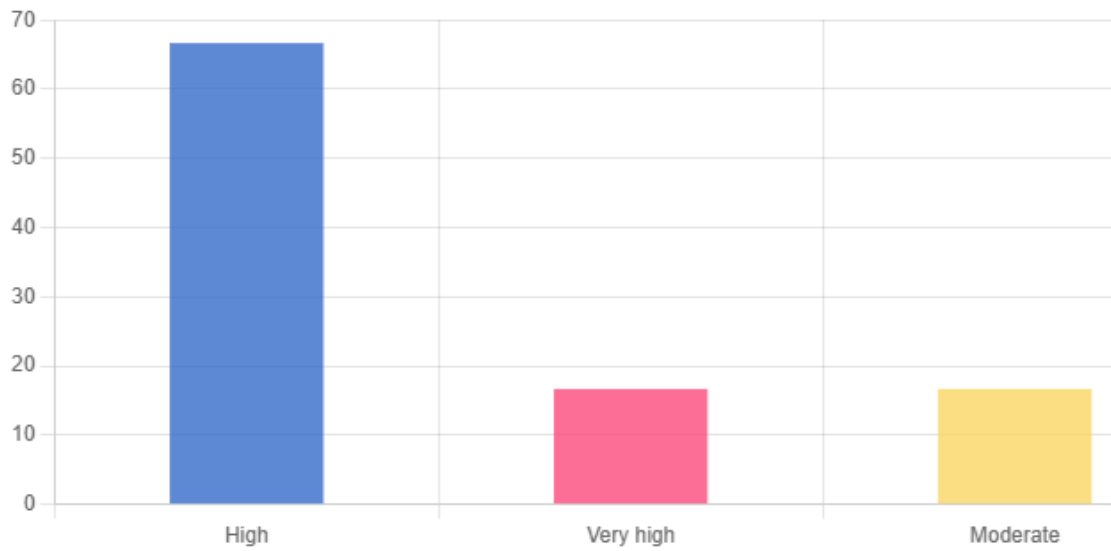
#### How was the training useful

TYPE: SELECT\_ONE. 18 out of 18 respondents answered this question. (0 were without data.)



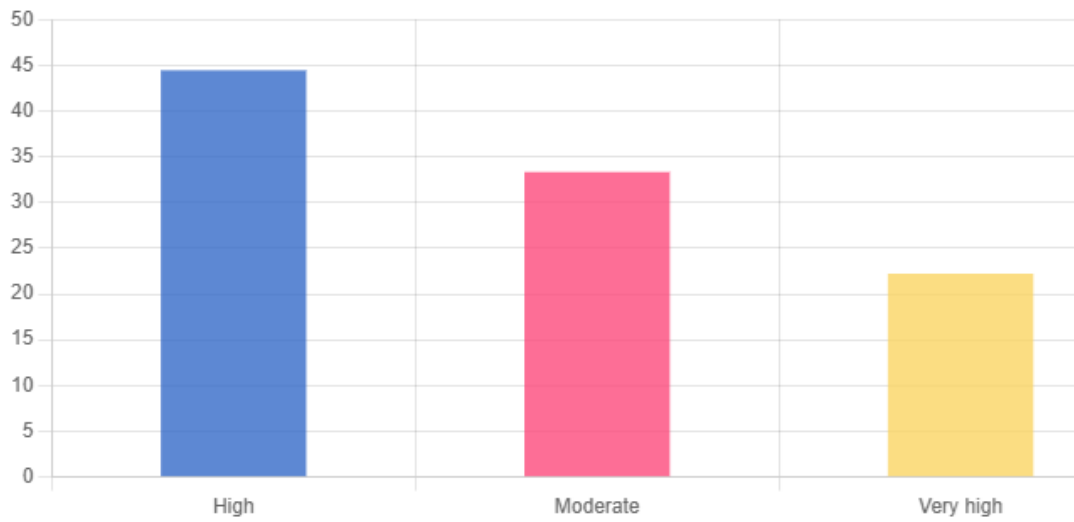
### What you learn from the training

TYPE: SELECT\_ONE. 18 out of 18 respondents answered this question. (0 were without data.)



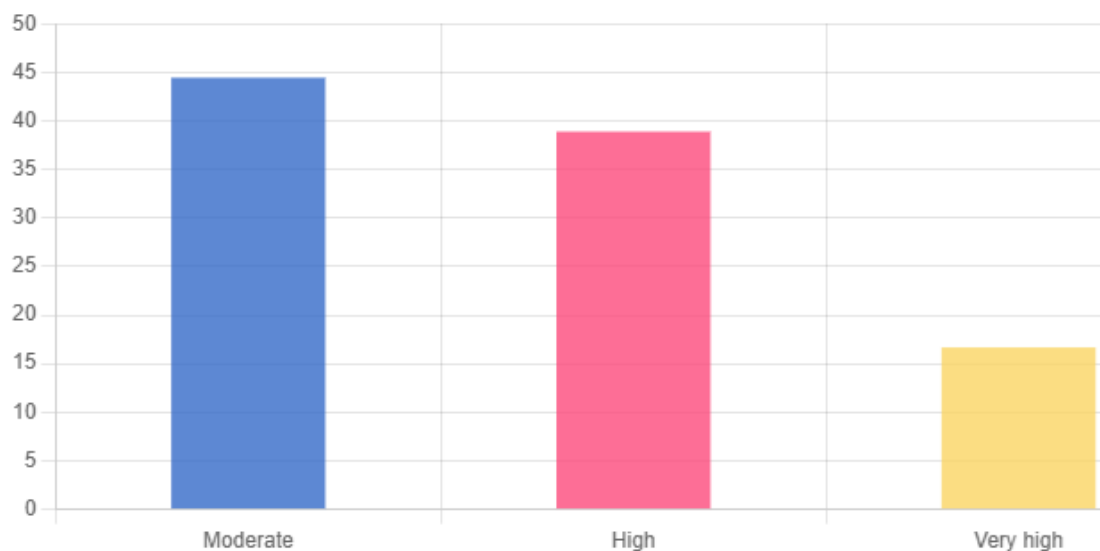
### How was your impression of the trainer

TYPE: SELECT\_ONE. 18 out of 18 respondents answered this question. (0 were without data.)



## How suitable are the teaching methods (in person)

TYPE: SELECT\_ONE. 18 out of 18 respondents answered this question. (0 were without data.)



### Key learning points from the training sessions

- WASH FIT concept and its process
- Theory and practical aspects of WASH FIT
- Tools of the WASH-FIT and application of the tool
- WASH FIT Cycle, the domain and improvement plan
- Adaptation of WASH FIT
- How tool can be integrated in WASH related monitoring
- Behavior change and sustainability
- knowing the steps to carry out the assessment at HCFs
- Using kobo tool

### Topics the participants need to have more information and learning

- WASH domains
- Conducting assessment
- Clarity/description of indicators
- Separated indicators of different types of HCF
- Risk scoring
- Environmental recycling
- Sanitation in health care

## **Lessons taken from the trainings**

- Importance of this tool in HCF and for system strengthening
- Importance of the tool to influence WASH behaviors
- Need to focus more on WASH FIT indicators
- To advocate WASH FIT at province and municipality level
- WASH FIT action plan to roll out the implementation
- Need to define the key behaviors to monitor

## **The way forward actions including trainees' suggestion**

- To review and finalize the draft national and provincial action plans for rollout of WASH FIT implementation and follow-up on the action plans
- To develop WASH FIT implementation guideline with clear role and responsibility of the stakeholders at different level. It may involve guidance on risk analysis and improvement planning, implementation arrangement including funding
- Customize the assessment tool as applicable to the level of the facilities
- Establishing coordination with NWASH and MSS the implementation
- Advocacy at provincial level for implement at HCF and engagement with local government for promotion of WASH FIT
- Support the government on the implementation with finance and technical needs

## Annex 1: Action plans

### National Plan for the Year 2025

<b>WASH-FIT implementation roll out Action Plan for National level, Nepal</b>
Total number of Public Health Care Facilities in the county: 14,313
Number of HCFs by type: Hospital (s): NA
Total number of Public HCFs to target for introducing WASH FIT tool in the country: 21 (7 from each Province; 1 Mountain, Hill and Terai)
Target HCFs by type: Hospital-7 (Province Hospital), 7 (PHC/HP/BHCCs)
Federal Hospitals: 7 (Federal Hospital)
Level: Federal

<b>WASH-FIT implementation roll out Action Plan for National level, Nepal</b>								
Total number of Public Health Care Facilities in the county: 14,313								
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Target HCFs by type: Hospital-7 (Province Hospital), 7 (PHC/HP/BHCCs)								
Federal Hospitals: 7 (Federal Hospital)								
Level: Federal								
SN	Activities	Time Frame (2024/2025)				Responsible person	Process (actions required to conduct activity)	Required Budget (NPR)
		Q4 2024- Q1 2025	Q2 2025	Q3 2025	Q4			
1	Review and finalization of WASH FIT <a href="#">guideline</a> Provide WASH FIT tools indicators based on type of <a href="#">HCFs</a> Provide guidance on risk scoring (severity and occurrence) by all <a href="#">indicators</a> (policy, guideline, M & E Framework, guidance on risk scoring)	✓				DOHS, DWSSM, WHO, UNICEF  DOHS, DWSSM, WHO, UNICEF  UNICEF/WHO HQ		100,000.00  50,000.00

2	Endorsement of costed roadmap for WASH in HCF	✓				MOWS, WHO		
3	Revitalization of national level WASH-FIT Committee	✓				DOHS, DWSSM		
4	Sensitization and capacity building of province and local level WASH FIT Team		✓			DOHS, DWSSM, DPs		
5	Integration and data sharing of HMIS, NWASH			✓		DOHS, DWSSM		
6	<del>Harmonisation</del> of MSS with WASH FIT indicators				✓	MOHP		

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## Provincial Government

### WASH-FIT implementation Action Plan in Public health facility at provincial level

Province /district: Applicable for all Provinces

Type of facility: Provincial level Hospitals: (All 7 Provinces)

Date Prepared: 24 August 2024

Budget required per Hospital

SN	Activities	Time Frame (month/year)				Responsible person	Process (actions required to conduct activity)	Required budget (NRs)
1	Advocacy of the WASH FIT tool, Formation of the working group on WASH and IPC in HCFs	By 2 weeks	7 Nov			MOWRED, MOSD, DPs	-Workshop, Stakeholder meeting, Seminar	100,000
2	Preparation Roster of Trainers, facilitators, and DPs <u>and other</u> support partners	Nov,2024				MOWRED, MOSD, DPs	-call for proposal -list -Share	50,000
3	Orientation and Training of the Health care professionals in 3 hospitals in 2 districts having many cases of Dengue, AGE	Dec, 2024				DPs, <u>NGO,CBO</u>	-selection of hospital, -participants selection -conduct training through facilitator	500,000
4	Support WASH FIT assessment through Baseline, Risk <u>scoring</u> , Prioritization, Improvement plan assessment through WASH FIT	Mar,2025				<u>MOSD,DPs</u>	- Field visit - Assessment - Identify <u>risk</u> - <u>Prioritization</u>	500,000
5	Support the implementation of the improvement plan including coaching a supervision	Ongoing				MOSD, DPs	- Monitoring - Review - Audit - Improvement - Acknowledgement reward	10,00,000
6	Consolidate WASH fit assessment report and prepare reports	May, 2025				MOSD, MOWRED	- Collect Assessment report. - Review - Dissemination	2,00,000

## Local Government:

WASH-FIT implementation Action Plan in Public health facility at local government level										
Type of facility: # Hospital: Ingbudha Hospital, Dadeldhura										
Level: All local govt										
Prepared: 24 October 2024										
SN	Activities	Time Frame (month/yr)						Responsible person	Process (actions required to conduct activity)	Required budget (NPR/HCF)
		November	December	January	February	March	April			
1	Inception Workshop on WASH FIT to HCF team	3 <sup>rd</sup> Week						Health Coordinator	Coordination and planning with hospital management team	20,000.00
2	WASH FIT Team Formation	4 <sup>th</sup> Week						Hospital Incharge	Meeting, Documentation	10,000.00
3	Capacity Building to WASH FIT team		2 <sup>nd</sup> Week					Health Coordinator	Training to WASH FIT Team	25,000.00
4	WASH FIT Assessment of the HCF		3 <sup>rd</sup> Week					WASH FIT Team	Assessment using Kobo Toolbox	
5	Prioritization and Improvement Plan Development		4 <sup>th</sup> Week					WASH FIT Team	One day Sharing and Planning Workshop	30,000.00
6	Implementation of Improvement Plan			Full Month	Full Month	Full Month		WASH FIT Team	Consultation and DIP Development	10,00,000.00
7	Progress monitoring of the implementation						1 <sup>st</sup> Week	WASH FIT Team	Monitoring with stakeholders	6,000.00
8	Review of the implementation, reassess and update the plan						2 <sup>nd</sup> Week	WASH FIT Team	Workshop	25,000.00
									<b>Total</b>	<b>11,16,000.00</b>



## Annex 2: List of participants

	WASH FIT Training			
	NWSSTC, Nagarkot			
	05/07/2081-08/07/2081			
	नाम	पद	आबद्ध संस्था	e-Mail
1	Shyam Lal Acharya	Vector Control Officer	Health Service Directorate, Karnali	<a href="mailto:shyamacharya65@gmail.com">shyamacharya65@gmail.com</a>
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