



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH - ETHIOPIA

የዚህን ጤና ለሃገር ብልጽግና !
HEALTHIER CITIZENS FOR PROSPEROUS NATION!



WASH-FIT

NATIONAL IMPLEMENTATION GUIDE

Ministry of Health-Ethiopia

2025



Ministry of Health-Ethiopia
WASH-FIT National Implementation Guide

2025

Table of Contents

	List of figures and tables	i
	Abbreviations	ii
	Foreword	iii
	Acknowledgements	iv
1.	Introduction	1
2.	Enabling environment	3
3.	SCOPE	5
4.	Rationale	6
5.	Purpose	7
6.	WASH FIT Implementation phases	8
7.	WASH FIT Domain and Themes	12
	7.1. Main domains	12
	7.2. Supportive domains	12
	7.3. Cross-cutting themes	13
8.	WASH FIT Improvement cycle	14
	8.1. STEP 1: Establish and train the team and document decisions.	14
	8.2. STEP 2: Undertake an assessment of the facilities	16
	8.3. STEP 3: Conduct risk assessment to identify and prioritize areas of improvement	19
	8.4. STEP 4: Develop an incremental improvement plan and take action	21
	8.5. STEP 5: Monitor, Review, adapt and improve	23
9.	Monitoring and Evaluation	25
	9.1. When to Monitor	27
	9.2. Conceptual Evaluation Framework	28
10.	Roles and Responsibilities	32

11. Indicator	34
11.1. Water (18 indicators)	34
11.2. Hand Hygiene (5 indicators)	35
11.3. Waste Management (18 indicators)	36
11.4. Environmental cleaning (15 indicators)	37
11.5. Management & workforce (12 indicators)	38
11.6. Sanitation (14 indicators)	39
11.7. Energy & Environment (13 indicators)	40
References	41
Annexes	42
Annex - 1: Template 1A: WASH FIT team sheet	42
Annex - 2: Template 1B: Recording of team meeting	43
Annex - 3: Template 3: Risk assessment	44
Annex - 4: Template 4: Action plan	45
Annex - 5: Template 5: Monitoring progress and troubleshooting	46
Annex - 6: Suggested spot check & their frequency	47
Reading materials	49

List of figures and tables

Figures

Figure 1: The Five WASH FIT Steps	14
Figure 2: WASH FIT Conceptual Framework	29

Tables

Table 1: Three point scoring system	17
Table 2: Scoring system for the risk assessment based on predefined criteria	20
Table 3: WASH FIT data sharing & monitoring	25
Table 4: WASH-FIT implementing stakeholders	26
Table 5: Frequency of monitoring in different healthcare facilities	28

Abbreviations

FIT	Facility Improvement Tool
HAI	Health Care Acute Infection
AMR	Anti-Microbial Resistance
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedure
WASH	Water, Sanitation And Hygiene
IPC	Infection Prevention And Control
HCF	Health Care Facility
GEDSI	Gender Equality, Disability And Social Inclusion
LMICS	Low And Middle Income Countries
QI	Quality Improvement
PS	Patient Safety
PSE	Personal Protective Equipment

Foreword



The Sustainable Development Goals (SDGs) place a new emphasis on universal health coverage, including access to WASH services. They also reflect a shift in thinking that recognizes the importance of quality care and an integrated, people-centered approach that enhances the experience of care.

WASH in HCFs includes Provision of basic Water Supply, Basic Sanitation, Hygiene, Health Care Waste Management, and Environmental cleaning which are critical for infection prevention and quality of Care. Health care facilities (HCF) are required to have a standardized approach for implementation of different

programs, including the provision of WASH services. This ensures quality and safety of care and minimizes the risk of healthcare-associated infections for staff, patients, caregivers, and visitors, tackle anti-microbial resistance, and ultimately improve the health outcomes of patients. This requires leadership and political commitment from the government, organizational structure and skilled personnel, technology, partners and community engagement, monitoring and evaluation platforms for better health service provision.

The Ministry of Health acknowledges the importance of IPC and WASH-FIT implementation in Health Care facilities and demonstrates its commitment for the scale up of these interventions in all health care facilities. The ministry believes that WASH-FIT implementation manual will play a fundamental role in addressing IPC/WASH services to augment the quality of health care in Ethiopia. Consequently, the ministry requests all Regional Health Bureaus and other stakeholders to ensure implementation of this manual in all health care facilities both in public and private, monitor its progress regularly, and allocate resources for its implementation.

Ensuring universal access to WASH services in health care facilities is a solvable problem with a return on investment. MOH is committed to support this effort by working with different governmental and non-governmental stakeholders to improve quality of health service in health care facilities, using WASH facility improvement tool (WASH-FIT).) which is a planning and implementation framework work helps to improve, sustain and scale up WASH services at facility level.

Thus, this guide serves as a reference for implementation of WASH FIT through indicating the approaches, process and resources.

H.E Dr. Dereje Duguma (MD, MPH)

State Minister, Ministry of Health

Acknowledgements



The Ministry of Health extends its sincere appreciation to UNICEF and WHO Ethiopia Country Offices for their financial and technical support, which enabled the development of this WASH FIT Implementation Guide.

We also gratefully acknowledge the contributions of the dedicated experts and partner organizations whose commitment and hard work have been instrumental in shaping this guide. Your efforts have been

invaluable in charting a path toward improved water, sanitation, hygiene services, and waste management in health care facilities across Ethiopia.

No	Participants	Organization
1	Alemu Kejela	MOH
2	Beza Kibret	MOH
3	Derege Mengistu	MOH
4	Yohhanis Kene	MOH
5	Yehualaw Getahun	MOH
6	Ziyad AHMED	MOH
7	Sem Daniel	MOH
8	Deneke Ayele	MOH
9	Kiflemariam Tsegaye	MOH
10	Misganaw Tewachew	MOH
11	Abyot Mengiste	Benshangul Gumze Health Office
12	Fekadu Tesfaye	Addis Ababa Health Office
13	Kinde Alebchew	Amhara Regional health bureau
14	Desalegn Godis	SNNP Regional health bureau
15	Mekonen Ayele	Oromia Regional health bureau
16	Seife Redahegn	Oromia Regional health bureau

17	Shimeles Beyene	Diredawa Regional health bureau
18	Thomas Tout	Gambela Regional health bureau
19	Andnet Tesfaye	Harrar Regional health bureau
20	Tesfaye Ashenafi	Hawassa University
21	Prof. Argaw Ambelu	Environmental Health professional Association
22	Yared Legesse	Environmental Health professional Association
23	Belayneh Jabur	St. Peter Specialty Hospital
24	Osman Yiha	WHO
25	Dr.Fahmi Mohammed	WHO
26	Wlteji Terefa Kutane	WHO
27	Netsanet Kassa	UNICEF Ethiopia
28	Kebede Eticha	UNICEF Head quarter
29	Bezawit Amare	Concern Ethiopia
30	Tizita Tulu	Concern Ethiopia
31	Natinael Bogale	Amref Ethiopia
32	Desalegn Ayalew	World Vision
33	Melese Bekele	World Vision
34	Getachew Abebaw	Plan International
35	Yirgalem Tilahun	CRS
36	Zenebe Girma	Goal Ethiopia
37	Mulugeta Hussen	Goal Ethiopia

Mr. Israel Ataro

**Community Engagement and Primary Health Care
Lead Executive Officer**

1

Introduction

The term “WASH in health care facilities” refers to the provision of water, sanitation, health care waste management, hygiene and environmental cleaning infrastructure, and services across all parts of the facility. Fully functioning of water, sanitation, hygiene (WASH) and health care waste management services provided in a sustainable manner and ensuring its continuity are a critical aspect of infection prevention and control (IPC) practices and ensuring patient safety and quality of care. Such services are also essential for creating an environment that supports the dignity and human rights of all care seekers, especially mothers, newborns, children, differently abled people and care providers.

In short, WASH is a critical foundation for improving quality across the health service including response to disease outbreaks like Covid-19, and cholera. Climate change and its impacts on WASH and health services, gender-specific needs, and equity in service provision and management also require rigorous attention, adaptable tools and regular monitoring

According to JMP report health care facilities, basic water services and sanitation services coverage at global level is 75% and 90% respectively. Whereas in least developed countries (LDC) basic water supply, sanitation, health care waste management and hand hygiene at points of care in health care facilities coverage is 50%, 37%, 30% and

74% in 2019 respectively. Whereas in Ethiopia, basic water supply, sanitation, and health care waste management service coverage is 55%, 39%, and 32% in 2023 respectively (JMP 2023) (3).

The gaps observed on the above services coverage compromises the ability to provide safe and quality of care, and places health care providers and those seeking care at substantial risk of infection and loss of dignity. Unhygienic health care facilities without drinking water or functional toilets are also a disincentive to seeking care and undermine staff morale these factors can have a critical impact on controlling infectious disease outbreaks(2).

To address the above gaps on WASH, Ethiopia HSDIP targeted to improve sanitation and water supply coverage in Health care facilities from 61% to 80%, and from 59% to 90% respectively.

Different WASH-related strategies, guidelines, manuals, initiatives have been developed and implemented in the Ethiopian health system such as Infection Prevention, and Control, and One WASH national program. However, while implementing the above programs, WASH in health care facilities was not implemented in an integrated manner, monitoring and evaluation system was very weak, and the support from program managers at various levels is also low.

These demands bringing attention by the government, health and WASH sector development partners to help implementation of such programs like IPC, AMR by providing capacity building for service providers to conduct facility assessment, setting priorities, plan, implement and monitor of WASH activities. Therefore, this WASH-FIT implementation guide supports the implementation and enhancement of basic WASH service coverage, which enhances the provision of quality health care service.

2

Enabling Environment

The Government of Ethiopia (GOE) and development partners are cognizing the implications of the WASH services in the health services quality improvements, and considered WASH being one of the high impact health program interventions. Accordingly, Institutional WASH is one of the core components of the national Hygiene and Environmental Strategy (HEH), One WASH National Program (OWNP), and Health Sector Transformation Plans (HSTP).

WASH interventions are integrated into various health programs, strategies, and plans including infection prevention and control (IPC), National Nutrition Program (NNP), Maternal, Neonatal and Child Health (MNCH), and Prevention and Control of Neglected Tropical Diseases (NTD) programs with financial requirements, and clearly defined monitoring indicators, roles, and responsibilities of the internal and external stakeholders at all administrative structures and health care facilities.

In order to translate the policies, programs, and strategies related to WASH in HCFs into actions, the government has put in place working systems such as implementation guidelines, standard operation procedures, service quality monitoring tools, health care waste management manual, the proclamation of the hazardous waste management and disposal control, and piloted and documented lessons Clean and Safe Health Care Facility

(CASH) initiatives in selected health care institutions in the country. Besides, The Ministry of Health has established a system for periodic monitoring of WASH service facilities availability and readiness (SARA) of the hospital and non-hospital healthcare facilities. Additionally, the Health Infrastructure Lead Executive Office has integrated WASH infrastructures into the design and construction standards of the different Health infrastructures. The government has developed a community engagement strategy to ensure healthcare facilities and service ownership by the community and established coordination and partnership mechanisms with different development partner organizations. On the other hand, the wider community awareness and increasing demand for quality health services is an opportunity for community engagement in WASH service improvement in the health care facilities.

Furthermore, International organizations are providing support to UN member states countries including Ethiopia on planning, implementation, and development of country-driven (led) progress monitoring of the government commitment in terms of resource allocation to attain universal access to basic WASH services (100%) as stipulated in Sustainable Development Goals (SDG) 6 and related targets, improve WASH services in health care facilities, and to address preventable healthcare-acquired infections

and associated neonatal and maternal deaths (WHA 72/27, 2019). As part of the global partnership (SDG 17), various international and local development partners are working in partnership with government at all levels and health care facilities to improve WASH in the HCFs aiming at improving the health service quality. For example, bilateral and multilateral Organizations and UN agencies such as the World Bank, United Kingdom Foreign Commonwealth Development Office (FCDO) through the UK embassy, AfDB, UNICEF, WHO, COWASH, and non-governmental Organizations such as Catholic Relief Service (CRS), Concern WW, World Vision International, Goal, Amref, Water Aid, HEKS, etc are directly and indirectly providing technical and financial support for the improvement of WASH infrastructure of the HCFs.

Hence, the policy mentioned above and strategic frameworks and standards, and development partners' initiatives are concrete grounds for adaptation of the WASH FIT implementation guide/manual, and for the development and implementation, monitoring of pilot WASH service improvement interventions in all healthcare facilities throughout the country by taking into consideration existing experiences of the government and development partners. Furthermore, it serves to align and harmonize the efforts of different development partners with government policies, strategies, plans, and monitoring frameworks.

3

SCOPE

WASH FIT is an iterative QI methodology to improve WASH services, such as water supply, sanitation, hygiene, waste management, and environmental cleaning in an inclusive and climate-sensitive approach. It involves a continuous process of conducting assessments and spot checks, understanding how gaps in WASH infrastructure and practices affect the quality of care, designing an improvement plan to address these gaps and modifying the improvement plan based on ongoing monitoring and evaluation. It is important to integrate WASH FIT into existing quality and safety improvement tools of the WASH in HCF manual, CASH manual, and IPC and related guidelines and protocols. WASH FIT can be implemented at all levels of public, private, non-government health care facilities, public health emergency care and treatment settings in Ethiopia.

4

Rationale

Access to basic WASH services in Health care facilities is low in LMICs including Ethiopia (WHO/UNICEF JMP, 2020). WASH components such as infrastructure, behavioral change, operation and maintenance are not properly implemented in a way to provide the required standard of care. Moreover, different existing initiatives, interventions, strategies and several program efforts was not integrated, aligned and harmonized. Hence, HAI, AMR, client and health workforce dissatisfaction, and environmental sustainability is still a problem.

Due to these gaps, the MOH with partners adopted the WHO/UNICEF WASH FIT Guide with the country context to standardize and provide guidance on the overall planning, implementation, monitoring and evaluation of basic WASH service in healthcare facilities as part of improving implementation of IPC program by establishing a continuous data generation, use and management system to support the attainment of sustainable high quality essential health care services.

5

Purpose

The purpose of this WASH FIT implementation guide is:

- Provides a framework to develop, monitor and continuously implement an improvement plan (including the design and construction of WASH infrastructure, behaviors, and operation and maintenance) and prioritize specific WASH actions that will also consider climate-resilience, equity, and inclusiveness.
- To guide the implementation of the eight practical steps of national actions to improve WASH services in healthcare facilities. These steps are; Situational analysis and assessment, National targets and road map, National standards and accountability mechanisms, infrastructure improvements, data monitoring and review, health work force development, community engagement and operational research and learning.
- Guides planning, implementation and monitoring of WASH improvements as part of wider quality improvement (QI) efforts, and to meet national and global standards.
- Enhance the implementation and scale-up of the national IPC program; and
- Facilitate multi-sectorial collaboration and actions through the One Health approach.

6

WASH FIT Implementation phases

This section of the guidance is divided into three phases describing WASH FIT process—from adoption and initial implementation, to training, sustaining and scaling up, and the financing and investments needed to improve and maintain WASH services.

a) Phase 1: Preparatory phase

- Integrate the **WASH FIT** initiative in to existing technical working groups at National and sub-national level to advice, plan and monitor implementation of the initiative
- Conduct National and sub-national situational analysis and assessment
- Develop national and sub-national targets and road map.
- Identify pilot facilities for initial implementation through setting criteria's for piloting
- Conduct national and sub-national sensitization with health and WASH partners.
- Creating an enabling environment through engagement of political leaders. Government leadership is essential throughout the process to ensure long-term success, and regular financing, technical support and mentorship
- Document Translation into local context/region

b) Phase 2: Actual Implementation phase

- Advocacy on WASH FIT implementation actions
- Identify the Pilot implementation sites for initial implementation.
- Implement WASH FIT in selected pilot facilities
- Conduct training of trainers, followed by facility-level training
- Assemble facility level team to roll-out WASH FIT
- Conduct regular Monitoring, supportive supervision and performance review at pilot facilities
- Evaluate pilot implementation, share findings at facility, regional and national levels through engaging all stakeholders, and adapt methodology as needed
- Assign a budget and mobilize resources for further roll-out, including infrastructure improvements, provision of supply and ongoing capacity building training

c) Phase 3: Scale-up and sustainability phase

- Continue to advocate on WASH FIT implementation actions
- Conduct further training as needed and scale up in more facilities
- Integrate WASH-FIT tools in other health system programs PS, IPC, AMR), to strengthen mentoring/supportive supervision of WASH in HCF
- Regularly review meetings to monitor the progress at national (annually), regional (biannual), zonal or woreda (quarterly), and facility (monthly) levels.
- Continue to adopt and improve methodology
- Revise WASH-FIT components and integrate with regulatory efforts
- Mobilize financial resources for further roll-out

Activities to be emphasized in the phases of WASH FIT implementation

1. Engagement of political leaders.

- Provision of orientation for political leaders. Government leadership is essential throughout the process to ensure long-term success, and regular financing, technical support and mentorship
- Engaging local authorities is often beneficial to training, assessment, technical design, behavior change and data sharing.
- Head of the local health office should be included in the WASH FIT team to plan and monitor the interventions, provide extra funding for necessary improvements and advocate for greater investments.

2. TRAINING AND CAPACITY-BUILDING

- Training may start with national- and sub-national level sensitization to familiarize government officials and partners with the process and provide them with the skills needed to adapt the tool to the national context(a tailored training package that is applicable for the governance support need to be developed).
- The ministry of health, at national and sub national levels (University hospitals) will create a pool of trainers on WASH FIT. Supporting partners and nongovernmental organizations will collaborate with the ministry of health to provide capacity building trainings. Having a database of the national pool of trainers will be helpful to continually build local capacity and support WASH FIT service.
- These pools of trainers also may then be responsible for cascading basic trainings, from the national level to district level to facility level. Many facilities, particularly in rural areas, have high turnover of staff. Where this is common, contingency measures for training new staff should be in place to ensure a continuity of skills and knowledge.
- Conduct periodic /regular Monitoring, supportive supervision and performance review meeting
- Supportive supervision (using standard tool), which can be provided through existing regional, zonal and district health management teams,
- Supervision and mentoring can consist of regular visits to the healthcare facility using standard WASH-FIT score-card (developed by WHO).
- Supportive supervision also important to adopt healthy competition between facilities by establishing scoring methods to reward for the best scorers and to embed accountability for those poor achievements
- Some activities, such as analyzing data or providing feedback on planned improvements, may be done remotely via teleconference, telegram and other electronics means.
- Learning sessions and experience sharing visits between a range of facilities (e.g. district hospitals and primary health care facilities in a catchment area) can help facilities to share best practices, challenges and innovative solutions and provide peer-to-peer support to health post, health centers and hospitals.

- Mentoring of facilities that are poorly performing and struggling by high performing facilities can also be useful. This can support team-work between facilities.
- During supportive supervision community representatives shall be involved to empower them and to engage the community as necessary.
- Data collected are entered into a national database. The data are analyzed and presented annually at health sector review meetings, where priorities are discussed and key needs, such as health care waste management, are identified.
- Data management at the central government level may also help shift ownership towards governments. Improving access to electronic data collection means that WASH FIT assessments can be easily saved, shared, analyzed, and used to track trends.

3. SUSTAINABLE FINANCING AND INVESTMENT:

WASH FIT requires financial resources for training, infrastructure upgrading, continued operation and maintenance of WASH services, and supportive supervision and mentorship. The costs of some improvements may be small – such as hand-hygiene supplies, putting up signage on existing latrines to safely separate them by gender – so that the improvements can be completed using existing resources. Others may require significant external or internally planned funds, such as installing an on-site water supply or a new latrine block with septic tanks.

Many low- and middle-income countries may have no, or only minimal, budgets allocated for WASH and energy services. In addition, upfront capital costs for individual facilities may be large, especially for health care waste infrastructure, which is 47% of capital costs and requires coordination between multiple ministries.

Funds for recurrent costs to operate and maintain WASH infrastructure should be budgeted and requested annually for by the health facilities or district or regional health office. They may come also from the health facility discretionary budget, the municipality, the district health budget or the national health budget. Costs for supplies, improvements and upgrades should be included in the facility's WASH FIT budget and procurement plan. Costs should also factor in stockpiling certain supplies (e.g. soap or disinfectant) in facilities prone to weather-related shocks, disease outbreaks or emergencies.

7

WASH FIT Domain and Themes

7.1. Main domains

1. Water: To provide high quality service, healthcare facilities need to have a safe and adequate water supply readily available in the premises. It refers to accessible and available water supply with quality and quantity (including strategies to reduce water use), and storage in a HCF.

2. Sanitation: Refers to the provision of facilities and services for safe disposal of human urine and feces with privacy and dignity for patients, staff, and visitors to improve health outcomes. It includes toilet facilities that are gender-separated and improving access for disabilities with quantity and quality with the safe collection, storage and treatment of fecal waste, with proper budget allocation.

3. Healthcare waste management (HCWM): is implemented through segregation, safe storage, treatment and disposal of waste; including waste reduction and recycling; competencies of personnel engaged in HCWM.

4. Hand hygiene: is the act of cleaning one's hands with soap and water and/or other substitutes like alcohol-based hand rubs to remove microorganisms, dirt, grease, or other harmful and unwanted substances stuck to the hands in order to prevent spread of disease.

It includes availability of hand washing facilities, soap or alcohol-based hand rubs; hygiene messaging; behavior change; compliance and auditing

5. Environmental cleaning: Environmental cleaning refers to the general cleaning of surfaces and medical equipment to reduce the number of microorganisms present in the working environment, so that the environment, including food, is clean and hygienic for patients, visitors, and healthcare workers.

- It includes, cleaning protocols, frequency of cleaning, availability of supplies (mops, brooms, cleaning detergents, storage facility, personal protective equipment (PPE)), availability of trained staff, occupational health of cleaners, budgeting, laundry facilities, and selected aspects of food hygiene

7.2. Supportive domains

To support WASH infrastructure and practices the following supportive domains are needed.

1. Energy and environment: It includes energy supplies and backup, lighting, energy efficiency, ventilation and airflow, control of vectors and other animals that transmit disease, safe management of wastewater and storm water, and aesthetic appearance of the facility.

2. Management and personnel: It includes staffing, oversight and coordination, monitoring, reporting, performance review and accountability mechanisms, supportive supervision, training and behavior change, resource mobilization, operation, maintenance and budgeting.

7.3. Cross-cutting themes

The indicators of the following cross-cutting themes are integrated across the seven domains

- 1. Climate resilience:** includes reduction of water use and wastage, safe water storage, resilient infrastructure, renewable/clean energy, environmentally sustainable waste management/treatment technologies, waste reduction and recycling, SOPs and plans for responding to extreme weather events, sustainable procurement.
- 2. Equity and inclusiveness:** includes availability or accessibility and safe infrastructure for all users; clean delivery environments (delivery-rooms, toilets and showers for women delivering); menstrual hygiene management; inclusion of women's and disadvantaged groups' voices in planning, decision-making and resource allocation.

8

WASH FIT Improvement cycle



Figure 1: The Five WASH FIT Steps

8.1. Step1: Establish and train the team and document decisions.



Key outputs

- A team responsible for WASH FIT and quality improvement (QI); the team has been trained, has a set of clear roles and responsibilities, and meets regularly to assess progress, prioritize tasks and sustain progress.
- Documentation of team meetings and decisions (may include key decisions, records of written reports, photos and videos)



Tasks

- Identify a group of people with the necessary expertise and commitment to form a WASH FIT team.
- Train team members using the WASH-FIT training manual.
- Identify relevant QI initiatives underway and build on these experiences.
- Agree on the scope of WASH FIT (i.e. whole facility versus selected wards/ departments).
- Make managers, other facility staff, users, and the community aware that QI activities are under way at the facility and invite them to have their say through staff, patient and community feedback mechanisms (e.g. surveys, leaflets, bulletins, newsletters, and local media).
- Conduct regular meetings with these staff (this may be as part of an existing facility team, such as the QI team or IPC committee) to discuss WASH FIT results and processes.
- Document results and decisions are taken.
- Conduct annual refresher training for the team, especially as new members join.

Establishing of WASH FIT Team

- Identify a group of people (staff and community members) with the necessary expertise and commitment to form a WASH FIT team. A participatory and empowering approach should be taken throughout the WASH FIT process, seeking input from diverse users, including staff directly providing care and those involved with other functions (e.g. cleaners, health care waste managers, and plumbers), those seeking care and those accompanying them.
- Healthcare facility manager leads the team (Medical Director)
- Environmental Health officer focal person of the team (secretary)
- Health service quality and safety office
- Facility IPC officer/ focal person
- Representative of senior physician
- Representative of head Nurses
- Facility engineer/water technician having knowledge of HCF design and rehabilitations
- Finance officer

- Asset management and procurement officer
- Community representatives
- Municipality of towns representative (waste management officer)
- Water utility (water system technician)
- Pharmacist or pharmacy technician
- Medical laboratory technologist/technician

Conducting Team Meeting

- The frequency of the team meeting depends on the size of the facility and the scope of improvements needed.
- It is recommended to meet at least once in a month and an in-depth review of progress is held every 6 months.

Training

After the establishment, the team need to be trained about the WASH-FIT guide and its implementations. Besides, conduct annual refresher training for the team, especially as new members join. Use WASH-FIT training manuals for trainers, prepared modules and different documents.

Documentation

The team should keep a record of progress over time by documenting minutes of team meetings (including Photos and videos) discussions, decisions made and a timeline for all planned activities.

Results from the assessment and plans for improvements should be shared in a timely manner using electronic WASH FIT templates.

Tools and documentation required for step 1

- A simple form to record the roles and responsibilities of the **WASH FIT** team
- Members are indicated in Template 1A (Annex I).
- A record of **WASH FIT** team meetings (Template 1B).
- **WASH-FIT** Training manual and associated resources.

8.2. STEP 2: Undertake an assessment of the facilities



Key outputs

- An adapted version of the assessment form, tailored to the facility's needs.
- Regularly completed and records of previous assessments to determine progress



Tasks

- Review and adapt the assessment form to the local or facility context.
- Describe the existing water supply, sanitation, hygiene, and healthcare waste infrastructures
- Regularly conduct an assessment (minimum quarterly) of the facility to provide the basis for improvement planning.
- Assessment form (See Template 2, and Annexes 2 and 3 on WASH FIT Second edition)
- Sanitary inspection (SI) forms (see Annex 7 on WASH FIT Second edition).

Purpose and structure of assessment

The **WASH FIT** assessment includes a list of indicators to allow a comprehensive assessment of the WASH infrastructure and services, and related areas in a facility.

The assessment tool has seven domains: water, sanitation, health care waste, hand hygiene, environmental cleaning, energy and environment, and facility management and personnel. The indicators are based on global norms, standards and indicators for monitoring, and are measured using a three-point scoring system:

Table 1: Three point scoring system

S.N	Score system	Alternative value
1.	Facility meets the target	2 (Green,)
2.	Partially meets the target	1 (yellow,
3.	Does not meet the target	0 (Red,)

- The complete assessment form has 95 indicators; however, not all are relevant for all facilities.
- Photos may be used as an information supplement and are helpful to document the “before” and “after”.

Adapting the assessment

WASH FIT in a hospital: start by focusing on a smaller area before scaling up.

In larger facilities a department should be chosen that has obvious needs, motivated staff, large health risks and limited WASH.

Ensure that the assessment addresses gender equality, disability and social inclusion (GEDSI)

It is important to ensure that special attention is given during the facility assessment to the delivery rooms, neonatal care unit and postnatal care rooms; check for female-specific facilities and infrastructure;

Frequency of assessment

A full facility assessment to be conducted from 3-12 months depending on the size of the health care facility. This regular assessment will highlight where additional improvements are needed.

Additional weekly or monthly spot checks will also be needed as part of regular progress monitoring (*refer to Step 5 and Annex 5*).

Calculating the facility score

To know how well the facility is performing, a WASH FIT score is calculated. This may be calculated across the whole facility, or for one domain or ward. Scores allow comparison of WASH services between facilities and between different areas within a facility and show progress over time.

The **WASH FIT** score is calculated using the equation:

$$\frac{\text{Numerator : Total scored across all indicators}}{\text{Denominator : maximum possible score (Total number of indicators * 2)}}$$

The scores can be used to categorize facilities into different levels of performance.

The following suggested cut-off points are based on national IPC scores:

1. <50% (red):- major efforts and resources are needed for improvements across all domains.
2. 50–74% (yellow) – additional efforts and on-going maintenance are needed and
3. >74% (green) – the facility is doing well, but with a small number of indicators.

8.3. STEP 3: Conduct risk assessment to identify and prioritize areas of improvement



Key outputs

- A list of problems and gaps identified during the facility assessment.
- An understanding of the risks associated with each of these problems is ranked according to the severity of the risks.
- A list of problems sorted in order of the priority needed to address them.



Tasks

- Review the assessment results and identify all the indicators that do not meet the targets (across the facility, ward, or domain), which constitute problems or gaps.
- Identify where things are working well in the facility (all indicators that meet the targets) to recognize progress.
- For each problem identified, consider the possible consequences for health and dignity, and the environment and climate.
- Determine the level of risk associated with each problem.
- Rank the problems according to their risk score to show which to prioritize for improvements.
- Discuss findings of the risk assessment with the HCF senior management

Tools required for step 3

- Risk assessment and prioritization template.(template.3; cleaning record template)

→ Reviewing the results of the assessment.

As a team, review the results of the assessment (step 2) and make a note of all indicators that do not meet the targets (i.e. that have a score of 0 or 1). It may help to group indicators according to domain (e.g. all water-related problems) or by area in a facility (e.g. all problems found in the outpatient department).

Risk assessment

The team should assess the risk associated with each problem. Two categories are suggested:

- Severity of consequences for facility users, and the environment or climate, associated with the threat; and
- Likelihood of occurrence

Context-appropriate criteria may also be developed by the team, ensuring that the principle of safeguarding public health is never compromised.

Table 2: Scoring system for the risk assessment based on predefined criteria

Category	Range	Score	Description
Severity of consequences to facility users (patients, staff and visitors) and environment/ climate	0–10	0–3 = low severity	No major health effects are anticipated and no urgent attention is required, but improvements are needed to reach standards and to improve quality of care.
		4–6 = medium severity	It is likely that there will be moderate negative health effects, discomfort from unsatisfactory services (e.g. unpleasant odours, unsatisfactory working conditions, potential for minor injuries), impact on staff morale and performance, or impact on the environment.
		7–10 = high severity	The problem is very likely to result in injuries, illness or infection in staff, patients and visitors, and an inability to provide essential services. It affects the dignity and safety of all facility users. There may be significant environmental contamination and impact on surrounding communities.
Likelihood of occurrence	0–10	0–3 = likely to occur only rarely	The problem is likely to occur only rarely.
		4–6 = may occur half the time	The problem is somewhat likely to occur.
		7–10 = highly likely to occur	The problem is constant and ongoing, and has a very high likelihood of occurring.
Total score^a	0–20	0–7 = low risk	The risk is low and associated with minimal harm to humans or the environment.
		8–14 = medium risk	The risk is medium, and some harm will occur to humans and/or the environment.
		15–20 = high risk	The risk is high, and significant harm is likely to humans and/or the environment.

- For each indicator, the score and the reason behind it should be recorded as a reminder to the team when revisiting the results at a later stage.
- The list of problems should then be sorted according to the risk score (highest to lowest) to determine which problems need to be addressed first and how scarce resources should be prioritized.
- It is important to remember that climate change may also affect the risk assessment over time and due consideration for this should be included in the risk assessment.
- Both the likelihood of problems and the severity of the consequences are likely to change as a result of climate variability and climate change.

8.4. STEP 4: Develop an incremental improvement plan and take action



Key outputs

- An incremental improvement plan with a set of time-bound activities agreed by the team and endorsed by senior management.
- Timely action on activities listed in the plan.



Tasks

- Based on the risk assessment results, develop a detailed incremental improvement plan with a defined improvement aim and specific objectives, with corresponding budget, responsible person/unit, and implementation timeline (immediate, medium, and long term).
- Identify measures that improve management of current climate risks and will help to manage long-term future risks and resilience.
- Implement the improvement plan in a timely manner, including ongoing operation and maintenance of infrastructure. (See Improvement Plan Template 4)

Tools required for step 4

- Improvement plan template (Template 4).

Improvement planning

- Improvement planning is a process through which a health facility sets goals for improvement, and makes decisions about how and when these goals will be achieved.
- Improvement planning should be achieved stepwise, because of resource constraints and priority should be given to the highest-risk problems, so that limited resources can be used most effectively.
- Longer-term improvement measures can be planned and delivered in parallel, reducing the risk level to the desired and acceptable level over time.
- The plan should reflect all the activities that will be undertaken, including small ones that can be undertaken straight away and larger ones that are identified as important, even though the required resources may not be immediately available.

Priority should be given to the highest-risk problems (noting that some of these may be costly or time-consuming to address) and to quick wins (i.e. improvements that can be undertaken quickly with a facility's own resources and expertise).

Writing the improvement plan

- For each activity, the team should come up with a set of specific, realistic, and time-limited activities to address each of the problems identified.
- Calculating a budget for future improvements, and ongoing operation and maintenance.

- At each review of the plan, the current status (activity completed, ongoing, or delayed by) should be recorded, as well as how much has been spent so far.

Types of improvement

- Activities could include building new infrastructure; repairing or upgrading existing infrastructure to be climate-resilient; applying to district and national authorities for financial or technical support;
- writing new protocols or SOPs;
- conducting short, targeted training to improve staff hygiene behaviors;
- undertaking regular monitoring of cleanliness and processes across the facility,
- Training and mentoring staff in a new technique or initiative.

Questions to consider include:

- How have neighboring facilities responded to similar issues?
- Are there local or national examples to learn from?
- Does the facility need to bring in external expertise (e.g. an engineer) to help develop solutions and/or carry out the improvements?

Taking an incremental approach to improvements

- Some problems can be addressed immediately, whereas others require a longer term approach, involving multiple institutions, multiple levels of government and substantial funds.

On-going implementation

Implementation should be monitored and assessed to ensure proper maintenance and regular upkeep. Infrastructure should be replaced at the end of its life with the most cost-effective and environmentally sustainable option and GEDSI, is considered.

Improvement planning in a changing and uncertain climate

The uncertainty surrounding future climate change projections can present challenges to HCFs. One strategy to manage this challenge, building additional water storage tanks, strengthening chlorination management, and monitoring the water distribution systems will provide immediate water safety improvements.

8.5. STEP 5: Monitor, Review, adapt and improve



Key outputs

- Regular meetings with senior management to discuss the progress being made.
- WASH FIT data is shared within the facility, and at local and national levels.
- Bi-annual review of progress made by the WASH FIT team on the process, planned improvements, and modifications with senior management and relevant stakeholders.



Tasks

- Conduct regular and continuous monitoring of progress on a weekly or monthly basis, including spot checks to verify that improvements are being made.
- Evaluate changes that have been made on an annual or bi-annual basis. Assess how the process is working, whether improvements have been sustained, and whether modifications to the improvement plan or WASH FIT methodology.
- Identify any additional facilitation, training, coaching, or supportive supervision needed to help the team.
- Document and share best practices with all staff, facility leadership, other facilities, and municipal /district/kebele authorities and/or regional/federal authorities, as appropriate.

Tools required for step 5

- Monitoring progress and troubleshooting template (Template 5).
- Review and evaluation of all other WASH FIT tools (e.g. team minute formats, monitoring template, SOPs/Desk aids, assessment checklists, improvement plans, monitoring plans, etc.) and documentation (review proceedings, team meeting minutes assessment report, records, etc.).

Reflecting on progress and refining the process at the facility level

Regular and continuous monitoring and evaluation of progress is an important part of QI activities. This can be done quickly in the short term on a weekly or monthly basis during regular staff meetings and regular spot checks based on the situation and in more depth in the longer term through a thorough review of progress when the full facility assessment is conducted every 6 months.

Short term: regular review of progress and facility spot checks

A designated person or team should be responsible for regular and routine monitoring of the facility. A process should be in place for reporting problems, identifying corrective actions and ensuring timely follow-up. In larger facilities, different people may be responsible for different departments.

Recommended regular spot checks include

- Daily inspections of toilets to ensure that they are clean and functioning,
- Checking of availability of water and soap at hand hygiene stations, and
- Checking to see if waste is being segregated correctly at all waste generation points (refer to the list of suggested spot checks in Annex 5 of the mother WASH FIT guide).

Longer term: 6–12-monthly assessment and review

In addition to these regular checks, a more in-depth review of progress every 6 months is recommended. Another full assessment of the facility should be conducted and the WASH FIT score calculated again. Template 5 can be used to record this information.

The results of the review should be documented and shared with senior management and the rest of facility staff, district health office or other designated authority.

9

Monitoring and Evaluation

Monitoring and reporting progress are important parts of WASH FIT, by indicating which facilities need additional support and mentoring, providing examples of good practice and helping facilities to keep on track. Assigning clear responsibilities for each of these tasks helps to address the issue of accountability.

Supportive supervision: continued supportive supervision and mentoring will benefit facilities implementing WASH FIT. This can be integrated with existing monitoring efforts like as speculated in WASH in HCF, TSEDU - clean ethiopia and others as appropriate. Spreadsheet and/or kobo Toolbox can be used for data collection and submission.

WASH FIT helps implementers identify risks in their facilities and provides a continuous improvement framework with practical tools and templates for undertaking changes in WASH and healthcare waste and facility management. WASH FIT aims to improve and maintain WASH services through incremental actions at the HCF level.

WASH FIT is not a one-time exercise; rather it is an iterative process of improvement. Regularly planning and conducting activities, such as team meetings, WASH assessments, infrastructure and service improvements, and behavior change campaigns, can promote continuous cycle of improvement.

Table 3: WASH FIT data sharing & monitoring

Level	Responsible	Specific Monitoring Task
Health care facilities (PHCU/ Primary, General, Specialized Hospital)	Head of facility Committee	Establish in-house routine monitoring & follow up
		Monitor WASH services within health care facilities and implementation of remedial actions
		Coordinate monitoring process within health care facilities
		Collect data using WASH FIT tools
		Submit data to Woreda /Zone /Town/Sub city Health Office/ RHB/ MoH for validation
		Propose budget for implementation of remedial actions

Woreda /Zone / Town/Sub city Health Office/MoH/ RHB	Head /focal point	Provide oversight of monitoring activities in their respective health care facilities and provide technical support where needed
		Compile and validate data from respective health care facilities and submit to Zone /Town/Sub city Health Office/MoH/RHB
		Make periodic follow-up visits to health care facilities within the district/ municipality to monitor WASH status
		Allocate funds for WASH services, and implementation of repairs and maintenance
Ministry of Health	Community Engagement & Primary Health Care Lead Executive Office	Develop national monitoring framework, including monitoring indicators and standards
		Provide technical advice, and build capacity woredas/ zones/regions and health care facilities on monitoring and follow-up processes
		Review monitoring reports; compile and maintain national performance data
		Undertake periodic spot visits for quality assurance of monitoring process
		Organize national review meetings for key stakeholders

Table 4: WASH-FIT implementing stakeholders

Implementers	External	Internal
Federal Hospitals	Board Directors, MOH, EPA Town Water and sanitation Enterprises Development Partners Private sectors	CEO, Management, Clinical Service Heads, Environmental Health department Head, Community Engagement and Primary Health Care, Public Health Service Heads, IPC head, Administration and Logistics heads, Finance Heads, PME/HMIS Unit,

Regional Hospital	Board Directors, MOH, Town Water and sanitation Enterprises Development Partners Private sectors	CEO, Quality and Safety officer Management, Hygiene and Environmental Health department, Clinical Service Heads, IPC focal Public Health Service Heads, Administration and Logistics heads, Finance Heads, PME/HMIS Unit,
Primary Hospitals	Woreda/Town Administration, Town Water and sanitation Enterprises/Board Development Partners Private sectors	CEO, Management , Clinical Service Heads, IPC focal /Environmental Health/Public Health Service Heads, Administration and Logistics heads, Finance Heads, PME/HMIS Unit,
Health Centers & Health posts	Kebele/Town Administration, Town Water and sanitation Enterprises Woreda Water Offices/ Water board Development Partners Private sectors	PHCU Director, HEW Outpatient and Inpatient coordinator, Environmental Health department, MCH coordinator HMIS unit, Environmental Health Section, Administration and Finance Heads, quality and safety ,IPC HMIS Unit, Community (Patients, Visitors, Family/Care givers)

9.1. When to Monitor

Regular and continuous monitoring and evaluation of progress is an important part of QI activities. This can be done quickly in the short term on a weekly or monthly basis during regular staff meetings and regular spot checks based on the situation and in more depth in the longer term through a thorough review of progress when the full facility assessment is conducted every 6 months.

Table 5: Frequency of monitoring in different healthcare facilities

S/No	Type of HCF	Frequency of monitoring	Responsible body
1	Health post	Monthly supervision	Health Center/PHCU
2	Health Center/PHCU, Clinics (for privates)	Quarterly	Woreda Health Office
3	Primary hospital	Biannual and yearly evaluation	Woreda Health Office/Zone/Regional Health Office
4	General Hospital including private hospitals	Biannual and yearly evaluation	Zone/Regional Health Office
5	Comprehensive and / specialized hospital	Biannual	MoH and Regional
6	Teaching Hospitals	Biannual	MoH

9.2. Conceptual Evaluation Framework

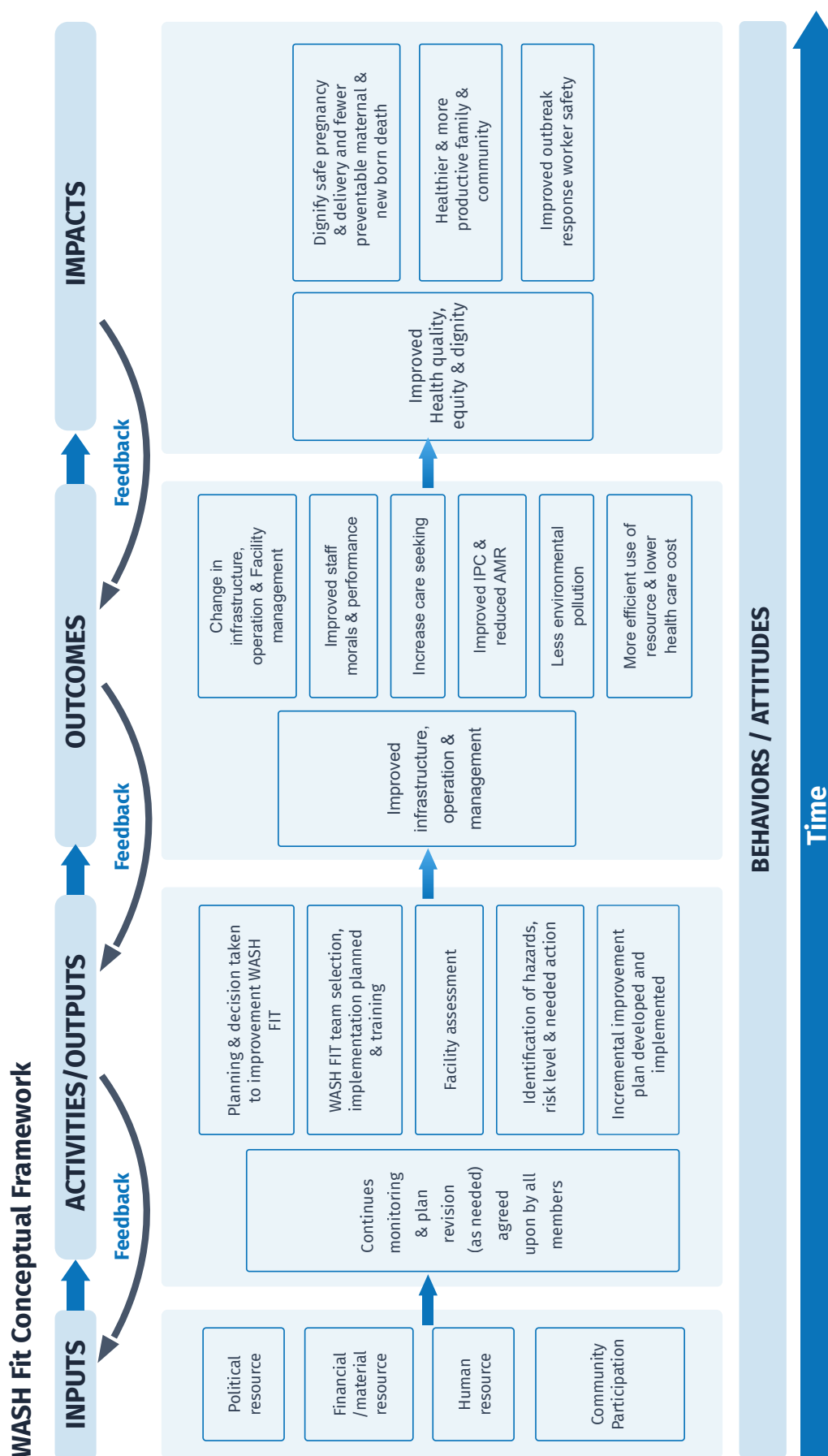
The conceptual framework proposed herein provides a common basis for stakeholders, such as governments and donors, to plan, implement, monitor, and evaluate the potential inputs, outputs, outcomes, and impacts from applying WASH FIT. The objectives of conceptual framework are to:

- Elucidate the varied and potential health and non-health related outcomes and impacts that can result from the use of
- Provide a common framework, terminology and timeframe for defining outcomes and impacts
- Provide a basis to develop and modify existing indicators and evaluation tools for future evaluations of WASH FIT

The framework has four components: inputs, activities and outputs, outcomes, and impacts (W.K. Kellogg Foundation 2004) and are defined below:

- **Inputs:** the political, financial and material, human and community resources needed to implement activities
- **Activities and outputs:** the processes, tools, and actions of WASH FIT (e.g., assessment tool)
- **Outcomes:** intermediate changes that result from the processes (e.g., improved staff knowledge of WASH and related IPC practices)
- **Impacts:** the broader, long-term changes in HCFs (e.g., changes in QoC).

Figure 2: WASH FIT Conceptual Framework



Inputs to the WASH FIT conceptual framework

In this context, the inputs are the political, financial and material, human and community resources that go into conducting the WASH FIT assessment and developing and implementing a facility-based action plan. This plan leads to the physical and service improvements that in turn, are intended to result in facility system changes and improved population-level health outcomes.

Political resource -Situating the program at the intersection of WASH, IPC, HSS, and QoC with governmental stakeholders may contribute to buy-in, as these are current priorities for many countries in keeping with the Sustainable Development Goals (SDGs).
Financial & material resources -WASH FIT requires financial and material resources for setup and implementation and for continued functioning of services over the long term.
Human resources -Facility staff, technical expertise, and leadership skills are required for implementation. Staff participation at the facility level is a key as this is a facility-led tool. Facilities require enough personnel for operation, maintenance, and cleaning.
Community participation - Community members' participation in health systems, particularly at the primary level, has been recognized as an essential component in HSS, QoC, and WASH interventions..

Activities/ Outputs

The WASH FIT process requires time, as well as the inputs introduced above, to design implementation, funding, and monitoring and evaluation strategies.

Community engagement, particularly with HCF users and WASH or health committee members, is important, to introduce this approach. This may occur in parallel with creating a WASH FIT team, conducting training and a facility assessment, and identifying hazards, risk levels, and actions. Subsequently, the team develops and revises the improvement plan and routine supervision and monitoring plan. Outputs from these activities may include team meeting minutes, a hazard-ranking list, and an action plan. This plan for facilities to improve their service and QoC, as well as continued monitoring is essential.

Outcomes

Change in infrastructure, operations and management

WASH FIT helps teams to identify deficiencies in WASH infrastructure, services, and supplies through a facility-level assessment. Based on the deficiencies identified, teams develop and implement an improvement plan. This can target infrastructure and supplies such as water supply and toilets, appropriate personal protective equipment for cleaning and waste management staff, the safe disposal and elimination of sharps, adequate spacing between beds, and handwashing stations with soap and water.

Additionally, services such as regular water quality testing, maintaining incinerators or chlorine-dosing units may be targeted through improved management and the availability of written, up-to-date protocols and educational materials on WASH. WASH FIT provides HCF staff with clear position descriptions to detail their roles and

responsibilities for WASH and IPC. Regular team meetings as suggested in the WASH FIT guide may enhance communication.

WASH FIT may enhance attitudes, behaviors, skills, communication, and coordination among HCF staff both through the process of participation and the resulting improved infrastructure and services. Improved working conditions, among other factors including improved water and sanitation, may contribute to worker retention. Both the process of participating in WASH FIT and in having better WASH services can affect attitudes and practices.

WASH, is an enabler of infection prevention and control (IPC), both of which contribute to safe, quality health care and the prevention of spread of antimicrobial resistance (AMR)

Less environmental pollution

More efficient use of resources & lower health care cost

Impact:

broader and longer-term changes, beyond the direct changes to the health care facility, resulting from improving WASH services and hygiene practices.

Outcomes ultimately lead to impacts which are the desired high-level changes resulting from program activities. Those of the WASH FIT may contribute to broader impacts. This could include changes in health, QoC, community WASH practices, and emergency preparedness and resiliency.

Potential health impacts to which WASH FIT may indirectly contribute include reduced morbidity, mortality, reduced use of antibiotics, and improved patient safety at the facility level.

While applying a logic model evaluation framework to the use of WASH FIT in HCF will not be enough to demonstrate health impacts, there is some evidence to suggest that WASH may contribute to these outcomes.

WASH FIT may contribute to positive changes in QoC through improvements to the physical environment. One of the eight WHO Standards for improving quality of maternal and newborn care in health facilities states that ‘the health facility should have an appropriate physical environment, with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications’.

WASH FIT may help improve readiness for outbreaks (e.g., Ebola, cholera) and emergency preparedness and resilience to climate change-related adverse events. For example, increasing water storage, adding rainwater-harvesting systems, or improving latrines to be flood-proof at HCFs may contribute to climate resiliency. These measures result in immediate WASH benefits and can help the HCF adapt to potential future scenarios and uncertainties.

10 Roles and Responsibilities

Implementers: Health Care Facilities

- Awareness creation among HCF managers
- Establish and capacitate WASH FIT Implementation Team
- Review/analysis of existing documents including system design and layout, records and reports on management, operation and maintenance of WASH infrastructure
- Identify existing resources (human, logistic, financial, etc)
- Prepare detailed activity, milestones, and logistics plan for the development and implementation of the WASH FIT approach
- Assess and identify public health risks associated with water supply, sanitation, hygiene waste management, environmental cleaning, etc systems
- Assess existing WASH infrastructure vulnerability and capacity to prevent/control public health risks
- Assess and prioritize risks, and identify additional/new remedial actions
- Prepare Health Care Facility WASH infrastructure and service incremental improvement plans/activities (what, who, when, budget) for each of the remedial actions
- Prepare and implement operational monitoring plans/activities by integrating into the DHIS-2 framework
- Periodically check for proper implementation of remedial activities and take corrective measures
- Conduct client (patient) satisfaction survey using qualitative and quantitative techniques
- Review and revise WASH infrastructure and service improvement plans

Woreda level

- Establish or revitalize the existing district Technical Working Group (TWG)
- Advocacy and communication work for WASH FIT implementation (among concerned stakeholders)
- Mobilize and allocate funds for WASH infrastructures and service improvement interventions
- Provide technical support to HCFs on the assessment, development, and implementation of WASH infrastructures and service improvement plans
- Provide oversight of monitoring activities in all health care facilities within the district/municipality and provide technical support on WASH FIT implementation team where needed
- Compile, validate, analyze data from all health care facilities in the district, use, and submit to the Zonal Health Office/ Regional Health Bureau
- Review and revise district WASH FIT implementation Plans

Zonal/Regional Health Bureaus

- Establish or revitalize the existing Zonal/Regional Technical Working Group (TWG)
- Advocacy and communication work for WASH FIT implementation (among concerned zonal/regional stakeholders)
- Develop Regional WASH infrastructures and service improvement plans /strategy
- Plan and coordinate implementation of capacity building support to districts/municipalities and HCFs on development and implementation of WASH infrastructure and service improvement plans
- Mobilize resources for districts/municipalities and Health Care Facilities for WASH infrastructures and service improvement
- Piloting the WASH infrastructures and service improvement approach in selected Hospitals and PHCUs, document and share lessons
- Provide oversight of monitoring activities in selected districts/municipalities and health care facilities within the region
- Coordinate operational researches and Joint Supportive Supervisions/reviews, document and share lessons with the regional stakeholders
- Develop National WASH infrastructures and service improvement strategy
- Develop and implement WASH FIT performance standards and motivation systems
- Prepare and implement verification monitoring plans/activities (Food and Medicine Administration, MoH)
- Coordinate capacity building support to the regions on development and implementation of WASH infrastructures and service improvement plans
- Mobilize resources for pilot implementation and scale up of WASH infrastructures and service improvement interventions
- Coordinate piloting of the WASH infrastructures and service improvement approach in the selected Hospitals and PHCUs in the regions, document and share lessons
- Coordinate operational researches, impact assessments and Joint Supportive Supervisions/reviews, and document and share lessons with internal and external stakeholders

Ministry of Health

- Revitalize the existing National Technical Working Group (TWG)
- Advocacy and communication work for WASH FIT implementation (among concerned National and International stakeholders)

11

Indicator

11.1. Water (18 indicators)

Indicator	Implementing facility
1. a. An improved water supply is piped into the facility or located on premises	All HCFs
b. The facility has piped water supplies on premises	All HCFs
2. All taps are connected to an available and functioning water supply, with no leaks in pipes	All HCFs
3. a. Water is available during all operating times of the facility	All HCFs
b.. Water is available at the time the WASH FIT assessment is carried out	All HCFs
4. Water is available throughout the year (i.e. not affected by seasonality, weather variability/extreme events or other constraints)	All HCFs
5. Main water supply system has been functional for the past 3 months with no major breakdowns	All HCFs
6. Additional improved water source(s) are identified and available, and can be accessed (and adequately treated if necessary) in case the main source is no longer functioning/available	All HCFs
7. **Water is of sufficient quantity for all uses (it needs clear indicator definition)	All HCFs
8. The facility has tanks to store water in case of disruption to the main supply, and water storage tanks are protected (e.g. from climate-related extreme weather events) and adequately managed (e.g. inspected, cleaned/disinfected regularly), and are sufficient to meet the needs of the facility for 2 days	All HCFs
[Where rainfall is sufficient and regular]	All HCFs
9. Rainwater harvesting system(s) (with safe storage) is functional and stores water safely (how can we grade pastoral areas)	
10. Water reduction strategies are used to reduce water wastage.	All HCFs
[Where chlorine disinfection takes place]	All HCFs
11. Drinking water has appropriate chlorine residual (≥ 0.2 mg/L or ≥ 0.5 mg/L in emergencies)	

12. Water supply poses low or no risk to public health, as measured by the absence of E. coli per 100 mL and as measured by the sanitary inspection risk score	All HCFs
13. Piped water is treated and regulated through safe water management by municipal authorities or water is treated on-site	All HCFs
14. The quality of water from all water supplies (primary, backup and supplemental supplies) is periodically tested by a staff member and/or independent authority (e.g. regulatory body)	All HCFs
15. A drinking-water station with safe drinking water is available and functioning at all times in main waiting areas and/or entrance to each ward, and in all rooms where patients stay overnight or receive care	All HCFs
16. At least one shower or bathing area is available per 40 inpatients or per ward (whichever is lower) and is functioning and accessible	All HCFs except non comprehensive health post
17. At least two shower or bathing area (for male and female) is available for health facility staffs and is functioning and accessible	All HCFs except non comprehensive health post
18. A functional shower or space for women that is private and lockable is available in the labour and delivery area	All HCFs except non comprehensive health post

11.2. Hand Hygiene(5 indicators)

Category	Implementing facility
1. Functioning hand hygiene stations are available at all points of care, including in the delivery room	All HCFs
2. Functioning hand hygiene stations are available at the facility entrance, all waiting areas, other public areas, in the waste disposal area, toilet, kitchen, laundry, morgue	All HCFs
3. Hand hygiene promotion materials are displayed and clearly visible in all hand hygiene stations, wards/treatment areas	All HCFs
4. Hand hygiene compliance activities are undertaken regularly (at least quarterly)	All HCFs
5. Regular (at least every three months) ward-based audits are undertaken to assess the availability of water, hand washing sink, hand rub, soap, single-use towels and other hand hygiene resources	All HCFs

11.3. Waste Management(18 indicators)

Indicator	Implementing facility
1. Functional waste collection color coded containers are available in close proximity to all waste generation points for non-infectious (general) waste, infectious waste and sharps waste (safety box)	All HCFs
2. Waste is correctly segregated at all waste generation points- JMP	All HCFs
3. Reminders for correct waste segregation are clearly visible at all waste generation point	All HCFs
4. Appropriate protective equipment (PPE) and resources to perform hand hygiene are available for all staff responsible for handling waste, and for those in charge of waste treatment and disposal	All HCFs
5. Reminders and training are in place to promote and monitor rational use of PPE-	All HCFs
6. Strategies to reduce the quantity of waste generated are employed throughout the facility, including procuring items using less packaging and more sustainable packaging	All HCFs
7. Recyclable non-hazardous waste is segregated and sent to municipal	All HCFs
8. A dedicated waste storage area is available that is fenced and secure, and of sufficient capacity, where sharps, infectious and non-infectious waste are stored separately	All HCFs
9. Infectious waste is stored for no longer than the safe limit (as determined by the climate) before treatment/disposal	All HCFs
10. Waste treatment technology (incinerator or alternative treatment technology) for the treatment of infectious and sharps waste is built to the appropriate standards, well-maintained, functional and of a sufficient capacity for waste generated	All HCFs
11. Sufficient energy/fuel is available for incineration or alternative treatment technologies	All HCFs
12. Functional burial pit, fenced waste dump or municipal pick-up available for disposal of non-infectious (non-hazardous/general) waste	All HCFs
13. Waste pits are built to withstand climate-related events and emergencies (e.g. flooding) and/or a backup waste storage site is available"	All HCFs
14. Dedicated ash pits are available for disposing of ash from incineration	All HCFs
15. Anatomical/pathological waste is put in a dedicated pathological waste pit, burned in a crematory or buried in a cemetery"	All HCFs

16. Pharmaceutical waste is treated and disposed of safely, either at a centrally managed safe treatment and disposal facility (i.e. off-site), by sending it back to the manufacturer, or by incineration by industries using high-temperature kilns	All HCFs
17. A member of staff is adequately trained for management and oversight of health care waste and carries out their duties to the appropriate professional standards	All HCFs
18. Staff who handle or dispose of waste and health care workers are vaccinated against hepatitis B (and have any other recommended vaccinations, according to national guidelines)	All HCFs

11.4. Environmental cleaning (15 indicators)

1. A clear and detailed facility (or ward) cleaning policy or protocol is clearly displayed, which is implemented and monitored	All HCFs
2. A record of cleaning is available for patient care areas, general wards or the whole facility and is signed by the relevant cleaner each day	All HCFs
3. Toilets are cleaned at least once each day, and a record of cleaning is signed by the cleaners and displayed visibly.	All HCFs
4. Dedicated cleaning staff or staff with cleaning responsibilities are available in the ward/facility every day or when cleaning is needed and have time dedicated to performing cleaning activities	All HCFs
5. All staff responsible for cleaning have received training on cleaning	All HCFs
6. Policies and practices to improve the occupational safety of cleaners and health care waste technicians are available and implemented	All HCFs
7. Appropriate and well-maintained materials and supplies (e.g. detergent, mops, buckets) for cleaning for a range of different areas and surfaces are available and sufficient	All HCFs
8. An annual budget for environmental cleaning supplies and equipment exists and is sufficient for all needs	All HCFs
9. A dedicated area for storage, preparation and care of cleaning supplies and equipment exists ("environmental cleaning services area"), is kept clean and well maintained, and is used according to its purpose	All HCFs
10. Adequate PPE is available at all times and in sufficient quantities for all cleaning staff	All HCFs

11. If patient load increases, contingency budget for a temporary employment and for additional cleaning supplies are available to be deployed in the facility	All HCFs, except health post
12. All beds/mattresses have waterproof covers that are without signs of damage (rips, tears or holes)	All HCFs
13. Laundry facilities are clean, well-maintained and able to meet demand (e.g. to wash linen from patient beds between each patient)	All HCFs, except for health post
14. Laundry services with hot water (70–80°C x 10 min) to reprocess cloths where soiled hospital textiles separately processed	All HCFs, except for health post
15. Food is safely prepared and handled (with clean hands, on clean surfaces and with clean utensils)	Hospital only

11.5. Management & workforce (12 indicators)

1. Facility has a functional quality improvement WASH FIT team	All
2. Facility has a dedicated WASH focal person working to an approved programme of work, with senior leadership support	All
3. Women's, disability and indigenous groups, and other specific users and staff (e.g. nurses, midwives, cleaners) are consulted about WASH needs and technology designs, and these voices influence technology choice, placement and upkeep	All
4. An up-to-date diagram of the facility management structure, including cleaning staff, is clearly visible and legible	All
5. All auxiliary staff, including waste handlers and those who clean, have a clear, written job description, which outlines WASH and IPC responsibilities	All
6. All new auxiliary staff, including waste handlers and those who clean, receive appropriate WASH and IPC training, tailored and appropriate to their job function	All
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	All
8. A protocol and effective system are in place for ongoing operation and maintenance of infrastructure and procurement of necessary supplies for operation and maintenance	All

9. Budget is available to cover costs of cleaners and maintenance staff, WASH training, WASH consumables (e.g. soap, chlorine) and all activities listed in the procurement protocol.	All
10. A facility-wide patient safety policy/charter for improving quality of care is written, up to date and operational	All
11. A facility-wide environmentally sustainable policy/charter is written and operational	All
12. An emergency preparedness and response plan is in place, budgeted for and updated regularly; staff undergo training and exercises to prepare for, respond to and recover from extreme weather-related events, especially those where climate change is a contributing factor	All

11.6. Sanitation(14 indicators)

1. Facility has a sufficient number of improved toilets for patients (as per nation WASH in HCF standards)	All HCF
2. All patient toilets are available and usable	All HCF
3. All toilets have functional hand washing stations within 5 meters	All HCF
4. At least one improved toilet is available for staff, and toilet(s) is clearly separated or labeled	All HCF
5. Improved toilets are clearly separated/labelled for male, female or gender-neutral and provide privacy (i.e. single stall/room) if gender- neutral	All HCF
6. At least one usable improved toilet meets menstrual hygiene management needs	Hospital/HC
7. At least one functional improved toilet meets the needs of people with reduced mobility	All HCF
[For non-sewered systems or on-site treatment and storage]	All HCF
8. Faecal sludge is fully contained for later emptying and treatment off-site or fully contained and treated in situ	
[Sewered systems]	All HCF
9. Toilets are connected without leaks to a public sewer system. The sewer conveys excreta and wastewater with no leaks/overflows to a well-managed treatment system	

b. [Non-sewered systems; not applicable to pits that are covered and closed when full]	All HCF
10. Faecal sludge from the container is periodically emptied without spills by trained personnel with appropriate protective equipment and either a) removed off-site to treatment or b) safely disposed of by burying on-site	
[Sewer systems]	Hospital
11. Well designed and well managed wastewater treatment plant provides at least secondary treatment and meets performance standards	
[Non-sewered systems]	
12. Well designed and well managed faecal sludge treatment plants, with publicly available operation records, are used and meet performance standards	
13. A storm water (i.e. rainwater) drainage system is in place that diverts water away from the facility into a safe drainage or leach field area; there is no standing water within the facility grounds	All HCF
14. If grey water system is available, grey water from sinks and laundry facilities is safely captured and has separate plumbing (e.g. no cross-connections with drinking water or faecal waste)	All HCF

11.7. Energy & Environment (13 indicators)

1. Facility has a functional and well maintained electricity source (e.g. electricity grid, solar, generator)	All HCF
2. Energy is sufficient for all electrical needs of the facility, including for lighting and stand-alone devices (e.g. Expanded Programme on Immunization cold chain, incinerator)	All HCF
[Where water is pumped]	All HCF
3. Sufficient energy is available for pumping water	
[Where water is heated]	All HCF
4. Sufficient energy is available for heating water	
5. A functional backup source of energy (e.g. generator with adequate fuel) exists if the main source fails	All HCF

6. Energy-efficient lighting is used with improved lighting controls and energy-saving bulbs	All HCF
7. Delivery room is adequately lit, including at night	Hospital /HC
8. Shower(s) are adequately lit, including at night	All HCF
9. Latrines are adequately lit, including at night	All HCF
10. Sufficient functioning environmental ventilation (natural or mechanical) is available in-patient care areas	All HCF
[In malaria-endemic areas]	All HCF.
11. Beds have insecticide-treated nets to protect patients from mosquito-borne diseases	
12. Sustainable procurement (using a life cycle approach) is applied throughout the facility	All HCF
13. Litter is regularly removed from the interior and exterior of the facility; general waste bins are available in all public areas; and efforts are made to improve and maintain the aesthetic appearance of the facility through painting, landscaping (plants), and ensuring that all equipment and other items are safely stored	All HCF

References

1. Water, sanitation, and hygiene in health care facilities practical steps to achieve universal access to quality care.
2. WASH FIT a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, second edition.
3. World Health Organization and the United Nations Children's Fund, WASH in health care facilities: Global Baseline Report 2019, WHO and UNICEF, Geneva, 2019. <https://WASHdata.org>
4. National Guidelines WASH in Health-care Facilities, 2021
5. Quality health services: a planning guide. Geneva: World Health Organization; 2020.(21)
6. A conceptual evaluation framework for the water and sanitation for health facility improvement tool (WASH FIT) (Weber et al, 2019)

ANNEX - 1

TEMPLATES FOR STEP 1: ESTABLISH AND TRAIN THE TEAM, AND DOCUMENT DECISION

Template 1A: WASH FIT team sheet

Date: _____

Name	Job title and organization (e.g. facility management)	Role and responsibility on WASH FIT team (e.g. team leader, responsible for coordinating WASH FIT)

ANNEX - 2

Template 1B: Recording of team meeting

Date: _____

Name of team members participating:

Issues to be discussed	Decisions, outcome and actions to be taken	Responsible person (s) and time frame

ANNEX - 3

TEMPLATE FOR STEP 3: CONDUCT ARISK ASSESSMENT TO IDENTIFY ANDPRIORITIZE AREAS FOR IMPROVEMENT

Template 3: Risk assessment

Indicators	Brief description of the problem	Severity of risk to facility users (patients, staff and visitors) and the environment / climate	Likelihood of occurrence	Total Score
Name	Describe the location of the problem and any other relevant details. Be as specific as possible	Score each from 0 - 10	Score each from 0 - 10	Out of 20

ANNEX - 4

TEMPLATE FOR STEP 4: DEVELOP AN INCREMENTAL IMPROVEMENT PLAN AND TAKE ACTION

Template 4: Action plan

Indicator/ problem	Specific activities to be undertaken to address problem	Quick fix (Y/N)	Date to be completed	Resource needed	Person(s)/ responsible	Status
	Use a new line for each action			Financial, material & human resources		Completed/ ongoing/ not yet/ delayed by n

ANNEX - 5

TEMPLATE FOR STEP 5: MONITORING, REVIEW, ADAPT, and IMPROVE

Template 5: Monitoring progress and troubleshooting

Has the indicator improved, Worsened or not changed since the last assessment?	If task is ongoing and/or delayed, what corrective or additional action is needed? If task has been completed, how will positive change be maintained?	when will the problem be assessed/ reviewed next?	Any further comments/notes
Add column for each new review	Provide as many details as possible, including additional resources needed		

Annex 6: Suggested spot check & their frequency

Item	What to check	Frequency	Actions to address problems
Available drinking water	Is drinking water available in all areas? Check all wards and rooms. Is it being stored safely? Is it accessible to all who need it?	Daily	
Clean and available toilets	Are toilets clean? Are they unlocked? If locked, is the key easily available? Are there damage, cracks or leaks in the structure? Have toilets been cleaned at least once in the past 24 hrs. and is the record clearly displayed? Do toilets appear clear?	Daily	
Hand washing materials at toilets	Do all toilets have hand washing stations with water and soap available? Check that water is available from taps/hand washing stations.	2-3 times a week	
Hand hygiene	Are hand hygiene stations available at all points of care? Are water and soap or alcohol-based hand rub available at all of these stations? Check that water is available from taps/hand washing stations.	2-3 times a week	
Safe drinking water	Has testing taken place according to the water management schedule? Look at the most recent results. Do they meet the criteria for appropriate free chlorine residual?	Depends on facility (daily – monthly)	

Storm water system	Is there any stagnant water around the drainage system or more generally in the facility? Are there any obvious blockages?	Weekly (or more frequently during rainy season, if applicable)	
Waste segregation	Are there three bins in place at all points of care? Does each bin have the correct type of waste inside? Are liners for bins present in all bins? Are bins less than 75% full?	Weekly	
Tap and pipes	Does water flow from the tap(s)? Is the tap leaking or dripping? Are there any leaks in the water supply system? Check all pipes.	Weekly – monthly Refer also to sanitation inspection form	
Materials for cleaning	Are sufficient materials for cleaning available in all areas where needed? Are they in good quality and well maintained (not overly soiled), and stored appropriately?	Weekly – monthly	
Lighting for delivery room, including showers and latrines	Are all lights functioning in labor and delivery area	Weekly – monthly	
Infectious waste storage	Is there waste building up in the storage area? When was the last time waste was collected or treated?	Weekly – monthly	

Reading materials

1. WHO WASH-FIT Manual 2022 ???
2. National Guideline of WASH in health care facilities
3. Global reports progress on WASH in health care facilities.
4. National infection prevention and control monitoring and evaluation plan



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH - ETHIOPIA

የደንበኛ ጤና ለሃገር በልዩነት !
HEALTHIER CITIZENS FOR PROSPEROUS NATION

Ministry of Health-Ethiopia

WASH-FIT National Implementation Guide