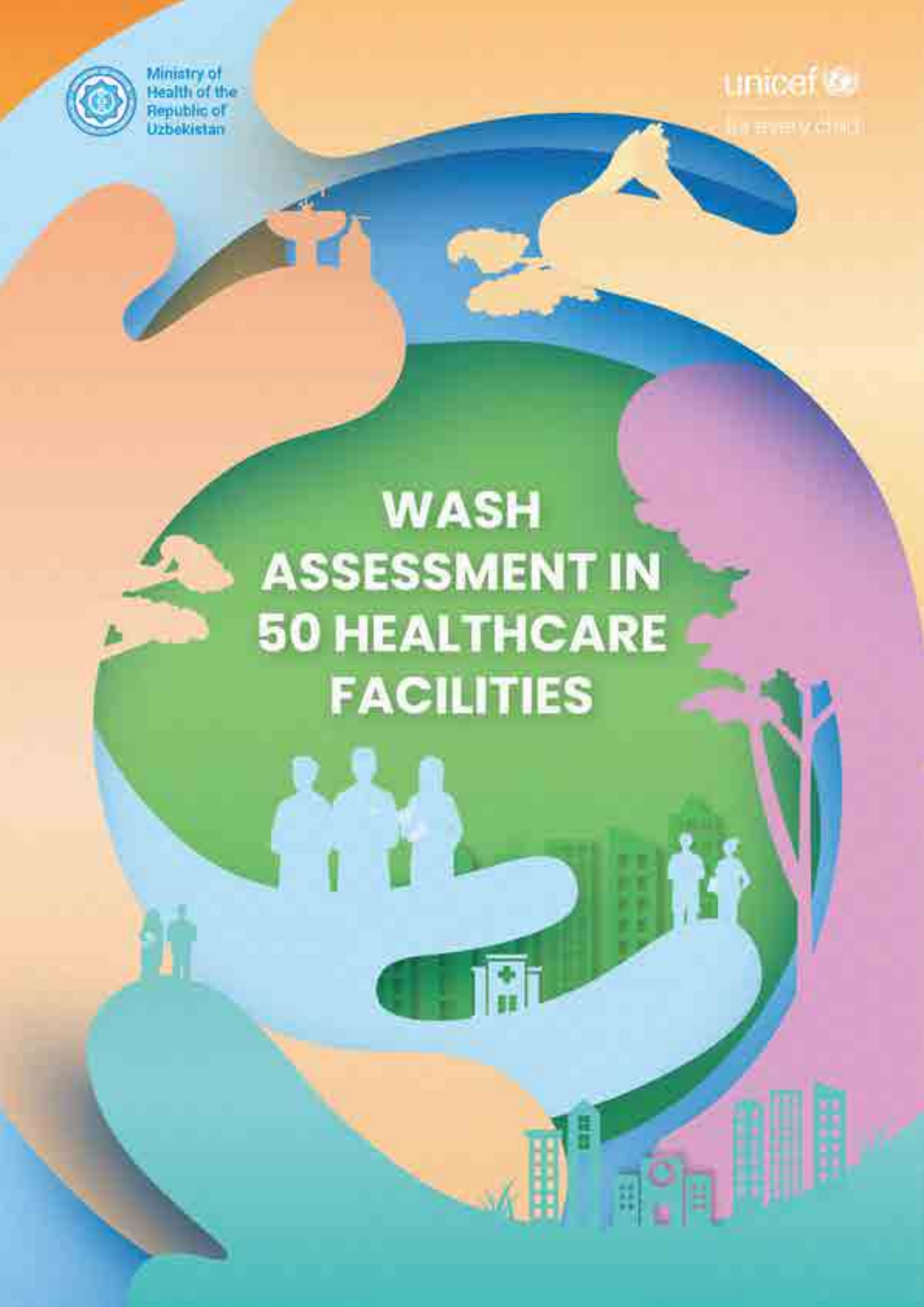
Ministry of Health of the Republic of Uzbekistan

unicef
for every child

WASH ASSESSMENT IN 50 HEALTHCARE FACILITIES



Ministry of Health of the Republic of Uzbekistan

unicef for every child

WASH Assessment in 50 Healthcare Facilities

Using the WASH Fit approach

Andijan, Ferghana, Jizzakh and Karakalpakstan

ASSESSMENT RESULTS

July 2026

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- Bayniyazov Islam
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- Bosimova Matluba
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- Aynura Tlemisova
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- Jazira Kojashova
- Kanat Tungatarov.



Focal Point from MoH Delivery Unit:
Ms. Nozima Fayez.



Data Analysis and Report Writing:
Ben Harvey, International Consultant, UNICEF Uzbekistan.



Wins FIT Assessment Training Design and Implementation:
UNICEF WASH Team: UNICEF, Uzbekistan.

EXECUTIVE SUMMARY

WASH SERVICES IN HEALTH CARE FACILITIES FUNDAMENTAL TO INFECTION PREVENTION AND CONTROL (IPC)



Infection prevention and control (IPC)

Protect patients

Patient safety

Patient dignity

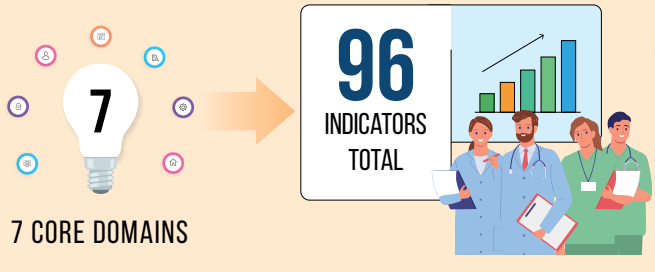
Health system resilience

THE WATER AND SANITATION FOR HEALTH FACILITY IMPROVEMENT TOOL (WASH FIT)

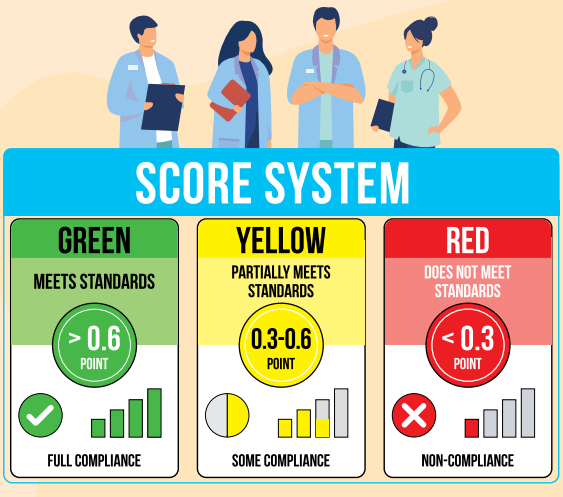
A risk-based continuous quality improvement approach

Support healthcare facilities in assessing, prioritizing, and improving WASH and IPC practices

THE ASSESSMENT PROCESS



ASSESS ····→ PRIORITIZE ····→ IMPROVE



WASH FIT ASSESSMENT IN UZBEKISTAN: IMPLEMENTATION DATA (APRIL 2026)

APRIL 2026

50

TOTAL HEALTHCARE FACILITIES ASSESSED



11	10	8	18	3
REGIONAL HOSPITALS	DISTRICT HOSPITALS	MULTI-PROFILE CENTRAL POLYCLINICS	FAMILY POLYCLINICS	RURAL FAMILY MEDICAL POINTS

GAPS FOUND IN APRIL 2026 WASH FIT AND IPC SERVICES

OVERALL RESULT

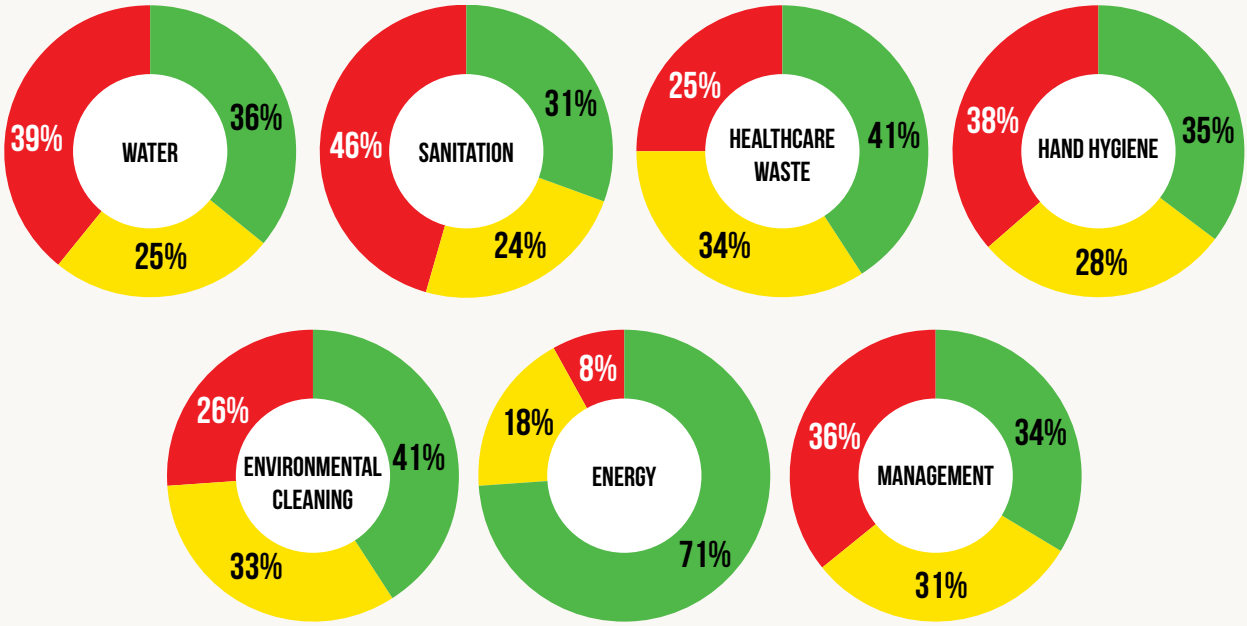
REGIONAL HOSPITALS	DISTRICT HOSPITALS	MULTI-PROFILE CENTRAL POLYCLINICS	FAMILY POLYCLINICS	RURAL FAMILY MEDICAL POINTS
0.8	0.7	0.6	0.4	0.5
MEETS STANDARDS	MEETS STANDARDS	PARTIALLY MEETS STANDARDS	PARTIALLY MEETS STANDARDS	PARTIALLY MEETS STANDARDS

0-1.0 SCALE	
GREEN > 0.6	FULLY MEETS STANDARDS
YELLOW 0.3-0.6	PARTIALLY MEETS STANDARDS
RED < 0.3	DOES NOT MEET STANDARDS

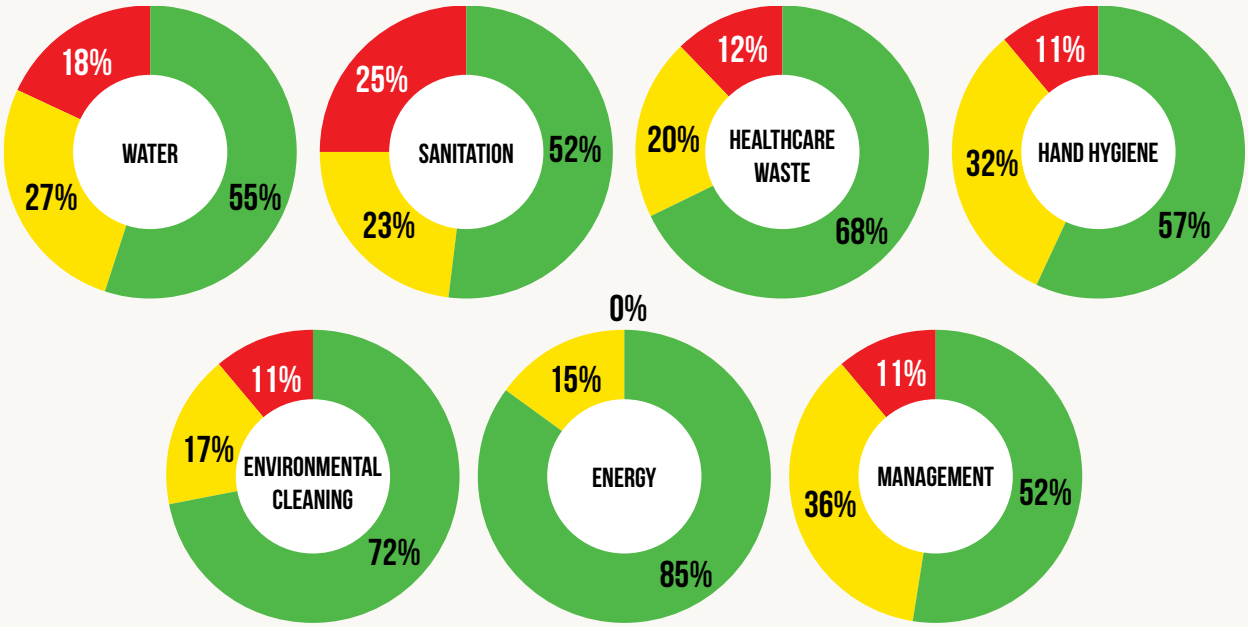
Summary table found in Appendix 'A' Summary of WASH FIT Scores by Facility Type and Figure 1 below.

Summary Results

ALL FACILITIES (N = 50)

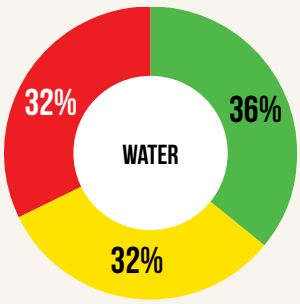


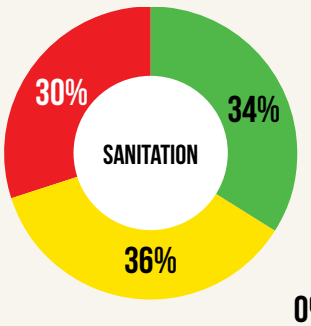
REGIONAL HOSPITALS (N = 11)

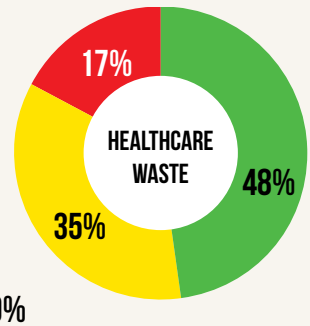


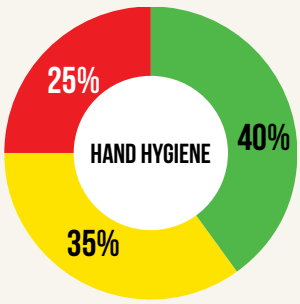


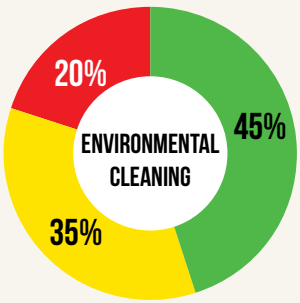
DISTRICT HOSPITALS (N = 10)

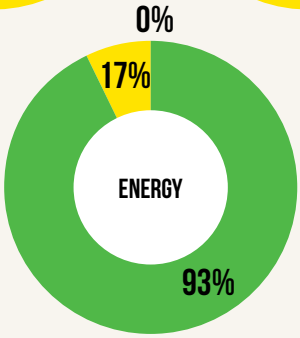


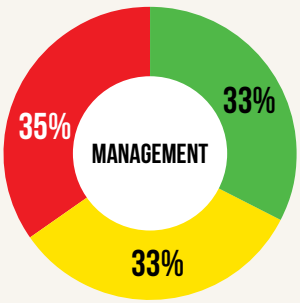




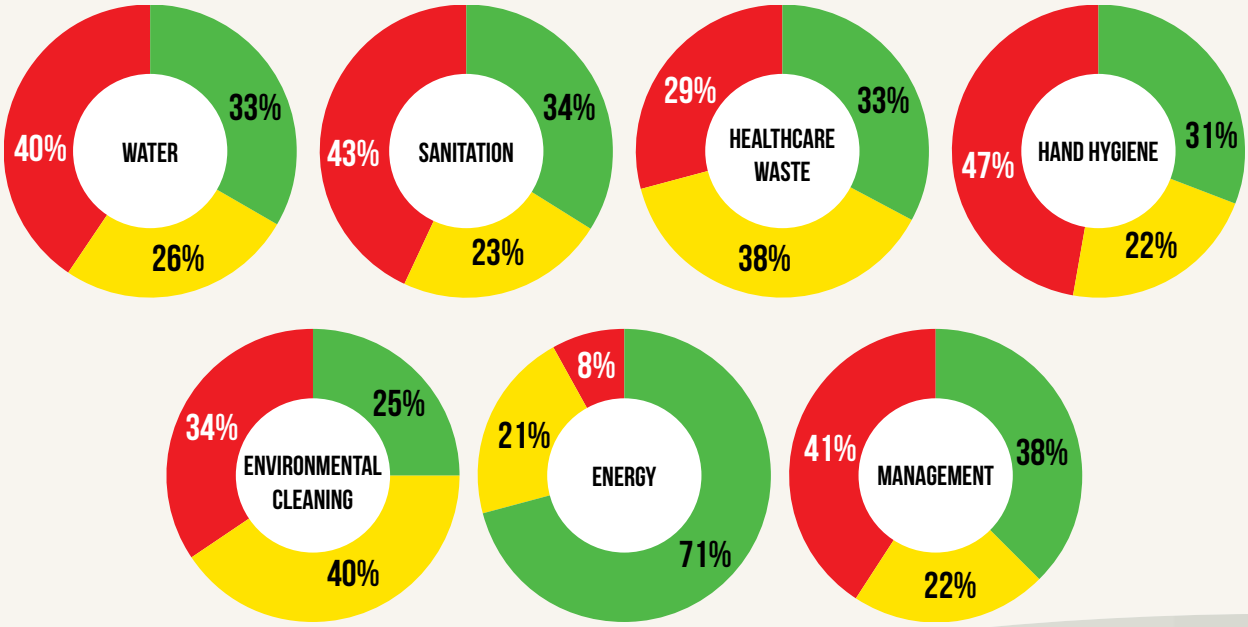








MULTI-PROFILE CENTRAL POLYCLINICS (N = 8)





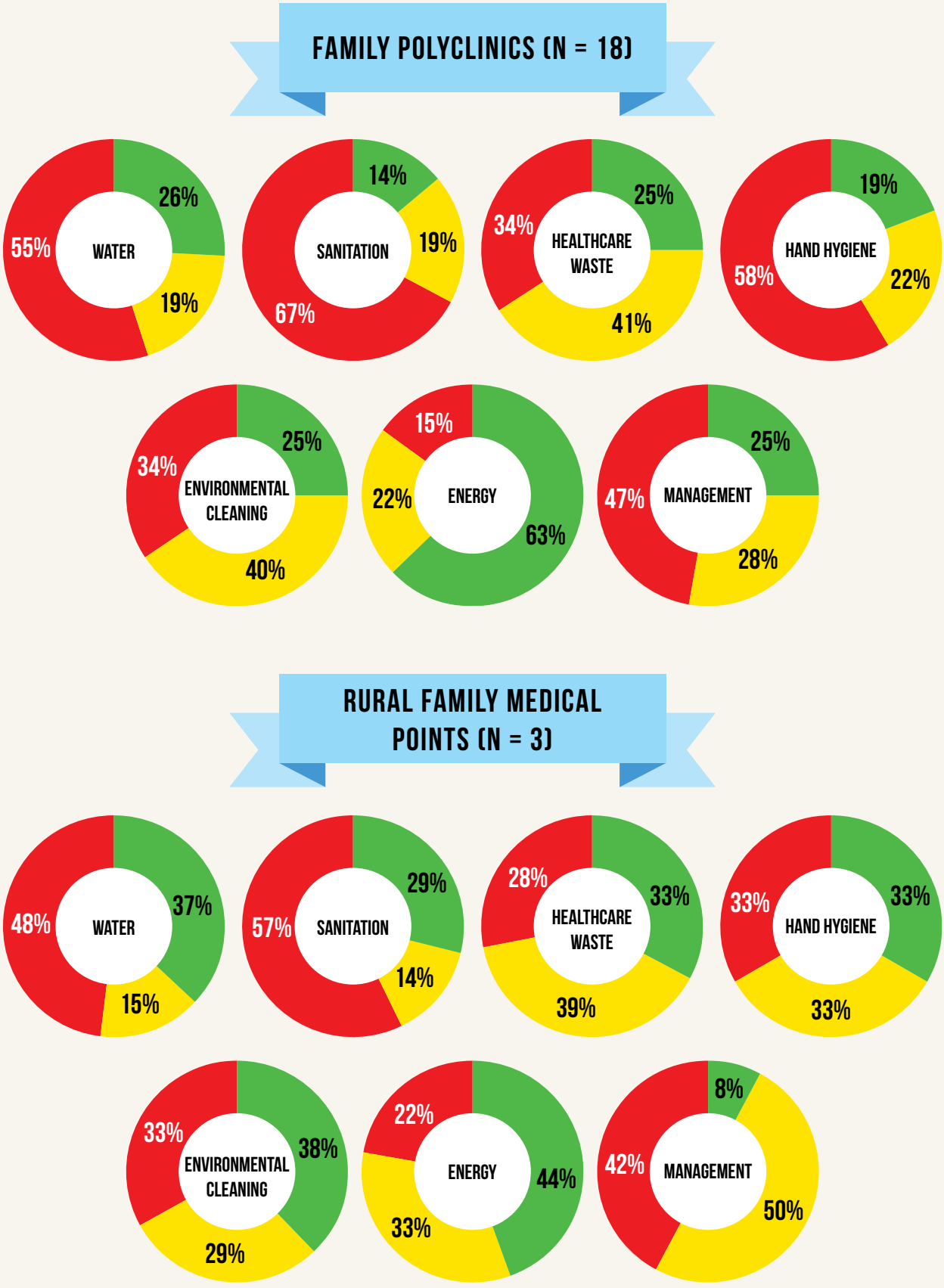


Figure 1. Proportion of health care facilities that "meet standards", "partially meet standards", and "do not meet standards" by WASH FIT category and type of facility

WATER

AVERAGE WASH FIT SCORE

0.5

PARTIALLY MEETS STANDARDS

AVERAGE AMOUNT SPENT

129,781,150 UZS $10,845

4% OF FACILITIES REPORTED **ROUTINE WATER QUALITY TESTING**

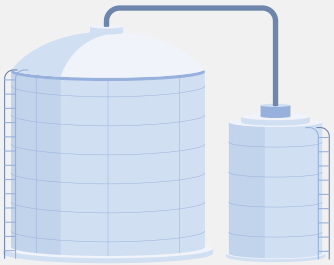
4

HEALTHCARE FACILITIES **HAD NO WATER AVAILABLE**

POOR WATER PRESSURE

INSUFFICIENT WATER STORAGE

56% LACKED SUFFICIENT WATER STORAGE CAPACITY



SANITATION

AVERAGE WASH FIT SCORE

0.5

PARTIALLY MEETS STANDARDS

22% OF FACILITIES REPORTED THAT



NONE OF THE PATIENT TOILETS WERE FUNCTIONAL OR USABLE AT THE TIME OF ASSESSMENT.

ONLY **24%**



HAD SEPARATE TOILETS FOR STAFF USE

34% OF FACILITIES



LACKED ADEQUATE HANDWASHING FACILITIES ADJACENT TO TOILETS

ONLY **16%** OF FACILITIES

HAD ACCESSIBLE TOILETS EQUIPPED WITH MEASURES TO ASSIST ELDERLY PATIENTS, PREGNANT PATIENTS, OR PATIENTS WITH DISABILITIES.

HAND HYGIENE AND ENVIRONMENTAL CLEANING

AVERAGE WASH FIT SCORE

0.5

PARTIALLY MEETS STANDARDS

ONLY

44% HAD FUNCTIONING HAND HYGIENE STATIONS AVAILABLE

40% OF FACILITIES REPORTED NO HAND HYGIENE COMPLIANCE MONITORING ACTIVITIES WHATSOEVER

32% HAD NO OPERATIONAL BUDGE FOR CLEANING SUPPLIES

10% HAD NO CLEANING CONSUMABLES AVAILABLE DURING THE ASSESSMENT

AVERAGE AMOUNT SPENT

75,229,941 UZS $6,286

52% LACKED CLEANING RECORDS

36% LACKED CLEANING PROTOCOLS



20% STATED CLEANING STAFF HAD NOT BEEN TRAINED



HEALTH CARE WASTE MANAGEMENT

AVERAGE WASH FIT SCORE

0.6

PARTIALLY MEETS STANDARDS

88% OF FACILITIES REPORTED

ABSENT OR INADEQUATE PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR STAFF HANDLING MEDICAL WASTES.





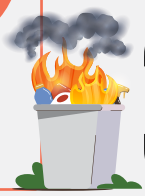
OF FACILITIES **OUTSOURCED HEALTHCARE WASTE DISPOSAL TO THIRD-PARTY PROVIDERS**

86%

YET ASSESSMENT TEAMS REPORTED LIMITED VISIBILITY REGARDING FINAL TREATMENT AND DISPOSAL PRACTICES, RAISING CONCERNS REGARDING ENVIRONMENTAL COMPLIANCE AND UNSAFE DUMPING PRACTICES

AVERAGE AMOUNT SPENT

54,392,954 UZS $4,533



3 FACILITIES WERE FOUND TO BE **BURNING PLASTIC WASTES USING LOW-TEMPERATURE INCINERATORS**

INCLUDING DIOXINS AND FURANS.

ENERGY SYSTEMS



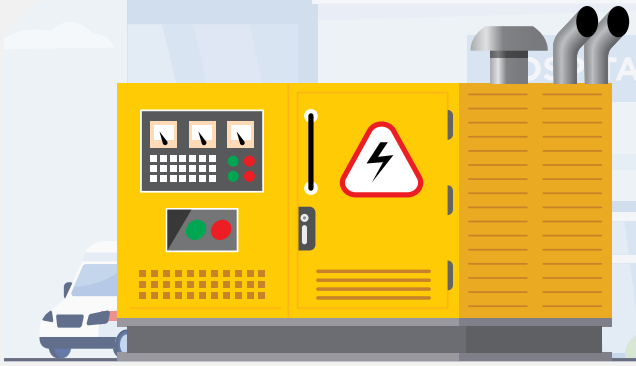


ALL REGIONAL AND DISTRICT HOSPITALS HAD **SUITABLY SIZED BACKUP GENERATORS AVAILABLE**

AVERAGE WASH FIT SCORE

0.8

FULLY MEETS STANDARDS



ONLY



OF MULTI-PROFILE CENTRAL POLYCLINICS AND FAMILY POLYCLINICS

HAD BACKUP POWER SYSTEMS CREATING RISKS

MEDICAL RECORDS | LAB SERVICES | COMMUNI-CATIONS | VACCINE COLD CHAINS | HEALTHCARE SERVICES

WASH / IPC MANAGEMENT

AVERAGE WASH FIT SCORE

0.5

PARTIALLY MEETS STANDARDS



OF FACILITIES HAD TEAMS RESPONSIBLE FOR WASH / IPC WITH CLEAR TERMS OF REFERENCE, REGULAR MEETINGS, AND DOCUMENTED FOLLOW-UP ACTIONS



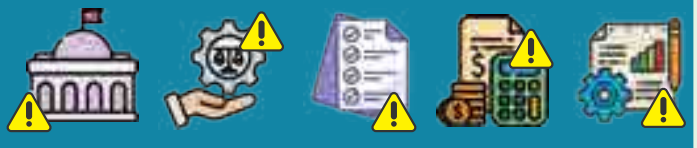
OF FACILITIES REPORTED NO WASH / IPC TRAINING FOR NEW STAFF.





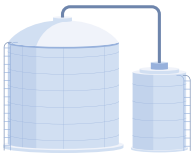
OF FACILITIES REPORTED NO WASH MAINTENANCE.

THESE FINDINGS INDICATE WASH AND IPC CHALLENGES ARE NOT SOLELY INFRASTRUCTURE ISSUES, BUT ALSO **REFLECT BROADER WEAKNESSES** IN GOVERNANCE, ACCOUNTABILITY, SUPERVISION, RECURRENT FINANCING, AND MANAGEMENT SYSTEMS.



Priority Areas for Action

- More detail can be found in the analysis, conclusions and Appendix 'A' Summary of WASH FIT Scores by Facility Type, however the WASH FIT assessment identified many urgent priority areas requiring corrective action and investment by the Ministry of Health and partners including:



INVESTMENT IN RELIABLE **WATER SUPPLY** AND EXPANSION OF GRAVITY-BASED WATER STORAGE CAPACITY

INVESTMENT IN SAFE **DRINKING WATER POINTS**



STRENGTHENING OF ROUTINE **WATER QUALITY MONITORING**



INVESTMENT IN NEW AND REHABILITATED **SANITATION FACILITIES INCLUDING ACCESSIBLE TOILETS**;





ESTABLISHMENT OF **RING-FENCED BUDGETS** FOR WASH AND IPC CONSUMABLES AND MAINTENANCE



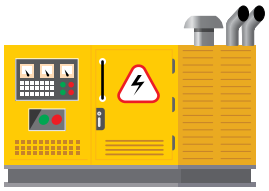
PROVISION OF ADEQUATE **PPE** FOR HEALTHCARE WASTE MANAGEMENT PERSONNEL;

STRENGTHENING REGULATION AND OVERSIGHT OF OUTSOURCED HEALTHCARE WASTE DISPOSAL SYSTEMS;



PHASING OUT UNSAFE LOW-TEMPERATURE **HEALTHCARE WASTE INCINERATORS**;





INVESTMENT IN BACKUP **GENERATORS, SOLAR AND RESILIENT ENERGY SYSTEMS**



STRENGTHENING PREVENTIVE AND CORRECTIVE **MAINTENANCE SYSTEMS**;



IMPROVED **GUIDANCE AND REGULATION** FOR FUNCTIONAL FACILITY-LEVEL WASH / IPC COMMITTEES;

STRENGTHENING **STAFF TRAINING SYSTEMS** FOR WASH, IPC, ENVIRONMENTAL CLEANING, HEALTHCARE WASTE MANAGEMENT, AND HAND HYGIENE COMPLIANCE MONITORING.





Overall, the WASH FIT assessment demonstrates that while important progress has been made in health care facility WASH and IPC services, major systemic gaps remain in reliability, sustainability, operation, maintenance, and governance. Addressing these deficiencies will require not only capital investment in infrastructure, but also long-term strengthening of governance systems, recurrent financing mechanisms, operational management capacity, preventive maintenance, regulatory oversight, and institutional accountability across all levels of the health care system.



Without urgent corrective action, these deficiencies will continue to present serious risks to infection prevention and control, patient safety, occupational health, environmental health, and continuity of essential healthcare services. Strengthening WASH and IPC systems should therefore be considered a core component of health care quality improvement, health system resilience, and staff and patient safety within the Republic of Uzbekistan.

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1.
INTRODUCTION





1. INTRODUCTION

Access to safe water, sanitation and hygiene (WASH) services in health care facilities at all levels is fundamental to infection prevention and control (IPC), patient safety, patient dignity, and health system resilience, helping protect patients, healthcare workers, and visitors from healthcare-associated communicable disease transmission.

Uzbekistan's public healthcare system is organised across several levels of care, ranging from community-based primary healthcare facilities to specialised regional hospitals. The facility types included in this assessment are described below.



REGIONAL HOSPITALS

Regional hospital providing specialised referral and advanced inpatient and outpatient care for the region.



DISTRICT HOSPITALS

District-level hospital providing general inpatient, maternity, emergency, and specialist services.



MULTI-PROFILE CENTRAL POLYCLINICS (MARKAZIY KO'P TARMOQLI POLIKLINIKA – MKTP)

Specialist outpatient facility providing consultations, diagnostics, and referral services. Patients visit their family polyclinic as primary point of contact and are referred to the multi-profile central polyclinic for specialist outpatient care.



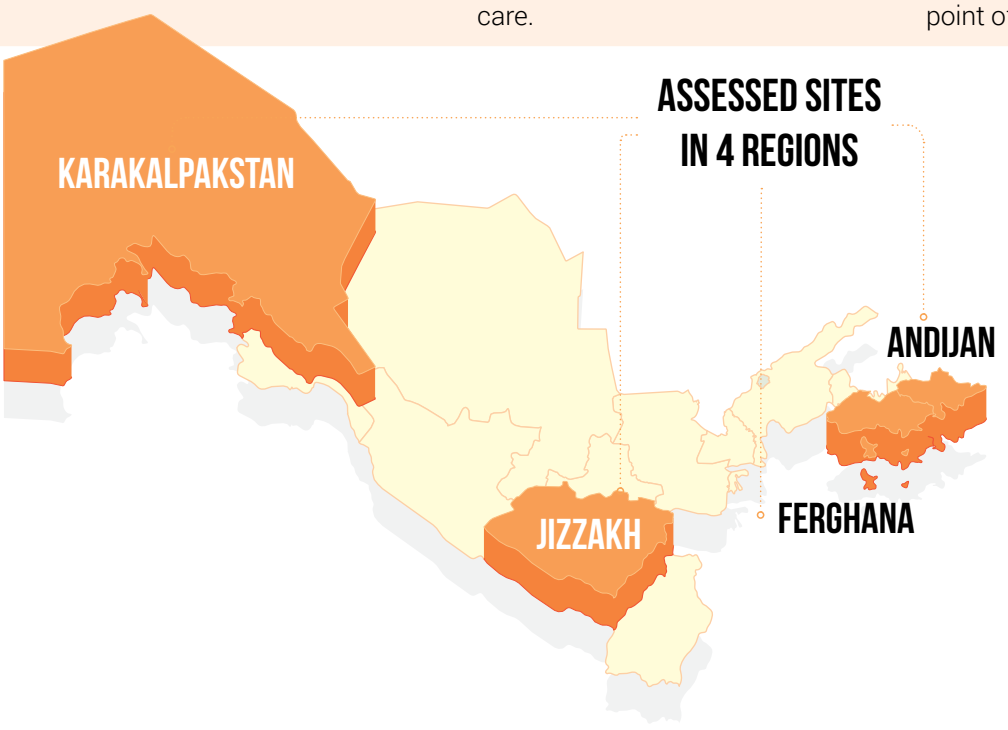
FAMILY POLYCLINICS (OILAVIY POLIKLINIKA – OP)

Urban primary healthcare facility providing family medicine consultations, preventive care, and basic diagnostic services. The facility serves as the initial point of contact for patients.



RURAL FAMILY MEDICAL POINTS (OILAVIY SHIFOKORLIK PUNKTI – OSP)

Rural primary healthcare facility providing essential healthcare services and referral to higher levels of care. The facility is run as a satellite service under the family polyclinic, with the family polyclinic as the primary point of care.



The WASH FIT assessment was conducted across 50 healthcare facilities located in Andijan, Ferghana, Jizzakh, and Karakalpakstan. The assessment included the following representative range of healthcare facility types, including regional hospitals, district hospitals, multi-profile central polyclinics, family polyclinics, and rural family medical points, as summarized below.

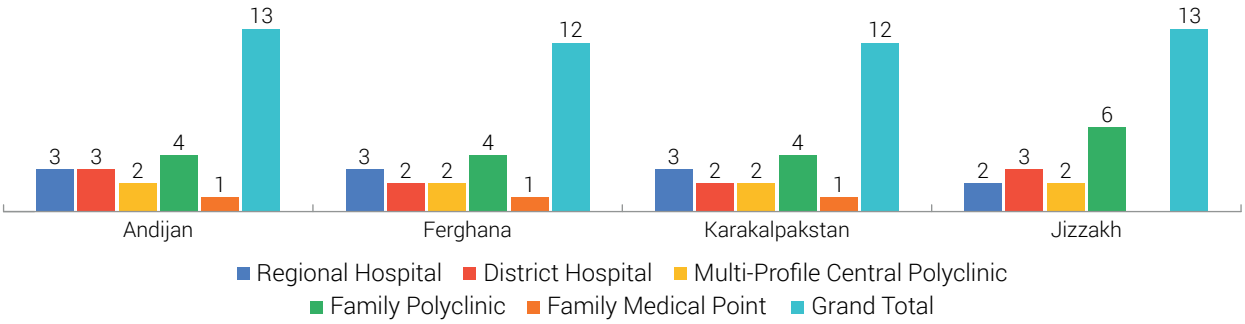


Table 1: Number and type of facility assessed using the WASH FIT approach by region

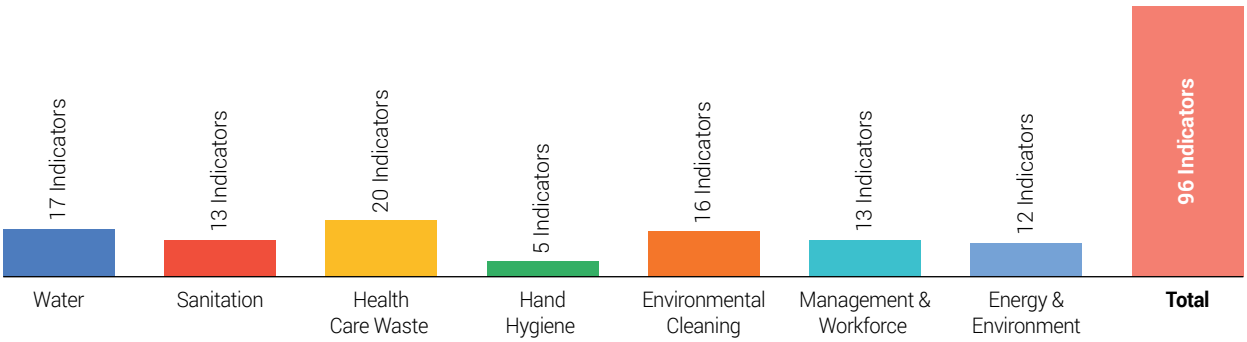
The list of individual health care facilities included the WASH FIT assessment can be found in in Annex 'J' List of Health Facilities Assessed.

1.1 The WASH FIT survey tool

The Water and Sanitation for Health Facility Improvement Tool (WASH FIT)[1] is a risk-based continuous quality improvement approach developed by the World Health Organization (WHO) and UNICEF to support healthcare facilities in assessing, prioritizing, and improving Water, Sanitation and Hygiene (WASH) services and Infection Prevention and Control (IPC) practices. The WASH FIT methodology is widely recognized as a practical framework for strengthening healthcare facility environmental health standards and promoting safer, more resilient health systems. WASH FIT assessments are carried out through direct observation, document review, staff interviews, and verification of infrastructure and operational practices.

1.2 The WASH FIT scoring methodology

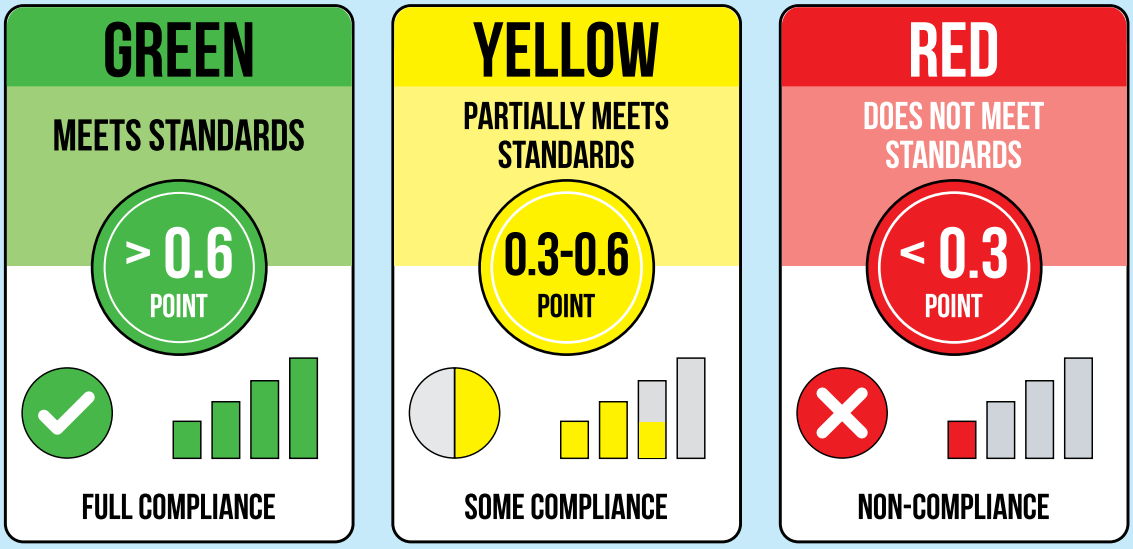
The WASH FIT assessment evaluates seven core domains within each healthcare facility, comprising a total of 96 indicators, as summarized below.



1 World Health Organization (WHO). (2022). WASH FIT: A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities. Second edition. Retrieved from https://www.who.int/publications/i/item/9789240043237.



Each individual indicator question was given a score based on whether the facility meets minimum standards (green = 1 points), partially meets minimum standards (orange = 0.5 point), or does not meet minimum standards (red = 0 points). Combined scores were evaluated as follows: < 0.3 = "Does Not Meet Standard"; 0.3 to 0.6 = "Partially Meets Standard"; > 0.6 = "Fully Meets Standard".







2.
METHODOLOGY





2. METHODOLOGY

2.1 The data collection tool

The WASH FIT survey was conducted using an adapted version of the WHO WASH FIT data collection tool found in Annex 'I' WASH FIT Data Collection Tool. The tool was coded into Kobo and uploaded to Open Data Kit (ODK) to facilitate Mobile Data Collection (MDC).

2.2 Orientation and training

A two-day orientation and training programme was conducted prior to the commencement of field data collection to familiarize participants with the WASH FIT methodology, assessment indicators, and digital data collection procedures. The training was implemented in four pilot regions: Andijan, Ferghana, Jizzakh and Karakalpakstan. Participants included Ministry of Health focal points, representatives from district branches of the Committee for Sanitary and Epidemiological Wellbeing and Public Health, healthcare facility focal points, and regional master data collectors.



Figure 2. WASH FIT Training in Andijan



Figure 3. WASH FIT Training in Ferghana



Figure 4. WASH FIT Training in Nukus



Figure 5. WASH FIT Training Jizzakh

The first day focused on the objectives and principles of the WASH FIT approach, including key assessment domains such as water supply, sanitation, healthcare waste management, hygiene, environmental cleaning, energy and environmental considerations, and management and budgeting. Sessions combined presentations, group exercises, and practical discussions. Participants also received hands-on training on the Kobo digital data collection platform, including review and practice of assessment questions and data entry procedures.

The second day consisted of practical field-based exercises in selected healthcare facilities, where participants conducted supervised pilot assessments using the Kobo tool. This practical session allowed teams to familiarize themselves with the assessment workflow, strengthen consistency in data collection, and address operational issues prior to the formal rollout of the assessment. Pre- and post-tests, participant feedback, and logistical briefings were also conducted to support quality assurance and coordination of the regional data collection process.

2.3 Pre and post-test scoring

A pre and post-test was used to measure knowledge increase during the training. Results show a slight increase in knowledge in the post-test.

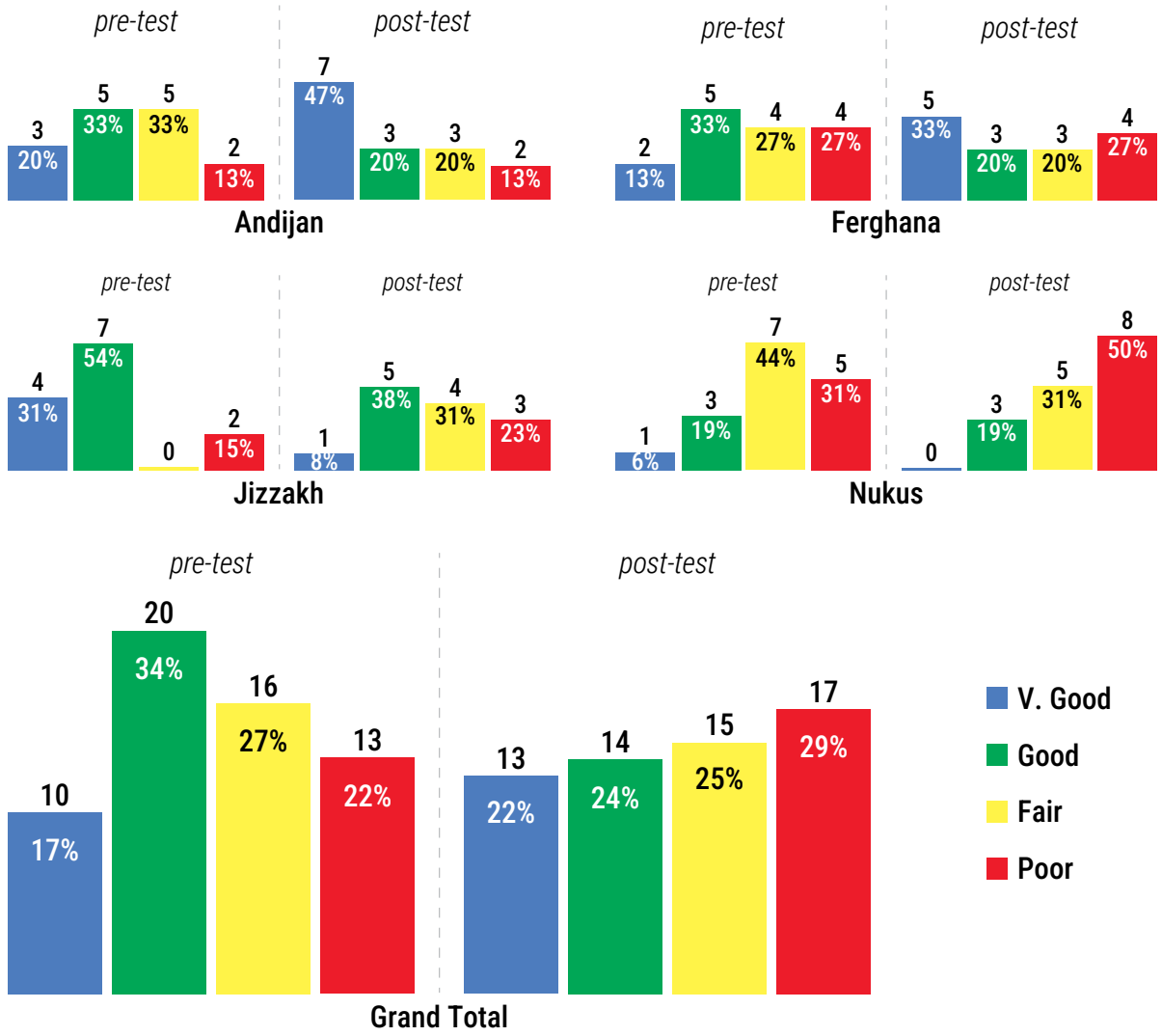


Table 2: Summary of pre-test and post-test scores by region

2.4 Participant feedback

Participant feedback was generally positive.

- 76% (46/60) of participants stated they were very satisfied with the organisational aspects.
- 72% (43/60) of participants stated the training materials were excellent.
- 80% (48/60) of participants stated the training information was very clear.

	Nukus	Andijan	Fergana	Jizzakh
1. How satisfied are you with the organizational aspects of the training, including the coffee break and lunch?				
• Very satisfied	83%	83%	57%	82%
• Satisfied	17%	17%	43%	18%
• Neutral	0	0	0	0
• Dissatisfied	0	0	0	0
2. How would you rate the content of the training materials and their usefulness for your work?				
• Excellent	67%	85%	62%	73%
• Good	33%	0	38%	9%
• Satisfactory	0	15%	0	18%
• Unsatisfactory	0	0	0	0
3. How clear and understandable was the information provided during the training?				
• Very clear	83%	75%	87%	73%
• Mostly clear	17%	25%	13%	27%
• Partly clear	0	0	0	0
• Not clear	0	0	0	0

Table 3: Training feedback from participants







3. RESULTS







3. RESULTS

3.1 Water

Access to sufficient quantities of safe and clean water is essential for the safe operation of health care facilities and forms a fundamental component of infection prevention and control (IPC). Reliable water services are required for medical procedures, environmental cleaning, laundry, personal hygiene, safe drinking water, sanitation, and food preparation. Regular water quality monitoring is also necessary to prevent microbiological and chemical contamination and to monitor the impacts of climate change, including increasing salinity and deterioration of groundwater quality in vulnerable regions.

3.1.1 Main water source

An improved water source is defined as a source which, by nature of its design and construction, has the potential to deliver safe water. Improved water sources include piped water supplies, boreholes or tubewells, protected dug wells, protected springs, rainwater harvesting systems, and packaged or delivered water. Unimproved sources include unprotected dug wells, unprotected springs, and surface water sources such as rivers, lakes, streams, ponds, canals, and irrigation channels.

- The main water source in 37 facilities was piped water.
- The main water source in 13 facilities was a borehole with a motorized pump.

Health Facility Type	Piped water connection	Borehole with motorized pump
Family Medical Point	3	0
Family Polyclinic	13	5
Multi-Profile Central Polyclinic	6	2
District Hospital	6	4
Regional Hospital	9	2
Grand Total (n=50)	**37**	**13**

Table 4: Main water source in the health care facility



Figure 6. Piped Water Connection at Rishtan District Medical Association Ferghana



Figure 7. Borehole with Motorized Pump at Family Polyclinic # 44 Rishton Ferghana

3.1.2 Water supply accessible on premises

Access to an improved water source alone is not sufficient to ensure safe and reliable water services within healthcare facilities. To support effective infection prevention and control (IPC), clinical care, cleaning, and hygiene practices, water supplies must be directly accessible within healthcare facility buildings rather than located elsewhere within the compound or outside the facility premises.

- 88% (44/50) of health care facilities had improved water supply accessible on premises (within facility buildings).
- 12% (6/50) of health care facilities had improved water supply accessible on premises (but outside of facility building).

The assessment found that access to improved on-premises water supplies was generally strongest in Regional Hospitals, District Hospitals, and Multi-Profile Central Polyclinics, where 100% of facilities met the minimum standard. Lower levels of compliance were observed in smaller primary healthcare facilities, particularly Family Medical Points and Family Polyclinics, where some facilities relied on external connections or standpipes rather than direct indoor water access.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	33%	0%
Family Polyclinic (n = 18)	72%	28%	0%
Multi-Profile Central Polyclinic (n = 8)	100%	0%	0%
District Hospital (n = 10)	100%	0%	0%
Regional Hospital (n = 11)	100%	0%	0%
Total (n = 50)	**88%**	**12%**	**0%**

Table 5: Improved water supply accessible on premises



Figure 8. Booster Pump Installation at Family Polyclinic No. 1, Nukus



Figure 9. Booster Pump at Republican SSPMCMCH, Ferghana



Figure 10. Booster Pump Installation at Andijan Regional Multidisciplinary Medical Centre



Figure 11. Booster Pump Installation at Family Polyclinic No. 23, Kungrad

3.1.3 Water available at time of assessment.

Access to an improved water source alone is not sufficient to ensure safe and reliable water services within healthcare facilities, the water supply needs to be available 24 hours a day, 7 days a week.

- 42% (21/50) of health care facilities had water available throughout the facility.
- 50% (25/50) of health care facilities had water available from some but not all water points.
- 8% (4/50) had no water available at the time of assessment.

The assessment found that many facilities had problems with water not reaching all taps at the time of the assessment, especially on upper floors where there were insufficient pressures.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	33%	0%
Family Polyclinic (n = 18)	33%	50%	17%
Multi-Profile Central Polyclinic (n = 8)	50%	50%	0%
District Hospital (n = 10)	30%	60%	10%
Regional Hospital (n = 11)	55%	45%	0%
Total (n = 50)	**42%**	**50%**	**8%**

Table 6: Water available at time of assessment

3.1.4 Water supply functioning in last 3 months.

To support effective infection prevention and control (IPC), clinical care, cleaning, and hygiene practices, water supplies must reliable.

- 60% (30/50) of health facilities stated in the last 3 months the main water supply system had no breakdowns or any breakdowns were repaired within 48 hours.
- 12% (6/50) of health facilities stated the water supply system had breakdowns but they were repaired within one week.
- 28% (14/50) of facilities stated the water supply system had breakdowns that took longer than one week to repair OR remain unrepaired.

The assessment found that in the last 3 months most health care facilities had no breakdowns and any breakdowns were repaired within 48 hours. Of concern were 28% of facilities reporting the water supply system had breakdowns that took longer than one week to repair OR remain unrepaired.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	0%	33%
Family Polyclinic (n = 18)	56%	11%	33%
Multi-Profile Central Polyclinic (n = 8)	63%	13%	25%
District Hospital (n = 10)	40%	30%	30%
Regional Hospital (n = 11)	82%	0%	18%
Total (n = 50)	**60%**	**12%**	**28%**

Table 7: Water supply functioning in the last 3 months



Figure 12. Low Water Pressure and Intermitted Supply at Rishtan District Medical Association



Figure 13. Low Water Pressure and Intermitted Supply at Andijan City Multi-Profile Central Polyclinic



Figure 14. Low Water Pressure and Intermitted Supply at Ferghana City Multidisciplinary Central Polyclinic



Figure 15. Low Water Pressure and Intermitted Supply at Republican SSPMCMCH, Andijan

3.1.5 Taps for cleaning and handwashing connected and functioning.

Pipe water infrastructure with taps for cleaning and handwashing alone are not sufficient to ensure safe and reliable water services within healthcare facilities. To support effective infection prevention and control (IPC), clinical care, cleaning, and hygiene practices, these taps should be functional.

- 62% (31/50) of health facilities had all taps connected and functioning.
- 24% (12/50) of health facilities had more than half of all taps are connected and functioning.
- 14% (7/50) of health facilities had less than half of all taps are connected and functioning.

The assessment found that regional hospitals and district hospitals generally had higher levels of taps that were connected and functioning. Lower levels of functioning were observed in smaller primary healthcare facilities, particularly family polyclinics. The Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District was of particular concern as it had less than half the taps functioning.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	0%	33%
Family Polyclinic (n = 18)	44%	28%	28%
Multi-Profile Central Polyclinic (n = 8)	63%	38%	0%
District Hospital (n = 10)	70%	30%	0%
Regional Hospital (n = 11)	82%	9%	9%
Total (n = 50)	**62%**	**24%**	**14%**

Table 8: Taps connected and functioning



Figure 16. Broken Tap at Family Polyclinic # 44 Rishton



Figure 17. Broken Tap at Kungrad District Medical Association

3.1.6 Water storage tanks available for supply disruption

Water storage tanks are essential to ensure availability of water supply in case of service disruption.

- 34% (17/50) of health care facilities were found to have water storage that is protected and sufficient for two days' needs.
- 10% (5/50) of health facilities were found to have protected storage but only enough for one day.
- 56% (28/50) of health facilities were found to have no storage or storage available for less than one day.

The assessment found that access to water storage was generally best in regional hospitals with lower levels of compliance observed in smaller primary healthcare facilities, particularly family medical points and family polyclinics. Alarmingly, half of the district hospitals and more than half the multi-profile central polyclinics visited had less than one day of water storage.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	33%	0%	67%
Family Polyclinic (n = 18)	11%	17%	72%
Multi-Profile Central Polyclinic (n = 8)	25%	13%	0%
District Hospital (n = 10)	40%	10%	50%
Regional Hospital (n = 11)	73%	0%	27%
Total (n = 50)	**34%**	**10%**	**56%**

Table 9: Water reservoirs available for supply disruption



Figure 18. Water Storage at Family Polyclinic # 44 Rishton



Figure 19. Water Storage at Family Polyclinic No. 9, Andijan City



Figure 20. Water Storage at Shakhrikhon District Medical Association



Figure 21. Water Storage at Rishtan District Medical Association

3.1.7 Functioning drinking water stations

Health care facilities should be equipped with locations where staff, patients and care givers can access safe drinking water.

- 6% (3/50) of health facilities had drinking water in all locations, at all times.
- 32% (16/50) of health facilities had drinking water available but only in some places, only sometimes.
- 62% (31/50) of health facilities had no drinking water available

The assessment found that access to drinking water was generally better in regional hospitals and district hospitals. Despite this, it was particularly concerning to see that 60% of district hospitals and 36% of regional hospitals have no safe drinking water points where patients, staff, or care givers can access safe drinking water.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	33%	67%
Family Polyclinic (n = 18)	0%	17%	83%
Multi-Profile Central Polyclinic (n = 8)	0%	50%	50%
District Hospital (n = 10)	0%	40%	60%
Regional Hospital (n = 11)	27%	36%	36%
Total (n = 50)	**6%**	**32%**	**62%**

Table 10: Functioning drinking water stations



Figure 22. Drinking Water at Ferghana City Medical Association



Figure 23. Drinking Water at Ferghana City Multidisciplinary Central Polyclinic

3.1.8 Water quality routinely tested.

Access to an improved water source alone is not sufficient to ensure safe and reliable water services within healthcare facilities. Water supplies should be tested at least annually to ensure they are within chemical and biological safety limits.

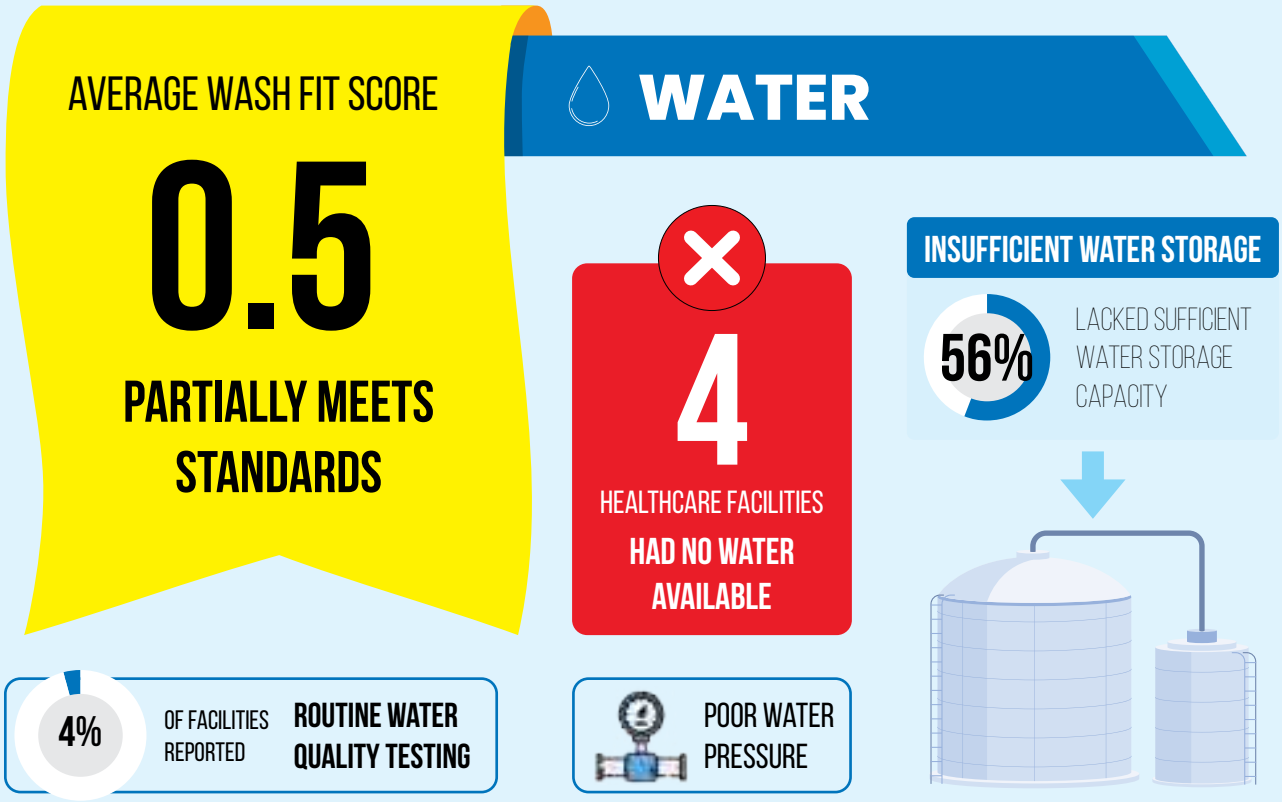
- 4% (2/50) of health care facilities stated water quality was routinely and regularly tested according to standards.
- 26% (13/50) of health care facilities stated water quality was tested but not routinely or regularly.
- 70% (35/50) stated no testing takes place.

The assessment found that water quality testing is sporadic with many facilities stating testing does not take place at all. The situation is generally better at the regional and district hospital level but overall, it is of concern and should be followed up with SanEpidCom.

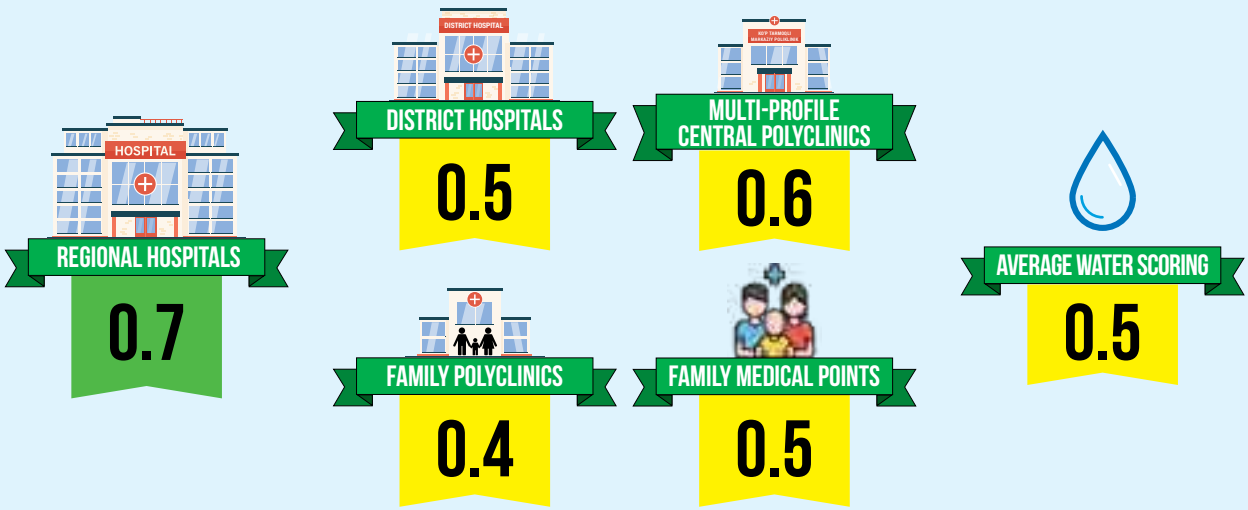
Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	0%	100%
Family Polyclinic (n = 18)	11%	11%	78%
Multi-Profile Central Polyclinic (n = 8)	0%	13%	88%
District Hospital (n = 10)	0%	30%	70%
Regional Hospital (n = 11)	0%	64%	36%
Total (n = 50)	**4%**	**26%**	**70%**

Table 11: Routine water quality testing

3.1.9 Water WASH FIT scores



The overall WASH FIT score for water services was 0.5, corresponding to a "Partially Meets Standards" rating. Regional hospitals achieved the highest performance (0.7), followed by district hospitals (0.5), while family polyclinics scored substantially lower (0.4), highlighting significant inequities in infrastructure reliability and service continuity. Please note that the full scores for each facility, by type and region can be found in Appendix 'B' WASH FIT Water Scores by Facility Type and Region.



The overall WASH FIT scores for individual indicators were as follows:

The average score for **"improved water supply piped into the facility or on premises and available"**



Fully Meets Standard

The average score for **"water for drinking, cleaning, and handwashing available at time of assessment"**



Fully Meets Standard

The average score for **"main water supply functioning in last 3 months"**



Partially Meets Standards

The average score for **"taps for cleaning and handwashing connected and functioning"**



Fully Meets Standard

The average score for **"water storage tanks available for supply disruption"**



Partially Meets Standards

The average score for **"a reliable drinking water station is present and accessible for staff, patients and care takers at all times and in all locations/ wards"**



Does Not Meet Standards

The average score for **"water quality routinely tested"**



Does Not Meet Standards

Scoring Note: < 0.3 = "Does Not Meet Standards"; 0.3 to 0.6 = "Partially Meets Standards"; > 0.6 = "Fully Meets Standards"

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Water Indicators	**Regional Hospi-tals**	**District Hospi-tals**	**Multi-Profile Central Poly-clinics**	**Family Poly-clinics**	**Rural Doctor Points**	**Average**	**Rating**
Improved water supply piped into the facility or on premises and available.	1.0	1.0	1.0	0.9	0.8	0.9	Fully
Water for drinking, cleaning, and handwashing available at time of assessment.	0.8	0.6	0.8	0.6	0.8	0.7	Fully
Main water supply functioning in last 3 months.	0.8	0.6	0.7	0.6	0.7	0.6	Partial
Taps for cleaning and handwashing connected and functioning.	0.9	0.9	0.8	0.6	0.7	0.7	Fully
Water storage tanks available for supply disruption.	0.7	0.5	0.3	0.2	0.3	0.4	Partial
A reliable drinking water station is present and accessible for staff, patients and care takers at all times and in all locations/ wards.	0.5	0.2	0.3	0.1	0.2	0.2	Does Not
Water quality routinely tested.	0.3	0.2	0.1	0.2	0.0	0.2	Does Not
SCORE	**0.7**	**0.5**	**0.6**	**0.4**	**0.5**	**0.5**	**Partial**
	Fully	Partial	Partial	Partial	Partial	Partial	

Table 12: Distribution of water scores by indicator and facility type

3.2 Toilets (Sanitation)

Proper toilets are crucial for preventing the spread of diseases and ensuring dignity and safety for staff, patients, and care-givers. Health care facilities must have clean, well-maintained, and adequate toilets with separate toilets for staff and patients. Girls' toilets should have specific provisions for menstrual hygiene management, including disposal bins and washing areas with soap and water.

3.2.1 Types of toilets

Improved toilets are defined as those designed to hygienically separate excreta from human contact. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. Improved facilities include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.

- 20 Facilities reported they had a flush toilet to septic tank.
- 20 Facilities reported they had a flush toilet to sewer.
- 10 Facilities reported they had a pit latrine with concrete slab and lined pit.

The assessment found that pit latrines with concrete slabs were more common at family polyclinics and Family Medical Points, with flush toilets found predominantly in regional hospitals, district hospitals and multi-profile central polyclinics.

Health Facility Type	Flush toilet to septic tank	Flush toilet to sewer	Pit latrine with slab and lined pit	No toilets
Family Medical Point	1	0	2	0
Family Polyclinic	6	4	8	0
Multi-Profile Central Polyclinic	4	4	0	0
District Hospital	5	5	0	0
Regional Hospital	4	7	0	0
Grand Total	**20**	**20**	**10**	**0**

Table 13: Types of toilets in the health care facilities



Figure 24. Pit Latrine at Family Polyclinic # 100, Rishton



Figure 25. Pit Latrine at Family Policlinic № 10 Ferghana



Figure 26. Republican Specialized Scientific-Practical Medical Centre for Maternal and Child Health, Karakalpakstan Branch



Figure 27. Toilets at Ferghana Regional Children's Multidisciplinary Medical Centre

3.2.2 Sufficient numbers of toilets

Health care facilities should be equipped with sufficient numbers of toilets for staff, patients and care givers with privacy and dignity.

- 40% (20/50) of health facilities had two or more improved toilets for outpatients plus one per 20 users / inpatients.
- 30% (15/50) of health facilities had sufficient toilets for outpatients or inpatients, but not both.
- 30% (15/50) of health facilities had insufficient numbers of toilets or the existing toilets are not improved.

The assessment found that access to functional toilets was generally better in regional hospitals and district hospitals.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	67%	33%
Family Polyclinic (n = 18)	17%	28%	56%
Multi-Profile Central Polyclinic (n = 8)	38%	38%	25%
District Hospital (n = 10)	50%	40%	10%
Regional Hospital (n = 11)	82%	9%	9%
Total (n = 50)	**40%**	**30%**	**30%**

Table 14: Sufficient numbers of toilets

3.2.3 Toilets are available and usable

It is not sufficient that toilets exist, they should also be available (not locked) and usable (not broken or in insanitary condition).

- 40% (20/50) of health care facilities were found to have all patient toilets available and usable at the time of the visit.
- 38% (19/50) of health facilities had some but not all patient toilets available and usable at the time of the visit.
- 22% (11/50) of health facilities had none of the patient toilets available or usable at the time of the visit.

The assessment found that access to available and usable toilets was generally better in regional hospitals and district hospitals. It was particularly concerning to see large numbers of multi-profile central polyclinics, family polyclinics, and Family Medical Points with no available or usable toilets at the time of the visit.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	0%	33%
Family Polyclinic (n = 18)	6%	50%	44%
Multi-Profile Central Polyclinic (n = 8)	38%	38%	25%
District Hospital (n = 10)	50%	50%	0%
Regional Hospital (n = 11)	82%	18%	0%
Total (n = 50)	**40%**	**38%**	**22%**

Table 15: Toilets are available and usable



Figure 28. Non Functional Toilet Kungrad District Medical Association



Figure 29. Broken Toilet Nukus City Medical Association

3.2.4 Toilet clearly separated and labelled by gender

Health facility toilets should be clearly separated and labelled by gender to ensure privacy, dignity, and safety to all patients and care givers.

- 40% (20/50) of health facilities had separate toilets for male / female use and are clearly labelled (and provide privacy for users).
- 34% (17/50) of health facility had separate toilets exist but not clearly labelled.
- 26% (13/50) of health facilities had no separate toilets.

The assessment found that gender separated toilets were generally better in regional hospitals and district hospitals. Despite this, it was particularly concerning to see that 10% of district hospitals, 9% of regional hospitals and 44% of family polyclinics did not have separate toilets for male and female patients.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	0%	33%
Family Polyclinic (n = 18)	33%	22%	44%
Multi-Profile Central Polyclinic (n = 8)	50%	25%	25%
District Hospital (n = 10)	30%	60%	10%
Regional Hospital (n = 11)	45%	45%	9%
Total (n = 50)	**40%**	**34%**	**26%**

Table 16: Toilets separated and labelled by gender



Figure 30. Republican Specialized Scientific-Practical Medical Centre for Maternal and Child Health, Karakalpakstan Branch



Figure 31. Toilets Separated by Gender at Ferghana City Multidisciplinary Central Polyclinic

3.2.5 Toilets clearly separated for staff and patients

Ideally staff should be able to access dedicated and separate toilets from patients to ensure privacy, dignity, and safety.

- 24% (12/50) of health facilities had at least one functional toilet for staff use and is clearly separated / labelled.
- 32% (16/50) of health facilities had toilet for staff use, but toilet is not clearly separated / labelled or functional.
- 44% (22/50) of health facilities had no separate toilets for staff use.

The assessment found that availability of separate toilets for staff was generally better in regional hospitals and district hospitals. Despite this, it was particularly concerning to see that 20% of district hospitals and 50% of multi-profile central polyclinics do not have separate toilets for staff use.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	0%	100%
Family Polyclinic (n = 18)	17%	17%	67%
Multi-Profile Central Polyclinic (n = 8)	25%	25%	50%
District Hospital (n = 10)	30%	50%	20%
Regional Hospital (n = 11)	36%	55%	9%
Total (n = 50)	**24%**	**32%**	**44%**

Table 17: Toilets clearly separated for staff and patients



Figure 32. Separate Staff Toilets at Andijan Regional Children's Multidisciplinary Medical Centre



Figure 33. Separate Staf Toilets at U. Khalmuratov Republican Multidisciplinary Medical Centre

3.2.6 Functioning hand hygiene stations within 5 meters of toilets

All toilets in a health facility should be equipped with a functioning handwashing place equipped with soap and water to ensure proper hand hygiene.

- 54% (10/50) of health care facilities had all toilets with functional handwashing stations within 5 metres.
- 12% (6/50) of health care facilities had at least 50% of toilets with functioning handwashing stations within 5 metres.
- 34% (17/50) of health care facilities had fewer than 50% of toilets with functioning handwashing stations within 5 metres.

The assessment found that access to hand washing stations was generally better in regional hospitals and district hospitals. Despite this, it was particularly concerning to see that 10% of district hospitals, 9% of regional hospitals and 67% of family polyclinics did not have functional handwashing with soap and water within 5 metres of toilets.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	0%	33%
Family Polyclinic (n = 18)	17%	17%	67%
Multi-Profile Central Polyclinic (n = 8)	63%	13%	25%
District Hospital (n = 10)	70%	20%	10%
Regional Hospital (n = 11)	91%	0%	9%
Total (n = 50)	**54%**	**12%**	**34%**

Table 18: Functioning hand hygiene stations within 5 metres of toilets



Figure 34. Handwashing Sink with No Soap at Family Polyclinic No. 1, Nukus City



Figure 35. Handwashing Sink with Soap at Ferghana City Medical Association

3.2.7 Toilets for patients with reduced mobility

Health care facilities should be equipped with adapted toilets for patients with reduced mobility, not just for disabled patients but also elderly patients, pregnant patients and those with limited mobility.

- Only 16% (8/50) of health care facilities had one or more functional toilet that meets need of people with reduced mobility.
- 20% (10/50) of health facilities had a toilet that meets needs of people with reduced mobility but is not functional or toilet is functional but only partially meets needs of people with reduced mobility.
- 64% (32/50) of health facilities had no toilets for disabled users.

The assessment found poor levels of coverage of accessible toilets at all levels of the health care system. It was particularly concerning to see that 64% of health care facilities had no accessible toilets adapted to elderly patients, pregnant patients, or patients with limited mobility.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	33%	67%
Family Polyclinic (n = 18)	11%	0%	89%
Multi-Profile Central Polyclinic (n = 8)	25%	25%	50%
District Hospital (n = 10)	10%	30%	60%
Regional Hospital (n = 11)	27%	36%	36%
Total (n = 50)	**16%**	**20%**	**64%**

Table 19: Accessible toilets for patients with reduced mobility

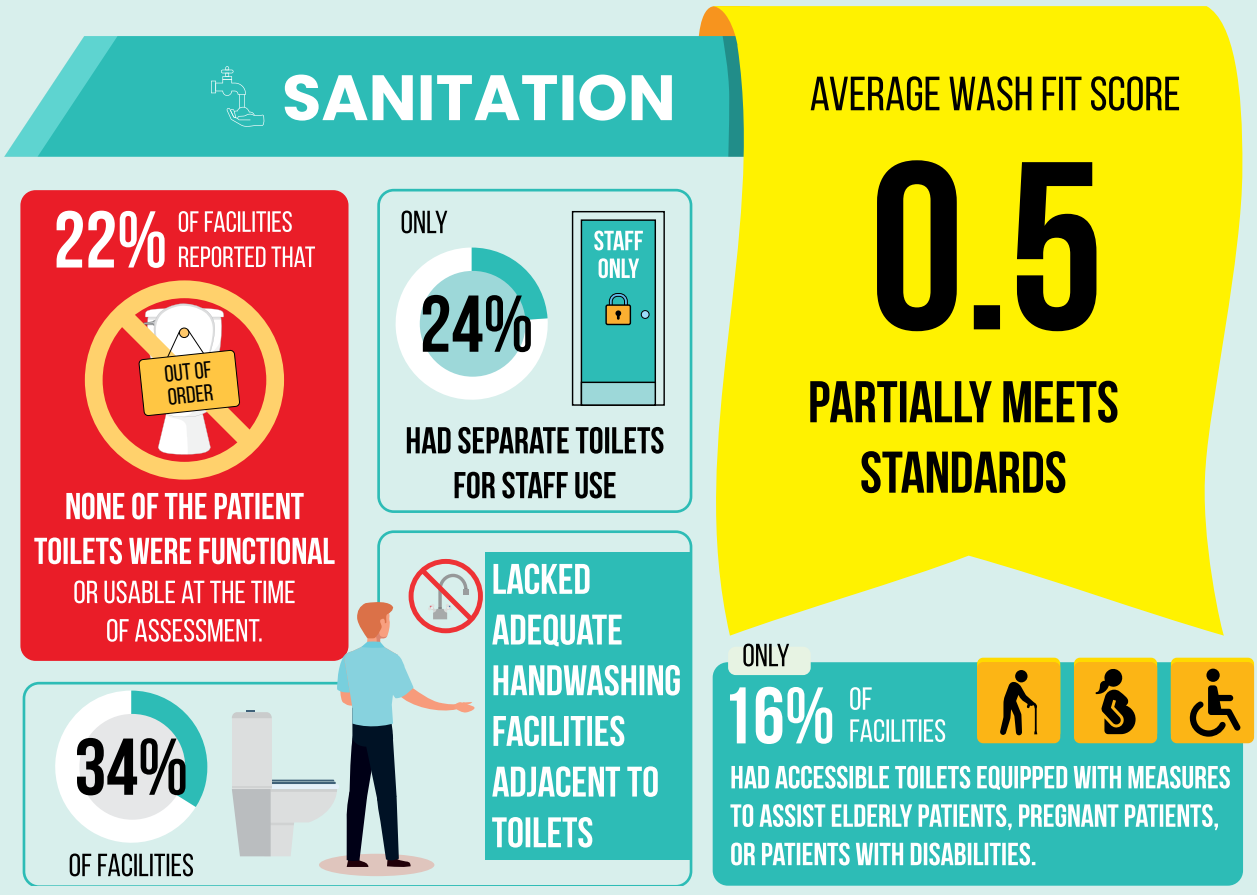


Figure 36. Accessible Toilet at Kungrad District Medical Association

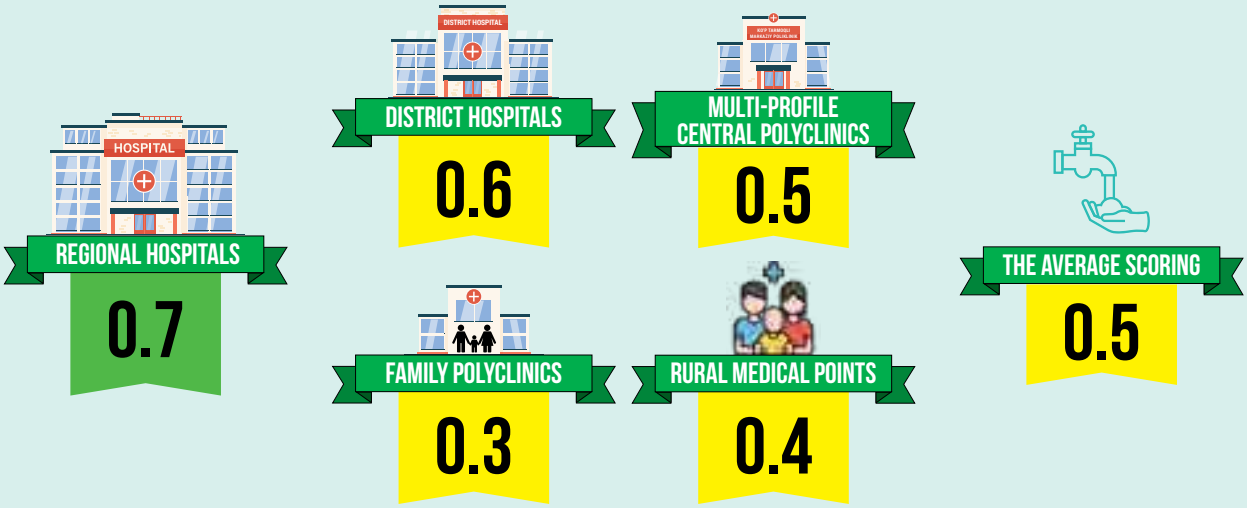


Figure 37. Accessible Toilet at Shakhrikhon District Multi-Profile Central Policlinic

3.2.8 Sanitation WASH FIT scores



The overall WASH FIT score for water services was 0.5 corresponding to a "Partially Meets Standard" rating. Regional hospitals achieved the highest performance (0.7), followed by district hospitals (0.6), while family polyclinics scored substantially lower (0.3), highlighting significant inequities in infrastructure reliability and service continuity at primary healthcare level. Please note that the full scores for each facility, by type and region can be found in Appendix 'C' WASH FIT SanitationScores by Facility Type and Region.



The overall WASH FIT scores for individual indicators were as follows:

The average score for **"sufficient number of available and usable toilets for patients"** **0.6**

Partially Meets Standards

The average score for **"toilets for patients are available and usable"** **0.6**

Partially Meets Standards

The average score for **"toilets clearly separated for male and female"** **0.6**

Partially Meets Standards

The average score for **"functioning hand hygiene stations within 5 meters of latrines"** **0.6**

Partially Meets Standards

The average score for **"toilets clearly separated for staff and patients"** **0.4**

Partially Meets Standards

The average score for **"at least one toilet meets the needs of people with reduced mobility"** **0.3**

Partially Meets Standards

Scoring Note: < 0.3 = "Does Not Meet Standards"; 0.3 to 0.6 = "Partially Meets Standards"; > 0.6 = "Fully Meets Standards"

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Sanitation Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
Sufficient number of available and usable toilets for patients.	0.9	0.7	0.6	0.3	0.3	0.6	Partial
Toilets for patients are available and usable.	0.9	0.8	0.6	0.3	0.7	0.6	Partial
Toilets clearly separated for male and female.	0.7	0.6	0.6	0.4	0.7	0.6	Partial
Functioning hand hygiene stations within 5 meters of latrines.	0.9	0.8	0.7	0.3	0.7	0.6	Partial
Toilets clearly separated for staff and patients.	0.6	0.6	0.4	0.3	0.0	0.4	Partial
At least one toilet meets the needs of people with reduced mobility.	0.5	0.3	0.4	0.1	0.2	0.3	Partial
SCORE	**0.7**	**0.6**	**0.5**	**0.3**	**0.4**	**0.5**	**Partial**
	Fully	Partial	Partial	Partial	Partial	Partial	

Table 20: Distribution of sanitation scores by indicator and facility type

3.3 Hand Hygiene

Adequate quantities of functioning hand hygiene stations equipped with soap and water or alcohol hand rub, in addition to compliance monitoring to ensure staff practice hand hygiene at critical times before and after every patient interaction are critical to ensuring both patient and staff safety from infectious diseases.

3.3.1 Hand hygiene stations at points of care

For staff to be able to practice proper hand hygiene there must be a functional hand hygiene station equipped with soap and water, or alcohol hand rub at points of care.

- 44% (22/50) of health care facilities were found to have all points of care with functioning hand hygiene (either water and soap or alcohol handrub solution).
- 30% (15/50) of health care facilities were found to have at least 75% of points of care with functioning hand hygiene stations present.
- 26% (13/50) of health care facilities were found to have fewer than 75% of points of care have functioning hand hygiene stations present.

The assessment found that coverage of hand hygiene stations was generally better in regional hospitals and district hospitals. It was particularly concerning to see 50% of family polyclinics with fewer than 75% of points of care with functional hand hygiene stations present at the time of the visit.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	33%	0%
Family Polyclinic (n = 18)	6%	44%	50%
Multi-Profile Central Polyclinic (n = 8)	50%	38%	13%
District Hospital (n = 10)	70%	20%	10%
Regional Hospital (n = 11)	73%	9%	18%
Total (n = 50)	**44%**	**30%**	**26%**

Table 21: Hand hygiene stations at points of care



Figure 38. Hand Hygiene Station at Family Polyclinic # 64, Shahrikhan City



Figure 39. Hand Hygiene Station at Family Polyclinic No. 1, Andijan City

3.3.2 Hand hygiene promotion materials displayed

Hand hygiene points should ideally be equipped with visual reminders to help staff understand the correct procedure for medical hand washing and the critical times to carry out the practice before and after every patient interaction.

- 52% (26/50) of facilities had hand hygiene materials clearly displayed in all key areas.
- 30% (15/50) of facilities had hand hygiene materials displayed in some but not all key areas.
- 18% (9/50) of facilities had no hand hygiene materials available.

The assessment found that the coverage of hand hygiene visual reminders was generally better in regional hospitals and district hospitals. It was particularly concerning to see 18% of facilities had no hand hygiene visual reminders present at the time of the visit.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	33%	0%
Family Polyclinic (n = 18)	44%	22%	33%
Multi-Profile Central Polyclinic (n = 8)	38%	25%	38%
District Hospital (n = 10)	60%	40%	0%
Regional Hospital (n = 11)	64%	36%	0%
Total (n = 50)	**52%**	**30%**	**18%**

Table 22: Hand hygiene promotion materials displayed



Figure 40. Hand Hygiene Visual Reminder Republican SSPMCMCH Andijan



Figure 41. Hand Hygiene Visual Reminder Andijan City Multi-Profile Central Polyclinic



Figure 42. Hand Hygiene Visual Reminder Family Polyclinic No. 1, Andijan



Figure 43. Hand Hygiene Visual Reminder Andijan Regional Multidisciplinary Medical Centre

3.3.3 Hand hygiene compliance monitoring

It is not sufficient that hand hygiene stations equipped with soap and water exist if they are not used correctly by staff at critical times. Hand hygiene compliance monitoring is necessary to ensure staff continue to practice correct hand hygiene before and after every patient interaction.

- 36% (18/50) of facilities stated that regular (at least annual) compliance activities take place throughout the facility.
- 24% (12/50) of facilities stated that compliance activities were written in policy but not carried out with any regularity.
- 40% (20/50) of facilities stated no compliance activities were carried out.

The assessment found that hand hygiene compliance monitoring was generally better in regional hospitals than other health care levels. It was particularly concerning to see 40% of district hospitals and 50% of multi-profile central polyclinics stating that no hand hygiene compliance monitoring was carried out.

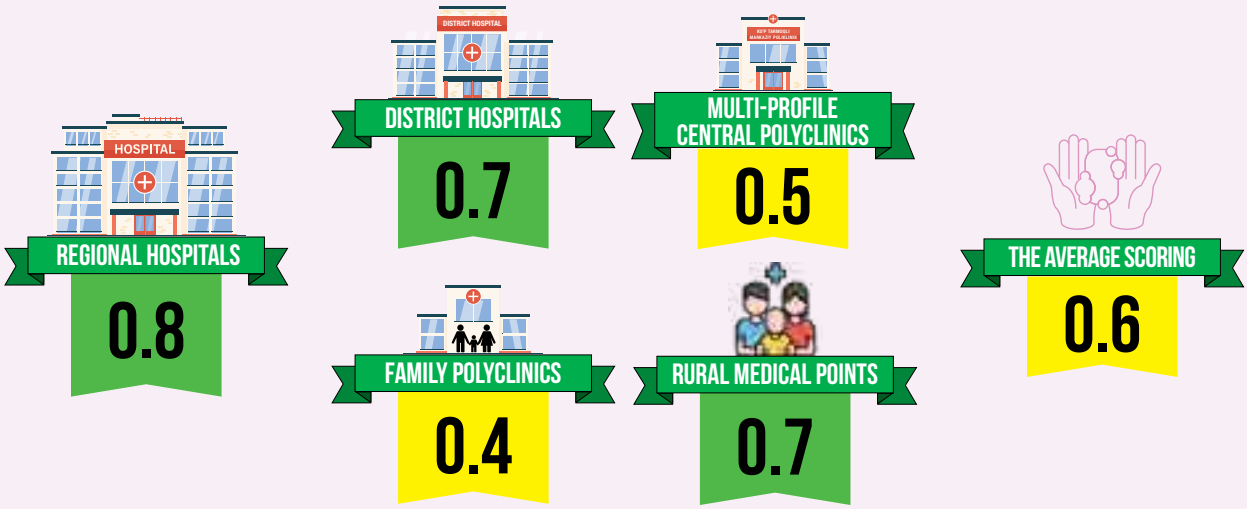
Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	67%	33%
Family Polyclinic (n = 18)	22%	17%	61%
Multi-Profile Central Polyclinic (n = 8)	38%	13%	50%
District Hospital (n = 10)	30%	30%	40%
Regional Hospital (n = 11)	73%	27%	0%
Total (n = 50)	**36%**	**24%**	**40%**

Table 23: Hand hygiene compliance monitoring

3.3.4 Hand hygiene WASH FIT scores



The overall WASH FIT score for health care waste was 0.6, corresponding to a "Partially Meets Standards" rating. Regional hospitals achieved the highest performance (0.8), followed by district hospitals (0.7), while family polyclinics scored substantially lower (0.4), highlighting significant inequities in infrastructure reliability and service continuity at primary healthcare level. Please note that the full scores for each facility, by type and region can be found in Appendix 'E' WASH FIT Hand HygieneScores by Facility Type and Region.



The overall WASH FIT scores for individual indicators were as follows:

The average score for **"functioning hand hygiene stations are available at all points of care"** **0.6**

Partially Meets Standards

The average score for **"hand hygiene promotion materials clearly visible and understandable at key places"** **0.7**

Fully Meets Standard

The average score for **"regular hand hygiene compliance activities take place throughout the facility"** **0.5**

Partially Meets Standards

Scoring Note: < 0.3 = "Does Not Meet Standards"; 0.3 to 0.6 = "Partially Meets Standards"; > 0.6 = "Fully Meets Standards"

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Hand Hygiene Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
Functioning hand hygiene stations are available at all points of care.	0.8	0.8	0.7	0.3	0.8	0.6	Partial
Hand hygiene promotion materials clearly visible and understandable at key places.	0.8	0.8	0.5	0.6	0.8	0.7	Fully
Regular hand hygiene compliance activities take place throughout the facility.	0.9	0.5	0.4	0.3	0.3	0.5	Partial
SCORE	**0.8**	**0.7**	**0.5**	**0.4**	**0.7**	**0.6**	**Partial**
	Fully	Fully	Partial	Partial	Fully	Partial	

Table 24: Distribution of hand hygienescores by indicator and facility type

3.4 Health Care Waste Management

Safe management of infectious wastes, non-infectious wastes, and sharps wastes is an essential activity in health care facilities to ensure the protection of staff, patients and the local communities living in proximity to the health care facility.

3.4.1 Type of health care waste management facilities present

The WASH FIT assessment found a range of technologies present for managing health care wastes.

- 22% (11/50) of facilities reported they had medical waste autoclaves.
- 2% (1/50) of facilities reported they had a high temperature incinerator (2-chamber, 850-1000C).
- 14% (7/50) facilities reported they had a low temperature incinerator.
- 62% (31/50) facilities reported that medical waste treatment was not managed on site and was collected by a third party (outsourced) company.

The assessment found that outsourcing of healthcare waste was the most common form of management and even some locations that had autoclaves and incinerators preferred to outsource.

Health Facility Type	Medical waste autoclave	Incinerator (2-chamber, 850-1000C)	Low temperature incinerator	No treatment on site (third party off site service)
Family Medical Point	0	0	1	2
Family Polyclinic	3	0	2	13
Multi-Profile Central Polyclinic	2	0	1	5
District Hospital	4	0	1	5
Regional Hospital	2	1	2	6
Grand Total	**11**	**1**	**7**	**31**

Table 25: Types of health care waste facilities present



Figure 44. Low Temperature Incinerator Family Polyclinic No. 6, Nukus City



Figure 45. Low Temperature Incinerator Kairagach Rural Health Post, Rishton



Figure 46. Medical Waste Autoclave at Kungrad District Medical Association



Figure 47. Incinerator at Republican SSPMCMCH, Karakalpakstan



Figure 48. Low Incinerator at Republican SSPMCMCH, Ferghana



Figure 49. Incinerator at Nukus City Medical Association

3.4.2 Health care waste bins availability at points of care

Each point of care should have a medical waste collection point with containers for infectious wastes, sharp wastes, and non-infectious wastes.

- 80% (40/50) of health care facilities were observed to have functional waste collection containers for segregating waste exists at all waste generation points.
- 18% (9/50) of health care facilities were observed to have functional bins at some but not all waste generation points.
- 2% (1/50) of health care facilities were observed to have no bins or separate sharps disposal.

The assessment found that generally, health care waste bins were available at most points of care. It was worrying to see that Nukus City Multidisciplinary Central Polyclinic did not have bins or separate sharps disposal.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	100%	0%	0%
Family Polyclinic (n = 18)	67%	33%	0%
Multi-Profile Central Polyclinic (n = 8)	88%	0%	12%
District Hospital (n = 10)	80%	20%	0%
Regional Hospital (n = 11)	91%	9%	0%
Total (n = 50)	**80%**	**18%**	**2%**

Table 26: Health care waste bins available at every point of care



Figure 50. Medical Waste Containers Family Policlinic № 2, Ferghana City



Figure 51. Medical Waste Containers at Family Polyclinic # 100, Rishton



Figure 52. Medical Waste Containers at Family Polyclinic No. 9, Andijan



Figure 53. Medical Waste Containers at Ferghana Regional Multidisciplinary Medical Center

3.4.3 Health care waste correctly segregated at points of care

It is not sufficient that separate medical waste containers exist for infectious, non-infectious and sharps, wastes should also be correctly separated in these containers based on their category – i.e. wastes should not be mixed.

- 62% (31/50) of health care facilities were observed to have waste correctly segregated at all waste generation points.
- 34% (17/50) of health care facilities were observed to have more than 75% of bins with the correct waste.
- 4% (2/50) of health care facilities were observed to have less than 75% of bins used for the correct waste.

The assessment found that the correct separation of medical wastes was generally better in regional hospitals and district hospitals. It was particularly concerning to see poor levels of separation at Nukus City Medical Association, and Family Polyclinic No. 23, Kungrad District.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	100%	0%	0%
Family Polyclinic (n = 18)	44%	50%	6%
Multi-Profile Central Polyclinic (n = 8)	50%	50%	0%
District Hospital (n = 10)	60%	30%	10%
Regional Hospital (n = 11)	91%	9%	0%
Total (n = 50)	**62%**	**34%**	**4%**

Table 27: Health care waste correctly segregated

3.4.4 Health care waste segregation signage visible

Health care waste points should ideally be equipped with visual reminders to help staff understand which types of wastes should go into which types of containers.

- 30% (15/50) of health care facilities were observed to have reminders clearly visible at all waste generation points.
- 36% (18/50) of health care facilities were observed to have reminders available at some but not all waste generation points.
- 34% (17/50) of health care facilities had no reminders available.

The assessment found that availability of health care waste segregation signage was similar across all levels of the health care system.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	33%	67%
Family Polyclinic (n = 18)	22%	39%	39%
Multi-Profile Central Polyclinic (n = 8)	38%	38%	25%
District Hospital (n = 10)	40%	30%	30%
Regional Hospital (n = 11)	36%	36%	27%
Total (n = 50)	**30%**	**36%**	**34%**

Table 28: Health care waste segregation signage visible



Figure 54. Health Care Waste Signage at Republican SSPMCMCH, Andijan



Figure 55. Health Care Waste Signage at Navoiy Family Healthcare Point

3.4.5 Personal protective equipment (PPE) available for waste handlers

Staff managing health care wastes should have the correct PPE for the tasks they are performing including protective footwear, heavy-duty waterproof gloves, aprons, masks, and needle-resistant gloves

- 12% (6/50) of health care facilities were observed to have personal protective equipment available for health care waste workers.
- 46% (23/50) of health care facilities were observed to have some equipment available, but not for all staff, or available but damaged.
- 42% (21/50) of health care facilities were observed to have no PPE equipment available for staff managing health care wastes.

The assessment found that access to available and usable toilets was generally better in regional hospitals and district hospitals. It was particularly concerning to see large numbers of multi-profile central polyclinics, family polyclinics, and Family Medical Points with no available or usable toilets at the time of the visit.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	67%	33%
Family Polyclinic (n = 18)	0%	44%	56%
Multi-Profile Central Polyclinic (n = 8)	0%	38%	63%
District Hospital (n = 10)	10%	70%	20%
Regional Hospital (n = 11)	45%	27%	27%
Total (n = 50)	**12%**	**46%**	**42%**

Table 29: Personal protective equipment (PPE) available for waste handlers



Figure 56. Healthcare Waste PPE in Family Polyclinic № 2, Ferghana City



Figure 57. Healthcare Waste PPE in Kungrad District Medical Association

3.4.6 Secure health care waste storage area

Health care wastes should be stored in a safe, cool, secure area outside of the public domain until it can be disposed onsite or collected by an outsourced medical waste management company for final disposal.

- 32% (16/50) of health facilities were observed to have a dedicated and secure waste storage area available, of sufficient capacity and waste stored separately.
- 44% (22/50) of health facilities were observed to have a dedicated waste storage area available but not fenced or secure or not sufficient capacity or all waste grouped together.
- 24% (12/50) of health facilities had no dedicated waste area available.

The assessment found that secure health care waste storage was generally better in regional hospitals and district hospitals. It was particularly concerning to see that U. Khalmuratov Republican Multidisciplinary Medical Centre did not have a secure location for medical waste storage.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	67%	33%
Family Polyclinic (n = 18)	0%	56%	44%
Multi-Profile Central Polyclinic (n = 8)	13%	63%	25%
District Hospital (n = 10)	60%	40%	0%
Regional Hospital (n = 11)	82%	9%	9%
Total (n = 50)	**32%**	**44%**	**24%**

Table 30: Secure health care waste storage area



Figure 58. Insecure Medical Waste Storage in U. Khalmuratov Republican Multidisciplinary Medical Center



Figure 59. Insecure Medical Waste Storage Area in Shakhrikhon District Multi-Profile Central Policlinic



Figure 60. Medical Waste Storage in Andijan City Medical Association



Figure 61. Medical Waste Storage in Ferghana Regional Children's Multidisciplinary Medical Centre

3.4.7 Medical waste collected regularly and sent to appropriate facility

A total of 43 facilities reported that their medical waste treatment was outsourced to a third-party processing company (Med Class Plus).

- 33% (14/43) of health care facilities stated medical waste was collected regularly and safely and sent to appropriate treatment facility.
- 40% (17/43) of health care facilities stated medical waste was collected regularly and safely but treatment facility has not been verified.
- 28% (12/43) of health care facilities stated waste was not collected safely or regularly nor sent to an appropriate or licensed facility.

The assessment found that outsourcing of medical waste treatment was generally more common in regional hospitals and district hospitals.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	33%	33%	33%
Family Polyclinic (n = 18)	13%	44%	44%
Multi-Profile Central Polyclinic (n = 8)	38%	25%	38%
District Hospital (n = 10)	57%	29%	14%
Regional Hospital (n = 11)	44%	56%	0%
Total (n = 50)	**33%**	**40%**	**28%**

Table 31: Medical waste collected regularly and sent to appropriate facility



Figure 62. Medical Waste Storage at Rishton District Multi-Profile Central Policlinic



Figure 63. Medical Waste Storage at Republican SSPMCMCH, Karakalpakstan

3.4.8 Staff trained in health care waste management

All health care facility staff, in particularly new recruits, should have sufficient training in the occupational risks associated with handling health care wastes, in particular infectious wastes and sharps.

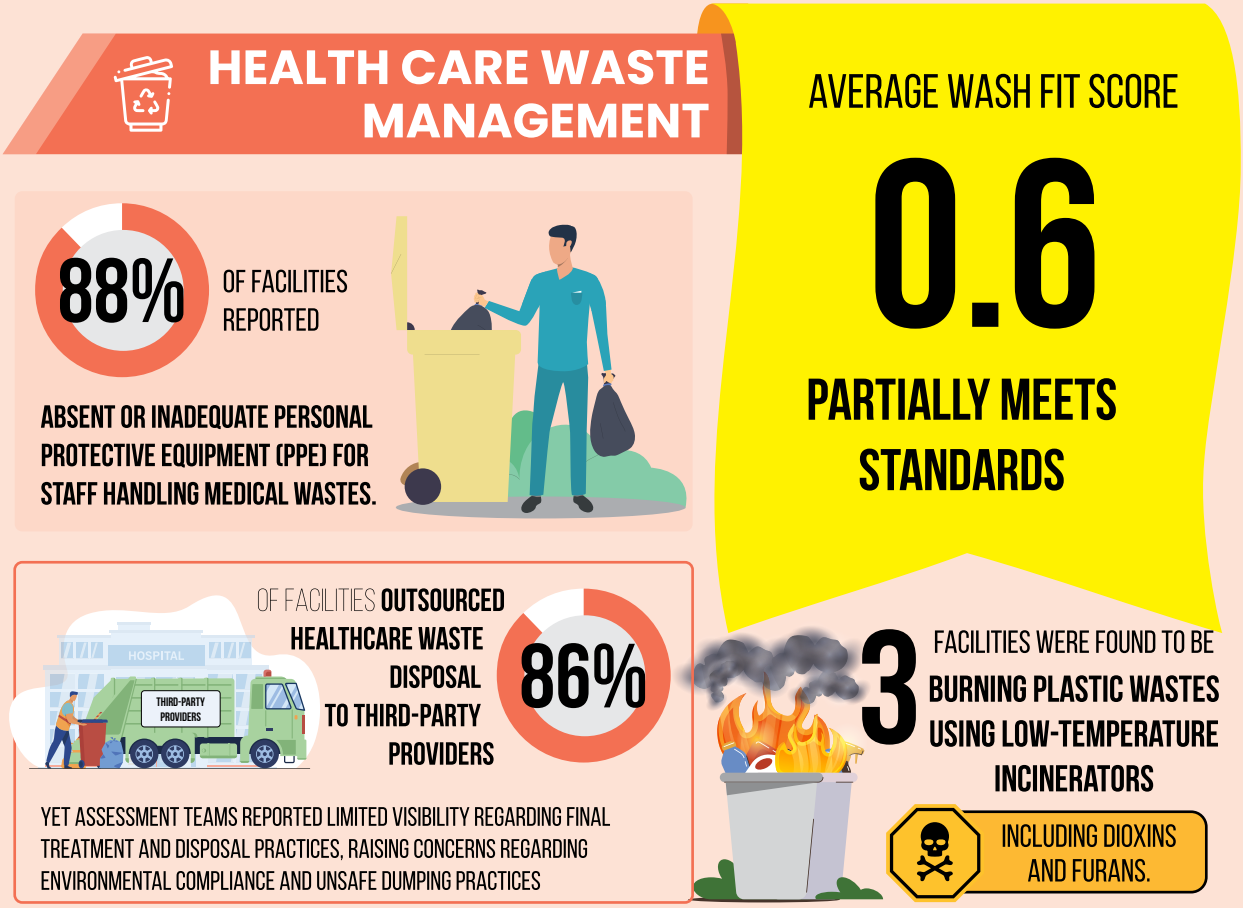
- 30% (15/50) of facilities stated that staff are adequately trained and carry out duties correctly.
- 28% (14/50) of facilities stated staff are trained but do not carry out duties correctly.
- 42% (21/50) of facilities stated staff are not trained or no health care waste staff are available.

The assessment found that staff in regional and district hospitals were generally better training in health care waste management than polyclinics and Family Medical Points.

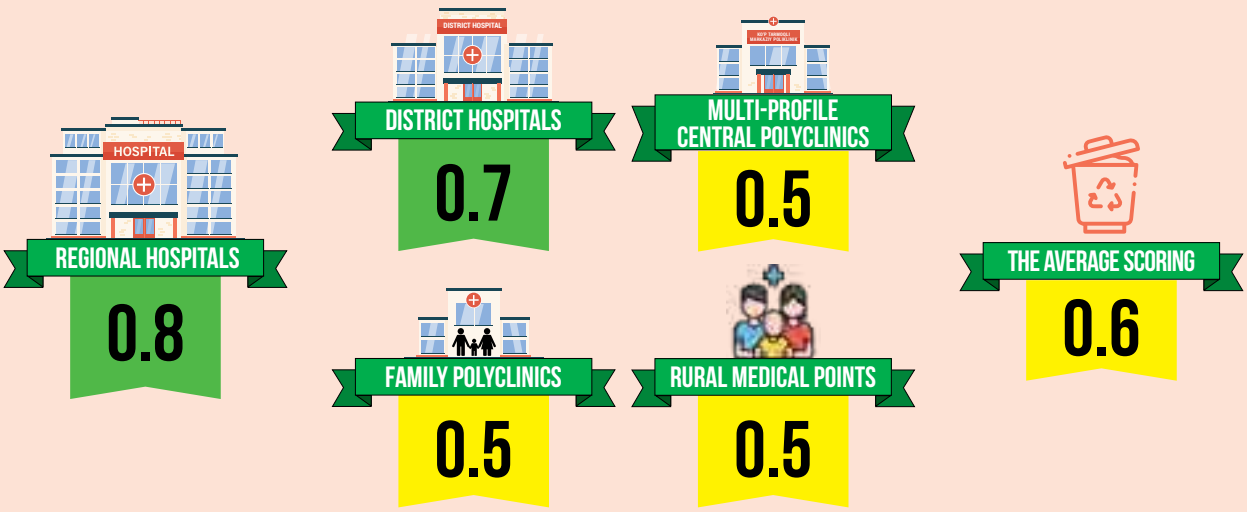
Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	67%	33%
Family Polyclinic (n = 18)	17%	22%	61%
Multi-Profile Central Polyclinic (n = 8)	13%	38%	50%
District Hospital (n = 10)	40%	20%	40%
Regional Hospital (n = 11)	64%	27%	9%
Total (n = 50)	**30%**	**28%**	**42%**

Table 32: Staff trained in health care waste management

3.4.9 Health care waste WASH FIT scores



The overall WASH FIT score for health care waste was 0.6, corresponding to a "Partially Meets Standards" rating. Regional hospitals achieved the highest performance (0.8), followed by district hospitals (0.7), while family polyclinics scored substantially lower (0.5), highlighting significant inequities in infrastructure reliability and service continuity at primary healthcare level. Please note that the full scores for each facility, by type and region can be found in Appendix 'D' WASH FIT Health Care WasteScores by Facility Type and Region.



The overall WASH FIT scores for individual indicators were as follows:

The average score for **"a trained person is responsible for the management of health care waste"** **0.4**

Partially Meets Standards

The average score for **"functional waste collection containers in close proximity to all waste generation points for: non-infectious (general) waste, infectious waste, and sharps waste"** **0.9**

Fully Meets Standard

The average score for **"waste correctly segregated at all waste generation points"** **0.7**

Fully Meets Standard

The average score for **"waste segregation signage visible"** **0.5**

Partially Meets Standards

The average score for **"personal protective equipment (PPE) available for waste handling"** **0.4**

Partially Meets Standards

The average score for **"secure waste storage area available"** **0.5**

Partially Meets Standards

Scoring Note: < 0.3 = "Does Not Meet Standards"; 0.3 to 0.6 = "Partially Meets Standards"; > 0.6 = "Fully Meets Standards"

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Health Care Waste Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
A trained person is responsible for the management of health care waste in the health care facility.	0.8	0.5	0.3	0.3	0.3	0.4	Partial
Functional waste collection containers in close proximity to all waste generation points for: non-infectious (general) waste, infectious waste, and sharps waste.	1.0	0.9	0.9	0.8	1.0	0.9	Fully
Waste correctly segregated at all waste generation points.	1.0	0.8	0.8	0.7	1.0	0.8	Fully
Waste segregation signage visible.	0.5	0.6	0.6	0.4	0.2	0.5	Partial
Personal protective equipment (PPE) available for waste handling.	0.6	0.5	0.2	0.2	0.3	0.4	Partial
Secure waste storage area available.	0.9	0.8	0.4	0.3	0.3	0.5	Partial
SCORE	**0.8**	**0.7**	**0.5**	**0.5**	**0.5**	**0.6**	**Partial**
	Fully	Partial	Partial	Partial	Partial	Partial	

Table 33: Distribution of health care waste scores by indicator and facility type

3.5 Environmental Cleaning

Daily environmental cleaning and disinfection of wards, consultation rooms, and WASH facilities is an essential part of infection prevention control activities.

3.5.1 Facility cleaning policy or protocol available

A facility cleaning policy or protocol is essential to establish who, when, what, where, how, and how often the facility and its infrastructure should be cleaned and disinfected to prevent the risk of communicable disease transmission.

- 38% (19/50) of facilities stated a cleaning policy or protocol exists and is implemented and monitored.
- 26% (13/50) of facilities stated a cleaning policy or protocol exists but is not implemented or monitored.
- 36% (18/50) of facilities stated no cleaning policy or protocol exists.

The assessment found that the prevalence of environmental cleaning policies was generally better in regional hospitals. It was particularly concerning to see 40% of district hospitals and 50% of multi-profile central polyclinics stating that no cleaning policy or protocol existed.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	33%	0%	67%
Family Polyclinic (n = 18)	28%	39%	33%
Multi-Profile Central Polyclinic (n = 8)	38%	13%	50%
District Hospital (n = 10)	20%	40%	40%
Regional Hospital (n = 11)	73%	9%	18%
Total (n = 50)	**38%**	**26%**	**36%**

Table 34: Facility cleaning policy or protocol available



Figure 64. Cleaning Policy at Andijan Regional Children's Multidisciplinary Medical Centre



Figure 65. Cleaning Policy at Family Polyclinic # 67, Shahrikhan



Figure 66. Cleaning Policy at Andijan City Medical Association



Figure 67. Cleaning Policy at Ferghana City Multidisciplinary Central Polyclinic

3.5.2 Cleaning records maintained

Cleaning records showing who, when, and what time each room was cleaned should be kept for all facilities to ensure not only that cleaning takes place on a regular basis, but that there is a record of who conducted the cleaning activities for quality control.

- 30% (15/50) of health facilities were observed to have cleaning records available in each ward / area or whole facility.
- 18% (9/50) of health facilities were found to have cleaning records, but not for every ward or not for every day or is outdated.
- 52% (26/50) of health facilities had no record of cleaning available.

The assessment found that the presence of cleaning records was generally better in regional hospitals and district hospitals. However, it was particularly concerning to see 60% of district hospitals and 50% of multi-profile central polyclinics kept no cleaning records.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	0%	33%
Family Polyclinic (n = 18)	17%	22%	61%
Multi-Profile Central Polyclinic (n = 8)	13%	38%	50%
District Hospital (n = 10)	30%	10%	60%
Regional Hospital (n = 11)	55%	9%	36%
Total (n = 50)	**30%**	**18%**	**52%**

Table 35: Cleaning records maintained



Figure 68. Cleaning Records at Andijan City Multi-Profile Central Polyclinic



Figure 69. Cleaning Records at Kairagach Rural Health Post, Rishton

3.5.3 Toilets cleaned daily with records

Cleaning records showing who, when, and what time toilets were cleaned allow facilities to only ensure that regular cleaning takes place, but that there is a record of who conducted the last cleaning activity for accountability and quality control.

- 26% (13/50) of facilities were found to have toilets cleaned each day and a signed record is visible.
- 44% (22/50) of facilities were found to have toilets cleaned less than once a day with or without record.
- 30% (15/50) of facilities had no record available and toilets cleaned less than once a day.

The assessment found that records of toilet cleaning and toilet cleaning frequency was generally better in regional hospitals and district hospitals.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	67%	33%
Family Polyclinic (n = 18)	6%	56%	39%
Multi-Profile Central Polyclinic (n = 8)	25%	25%	50%
District Hospital (n = 10)	40%	40%	20%
Regional Hospital (n = 11)	55%	36%	9%
Total (n = 50)	**26%**	**44%**	**30%**

Table 36: Toilets cleaned daily with records

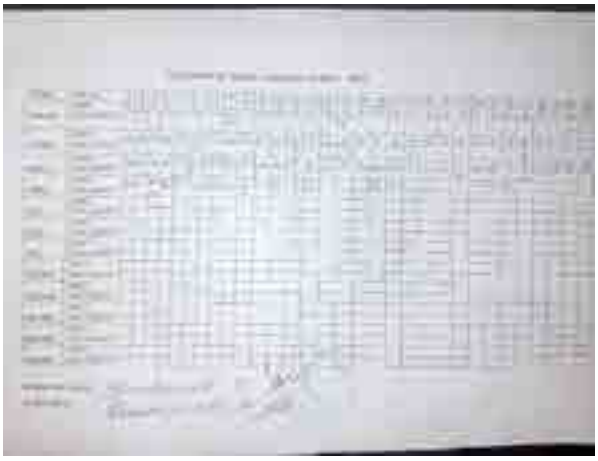


Figure 70. Cleaning Record at Family Policlinic № 10, Ferghana City



Figure 71. Cleaning Record at Republican SSPMCMCH, Andijan

3.5.4 Dedicated cleaning staff

Ideally every facility should have dedicated trained cleaning professionals assigned to cleaning activities.

- 82% (41/50) of facilities stated that they had the required number of staff available at all times when needed and have dedicated time for performing cleaning activities.
- 14% (7/50) of facilities stated that they had some staff available but not sufficient number, not at all times when needed, or not in all wards.
- 4% (2/50) of facilities stated that they had no cleaning staff available.

The assessment was generally encouraging and found that there were sufficient cleaning staff at most levels.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	33%	67%	0%
Family Polyclinic (n = 18)	67%	22%	11%
Multi-Profile Central Polyclinic (n = 8)	100%	0%	0%
District Hospital (n = 10)	100%	0%	0%
Regional Hospital (n = 11)	91%	9%	0%
Total (n = 50)	**82%**	**14%**	**4%**

Table 37: Dedicated cleaning staff

3.5.5 Cleaning staff trained

Environmental cleaning of health care facilities is a medium level risk occupation due to potential contact with infectious wastes or sharps and all cleaning staff should be trained in how to safely clean infectious and sharps waste spills safely and correctly.

- 44% (22/50) of health facilities stated all staff responsible for cleaning have received training.
- 36% (18/50) of health facilities stated some but not all staff have received training.
- 20% (10/50) of health facilities stated no staff have received training.

The assessment found that level of training of cleaning staff was generally better in regional hospitals and district hospitals. It was particularly concerning to see 25% of multi-profile family polyclinics and 33% of staff in family polyclinics stated cleaning staff had not received any training.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	0%	33%
Family Polyclinic (n = 18)	39%	28%	33%
Multi-Profile Central Polyclinic (n = 8)	13%	63%	25%
District Hospital (n = 10)	30%	60%	10%
Regional Hospital (n = 11)	82%	18%	0%
Total (n = 50)	**44%**	**36%**	**20%**

Table 38: Cleaning staff trained

3.5.6 Cleaning materials available and maintained

For cleaning staff to be able to practice proper environmental cleaning they must have access to proper cleaning equipment (mops, brushes, buckets) and consumables (soap, chlorine powder).

- 36% (18/50) of facilities were observed to have all necessary equipment available, in good condition and sufficient.
- 54% (27/50) of facilities were observed to have cleaning equipment and consumables available but not well maintained or in some but not all areas or not sufficient.
- 10% (5/50) of facilities were observed to have no materials available.

The assessment found that coverage of cleaning materials was generally better in regional hospitals and district hospitals. It was particularly concerning to see 22% of family polyclinics had no cleaning materials at the time of the visit.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	67%	33%	0%
Family Polyclinic (n = 18)	11%	67%	22%
Multi-Profile Central Polyclinic (n = 8)	25%	75%	0%
District Hospital (n = 10)	30%	60%	10%
Regional Hospital (n = 11)	82%	18%	0%
Total (n = 50)	**36%**	**54%**	**10%**

Table 39: Cleaning materials available and maintained



Figure 72. Cleaning Equipment at U. Khalmuratov Republican Multidisciplinary Medical Center



Figure 73. Cleaning Equipment at Republican SSPMCMCH, Ferghana



Figure 74. Cleaning Supplies at Family Polyclinic # 67, Shahrikhan District



Figure 75. Cleaning Supplies at Republican SSPMCMCH, Andijan

3.5.7 Budget available for cleaning supplies

An annual ring-fenced budget for cleaning equipment and supplies is essential for consistent environment cleaning and IPC activities.

- 28% (14/50) of facilities stated a cleaning budget exists and is sufficient for all needs.
- 40% (20/50) stated a cleaning budget exists but is not sufficient for all needs.
- 32% (16/50) stated no cleaning budget exists.

The assessment found that budgets for cleaning supplies was generally better in regional hospitals and district hospitals. It was particularly concerning to see 50% of multi-profile central polyclinics stating there was no budget for cleaning supplies.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	33%	67%
Family Polyclinic (n = 18)	11%	50%	39%
Multi-Profile Central Polyclinic (n = 8)	13%	38%	50%
District Hospital (n = 10)	30%	50%	20%
Regional Hospital (n = 11)	73%	18%	9%
Total (n = 50)	**28%**	**40%**	**32%**

Table 40: Budget available for cleaning supplies

3.5.8 Safe food preparation and handling

Out of the 50 facilities that were visited, 18 had kitchens preparing food on-site, mainly in the regional, and district hospitals where there were large numbers of in-patients. In these facilities is essential that food is prepared, stored, and disposed in a hygienic manner that does not put patients that may already be compromised at risk of further infection. The assessment made a quick assessment of the kitchens to note if food safety measures were being followed.

- 72% (13/18) of facilities were observed that food is safely prepared and handled.
- 22% (4/18) of facilities were observed that some but not all food safety measures are being followed.
- 6% (1/18) of facilities were observed to have no food safety measures are followed / food safety is extremely poor.

The assessment found that food safety and handling was generally reasonable. However, the kitchens in the Republican Specialized Scientific-Practical Medical Centre for Maternal and Child Health, Karakalpakstan Branch were singled out as having extremely poor levels of food hygiene.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Multi-Profile Central Polyclinic (n = 8)	100%	0%	0%
District Hospital (n = 10)	63%	38%	0%
Regional Hospital (n = 11)	78%	11%	11%
Total (n = 50)	**72%**	**22%**	**6%**

Table 41: Safe food preparation and handling



Figure 76. Kitchen at Republican SSPMCMCH, Karakalpakstan



Figure 77. Kitchen at Ferghana Regional Children's Multidisciplinary Medical Centre

3.5.9 Kitchen food storage protected and hygienic

Out of the 50 facilities that were visited, 18 had kitchens preparing food on-site, mainly in the regional, and district hospitals where there were large numbers of in-patients. In these facilities is essential that food is stored in a hygienic manner that does not put patients that may already be compromised at risk of further infection. The assessment made a quick assessment of the food storage locations to note if food stores were protected from flies, insects and rats.

- 83% (15/18) of facilities were observed to have no flies, insects or rats able to access food and kitchen stores.
- 11% (2/18) of facilities were observed to have food and food stores partly protected but could be improved.
- 6% (1/18) of facilities were observed to have food and food stores with no protection from flies, insects or rats.

The assessment found that food safety and handling was generally reasonable. However, the kitchens in the Republican Specialized Scientific-Practical Medical Centre for Maternal and Child Health, Karakalpakstan Branch were once again singled out as having extremely poor levels of food hygiene.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Multi-Profile Central Polyclinic (n = 8)	100%	0%	0%
District Hospital (n = 10)	88%	13%	0%
Regional Hospital (n = 11)	78%	11%	11%
Total (n = 50)	**83%**	**11%**	**6%**

Table 42: Kitchen food storage protected and hygienic

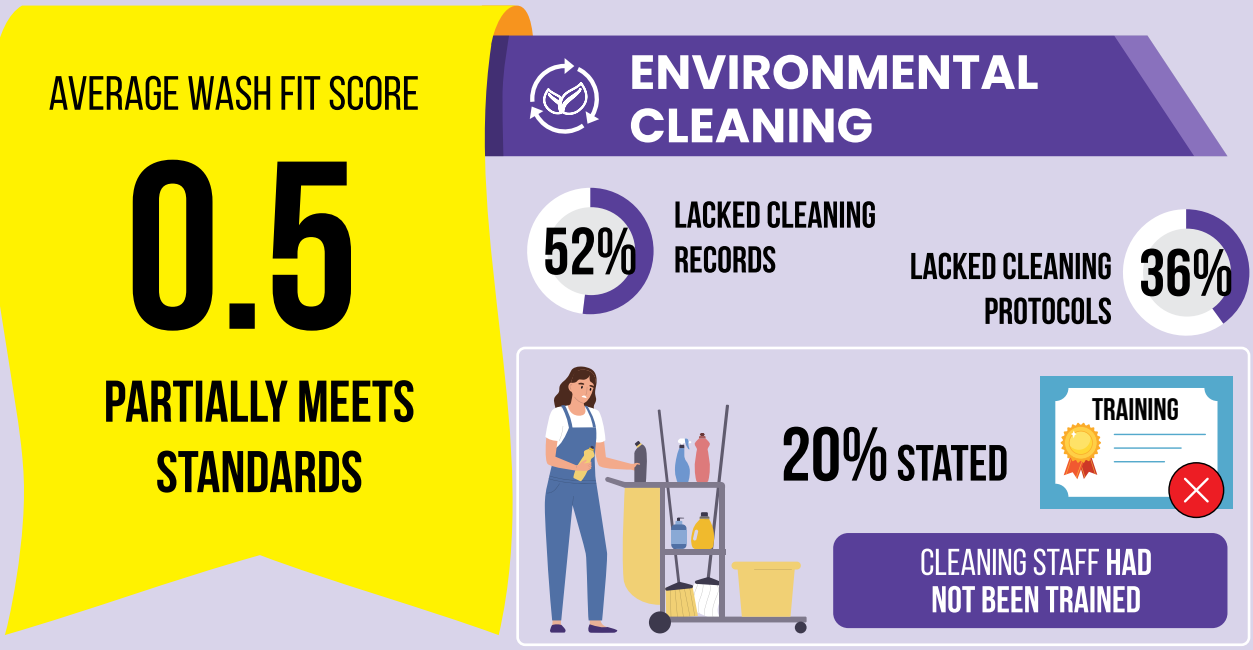


Figure 78. Food Storage at Andijan Regional Multidisciplinary Medical Centre

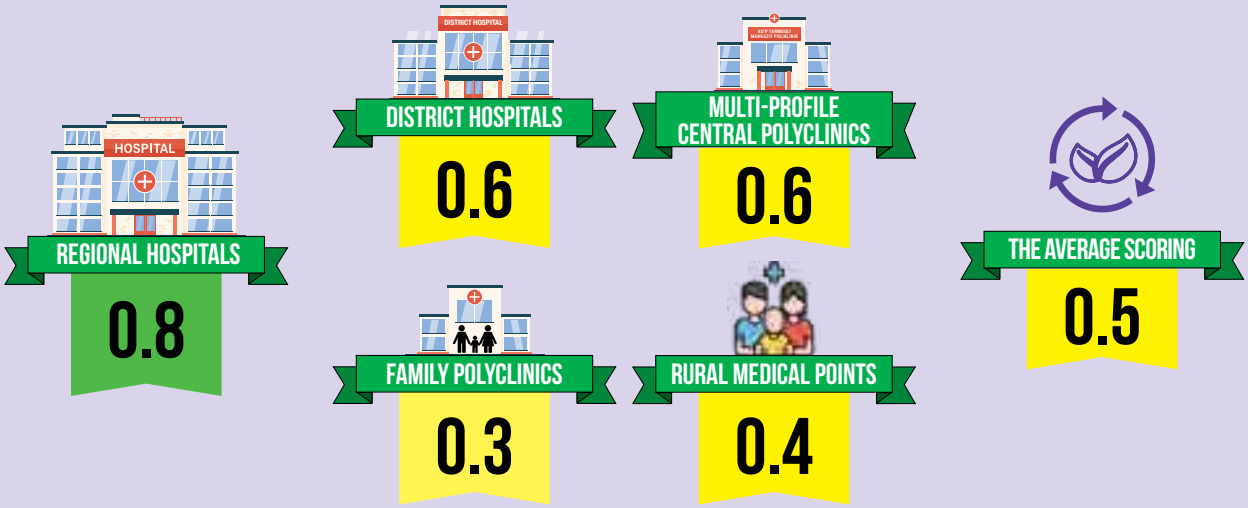


Figure 79. Food Storage at Andijan City Medical Association

3.5.10 Environmental cleaning WASH FIT scores



The overall WASH FIT score for environmental cleaning was 0.5, corresponding to a "Partially Meets Standards" rating. Regional hospitals achieved the highest performance (0.8), followed by district hospitals (0.6), while family polyclinics scored substantially lower (0.3), highlighting significant inequities in infrastructure reliability and service continuity at primary healthcare level. Please note that the full scores for each facility, by type and region can be found in Appendix 'F' WASH FIT Environmental CleaningScores by Facility Type and Region.



The overall WASH FIT scores for individual indicators were as follows:

The average score for **"cleaning policy or protocol exists, is implemented and monitored"** **0.5**

Partially Meets Standards

The average score for **"daily cleaning records available in each ward/area or whole facility"** **0.4**

Partially Meets Standards

The average score for **"toilets cleaned each day and a signed record is visible"** **0.5**

Partially Meets Standards

The average score for **"all staff responsible for cleaning have received training"** **0.6**

Partially Meets Standards

The average score for **"all necessary cleaning equipment and consumables available, in good condition and sufficient quantity"** **0.6**

Partially Meets Standards

The average score for **"budget available for cleaning supplies and is sufficient for all needs"** **0.5**

Partially Meets Standards

The average score for **"food is safely prepared and handled"** **0.5**

Partially Meets Standards

The average score for **"kitchen food storage hygienic and protected from flies, insects or rats"** **0.5**

Partially Meets Standards

Scoring Note: < 0.3 = "Does Not Meet Standards"; 0.3 to 0.6 = "Partially Meets Standards"; > 0.6 = "Fully Meets Standards"

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Environmental Cleaning Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
Cleaning policy or protocol exists, is implemented and monitored.	0.8	0.4	0.4	0.5	0.3	0.5	Partial
Daily cleaning records available in each ward/area or whole facility.	0.6	0.4	0.3	0.3	0.7	0.4	Partial
Toilets cleaned each day and a signed record is visible.	0.7	0.6	0.4	0.3	0.3	0.5	Partial
All staff responsible for cleaning have received training.	0.9	0.6	0.4	0.5	0.7	0.6	Partial
All necessary cleaning equipment and consumables available, in good condition and sufficient quantity.	0.9	0.6	0.6	0.4	0.8	0.6	Partial
Budget available for cleaning supplies and is sufficient for all needs.	0.8	0.6	0.3	0.4	0.2	0.5	Partial
Food is safely prepared and handled.	0.8	0.8	1.0	0.0	0.0	0.5	Partial
Kitchen food storage hygienic and protected from flies, insects or rats.	0.8	0.9	1.0	0.0	0.0	0.5	Partial
SCORE	**0.8**	**0.6**	**0.6**	**0.3**	**0.4**	**0.5**	**Partial**
	Fully	Partial	Partial	Partial	Partial	Partial	

Table 43: Distribution of environmental cleaning scores by indicator and facility type

3.6 Energy Systems

Reliable primary, secondary (backup), and tertiary (uninterruptible power supply – UPS) energy systems are essential for safe and continuous healthcare service delivery. Reliable electricity supplies are critical for lighting, cold chain systems, laboratory services, sterilization equipment, communications, digital health platforms, and life-saving medical equipment. The importance of resilient energy infrastructure has increased significantly in recent years with the rapid digitalization of the healthcare system and the nationwide implementation of the DMED electronic health information system.

3.6.1 Facilities with backup generators

Backup generators are essential for safe and continuous healthcare service delivery including cold chain systems, laboratory services, sterilization equipment, communications, digital health platforms, lighting and life-saving medical equipment.

- 33% (1/3) of Rural Medical Points had a backup generator.
- 33% (6/18) of Family Polyclinics had a backup generator.
- 38% (3/8) of Multi-Profile Central Polyclinics had a backup generator.
- 100% (10/10) of District Hospitals had a backup generator.
- 89% (10/11) of Regional Hospitals had a backup generator.

The assessment found that the presence of backup generators was generally better in regional and district hospitals than lower levels of primary health care. Despite this, many generators in multi-profile central polyclinics, family polyclinics, and Family Medical Points were severely unreliable and undersized (small 3kA petrol generators). Worryingly, the Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District had no functioning backup generator at the time of the visit.

Facility Type	No	%	Yes	%
Rural Medical Point	2	67%	1	33%
Family Polyclinic	12	67%	6	33%
Multi-Profile Central Polyclinic	5	63%	3	38%
District Hospital	0	0%	10	100%
Regional Hospital	1	9%	10	91%
Grand Total	**20**	**40%**	**30**	**60%**

Table 44: Facilities with backup generators



Figure 80. Underpowered 3kV Backup Generator at Ferghana City Multidisciplinary Central Polyclinic



Figure 81. Underpowered 3kV Backup Generator at Family Polyclinic # 64, Shahrikhan City



Figure 82. Backup Generator at Andijan City Maternity Complex #1



Figure 83. Backup Generator at Kungrad District Medical Association

3.6.2 Facilities with solar power

Solar power can provide a useful addition to health facility power supplies particularly during summer months. If the solar battery systems are correctly sized they can also provide temporary electricity supplies during short power cuts.

- 33% (1/3) of Rural Medical Points were equipped with solar panels.
- 39% (7/18) of Family Polyclinics were equipped with solar panels.
- 75% (6/8) of Multi-Profile Central Polyclinics were equipped with solar panels.
- 70% (7/10) of District Hospitals were equipped with solar panels.
- 91% (10/11) of Regional Hospitals were equipped with solar panels.

The assessment found that the presence of solar systems was generally better in regional and district hospitals than lower levels of primary health care.

Facility Type	No	%	Yes	%
Rural Medical Point	2	67%	1	33%
Family Polyclinic	12	67%	6	33%
Multi-Profile Central Polyclinic	5	63%	3	38%
District Hospital	0	0%	10	100%
Regional Hospital	1	9%	10	91%
Grand Total	**20**	**40%**	**30**	**60%**

Table 45: Facilities with solar power



Figure 84. Solar Installation at Andijan City Multi-Profile Central Polyclinic



Figure 85. Solar Installation at Family Policlinic № 2, Ferghana City

3.6.3 Energy sufficient for facility needs

Energy supplies may not be sufficient for safe and continuous supplies for cold chain systems, laboratory services, sterilization equipment, communications, digital health platforms, lighting and life-saving medical equipment.

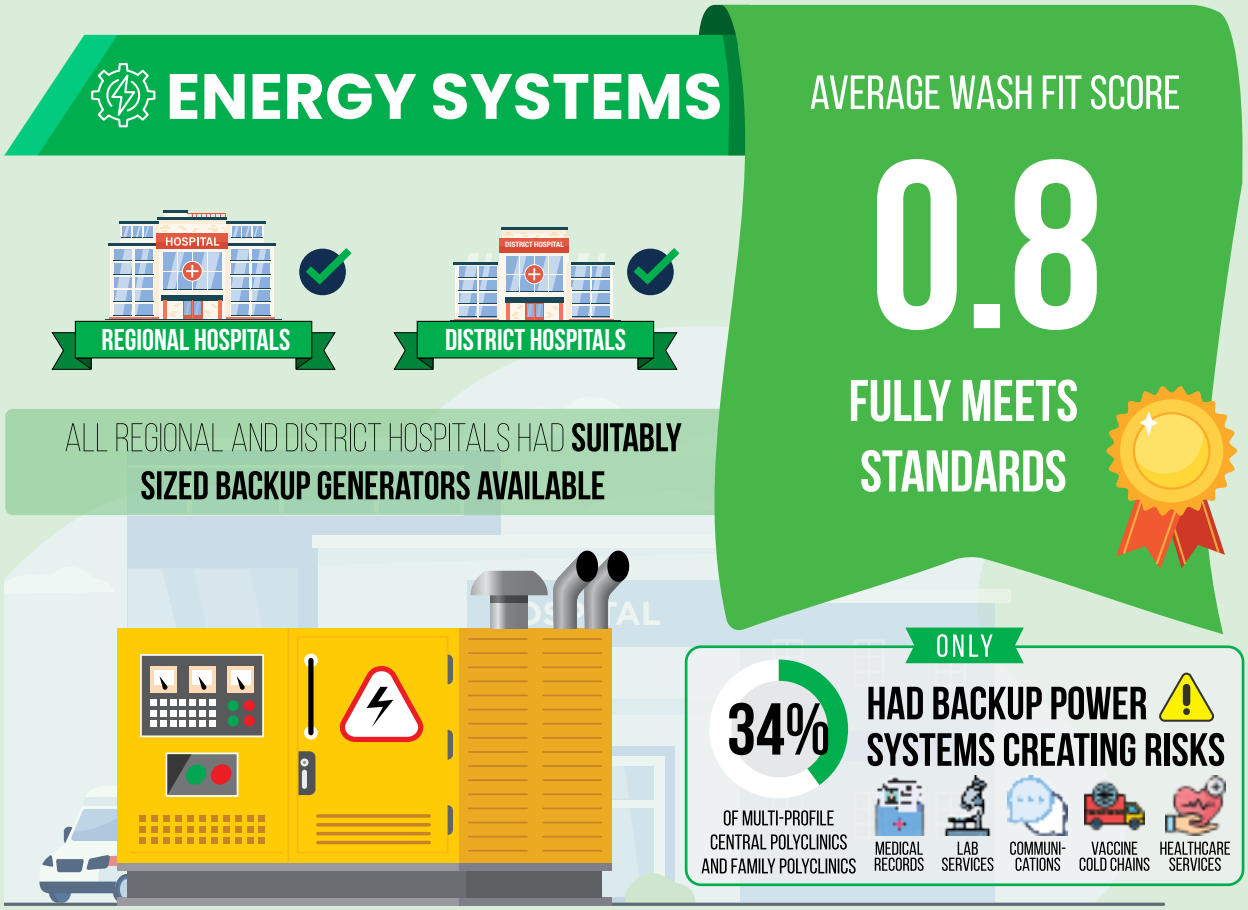
- 76% (38/50) of health facilities stated energy was of sufficient quantity at all times.
- 24% (12/50) of health facilities stated energy of sufficient to meet some but not all demand.
- 0% (0/50) of health facilities stated no energy available.

The assessment found energy supply was generally better in regional hospitals and district hospitals.

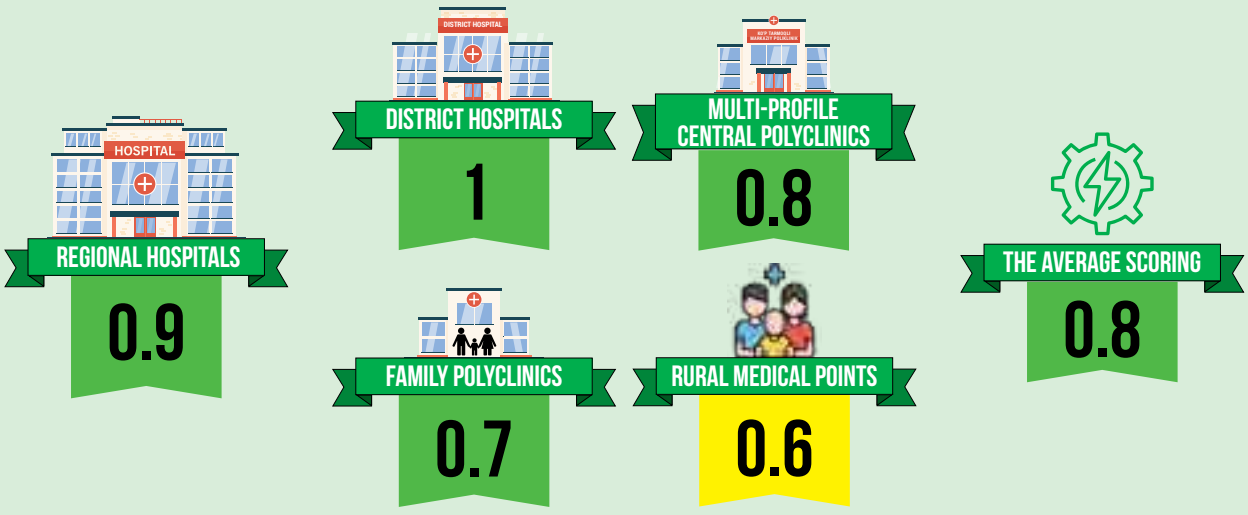
Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	33%	67%	0%
Family Polyclinic (n = 18)	56%	44%	0%
Multi-Profile Central Polyclinic (n = 8)	75%	25%	0%
District Hospital (n = 10)	100%	0%	0%
Regional Hospital (n = 11)	100%	0%	0%
Total (n = 50)	**76%**	**24%**	**0%**

Table 46: Energy sufficient for facility needs

3.6.4 Energy WASH FIT scores



The overall WASH FIT score for energy was 0.8, corresponding to a "Fully Meets Standard" rating. District hospitals achieved the highest performance (1), followed by regional hospitals (0.9), while family polyclinics scored substantially lower (0.7), highlighting significant inequities in infrastructure reliability and service continuity at primary healthcare level. Please note that the full scores for each facility, by type and region can be found in Appendix 'F' WASH FIT Environmental CleaningScores by Facility Type and Region.



The overall WASH FIT scores for individual indicators were as follows:

The average score for **"electrical energy is of sufficient quantity at all times"** **0.9**

Fully Meets Standard

The average score for **"a functional backup electrical generator exists, with adequate fuel"** **0.7**

Fully Meets Standard

The average score for **"all electrical lighting is energy-efficient"** **0.9**

Fully Meets Standard

Scoring Note: < 0.3 = "Does Not Meet Standards"; 0.3 to 0.6 = "Partially Meets Standards"; > 0.6 = "Fully Meets Standards"

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Energy Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
Electrical energy is of sufficient quantity at all times.	1.0	1.0	0.9	0.8	0.7	0.9	Fully
A functional backup electrical generator exists, with adequate fuel.	1.0	1.0	0.7	0.5	0.3	0.7	Fully
All electrical lighting is energy-efficient.	0.8	1.0	0.9	0.9	0.8	0.9	Fully
SCORE	**0.9**	**1.0**	**0.8**	**0.7**	**0.6**	**0.8**	**Fully**
	Fully	Fully	Fully	Fully	Partial	Fully	

Table 47: Distribution of energyscores by indicator and facility type

3.7 Management and Workforce

Health facilities need adequate infection prevention control and maintenance staffing, funding, and resources to ensure regular cleaning, timely repairs, and replacement of supplies like soap, toilet paper, and cleaning and disinfection consumables. Maintenance staff should have the skills to perform basic scheduled maintenance of WASH infrastructure like pumps, pipes, valves, taps, reservoirs, and treatment systems. A structured operation and maintenance plan should be in place along with mechanisms for reporting broken infrastructure like toilets, or leaking taps, along with tools and supplies of spare parts for quick fixes.

3.7.1 WASH / IPC improvement committee

Every facility should have a team that is charged with responsibility for implementing the IPC / WASH policy.

- 16% (8/50) of facilities stated IPC team exists, have clear TORs, meets regularly with good leadership and decisions are noted and followed up on.
- 22% (11/50) of facilities stated IPC team meets but irregularly, informally, but does not have clear TORs etc.
- 62% (31/50) of facilities stated no team(s) and/or no focal point exists for IPC.

The assessment found that the presence of IPC teams was generally bad in all facilities. It was particularly concerning to see 60% of district hospitals and over 70% of polyclinics with no responsible focal points for IPC.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	33%	67%
Family Polyclinic (n = 18)	11%	17%	72%
Multi-Profile Central Polyclinic (n = 8)	13%	13%	75%
District Hospital (n = 10)	20%	20%	60%
Regional Hospital (n = 11)	27%	36%	36%
Total (n = 50)	**16%**	**22%**	**62%**

Table 48: WASH / IPC improvement committee

3.7.2 New auxiliary staff receive WASH / IPC training

All staff should receive regular training in WASH / IPC compliance in particular new auxiliary staff.

- 12% (6/50) of facilities reported that all new staff are trained adequately, according to their function.
- 34% (17/50) of facilities reported that some but not all staff are trained or training not appropriate to their function.
- 54% (27/50) of facilities reported that no training takes place.

The assessment found that WASH / IPC training was generally bad in all facilities. It was particularly concerning to see 60% of district hospitals and over 70% of polyclinics reporting no training takes place for IPC.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	33%	67%
Family Polyclinic (n = 18)	11%	22%	67%
Multi-Profile Central Polyclinic (n = 8)	13%	13%	75%
District Hospital (n = 10)	0%	40%	60%
Regional Hospital (n = 11)	27%	64%	9%
Total (n = 50)	**12%**	**34%**	**54%**

Table 49: New auxiliary staff receive WASH / IPC training

3.7.3 Maintenance system for WASH infrastructure

Health facilities need adequate maintenance systems to ensure timely preventative and corrective maintenance of vital WASH / IPC infrastructure.

- 24% (12/50) of facilities reported maintenance systems exists and is functional (items are procured and infrastructure repaired as and when needed).
- 54% (27/50) of facilities reported maintenance system exists but is not functional (i.e. facility is not able to procure supplies or infrastructure is not adequately repaired).
- 22% (11/50) of facilities reported no maintenance system exists.

The assessment found that maintenance systems were generally better in regional hospitals. It was particularly concerning to see 20% of district hospitals stating no WASH maintenance systems exist.

Health Facility Type	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Family Medical Point (n = 3)	0%	67%	33%
Family Polyclinic (n = 18)	11%	50%	39%
Multi-Profile Central Polyclinic (n = 8)	25%	63%	13%
District Hospital (n = 10)	10%	70%	20%
Regional Hospital (n = 11)	64%	36%	0%
Total (n = 50)	**0%**	**54%**	**22%**

Table 50: Maintenance system for WASH infrastructure



Figure 86. Water Leak Family Polyclinic #44 Rishton district



Figure 87. Broken Shower Republican Phthisiology Hospital No. 4, Kungrad



Figure 88. Flooding / Water Leak in Rishton District Multi-Profile Central Policlinic



Figure 89. Broken Tap Raushan Family Medical Point, Kungrad

3.7.4 Budget for WASH activities

Health facilities need adequate financial resources set aside in their annual budgets for water, cleaning consumables (disinfectants, soap, detergents, toilet paper), and to pay for general waste and healthcare waste collection and disposal services.

Family medical points spent an average of **5,000,000** on water in 2025.

Family polyclinics spent an average of **10,804,000** on water in 2025.

Multi-profile central polyclinics spent an average of **159,745,500** on water in 2025.

District hospitals spent an average of **141,305,000** on water in 2025.

Regional Hospitals spent an average of **264,319,400** on water in 2025.

The assessment found that expenditure on **water** in regional and district hospitals was greater than in family polyclinics and family medical points. This is to be expected as these facilities have a larger number of inpatients.



Health Facility Type	Average (UZS)	Average (USD$)
Family Medical Point (n = 3)	5,000,000	418
Family Polyclinic (n = 18)	10,804,000	903
Multi-Profile Central Polyclinic (n = 8)	159,745,500	13,349
District Hospital (n = 10)	141,305,000	11,808
Regional Hospital (n = 11)	264,319,400	22,087
Average	**129,781,150**	**10,845**

Table 51: Average annual expenditure for water per facility type in 2025

Family medical points spent an average of **1,032,000** on cleaning consumables.

Family polyclinics spent an average of **10,706,000** on cleaning consumables.

Multi-profile central polyclinics spent an average of **30,628,000** on cleaning consumables in 2025

District hospitals spent an average of **64,608,500** on cleaning consumables.

Regional Hospitals spent an average of **180,931,400** on cleaning consumables.

The assessment found that expenditure on **cleaning consumables** in regional and district hospitals was greater than in family polyclinics and family medical points. This is to be expected as these facilities are larger and generally have a larger number of inpatients.



Health Facility Type	Average (UZS)	Average (USD$)
Family Medical Point (n = 3)	1,032,000	86
Family Polyclinic (n = 18)	10,706,000	895
Multi-Profile Central Polyclinic (n = 8)	30,628,000	2,559
District Hospital (n = 10)	64,608,500	5,399
Regional Hospital (n = 11)	180,931,400	15,119
Average	**75,229,941**	**6,286**

Table 52: Average annual expenditure for cleaning consumables in 2025

Family medical points spent an average of **10,656,000** on general waste collection in 2025.

Family polyclinics spent an average of **4,741,000** on general waste collection.

Multi-profile central polyclinics spent an average of **2,699,000** on general waste collection in 2025.

District hospitals spent an average of **42,692,000** on general waste collection.

Regional Hospitals spent an average of **60,100,000** on general waste collection.

The assessment found that expenditure for general **waste collection** in regional and district hospitals was greater than in family polyclinics and family medical points. This is to be expected as these facilities are larger and generally have a larger number of inpatients.



Health Facility Type	Average (UZS)	Average (USD$)
Family Medical Point (n = 3)	10,656,000	890
Family Polyclinic (n = 18)	4,741,000	396
Multi-Profile Central Polyclinic (n = 8)	2,699,000	226
District Hospital (n = 10)	42,692,000	3,567
Regional Hospital (n = 11)	60,100,000	5,022
Average	**28,653,778**	**2,394**

Table 53: Average annual expenditure for general waste collection in 2025

Family medical points spent an average of **10,656,000** on medical waste collection in 2025.

Family polyclinics spent an average of **6,358,000** on medical waste collection.

Multi-profile central polyclinics spent an average of **14,574,000** on medical waste collection in 2025.

District hospitals spent an average of **42,692,000** on medical waste collection.

Regional Hospitals spent an average of **39,040,000** on medical waste collection.

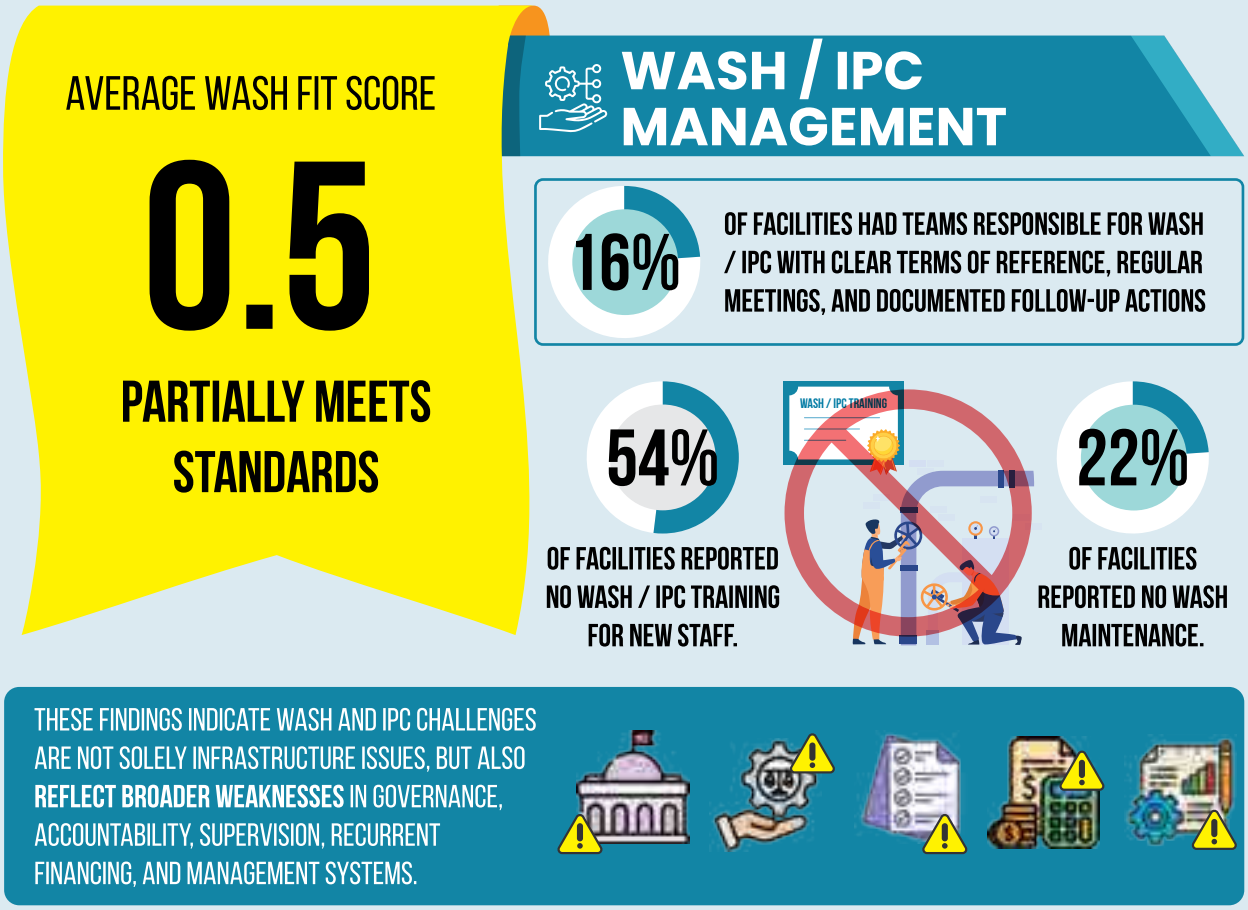
The assessment found that expenditure for **medical waste collection** in regional and district hospitals was greater than in family polyclinics and family medical points. This is to be expected as these facilities are larger and generally have a larger number of inpatients.



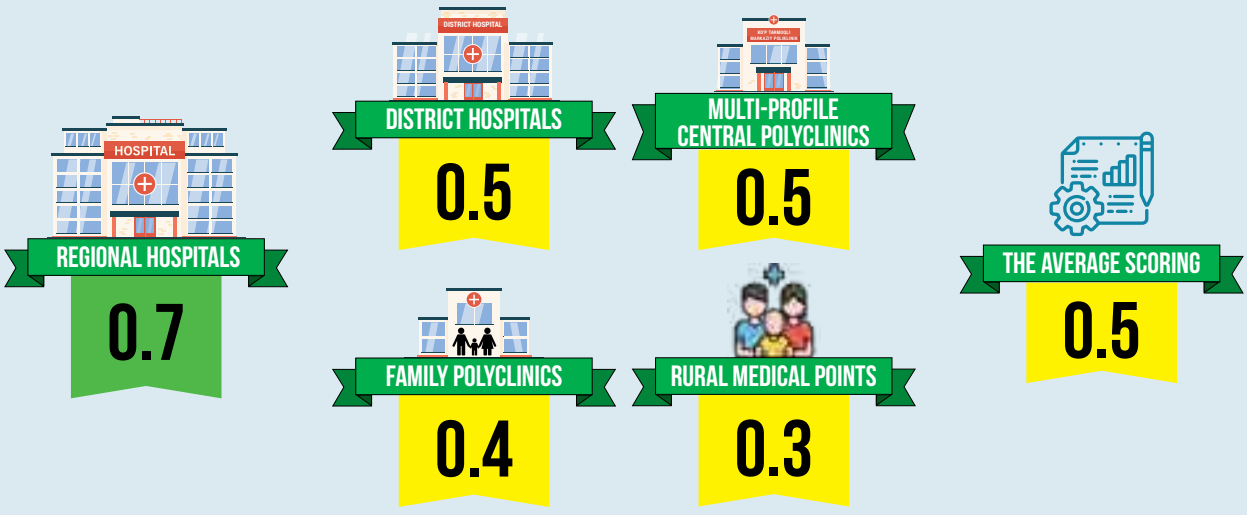
Health Facility Type	Average (UZS)	Average (USD$)
Family Medical Point (n = 3)	10,656,000	890
Family Polyclinic (n = 18)	6,358,800	531
Multi-Profile Central Polyclinic (n = 8)	14,574,000	1,218
District Hospital (n = 10)	42,692,000	3,567
Regional Hospital (n = 11)	39,040,000	3,262
Average	**25,739,176**	**2,151**

Table 54: Average annual expenditure for medical waste collection in 2025

3.7.5 Management WASH FIT scores



The overall WASH FIT score for management was 0.5, corresponding to a “Fair” rating. Regional hospitals achieved the highest performance (0.7), followed by district hospitals (0.5), while family polyclinics scored substantially lower (0.4), highlighting significant inequities in infrastructure reliability and service continuity at primary healthcare level. Please note that the full scores for each facility, by type and region can be found in Appendix ‘H’ WASH FIT ManagementScores by Facility Type and Region.



The overall WASH FIT scores for individual indicators were as follows:

The average score for **"IPC Team exists, has clear TORs, meets regularly with good leadership and decisions are noted and followed up on"** **0.3**

Partially Meets Standards

The average score for **"all new staff receive adequate WASH and IPC training, according to their function"** **0.3**

Partially Meets Standards

The average score for **"WASH maintenance system exists and is functional (items are procured and infrastructure repaired as and when needed)"** **0.5**

Partially Meets Standards

The average score for **"required number of cleaning staff available at all times when needed and have dedicated time for performing cleaning activities"** **0.9**

Fully Meets Standard

Scoring Note: < 0.3 = "Does Not Meet Standards"; 0.3 to 0.6 = "Partially Meets Standards"; > 0.6 = "Fully Meets Standards"

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Management Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
IPC Team exists, has clear TORs, meets regularly with good leadership and decisions are noted and followed up on.	0.5	0.3	0.2	0.2	0.2	0.3	Partial
All new staff receive adequate WASH and IPC training, according to their function.	0.6	0.2	0.2	0.2	0.2	0.3	Partial
WASH maintenance system exists and is functional (items are procured and infrastructure repaired as and when needed).	0.8	0.5	0.6	0.4	0.3	0.5	Partial
Required number of cleaning staff available at all times when needed and have dedicated time for performing cleaning activities.	1.0	1.0	1.0	0.8	0.7	0.9	Fully
SCORE	**0.7**	**0.5**	**0.5**	**0.4**	**0.3**	**0.5**	**Partial**
	Fully	Partial	Partial	Partial	Partial	Partial	

Table 55: Distribution of managementscores by indicator and facility type





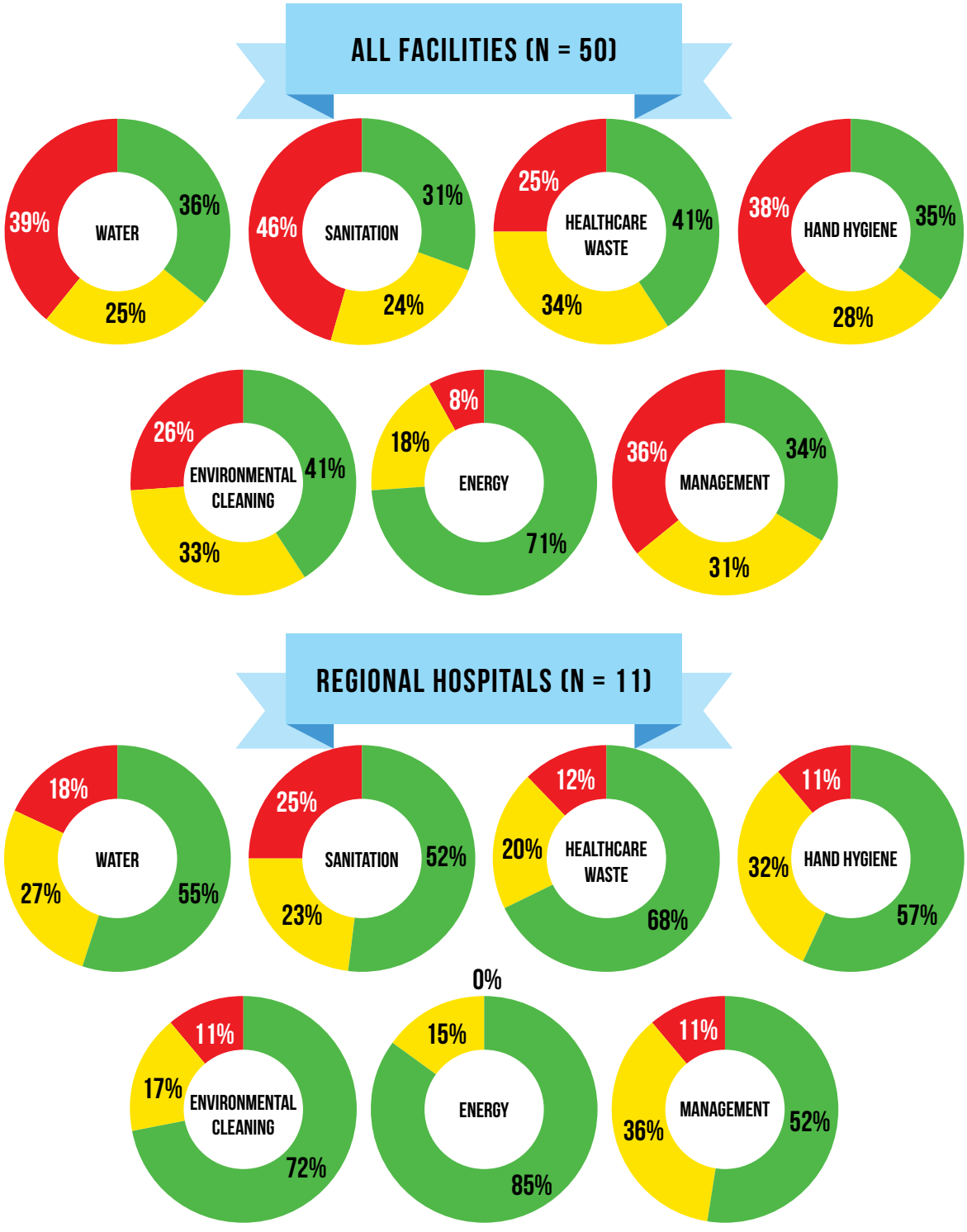
4.
ANALYSIS

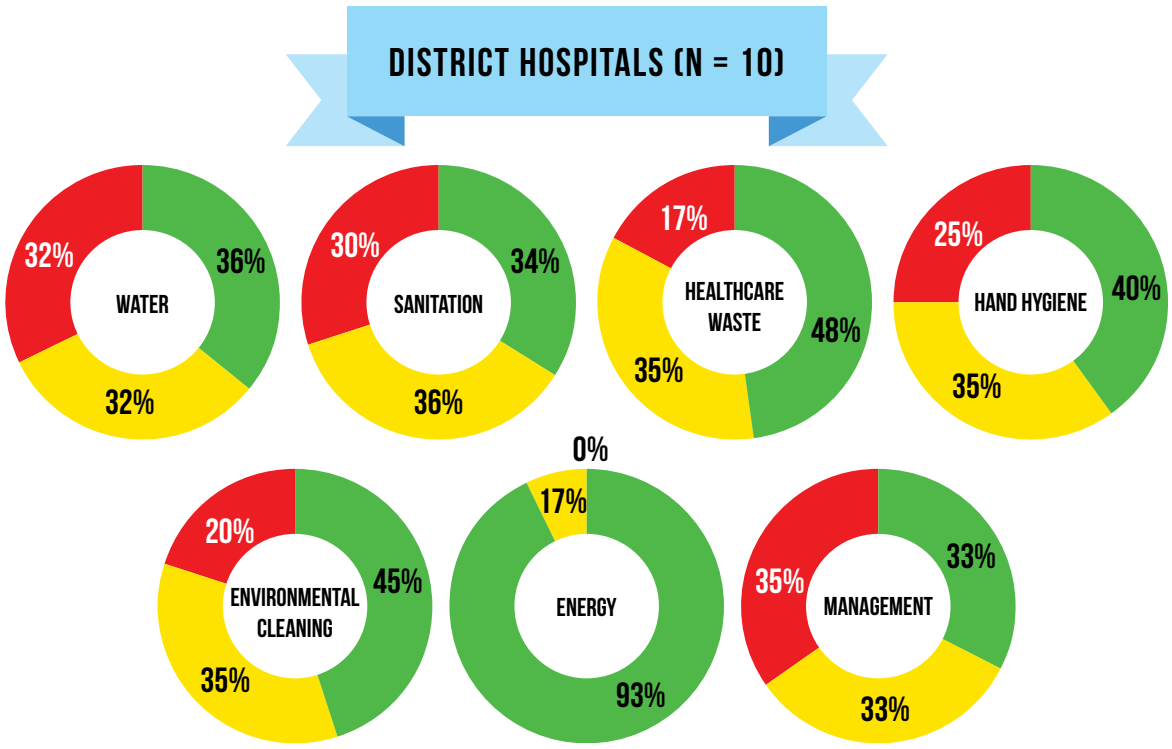


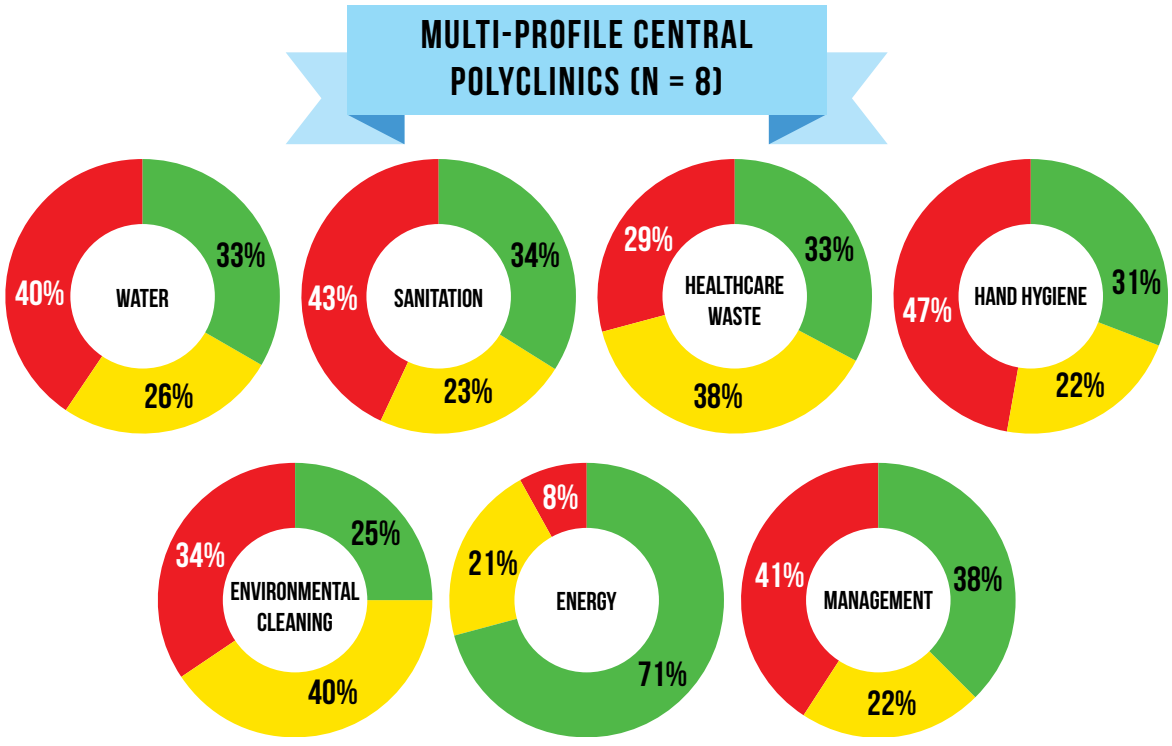


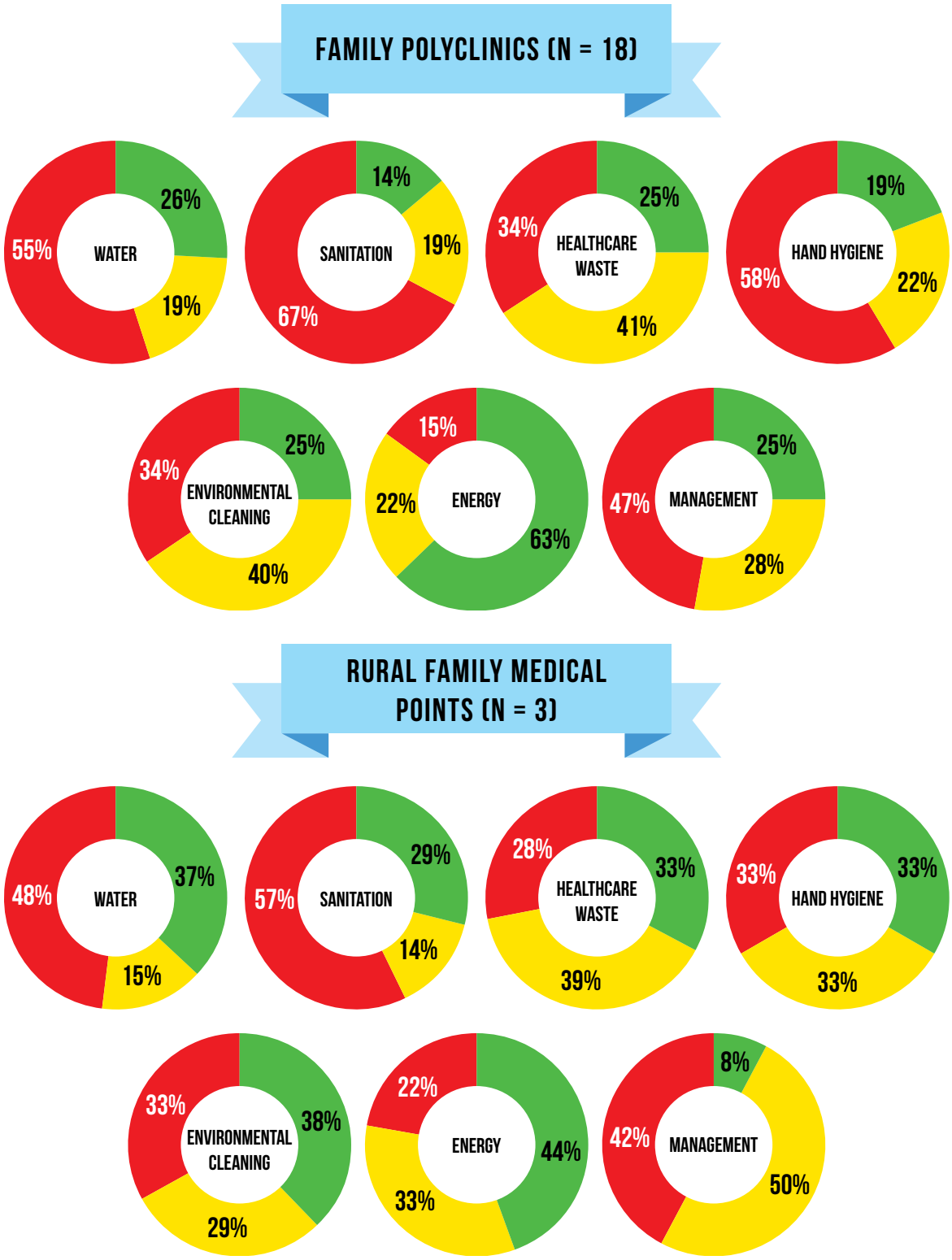
4. ANALYSIS

Final category scores for the WASH FIT assessment were calculated by summing the total points achieved for each category and converting these into percentages of the maximum possible score. The overall results from the WASH FIT can be found in Figure 1 below which presents the proportion of healthcare facilities that met, partially met, or did not meet minimum standards across the assessed WASH FIT domains and facility types.




DISTRICT HOSPITALS (N = 10)
WATER
32%
36%
32%
SANITATION
30%
34%
36%
HEALTHCARE WASTE
17%
48%
35%
HAND HYGIENE
25%
40%
35%
ENVIRONMENTAL CLEANING
20%
45%
35%
ENERGY
0%
17%
93%
MANAGEMENT
35%
33%
33%


MULTI-PROFILE CENTRAL POLYCLINICS (N = 8)
WATER
40%
33%
26%
SANITATION
43%
34%
23%
HEALTHCARE WASTE
29%
33%
38%
HAND HYGIENE
47%
31%
22%
ENVIRONMENTAL CLEANING
34%
25%
40%
ENERGY
8%
21%
71%
MANAGEMENT
41%
38%
22%



Proportion of health care facilities that "meet standards", "partially meet standards", and "do not meet standards" by WASH FIT category and type of facility

A more detailed summary of the WASH FIT assessment scores by facility type and individual indicator can be found below. More detailed scores by individual health care facility and region are provided in Annex' A' Summary of WASH FIT Scores by Facility Type.

Water Discussion

Access to reliable, safe, and sustainable water services remains a critical challenge in a significant proportion of assessed healthcare facilities. Although all facilities technically had access to an improved water source, the reliability, continuity, quality, and accessibility of water supplies varied considerably between facilities and levels of care. Please note that the full scores for each facility, by type and region can be found in Appendix 'B' WASH FIT Water Scores by Facility Type and Region.

100% of facilities had access to improved water supplies with 37 facilities having piped water and 13 facilities having boreholes with motorized pumps.

Alarmingly **50%** of the district hospitals and more than half the multi-profile central polyclinics visited had less than one day of water storage.

88% (44/50) reported improved water supply was accessible on premises within facility buildings, with the remaining 12% (6/50) reporting improved water supply accessible on premises but outside of facility building.

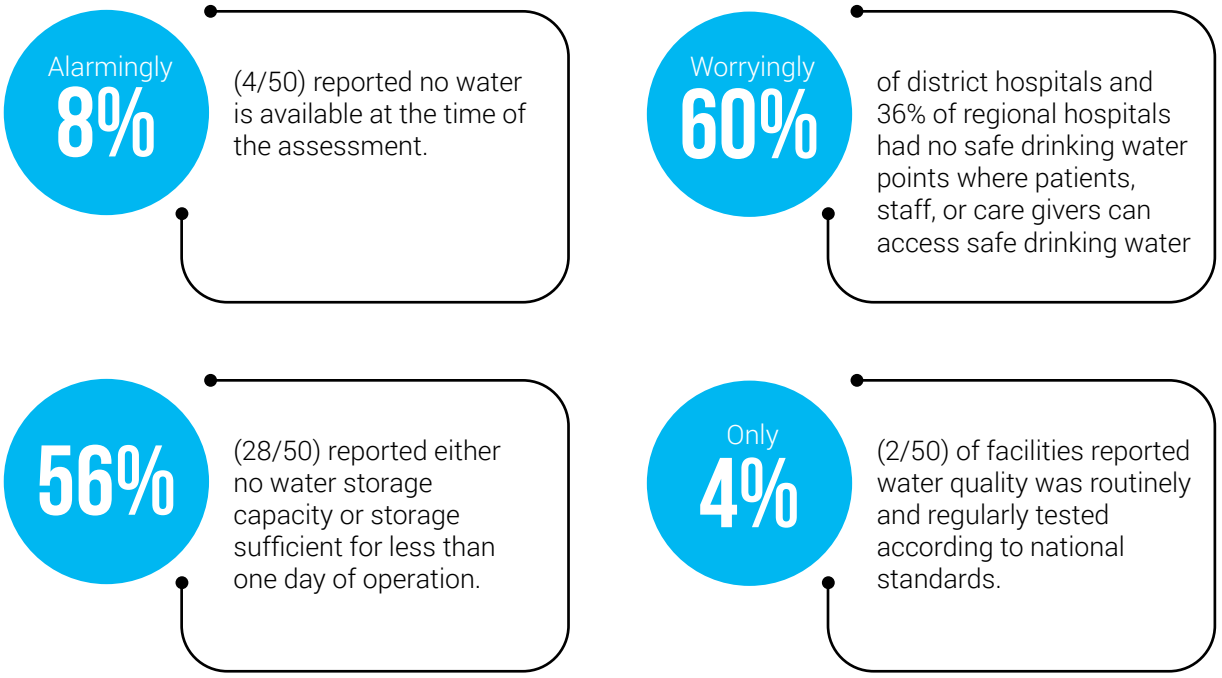
60% (30/50) reported in the last 3 months the main water supply system had no breakdowns, or any breakdowns were repaired within 48 hours.

14% (7/50) reported less than half of all taps were connected and functioning.

28% (14/50) reported the water supply system had breakdowns that took longer than one week to repair OR remain unrepaired.

48% (24/50) reported that water was only available at some, but not all, water points at the time of assessment.

38% (19/50) had potable drinking water available in the facility, but only in places, and not all the time.



The overall WASH FIT score for water services was 0.5, corresponding to a "Partially Meets Standards" rating. Regional hospitals achieved the highest performance (0.7), followed by district hospitals (0.5), while family polyclinics scored substantially lower (0.4), highlighting significant inequities in infrastructure reliability and service continuity at primary healthcare level.

Particularly concerning was the finding that four (4) healthcare facilities had no water available at the time of assessment including one district hospital (Shakhrikhon District Medical Association). In addition, the Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District was of particular concern as it had water available but had less than half the taps functioning at the time of the visit. These cases represent a serious risk to infection prevention and control, patient safety, environmental cleaning, sanitation, and continuity of essential healthcare services, and warrants urgent investigation and corrective action by the Ministry of Health.

Overall, inadequate water storage capacity, poor system maintenance, intermittent supply, and the near absence of routine water quality monitoring were identified as major systemic weaknesses undermining hygiene standards, environmental cleaning, and safe healthcare delivery across many facilities.

Examples of findings documented by assessment teams included:

Health Care Facility	Comments from Data Collectors
Shakhrikhon District Hospital	• At the time of the assessment, there are water taps, but due to an accident, water was cut off from the water well, water does not flow from the taps. • Water is pumped from the artesian water coming from the ground, collected in a well and distributed to the departments. • The water is collected in 2 water storage tanks (20 m3). However, at the time of assessment, there is no water in the water storage tanks.
Andijan City Maternity Complex # 1	• The building is pumped to the 3rd floor with the help of a pump, without a pump, water does not flow to the 3rd floor. • At the time of assessment, some departments on the 3rd floor of the hospital do not have water, and water cannot be pumped unless the pump is turned on. • There are 50-100 litre tanks in the departments to collect reserve water.
Family Polyclinic No. 9, Andijan City	• There is no water, there has been no water for the last 48 hours. • Water supply to the polyclinic is typically provided by nearby water stations for 3 hours a day. • Less than half of all taps are connected and functioning. • There is a 500-liter container for collection.
Family Polyclinic # 100, Rishton district	• There is no water due to power outages during the rainy season. • There is no water storage.
Family Polyclinic No. 4, Jizzakh City	• There is one faucet outside. • There are 9 sinks inside, but there is no water at all. Handwashing is done with bottled water (water is taken from the faucet outside the clinic). • There is no water storage reservoir.
Family Polyclinic No. 7, Gallaorol District, Jizzakh	• There is no water in the toilets. • There is no water for drinking and hand washing. • Water is brought from a well belonging to the neighbourhood (outside the institution) through a pump. • Less than half of all taps are connected and functioning. • There is a 450 litre water tank
Family Polyclinic No. 6, Ko'kgumbaz, Jizzakh	• Water is brought from a well belonging to the neighbourhood through pipes for 2-3 hours a day. • There is a 200 litre tank, it is not enough.

Table 56: Health care facilities identified with water supply issues

Sanitation Discussion

Access to safe, functional, and dignified sanitation services remains a major challenge across a significant proportion of assessed healthcare facilities. The availability, functionality, accessibility, cleanliness, and inclusiveness of sanitation facilities varied considerably between healthcare facility types and levels of care, with the weakest conditions generally observed at lower levels of primary care. Please note that the full scores for each facility, by type and region can be found in Appendix 'C' WASH FIT Sanitation Scores by Facility Type and Region.

(40/50) of facilities had flush toilets, while the remaining facilities relied on pit latrines.

80%

Worryingly **10%**

of district hospitals, 9% of regional hospitals and 67% of family polyclinics did not have functional handwashing with soap and water within 5 metres of toilets.

(20/50) of facilities reported having a sufficient number of toilets to meet the needs of patients, staff, and caregivers.

Only **40%**

Only **24%**

(12/50) of facilities reported having at least one functional toilet clearly separated and designated for staff use.

(20/50) of facilities reported all the toilets were available usable at the time of the survey.

Only **40%**

Only **16%**

(8/50) of facilities reported having at least one functional toilet accessible to people with reduced mobility, including elderly persons, pregnant women, and persons with disabilities.

(11/50) of facilities reported none of the patient toilets were available or usable at the time of the survey.

Alarmingly **22%**

Only **26%**

(13/50) of facilities reported toilets cleaned each day and a signed record is visible.

The overall WASH FIT score for sanitation was 0.5, corresponding to a "Partially Meets Standards" rating. Regional hospitals achieved the highest sanitation scores (0.7), followed by district hospitals (0.6), while family polyclinics recorded substantially lower scores (0.3), highlighting significant inequities in sanitation infrastructure and maintenance capacity at lower primary healthcare levels.

Particularly concerning was the finding that 22% of assessed facilities had no functional patient toilets available at the time of the survey, while 34% lacked adequate handwashing facilities adjacent to toilets. These deficiencies present serious risks for infection prevention and control (IPC), patient dignity, environmental hygiene, occupational safety, and the continuity of safe healthcare service delivery. Immediate corrective action and targeted investment by the Ministry of Health are therefore strongly recommended.

Overall, inadequate toilet coverage, poor operation and maintenance systems, unreliable water supply, insufficient cleaning practices, and the near absence of inclusive sanitation facilities suitable for elderly persons, pregnant women, and persons with disabilities were identified as major systemic weaknesses undermining hygiene standards and safe healthcare delivery across many facilities.



Hand Hygiene Discussion

Hand hygiene at critical moments during patient care is one of the most effective measures for preventing healthcare-associated infections and protecting both healthcare workers and patients from infection. Reliable access to hand hygiene facilities and supplies including water, soap, and alcohol-based hand rub forms a core component of Infection Prevention and Control (IPC) standard precautions and is essential for safe healthcare delivery.

Despite its importance, hand hygiene remains a major challenge across a significant proportion of assessed healthcare facilities. In many facilities, inadequate and unreliable water supplies, insufficient handwashing infrastructure, lack of consumables, and limited compliance monitoring significantly undermined effective hand hygiene practices. Although almost all facilities technically had access to an improved water source, the reliability, continuity, accessibility, and functionality of water services varied considerably between facilities and directly impacted hand hygiene activities. Please note that the full scores for each facility, by type and region can be found in Appendix 'E' WASH FIT Hand Hygiene Scores by Facility Type and Region.

(22/50) of facilities were observed to have functioning hand hygiene stations — either with soap and water or alcohol-based hand rub — available at all points of care.

Only **44%**

52% of facilities had hand hygiene visual reminder materials (posters) clearly displayed in all key areas.

(15/50) of facilities reported that at least 75% of points of care had functional hand hygiene stations available.

30%

However **18%**

(9/50) were reported to have no hand hygiene visual reminder materials (posters) available anywhere in the facility.

Only **36%**

(18/50) of facilities stated regular (at least annual) compliance activities take place throughout the facility.

(13/50) of facilities stated fewer than 75% of points of care have functioning hand hygiene stations present with 50% of family polyclinics having fewer than 75% of points of care with functional hand hygiene stations present at the time of the visit.

Alarmingly **26%**

Worryingly **40%**

(20/50) of facilities stated that no hand hygiene compliance monitoring, supervision, or promotional activities were conducted at all.

The overall WASH FIT score for hand hygiene was 0.6, corresponding to a "Partially Meets Standards" rating. Regional hospitals and district hospitals achieved the highest scores (0.8 and 0.7 respectively), while family polyclinics once again recorded substantially lower scores (0.4), highlighting major inequities in hand hygiene infrastructure, operational systems, supply availability, and IPC capacity at lower levels of the health care system.

32% of assessed facilities reported having no dedicated budget for hand hygiene consumables, with healthcare workers frequently purchasing liquid soap and alcohol-based hand rub using personal funds. This situation raises serious concerns regarding the long-term sustainability of IPC measures and the ability of facilities to maintain minimum hygiene standards.

Particularly concerning was the finding that several facilities lacked even the most basic requirements for safe hand hygiene practices, including reliable water supply, functional handwashing stations, soap, hand hygiene reminder materials, and routine compliance monitoring systems. Four (4) facilities had no water available at the time of assessment, while others reported non-functional sinks, intermittent water supply, or complete absence of handwashing infrastructure in clinical areas.

These deficiencies represent significant risks to infection prevention and control, patient safety, occupational health, and continuity of essential healthcare services, and warrant urgent corrective action and targeted investment by the Ministry of Health.

Examples of findings documented by assessment teams included:

Health Care Facility	Comments from Data Collectors
Family Polyclinic # 64, Shahrikhan City	• Hand washing stations are available, but some rooms on the 2nd and 3rd floors have low or no water flow. • There are no hand hygiene compliance activities. • The facility is connected to the central water supply network, but the water is only supplied 6 hours a day.
Shakhrikhon District Hospital	• Hand washing stations have soap and towels but the water does not flow at the time of assessment.
Family Polyclinic # 100, Rishton district	• Fewer than 75% of points of care have functioning hand hygiene stations present. • Some hand hygiene materials displayed in some but not all key areas. • There is no water due to power outages during the rainy season. • There is no water storage. • There are no hand hygiene compliance activities.

Republican Specialized Scientific-Practical Medical Centre for Maternal and Child Health, Karakalpakstan Branch	• Fewer than 75% of points of care have functioning hand hygiene stations present. • Liquid soap and alcohol hand rub are in short supply, and employees bring their own.
Family Polyclinic No. 4, Jizzakh City	• There is no water, no tap works. • No hand hygiene posters available. • Generally, there is no water inside the building, staff are using bottled water to wash their hands.
Family Polyclinic No. 7, Gallaorol District, Jizzakh	• There are 3 hand washing basins in the polyclinic, but there is no water, the water is not connected. • No hand hygiene posters are available. • No hand hygiene monitoring is carried out. • There are no hand hygiene conditions in the polyclinic.
Family Polyclinic No. 6, Ko'kgumbaz	• All employees purchase hand sanitizer at hand washing stations at their own expense. • There are not enough places to wash hands and water, there are no places to wash hands in the waiting area

Table 57: Health care facilities identified with hand hygiene issues

Health Care Waste Management Discussion

The availability and functionality of healthcare waste management systems varied considerably between healthcare facility types and levels of care, with the weakest conditions generally observed in lower-level primary healthcare facilities. While the majority of healthcare facilities reported outsourcing final healthcare waste disposal to third-party providers, concerns were raised by assessment teams regarding the transparency, safety, and environmental compliance of final waste treatment and disposal practices. Please note that the full scores for each facility, by type and region can be found in Appendix 'D' WASH FIT Health Care Waste Scores by Facility Type and Region.

(40/50) of facilities had waste collection containers available at all waste generation points to support segregation of infectious, non-infectious, and sharps waste.

80%

Worryingly **42%**

(21/50) of facilities reported having no PPE available for personnel responsible for handling healthcare waste.

(31/50) of facilities were observed to correctly segregate healthcare waste by type at all waste generation points.

62%

78%

(38/50) of facilities reported a dedicated, secure waste storage area available, of sufficient capacity.

(15/50) of facilities had clearly visible waste segregation signage or reminder materials displayed at waste generation points.

Only **30%**

86%

(43/50) of facilities outsourced final healthcare waste collection and disposal to a third-party provider (Med Class Plus), while only 14% (7/50) managed final disposal onsite.

(6/50) of facilities reported that adequate personal protective equipment (PPE) was fully available for all staff involved in healthcare waste handling and management.

Alarmingly **12%**

6%

(3/50) of facilities were using incinerators for healthcare waste final disposal, while one facility reported use of a medical waste autoclave system (Newster Italy).

(23/50) reported that PPE was either insufficient, unavailable for all staff, or damaged and unsuitable for safe use.

A further **46%**

The overall WASH FIT score for healthcare waste management was 0.6, corresponding to a "Partially Meets Standards" rating. Regional hospitals achieved the highest scores (0.8), followed by district hospitals (0.7), while family polyclinics recorded substantially lower scores (0.5), highlighting significant inequities in waste management infrastructure, operational systems, and occupational safety capacity at lower levels of the healthcare system.

Particularly concerning was the widespread lack of basic personal protective equipment for staff responsible for handling healthcare waste, including protective footwear, heavy-duty waterproof gloves, aprons, masks, and needle-resistant gloves. These deficiencies present serious occupational health and safety risks and significantly increase the likelihood of exposure to infectious materials, sharps injuries, and healthcare-associated infections.

In addition, the continued use of small-scale healthcare waste incinerators in 3 facilities raises important environmental and public health concerns. Poorly operated low-temperature incinerators can release harmful pollutants, including dioxins and furans generated through the burning of mixed and plastic wastes, posing potential risks to healthcare workers, patients, nearby communities, and the wider environment.

Finally, concerns were repeatedly raised regarding the final disposal practices of outsourced healthcare waste management companies from 86% of facilities. Assessment teams reported limited visibility regarding how collected medical waste is ultimately treated or disposed of, raising concerns that unsafe dumping or environmentally unsound disposal practices may still occur. These findings warrant further investigation, strengthened regulatory oversight, and improved monitoring of third-party healthcare waste management providers by the Ministry of Health and relevant environmental authorities.

Overall, weaknesses in waste segregation practices, occupational safety measures, staff training, waste treatment systems, and oversight of outsourced disposal services were identified as major systemic gaps undermining safe healthcare waste management and infection prevention and control across many assessed facilities.

Environmental Cleaning Discussion

Environmental cleaning and disinfection are among the most effective measures for preventing healthcare-associated infections and protecting both healthcare workers and patients from exposure to infectious pathogens. Effective environmental cleaning systems rely on the existence of clear cleaning protocols, trained personnel, routine supervision and monitoring, adequate cleaning equipment and consumables, reliable water supply, and sufficient operational budgets. Together, these elements form a core component of Infection Prevention and Control (IPC) standard precautions and are essential for safe and dignified healthcare delivery.

Despite its importance, environmental cleaning remained a major challenge across a significant proportion of assessed healthcare facilities. In many facilities, inadequate and unreliable water supply, shortages of cleaning consumables, absence of cleaning records, insufficient operational budgets, and limited supervision significantly undermined effective cleaning and disinfection practices. Although most facilities technically had access to an improved water source, the reliability, continuity, accessibility, and functionality of water services varied considerably and directly impacted routine cleaning activities. Please note that the full scores for each facility, by type and region can be found in Appendix 'F' WASH FIT Environmental Cleaning Scores by Facility Type and Region.

(19/50) of healthcare facilities reported having a cleaning policy or protocol that was actively implemented and monitored.

Only **38%**

54% of facilities reported that cleaning materials and equipment were either insufficient, poorly maintained, or unavailable in some areas of the facility.

(15/50) of facilities were observed to maintain cleaning records for individual departments or service areas.

Only **30%**

Worryingly **10%** (12/50) of facilities reported having at least one functional toilet clearly separated and designated for staff use.

(37/50) of facilities reported that toilets were cleaned less than once daily and that no cleaning records were available for verification.

Alarmingly **74%**

40% (8/50) of facilities reported having at least one functional toilet accessible to people with reduced mobility, including elderly persons, pregnant women, and persons with disabilities.



The overall WASH FIT score for environmental cleaning was 0.5, corresponding to a "Partially Meets Standards" rating. Regional hospitals achieved the highest scores (0.8), while district hospitals (0.6) and family polyclinics (0.3) recorded substantially lower performance, highlighting significant inequities in environmental cleaning systems, supply availability, supervision, and IPC capacity at lower levels of the healthcare system.

Particularly concerning was the finding that 32% of facilities had no operational budget for cleaning materials and supplies, with many facilities reporting that cleaning consumables were routinely purchased by healthcare workers using personal funds. In addition, 10% of facilities had no cleaning supplies available at the time of assessment. These deficiencies were further compounded by unreliable water supply, including four facilities where no water was available during the assessment visit.

The assessment found that food safety and handling was generally reasonable. However, the kitchens in the Republican Specialized Scientific-Practical Medical Centre for Maternal and Child Health, Karakalpakstan Branch were singled out as having extremely poor levels of food hygiene.

Together, these conditions represent serious risks to infection prevention and control, patient safety, occupational health, environmental hygiene, and continuity of essential healthcare services. Immediate corrective action, strengthened supervision, and targeted investment by the Ministry of Health are therefore strongly recommended.

Examples of findings documented by assessment teams included:

Health Care Facility	Comments from Data Collectors
Djizzak City Obstetrics complex	• No cleaning materials are available. • By order, junior medical staff are assigned to clean both the toilet and the wards. There are no dedicated cleaning staff for the toilets. • Patients themselves buy detergents, nurses and junior medical personnel buy washing powders themselves. • There are no cleaning protocols or schedules. It is not recorded in logs. The head nurse oversees the ongoing cleaning process.
Family Polyclinic # 100, Rishton district	• There is no budget. The staff buy cleaning materials from their own means. • No records of cleaning exist. • There is no water due to power outages during the rainy season. • There is no water storage.

U. Khalmuratov Republican Multidisciplinary Medical Centre	• Cleaning supplies are taken from the pockets of employees. • There are no records of cleaning kept. • The toilet is cleaned 3 times a day, but there is no written record about it.
Nukus City Medical Association, Multidisciplinary Central Polyclinic	• Employees purchase cleaning materials from their own pockets. • No cleaning policy or protocol exists • No record of cleaning available.
Raushan Family Medical Point, Kungrad District	• Employees bought cleaning materials from their own pockets. • No cleaning policy or protocol exists • No record of cleaning available.
Kungrad District Medical Association	• There is no place to store cleaning tools. • Cleaning tools were taken from the employees' own pockets. • No cleaning policy or protocol exists. • No record of cleaning available.
Family Polyclinic No. 1, Nukus City	• No cleaning materials available. • Cleaning materials are taken from their pockets by medical workers. • Cleaning policy exists, is implemented and monitored. • During the inspection, a log of the daily cleaning of the large-scale cleaning of the toilet was viewed. • There is no dedicated toilet attendant, the cleaners wash the common area.
Kairagach Rural Health Post, Rishton District	• Budget is tight. • All cleaning equipment will be purchased at the expense of the staff. • There are cleaning protocols.
Family Polyclinic No. 1, Jizzakh City	• All the necessary cleaning materials are not purchased, because there is no budget.
Family Polyclinic No. 4, Jizzakh City	• 15 million UZS was allocated for cleaning expenses for 2025. • Due to the lack of water, cleaning is carried out irregularly. • No cleaning policy or protocol exists. • No record of cleaning available. • Junior medical personnel are used for cleaning. • Either there is insufficient quantity or there is no time for cleaning.

Table 58: Health care facilities identified with environmental cleaning issues

Energy Systems Discussion

Reliable primary, secondary (backup), and tertiary (uninterruptible power supply – UPS) energy systems are essential for safe and continuous healthcare service delivery. Reliable electricity supplies are critical for lighting, cold chain systems, laboratory services, sterilization equipment, communications, digital health platforms, and life-saving medical equipment. The importance of resilient energy infrastructure has increased significantly in recent years with the rapid digitalization of the healthcare system and the nationwide implementation of the DMED electronic health information system.

Despite the critical importance of reliable electricity, energy resilience remained a significant challenge across many assessed healthcare facilities. While most regional and district hospitals had backup power generation systems available, backup energy coverage at lower levels of the healthcare system was substantially weaker. This raises serious concerns regarding continuity of healthcare services, operation of digital health systems, preservation of electronic patient records, and continuity of essential medical services during grid power interruptions. Please note that the full scores for each facility, by type and region can be found in Appendix 'G' WASH FIT Energy Scores by Facility Type and Region.

(20/21) of regional and district hospitals had backup generators available, except for the Republican Interdistrict Phthisiology Hospital No. 4 in Kungrad District.

95%

66%

(33/50) of facilities had functional backup power systems with adequate fuel reserves available at the time of assessment.

(3/8) of multi-profile central polyclinics had backup generators available, and several of these systems were reportedly undersized relative to facility demand.

Only **38%**

However **10%**

(5/50) of facilities reported having backup generators without fuel available for operation.

(6/18) of family polyclinics had backup generators available, with many generators similarly reported to be insufficient in capacity.

Only **33%**

Alarmingly **24%**

(12/50) of facilities reported having no backup energy source whatsoever.

(31/50) of facilities had installed solar power system. **62%**

80% (40/50) of facilities had transitioned to energy-efficient LED lighting systems.

(38/50) of facilities reported that grid electricity supply was generally sufficient to meet operational needs. **76%**

The overall WASH FIT score for energy services was 0.8, corresponding to a "Fully Meets Standards" rating. District hospitals and regional hospitals achieved the highest scores (1 and 0.9 respectively), while family polyclinics recorded substantially lower performance (0.7), highlighting significant inequities in energy reliability, resilience, and backup capacity at lower levels of the healthcare system.

Particularly concerning was the finding that 34% of multi-profile central polyclinics and family polyclinics had backup generators available. This represents a major operational risk given the widespread transition of healthcare facilities to the DMED electronic medical records and digital reporting system. Power interruptions in facilities without reliable backup systems can disrupt patient registration, access to medical records, diagnostic services, vaccine and medicine cold chains, communications, and continuity of essential healthcare services.

In addition, several facilities reported that existing generators were undersized, poorly maintained, lacked fuel reserves, or were incapable of supporting critical systems during prolonged power outages. These findings highlight the need not only for improved generator coverage, but also for proper sizing, maintenance, fuel management, and integration of backup energy systems into broader healthcare infrastructure resilience planning.

Overall, gaps in backup power coverage, generator capacity, fuel availability, and energy resilience at lower levels of the healthcare system were identified as significant systemic weaknesses that may undermine healthcare continuity, patient safety, digital health operations, and emergency preparedness. Immediate corrective action and targeted investment by the Ministry of Health are therefore strongly recommended.

WASH / IPC Management Discussion

Reliable responsibility for WASH / IPC through a team of professionals with clear ToRs, that meet regularly and review the WASH / IPC situation in the facility, and a dedicated budget for WASH / IPC infrastructure repair and upgrades is essential to ensure infection prevention control and the safety of staff and patients.

Effective facility governance structures for WASH and Infection Prevention and Control (IPC) activities are fundamental to ensuring patient safety, occupational health, and quality healthcare delivery. Functional WASH / IPC governance structures, including dedicated staff / teams with clear terms of reference (ToRs), routine meetings, defined accountability mechanisms, trained staff, operational maintenance systems, and dedicated budgets - are essential to support safe healthcare environments and ensure that health facility buildings, equipment, and IPC practices are maintained over time.

Despite the critical importance of WASH / IPC management and operation and maintenance systems, WASH / IPC management remained a significant challenge across many assessed healthcare facilities. Problems were exposed at all levels. Of particular concern including over two thirds of regional and district hospitals that lacked WASH / IPC teams with clear objectives and budget. This raises serious concerns regarding responsibility for the safety of staff and patients.

Despite the critical importance of WASH / IPC management systems, major weaknesses were identified across a significant proportion of assessed healthcare facilities. Deficiencies were observed at all levels of the healthcare system. Of particular concern were regional and district hospitals, raising serious concerns regarding institutional accountability, operational oversight, maintenance planning, and responsibility for staff and patient safety. Please note that the full scores for each facility, by type and region can be found in Appendix 'H' WASH FIT Management Scores by Facility Type and Region.

Only **16%**

(8/50) of facilities reported having functional WASH / IPC teams with clear terms of reference, regular meetings, effective leadership, and documented follow-up of decisions and actions.

34%

(17/50) of facilities reported that some staff received WASH / IPC training, although coverage was incomplete or training content was not aligned with staff functions.

Alarmingly **62%**

(31/50) of facilities reported that no formal WASH / IPC team or designated focal point existed – including 60% of district hospitals.

Alarmingly **54%**

(27/50) of facilities reported that no WASH / IPC training activities were conducted at all.

22% (11/50) of facilities reported having informal or partially functional WASH / IPC teams that met irregularly and lacked clear terms of reference or structured follow-up mechanisms.

54% (27/50) of facilities reported that WASH maintenance systems formally existed but were non-functional or ineffective in practice.

Only **12%** (6/50) of facilities stated that all newly recruited staff received adequate WASH / IPC training appropriate to their role and responsibilities. It was particularly concerning to see 60% of district hospitals and over 70% of polyclinics reporting no training takes place for IPC.

22% (11/50) of facilities reported having no WASH maintenance system whatsoever. It was particularly concerning to see 20% of district hospitals stating no WASH maintenance systems exist.

The overall WASH FIT score for WASH / IPC management was 0.5, corresponding to a "Partially Meets Standards" rating. Regional hospitals achieved the highest scores (0.7), while district hospitals (0.5) and family polyclinics (0.4) recorded substantially lower performance, highlighting significant inequities in governance capacity, operational management systems, staff training, and maintenance oversight across different levels of the healthcare system.

Particularly concerning was the finding that 60% (6/10) of assessed district hospitals and 36% (4/11) of regional hospitals reported having no formal WASH / IPC team in place. In addition, 70% (7/10) of district hospitals reported that although WASH / IPC systems formally existed, they were effectively non-functional in practice.

These findings raise serious concerns regarding institutional responsibility and accountability for infection prevention and control, environmental health, infrastructure maintenance, occupational safety, and patient protection. Without clearly defined leadership structures, functioning coordination mechanisms, and adequate operational budgets, healthcare facilities are unlikely to sustain safe WASH and IPC standards or effectively respond to emerging public health risks.

Overall, weaknesses in governance structures, staff training, maintenance systems, operational planning, and accountability mechanisms were identified as major systemic gaps undermining safe healthcare delivery and infection prevention and control across many assessed facilities. Strengthening WASH / IPC governance systems, establishing functional facility-level WASH / IPC committees, improving staff training systems, and ensuring dedicated operational budgets for maintenance and IPC activities should therefore be considered a priority area for corrective action by the Ministry of Health.





5. CONCLUSIONS

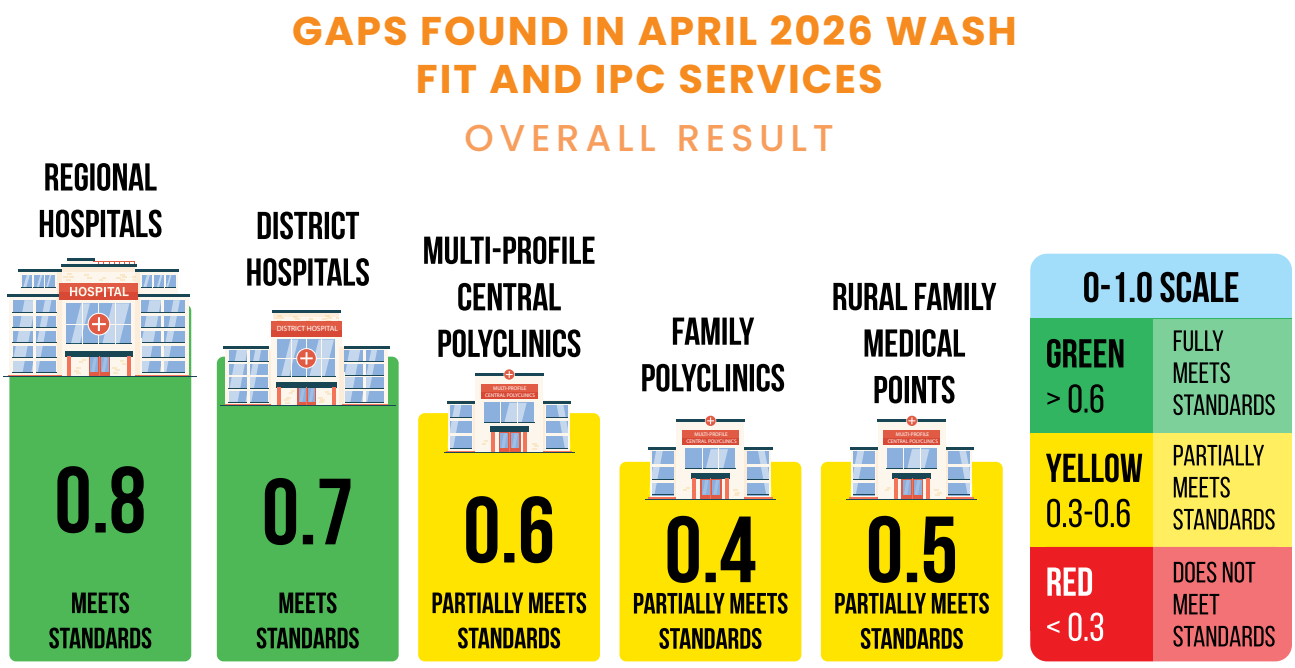




5. CONCLUSIONS

The WASH FIT assessment confirmed gaps in Water, Sanitation and Hygiene (WASH), Infection Prevention and Control (IPC), environmental cleaning, healthcare waste management, energy resilience, and operational management systems across the 50 healthcare facilities assessed in Andijan, Ferghana, Jizzakh, and Karakalpakstan. While some higher-level facilities demonstrated comparatively stronger performance, the findings highlight major systemic weaknesses that continue to undermine safe, resilient, and quality healthcare delivery across multiple levels of the healthcare system.

Overall performance was strongest in regional hospitals (overall score: 0.8 = "Fully Meets Standards"), followed by district hospitals (overall score: 0.6 = "Partially Meets Standards"), while substantially lower scores were recorded in multi-profile central polyclinics (overall score: 0.6 = "Partially Meets Standards") and family polyclinics (overall score: 0.4 = "Partially Meets Standards"). These findings demonstrate significant inequities in WASH and IPC infrastructure, operational systems, and maintenance capacity between higher-level hospitals and lower-level primary healthcare facilities.



Summary table found in Appendix 'A' Summary of WASH FIT Scores by Facility Type and Figure 1 below.

Particularly concerning was the finding that four (4) healthcare facilities, including one district hospital, had no water available at the time of assessment. In addition, 22% of facilities reported that no patient toilets were functional or usable, while 24% of facilities had no backup energy source whatsoever. These deficiencies present serious risks to infection prevention and control, environmental hygiene, patient safety, occupational safety, continuity of digital health systems, and continuity of essential healthcare services.

The findings additionally highlight limited climate resilience of healthcare infrastructure, particularly regarding water security, reserve storage capacity, and continuity of operations during seasonal supply interruptions and power outages. Many facilities remain heavily dependent on intermittent water supply systems without adequate reserve capacity or backup systems.

Another important finding was the extent to which healthcare workers themselves are compensating for systemic resource shortages. Across multiple facilities, staff reported purchasing soap, hand sanitizer, detergents, cleaning materials, and operational consumables using personal funds. While this reflects strong commitment among healthcare workers, it also demonstrates that many facilities are relying on informal coping mechanisms to maintain minimum operational standards, which is neither sustainable nor appropriate for long-term service delivery.

The rapid expansion of the DMED digital health system has further increased dependence on reliable electricity, communications, and operational continuity. However, backup power coverage, generator sizing, fuel availability, and energy resilience remain inadequate in many primary healthcare facilities, increasing vulnerability to disruption of patient registration systems, electronic medical records, laboratory services, communications, and vaccine cold chains during power outages.

The assessment further demonstrated that many deficiencies are not solely linked to infrastructure shortages, but also reflect broader systemic weaknesses in governance, recurrent financing, preventive maintenance systems, supervision, accountability, staff training, and operational management. In many facilities, WASH and IPC systems formally existed but were either partially functional or non-functional in practice.

Priority areas for immediate action identified through the WASH FIT assessment include:

Investment in secure, reliable, climate-resilient, and safe water supply systems, particularly for the four (4) healthcare facilities where no water was available at the time of assessment. Investment in water supply is fundamental and underlies the whole of the IPC approach as without reliable water supplies there is no cleaning or hand hygiene.

Expansion of water storage capacity, especially in facilities with intermittent supply or dependence on pumped systems.

Establishment of safe and accessible drinking water stations for staff, patients, and caregivers, particularly in the 62% (31/50) of facilities where no drinking water stations were available. This is particularly important for inpatient facilities including 60% (6/10) of district hospitals with no safe drinking water points available anywhere.

Strengthening routine water quality monitoring systems in coordination with SES, particularly given that 70% (35/50) of facilities reported no routine water quality testing.

Rehabilitation and expansion of sanitation facilities, particularly in the 22% (11/50) of facilities where no patient toilets were functional or usable.

Construction of accessible toilets for elderly patients, pregnant patients, and persons with disabilities, starting with the 64% (32/50) of facilities with no disabled toilets.

Construction of accessible sanitation facilities for elderly patients, pregnant patients, and patients with disabilities, beginning with the 64% (32/50) of facilities without accessible toilets.

Establishment of ring-fenced recurrent operational budgets for WASH / IPC consumables, cleaning materials, hand hygiene supplies, and environmental cleaning activities in particular for the one third of facilities had reported no operational budget for cleaning materials and supplies and the 10% of facilities had no cleaning supplies available at the time of assessment.

Provision of adequate PPE for healthcare waste management staff, including protective footwear, heavy-duty waterproof gloves, aprons, masks, and needle-resistant protective equipment, particularly given that 88% (44/50) of facilities reported absent or inadequate PPE for handling medical wastes.

Strengthening oversight and environmental regulation of outsourced healthcare waste disposal as there is limited visibility regarding how third party "out-sourced" collected medical waste is ultimately treated or disposed of, raising concerns that unsafe dumping or environmentally unsound disposal practices may still occur

Phasing out unsafe low-temperature healthcare waste incinerators in all healthcare facilities.

Investment in sufficiently sized backup generators, and allocation of fuel (calculated taking into account historical records of power cuts) for one third of multi-profile central polyclinics and family polyclinics had backup generators available.

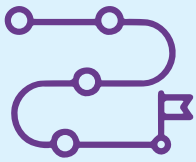
Development of clear regulatory guidelines and budgets for preventive maintenance systems for WASH, energy, and IPC infrastructure.

Establishment of clear regulatory guidelines for facility-level WASH / IPC committees with clear terms of reference, reporting structures, and accountability mechanisms;

Strengthening staff training systems for WASH, IPC, environmental cleaning, healthcare waste management, and hand hygiene compliance monitoring.



Overall, the WASH FIT assessment demonstrates that while important progress has been made in expanding healthcare infrastructure, major systemic gaps remain in the reliability, sustainability, operation, maintenance, and governance of WASH and IPC services. Addressing these deficiencies will require not only capital investment in infrastructure, but also long-term strengthening of governance systems, recurrent financing mechanisms, operational management capacity, preventive maintenance systems, regulatory oversight, and institutional accountability across all levels of the healthcare system.



Without urgent corrective action, these deficiencies will continue to present serious risks to infection prevention and control, patient safety, occupational health, environmental health, and continuity of essential healthcare services. Strengthening WASH and IPC systems should therefore be considered a core component of healthcare quality improvement, health system resilience, and staff and patient safety within the Republic of Uzbekistan.







APPENDICES







Appendix 'A' Summary of WASH FIT scores by facility type

Scoring Note: < 0.3 = "Does Not Meet Standards"; 0.3 to 0.6 = "Partially Meets Standards"; > 0.6 = "Fully Meets Standards"

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Water Indicators	**Regional Hospi-tals**	**District Hospi-tals**	**Multi-Profile Central Poly-clinics**	**Family Poly-clinics**	**Rural Doctor Points**	**Average**	**Rating**
Improved water supply piped into the facility or on premises and available.	1.0	1.0	1.0	0.9	0.8	0.9	Fully
Water for drinking, cleaning, and handwashing available at time of assessment.	0.8	0.6	0.8	0.6	0.8	0.7	Fully
Main water supply functioning in last 3 months.	0.8	0.6	0.7	0.6	0.7	0.6	Partial
Taps for cleaning and handwashing connected and functioning.	0.9	0.9	0.8	0.6	0.7	0.7	Fully
Water storage tanks available for supply disruption.	0.7	0.5	0.3	0.2	0.3	0.4	Partial
A reliable drinking water station is present and accessible for staff, patients and care takers at all times and in all locations/ wards.	0.5	0.2	0.3	0.1	0.2	0.2	Does Not
Water quality routinely tested.	0.3	0.2	0.1	0.2	0.0	0.2	Does Not
SCORE	**0.7**	**0.5**	**0.6**	**0.4**	**0.5**	**0.5**	**Partial**
	Fully	Partial	Partial	Partial	Partial	Partial	

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Sanitation Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
Sufficient number of available and usable toilets for patients.	0.9	0.7	0.6	0.3	0.3	0.6	Partial
Toilets for patients are available and usable.	0.9	0.8	0.6	0.3	0.7	0.6	Partial
Toilets clearly separated for male and female.	0.7	0.6	0.6	0.4	0.7	0.6	Partial
Functioning hand hygiene stations within 5 meters of latrines.	0.9	0.8	0.7	0.3	0.7	0.6	Partial
Toilets clearly separated for staff and patients.	0.6	0.6	0.4	0.3	0.0	0.4	Partial
At least one toilet meets the needs of people with reduced mobility.	0.5	0.3	0.4	0.1	0.2	0.3	Partial
SCORE	**0.7**	**0.6**	**0.5**	**0.3**	**0.4**	**0.5**	**Partial**
	Fully	Partial	Partial	Partial	Partial	Partial	

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Hand Hygiene Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
Functioning hand hygiene stations are available at all points of care.	0.8	0.8	0.7	0.3	0.8	0.6	Partial
Hand hygiene promotion materials clearly visible and understandable at key places.	0.8	0.8	0.5	0.6	0.8	0.7	Fully
Regular hand hygiene compliance activities take place throughout the facility.	0.9	0.5	0.4	0.3	0.3	0.5	Partial
SCORE	**0.8**	**0.7**	**0.5**	**0.4**	**0.7**	**0.6**	**Partial**
	Fully	Fully	Partial	Partial	Fully	Partial	

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Health Care Waste Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
A trained person is responsible for the management of health care waste in the health care facility.	0.8	0.5	0.3	0.3	0.3	0.4	Partial
Functional waste collection containers in close proximity to all waste generation points for: non-infectious (general) waste, infectious waste, and sharps waste.	1.0	0.9	0.9	0.8	1.0	0.9	Fully
Waste correctly segregated at all waste generation points.	1.0	0.8	0.8	0.7	1.0	0.8	Fully
Waste segregation signage visible.	0.5	0.6	0.6	0.4	0.2	0.5	Partial
Personal protective equipment (PPE) available for waste handling.	0.6	0.5	0.2	0.2	0.3	0.4	Partial
Secure waste storage area available.	0.9	0.8	0.4	0.3	0.3	0.5	Partial
SCORE	**0.8**	**0.7**	**0.5**	**0.5**	**0.5**	**0.6**	**Partial**
	Fully	Partial	Partial	Partial	Partial	Partial	

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Environmental Cleaning Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
Cleaning policy or protocol exists, is implemented and monitored.	0.8	0.4	0.4	0.5	0.3	0.5	Partial
Daily cleaning records available in each ward/area or whole facility.	0.6	0.4	0.3	0.3	0.7	0.4	Partial
Toilets cleaned each day and a signed record is visible.	0.7	0.6	0.4	0.3	0.3	0.5	Partial
All staff responsible for cleaning have received training.	0.9	0.6	0.4	0.5	0.7	0.6	Partial
All necessary cleaning equipment and consumables available, in good condition and sufficient quantity.	0.9	0.6	0.6	0.4	0.8	0.6	Partial
Budget available for cleaning supplies and is sufficient for all needs.	0.8	0.6	0.3	0.4	0.2	0.5	Partial
Food is safely prepared and handled.	0.8	0.8	1.0	0.0	0.0	0.5	Partial
Kitchen food storage hygienic and protected from flies, insects or rats.	0.8	0.9	1.0	0.0	0.0	0.5	Partial
SCORE	**0.8**	**0.6**	**0.6**	**0.3**	**0.4**	**0.5**	**Partial**
	Fully	Partial	Partial	Partial	Partial	Partial	

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Energy Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
Electrical energy is of sufficient quantity at all times.	1.0	1.0	0.9	0.8	0.7	0.9	Fully
A functional backup electrical generator exists, with adequate fuel.	1.0	1.0	0.7	0.5	0.3	0.7	Fully
All electrical lighting is energy-efficient.	0.8	1.0	0.9	0.9	0.8	0.9	Fully
SCORE	**0.9**	**1.0**	**0.8**	**0.7**	**0.6**	**0.8**	**Fully**
	Fully	Fully	Fully	Fully	Partial	Fully	

	n = 11	n = 10	n = 8	n = 18	n = 3	n = 50	n = 50
WASH FIT Management Indicators	**Regional Hospitals**	**District Hospitals**	**Multi-Profile Central Polyclinics**	**Family Polyclinics**	**Rural Doctor Points**	**Average**	**Rating**
IPC Team exists, has clear TORs, meets regularly with good leadership and decisions are noted and followed up on.	0.5	0.3	0.2	0.2	0.2	0.3	Partial
All new staff receive adequate WASH and IPC training, according to their function.	0.6	0.2	0.2	0.2	0.2	0.3	Partial
WASH maintenance system exists and is functional (items are procured and infrastructure repaired as and when needed).	0.8	0.5	0.6	0.4	0.3	0.5	Partial
Required number of cleaning staff available at all times when needed and have dedicated time for performing cleaning activities.	1.0	1.0	1.0	0.8	0.7	0.9	Fully
SCORE	**0.7**	**0.5**	**0.5**	**0.4**	**0.3**	**0.5**	**Partial**
	Fully	Partial	Partial	Partial	Partial	Partial	

Appendix 'B' WASH FIT water scores by facility and region

WASH in Healthcare Facilities WASH FIT (Facilities Improvement Tool) Survey Analysis - WATER

Regional Hospitals

		W_1 Improved water supply	W_2 Taps for cleaning and handwashing connected and functioning	W_3b Water for drinking, cleaning, and handwashing available at time of assessment?	W_5 Main water supply functioning in last 3 months	W_8 Water storage tanks available for supply disruption	W_10 Water conservation measures implemented	W_15 Safe drinking water available at drinking stations	W_16 Shower or bathing facility available for patients	W_14 Water quality routinely tested	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Andijan	Andijan Regional Children's Multidisciplinary Medical Center	1	1	1	1	0	0.5	1	1	0.5	67%	22%	11%
	Andijan Regional Multidisciplinary Medical Center	1	1	1	1	1	0.5	0	1	0.5	67%	22%	11%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Andijan Branch (State Institution)	1	1	0.5	1	0	0.5	0	0.5	0.5	33%	44%	22%
Fergana	Fergana Regional Children's Multidisciplinary Medical Center	1	1	0.5	1	0	0.5	0	1	0	44%	22%	33%
	Fergana Regional Multidisciplinary Medical Center	1	1	1	1	1	0.5	0.5	1	0.5	67%	33%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Fergana Branch	1	1	1	1	1	0.5	0.5	1	0.5	67%	33%	0%

Karakalpak	Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District	1	0	0.5	0	1	0.5	0.5	0.5	0.5	22%	56%	22%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Karakalpakstan Branch	1	0.5	0.5	0	1	0	0.5	0.5	0.5	22%	56%	22%
	U. Khalmuratov Republican Multidisciplinary Medical Center	1	1	1	1	1	0	1	1	0	78%	0%	22%
Jizzakh	Jizzakh Regional Children's Multidisciplinary Medical Center	1	1	1	1	1	0	1	1	0	78%	0%	22%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Jizzakh Branch (State Institution)	1	1	0.5	1	1	0	0	1	0	56%	11%	33%
		1	0.9	0.8	0.8	0.7	0.3	0.5	0.9	0.3	55%	27%	18%

District Hospitals

Andijan	Andijan City Maternity Complex # 1	1	1	0.5	0.5	0	0.5	0	0.5	0.5	22%	56%	22%
	Andijan City Medical Association	1	1	1	1	0	1	0	1	0	67%	0%	33%
	Shakhrikhon District Medical Association	1	1	0	1	0.5	0.5	0.5	0	0	33%	33%	33%
Fer	Fergana City Medical Association	1	1	0.5	0.5	0	0.5	0.5	0.5	0	22%	56%	22%
	Rishtan District Medical Association	1	0.5	0.5	0.5	1	0	0	0.5	0	22%	44%	33%
KK	Kungrad District Medical Association	1	1	0.5	0	0	0	0	0.5	0.5	22%	33%	44%
	Nukus City Medical Association	1	0.5	0.5	0	0	0.5	0.5	0.5	0.5	11%	67%	22%
Jizzakh	Jizzakh Regional Multidisciplinary Medical Center	1	1	1	1	1	0	0	1	0	67%	0%	33%
	Djizzak City Obstetrics complex	1	1	1	1	1	0	0	1	0	67%	0%	33%
	Gallaorol District Central Hospital	1	0.5	0.5	0	1	0	0.5	1	0	33%	33%	33%
		1	0.9	0.6	0.6	0.5	0.3	0.2	0.7	0.2	37%	32%	31%

Multi-Profile Central Polyclinics

AND	Andijan City Multi-Profile Central Polyclinic	1	0.5	1	1	0	0.5	0	0	0	33%	22%	44%
	Shakhrikhon District Multi-Profile Central Policlinic	1	1	0.5	1	0.5	0	0.5	0.5	0	33%	44%	22%
FER	Fergana City Multidisciplinary Central Polyclinic	1	1	0.5	1	0	0.5	0.5	0	0.5	33%	44%	22%
	Rishton District Multi-Profile Central Policlinic	1	1	1	0.5	1	0.5	0	0	0	44%	22%	33%
KK	Kungrad District Medical Association, Multidisciplinary Central Polyclinic	1	0.5	0.5	0	0	0	0.5	0	0	11%	33%	56%
	Nukus City Medical Association, Multidisciplinary Central Polyclinic	1	0.5	0.5	0	0	0	0	0	0	11%	22%	67%
JIZZ	Jizzakh City Medical Association	1	1	1	1	1	0	0.5	1	0	67%	11%	22%
	Jizzakh City Multidisciplinary Central Polyclinic	1	1	1	1	0	0	0	0.5	0	44%	11%	44%
		1	0.8	0.8	0.7	0.3	0.2	0.3	0.3	0.1	35%	26%	39%

Family Polyclinics

Andijan	Family Polyclinic No. 1, Andijan City	1	1	1	1	0	0	0	0	0.5	44%	11%	44%
	Family Polyclinic No. 9, Andijan City	0.5	0	0	0	0.5	0	0	0	0.5	0%	33%	67%
	Family Polyclinic # 67, Shahrikhan District	1	1	1	1	1	0.5	0.5	0	0	56%	22%	22%
	Family Polyclinic # 64, Shahrikhan City	1	0.5	0.5	1	1	0.5	0.5	0	0	33%	44%	22%
Fergana	Family Policlinic № 10, Ferghana City	1	1	0.5	1	0	0	0	0	0	33%	11%	56%
	Family Policlinic № 2, Ferghana City	1	1	1	1	0	1	0	0	0	56%	0%	44%
	Family Polyclinic # 100, Rishton district	1	0	0	0.5	0	0	0	0	0	11%	11%	78%
	Family Polyclinic # 44 Rishton district	1	0	0.5	0	0	0	0	0	0	11%	11%	78%
Karakalpakstan	Family Polyclinic No. 1, Nukus City	1	1	1	1	0	0	0	0	1	56%	0%	44%
	Family Polyclinic No. 23, Kungrad District	1	0.5	0.5	0	0	0	0	0	0	11%	22%	67%
	Family Polyclinic No. 6, Nukus City	1	1	0.5	1	0	0	0.5	0	1	44%	22%	33%
	Family Polyclinic No. 67, Kungrad District	1	0.5	0.5	0	0	0	0	0.5	0	11%	33%	56%

Jizzakh	Family Polyclinic No. 1, Jizzakh City	1	1	1	1	0	0	0	0	0	44%	0%	56%
	Family Polyclinic No. 4, Jizzakh City	1	0	0.5	0	0	0	0	0	0	11%	11%	78%
	Family Polyclinic No. 2, Nurafshon	0.5	0.5	0.5	1	0.5	0	0	0	0	11%	44%	44%
	Family Polyclinic No. 4, Gallaorol District	0.5	0.5	0.5	1	0.5	0	0	0	0	11%	44%	44%
	Family Polyclinic No. 7, Gallaorol District	0.5	0	0	0	0	0	0	0	0	0%	11%	89%
	Family Polyclinic No. 6, Ko'kgumbaz	0.5	1	1	0.5	0	0	0	0	0	22%	22%	56%
		0.9	0.6	0.6	0.6	0.2	0.1	0.1	0	0.2	26%	20%	54%

Rural Family Medical Point

A	Navoiy Family Healthcare Point, Shahrikhan District	1	1	1	1	1	0.5	0.5	0	0	56%	22%	22%
K	Raushan Family Doctor Point, Kungrad District	0.5	0	0.5	0	0	0	0	0	0	0%	22%	78%
F	Kairagach Rural Health Post, Rishton District	1	1	1	1	0	1	0	0	0	56%	0%	44%
		0.8	0.7	0.8	0.7	0.3	0.5	0.2	0.00	0.00	37%	15%	48%

Appendix 'C' WASH FIT sanitation scores by facility type and region

WASH in Healthcare Facilities WASH FIT (Facilities Improvement Tool) Survey Analysis - SANITATION

Regional Hospitals

		S_1 Sufficient improved toilets for patients	S_2 Patient toilets available and usable	S_3 Toilets have functional handwashing nearby	S_4 Improved staff toilets available	S_5 Toilets separated and labelled by sex	S_7 Accessible toilet for people with disabilities	S_12 Greywater or stormwater reused safely	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Andijan	Andijan Regional Children's Multidisciplinary Medical Center	1	1	1	0.5	1	0	0	57%	14%	29%
	Andijan Regional Multidisciplinary Medical Center	1	1	1	0	1	0	0	57%	0%	43%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Andijan Branch (State Institution)	1	1	1	0.5	1	0.5	0	57%	29%	14%
Fergana	Fergana Regional Children's Multidisciplinary Medical Center	1	1	1	0.5	0.5	1	0	57%	29%	14%
	Fergana Regional Multidisciplinary Medical Center	1	1	1	1	1	0.5	0	71%	14%	14%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Fergana Branch	0.5	1	1	1	0.5	0.5	0	43%	43%	14%

Karakalpak	Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District	0	0.5	0	0.5	0	0	0	0%	29%	71%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Karakalpakstan Branch	1	0.5	1	0.5	0.5	1	0	43%	43%	14%
	U. Khalmuratov Republican Multidisciplinary Medical Center	1	1	1	1	0.5	1	0	71%	14%	14%
Jizzakh	Jizzakh Regional Children's Multidisciplinary Medical Center	1	1	1	0.5	1	0	0	57%	14%	29%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Jizzakh Branch (State Institution)	1	1	1	1	0.5	0.5	0	57%	29%	14%
		0.9	0.9	0.9	0.6	0.7	0.5	0	52%	23%	25%

District Hospitals

Andijan	Andijan City Maternity Complex # 1	1	1	1	0.5	1	0	0	57%	14%	29%
	Andijan City Medical Association	1	1	1	1	1	0	0	71%	0%	29%
	Shakhrikhon District Medical Association	1	1	1	1	0.5	0.5	0	57%	29%	14%
Fer	Fergana City Medical Association	0.5	0.5	1	0.5	0.5	0.5	0	14%	71%	14%
	Rishtan District Medical Association	0.5	0.5	0.5	0	0.5	0.5	0	0%	71%	29%
KK	Kungrad District Medical Association	0.5	0.5	1	0	0.5	1	0	29%	43%	29%
	Nukus City Medical Association	0.5	0.5	0	0.5	0	0	0	0%	43%	57%
Jizzakh	Jizzakh Regional Multidisciplinary Medical Center	1	1	1	1	1	0	0	71%	0%	29%
	Djizzak City Obstetrics complex	1	1	1	0.5	0.5	0	0	43%	29%	29%
	Gallaorol District Central Hospital	0	0.5	0.5	0.5	0.5	0	0	0%	57%	43%
		0.7	0.8	0.8	0.6	0.6	0.3	0	34%	36%	30%

Multi-Profile Central Polyclinics

AND	Andijan City Multi-Profile Central Polyclinic	0.5	0.5	1	0	0.5	0	0	14%	43%	43%
	Shakhrikhon District Multi-Profile Central Policlinic	0.5	0.5	1	1	1	0.5	0	43%	43%	14%
FER	Fergana City Multidisciplinary Central Polyclinic	1	0.5	1	0.5	1	1	0	57%	29%	14%
	Rishton District Multi-Profile Central Policlinic	1	1	1	0	0.5	0	0	43%	14%	43%
KK	Kungrad District Medical Association, Multidisciplinary Central Polyclinic	0	0	0	0	0	1	0	14%	0%	86%
	Nukus City Medical Association, Multidisciplinary Central Polyclinic	0	0	0	0	0	0	0	0%	0%	100%
JIZZ	Jizzakh City Medical Association	1	1	0.5	0.5	1	0.5	0	43%	43%	14%
	Jizzakh City Multidisciplinary Central Polyclinic	0.5	1	1	1	1	0	0	57%	14%	29%
		0.6	0.6	0.7	0.4	0.6	0.4	0	34%	23%	43%

Family Polyclinics

Andijan	Family Polyclinic No. 1, Andijan City	0	0.5	0.5	0.5	0.5	0	0	0%	57%	43%
	Family Polyclinic No. 9, Andijan City	0.5	0.5	0	0	1	0	0	14%	29%	57%
	Family Polyclinic # 67, Shahrikhan District	1	1	1	1	1	0	0	71%	0%	29%
	Family Polyclinic # 64, Shahrikhan City	1	0.5	1	1	1	0	0	57%	14%	29%
Fergana	Family Policlinic № 10, Ferghana City	0	0	0	0	0	0	0	0%	0%	100%
	Family Policlinic № 2, Ferghana City	1	0.5	0.5	0.5	1	0	0	29%	43%	29%
	Family Polyclinic # 100, Rishton district	0	0	0	0	0	0	0	0%	0%	100%
	Family Polyclinic # 44 Rishton district	0	0.5	0	0	0.5	0	0	0%	29%	71%
Karakalpakstan	Family Polyclinic No. 1, Nukus City	0.5	0.5	1	1	0.5	1	0	43%	43%	14%
	Family Polyclinic No. 23, Kungrad District	0	0	0	0	0.5	0	0	0%	14%	86%
	Family Polyclinic No. 6, Nukus City	0	0	0	0	0	0	0	0%	0%	100%
	Family Polyclinic No. 67, Kungrad District	0	0	0	0	0	0	0	0%	0%	100%
Jizzakh	Family Polyclinic No. 1, Jizzakh City	0	0	0	0.5	0	0	0	0%	14%	86%
	Family Polyclinic No. 4, Jizzakh City	0	0	0	0	0	0	0	0%	0%	100%
	Family Polyclinic No. 2, Nurafshon	0.5	0.5	0.5	0	1	1	0	29%	43%	29%
	Family Polyclinic No. 4, Gallaorol District	0	0.5	0	0	1	0	0	14%	14%	71%
	Family Polyclinic No. 7, Gallaorol District	0.5	0	0	0	0	0	0	0%	14%	86%
	Family Polyclinic No. 6, Ko'kgumbaz	0.5	0.5	0	0	0	0	0	0%	29%	71%
		0.3	0.3	0.3	0.3	0.4	0.1	0	14%	19%	67%

Rural Family Medical Point

A	Navoiy Family Healthcare Point, Shahrikhan District	0.5	1	1	0	1	0	0	43%	14%	43%
K	Raushan Family Doctor Point, Kungrad District	0	0	0	0	0	0	0	0%	0%	100%
F	Kairagach Rural Health Post, Rishton District	0.5	1	1	0	1	0.5	0	43%	29%	29%
		0.3	0.7	0.7	0.0	0.7	0.2	0.0	29%	14%	57%

Appendix 'D' WASH FIT hand hygiene scores by facility type and region

WASH in Healthcare Facilities WASH FIT (Facilities Improvement Tool) Survey Analysis - HAND HYGIENE

Regional Hospitals

		H_1 Hand hygiene stations at points of care	H_2 Hand hygiene stations in waiting areas	H_3 Hand hygiene promotion materials displayed	H_4 Hand hygiene compliance activities conducted	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Andijan	Andijan Regional Children's Multidisciplinary Medical Center	1	0.5	1	1	75%	25%	0%
	Andijan Regional Multidisciplinary Medical Center	1	0.5	1	0.5	50%	50%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Andijan Branch (State Institution)	1	1	1	1	100%	0%	0%
Fergana	Fergana Regional Children's Multidisciplinary Medical Center	1	0	0.5	1	50%	25%	25%
	Fergana Regional Multidisciplinary Medical Center	1	0.5	0.5	0.5	25%	75%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Fergana Branch	1	0	1	1	75%	0%	25%
Karakalpak	Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District	0	0.5	1	1	50%	25%	25%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Karakalpakstan Branch	0	0.5	1	1	50%	25%	25%
	U. Khalmuratov Republican Multidisciplinary Medical Center	0.5	1	1	1	75%	25%	0%

Jizzakh	Jizzakh Regional Children's Multidisciplinary Medical Center	1	0.5	0.5	0.5	25%	75%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Jizzakh Branch (State Institution)	1	0	0.5	1	50%	25%	25%
		0.8	0.5	0.8	0.9	57%	32%	11%

District Hospitals

Andijan	Andijan City Maternity Complex # 1	1	0.5	1	1	75%	25%	0%
	Andijan City Medical Association	1	0.5	1	1	75%	25%	0%
	Shakhrikhon District Medical Association	1	0.5	1	0.5	50%	50%	0%
Fer	Fergana City Medical Association	0.5	0	1	1	50%	25%	25%
	Rishtan District Medical Association	0.5	0	0.5	0	0%	50%	50%
KK	Kungrad District Medical Association	1	0	1	0	50%	0%	50%
	Nukus City Medical Association	0	0	1	0.5	25%	25%	50%
Jizzakh	Jizzakh Regional Multidisciplinary Medical Center	1	0.5	0.5	0.5	25%	75%	0%
	Djizzak City Obstetrics complex	1	0.5	0.5	0	25%	50%	25%
	Gallaorol District Central Hospital	1	0	0.5	0	25%	25%	50%
		0.8	0.3	0.8	0.5	40%	35%	25%

Multi-Profile Central Polyclinics

AND	Andijan City Multi-Profile Central Polyclinic	0.5	0	1	1	50%	25%	25%
	Shakhrikhon District Multi-Profile Central Policlinic	1	0.5	1	0.5	50%	50%	0%
FER	Fergana City Multidisciplinary Central Polyclinic	0.5	0	1	1	50%	25%	25%
	Rishton District Multi-Profile Central Policlinic	1	0	0.5	0	25%	25%	50%
KK	Kungrad District Medical Association, Multidisciplinary Central Polyclinic	0.5	0	0	0	0%	25%	75%
	Nukus City Medical Association, Multidisciplinary Central Polyclinic	0	0	0.5	1	25%	25%	50%
JIZZ	Jizzakh City Medical Association	1	0	0	0	25%	0%	75%
	Jizzakh City Multidisciplinary Central Polyclinic	1	0	0	0	25%	0%	75%
		0.7	0.1	0.5	0.4	31%	22%	47%

Family Polyclinics

Andijan	Family Polyclinic No. 1, Andijan City	1	0.5	1	1	75%	25%	0%
	Family Polyclinic No. 9, Andijan City	0	0	1	0.5	25%	25%	50%
	Family Polyclinic # 67, Shahrikhan District	0.5	0	1	0.5	25%	50%	25%
	Family Polyclinic # 64, Shahrikhan City	0.5	0	1	0	25%	25%	50%
Fergana	Family Policlinic № 10, Ferghana City	0	0	1	1	50%	0%	50%
	Family Policlinic № 2, Ferghana City	0	0	0.5	0.5	0%	50%	50%
	Family Polyclinic # 100, Rishton district	0	0	0.5	0	0%	25%	75%
	Family Polyclinic # 44 Rishton district	0.5	0	0.5	0	0%	50%	50%

Karakalpakstan	Family Polyclinic No. 1, Nukus City	0	1	1	1	75%	0%	25%
	Family Polyclinic No. 23, Kungrad District	0	0	0.5	0	0%	25%	75%
	Family Polyclinic No. 6, Nukus City	0.5	0	1	1	50%	25%	25%
	Family Polyclinic No. 67, Kungrad District	0.5	0	1	0	25%	25%	50%
Jizzakh	Family Polyclinic No. 1, Jizzakh City	0.5	0	0	0	0%	25%	75%
	Family Polyclinic No. 4, Jizzakh City	0	0	0	0	0%	0%	100%
	Family Polyclinic No. 2, Nurafshon	0.5	0	0	0	0%	25%	75%
	Family Polyclinic No. 4, Gallaorol District	0.5	0	0	0	0%	25%	75%
	Family Polyclinic No. 7, Gallaorol District	0	0	0	0	0%	0%	100%
	Family Polyclinic No. 6, Ko'kgumbaz	0	0	0	0	0%	0%	100%
		0.3	0.1	0.6	0.3	19%	22%	58%

Rural Family Medical Point

A	Navoiy Family Healthcare Point, Shahrikhan District	1	0	1	0.5	50%	25%	25%
K	Raushan Family Doctor Point, Kungrad District	0.5	0	0.5	0	0%	50%	50%
F	Kairagach Rural Health Post, Rishton District	1	0	1	0.5	50%	25%	25%
		0.8	0.0	0.8	0.3	33%	33%	33%

Appendix 'E' WASH FIT health care waste scores by facility type and region

WASH in Healthcare Facilities WASH FIT (Facilities Improvement Tool) Survey Analysis - HEALTHCARE WASTE

Regional Hospitals

		HCWM_1 Waste bins available at all points of care	HCWM_2 Waste correctly segregated at source	HCWM_3 Waste segregation signage visible	HCWM_4 Personal protective equipment (PPE) available for waste handling	HCWM_7 Secure waste storage area available	HCWM_17 Staff trained in healthcare waste management	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Andijan	Andijan Regional Children's Multidisciplinary Medical Center	1	1	1	1	1	1	100%	0%	0%
	Andijan Regional Multidisciplinary Medical Center	1	1	0.5	0.5	1	0.5	50%	50%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Andijan Branch (State Institution)	1	1	1	1	1	0	83%	0%	17%
Fergana	Fergana Regional Children's Multidisciplinary Medical Center	1	1	0.5	0.5	0.5	0.5	33%	67%	0%
	Fergana Regional Multidisciplinary Medical Center	1	1	1	1	1	1	100%	0%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Fergana Branch	1	1	0	0.5	1	0.5	50%	33%	17%
Karakalpak	Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District	1	1	0	0	1	1	67%	0%	33%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Karakalpakstan Branch	0.5	0.5	0	0	1	1	33%	33%	33%
	U. Khalmuratov Republican Multidisciplinary Medical Center	1	1	0.5	0	0	1	50%	17%	33%

Jizzakh	Jizzakh Regional Children's Multidisciplinary Medical Center	1	1	0.5	1	1	1	83%	17%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Jizzakh Branch (State Institution)	1	1	1	1	1	1	100%	0%	0%
		1	1	0.5	0.6	0.9	0.8	68%	20%	12%

District Hospitals

Andijan	Andijan City Maternity Complex # 1	1	1	1	0.5	1	0	67%	17%	17%
	Andijan City Medical Association	1	1	0.5	0.5	1	0	50%	33%	17%
	Shakhrikhon District Medical Association	1	0.5	1	0.5	1	0	50%	33%	17%
Fer	Fergana City Medical Association	1	1	0	0.5	1	1	67%	17%	17%
	Rishtan District Medical Association	1	0.5	0	0	0.5	0.5	17%	50%	33%
KK	Kungrad District Medical Association	1	1	1	1	1	0.5	83%	17%	0%
	Nukus City Medical Association	0.5	0	0	0	0.5	0	0%	33%	67%
Jizzakh	Jizzakh Regional Multidisciplinary Medical Center	1	1	1	0.5	0.5	1	67%	33%	0%
	Djizzak City Obstetrics complex	1	1	0.5	0.5	1	1	67%	33%	0%
	Gallaorol District Central Hospital	0.5	0.5	0.5	0.5	0.5	1	17%	83%	0%
		0.9	0.8	0.6	0.5	0.8	0.5	48%	35%	17%

Multi-Profile Central Polyclinics

AND	Andijan City Multi-Profile Central Polyclinic	1	1	1	0.5	0	0	50%	17%	33%
	Shakhrikhon District Multi-Profile Central Policlinic	1	0.5	0.5	0	0.5	0	17%	50%	33%
FER	Fergana City Multidisciplinary Central Polyclinic	1	1	1	0	1	1	83%	0%	17%
	Rishton District Multi-Profile Central Policlinic	1	0.5	0	0	0.5	0.5	17%	50%	33%
KK	Kungrad District Medical Association, Multidisciplinary Central Polyclinic	1	0.5	0.5	0	0	0	17%	33%	50%
	Nukus City Medical Association, Multidisciplinary Central Polyclinic	0	0.5	0	0	0.5	0.5	0%	50%	50%
JIZZ	Jizzakh City Medical Association	1	1	1	0.5	0.5	0.5	50%	50%	0%
	Jizzakh City Multidisciplinary Central Polyclinic	1	1	0.5	0.5	0.5	0	33%	50%	17%
		0.9	0.8	0.6	0.2	0.4	0.3	33%	38%	29%

Family Polyclinics

Andijan	Family Polyclinic No. 1, Andijan City	1	1	0.5	0.5	0	0	33%	33%	33%
	Family Polyclinic No. 9, Andijan City	1	1	0.5	0.5	0.5	0	33%	50%	17%
	Family Polyclinic # 67, Shahrikhan District	0.5	1	0.5	0.5	0.5	0	17%	67%	17%
	Family Polyclinic # 64, Shahrikhan City	1	1	0.5	0.5	0.5	0	33%	50%	17%
Fergana	Family Policlinic № 10, Fergha-na City	0.5	0.5	0	0.5	0	1	17%	50%	33%
	Family Policlinic № 2, Fergha-na City	1	0.5	0	0.5	0	0.5	17%	50%	33%
	Family Polyclinic # 100, Rish-ton district	0.5	0.5	0	0	0	0.5	0%	50%	50%
	Family Polyclinic # 44 Rishton district	1	0.5	0	0.5	0.5	0	17%	50%	33%
Karakalpakstan	Family Polyclinic No. 1, Nukus City	1	1	0	0	0	1	50%	0%	50%
	Family Polyclinic No. 23, Kun-grad District	0.5	0	0	0	0	0	0%	17%	83%
	Family Polyclinic No. 6, Nukus City	0.5	0.5	0.5	0	0.5	0.5	0%	83%	17%
	Family Polyclinic No. 67, Kun-grad District	1	0.5	0	0	0	0	17%	17%	67%

Jizzakh	Family Polyclinic No. 1, Jizzakh City	1	0.5	0.5	0	0.5	1	33%	50%	17%
	Family Polyclinic No. 4, Jizzakh City	0.5	0.5	0.5	0.5	0.5	0.5	0%	100%	0%
	Family Polyclinic No. 2, Nurafshon	1	0.5	1	0	0.5	0	33%	33%	33%
	Family Polyclinic No. 4, Gallaorol District	1	1	1	0	0.5	0	50%	17%	33%
	Family Polyclinic No. 7, Gallaorol District	1	1	1	0	0	0	50%	0%	50%
	Family Polyclinic No. 6, Ko'kgumbaz	1	1	1	0	0.5	0	50%	17%	33%
		0.8	0.7	0.4	0.2	0.3	0.3	25%	41%	34%

Rural Family Medical Points

A	Navoiy Family Healthcare Point, Shahrikhan District	1	1	0.5	0.5	0.5	0	33%	50%	17%
K	Raushan Family Doctor Point, Kungrad District	1	1	0	0	0	0.5	33%	17%	50%
F	Kairagach Rural Health Post, Rishton District	1	1	0	0.5	0.5	0.5	33%	50%	17%
		1	1	0.2	0.3	0.3	0.3	33%	39%	28%

Appendix 'F' WASH FIT environmental cleaning scores by facility type and region

WASH in Healthcare Facilities WASH FIT (Facilities Improvement Tool) Survey Analysis ENVIRONMENTAL CLEANING		EC_1 Facility cleaning policy or protocol available	EC_2 Cleaning records maintained	EC_3 Toilets cleaned daily with records	EC_4 Dedicated cleaning staff assigned	EC_5 Cleaning staff trained	EC_7 Cleaning materials available and maintained	EC_8 Budget available for cleaning supplies	EC_15 Safe food preparation and handling	EC_16 Kitchen food storage protected and hygienic	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Regional Hospitals													
Andijan	Andijan Regional Children's Multidisciplinary Medical Center	1	1	1	1	0.5	1	1	1	1	89%	11%	0%
	Andijan Regional Multidisciplinary Medical Center	1	1	1	1	0.5	1	1	1	1	89%	11%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Andijan Branch (State Institution)	1	1	0.5	1	1	1	1	1	1	89%	11%	0%
Fergana	Fergana Regional Children's Multidisciplinary Medical Center	1	1	1	1	1	1	1	1	0.5	89%	11%	0%
	Fergana Regional Multidisciplinary Medical Center	1	1	1	1	1	1	1	1	1	100%	0%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Fergana Branch	1	1	0.5	1	1	1	1	1	1	89%	11%	0%

Karakalpak	Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District	0	0	0.5	1	1	0.5	0.5	---	---	29%	43%	29%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Karakalpakstan Branch	0	0	0	1	1	0.5	0	0	0	22%	11%	67%
	U. Khalmuratov Republican Multidisciplinary Medical Center	1	0	0.5	1	1	1	0.5	---	---	57%	29%	14%
Jizzakh	Jizzakh Regional Children's Multidisciplinary Medical Center	0.5	0	1	0.5	1	1	1	0.5	1	56%	33%	11%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Jizzakh Branch (State Institution)	1	0.5	1	1	1	1	1	1	1	89%	11%	0%
		0.8	0.6	0.7	1.0	0.9	0.9	0.8	0.8	0.8	72%	17%	11%

District Hospitals

Andijan	Andijan City Maternity Complex # 1	1	1	1	1	0.5	1	0.5	1	1	78%	22%	0%
	Andijan City Medical Association	1	1	1	1	0.5	1	1	1	1	89%	11%	0%
	Shakhrikhon District Medical Association	0.5	1	0.5	1	1	0.5	1	0.5	1	56%	44%	0%
Fer	Fergana City Medical Association	0.5	0.5	0.5	1	0.5	0.5	0.5	1	1	33%	67%	0%
	Rishtan District Medical Association	0	0	0	1	0.5	0.5	0.5	0.5	0.5	11%	56%	33%
KK	Kungrad District Medical Association	0	0	0	1	0	0.5	0	---	---	14%	14%	71%
	Nukus City Medical Association	0	0	0.5	1	1	0.5	0.5	---	---	29%	43%	29%
Jizzakh	Jizzakh Regional Multidisciplinary Medical Center	0	0	1	1	1	1	1	1	1	78%	0%	22%
	Djizzak City Obstetrics complex	0.5	0	1	1	0.5	0	0	1	1	44%	22%	33%
	Gallaorol District Central Hospital	0.5	0	0.5	1	0.5	0.5	0.5	0.5	1	22%	67%	11%
		0.4	0.4	0.6	1.0	0.6	0.6	0.6	0.8	0.9	45%	35%	20%

Multi-Profile Central Polyclinics

AND	Andijan City Multi-Profile Central Polyclinic	1	1	1	1	0.5	0.5	0	---	---	57%	29%	14%
	Shakhrikhon District Multi-Profile Central Policlinic	1	0.5	0.5	1	0.5	0.5	0	---	---	29%	57%	14%
FER	Fergana City Multidisciplinary Central Polyclinic	0.5	0.5	0	1	0	0.5	0.5	---	---	14%	57%	29%
	Rishton District Multi-Profile Central Policlinic	0	0	0	1	0.5	0.5	0.5	---	---	14%	43%	43%
KK	Kungrad District Medical Association, Multidisciplinary Central Polyclinic	0	0	0	1	0	0.5	0	---	---	14%	14%	71%
	Nukus City Medical Association, Multidisciplinary Central Polyclinic	0	0	0	1	1	0.5	0	---	---	29%	14%	57%
JIZZ	Jizzakh City Medical Association	0	0.5	0.5	1	0.5	1	1	1	1	56%	33%	11%
	Jizzakh City Multidisciplinary Central Polyclinic	1	0	1	1	0.5	1	0.5	---	---	57%	29%	14%
		0.4	0.3	0.4	1.0	0.4	0.6	0.3	1	1	34%	35%	32%

Family Polyclinics

Andijan	Family Polyclinic No. 1, Andijan City	1	0.5	0.5	1	0.5	0.5	0.5	---	---	29%	71%	0%
	Family Polyclinic No. 9, Andijan City	0.5	0	0.5	0.5	0.5	0.5	1	---	---	14%	71%	14%
	Family Polyclinic # 67, Shahrikhan District	1	1	0.5	1	1	1	0.5	---	---	71%	29%	0%
	Family Polyclinic # 64, Shahrikhan City	0.5	0.5	0.5	1	0.5	0	0.5	---	---	14%	71%	14%
Fergana	Family Policlinic № 10, Ferghana City	1	1	0	1	1	0.5	0.5	---	---	57%	29%	14%
	Family Policlinic № 2, Ferghana City	1	1	0.5	1	1	0.5	0.5	---	---	57%	43%	0%
	Family Polyclinic # 100, Rishton district	0.5	0	0	0.5	0.5	0.5	0	---	---	0%	57%	43%
	Family Polyclinic # 44 Rishton district	0.5	0.5	0	0.5	1	0.5	0	---	---	14%	57%	29%

Karakalpakstan	Family Polyclinic No. 1, Nukus City	1	0.5	0	0	1	0	0	---	---	29%	14%	57%
	Family Polyclinic No. 23, Kungrad District	0	0	0	1	0	0.5	0	---	---	14%	14%	71%
	Family Polyclinic No. 6, Nukus City	0.5	0	0	0	1	0.5	0	---	---	14%	29%	57%
	Family Polyclinic No. 67, Kungrad District	0	0	0	1	0	0.5	0	---	---	14%	14%	71%
Jizzakh	Family Polyclinic No. 1, Jizzakh City	0	0	1	1	1	1	0.5	---	---	57%	14%	29%
	Family Polyclinic No. 4, Jizzakh City	0	0	0.5	1	0.5	0.5	0.5	---	---	14%	57%	29%
	Family Polyclinic No. 2, Nurafshon	0.5	0	0.5	1	0	0.5	1	---	---	29%	43%	29%
	Family Polyclinic No. 4, Gallaorol District	0.5	0	0.5	1	0	0.5	0.5	---	---	14%	57%	29%
	Family Polyclinic No. 7, Gallaorol District	0	0	0.5	0.5	0	0	0.5	---	---	0%	43%	57%
	Family Polyclinic No. 6, Ko'kgumbaz	0	0	0.5	1	0	0	0	---	---	14%	14%	71%
		0.5	0.3	0.3	0.8	0.5	0.4	0.4			25%	40%	34%

Rural Family Medical Points

A	Navoiy Family Healthcare Point, Shahrikhan District	0	1	0.5	0.5	1	1	0.5	---	---	43%	43%	14%
K	Raushan Family Doctor Point, Kungrad District	0	0	0	1	0	0.5	0	---	---	14%	14%	71%
F	Kairagach Rural Health Post, Rishton District	1	1	0.5	0.5	1	1	0	---	---	57%	29%	14%
		0.3	0.7	0.3	0.7	0.7	0.8	0.2			38%	29%	33%

Appendix 'G' WASH FIT energy scores by facility type and region

WASH in Healthcare Facilities WASH FIT (Facilities Improvement Tool) Survey Analysis - ENERGY

Regional Hospitals

		E_2 Energy sufficient for facility needs	E_5 Backup energy source available	E_6 Energy-efficient lighting used	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Andijan	Andijan Regional Children's Multidisciplinary Medical Center	1	1	1	100%	0%	0%
	Andijan Regional Multidisciplinary Medical Center	1	1	1	100%	0%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Andijan Branch (State Institution)	1	1	1	100%	0%	0%
Fergana	Fergana Regional Children's Multidisciplinary Medical Center	1	1	1	100%	0%	0%
	Fergana Regional Multidisciplinary Medical Center	1	1	0.5	67%	33%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Fergana Branch	1	1	1	100%	0%	0%
Karakalpak	Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District	1	0.5	0.5	33%	67%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Karakalpakstan Branch	1	1	0.5	67%	33%	0%
	U. Khalmuratov Republican Multidisciplinary Medical Center	1	1	1	100%	0%	0%

Jizzakh	Jizzakh Regional Children's Multidisciplinary Medical Center	1	1	0.5	67%	33%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Jizzakh Branch (State Institution)	1	1	1	100%	0%	0%
		1	1	0.8	85%	15%	0%

District Hospitals

Andijan	Andijan City Maternity Complex # 1	1	1	1	100%	0%	0%
	Andijan City Medical Association	1	1	1	100%	0%	0%
	Shakhrikhon District Medical Association	1	1	0.5	67%	33%	0%
Fer	Fergana City Medical Association	1	1	1	100%	0%	0%
	Rishtan District Medical Association	1	1	1	100%	0%	0%
KK	Kungrad District Medical Association	1	1	1	100%	0%	0%
	Nukus City Medical Association	1	0.5	1	67%	33%	0%
Jizzakh	Jizzakh Regional Multidisciplinary Medical Center	1	1	1	100%	0%	0%
	Djizzak City Obstetrics complex	1	1	1	100%	0%	0%
	Gallaorol District Central Hospital	1	1	1	100%	0%	0%
		1	1	1	93%	7%	0%

Multi-Profile Central Polyclinics

AND	Andijan City Multi-Profile Central Polyclinic	1	1	1	100%	0%	0%
	Shakhrikhon District Multi-Profile Central Policlinic	1	1	1	100%	0%	0%
FER	Fergana City Multidisciplinary Central Polyclinic	1	1	1	100%	0%	0%
	Rishton District Multi-Profile Central Policlinic	1	0	1	67%	0%	33%
KK	Kungrad District Medical Association, Multidisciplinary Central Polyclinic	0.5	0	0.5	0%	67%	33%
	Nukus City Medical Association, Multi-disciplinary Central Polyclinic	1	1	0.5	67%	33%	0%
JIZZ	Jizzakh City Medical Association	0.5	0.5	1	33%	67%	0%
	Jizzakh City Multidisciplinary Central Polyclinic	1	1	1	100%	0%	0%
		0.9	0.7	0.9	71%	21%	8%

Family Polyclinics

Andijan	Family Polyclinic No. 1, Andijan City	1	0.5	1	67%	33%	0%
	Family Polyclinic No. 9, Andijan City	1	1	1	100%	0%	0%
	Family Polyclinic # 67, Shahrikhan District	1	1	1	100%	0%	0%
	Family Polyclinic # 64, Shahrikhan City	1	1	1	100%	0%	0%
Fergana	Family Policlinic № 10, Ferghana City	0.5	0	1	33%	33%	33%
	Family Policlinic № 2, Ferghana City	1	1	1	100%	0%	0%
	Family Polyclinic # 100, Rishton district	0.5	0	1	33%	33%	33%
	Family Polyclinic # 44 Rishton district	1	1	1	100%	0%	0%
Karakalpakstan	Family Polyclinic No. 1, Nukus City	0.5	0	1	33%	33%	33%
	Family Polyclinic No. 23, Kungrad District	0.5	0	1	33%	33%	33%
	Family Polyclinic No. 6, Nukus City	0.5	0	1	33%	33%	33%
	Family Polyclinic No. 67, Kungrad District	1	1	0.5	67%	33%	0%

Jizzakh	Family Polyclinic No. 1, Jizzakh City	1	1	1	100%	0%	0%
	Family Polyclinic No. 4, Jizzakh City	0.5	0	1	33%	33%	33%
	Family Polyclinic No. 2, Nurafshon	1	1	1	100%	0%	0%
	Family Polyclinic No. 4, Gallaorol District	0.5	0	1	33%	33%	33%
	Family Polyclinic No. 7, Gallaorol District	1	0.5	1	67%	33%	0%
	Family Polyclinic No. 6, Ko'kgumbaz	0.5	0	0.5	0%	67%	33%
		0.8	0.5	0.9	63%	22%	15%

Rural Family Medical Points

A	Navoiy Family Healthcare Point, Shahrikhan District	1	1	1	100%	0%	0%
K	Raushan Family Doctor Point, Kungrad District	0.5	0	0.5	0%	67%	33%
F	Kairagach Rural Health Post, Rishton District	0.5	0	1	33%	33%	33%
		0.7	0.3	0.8	44%	33%	22%

Appendix 'H' WASH FIT management scores by facility type and region

WASH in Healthcare Facilities WASH FIT (Facilities Improvement Tool) Survey Analysis MANAGEMENT AND WORKFORCE

Regional Hospitals

		M_1 WASH / IPC improvement committee active	M_6 New auxiliary staff receive WASH training	M_8 Maintenance system for WASH infrastructure	EC_4 Dedicated cleaning staff assigned	Meets Standard	Partially Meets Standard	Does Not Meet Standard
Andijan	Andijan Regional Children's Multidisciplinary Medical Center	0.5	0.5	1	1	50%	50%	0%
	Andijan Regional Multidisciplinary Medical Center	0.5	0	1	1	50%	25%	25%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Andijan Branch (State Institution)	0.5	0.5	1	1	50%	50%	0%
Fergana	Fergana Regional Children's Multidisciplinary Medical Center	0	0.5	1	1	50%	25%	25%
	Fergana Regional Multidisciplinary Medical Center	0	0.5	1	1	50%	25%	25%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Fergana Branch	1	1	1	1	100%	0%	0%
Karakalpak	Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District	0.5	0.5	0.5	1	25%	75%	0%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Karakalpakstan Branch	1	1	0.5	1	75%	25%	0%
	U. Khalmuratov Republican Multidisciplinary Medical Center	1	1	0.5	1	75%	25%	0%

Jizzakh	Jizzakh Regional Children's Multidisciplinary Medical Center	0	0.5	0.5	0.5	0%	75%	25%
	Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Jizzakh Branch (State Institution)	0	0.5	1	1	50%	25%	25%
		0.5	0.6	0.8	1	52%	36%	11%

District Hospitals

Andijan	Andijan City Maternity Complex # 1	0	0.5	0	1	25%	25%	50%
	Andijan City Medical Association	0	0	0.5	1	25%	25%	50%
	Shakhrikhon District Medical Association	0	0	0.5	1	25%	25%	50%
Fer	Fergana City Medical Association	0.5	0.5	0.5	1	25%	75%	0%
	Rishtan District Medical Association	0	0.5	0.5	1	25%	50%	25%
KK	Kungrad District Medical Association	0.5	0	0.5	1	25%	50%	25%
	Nukus City Medical Association	1	0.5	0.5	1	50%	50%	0%
Jizzakh	Jizzakh Regional Multidisciplinary Medical Center	1	0	1	1	75%	0%	25%
	Djizzak City Obstetrics complex	0	0	0.5	1	25%	25%	50%
	Gallaorol District Central Hospital	0	0	0	1	25%	0%	75%
		0.3	0.2	0.5	1	33%	33%	35%

Multi-Profile Central Polyclinics

AND	Andijan City Multi-Profile Central Polyclinic	0	0	0.5	1	25%	25%	50%
	Shakhrikhon District Multi-Profile Central Policlinic	0	0	0.5	1	25%	25%	50%
FER	Fergana City Multidisciplinary Central Polyclinic	0.5	1	1	1	75%	25%	0%
	Rishton District Multi-Profile Central Policlinic	0	0.5	0.5	1	25%	50%	25%
KK	Kungrad District Medical Association, Multidisciplinary Central Polyclinic	0	0	0	1	25%	0%	75%
	Nukus City Medical Association, Multidisciplinary Central Polyclinic	1	0	0.5	1	50%	25%	25%
JIZZ	Jizzakh City Medical Association	0	0	1	1	50%	0%	50%
	Jizzakh City Multidisciplinary Central Polyclinic	0	0	0.5	1	25%	25%	50%
		0.2	0.2	0.6	1	38%	22%	41%

Family Polyclinics

Andijan	Family Polyclinic No. 1, Andijan City	0.5	0.5	0.5	1	25%	75%	0%
	Family Polyclinic No. 9, Andijan City	0	0	1	0.5	25%	25%	50%
	Family Polyclinic # 67, Shahrikhan District	0	0	0.5	1	25%	25%	50%
	Family Polyclinic # 64, Shahrikhan City	0	0	0.5	1	25%	25%	50%
Fergana	Family Policlinic № 10, Ferghana City	0.5	0.5	0.5	1	25%	75%	0%
	Family Policlinic № 2, Ferghana City	0.5	0.5	0.5	1	25%	75%	0%
	Family Polyclinic # 100, Rishton district	0	0	0.5	0.5	0%	50%	50%
	Family Polyclinic # 44 Rishton district	0	0.5	0.5	0.5	0%	75%	25%
Karakalpakstan	Family Polyclinic No. 1, Nukus City	1	1	0.5	0	50%	25%	25%
	Family Polyclinic No. 23, Kungrad District	0	0	0	1	25%	0%	75%
	Family Polyclinic No. 6, Nukus City	1	1	0	0	50%	0%	50%
	Family Polyclinic No. 67, Kungrad District	0	0	0	1	25%	0%	75%

Jizzakh	Family Polyclinic No. 1, Jizzakh City	0	0	1	1	50%	0%	50%
	Family Polyclinic No. 4, Jizzakh City	0	0	0.5	1	25%	25%	50%
	Family Polyclinic No. 2, Nurafshon	0	0	0	1	25%	0%	75%
	Family Polyclinic No. 4, Gallaorol District	0	0	0	1	25%	0%	75%
	Family Polyclinic No. 7, Gallaorol District	0	0	0	0.5	0%	25%	75%
	Family Polyclinic No. 6, Ko'kgumbaz	0	0	0	0	25%	0%	75%
		0.2	0.2	0.4	0.8	25%	28%	47%

Rural Family Medical Points

A	Navoiy Family Healthcare Point, Shahrikhan District	0	0	0.5	0.5	0%	50%	50%
K	Raushan Family Doctor Point, Kungrad District	0	0	0	1	25%	0%	75%
F	Kairagach Rural Health Post, Rishton District	0.5	0.5	0.5	0.5	0%	100%	0%
		0.2	0.2	0.3	0.7	8%	50%	42%

Appendix 'I' WASH FIT data collection tool

** WASH FIT Assessment Tool **

General Information

» Assessor Information

Assessor(s):

Assessor Phone Number:

DateofAssessment:

yyyy-mm-dd hh:mm

» Facility Information

HealthFacilityName:

HealthFacilityLocation(District,Town,Village,etc.):

GPSLocation

latitude (x.y °)

longitude (x.y °)

altitude (m)

accuracy (m)



Type of Healthcare Facility:

- [ ] Republican Hospital
- [ ] District Hospital
- [ ] Family Polyclinic Type 1
- [ ] Family Polyclinic Type 2
- [ ] Primary Health Clinic
- [ ] Other (describe)

If Healthcare Facility Type is "Other", please describe:

Facility Contact Person Name:

Facility Contact Person Position:

Facility Contact Person Phone Number:

Facility Contact Person Email:

Total Number of Staff:

Number of Doctors:

Number of Nurses:

Number of Inpatients (average per day):

Number of Beds:

Outpatients per Day:

General Notes:

Facilities Present

- [ ] Kitchen
- [ ] Laboratory
- [ ] Waiting Area
- [ ] Inpatient Beds
- [ ] Showers
- [ ] Delivery Ward
- [ ] Toilets or Latrines
- [ ] Triage Area
- [ ] Oxygen on Site
- [ ] Mortuary
- [ ] Ventilators
- [ ] Surgical Ward

Electric Power

- [ ] None
- [ ] Grid Power
- [ ] Solar
- [ ] Generator
- [ ] Other

If other power type, please describe

Water

Main water source used for drinking

- [ ] None
- [ ] Dug well with hand pump
- [ ] Borehole with hand pump
- [ ] Protected spring
- [ ] Piped water connection
- [ ] Trucked water
- [ ] Surface water (River/Lake/Canal)
- [ ] Dug well with motorized pump
- [ ] Borehole with motorized pump
- [ ] Unprotected spring
- [ ] Rainwater harvesting
- [ ] Bottled water
- [ ] Other

If other water supply, please describe

Main water source used for cleaning / other uses

- ☐ None
- ☐ Dug well with hand pump
- ☐ Dug well with motorized pump
- ☐ Borehole with hand pump
- ☐ Borehole with motorized pump
- ☐ Protected spring
- ☐ Unprotected spring
- ☐ Piped water connection
- ☐ Rainwater harvesting
- ☐ Trucked water
- ☐ Bottled water
- ☐ Surface water (River/Lake/Canal)
- ☐ Other

If other water supply, please describe

W_1 Improved water supply

- ○ 🟢 Improved water supply accessible on premises (within facility buildings)
- ○ 🟡 Improved water supply accessible on premises (but outside of facility building)
- ○ 🔴 No improved water source accessible on premises

W_1P: Please take a photo of the main source of drinking water.

W_1 Comments

W_15 Safe drinking water available at drinking stations

- ○ 🟢 Drinking water available in all locations, at all times
- ○ 🟡 Drinking water available but only in some places, only sometimes
- ○ 🔴 Drinking water not available

W_15P: Please take a photo of the drinking water points.

W_15 Comments

W_16 Shower or bathing facility available for patients

- Showers are available per ward or per 40 patients and are functional and accessible
- Showers are available, but fewer than 1 functioning and accessible showers per 40 patients / per ward
- No showers available

W_16P. Please take a photo of the shower facilities.

W_16 Comments

W_2 Taps for cleaning and handwashing connected to functioning water supply

- All taps are connected and functioning
- More than half of all taps are connected and functioning
- Less than half of all taps are connected and functioning

W_2P. Please take a photo of any taps.

W_2 Comments

W_3b Water for drinking, cleaning, and handwashing available at time of WASH-FIT assessment?

- Water is available throughout the facility
- Water is available from some but not all water points
- No water is available

W_3b Comments

W_5 Main water supply functioning in last 3 months

- In the last 3 months the main water supply system had no breakdowns or any breakdowns were repaired within 48 hours.
- The water supply system had breakdowns but they were repaired within one week.
- The water supply system had breakdowns that took longer than one week to repair OR remain unrepaired

W_5 Comments

W_8 Water storage tanks available for supply disruption

- Water storage is available, water is protected and sufficient for two days' needs
- Sufficient for two days but not protected or protected but only enough for one day
- No storage or storage available for less than one day

W_8P: Please take a photo of the water storage reservoirs.

W_8 Comments

W_9 Rainwater harvesting system available where feasible

- Rainwater harvesting with safe storage exists and is functional
- Rainwater harvesting systems exists but storage not safe or sufficient or there are leaks
- No rainwater harvesting used (even though rainwater is available)

W_9P: Please take a photo of the rainwater harvesting reservoir.

W_9 Comments

W_10 Water conservation measures implemented

- Water reduction strategies are effectively used and water wastage is avoided
- Water reduction strategies are used but there remains some avoidable water wastage
- No water reduction strategies are used

W_10P: Please take a photo of any water conservation measures.

W_10 Comments

W_14 Water quality routinely tested

- Water quality routinely and regularly tested according to standards
- Water quality tested but not routinely or regularly
- No testing takes place or no standards exist

W_14 Comments

Notes related to Water

Add photo of any noted water issues, if helpful for future reference.

Sanitation

G-S1. What type of toilets/latrines are at the facility for patients?

- [ ] a. Flush toilet to septic tank
- [ ] b. Flush toilet to sewer
- [ ] c. Pit latrine with concrete slab and lined pit
- [ ] d. No toilets
- [ ] Other

If other water supply, please describe

S_1 Sufficient improved toilets for patients

- ○ 🟢 Two or more improved toilets for outpatients plus one per 20 users/ inpatients.
- ○ 🟡 Requirement is met for outpatients or inpatients, but not both.
- ○ 🔴 Neither inpatient or outpatient has sufficient number of toilets or existing toilets are not improved

S_1P: Please take a photo of the interior of the toilets for patients.

S_1 Comments

S_2 Patient toilets available and usable

- ○ 🟢 All patient toilets are available and usable
- ○ 🟡 Some but not all patient toilets are available and usable
- ○ 🔴 None of the patient toilets are available or usable

S_2 Comments

S_3 Toilets have functional handwashing nearby

- All toilets have functional hand washing stations within 5 metres
- At least 50% of toilets have functioning hand washing stations within 5 metres
- Fewer than 50% of toilets have functioning hand washing stations within 5 metres

S_3P: Please take a photo of the handwashing station.

S_3 Comments

S_4 Improved staff toilets available

- At least one functional toilet exists for staff use and is clearly separated/labelled
- Toilet exists for staff use, but toilet is not clearly separated/labelled or functional
- No separate toilet exists for staff use

S_4P: Please take a photo of the toilets for staff.

S_4 Comments

S_5 Toilets separated and labelled by sex

- Separate toilets for male/female use exist and are clearly labelled (and provide privacy for users)
- Separate toilets exist but not clearly labelled
- No separate toilets exist or no privacy in gender neutral toilets

S_5 Comments

S_7 Accessible toilet for people with disabilities

- One or more functional toilet meets need of people with reduced mobility
- Toilet meets needs of people with reduced mobility but is not functional or toilet is functional but only partially meets needs of people with reduced mobility
- No toilets for disabled users

S_7P: Please take a photo of the toilets for people with disabilities.

S_7 Comments

S_12 Greywater or stormwater reused safely

- ○ ● System for storm water capture and reuse is in place and operational
- ○ ● System for capturing storm water is available but not used to its full potential
- ○ ● No system for capturing storm water

S_12 Comments

Notes related to Sanitation

Add photo of any noted sanitation issues, if helpful for future reference.

Health Care Waste

Waste management facilities present

- ☐ Autoclave
- ☐ Incinerator (2-chamber, 850-1000C)
- ☐ Incinerator (other)
- ☐ No treatment on site
- ☐ Other

If other waste management facilties, please describe

HCWM_1 Waste bins available at points of care

- ○ ● Functional waste collection containers for segregating waste exists at all waste generation points
- ○ ● Functional bins at some but not all waste generation points
- ○ ● No bins or separate sharps disposal

HCWM_1P_a: Please take a photo of the waste bins.

HCWM_1 Comments

HCWM_2 Waste correctly segregated at source

- Waste is correctly segregated at all waste generation points
- More than 75% of bins have the correct waste
- Less than 75% of bins are used for the correct waste

HCWM_2 Comments

HCWM_3 Waste segregation signage visible (note for facilitator- please go around the facility and check)

- Reminders clearly visible at all waste generation points
- Reminders available at some but not all waste generation points
- No reminders available

HCWM_3P: Please take a photo of the waste segregation signage.

HCWM_3 Comments

HCWM_4 Personal protective equipment (PPE) available for waste handling

- Personal protective equipment available
- Some equipment available, but not for all staff, or available but damaged
- No equipment available for staff

HCWM_4P: Please take a photo of the waste handling personal protective equipment.

HCWM_4 Comments

HCWM_7 Secure waste storage area available

- Dedicated and fenced waste storage area available, of sufficient capacity and waste stored separately
- Dedicated waste storage area available but not fenced or secure or not sufficient capacity or all waste grouped together
- No dedicated waste area available

HCWM_7P: Please take a photo of the medical waste storage area.

HCWM_7 Comments

Is there waste treatment and disposal done on-site? (Used for HCWM_9,10, 13, 14)

◯ Yes ◯ No

HCWM_9 Functional on-site waste treatment technology

◯ 🟢 Technology is built to appropriate standards, well-maintained, functional and of sufficient capacity

◯ 🟡 Technology is either not built to correct standards or not of sufficient capacity

◯ 🔴 Technology is not functional and not of sufficient capacity

HCWM_9P: Please take a photo of the medical waste treatment technology.

HCWM_9 Comments

HCWM_10 Fuel or energy available for waste treatment

◯ 🟢 Sufficient energy/fuel always available

◯ 🟡 Energy/ fuel is sometimes available but not always, or not sufficient quantity

◯ 🔴 No energy/ fuel is available

HCWM_10 Comments

HCWM_11 Waste collected for off-site treatment

◯ 🟢 Waste collected regularly and safely and sent to appropriate treatment faciltiy

◯ 🟡 Waste collected regularly and safely but treatment facility has not been verified

◯ 🔴 Waste not collected safely or regularly nor sent to an approporiate or licensed facility

HCWM_11 Comments

HCWM_12 Safe burial pit, dump or municipal collection

◯ 🟢 Functional pit, fenced area or municipal pick up is available and sufficient to meet demand

◯ 🟡 Pit in facility but insufficient dimensions; overfilled or not fenced and locked; irregular municipal waste pick up, etc.

◯ 🔴 No pit or other disposal method used

HCWM_12P: Please take a photo of the medical waste final disposal location.

HCWM_12 Comments

HCWM_13 Waste storage protected from flooding

- Waste pits built to withstand flooding and an alternative is in place in times of emergencies
- Waste pits can withstand limited flooding but no backup or alternative exists
- Waste pit is not climate-proofed and there is no backup or no waste pit exists.

HCWM_13 Comments

HCWM_17 Staff trained in healthcare waste management

- A staff member is adequately trained and carries out duties correctly
- A staff member is trained but does not carry out duties correctly, or appointed but not trained
- No such member of staff is available

HCWM_17 Comments

Notes related to health care waste management

Add a photo of any noted health care waste management issues, if helpful for future reference.

Hand Hygiene

H_1 Hand hygiene stations at points of care

- All points of care have functioning hand hygiene (either water and soap or alcohol handrub solution)
- At least 75% of points of care have functioning hand hygiene stations present
- Fewer than 75% of points of care have functioning hand hygiene stations present

H_1P: Please take a photo of the handwashing location.

H_1 Comments

H_2 Hand hygiene stations in waiting areas

- Functioning hand hygiene stations available in all areas
- Functioning hand hygiene stations available in some but not all areas.
- No hand hygiene stations available

H_2 Comments

H_3 Hand hygiene promotion materials displayed

- Materials clearly displayed in all key areas
- Materials displayed in some but not all key areas
- No materials available

H_3P: Please take a photo of the hygiene promotion materials.

H_3 Comments

H_4 Hand hygiene compliance activities conducted

- Regular (at least annual) compliance activities take place throughout the facility
- Compliance activities in policy, but not carried out with any regularity
- No compliance activities

H_4 Comments

Notes related to hand hygiene

Add a photo of any noted hand hygiene issues, if helpful for future reference.

Environmental Cleaning

EC_1 Facility cleaning policy or protocol available

- Cleaning policy or protocol exists, is implemented and monitored
- Cleaning policy or protocol exists but is not implemented or monitored
- No cleaning policy or protocol exists

EC_1P: Please take a photo of the cleaning policy / protocol.

EC_1 Comments

EC_2 Cleaning records maintained

- Available in each ward/area or whole facility
- Records exist, but not for every ward or not for every day or is outdated
- No record of cleaning available

EC_2P: Please take a photo of the cleaning record.

EC_2 Comments

EC_3 Toilets cleaned daily with records

- Toilets cleaned each day and a signed record is visible
- Toilets cleaned but less than once a day with or without record
- No record available and toilets cleaned less than once a day

EC_3 Comments

EC_4 Dedicated cleaning staff assigned

- Required number of staff available at all times when needed and have dedicated time for performing cleaning activities
- Some staff available but not not sufficient number, not at all times when needed, or not in all wards
- No cleaning staff available

EC_4 Comments

EC_5 Cleaning staff trained

- All staff responsible for cleaning have received training
- Some but not all staff have received training
- No staff have received training

EC_5 Comments

EC_7 Cleaning materials available and maintained

- All necessary equipment available, in good condition and sufficient
- Available but not well maintained or in some but not all areas or not sufficient
- No materials available

EC_7P: Please take a photo of the cleaning materials.

EC_7 Comments

EC_8 Budget available for cleaning supplies

- Budget exists and is sufficient for all needs
- Budget exists but is not sufficient for all needs
- No budget exists

EC_8 Comments

EC_15 Safe food preparation and handling

- Food is safely prepared and handled
- Some but not all food safety measures are being followed (see notes)
- No food safety measures are followed / food safety is extremely poor

EC_15P: Please take a photo of the food preparation area.

EC_15 Comments

EC_16 Kitchen food storage protected and hygienic

- No flies, insects or rats able to access food and kitchen stores
- Food and food stores is partly protected but could be improved
- Food and food stores have no protection from flies, insects or rats

EC_16P: Please take a photo of the food storage area.

EC_16 Comments

Notes related to environmental cleaning

Add a photo of any noted environmental cleaning issues, if helpful for future reference.

Energy and Environment

E_2 Energy sufficient for facility needs

- ○ 🟢 Energy of sufficient quantity at all times
- ○ 🟡 Energy is sufficient to meet some but not all demand
- ○ 🔴 No energy available

E_2 Comments

E_5 Backup energy source available

- ○ 🟢 A backup source exists, with adequate fuel
- ○ 🟡 Backup source exists but is not functional or insufficient fuel
- ○ 🔴 No backup source

E_5P: Please take a photo of the backup electrical source.

E_5 Comments

E_6 Energy-efficient lighting used

- ○ 🟢 All lighting is energy-efficient
- ○ 🟡 Some but not all lighting is energy efficient
- ○ 🔴 No energy-efficient lighting available or status unknown

E_6 Comments

E_9 Toilets adequately lit

- ○ 🟢 All latrines have functioning lighting
- ○ 🟡 Lighting infrastructure exists, but not functioning
- ○ 🔴 Not adequately lit or no lighting infrastructure

E_9 Comments

Notes related to energy and environment

Add a photo of any noted energy and environment issues, if helpful for future reference.

Management and Workforce

M_1 WASH / IPC improvement committee active

- ○ 🟢 Team(s) exists, has clear TORs, meets regularly with good leadership and decisions are noted and followed up on
- ○ 🟡 Team(s) meets but irregularly, informally, does not have clear TORs etc.
- ○ 🔴 No such team(s) and/or no focal point exists

M_1 Comments

M_6 New auxiliary staff receive WASH training

- ○ 🟢 All new staff are trained adequately, according to their function
- ○ 🟡 Some but not all staff are trained or training not appropriate to their function
- ○ 🔴 No training takes place

M_6 Comments

M_8 Maintenance system for WASH infrastructure

- ○ 🟢 System exists and is functional (items are procured and infrastructure repaired as and when needed)
- ○ 🟡 System exists but is not functional (i.e. facility is not able to procure supplies or infrastructure is not adequately repaired)
- ○ 🔴 No system exists

M_8 Comments

M_9a Budget (UZS) spent on WASH operation and maintenance in 2025 (cold water utility bills and infrastructure, hot water utility bills and infrastructure, waste management infrastructure and consumables, cleaning consumables, hygiene consumables, cleaning and waste management staff salaries, hygiene posters)?

M_9 Comments

Notes related to management and workforce

Add a photo of any noted management and workforce issues, if helpful for future reference.

Appendix 'J' List of facilities assessed

Regional Hospitals (n = 11)

- Andijan Regional Children's Multidisciplinary Medical Centre
- Andijan Regional Multidisciplinary Medical Centre
- Republican Specialized Scientific-Practical Medical Centre for Maternal and Child Health, Andijan Branch (State Institution)
- Ferghana Regional Children's Multidisciplinary Medical Centre
- Ferghana Regional Multidisciplinary Medical Centre
- Republican Specialized Scientific-Practical Medical Centre for Maternal and Child Health, Ferghana Branch
- Republican Interdistrict Phthisiology Hospital No. 4, Kungrad District
- Republican Specialized Scientific-Practical Medical Centre for Maternal and Child Health, Karakalpakstan Branch
- U. Khalmuratov Republican Multidisciplinary Medical Centre
- Jizzakh Regional Children's Multidisciplinary Medical Centre
- Republican Specialized Scientific-Practical Medical Centre for Maternal and Child Health, Jizzakh Branch (State Institution)

District Hospitals (n = 10)

- Andijan City Maternity Complex # 1
- Andijan City Medical Association
- Shakhrikhon District Medical Association
- Ferghana City Medical Association
- Rishtan District Medical Association
- Kungrad District Medical Association
- Nukus City Medical Association
- Jizzakh Regional Multidisciplinary Medical Centre
- Djizzak City Obstetrics complex
- Gallaorol District Central Hospital

Multi-Profile Central Polyclinics (n = 8)

- Andijan City Multi-Profile Central Polyclinic
- Shakhrikhon District Multi-Profile Central Policlinic
- Ferghana City Multidisciplinary Central Polyclinic
- Rishton District Multi-Profile Central Policlinic
- Kungrad District Medical Association, Multidisciplinary Central Polyclinic
- Nukus City Medical Association, Multidisciplinary Central Polyclinic
- Jizzakh City Medical Association
- Jizzakh City Multidisciplinary Central Polyclinic

Family Polyclinics (n = 18)

- Family Polyclinic No. 1, Andijan City
- Family Polyclinic No. 9, Andijan City
- Family Polyclinic # 67, Shahrikhan District
- Family Polyclinic # 64, Shahrikhan City
- Family Policlinic № 10, Ferghana City
- Family Policlinic № 2, Ferghana City
- Family Polyclinic # 100, Rishton district
- Family Polyclinic # 44 Rishton district
- Family Polyclinic No. 1, Nukus City
- Family Polyclinic No. 23, Kungrad District
- Family Polyclinic No. 6, Nukus City
- Family Polyclinic No. 67, Kungrad District
- Family Polyclinic No. 1, Jizzakh City
- Family Polyclinic No. 4, Jizzakh City
- Family Polyclinic No. 2, Nurafshon
- Family Polyclinic No. 4, Gallaorol District
- Family Polyclinic No. 7, Gallaorol District
- Family Polyclinic No. 6, Ko‘kgumbaz

Rural Family Medical Points (n = 3)

- Navoiy Family Healthcare Point, Shahrikhan District
- Raushan Family Medical Point, Kungrad District
- Kairagach Rural Health Post, Rishton District

Appendix 'J' List of participants in WASH FIT data collection Training

Republic of Karakalpakstan

№	Familiya, ism, otasining ismi (Full name)	Mutaxassisligi (Specialty)	Ish joyi (Work place)	Fotosi (Photos)
1	**Tlemisova Aynura**	КР СЭТ х ЖСБ (Republic of Karakalpakstan SES)	болим менгериушиси (department manager)	
2	**Hakimova Sakhibjamal**	The KR branch of the Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health	Epidemiolog vrash (Epidemiologist)	
3	**Uteuova Raykhan Narbaevna**	У.Халмуратов" номидаги Республика кўп тармоқли тиббиёт маркази (Republican Multidisciplinary Medical Center named after U. Khalmuratov)	bas meyirbeke (head Nurse)	
4	**Turdymuratova Gulziyba**	Нукус шахар тиббиёт бирлашмаси (Nukus City Medical Association)	vrash (physician)	

5	**Kalilaeva Perdekhan**	Нукус шахар тиббиёт бирлашмаси (Nukus City Medical Association)	vrash infiksionist (infectious diseases specialist)	
6	**Alimbetova Ziyba**	Нукус шахар тиббиёт бирлашмаси (Nukus City Medical Association)	miyirbeke (nurse)	
7	**Djumanova Ziyba**	1-сон оилавий поликлиникаси Нукус шаҳар (Nukus City Family Polyclinic No. 1)	BOP (general practitioner)	
8	**Orazbaeva Peruza**	6-сон оилавий поликлиникаси Нукус шаҳар	BOP (general practitioner)	

9	**Karjaubaeva Gulayim**	Қунғирот тумани 4-сонли Республика туманлараро фтизаитрия шифохонаси (Kungrad District Republican Interdistrict Phthisiatric Hospital No. 4)	bas meyirbeke (head Nurse)	
10	**Kojashova Jazira Nurgaliy kizi**	Қўнғирот туман тиббиёт бирлашмаси (Kungrad District Medical Association)	Epidemiolog vrash (Epidemiologist)	
11	**Tungatarov Kanat**	№23 сонли оилавий поликлиникаси Кунгирот тумани (Kungrad District Family Polyclinic No. 23)	BOP (general practitioner)	
12	**Urazalieva Jamiyla Alimbaevna**	№67 сонли оилавий поликлиникаси Кунгирот тумани (Kungrad District Family Polyclinic No. 67)	Bolim basliq (Chief of the department)	

13	**Azirov Kayrat Abdiraymovich**	“Раушан” оилавий шифокорлик пункти Кунгирот тумани (“Raushan” Family Medical Center, Kungrad District)	ВОР (general practitioner)	
14	**Khojanazarov Dauletyar**	Нукус ГосСЭС (Nukus city SES)	Epidemiolog vrash (Epidemiologist)	
15	**Krykbaeva Sarbinaz**	Конырат районы СЭТ х ЖСБ (Kungrad district SES)		
16	**Allaniyazova Zarifa**	КР СЭТ х ЖСБ (Republic of Karakalpakstan SES)	болим менгериушиси (department manager)	

Andijan

№	Familiya, ism, otasining ismi (Full name)	Mutaxassisligi (Specialty)	Ish joyi (Work place)	Fotosi (Photos)
1	**Фозилова Мадина / Fazilova Madina**	Хамшира/nurse	Андижон вилоят кўп тармоқли тиббиёт маркази/ Andijan Regional Multidisciplinary Medical Center	
2	**Азимов Қаюмжон/ Azimov Qayumjon**	Epidemiolog vrash (Epidemiologist)	Андижон вилоят болалар кўп тармоқли тиббиёт маркази/ Andijan Regional Multidisciplinary Medical Center	
3	**Усманов Шохрух/ Usmanov SHoxrukh**	врач/dactor	Республика ихтисослаштирилган она ва бола саломатлиги илмий вамалий тиббиёт маркази давлат муассасасининг Андижон вилоят филиали/Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Andijan Branch (State Institution)	
4	**Алимова Гуллола / Alimova Gullola**	bas meyirbeke (head Nurse)	Андижон шахри тиббиёт бирлашмаси/ Andijan City Medical Association	

5	**Абдурохмива Матлюбо/ Abduroximova Matlyuba**	Хамшира/nurse	Андижон шахар кўп тармоқли марказий поликлиника/Andijan City Multidisciplinary Central Polyclinic	
6	**Норматова Камола/Normatova Kamola**	bas meyirbeke (head Nurse)	Андижон шаҳри 1-туғрук комплекси/ Andijan City Multidisciplinary Central Polyclinic	
7	**Парпиева Нилуфар/ Parpieva Nilyufar**	bas meyirbeke (head Nurse)	Андижон шахар 1-сон оилавий поликлиникаси/Family Polyclinic No. 1, Andijan City	
8	**Каримова Нигора Азимовна/Karimova Nigora**	Хамшира/nurse	Андижон шахар 9-сон оилавий поликлиникаси/Family Polyclinic No. 9, Andijan City	

9	**Халимжонов Мухуммадюсуф/ Xalimjonov Mukhamadyusuf**		Шахрихон тумани тиббиёт бирлашмаси/ Shahrixon District Medical Association	
10	**Эгамбердиев Диёрбек/ Egamberdiyev Diyorbek**	Doctor	Шаҳрихон туман кўп тармоқли марказий поликлиника/Shahrixon District Multidisciplinary	
11	**Умурзакова Мухайё/ Umurzakova Mukhayo**	Хамшира/nurse	№64 Оилавий поликлиника/Family Polyclinic No. 64	
12	**Хакимов Уткирбек/ Xakimov Utkir**	врач/dactor	№67 Оилавий поликлиника/Family Polyclinic No. 67	

13	**Турсунова Севара/ Tursunova Sevara**	Хамшира/nurse	“Навоий” оилавий шифокор пункти/ Navoi Family Doctor Point	
14	**Ўрозалиева Доно/ Urazalyeva Dono**	Epidemiolog vrash (Epidemiologist)	СЭО ва ЖСБ Андижон шахар бўлими, ДПМНҚга маъсул, врач эпидемиолог	
15	**Мамадалиев Рахмонали/ Mamadalev Raxmonali**	Epidemiolog vrash (Epidemiologist)	СЭО ва ЖСБ	
16	**Байназаров / Baynazarov Ilkham**	Epidemiolog vrash (Epidemiologist)	QRSEO va JSB	

Fergana

№	Familiya, ism, otasining ismi (Full name)	Mutaxassisligi (Specialty)	Ish joyi (Work place)	Fotosi (Photos)
1	**Ксенофонтова Кристина Борисовна/ Ksenofontava Kristina Borisovna**	Врач эпидемиолог (Epidemiologist)	Фарғона Вилоят кўп тармоқли тиббиёт марказиFergana Regional Multidisciplinary Medical Center	
2	**Садиева Гулноза/ Sadieva Gulnoza**	бош хамшира/ head Nurse	Республика ихтисослаштирилган она ва бола саломатлиги илмий-амалий тиббиёт маркази Фарғона вилоят филиали / Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Fergana Branch	
3	**Галиев Шевкет Шухратович/Galiev Shevket**	Врач эпидемиолог (Epidemiologist)	Фарғона шаҳар тиббиёт бирлашмаси/ Fergana City Medical Association	
4	**Косимов Хожиали / Qosimov Xojiali**	ойла шифокори/ family doctor	9- Оилавий поликлиника/Family Policlinic № 9, Ferghana City	

5	**Хожиматова Мавлюда / Hojimatova Mavlyuda**	head nurse	10- Оилавий поликлиника/Family Policlinic № 10, Ferghana City	
6	**Тухтасинов Зухриддин/ Tuxtasinov Zuxriddin**	зам гл врач	Риштон тумани тиббиёт бирлашмаси / Rishtan District Medical Association	
7	**Узоқов Хожиакбар/ Uzakov Xojiakbar**	врач/ doctor	Риштон тумани Кўп тармоқли марказий поликлиника/Rishton District Multi-Profile Central Policlinic	
8	**Отажонов Комилжон/ Otajanov Komiljon**	заведующий/ chef doctor	44-Оилавий поликлиника/Family Polyclinic # 44 Rishton	

9	**Парпиева Гулбахор/Parpieva Gulbakhar**	заведующий/ chef doctor	100-Оилавий поликлиника/ Family Polyclinic # 10	
10	**Мирзакаримова Мухайё/ Mirzakarimova Mukhayo**	заведующий/ chef doctor	Қайрағоч ОШП/ Kairagach Rural Health Post	
11	**Абдурахмонов Ойбек Мўминович**	врач/ doctor	СЭО ва ЖСБ санитария врачи	
12	**Кимсанбаева Шахина Мавсумали қизи**	врач/ doctor	Риштон тумани СЭО ва ЖСБ санитария врачи	

13	**Байниязов Ислам**	заведующий/ doctor	Каракалпокстон Республикаси	
14	**Эшматова Дилором**	бош хамшира/ head Nurse	2 ойлавий поликлиника/Family Policlinic № 2, Ferghana City	
15	**Ибрагимова Замира**	врач/ doctor	Риштон тумани СЭО ва ЖСБ санитария врачи	

Jizzax

№	Familiya, ism, otasining ismi (Full name)	Mutaxassisligi (Specialty)	Ish joyi (Work place)	Fotosi (Photos)
1	**Зокирова Мунаввар Собитовна/Zakirova Munnavar**	бош хамшира/ head nurse	Жиззах вилоят болалар кўп тармоқли тиббиёт маркази/Jizzakh Regional Children's Multidisciplinary Medical Center	
2	**Собирова Барно Нўмановна/ Sobirova Barno Nomanovna**	бош ҳамшира/ head nurse	Шахар акушерлик комплекси/Republican Specialized Scientific-Practical Medical Center for Maternal and Child Health, Jizzakh Branch (State Institution)	
3	**Содиқова Мохира / Sodiqova Mohira**	бош ҳамшира/ head nurse	Жиззах шаҳар 1-оилавий поликлиника/ Family Polyclinic No. 1, Jizzakh City	
4	**Туропова Малика Солиевна/Turopova Malika Solievna**	бош ҳамшира/ head nurse	Жиззах шаҳар 4-оилавий поликлиника/ Family Polyclinic No. 4, Jizzakh City	

5	**Холбўтаев Одилбой Бойзоқович**	бош фелдшер/ paramedic	Ғаллаорол туман марказий шифохонаси/Gallaorol District Central Hospital	
6	**Хожибоева Юлдуз Мухиддин қизи/ Xojiboeva Yulduz Muhiddin qizi**	катта хамшира/ big nurse	4-сон 2 тип ОП/ Polyclinic No. 4, Type 2	
7	**Тожибоева Наргиза Шодиеровна/ tojiboeva Nargiza Shodiyorovna**	катта хамшира/ big nurse	2-сон 2-тип ОП/ Polyclinic No. 2, Type 2	
8	**Босимова Матлуба Равшановна**	катта хамшира/ big nurse	6-сон 1-тип ОП/ Polyclinic No. 6, Type 1	

9	**Аликулова Феруза Ғаниқуловна/ Aliqulova Feruza G'aniqulovna**	катта хамшира/ big nurse	7-сон 1-тип ОП/ Polyclinic No. 7, Type 1	
10	**Зарипова Мухаббат**	врач/ doctor	КМИ	
11	**Narbekova Nigora/ Narbekova Nigora**	врач/ doctor	Жиззақ шаҳри СЭО ВА ЖС БОЛИМИ	
12	**Исроилова Зульфия/Isroilova Zulfiya**	хамшира/nurse	Жиззах вилоят кўп тармоқли тиббиёт маркази/ Jizzakh Regional Multidisciplinary Medical Center	
13	**Рахимова Лариса/ Raximova Larisa**	катта хамшира/ big nurse	Жиззах шаҳар 1-оилавий поликлиника/ Family Polyclinic No. 1, Jizzakh City	

For enquiries please contact:

English version: **Koushiki Banerjee - kbanerjee@unicef.org**

Uzbek version: **Sagitjan Aytjanov - saytjanov@unicef.org**

