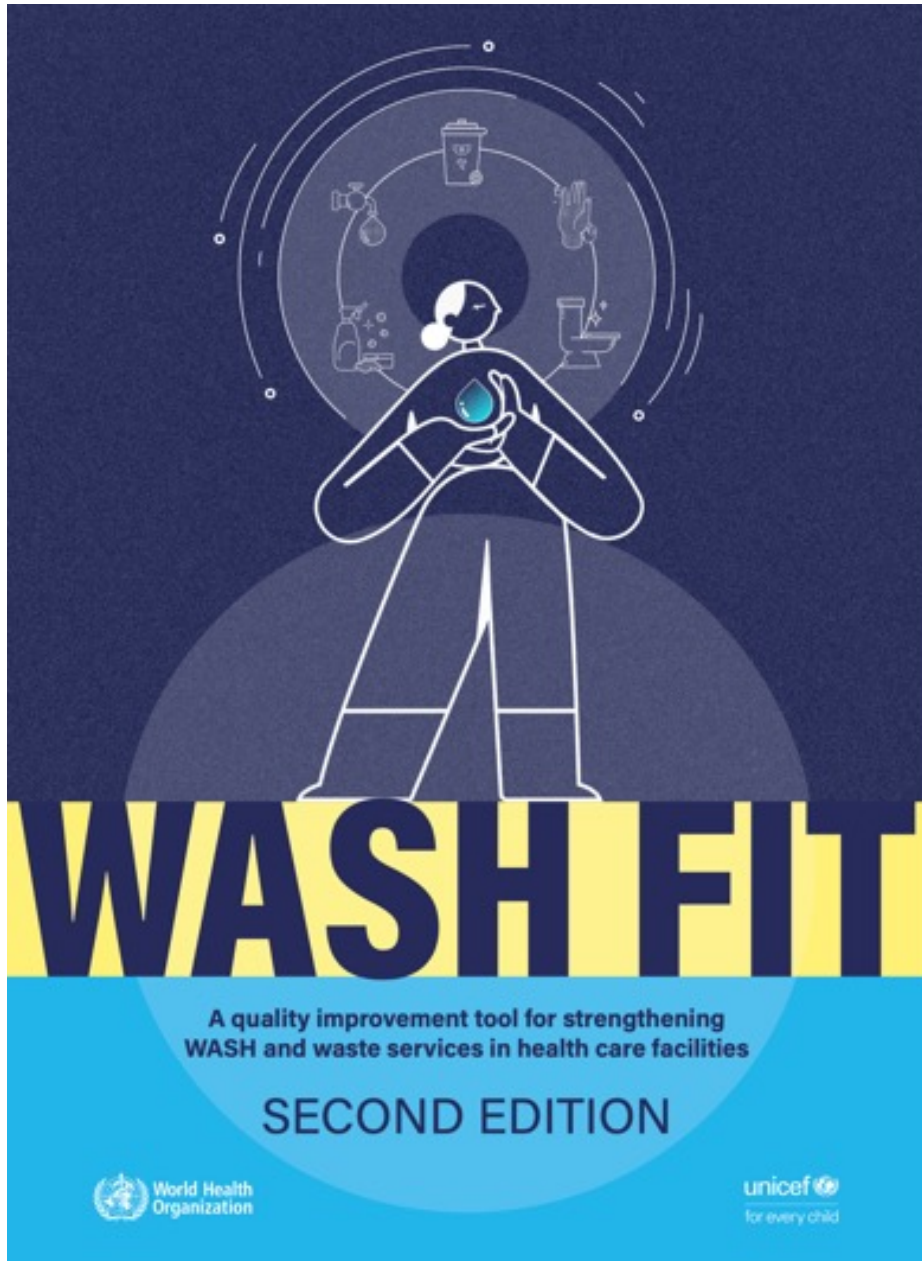


# Is your facility **WASH FIT** 2022?

Global Launch of WASH FIT v 2.0  
26 April



5 minutes

# Welcome & opening remarks



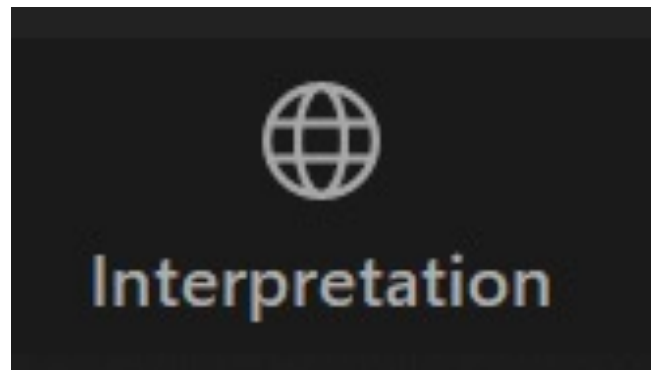
*John Brogan, WASH Advisor, Helvetas and the Swiss Water and Sanitation Consortium*

# TRANSLATION

**INTERPRETATION:** Select English, French, or Spanish. Then, click “Mute Original Audio.”

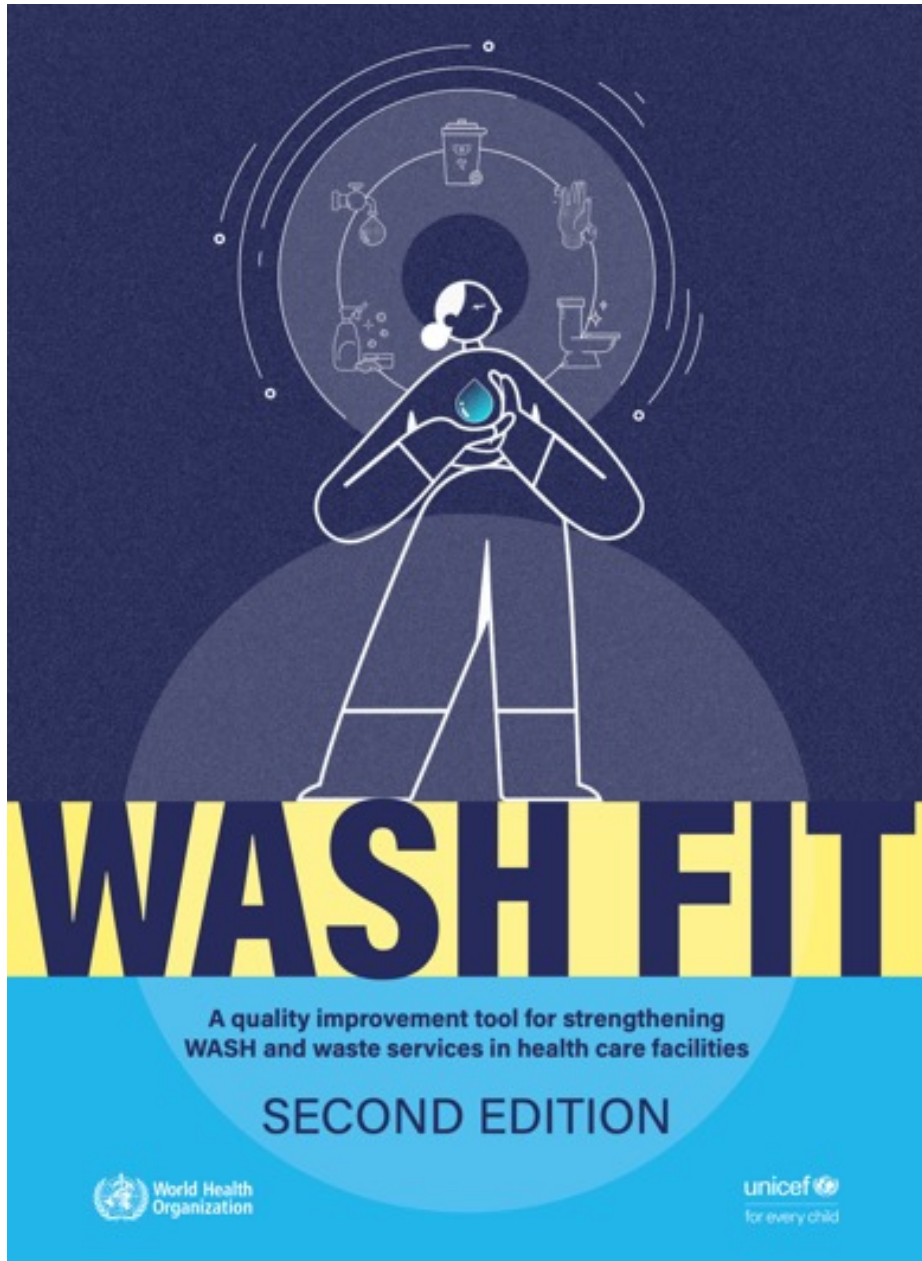
**INTERPRÉTATION:** Sélectionnez Anglais, Français ou Espagnol. Puis, cliquez sur "Mute Original Audio."

**INTERPRETACIÓN:** Seleccione Inglés, Francés o Español. Luego, haga clic en “Mute Original Audio.”



# Is your facility **WASH FIT** 2022?

Global Launch of WASH FIT v 2.0  
26 April





10 minutes

# WASH FIT 2.0: State of the art tool for WASH and waste improvements

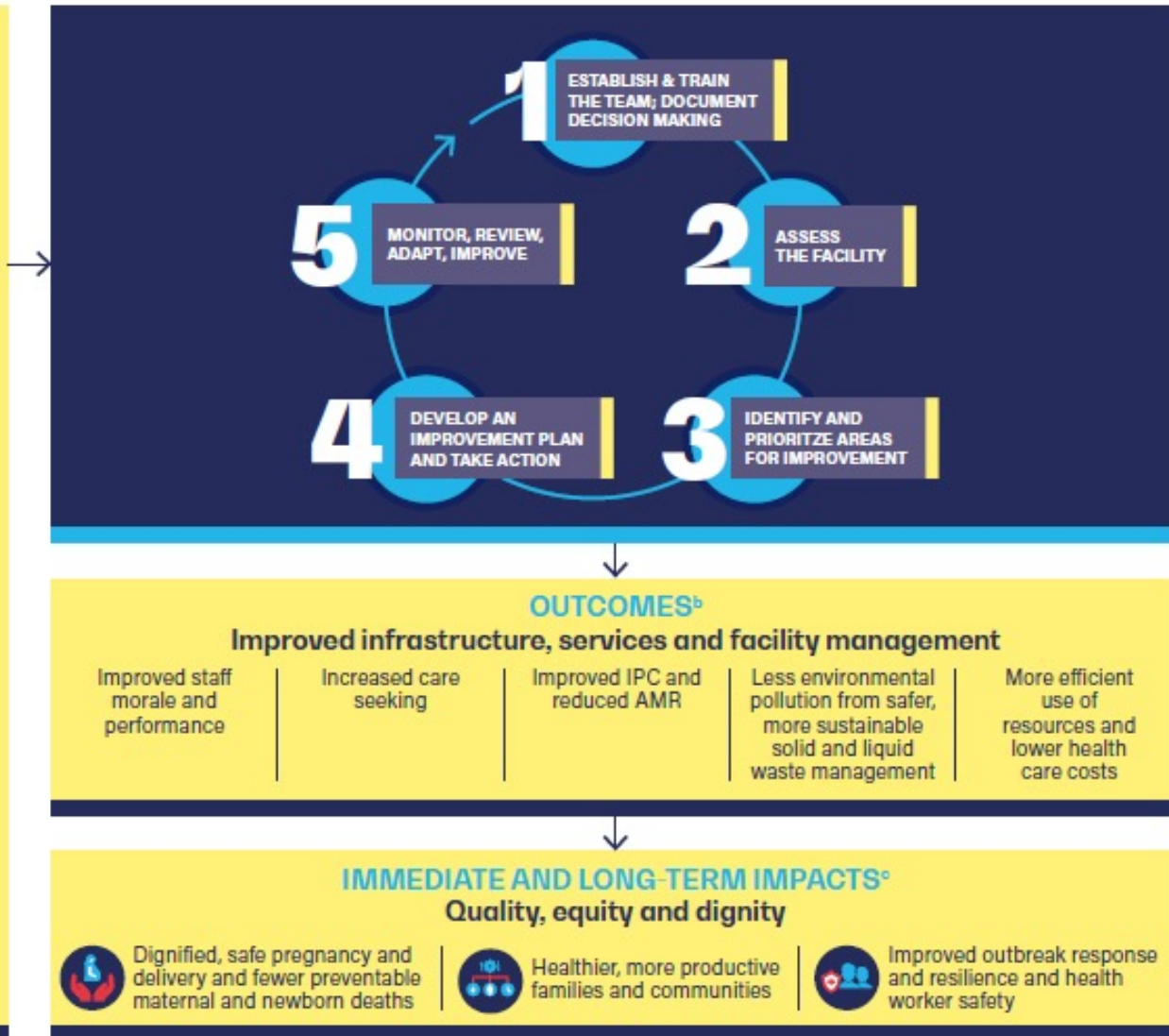


*Maggie Montgomery, WHO*

# About WASH FIT

## RESOURCE INPUTS<sup>a</sup>

Political  
Financial/material  
Human  
Civil society engagement  
Intersectoral collaboration: energy and climate, health



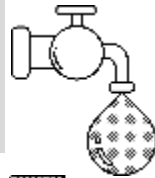
## What is it?

- A risk-based approach to support and sustain incremental WASH and waste improvements
- An adaptable tool that supports **quality care** and **infection prevention and control**
- A stimulus for **collaboration**

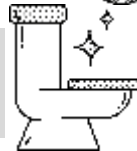
# Seven WASH FIT domains

## Five primary domains

**1. WATER**  
(supply, storage, quality, conservation)



**2. SANITATION**  
(toilets, treatment, wastewater)



**3. WASTE MANAGEMENT**  
(from generation to final disposal)



**4. HAND HYGIENE**  
(infrastructure, compliance, training)

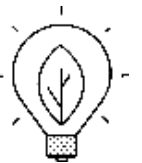


**5. ENVIRONMENTAL CLEANING**  
(staff, protocols, equipment, training)

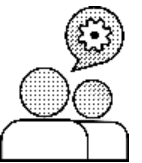


## Two to support infrastructure & practices

**6. ENERGY & ENVIRONMENT**  
(lighting, pumping, heating, ventilation)



**7. MANAGEMENT & WORKFORCE**  
(training, occupational health, protocols)



# WASH FIT improvement cycle

## Step 1

Establish and train the team and document decisions

## Step 2

Undertake an assessment of the facility

## Step 3

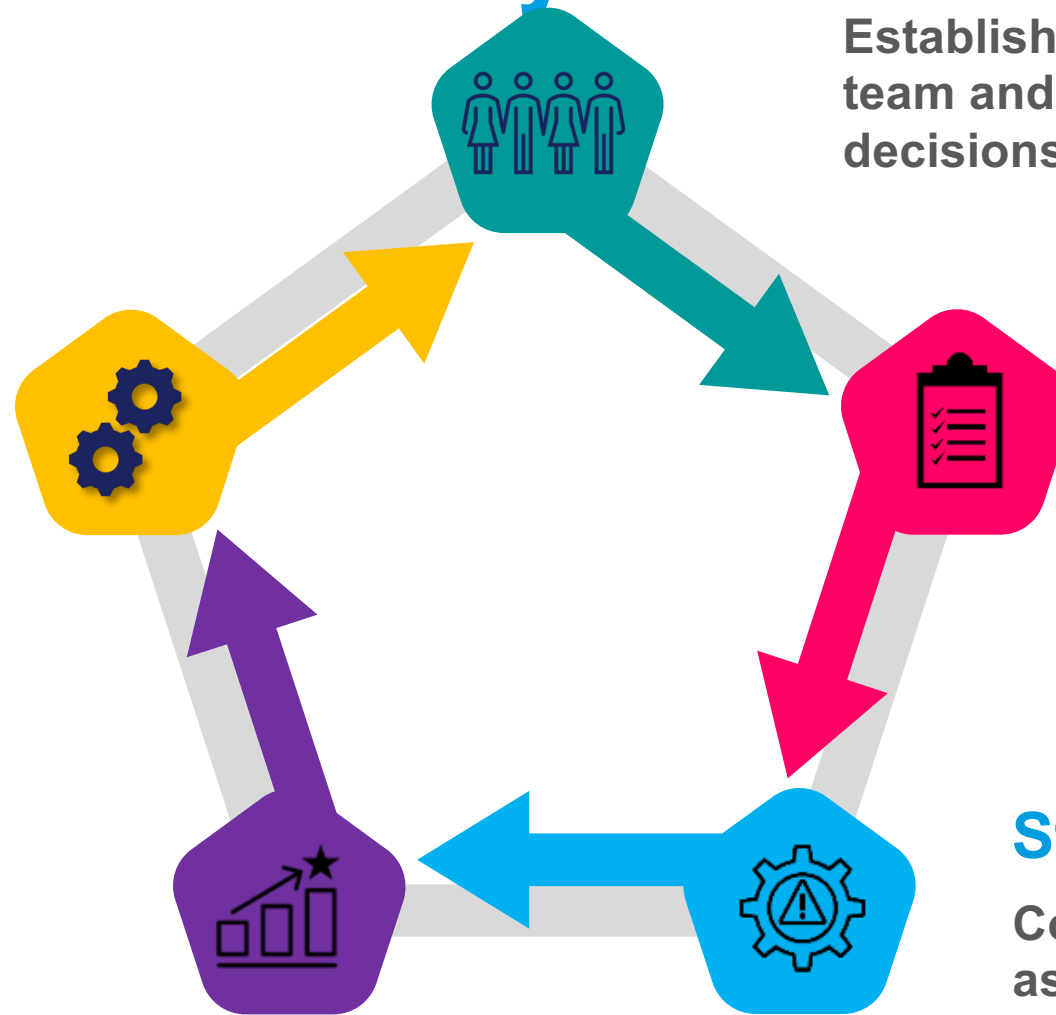
Conduct a risk assessment to identify and prioritize areas for improvement

## Step 4

Develop an incremental improvement plan and take action

## Step 5

Monitor, review, adapt, improve



# WASH FIT 2<sup>nd</sup> Edition

## What's new?

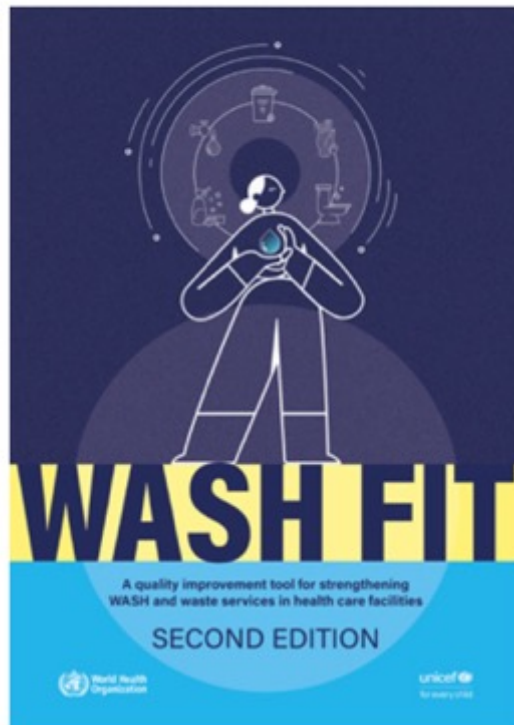


- Guidance to **adapt the tool** for rudimentary or emergency facilities to those in middle-income settings where higher levels of services are sought
- Greater focus on **climate, environment, gender and equity + new information on energy and waste reduction**
- Recognition of how to ensure WASH services **prevent the spread of pathogens** (including COVID-19) and antimicrobial resistance.
- **Employs SAME incremental approach, based on SAME WASH and waste standards and guidance**



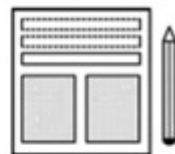
# The WASH FIT package of resources

READ THIS FIRST



**WASH FIT SECOND ED.  
PRACTICAL GUIDE**  
STEP-BY-STEP GUIDANCE

 100 pages  
50-minute read



## Templates

Assessment, hazard and risk analysis tools (support development and implementation of improvement plan and ongoing monitoring)



## Fact sheets

5 fact sheets (within the WASH FIT Practical Guide)



3-5 pages  
5-minute read each



## WASH FIT manual for trainers

All the materials for training in one place (slides, speaker notes, assessment & evaluation tools, sample agenda etc.)



30-minute  
read




## WASH FIT portal

[www.washinhcf.org/wash-fit](http://www.washinhcf.org/wash-fit) Country examples, case studies and opportunity to share experience WASH FIT helpdesk [washinhcf@who.int](mailto:washinhcf@who.int)



# Expanded indicators including climate/ environment

WATER	Indicator	Sub-category
	1a* An improved water supply is piped into the facility or located on premises	Supply
	1b* The facility has piped water supplies on premises	Supply
	2 All taps are connected to an available and functioning water supply, with no leaks in pipes	Supply/plumbing
	3a Water is available during all operating times of the facility	Availability
	3b* Water is available at the time the WASH FIT assessment is carried out	Availability
	4 Water is available throughout the year (i.e. not affected by seasonality, weather variability/extreme events or other constraints)	Availability
	5 Main water supply system has been functional for the past 3 months with no major breakdowns	Availability
	6 Additional improved water source(s) are identified and available, and can be accessed (and adequately treated if necessary) in case the main source is no longer functioning/available	Availability
	7 Water is of sufficient quantity for all uses	Availability
	8 The facility has tanks to store water in case of disruption to the main supply, and water storage tanks are protected (e.g. from climate-related extreme weather events) and adequately managed (e.g. inspected, cleaned/disinfected regularly), and are sufficient to meet the needs of the facility for 2 days	Availability
	9 [Where rainfall is sufficient and regular] Rainwater harvesting system(s) (with safe storage) is functional and stores water safely	Availability
	10 Water reduction strategies are used to reduce water wastage.	Conservation
	11 [Where chlorine disinfection takes place] Drinking water has appropriate chlorine residual ( $\geq 0.2$ mg/L or $\geq 0.5$ mg/L in emergencies)	Drinking water
	12 Water supply poses low or no risk to public health, as measured by the absence of <i>E. coli</i> per 100 mL and/or as measured by the sanitary inspection risk score	Quality
	13 Piped water is treated and regulated through safe water management by municipal authorities or water is treated on-site	Quality
	14 The quality of water from all water supplies (primary, backup and supplemental supplies) is routinely tested by a staff member and/or independent authority (e.g. a surveillance agency)	Quality
	15 A drinking-water station with safe drinking water is available and functioning at all times in main waiting areas and/or entrance to each ward, and in all rooms where patients stay overnight or receive care	Drinking water
	16 At least one shower or bathing area is available per 40 inpatients or per ward (whichever is lower) and is functioning and accessible	Showers
	17 A functional shower or space for women that is private and lockable is available in the labour and delivery area	Showers



# Improved methodology for calculating risk

**Table 10.** No functioning waste treatment technology (autoclave broken)



Category	Score	Notes
Severity of risk to facility users and environment/climate	8	There is no waste infrastructure available: all waste is burned together in an open pit, resulting in release of dioxins and furans, and placing waste workers at risks of burns and poor air quality. The surrounding neighbourhood is also exposed to poor air quality and unpleasant smells.
Likelihood of occurrence	10	Fixing the autoclave requires spare parts that can only be purchased in the capital city. The problem is immediate and ongoing. Additional waste is generated daily by the facility, which needs to be treated and disposed of immediately.
Total score	18	High risk



**Table 11.** Safe faecal waste management is inadequate



Category	Score	Notes
Severity of risk to facility users and environment/climate	8	Faecal waste is collected in a septic tank that is not regularly emptied or functioning properly. When heavy rains occur, the tank overflows. Untreated sewage then contaminates the nearby field and eventually flows into a local river, which is used for fishing, irrigation, bathing and, in some situations, household water.
Likelihood of occurrence	6	Emptying of the septic tank depends on available budget, which is influenced by user fees at the facility and allocation from local government. This budget is sporadic. Heavy rains are also very variable: some recent years have had drought-like conditions and other years heavy rains. When rains do come, they occur for a short time with a large volume.
Total score	14	Medium risk

# More practical info: costs and resources

**Table 4.** Examples of specific items for each cost category

Area	Immediate low cost or no cost	Longer-term or higher cost	Behaviour change, operation and maintenance considerations
Water 	<ul style="list-style-type: none"><li>• Repair leaking pipes and taps</li><li>• Install drinking-water stations (covered bucket with tap)</li></ul>	<ul style="list-style-type: none"><li>• Install solar-powered pump in borehole</li><li>• Raise water tanks to make them climate-resilient</li></ul>	<ul style="list-style-type: none"><li>• Regularly inspect system for leaks, compromised water quality, etc.</li><li>• Ensure regular water treatment (e.g. chlorine dosing)</li></ul>
Sanitation 	<ul style="list-style-type: none"><li>• Install or fix stormwater drains to divert water in flood-prone areas</li><li>• Install railing in toilets</li><li>• Provide menstrual hygiene bins</li><li>• Install locks on doors</li></ul>	<ul style="list-style-type: none"><li>• Install septic tanks with raised or reinforced walls to protect against floods</li></ul>	<ul style="list-style-type: none"><li>• Regularly inspect septic tank</li></ul>



# Addressing gender and equity throughout



- Information on how to include gender and equity in each of the 5 WASH FIT steps (e.g. diverse representation on teams and making voices heard, GEDSI indicators, addressing power dynamics etc.)
- Suggestions for improvements for equitable services:
  - Women only, safe and private bathing facilities
  - Behavior change information available in different formats, languages and in accessible locations for all users

## TECHNICAL FACT SHEET 2

### Gender equality, disability and social inclusion (GEDSI)

The design and management of water, sanitation and hygiene (WASH) services in health care facilities must consider a variety of user needs. Users include women during childbirth; menstruating women; infants and children; older people; people with disabilities; people experiencing injury, illness or incontinence; and female staff. The planning, design and management of WASH services in health care facilities must consider accessibility, safety, privacy, social appropriateness or acceptability, and the comfort of these many different users.



(c) WHO/Sebastian Liste

# WASH FIT in Action

40 countries, multiple partners and counting...

**AFRO:** Burundi, Chad, Comoros, DRC, Ethiopia, **Ghana**, Guinea, Guinea-Bissau, Kenya, **Liberia**, Madagascar, Malawi, **Mali**, Mauritania, **Mozambique**, **Niger**, Rwanda, Sierra Leone, South Sudan, Tanzania, Togo, Zambia, **Zimbabwe**

**SEARO:** Bangladesh, Bhutan, India, **Indonesia**, Nepal, Maldives, Myanmar

**WPRO:** Cambodia, **Lao PDR**, **Philippines**, Viet Nam

**PAHO:** Ecuador, Guatemala, Nicaragua, Peru, Venezuela

**EMRO:** Iraq

**EURO:** Tajikistan

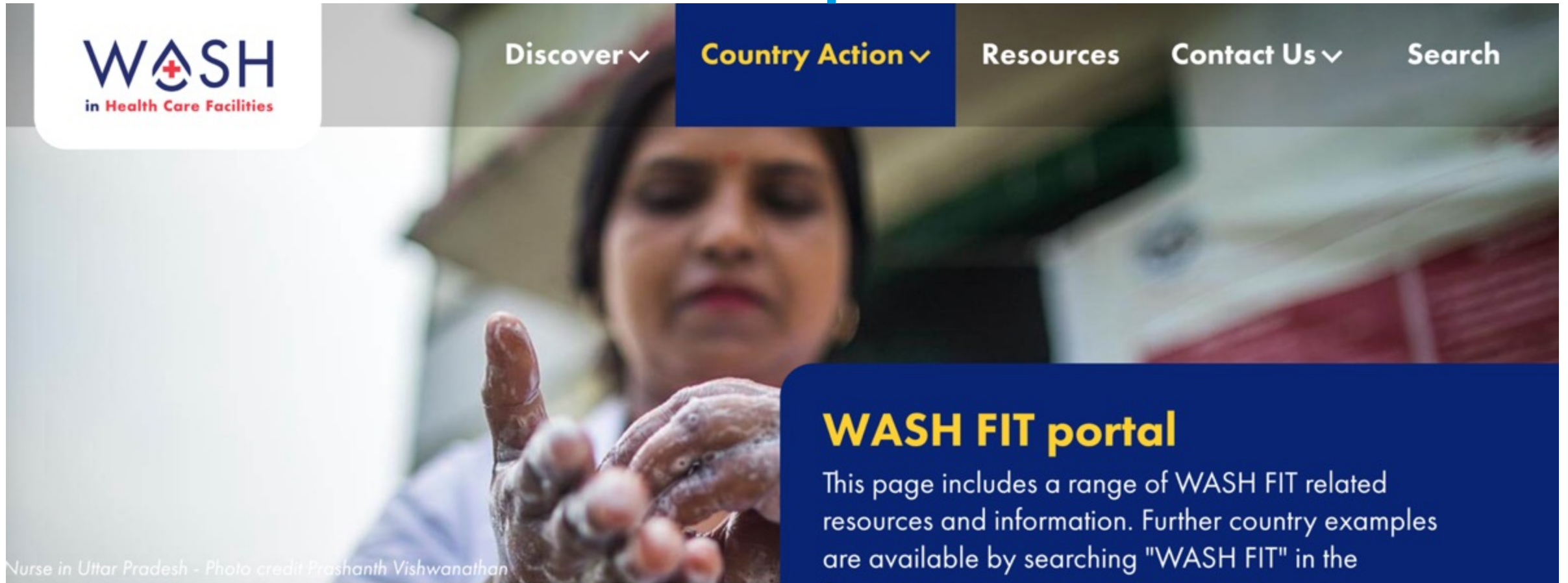
**Partners:** CDC, WaterAid, Helvetas, World Vision, Oxfam, Terre des hommes, Engineers without Borders, Red Cross, Rotary, Food for the Hungry, MedAir



National adoption of tool



# Access all resources and learn more at the WASH FIT portal



**WASH**  
in Health Care Facilities

Discover ▾ **Country Action ▾** Resources Contact Us ▾ Search

## WASH FIT portal

This page includes a range of WASH FIT related resources and information. Further country examples are available by searching "WASH FIT" in the Resources page.

[www.washinhcf.org/wash-fit](http://www.washinhcf.org/wash-fit)  
[washinhcf@who.int](mailto:washinhcf@who.int)

Nurse in Uttar Pradesh - Photo credit Prashanth Vishwanathan





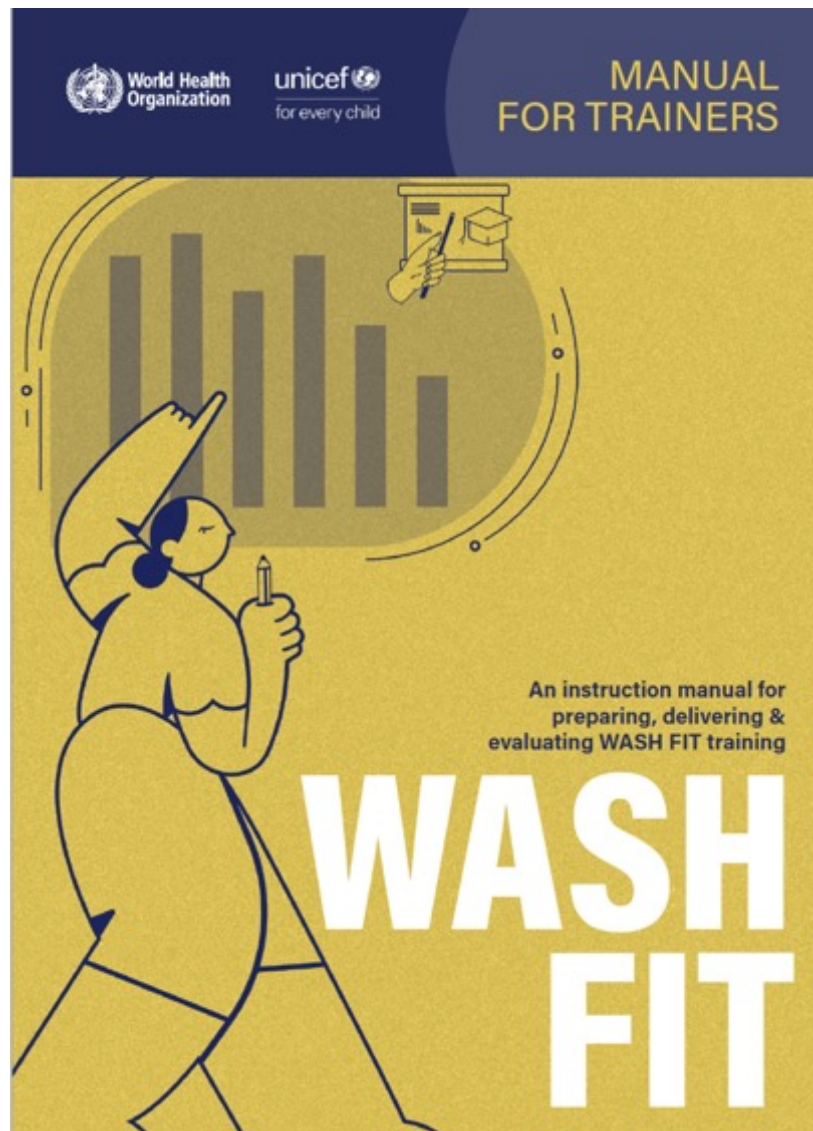
5 minjtes

# New training resources to accompany WASH FIT 2.0



*Julie Storr, WHO*

# A Manual for trainers



## PURPOSE

- Outlines the information and materials required to undertake training in line with WASH FIT 2.0
- The modular approach enables trainers to decide on the topics that are most useful to support delivery of targeted training at the local level

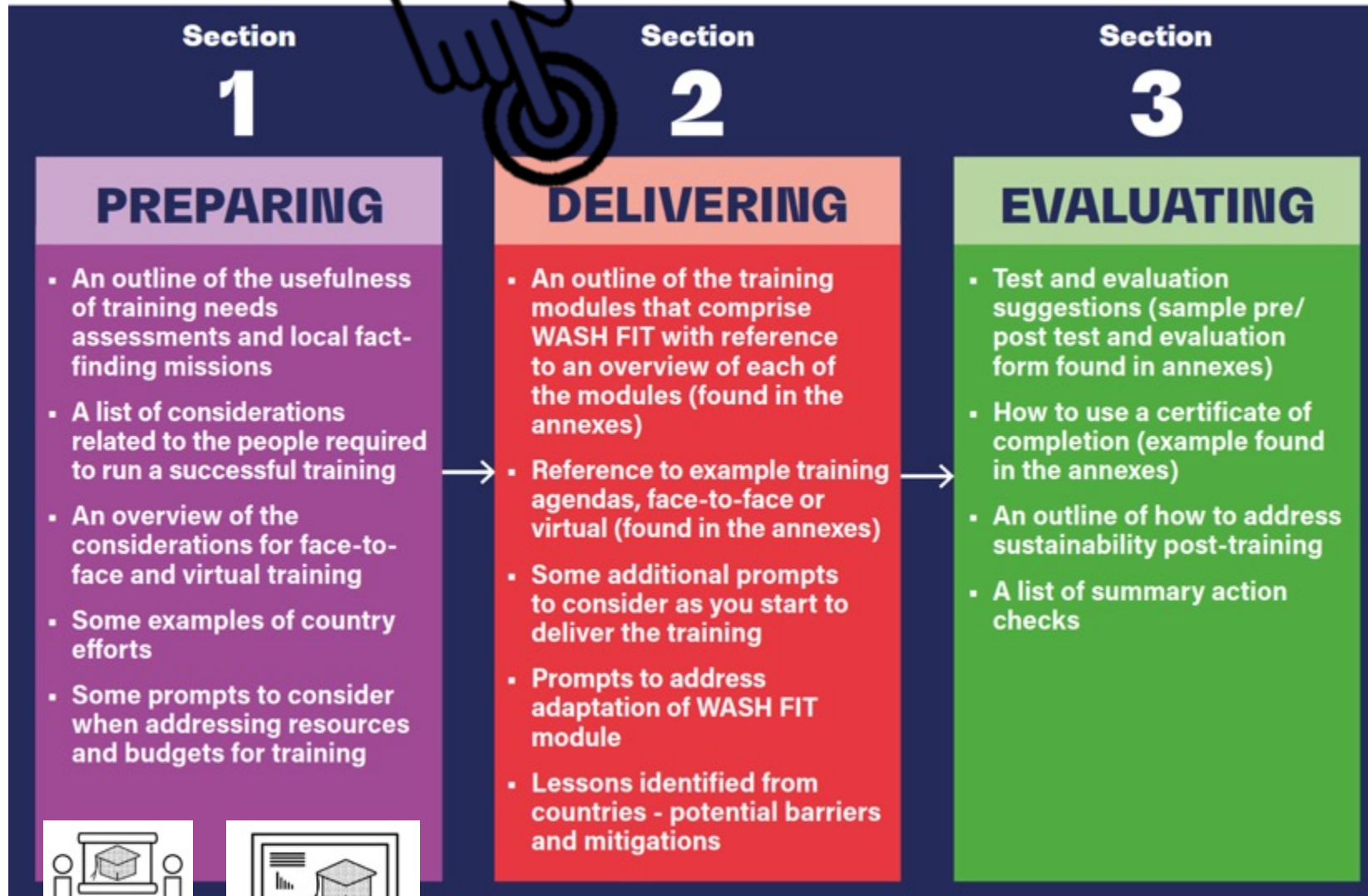
## AIM

- To provide information to build capacity in a cadre of trainers enabling them to prepare for, deliver and evaluate WASH FIT training

## TARGET AUDIENCE

- Trainers who will be delivering the training
- Those supporting delivery of training
- Those involved in preparing training courses at national or facility level

# Navigating the Manual



## 15 Annexes

**Annex 1:** sample pre/post test

**Annex 2-10:** the nine training modules

**Annex 11:** Example agenda – face to face

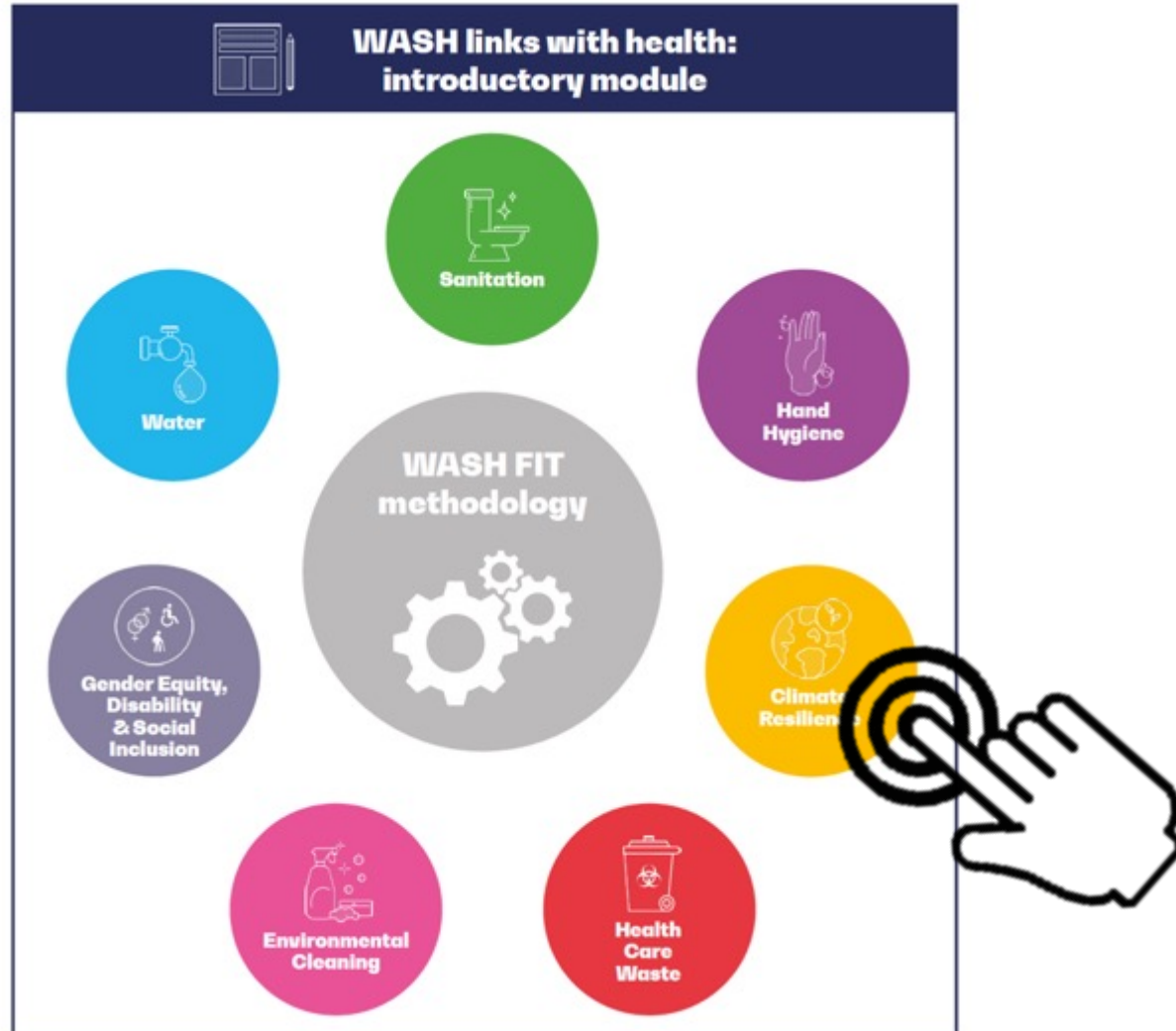
**Annex 12:** Example agenda - virtual

**Annex 13:** Post-training action plan

**Annex 14:** Example training evaluation form

**Annex 15:** Example certificate of completion








# The modular approach



- WASH FIT training comprises a series of modules
- These take the format of:
  - PowerPoint slides
  - Speakers notes
  - Exercises
- These can be download from [www.washinhcf.org](http://www.washinhcf.org)
- As a minimum, the WASH FIT methodology module is recommended to be delivered
- Other modules may be delivered as necessary, informed by the local situation and assessments described in section 1 of the manual
- Adaptation is key – adapt to local context

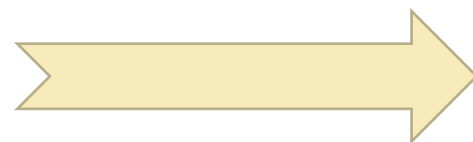
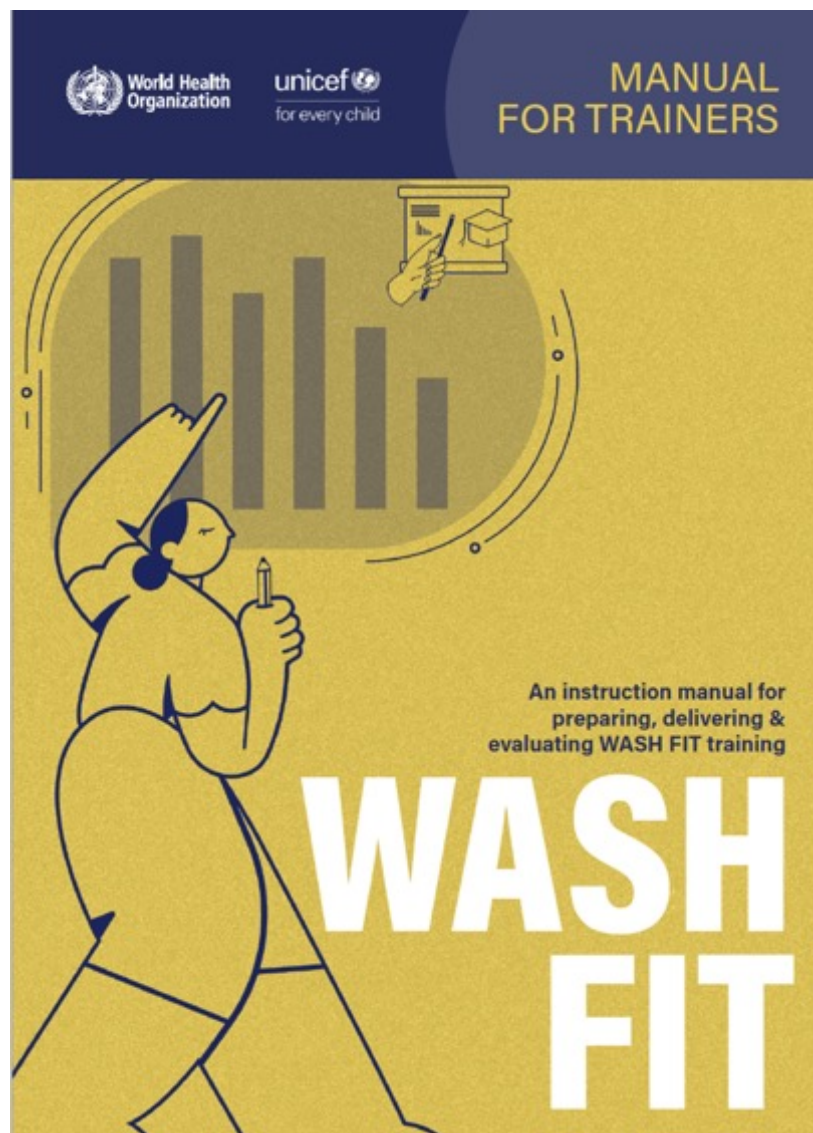


# Module outline

<b>ANNEX 9</b>  <b>CLIMATE RESILIENCE - MODULE OUTLINE</b>	
 <b>Group work</b>  <b>Time</b>  <b>Country examples</b>  <b>Discussion</b>	
<b>Name of module</b>	<b>Climate resilience</b>
<b>Pre-training preparation</b>  	<ul style="list-style-type: none"> <li>Face to face: <ul style="list-style-type: none"> <li>Computer, projector, module slides</li> <li>Adaptation of the module to the local context with local photos, if possible and relevant</li> <li>Permission to visit a local facility to conduct an assessment, and logistics (e.g. transport, meals)</li> <li>Allocation of participants to breakout groups, and allocation of breakout group facilitators and note takers (with flip chart paper and pens)</li> <li>Accessibility requirements (ensure that the venue is physically accessible)</li> </ul> </li> <li>Virtual: <ul style="list-style-type: none"> <li>Presentation platform (e.g. Zoom – requires link and access) and functions to be used</li> <li>Slack, Google Jamboard or other platform to allow interactivity between participants</li> <li>Plan for breakout rooms for group work</li> <li>Allocation of participants to breakout rooms, and allocation of facilitators and note takers</li> <li>Adaptation of the module to the local context with local photos</li> <li>Preparation of a virtual facility visit using a video or photos of a local health care facility to undertake a sample WASH FIT assessment (optional)</li> </ul> </li> <li>Understanding of competence (starting point of knowledge and perceptions) of those attending the training</li> <li>Plan for introducing each participant, within the time allocation for the module</li> </ul>
<b>Learning objectives</b>	<p>On completion of this module, learners will be able to:</p> <ul style="list-style-type: none"> <li>understand climate change-related definitions and how climate change impacts health</li> <li>identify different approaches that can be used to combat the impacts of climate change</li> <li>identify global guidance that relates to climate change and WASH, specifically for health care facilities</li> <li>explain approaches to address climate change in health care facilities in relation to <ul style="list-style-type: none"> <li>water supply</li> <li>sanitation</li> <li>hygiene</li> <li>health care waste</li> <li>environmental cleaning.</li> </ul> </li> </ul>
<b>Module duration</b>	Approximate time to deliver all aspects and to allow discussion of the module: 60 minutes
<b>Languages</b>	English

<b>Pre-training preparation</b>	Lists any special preparation required before delivery of the training, including printing requirements, source materials, IT and pre-reading requirements
<b>Learning objectives</b>	A list of objectives that the learner is expected to achieve on completion of the module
<b>Module duration</b>	Approximate length of time to deliver the module
<b>Languages</b>	All modules are in English (availability of other languages will be listed)
<b>Module information</b>	Short summary of the module and each of its subsections
<b>Format</b>	A summary of how the module is constructed; all modules are slide based, and include trainer notes and discussion points to guide the trainer
<b>Supporting materials and resources</b>	Lists all supporting materials and resources to be used, including flip charts, pens, post-it notes, photographs and handouts, and when to use them
<b>Group exercises</b>	Instructions for group exercises, where applicable

# The ultimate aim!





**Which of the following do you think are the most important for conducting a WASH FIT assessment and developing and implementing an improvement plan (tick as many as you think are relevant based on your local context)**

- Political support
- Financial/material resources
- Human resources
- Civil society engagement
- Intersectoral collaboration: e.g. with energy and climate and health
- Training
- Other (please type in the chat any other suggestions)

5 minutes

# Interactive poll

**WHO/UNICEF Global Webinar  
Water and Sanitation for Health Facility  
Improvement (WASH FIT),  
26 April 2022**

**Dr. Anas Ma'ruf M.KM  
Director of Environmental Health  
Ministry of Health Indonesia**



# Progress on WASH in Healthcare Facility through WASH FIT Implementation in Indonesia



# National progress towards the resolution at the World Health Assembly

**SEVENTY-SECOND WORLD HEALTH ASSEMBLY**

**WHA72.7**

**Agenda item 12.5**

**28 May 2019**

## **Water, sanitation and hygiene in health care facilities**

The Seventy-second World Health Assembly,

Having considered the report on patient safety: water, sanitation and hygiene in health care facilities;<sup>1</sup>

Recalling the Declaration of Astana from the Global Conference on Primary Health Care (Astana, 25 and 26 October 2018) which envisages strengthening primary health care as the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that primary health care is a cornerstone of a sustainable health system for effective universal health coverage and health-related Sustainable Development Goals;

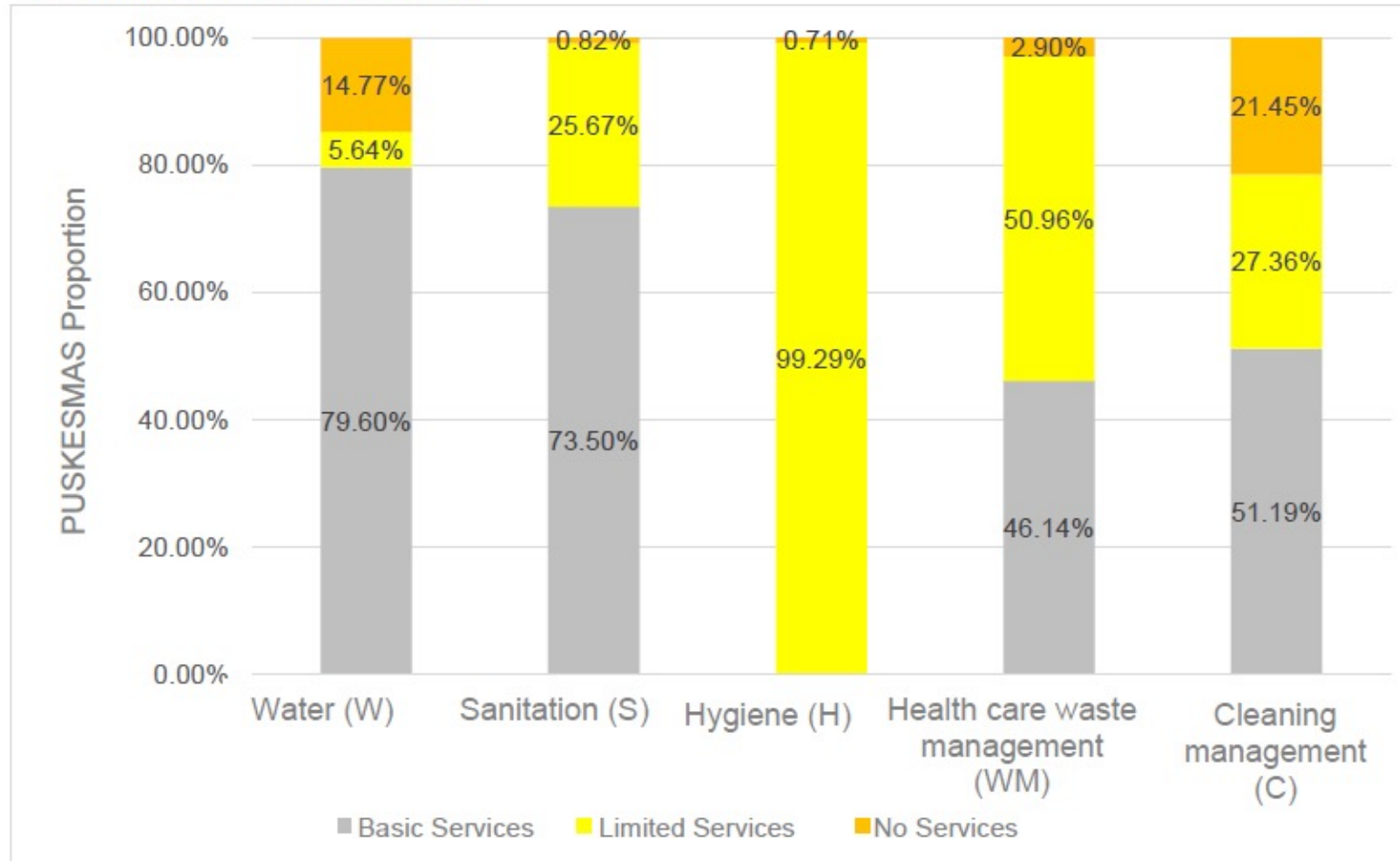
Urges Member States to :

1. conduct comprehensive assessments according to the national context for WASH HCF and IPC, using existing regional and global protocols or tools
2. develop and implement a road map
3. establish and implement the minimum standards for WASH in HCF
4. set targets within health policies and integrate indicators into national monitoring mechanisms
5. integrate safe water, sanitation and hygiene into health programming
6. identify and address inequities and interruptions in the availability of adequate WASH especially in facilities that provide maternity services and in primary health care facilities;
7. align their strategies and approaches with the global effort
8. have procedures and funding in place to operate and maintain services
9. educate and raise awareness
10. establish strong multisectoral coordination mechanisms
11. promote a safe and secure working environment for every health worker



# WASH in HCF – Context In Indonesia

## SUSTAINABLE DEVELOPMENT GOAL (SDG) INDICATORS FOR WASH AT PUSKESMAS



National survey of the health care facilities in 2019, which covered 9831 PHCs, 530 Hospitals.

- National survey in 2019 shows that nearly 15% of PHCs (Puskesmas) in Indonesia do not have basic water services.
- Almost 3% of the Puskesmas do not practice waste segregation

# Transforming to Inclusive WASH Service In Indonesia

- Minister of Health decree no 43 in 2019 on PHCs which includes the requirement on inclusive WASH infrastructure
- In 2020, ToT Training program on WASH FIT (Water Sanitation and Hygiene for Facility Improvement Tool)



## BERITA NEGARA REPUBLIK INDONESIA

No.1335, 2019

KEMENKES. Pusat Kesehatan Masyarakat.  
Pencabutan.

PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA

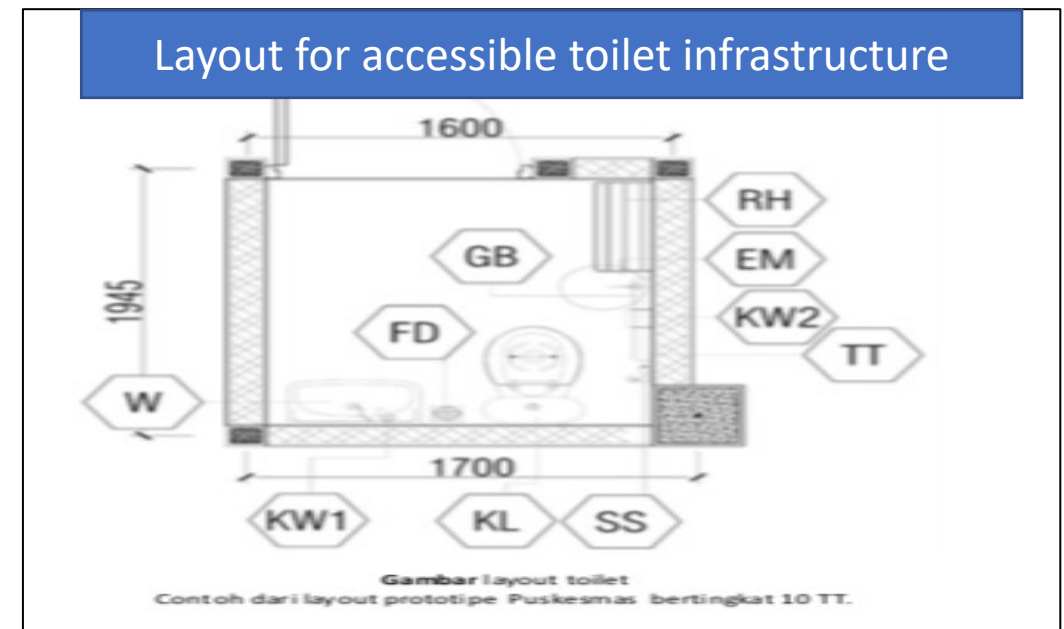
NOMOR 43 TAHUN 2019

TENTANG

PUSAT KESEHATAN MASYARAKAT

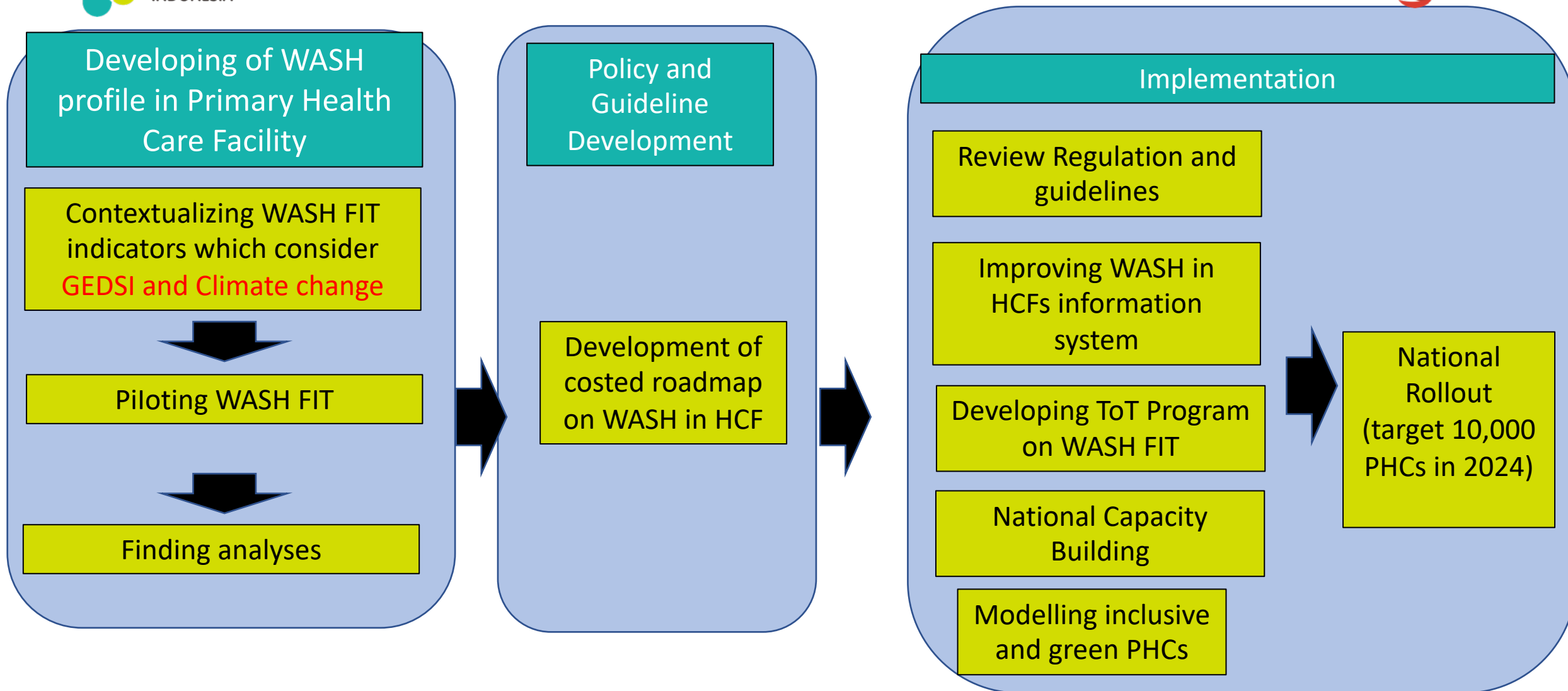
DENGAN RAHMAT TUHAN YANG MAHA ESA

MENTERI KESEHATAN REPUBLIK INDONESIA,





# Agreed Milestones During WASH FIT Training

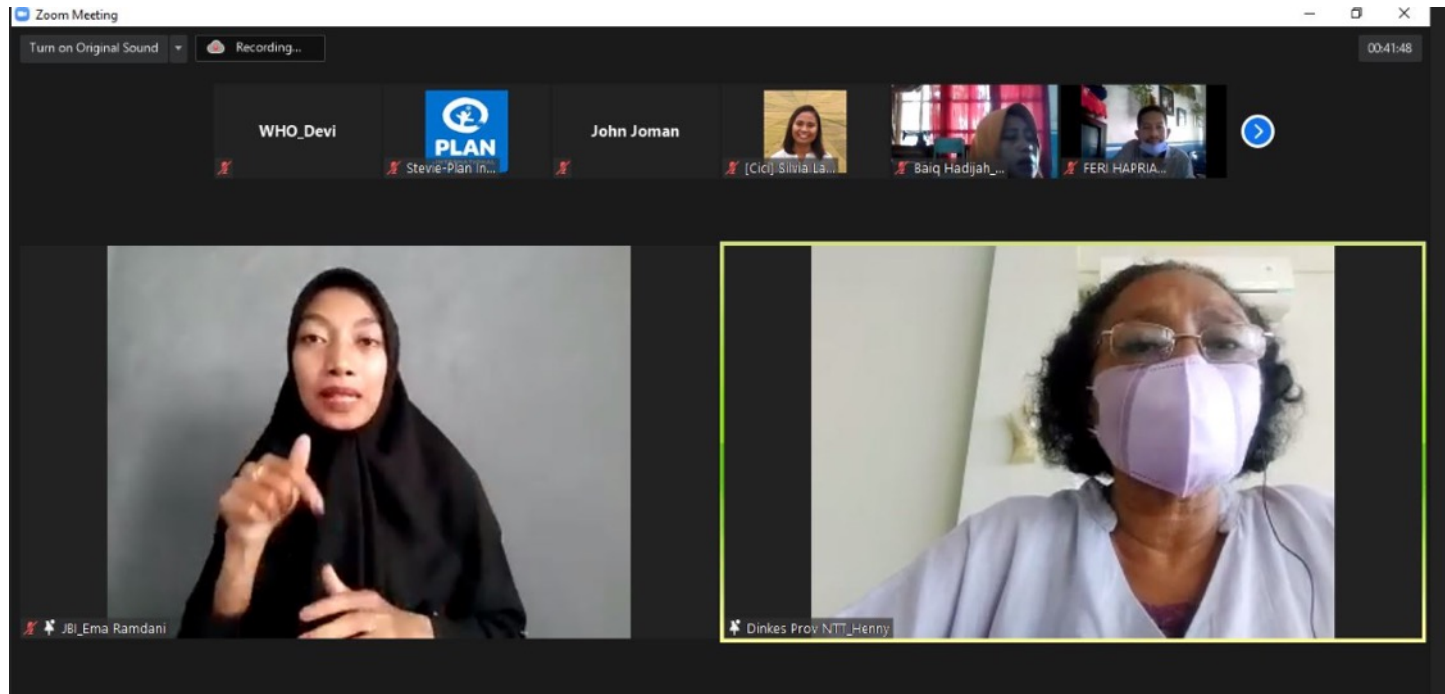


• TIME : 2021 - COMPLETED

• TIME: 2021 - COMPLETED

Time : NOVEMBER 2021 –2024

- Contextualizing national indicators which consider **GEDSI** and Climate change. The discussion of the tools and the assessment at the PHCs involved the vulnerable populations
- Partnering with WHO, UNICEF, Plan International, SNV to pilot WASH FIT in over 200 Primary health centers at 17 Districts of 9 provinces.



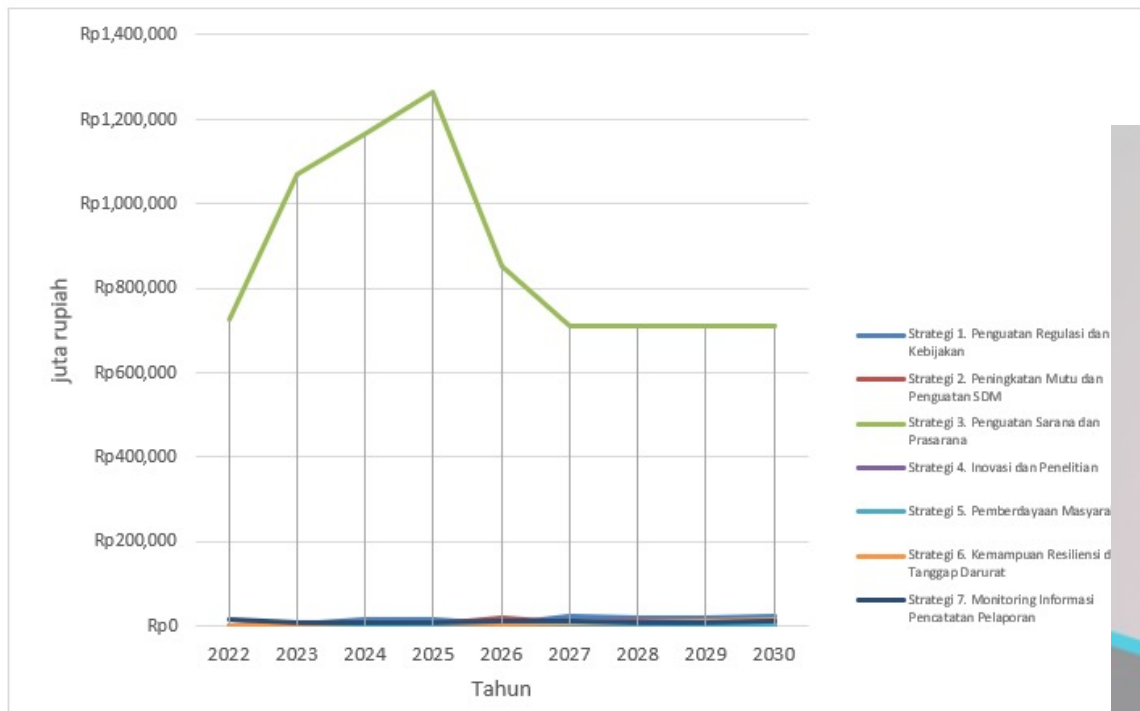
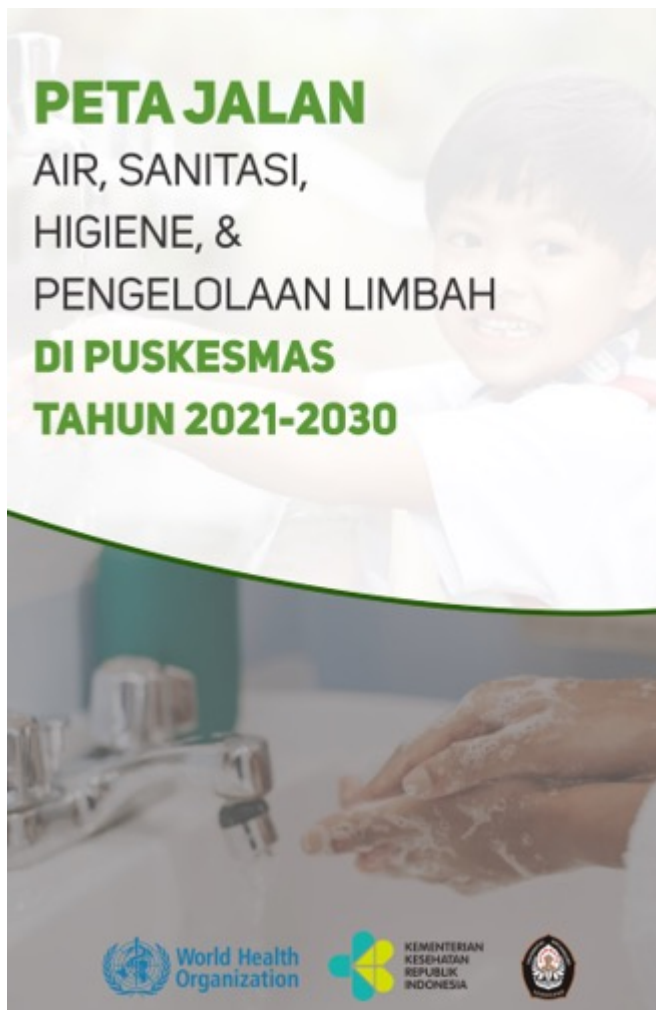
Using the sign language interpreters  
during the discussions

# The Implementations



1. FGD with several PHCs (Head of PHCs, Health workers, Sanitarian, cleaning staff)
2. FGD with civil society organizations (CSOs) and development partners who work with WASH, women's rights, children's rights and the rights of the people with disabilities in different provinces in Indonesia
3. FGDs with across Directorates in MOH

# The Implementations



A costed roadmap for WASH in PHCs was developed encompassing 7 strategies for strengthening WASH health facilities. GEDSI and Climate change are embedded in the strategies





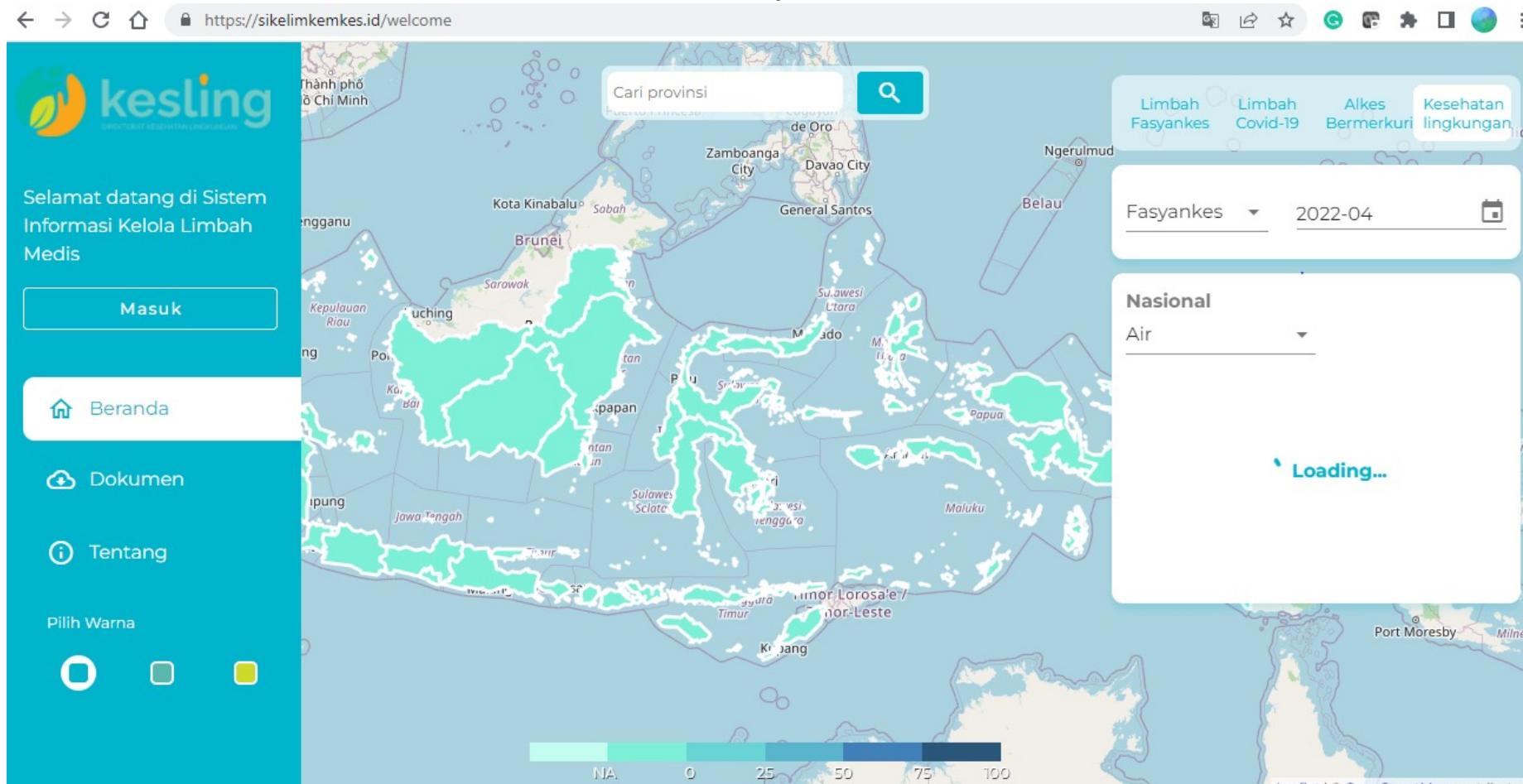
# The Implementations



Installation of hand washing stations  
to response to the COVID-19  
Regular monitoring of water quality in  
HCFs



# The Implementations Integrated WASH in HCF Information System in the SIKELIM platform



<https://sikelimkemkes.id/>





## Lesson Learned

- Partnering with developing partners for better scaling up the program
- Routine training on gender equality and social inclusion (GEDSI) in WASH for all relevant actors: policy makers, health offices, HCF staff, relevant organizations, and community representatives
- COVID 19 is a momentum to improve WASH and waste management
- Involving vulnerable populations in policy planning, implementation and monitoring is POSSIBLE and IMPORTANT

## Next Actions

- Advocacy to include indicators related to gender equality and social inclusion in PHCs accreditation and Occupational Health for health workers
- National rollout of WASH FIT
- Development of training program

**“Nothing About Us Without Us”**

**Thank You**



10 minutes

# Country experience 2: Uganda



*Mr. Denis Okello*

*Senior Environmental Health Officer  
Omoro District Local Government, Uganda*



# PRACTICES AND EXPERIENCES IN IMPLEMENTING WASH-FIT GUIDE IN OMORO DISTRICT, UGANDA

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**BY**

**MR DENIS OKELLO, BEHS, MPH**

**SENIOR ENVIRONMENTAL HEALTH OFFICER**

# BACKGROUND

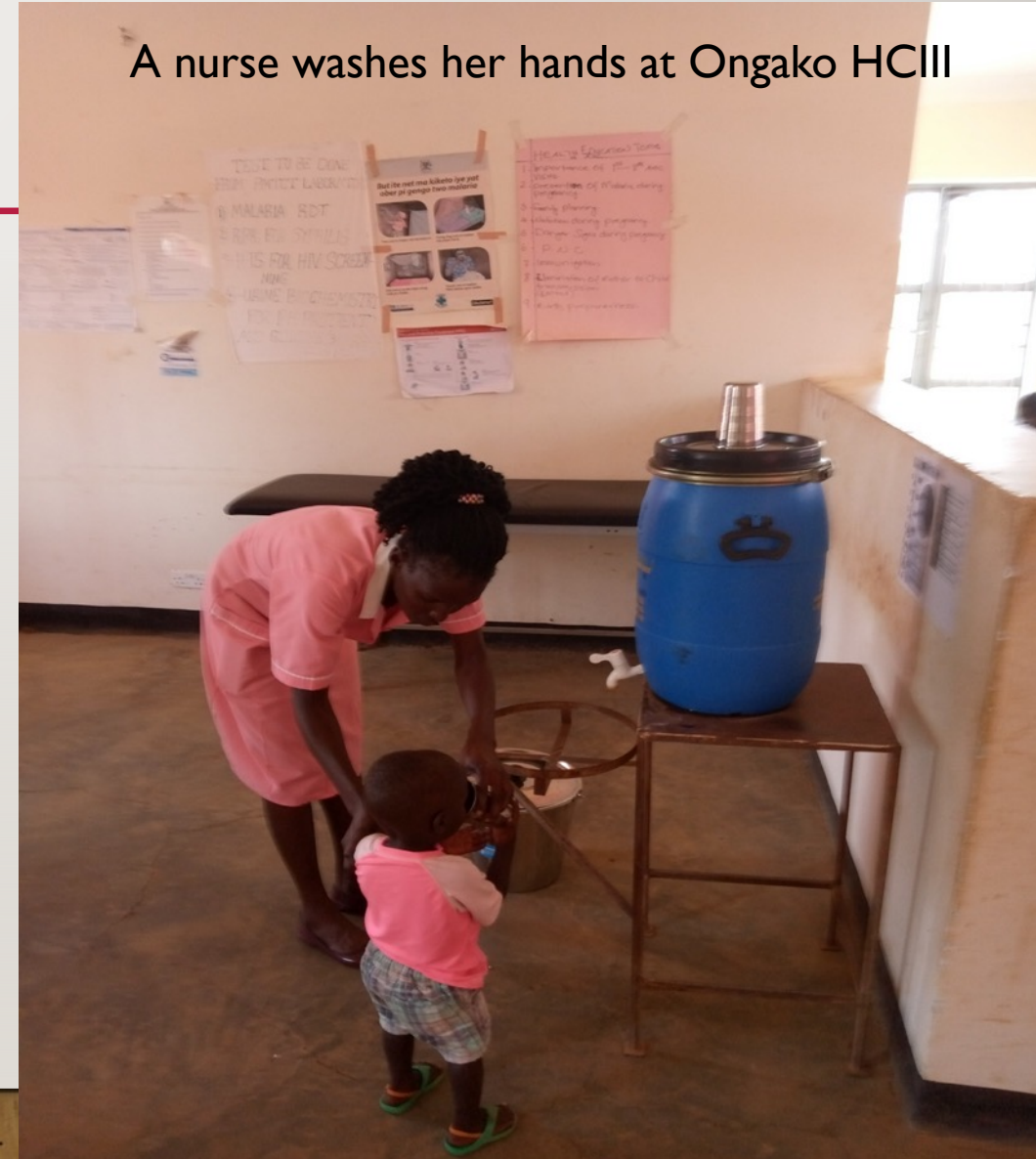
- USAID, RHITES-N Acholi project introduced WASH FIT guide/tool in Omoro district
  - District Health Management Team members were trained
- 
- WASH FIT team were established in 9 facilities after training
  - Implementation of WASH FIT guide/tool was being done by health workers
  - DHMT members assessed performance of health facilities quarterly and rank them
  - Area of poor performance were addressed through interventions such as: training of health workers on WASH & IPC, Provision HCW bins, hand washing facilities, detergents, IEC Materials on WASH & IPC, HCWM, Hand washing protocols,

# KEY OUTCOMES OF INTERVENTIONS

---

Monitoring of results shows the following changes in indicators,

- Water indicators from 47% to 73%,
- Sanitation indicators from 63% to 92%,
- Hygiene indicators from 49% to 94%,
- Management from 50% to 83%





# KEY OUTCOMES OF INTERVENTIONS

- Improved ANC/PNC attendance
- Risk due to injuries by children in communities were reduced
- Staff morale were high as they work in clean and save environment
- Improved Result Based Funding for health facilities
- Minimized risk of COVID-19
- There was improvement in institutional deliveries

A nurse adds water to a handwashing facility



# KEY ADAPTATIONS MADE IN WASH FIT

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- There was adaptation to suit control measures for COVID-19.
- Assessment for radioactive waste management left out
- Water quality standard for Uganda replaced WHO's standard
- Adaptation was made to replace toilet with latrine

# NEXT PLANS

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- To lobby for funding from partners to ensure that WASH FIT is implemented in all health facilities in Omoro district
- Prioritize in our district health department annual workplan to ensure that gains are sustained as USAID RHITES-N Acholi project ends



# REFLECTIONS

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- Effective use of WASH FIT and effective leadership at health facilities leads to increase demand for services from community, increase in staff morale and it is a tool which health facility managers should adopt to improve quality of healthcare.



# RECOMMENDATIONS

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- Each country should bring on board all key actors to promote WASH FIT
- Each country should adopt, adapt and cascade WASH FIT implementation in all health centres
- WASH FIT should be integrated into guideline for WASH in health care facility
- It should be embedded in health management information system and reported quarterly
- Adaption of WASH FIT should be country specific

8 minutes

# Q&A



Mr. Aboubacar Ballo



Ms. Claire Kilpatrick



Dr. Anas Ma'ruf



Mr. Denis Okello

3 minutes

# Closing remarks



*Kelly Ann Naylor, UNICEF*

# Improvement and assessment



WASH FIT:  
Facility **Improvement** Tool

Not WASH FAT:  
Facility **Assessment** Tool