



# **Water, Sanitation and Hygiene in Health Care Facilities**

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## **WASH FIT Assessment Report in Four Counties of Kenya**

October 2024

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## WASH in Health Care Facilities Assessment Report \_Kenya

### I. Summary of the facilities assessed.

WASH services in health care facilities (HCFs) assessment was conducted during August – Mid September 2024, using WASH FIT tool. A total of 290 health care facilities (HCFs) were assessed in 20 sub-counties of four counties (Isiolo, Garissa, Mandera and Wajir).

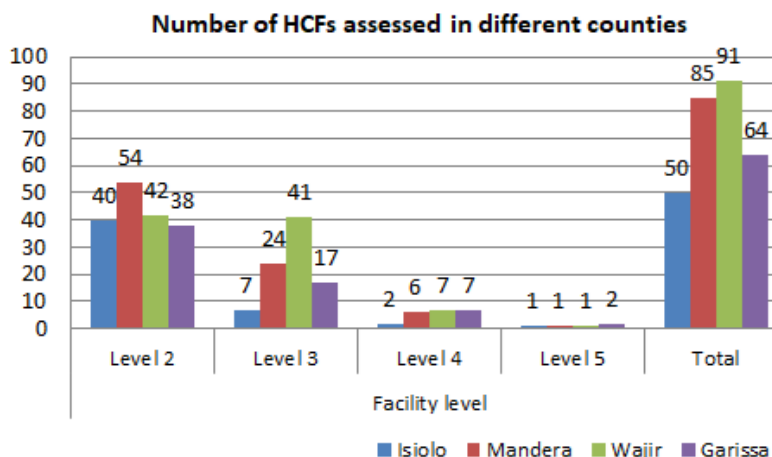
These include:

Level 2 dispensaries – 174 (60.0%)

Level 3 health centers – 89 (30.6%)

Level 4 sub-county hospitals – 22 (7.6%)

Level 5 county hospitals – 5 (1.7%)



**Table: Number of facilities assessed in the four counties and 17 sub-counties**

County	Sub-county	# of HCFs	Facility level			
			Level 2	Level 3	Level 4	Level 5
Isiolo	Isiolo North	33	27	5		1
	Isiolo South	17	13	2	2	
<b>Total</b>		<b>50</b>	<b>40</b>	<b>7</b>	<b>2</b>	<b>1</b>
Mandera	Banissa	14	7	6	1	
	Lafey	7	4	2	1	
	Mandera East	15	9	5		1
	Mandera North	13	8	4	1	
	Mandera South	22	15	5	2	
	Mandera West	14	11	2	1	
<b>Total</b>		<b>85</b>	<b>54</b>	<b>24</b>	<b>6</b>	<b>1</b>
Wajir	Eldas	14	10	2	2	
	Tarbaj	15	8	7		
	Wajir East	19	9	7	2	1
	Wajir North	14	5	8	1	
	Wajir South	16	3	12	1	
	Wajir West	13	7	5	1	
<b>Total</b>		<b>91</b>	<b>42</b>	<b>41</b>	<b>7</b>	<b>1</b>
Garissa	Balambaba	9	4	4	1	
	Dadaab	10	7	2	1	
	Fafi	8	3	4	1	

	Garissa Town	15	10	2	1	2
	Ijara	14	8	4	2	
	Lagdera	8	6	1	1	
<b>Total</b>		<b>64</b>	<b>38</b>	<b>17</b>	<b>7</b>	<b>2</b>
<b>Total</b>	<b>20</b>	<b>290</b>	<b>174</b>	<b>89</b>	<b>22</b>	<b>5</b>

Note: Level 2 – Dispensaries, Level 3 – Health centers, Level 4 – Sub C. hospital, Level 5 – County hospital

## II. Assessment domains and variables

Assessment was conducted on seven WASH domains which include a total of 86 variables and selected variables which are relevant to climate change resilience, gender and social inclusion (GEDSI). The variables are identified as essential, advanced and Joint monitoring program (JMP).

**Table: Number of assessment variables by domain**

Domain	Number of variables	Remark
Water	17	Over 10 variables by 97% of the facilities
Sanitation	11	8 and above variables by 92% of the facilities
Waste management	19	Over 10 variables by 95% of the facilities
Hand hygiene	4	All facilities
Environmental cleaning	16	Over 10 variables by 92% of the facilities
Energy and environment	9	6 and above variables by 95% of the facilities
Management	10	9 - 10 variables by 92% of the facilities
<b>Total</b>	<b>86</b>	<b>Over 70 variables by 80% of the facilities</b>

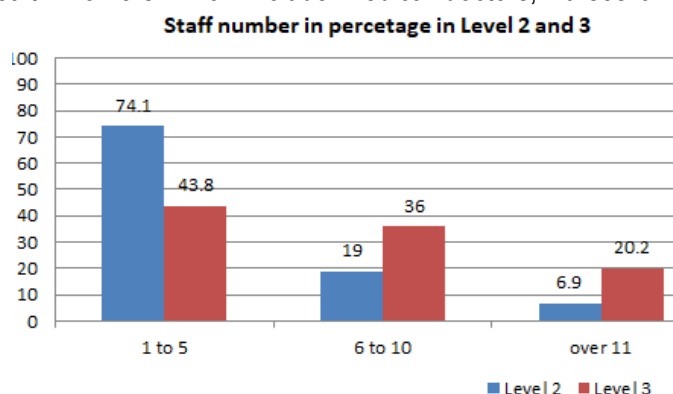
- 80 and above variables were assessed by 45 facilities, 80% of these are Level 3 - 5
- 61-79 variables were assessed by 157 facilities, 98% of these are Level 2 – 3

## III. Result of the assessment

### 3.1 Staff

Most of the facilities are government owned (96.2%) while the remaining are faith-based and Non-governmental facilities. Four of the county hospitals have staff number over a range of 156 to 567 while one of the hospitals in Garissa township has 25 health workers which include Medical doctors, nurses and midwives.

A total of 39 (43.8%) Level 3 facilities have 1 to 54 staff while 32 (36.0%) of them have 6 to 10 staff number and 18 (20.2%) of them have 11 to 40. Also, a total of 129 (74.1%) Level 2 facilities have staff number of 1 to 5 staff, and 33 (19.0%) have 6 to 10 staff number and the



remaining 12 (6.9%) of them have 11 to 18 staff.

### 3.2 Services

One third of the **Level 4 and 5** facilities had average daily inpatient of 20 and above while two hospitals do 100 and 150 daily inpatients. Bed occupancy rate for these hospitals is in a range 30 to 50%. And the average daily outpatient of these facilities ranges 16 to 400 patients.

A total of 13.5% of the **Level 3** facilities reported to have daily admission number of 10 to 80 inpatients and 23.6% of them do 1 to 6 daily admissions of patients. And 15.7% of these facilities have 10 to 18 beds. Also, close to one third (29.3%) of the Level 2 dispensaries reported to have 1 to 20 number of beds.

### 3.3 Infrastructures

- 18 (6.2%) of the facilities ( all Level 2) don't have electricity supply
- The proportion 35.3% of the facilities had Grid supply and 31.5% of them had additional Solar power and 25.0% of them had additional Generator power, serving as backup
- The proportion of 55.5% (67.0% Level 2 and 32.7% Level 3) of the facilities had just Solar power
- 52.6% of Level 3,4 and 5 facilities had bed for admissions
- 81.0% of the Level 3,4 and 5 facilities had delivery ward
- 81.4% of the facilities reported having waiting area
- Only 19 (6.6%) of all the facilities (37.0% of the Level 4 and 5) have Laundry machine
- Water sources include public pipe supply (24.0%), borehole with motorized pump (20.0%) and with hand pump, dug well with hand pump, trucked water storage (22.5%) and rain harvesting (38.5%)
- 50% of all facilities had water storage tank
- 55% of the Level 4 and 5 facilities had shower facility
- A total of 91 (31.3%) facilities reported having autoclave for waste management and 61 (21.0%) facilities had incinerator, mostly one chamber
- 61 (21.0%) of all facilities don't have a facility for waste management to treat waste
- 29.3% of the facilities had unimproved latrines
- A total of 75.0% facilities had hand hygiene station at point of care in a range of 1 to 50 numbers and 30.0% of facilities reported having hand hygiene stations within 5 meters of toilets

### 3.4 JMP service level

#### Basic service coverage

According to the data **basic service** level coverage is as indicated below:

Water - 63.4%

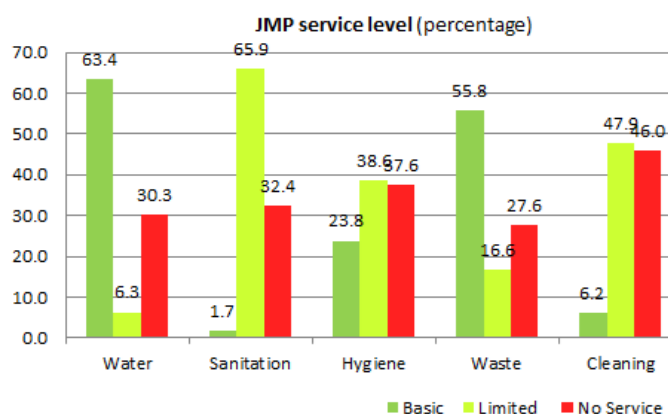
Sanitation - 1.7%

Hygiene - 23.8%

Waste management – 55.8%

Environmental cleaning – 4.5%

Sanitation and cleaning are the critical domains lacking basic services. Also there is high gap with basic hand hygiene services provision.



Refer to the basic service level definitions below:

<b>Water</b>	Water is available from an improved source on the premises
<b>Sanitation</b>	Improved sanitation facilities are usable with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.
<b>Hygiene</b>	Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within 5 meters of toilets
<b>Waste management</b>	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely
<b>Cleaning</b>	Protocols for cleaning are available, and staff with cleaning responsibilities has all received training.

### 3.5 WASH FIT Assessment Score

Based on the overall score for the domains of WASH FIT, the facilities are categorized as good, medium and low score as per below classification:

**Good score:** 75% and above score

**Medium score:** 50 – 74% score

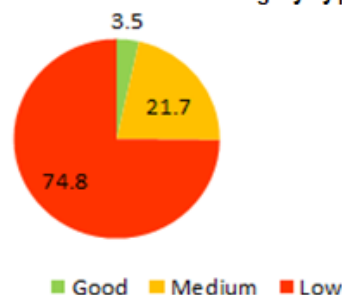
**Low score:** below 50% score

Accordingly the findings of the assessment indicate:

### 3.5.1 Good and Medium Score Facilities

- Only **10 (3.5%)** facilities (5 Level 4 & 5 hospital, and 4 Level 2 dispensaries) had good overall score
- A total of **63 (21.7%)** facilities had medium overall score for the domains
- A total of **217 (74.8%)** facilities had low overall score

Facilities overall score category by proportion



### 3.5.2 Low Score Facilities by Facility Level and County

- A total of 140 (**80.5%**) within Level 2 (dispensaries), 67 (**75.3%**) within Level 3 (health centers) and 10 (**45.5%**) within Level 4 facilities had low overall score
- The proportion of **low score** within counties:  
 Isiolo – 45 (**90.0%**), which is the highest low score  
 Mandera – 65 (76.0%)  
 Wajir – 73 (80.0%)  
 Garissa – 34 (53.0%)

Table: WASH FIT assessment score category within type of facilities

Level of Facility	Scoring category			Total
	Good	Medium	Low	
Level 2	4 (2.3%)	30 (17.2%)	140 (80.5%)	174
Level 3	1 (1.1%)	21 (23.6%)	67 (75.3%)	89
Level 4	2 (9.0%)	10 (45.5%)	10 (45.5%)	22
Level 5	3 (60.0%)	2 (40.0%)		5
Total	<b>10 (3.5%)</b>	<b>63 (21.7%)</b>	<b>217 (74.8%)</b>	<b>290</b>

Table: WASH FIT assessment score category within counties

County	Good	Medium	Low	Total
Isiolo		5 (10.0%)	<b>45 (90.0%)</b>	<b>50</b>
Mandera	6 (7%)	14 (17%)	65 (76.0%)	<b>85</b>
Wajir		18 (20.0%)	73 (80.0%)	<b>91</b>
Garissa		27 (42.0%)	34 (53.0%)	<b>64</b>

*The list of facilities with their score can be accessed on the Excel file*

### 3.5.3 Scores by the domains (in percent)

Proportion of low scored facilities for WASH domains:

Water – 148 (51.0%) which is 61.0% in Isiolo and 58.2% in Wajir county and 54.6% in Level 2 facilities

Sanitation – 239 (**82.4%**), which is **91.2%** in Wajir county

Hand hygiene – 201 (70.0%), which is 78.0% in Isiolo and 74.7% in Wajir county

Waste management – 184 (64.1%) (88.0% in Isiolo, 74.7% in Wajir county and 70.1% for Level 2)

Cleaning – 221 (**77.0%**), which is **90.0%** in Isiolo county and 81.0% in Level 2 facilities

Energy and Env. – 168 (58.5%), (70.0% in Isiolo, 65.9% in Mandera county and 68.4% for Level 2)

Management - 243 (**83.8%**), which is 98.0% in Isiolo county

In comparison to the JMP few indicators result, WASH FIT provide comprehensive data with regard to the services and the results are lower.

**Table: Score Category for WASH Domains (in %)**

<b>Score Category for WASH Domains (in %)</b>			
<b>Domain</b>	<b>Scoring category</b>		
	<b># Good</b>	<b># Medium</b>	<b># Low</b>
Water	40 (13.8%)	102 (35.2%)	148 (51.0%)
Sanitation	7 (2.4%)	44 (15.2%)	<b>239 (82.4%)</b>
Hand hygiene	26 (9.0%)	60 (21.0%)	201 (70.0%)
Waste management	28 (10.0%)	75 (26.1%)	184 (64.1%)
Env.al cleaning	13 (4.5%)	53 (18.5%)	221 (77.0%)
Energy and Env.	27 (9.4%)	92 (32.1%)	168 (58.5%)
Management	12 (4.1%)	35 (12.1%)	243 (83.8%)

**Table: Proportion of facilities with Low Score WASH Domains within the Counties**

<b>Domain</b>	<b>Isiolo</b>	<b>Mandera</b>	<b>Wajir</b>	<b>Garissa</b>
Water	31 (62.0%)	46 (54.1%)	53 (58.2%)	18 (28.1%)
Sanitation	40 (80.0%)	70 (82.4%)	83 (91.2%)	46 (71.9%)
Hand hygiene	39 (78.0%)	58 (68.2%)	68 (74.7%)	36 (56.3%)
Waste mgt	44 (88.0%)	47 (55.3%)	68 (74.7%)	25 (39.0%)
Env. cleaning	45 (90.0%)	62 (73.0%)	70 (77.0%)	44 (68.8%)
Energy and Env	35 (70.0%)	56 (65.9%)	51 (56.0%)	26 (40.1%)
Management	49 (98.0%)	66 (77.5%)	80 (88.0%)	48 (75.0%)



**Table: WASH Domains Low Score (% within facility type)**

Domain	Level 2	Level 3	Level 4	Level 5
Water	95 (54.6%)	45 (50.6%)	8 (36.4%)	
Sanitation	147 (84.5%)	76 (85.4%)	16 (72.7%)	
Hand hygiene	126 (72.4%)	62 (69.7%)	11 (50.0%)	2 (40.0%)
Waste mgt	122 (70.1%)	52 (58.4%)	10 (45.5%)	
Env. Cleaning	141 (81.0%)	67 (75.3%)	12 (54.5%)	1 (20.0%)
Energy and Env	119 (68.4%)	48 (53.4%)	1 (4.5%)	
Management	152 (87.4%)	77 (86.5%)	12 (54.5%)	2 (40.0%)

### 3.5.4 WASH, Waste and Electricity services availability

#### Water supply

Facilities that have improved water supplies accessible on premises.	69.7%
Level 2 facilities that have improved water supplies on premises	65.0%
Level 3 to 5 facilities that have improved water supplies on premises	75.9%
Level 3 to 5 facilities accessing water within the facility buildings	46.6%
Level 2 facilities accessing water within the facility buildings	37.9%
Facilities access water during all operating times	57.0%
Facilities have sufficient quantity of water for all uses	39.0%
Facilities that have alternative water supply (rain harvesting, shallow well, community supply, trucking)	20.7%
Level 4 and 5 that have alternative water supply (rain harvesting, shallow well, community supply, trucking)	40.0%
Facilities having tank or reservoir to store water	63.5%
Facilities harvesting rainwater safely	26.3%
Facilities that reported E.coli free or low risk SI of drinking water	37.9%
Facilities that reported availability of appropriate residual chlorine on recent testing	24.1%
Facilities having drinking water station/tap (safe and adequate at key locations)	11.0%

#### Note:

- Some of the facilities lack piped water connection in particular to critical areas
- Some taps are not working or not connected to running water including maternity unit
- Few water taps are available, leakages from the main water tank and taps
- Water shortage, during dry spell, seasonal variability, taps don't have water
- Some of the facilities lack water storage tank or inadequate in its volume
- Supply interruption happens during breakdown of main water supply or water pumps
- Some of the facilities rely on rain water harvesting and trucking, some depend on community supply
- The water harvesting system lack proper connection of gutter to tank, damage to gutters
- In some cases roofs are made of asbestos and the storage tanks are not adequate

- Most of the facilities lack water quality testing and monitoring, in some case hard water supply
- Most of the hand washing station and toilets lack connection to water
- Lack of shower facilities in almost all of the facilities as per the requirements

## Sanitation

Facilities having sufficient number of improved latrines or toilets for patients	29.6%
Level 2 and 3 facilities having sufficient number of improved latrines or toilets	28.4%
Level 4 and 5 facilities having sufficient number of improved latrines or toilets	40.7%
Facilities that have latrines that is available and usable (have door, water, not locked, defective, nor full etc)	34.2%
Facilities have functional hand washing stations within 5 meters of the latrines	11.2%
Facilities having at least one improved toilet for staff and separated or labeled	17.1%
Improved toilets are clearly separated for male or female and provide privacy	14.0%
At least one improved usable toilet provides the means to manage menstrual hygiene management	3.2%
At least one functional improved toilet meets the needs of people with reduced mobility	2.5%
Facilities with non-sewered system that had indications of safely managed sludge and waste water	22.7%
Facilities had safely captured greywater and have separate plumbing	22.8%

### Note:

- There is lack of maintenance to the facilities as some of the latrines lack squatting cover, door and accessible road on latrines.
- Some of the facilities are damaged by flood and un-functional drainage scheme
- Lack of water for flushing toilet and cleaning
- There are overfilled latrines that have not been emptied and condemned

## Hand hygiene

Facilities having functioning hand hygiene stations at all or over 75% of point of care	56.5%
Facilities having functioning hand hygiene stations in some and all waiting areas (few facilities), public, and waste disposal areas	66.2%
Hygiene promotion materials are displayed and clearly visible in all wards and treatment areas	15.8%
Facilities conducting regular ward-based audits (at least every three months) of the availability of supplies	11.6%

### Note:

- Some of the existing hand washing stations are defective, lack water and drainage system

## Waste management

Facilities having functional color coded waste collection containers in close proximity to <b>all</b> waste generation points	45.6%
Facilities practicing correct waste segregation at all generation points	36.4%
Facilities having reminders for correct waste segregation are clearly visible at all waste generation points	22.7%
Facilities having the reminders at some of the generation points	22.7%
Facilities having appropriate protective equipment (PPE) and resources to perform hand hygiene for all staff responsible for handling, treating and disposing waste	19.0%
Facilities having some appropriate PPE for some of the staff	55.8%
Facilities storing infectious waste for no longer than the safe time limit	46.2%
Facilities having waste is collected for off-site treatment safely and regularly and sent to an appropriate, designated waste treatment facility	36.6%
Facilities having functional burial pit, fenced refuse pit or transfer stations for disposal of non-infectious waste	16.2%
Level 3 to 5 facilities having a pit or means of disposing anatomical / pathological waste	56.0%
Level 3 to 5 facilities having pharmaceutical waste is treated and disposed off safely	24.2%
Level 3 to 5 facilities having a member of staff trained on waste management	28.0%

### Note:

- There is general gap of reminders and training to promote and monitor rational use of personal
- Few facilities have strategies to reduce the quantity of waste generated
- Few (8 facilities) have an appropriate and functional technology for onsite treatment of waste. In some of the facilities available technology is not built to correct standards nor sufficient capacity
- Few facilities reported a waste handlers staff vaccination of Hep and Tetanus

## Environmental cleaning

Facilities having a cleaning policy or protocol which is implemented and monitored	16.4%
Facilities having a record of cleaning for patient care areas, general wards or the whole facility and is signed by the relevant cleaner each day	11.0%
Level 3 to 5 facilities having the required number of cleaning staff	32.7%
Level 2 facilities having the required number of cleaning staff	22.1%
Facilities having training for some of the cleaning staff	30.2%
Facilities having appropriate and well-maintained materials (e.g detergent, mops, buckets) for cleaning for a range of different areas, surfaces and sufficient	39.3%
Facilities having annual budget for cleaning and is sufficient for all needs	11.5%
Facilities having a dedicated area for reception, storage, preparation and care of cleaning supplies and equipment	15.4%
Facilities having adequate and appropriate PPE at all times for all cleaning staff	10.0%
Facilities having all beds/mattresses with waterproof covers and well maintained	38.7%

**Note:**

- In few facilities that all the staff responsible for cleaning received training on cleaning
- In few facilities cleaners access adequate and appropriate PPE
- Few facilities had a laundry facilities with hot water that is clean and well-maintained

**Energy and Environment**

Facilities having functional and well-maintained electricity supply	69.0%
Facilities with the electricity supply not functional during the assessment	16.9%
Level 2 and 3 facilities lacking electricity supply or the supply is un- functional.	34.1%
Facilities having electricity that is sufficient supply	66.1%
Facilities having electricity and also backup supply	13.7%

**Management**

Facilities having an up-to-date organogram of the facility management structure, which include cleaning staff and visibly posted	25.6%
Facilities having a facility-wide patient safety policy/charter for improving quality of care including WASH in HCF is written, up to date and operational	11.7%
Facilities having a functional quality improvement / IPC or WASH FIT team	18.6%
Level 3 to 5 facilities having a dedicated focal for WASH program of work	21.6%
Facilities having a system for ongoing operation and maintenance of infrastructure and procurement of supplies	17.2%

**Note:**

- Few facilities report availability of budget for operation and maintenance, staff training and consumables

### **3.6 Conclusion and recommendations**

The low coverage of Water, sanitation and Hygiene including Waste management services in the facilities has considerable implication on the quality of health care, infection and antimicrobial resistance prevention and vulnerability to climate change hazards. Almost all the facilities require extensive demand for WASH services improvement.

Significant effort is required to ensure provision of basic WASH infrastructure, operation and maintenance through addressing the enabling conditions including roadmap, institutional arrangement, guideline and standards, finance and capacity building, monitoring and review.

Rollout of WASH FIT helps to create the capacity to manage, improve and sustain the services in the facilities.

#### **Recommendations**

- Development of incremental improvement plan for the facilities
- Rollout WASH FIT training to the facilities' team
- Ensuring the engagement and commitment of the leadership at all level
- Establish functional working group at different levels to oversee the implementation through the involvement of stakeholders and partners
- Strengthening other enabling conditions including human resources, financing, monitoring, operation and maintenance capacity at different levels as applicable
- Promoting WASH in HCFs program integration with primary and quality of health care, IPC and antimicrobial resistance, climate resilience and environmental sustainability