

TRAINING REPORT

Three Days ToT on Water and Sanitation for Health Facility Improvement Tool (WASHFIT)

18th to 20th December, Marriott Hotel Islamabad



Submitted to UNICEF
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ACRONYMS

HCF	Health Care Facility
PHC	Primary Health Care
QI	Quality Improvement
WASH	Water Sanitation and Hygiene
WASH FIT	Water and Sanitation for Health Facility Improvement Tool
IPC	Infection prevention and control
PPE	Personal protective equipment
AMR	Antimicrobial Resistance
GEDSI	Gender Equality, Disability and Social Inclusion
BCC	Behavior Change Communication
IEC	Information, Education and Communication
NGO	Non-Government Organization
WHO	World Health Organization
UNICEF	United Nations Children's Fund
PCRWR	Pakistan Council for Research in Water Resources
MoNHSR&C	Ministry of National Health Services Regulations and Coordination, Government of Pakistan

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Executive Summary and Background:

Water, sanitation, and hygiene (WASH) services in healthcare facilities are crucial components of Infection Prevention and Control (IPC) and are integral to ensuring the dignity, human rights, and overall well-being of individuals seeking healthcare. Despite significant progress in extending access to water and sanitation at the household level in Pakistan, the Joint Monitoring Programme (JMP) reveals a substantial gap in WASH services within healthcare facilities across the country. This disparity poses a significant challenge to achieving the Sustainable Development Goals (SDGs), which specifically underscore the importance of universal health coverage and access to WASH services in healthcare facilities.

The prevailing inadequacy of WASH services in healthcare facilities in Pakistan demands urgent attention and intervention. The JMP, responsible for monitoring drinking water and sanitation services at both household and institutional levels, highlights a notable deficiency in WASH infrastructure within healthcare settings. This deficiency not only jeopardizes the quality of care provided but also poses risks to the health of healthcare workers, undermining the overall effectiveness of healthcare systems.

The SDGs prioritize universal health coverage, emphasizing the imperative role of WASH services in healthcare facilities. This strategic focus signals a paradigm shift towards a comprehensive, people-centered approach that prioritizes the overall healthcare experience. The current state of WASH services in healthcare facilities across all provinces in Pakistan consistently falls short of the standards set by the World Health Organization (WHO) and national guidelines.

Addressing the critical gap in WASH services within healthcare facilities is not only a matter of meeting global development goals but also a fundamental requirement for safeguarding public health. Immediate and concerted efforts are necessary to bridge this disparity, ensuring that healthcare facilities meet and exceed established standards. By prioritizing the enhancement of WASH services in healthcare settings, Pakistan can not only improve the quality of care but also contribute significantly to the broader goals of sustainable development and public health. It is imperative that stakeholders collaborate, allocate resources, and implement targeted interventions to

rectify this pressing issue and pave the way for a healthier and more resilient healthcare infrastructure in Pakistan.

There are significant challenges in ensuring adequate Water, Sanitation, and Hygiene (WASH) services in healthcare facilities, particularly in the context of menstruating women, people with limited mobility, and overall infection prevention and control (IPC). The consequences of poor WASH services in healthcare facilities, as outlined, include a higher risk of infections, especially for women during childbirth and newborns. The burden of healthcare-associated infections is a serious concern, with millions of patients affected annually, particularly in low- and middle-income countries.

The situation in Pakistan, as reported in the Joint Monitoring Program report of 2022, highlights the deficiencies in water and sanitation services in healthcare facilities. A significant percentage of healthcare facilities lack proper water and sanitation services, which further increases the risk of infections and compromises the quality of care. The introduction of the Water and Sanitation for Health Facility Improvement Tool (WASH – FIT) in Pakistan is a positive step. This facility-led risk-based approach, developed by WHO, aims to incrementally improve WASH services and the overall quality of care in healthcare facilities. The involvement of various stakeholders, including the Ministry of National Health Services Regulation and Coordination, UNICEF, GIZ, PCRWR, and AWF Consulting, in forming a change group and providing technical input is crucial for the successful implementation of WASH FIT in the Pakistani context.

The three-day training on WASH FIT for healthcare facility staff, facilitated by UNICEF, PCRWR, and AWF Consultants, is a commendable effort. It indicates a commitment to addressing the challenges and improving WASH conditions in healthcare facilities. The involvement of multiple partners and technical experts in customizing WASH FIT tools and indicators for the specific needs of Pakistan demonstrates a comprehensive approach.

Moving forward, continued collaboration, regular monitoring, and evaluation of WASH services in healthcare facilities will be essential to ensuring sustained improvements and reducing the risks associated with inadequate WASH conditions. This initiative aligns with global efforts to enhance healthcare infrastructure and infection prevention, contributing to the overall well-being of patients and healthcare staff.

The Objective of the training:

The training objectives are:

1. To introduce the backgrounds of WASH in HCF including global and national status and the linkages with health programs
2. To create an understanding of WASH FIT, its approach, and implementation including how to adapt and apply it in a range of different settings
3. To demonstrate WASH FIT assessment, risk analysis, and improvement planning
4. To enhance understanding of the technical domains of WASH in HCF including climate resilience, gender, and social inclusions and management
5. To facilitate cross-learning among the participants and create well-informed and skilled trainers that could train others at different levels and to different cadres.

A total of 30 participants from National and provincial health care facilities, PCRWR and NIH joined the training. The training lasted for 3 days and included presentations, discussions and demonstrations facilitated by consultants from PCRWR, MoWR and AWF Consulting for WASH FIT



and one last day on Quality of care was facilitated by consultants from NIH respectively.

The training started with opening remarks followed by participants' introduction, expectations, and program description and agenda (Annex 1), Presentations and discussions were made on the background of WASH in HCFs, national context, and WASH FIT introduction and deep dive into the WASH FIT steps. there was group work on participant-led sessions (PLS) to review available resources and prepare short presentations on each of the technical domains. On the second day, presentations were made on the crosscutting domains which are gender and social inclusion and management as well as practical activity was done on facilities to assess the 7 domains of healthcare facilities (water, sanitation, hand hygiene, healthcare waste, environmental cleaning, energy and environment, workforce, and management). This

was followed by presenting the findings from the assessment, identifying gaps, and risk analysis for the selected indicators, and recommending an improvement plan to improve WASH, waste, and energy service in the healthcare facilities. On day three (3), practical demonstrations were made on Project development and quality of care.

DAY 1: WASH FIT Introduction and Methodology

The training started with recitation of Holy Quarn and a brief introduction of participants to break the bridge between trainer and participants and to be familiar with each other. After introduction Mr. Itsuro Takahashi WASH Specialist UNICEF, Pakistan welcomed all the participants and briefed them about the WASH FIT programme all around the world, he also explained the importance of WASH in IPC including; reducing/preventing the incidence of nosocomial infections, contributing to the health and wellbeing of both HCF staff and clients and quality of care, and safeguarding human dignity. He however informed the gathering of the increasing effects and potential impacts of climate change especially on WASH infrastructure, and emphasized the need for strengthening coordination. He encouraged all to be attentive and engaged on the training. followed by opening remarks by Dr. Rabail Javed Deputy Direct MoWHSR&C, she discussed the need and importance of WASH in health care facilities, she further appreciated the efforts of UNICEF and GIZ for organizing this kind of training and hoped for positive impacts of the training.

“Quality of Care for RMNCAH and Nutrition”-What has been achieved so far?

Dr. Samia Health Specialist UNICEF presented the session as a warmup session of training. The training session on "WASH and RMNCAH Nutrition with a Focus on WASH FIT in Healthcare Facilities" aimed to highlight the achievements in Water, Sanitation, and



Hygiene (WASH) as they relate to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and Nutrition. The primary focus was on the implementation of WASH FIT (Water, Sanitation, and Hygiene Facility Improvement Tool) in healthcare facilities. The session commenced with an overview of the crucial

interplay between WASH and RMNCAH Nutrition. The facilitator emphasized the impact of clean water, proper sanitation, and hygiene practices on maternal and child health outcomes.

Participants gained insights into the positive impact of improved WASH facilities on RMNCAH and Nutrition outcomes. The facilitator discussed how better water and sanitation contribute to preventing infections, reducing maternal and child mortality, and promoting overall health and nutrition.

Global and National Status of WASH in HCFs.

In this session the trainer informed the participants on current status of WASH in HCFs.

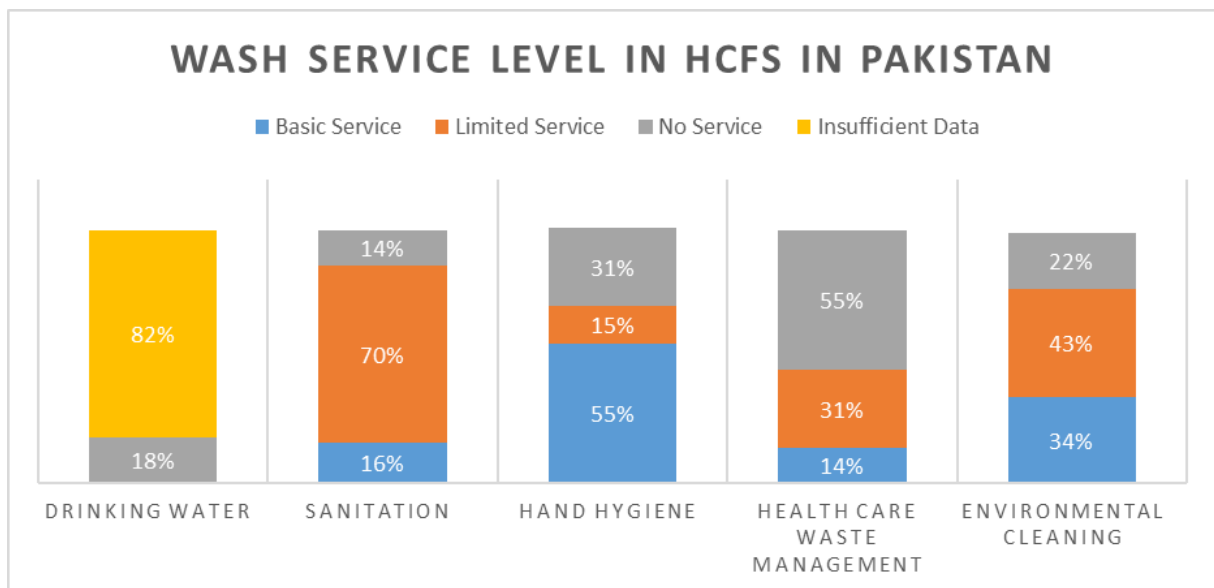


Figure 1 JMP 2022

JMP service ladders for WASH in health care facilities

SERVICE LEVEL	WATER	SANITATION	HYGIENE	WASTE MANAGEMENT	ENVIRONMENTAL CLEANING
BASIC SERVICE	Water is available from an improved source* on the premises.	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.	Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets.	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	Protocols for cleaning are available, and staff with cleaning responsibilities have all received training.
LIMITED SERVICE	An improved water source is available within 500 metres of the premises, but not all requirements for a basic service are met.	At least one improved sanitation facility is available, but not all requirements for a basic service are met.	Functional hand hygiene facilities are available either at points of care or toilets but not both.	There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for a basic service are met.	There are cleaning protocols and/or at least some staff have received training on cleaning.
NO SERVICE	Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 metres from the premises; or there is no water source.	Toilet facilities are unimproved (e.g. pit latrines without a slab or platform, hanging latrines, bucket latrines) or there are no toilets.	No functional hand hygiene facilities are available either at points of care or toilets.	There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of.	No cleaning protocols are available and no staff have received training on cleaning.

Figure: 2. Progress on WASH IN Health Care Facilities 2000-2021

During this session participants knew that access to clean water, proper sanitation, and hygiene practices in healthcare facilities is crucial for ensuring patient safety, preventing infections, and promoting overall public health. The WASH in Healthcare Facility Improvement Tool is a comprehensive initiative that aims to assess, monitor, and enhance WASH conditions in healthcare facilities globally. During this session participants got a glimpse of data from different parts of world and knew the status of Water, sanitation and hygiene worldwide. The global concern of healthcare-associated infections requires a concerted effort to improve WASH infrastructure and IPC practices, especially in low and middle-income countries where the burden of HAI is higher. This can significantly contribute to better patient outcomes and reduce the economic and healthcare system burdens associated with treating and preventing these infections.



FIGURE 2. WASH SERVICES IN HEALTH CARE FACILITIES OF LEAST-DEVELOPED COUNTRIES (2019)



Presentations by HCF Staff:



The training participants were given a template before the training. Representatives of HCF presented the current WASH and health care waste management status of their HCFs. Summary of the presentations is given below.

HCF	Water supply	Toilet	Health care waste management	Key challenges
ICT	Water is available from improved source	Toilets are available,	There is no gynae ward, only Paeds OPD, so medical waste is generated and handled properly	Lack of staff, lack of human resources Need for capacity building
GB	Water resource is main river, and stored in facility. Water backup is not available	Toilets are present but not WASH friendly	No medical waste management	Lack of proper WASH knowledge, lack of resources Need for capacity building
AJK	Water is available	Toilets are not WASH friendly	Waste is segregated but not properly disposed	Need for capacity building, lack of knowledge and resources
Charsadda	Water is available in facility; quality is also good but the backup water resource is not available	Toilets are sufficient in quantity but human resource for cleaning is not available	Waste is collected properly and incinerated properly	Human Resource deficiency No backup water resources are available

Peshawar	<ol style="list-style-type: none"> 1. Water is available 24/7 sourced from a main tube well bored within the hospital premises. 2. A primary overhead water tank is in place to store and distribute water to various sections of the hospital, hostels, and the District Health Office (DHO) building as well. 3. Hostels and Wards have individual overhead water tanks, filled from the main overhead water tank, ensuring localized storage for Optimized distribution. 	Each unit and wards has its own toilet facilities, providing Convenient access.	<p>General and medical waste is segregated</p> <p>General waste collected from individual department is centralized in the main waste bin of the hospital.</p> <p>Waste disposal is handled by the Water & Sanitation Services Peshawar (WSSP). The WSSP is compensated on a monthly basis, ensuring a consistent and reliable waste management service.</p>	<p>Due to lack of enough sweepers, the cleanliness of toilets is a serious concern.</p> <p>No incinerator is installed for medical waste disposal.</p> <p>No separate budget is provided for medical waste disposal.</p>
awabi	Water is mostly available	Need to increase the number of toilets to meet the patients needs.	Separate collection bins for infectious, sharp and general waste then shifted to main container and all the waste products are taken by municipal committee to Incineration.	<ul style="list-style-type: none"> • Lack of funds. • Lack of sweepers. • Lack of washing products • Lack of toilets. • Lack to meet standards of wash facilities.

Introduction and Overview of WASH FIT:

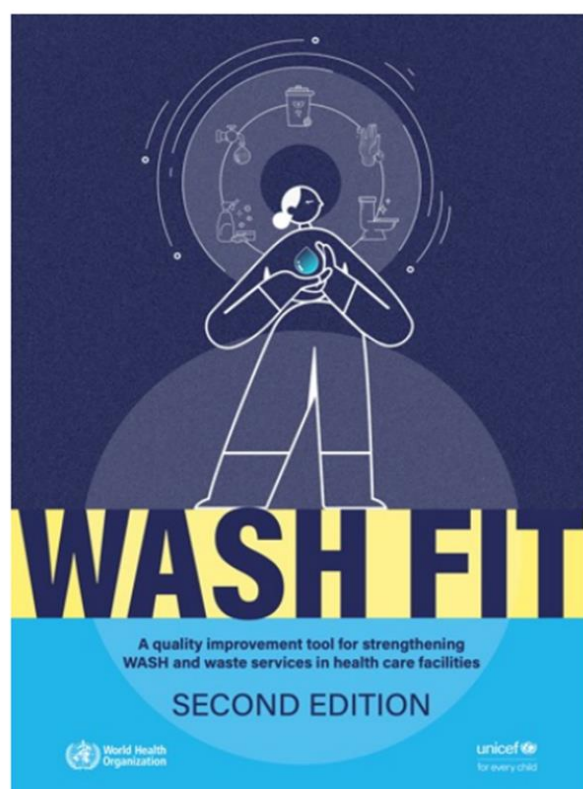
This session was started with introduction to WASHFIT and its strategies. The Water and Sanitation for Health Facility Improvement Tool (WASH – FIT) is an existing facility-led risk-based approach which focuses on implementing incremental improvements over time to improve the quality of care in each Health Care Facility (HCF). This tool, initially developed by WHO in 2015 and officially launched in 2018, is a multistep, iterative process to facilitate improvements in WASH services, quality and experience of care.¹ Comprehensive guidelines and tools are available to guide the implementation.

Objective of WASH FIT

Within a dedicated Health / WASH sector partnership approach several national and international sector partners intended to extend their activities to support increased access to WASH services in HCF by a range of measures using a harmonized facility-led approach – the Water and Sanitation for Health Facility Improvement Tool (WASH – FIT)

The specific objectives of using WASH FIT are:

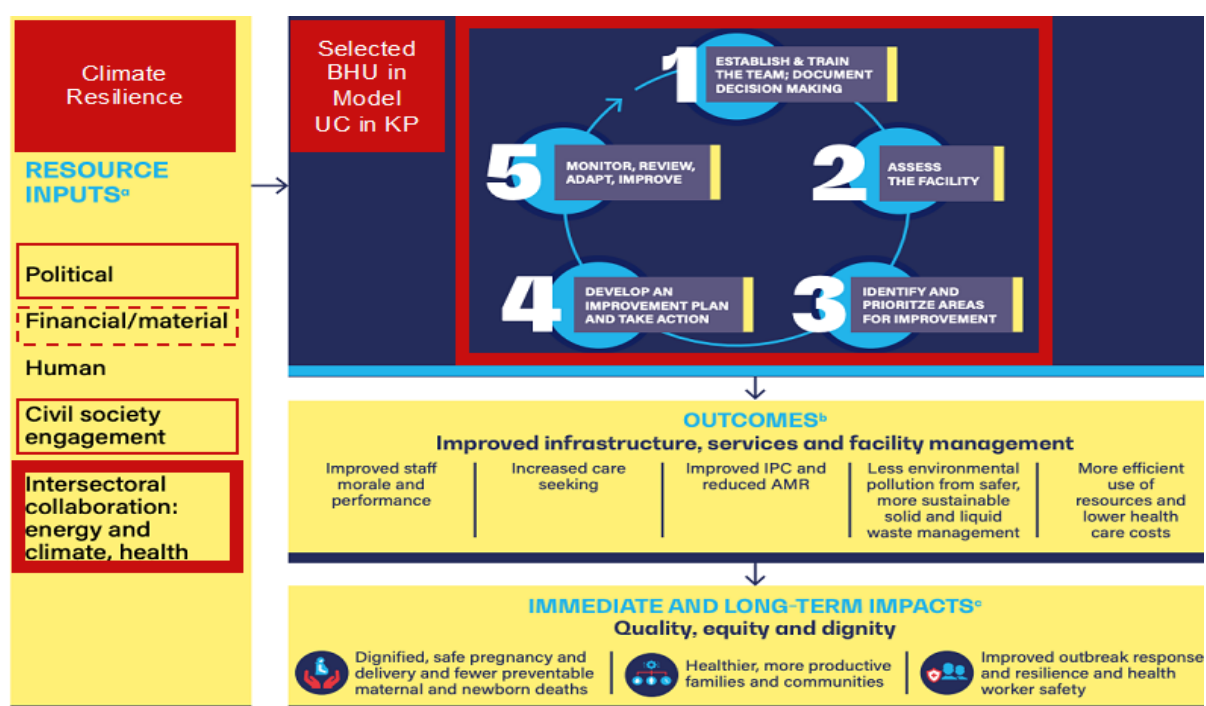
- To provide a framework to develop, monitor and continuously implement an improvement plan and prioritize specific actions when resources are limited,
- To identify areas for quality improvement in facilities, including strengthening WASH and Infection prevention and control (IPC) and Antimicrobial Resistance



¹ WHO & UNICEF 2022: WASH FIT: A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities. Second edition, ISBN: 978-92-4-004323-7, <https://www.who.int/publications/i/item/9789240043237>

(AMR) policies and standards that will lead to lower infection rates, better health outcomes for patients and improved safety and morale,

- To facilitate the development of an enabling environment by bringing together all those who share responsibility for providing services, including legislators/policymakers, district health officers, hospital administrators, water engineers and community WASH and health groups,
- To improve the day-to-day management and operation of facilities, by systemizing the process of managing WASH services.



Key Aspects

Under this approach the following key aspects or domain of WASH services in Health Care Facility will be covered.

- I. Water
- II. Sanitation
- III. Health care waste management
- IV. Hand hygiene
- V. Environmental cleaning
- VI. Environment and energy
- VII. Management

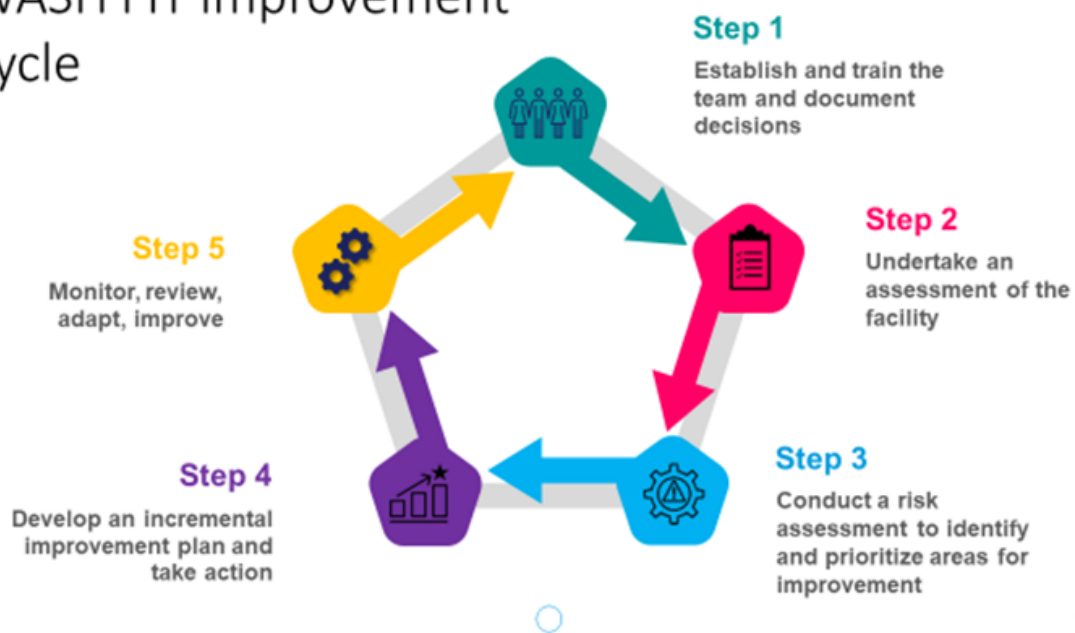
Process

WASHFIT improvement tool follows a multistep and iterative process consist of 5 steps;

1. Assemble and train the team (mostly among the HCF and few people from community / WASH / health committee who can influence and advocate for resources).
2. Conduct an assessment of the facility.
3. Undertake hazard and risk assessment.
4. Develop an improvement plan.
5. Monitor progress and make improvements to the plan.

During the session participants also learned about the WASH FIT improvement cycle and its detailed methodology.

WASH FIT improvement cycle



What type of facilities can use WASH FIT?

All types of national health infrastructure facilities can be addressed: Secondary Hospitals, Basic Health Units, Rural Health Centers, Dispensaries, Maternity & Child Health Centers and TB centers while BHUs and RHCs shall be given priorities as well as a selected number of secondary hospitals with a focus on handling medical and solid waste.

Key Outcomes

1. Improved infrastructure, services and facility management,
2. Improved staff morale and performance,
3. Increased care-seeking and improved IPC and AMR,
4. Less environmental pollution due to safer, more sustainable solid and liquid waste management and more efficient use of resources and lower health care costs.



Day 2: Integration of Climate Resilience, Gender, Inclusion (GEDSI)

Participants got an idea of equity and social inclusion. The approach has a strong emphasis on climate, gender equality and inclusiveness, and prevention (WASH in support of prevention of all avoidable infections in health care, incl. MHM) with linkages to infection prevention, antimicrobial resistance and quality of care.



When a climate lens is applied to WASH FIT approach, risk assessments can identify triggers and provide warning signs to facility management teams to help them to develop mitigation measures for future climate-related events. The effective design and management of WASH services in healthcare facilities require a comprehensive understanding of the diverse needs of users, with particular attention to the challenges

faced by women and other vulnerable groups. The WASH FIT process is presented as a framework that incorporates indicators to address gender equality, disability, and social inclusion, promoting inclusive and equitable WASH services.

The planning, design, and management of WASH services should consider the accessibility, safety, privacy, social appropriateness, and comfort of various users. The passage stresses the importance of incorporating indicators related to gender equality, disability, and social inclusion (GEDSI) in the WASH FIT process.

WASH FIT assessment tool demonstration and practical work

During this session facilitator demonstrated about the facility assessment tool and how it got localized. The participants knew how to assess 7 domains using the tool. After detailed presentation the participants performed hands-on activity on usage of tool and presented the work as a presentation.



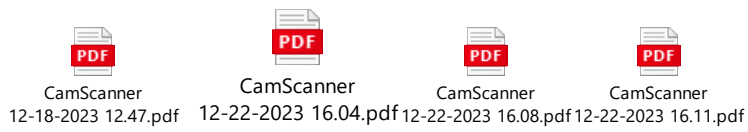
Day 3: Improving the Quality of Care for RMNCAH in health facilities:

The session was activity based where participants were given different projects as per their facilities and group activities and presentations by each facility. The participants were able to know how to Invest in the improvement of healthcare infrastructure, ensuring that facilities have



the necessary equipment and resources for RMNCAH services and how to create a clean and conducive environment by upgrading and maintaining health facility infrastructure, including sanitation facilities and water supply. This session was followed by closing ceremony and certificate distribution.

Annex 1:



Annex 2:

