

**Water and Sanitation for
Health
Facility Improvement Tool
'WASH FIT'**

**A field guide to improving water, sanitation,
and hygiene in health care facilities in low-
and middle-income countries as part of
broader quality of care improvements**

**Revised Version
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Summary and Background

This field guide provides a description of a risk-based, continuous improvement framework and associated tools for undertaking WASH improvements as part of wider quality of care improvement efforts. WASH FIT (previously known as the WASH Safety Plan) is an adaptation of the water safety plan (WSP) approach, which is recommended in the WHO *Guidelines for Drinking-water Quality* as the most effective way of ensuring continuous provision of safe drinking-water. WASH FIT extends beyond water quality to address sanitation, hygiene, health care waste and other aspects of environmental health and facility management. As such, also draws upon WHO's Sanitation Safety Planning (SSP) as well as recommendations for infection prevention and control. The guide contains a number of ready to use tools to help implement WASH FIT and step-by-step instructions for each stage.

Health care facilities in low- and middle-income countries frequently lack the basic necessities to provide safe and quality care including adequate water, sanitation and hygiene services (WASH). To address the lack of WASH services, WHO, UNICEF and over 30 other partners have committed to improve access through a global action plan¹. One aspect of these global efforts is working in facilities to develop risk-based plans to improve and maintain WASH services as a means to provide safe, people-centered care. Furthermore, achieving and maintaining WASH services in health care facilities is a critical element in providing quality services and achieving universal health coverage (UHC). WASH is essential for infection prevention and control (IPC), which in turn, is essential for patient, staff and visitor safety. Without WASH, quality and safe health services cannot be provided. Yet, WASH extends beyond IPC to issues of patient dignity and respect, staff morale and performance, climate change resilience and ultimately results in more efficient and less costly health care. WASH FIT is designed to improve these services, in the facilities where they are needed most, and integrate WASH into health care facility management to help ensure quality and safe services.

¹ http://www.who.int/water_sanitation_health/publications/wash-health-care-facilities/en/

Acknowledgements

Abbreviations

DPO	Disabled Persons Organization
IPC	Infection prevention control
NGO	Non-Governmental Organization
SSP	Sanitation Safety Planning
UHC	Universal Health Coverage
UNICEF	United Nations' Children Fund
WASH	Water, sanitation and hygiene
WASH FIT	Water and Sanitation Health Facility Improvement Tool
WHO	World Health Organization
WSP	Water safety plan

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How to use this field guide

What is WASH FIT?

WASH FIT is a practical tool for improving water, sanitation and hygiene (WASH) services in health care facilities in order to ensure clean and safe facilities for staff and patients. It provides a framework to assess, prioritize and implement a plan to improve services. Improving WASH services encompasses infrastructural changes, maintenance and repair as well behavioral changes, such as hand hygiene behavior. WASH is a core component of the health system so these improvements should be seen as part of broader health care quality improvements, and patient safety initiatives and programmes.

What does this guide contain?

This field guide provides a range of ready-to-use tools to implement WASH FIT, in order to help improve WASH services and related safety aspects in a health care facility. Although implementing WASH FIT requires dedicated staff and resources, even small, incremental improvements can improve the cleanliness and safety of a facility, which can result in improved health outcomes.

The tools provide a way of going through the necessary steps to use WASH FIT, but they do not represent the only way to develop and manage WASH services. The approach is flexible, and users are encouraged to adapt the tools to meet local needs and conditions and align it with, and be incorporated into, existing service and risk-based assessments.

Some of the tasks are easier to complete than others. If any of the tasks are too difficult, even with the support of other partners such as local and district level experts, they can be adapted to better suit the facility or come back to later if necessary. Making improvements to a facility is neither an all-or-nothing process nor a pass/fail exercise. Improvements can be progressive and incremental. Every activity and each tool completed is an important step towards improving a facility.

Who is it designed for?

The principles of WASH FIT can be applied to any type of facility but it is largely designed for primary and in some instances secondary care facilities in low- and middle-income countries, for example health centres, health posts, or rural district hospitals which provide outpatient services, family planning, antenatal care, child and mother clinics and conduct child deliveries. Although it can be used in more advanced secondary and tertiary facilities, the parts of the facility where major surgical and invasive approaches take place are not covered. Additional versions and modules for use in tertiary care facilities may be developed at a later stage.

This manual is primarily designed to be used by health staff, in particular the facility manager or IPC lead, who make up the WASH FIT team (more details on the team can be found later in the guide). It may also be useful for community health or water committees, local government authorities, nongovernmental organizations (NGOs) or other community-based organizations that support provision of health care. Finally, the guide can help inform district or regional health sector planners and donors seeking to understand and support improvements and ongoing maintenance of WASH services.

Where has this guide been used before?

The WASH FIT approach was first used in Chad (July 2015) as part of a wider effort to improve WASH in health care facilities and households in cholera hotspots areas. In addition, it has been adapted for use in Liberia as part of Ebola recovery efforts through a

nation-wide, government-led training of trainers (November 2015 – February 2016) and within specific health care facilities. Finally, it has been used in Mali to strengthen WASH in primary and secondary care facilities in Bla and Segou Districts as well as more widely through use by various NGO partners and the Government.

Those who have or intend to use this guide are encouraged to share feedback in order to allow for future improvements and knowledge exchange. Please email washinhcf@who.int and visit www.washinhcf.org to learn of the latest country efforts with this tool.

Background

Goal 6 of the sustainable development goals (SDGs) sets forth the ambition to ensure universal access to water, sanitation and hygiene in all settings, including health care facilities. Such services are fundamental for providing safe, quality care. Without it, all other global health-related goals, including those concerning quality universal health coverage (UHC), reducing maternal mortality and ending preventable newborn deaths will be compromised.

Global efforts on WASH in health care facilities

WHO and UNICEF, along with health and WASH partners across the globe have committed to the vision, that by 2030, every health care facility, in every setting, has safely managed, reliable water, sanitation and hygiene facilities and practices to meet staff and patient needs. This will require significant commitment and coordinated action. A 2015 WHO/UNICEF report, the first ever global review, revealed that 38% of health care facilities in low and middle income countries have **no** source of water². The provision of water and soap or alcohol-based hand rubs for hand hygiene was absent in over one third of facilities, and almost one fifth of facilities did not have toilets or basic latrines. Large disparities exist within and between countries, and primary health care facilities have significantly lower WASH coverage than hospitals.

Strengthening health systems and capacity to prevent and better manage global health risks is imperative, as well as ensuring quality people-centered health care for all. WASH is essential for infection prevention and control (IPC), which in turn, is essential for patient, staff, visitor and community safety. In other words, without adequate WASH, quality and safe health services cannot be provided. Clean and safe health care facilities can also increase demand and trust in services, as well as reinforce the role of staff in setting societal hygiene norms. Better WASH services can also increase staff motivation, morale and retention of health workers, resulting in cost savings from preventable infections and more efficient service delivery. Safely managed and reliable WASH services and associated hygiene practices, such as hand hygiene at the right times, strengthen the resiliency of health systems to prevent disease outbreaks, allow effective responses to emergencies, including natural disasters and outbreaks, and bring them under control when they occur (**Figure 1**). Alongside climate change, such threats are likely to increase in the future.

² WHO/UNICEF. 2015. *Water, Sanitation and Hygiene in Health Care Facilities: status in low and middle income countries and way forward*. World Health Organization, Geneva.
http://www.who.int/water_sanitation_health/publications/wash-health-care-facilities/en/

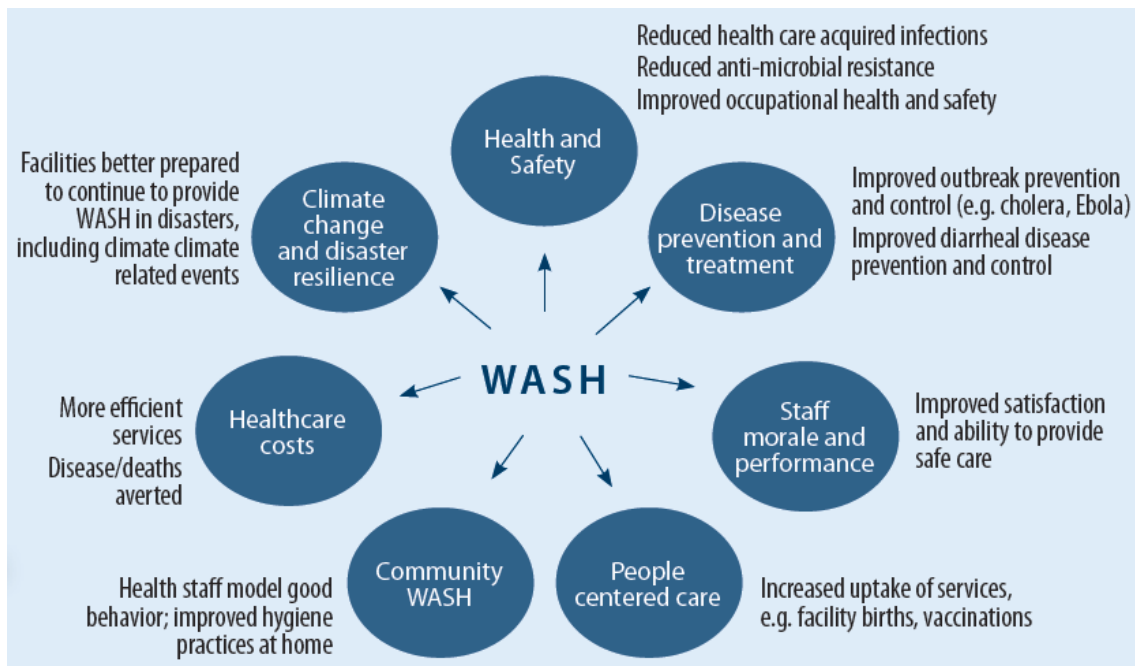


Figure 1: Benefits of WASH in health care facilities

WASH FIT helps to guide the assessment, risk identification, improvements and monitoring of WASH conditions in health care facilities in a comprehensive and systematic manner. Specifically it supports the provision of quality health care services and progress towards UHC (involving issues such as access and equity) and helps to ensure the safety of patients, health workers and the community. Simple measures such as improving cleanliness and accessibility of toilets or installing low-cost handwashing stations and water treatment have been shown to improve quality of care, increase uptake of services, improve staff morale and also encourage community members to improve WASH practices at home, such as regular handwashing with soap³.

What are the WASH FIT domains?

Figure 2 shows the seven environmental health domains which are the basis of WASH FIT. All of the domains (apart from facility management) are adapted from the WHO Essential Environmental Health Standards in Health Care. Each domain includes indicators and targets to work towards - these are considered the minimum standards for maintaining a safe, clean and hygienic environment, which enables staff to provide quality care to patients and a safe environment to work in. All of the standards ought to be achievable, but many will require incremental improvements before reaching the ultimate standards. Further details of how to assess the domains are included in **Task 2**.

³ Russo et al (2012). Water treatment and handwashing behaviors among non-pregnant friends and relatives of participants in an antenatal hygiene promotion program in Malawi. *American Journal of Tropical Medicine and Hygiene*, 86:860-865

Velleman Y, Mason E, Graham W, Benova L, Chopra M, Campbell OM, et al. From joint thinking to joint action: a call to action on improving water, sanitation, and hygiene for maternal and newborn health. *PLoS Med*. 2014 Dec;11(12):e1001771.

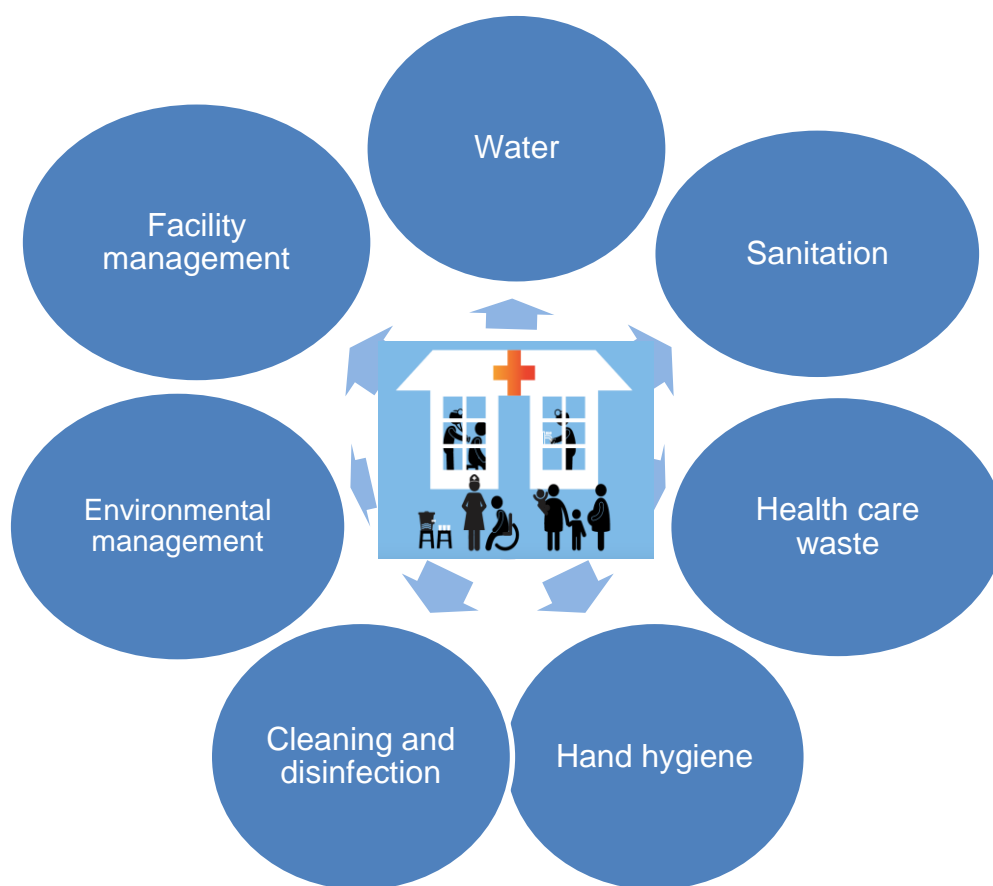


Figure 2: The domains of WASH FIT

WASH FIT emphasizes prevention and helps to identify, prioritize and manage risks that could threaten the safety of, and service delivery within, a facility. WASH FIT facilitates incremental steps, to improve the facility over time using available resources. It also helps to identify and communicate problems to receive support from others where the problem cannot be resolved within a facility.

WASH FIT should not be viewed as “something extra” that increases the burden on health care staff. Ultimately implementing WASH FIT will improve efficiency and help to decrease the workload of support staff and health workers. The WASH FIT process will be most effective if it becomes an integral part of the on-going day-to-day operation, maintenance and management of the facility and is part of broader quality, and people-centered, care efforts. It can be adapted and integrated into existing mechanisms for risk assessments, infection prevention and control plans and service delivery assessments. Provided everyone who works in or accesses services at the facility are committed to improving and maintaining environmental standards, WASH FIT can be an effective supporting tool that makes it easier to achieve this goal. Some specific benefits of WASH FIT are that it:

- Improves the quality and safety of health care services for patients, staff and visitors. Without WASH, infection prevention and control (IPC) is not effective. Without effective IPC, quality and safe health services cannot be provided.

- Improves staff, patient, and visitor satisfaction with services, with a particular focus on equity and the most vulnerable, and the experience of care which in-turn improve health outcomes.
- Saves costs and generates more funds by improving the efficiency of care, preventing infections and increasing care seeking behavior.
- Improves the day-to-day management and operation of a facility, by systemizing the process of managing WASH services.
- Encourages a team-based approach by bringing together all those who share responsibility for providing services at the facility, including, legislators/ policy makers, district health officers, hospital administrators, water engineers and community WASH and health groups.
- Engages community members, leading to improved hygiene awareness within the community and triggering positive changes in hand hygiene and sanitary behavior.
- Facilitates identification of improvement needs and opportunities for “quick wins” – potential improvements that can be achieved with a facility’s own resources and efforts.
- Provides a platform to develop an incremental improvement plan. Particularly when resources are limited, this plan provides a structure of implementing and maintaining improvements. With a clear and sound plan in hand, government, NGOs and other financial supporters may be more inclined to consider supportive funding.

How should WASH FIT be developed and implemented in a facility?

There are main steps towards improving and maintaining WASH. As shown in Figure 3, this is a continuous cycle of improvement, not a one-off exercise which requires leadership and a committed team.

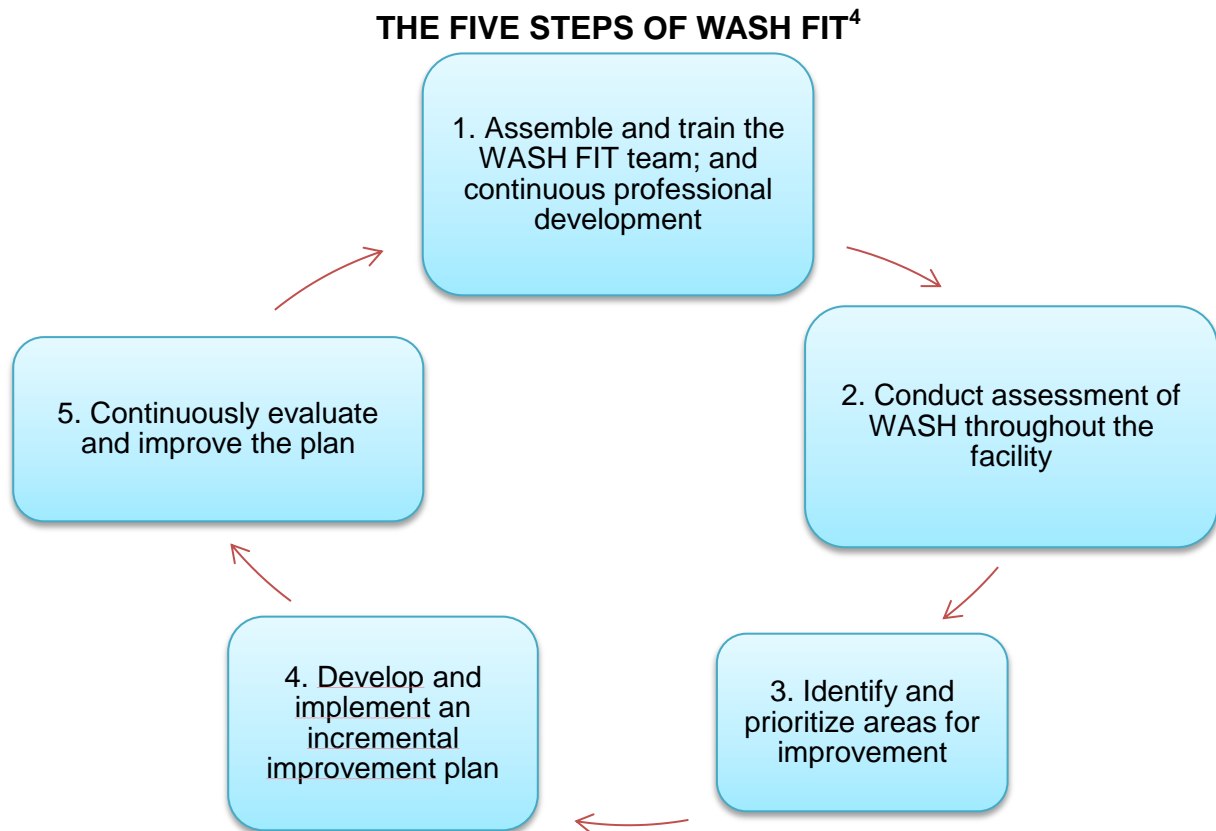


Figure 3: The WASH FIT methodology

⁴ Step 1 should have two options, 1 for the first cycle and 2 for the second cycle, where the arrow goes from step 5 back to 2.

TASK 1. Assemble a WASH FIT team

WASH FIT should always be a team effort, involving all those who have an interest in the health care facility (e.g. facility managers, cleaners and maintenance staff, environmental health staff, health care workers, local partners (e.g. district health officers), senior management and a community representative). The first task is to bring staff and external partners together to introduce the WASH FIT methodology, and form a team (or bring together and reinforce an existing team, for example the facility management or community team) who will be responsible for making improvements.

The importance of having senior management at the facility and district level supportive and ideally directly involved in the WASH FIT process is critical. Strong leadership and management of a facility are the key to the quality of services provided. The role of management in emphasizing cleaning, handwashing and general cleanliness, even in the absence of additional resources, makes a difference.

Having a range of expertise on the team will make the process easier. Team members should have knowledge and experience of WASH and IPC (for example have received IPC training) or be willing to gain relevant knowledge and experience. Importantly, they should be able to champion good WASH practices and show or develop leadership qualities throughout the process. Imagination, creativity and problem solving are all important qualities for team members. For continuity and sustainability, it is helpful to have specific permanent members on the team.

In addition to the person or people responsible for the health care facility, consider involving the following individuals, *where available*:

- The IPC committee (if there is one);
- The person who makes administrative and financial decisions for the facility;
- One or two health care workers (for example a doctor and a midwife);
- Auxiliary staff (for example a cleaner);
- An engineer or technician, who is responsible for maintaining equipment;
- A community member with expertise in an area (domain) of interest for the facility (for example an engineer maintaining equipment, a water quality specialist from the local water utility, an IPC or vaccination specialist). Where no such person is available, consider someone with the highest formal qualifications such as a local schoolteacher;
- A member of a community-based committee mandated by national policies to contribute to management of health care facilities;
- A community member with a disability or a person with a disability from a national/local disabled persons organization; people with disabilities are often frequent users of health facilities, yet WASH services may not be accessible for them;
- Someone at the district or national level who has knowledge of other facilities and may be able to advocate for extra support, for example financial support (for example the District WASH officer);
- Community members who use the health care facility, including a woman who has delivered at the facility;
- At least one woman who can advocate for women's needs, including privacy, dignity and safety.

In facilities where there is already an established group in charge of managing the health care facility and/or an IPC committee, there is no need to create a new team: WASH FIT tasks ought to be incorporated into the roles and responsibilities of existing staff members. In doing so, it is important to consider whether the existing team is functional and if not, how it could be improved to become more motivated. Additional members can be invited to the group. Whether a new team is created or an existing team structure is used, it is important to consider ongoing refresher trainings and peer support groups to support continuous learning and compensate for potential high staff turnover.

Cleaning and maintenance are a crucial part of managing a health facility. Support staff responsible for cleaning and maintenance, who are often poorly educated, are frequently excluded from decision making. It is important to recognize the importance of these staff and give them a voice. They may be valuable suggestions about the way WASH services are managed.

The members of the team should be documented, using [Tool 1-A. WASH FIT team list](#). One person should be chosen as the team leader who drives the planning process with vision and commitment. The role of such “champions” is critical – one committed individual can make a huge difference in implementing WASH FIT, and thereby improving the quality and safety of health services. In remote primary care facilities, external support may be required, for example, the district health office, or NGOs as well as local water, sanitation and hygiene and IPC experts or staff from more resourced facilities.

It is important that the WASH FIT team meets regularly as WASH FIT is about the day-to-day operation and management of WASH. Some guidance on frequency of WASH FIT Team meetings is given in Tool 1-A. WASH FIT team list and under the section *Task 5 Continuously monitor the effectiveness of the plan and make revisions*. Regular communication between team members is important to understand what has been done, key challenges and priority actions. WASH FIT is never finished but is a continuous process.

For each meeting use a new copy of **Tool 1-B. Protocol of WASH FIT team meeting**.

[USE: Tool 1-A: WASH FIT team list & Tool 1-B: Protocol of WASH FIT team meeting](#)

TASK 2. Conduct an assessment of the facility

To begin WASH FIT, a comprehensive and accurate assessment of the facility is needed. The results of the assessment will form the basis of the remaining tasks. [Tool 2-A. Indicators Assessment](#) and [Tool 2-B Sanitary Inspection Forms](#) are for this step.

The Indicators Assessment covers all seven domains: water, sanitation, health care waste, hand hygiene, cleaning and disinfection, environmental management, and facility management. The domains are based on WHO's environmental health standards, but the assessment can be adapted to suit the context of national standards.

The Indicators Assessment requires that team members visit all areas in the facility, including consultation rooms, outpatient and inpatient services (if applicable) and waiting and communal areas. They must look at sanitation services, water abstraction sites, water collection points and storage facilities, handwashing stations and waste management sites. The Indicators Assessment also involves reviewing hygiene promotion materials, WASH and IPC guidelines and budgets. The WASH FIT team will need to make observations, both of infrastructure and of staff behaviors (for example whether staff respect protocols). They should not be afraid to ask questions. Asking questions of staff, caregivers and patients about their experience of the facility is part of the process. Even if staff members are part of the team, they may not always know the views of other staff members. It is important that the assessment is undertaken from a positive perspective, with the aim of making improvements, rather than being used as a tool to criticize or blame.

Each domain includes a list of indicators to assess. The Indicators Assessment is based on a traffic light system, with three levels for each indicator: good (green), average (yellow) and poor (red). The long-term aim is that all indicators should be green (good). At the start of the process (i.e. at baseline), there are likely to be some indicators that are yellow or red. The objective is that over time, the team will work together and with support from the hospital administrator and district health teams to turn the yellow and red indicators into green ones.

Some of the indicators require calculations to be made (for example, calculating the adequacy of water storage requires estimating how much water is needed each day and dividing it by the amount that can be stored, or measuring the width of the toilet door to determine if it is accessible for someone in a wheelchair). It may be helpful to make a note of the raw data used in these calculations, in order to refer back to them later. If there is information that is not available at the facility or can't be collected, the team should ask for external support. The local health office or water supply office may have information on the quality of the facility's water and on specific national WASH or IPC guidelines in health care facilities.

It may be helpful to take pictures to explain things about the facility to somebody who has not seen it, or to re-check something after the initial assessment. A series of pictures taken over time can be useful to show where improvements have been made.

One part of the Indicators Assessment is to carry out sanitary inspections (also known as sanitary surveys) to assess risks to the water supply. The three checklists provided in [Tool 2-B. Sanitary inspection forms](#) help to identify potential hazards, hazardous events and problematic conditions related to water abstraction facilities, distribution

systems and storage reservoirs. Additional sanitary inspection forms for other types of water sources and facilities are available in the appendix. Sanitary inspections help to identify improvement needs in a facility's water system and are a powerful on-site tool for risk assessment that can strongly support WASH FIT implementation. Sanitary inspections should be carried out on a regular basis (for example quarterly) in order to document changing conditions in a facility's water supply over time. In addition, sanitary inspections should also always be done whenever any water quality testing is done in order to more holistically determine health risks associated with fecal or other types of water contamination.

[Use Tool 2A: Indicators Assessment](#) and [Tool 2-B: Sanitary inspection forms](#)

TASK 3. Risk Assessment: Identify strengths, hazards (problems), risks and prioritize areas for improvement

The purpose of this task is to identify what the facility staff are doing well and what WASH infrastructure and protocols are already in place in regards to WASH (**strengths**). It identifies the **hazards (or problems)** that prevent a facility having good WASH services (green indicators) and the **risks** that these hazards pose.

The information collected in the *Indicators Assessment* forms the basis of the **Risk Assessment**. The team should examine the results of the indicators assessment and reflect on the results together.

To complete the **Risk Assessment**, ask the following questions for each of the seven domains:

- What aspects of WASH services are working well?
- What services and infrastructure are lacking?
- What can go wrong with the existing infrastructure?
- Does seasonality affect WASH services and are there plans in place to cope with this?
- Where may there be an increased risk of infection in the facility due to inadequate WASH?
- What do staff and patients find most difficult about the lack of WASH services?
- Is anything being done to maintain services?
- Is staff behavior and attitude appropriate and adequate to ensure the best WASH services is delivered?
- Is there a protocol in place to ensure that the domain in question is managed efficiently?

Perhaps some of the targets are already met? It is important to recognize existing good practices of where improvements have already been made!

Problems and constraints could relate to “hard” infrastructure (for example, lack of water storage, blocked latrines or a broken incinerator) or to “soft” infrastructure, often serving to regulate, use and/or maintain the hard infrastructure (for example, a shortage of cleaning staff or inadequate budget to buy supplies or lack of administrative coordination with utility services). Problems could be one-off occurrences (seasonal water shortages or a hand pump breaking) or long-term issues (no access to water within the facility). Consider all the potential problems that could occur and whether there are procedures and protocols in place to fix them when they happen.

For every problem that identified, consider what the associated risk is to staff, patients and their families and the nearby community. For each of these associated risks, consider if they are ‘very important’, ‘important’ or ‘less important’ (guidance on how to classify these is provided on page 55). Depending on how often an issue arises and how severe the consequences are, the risk to public health will vary. The WASH FIT team will need to have detailed discussions about which risks are considered more important than others. Remember that the relative importance of individual risks is different for every facility and different stakeholders.

What are hazards and risks?

A **hazard** is defined as a "condition, event, or circumstance that could lead to or contribute to an unplanned or undesirable event." It may also be referred to as a **problem**.

A **risk** is the potential a set of unwanted circumstances or events to occur as the result of the hazard.

Potential hazard (problems) and associated implications

The following table provides examples of potential hazards (problems) and associated risks that could affect a health care facility.

Hazard (problems) <i>What problems threaten the safety of the facility?</i>	Associated risks <i>What are the risks to staff, patients, their families and communities?</i>
Infrequent hand hygiene performed by staff	Increased risk of patients acquiring health care associated infections, for example newborns acquiring neo-natal sepsis; Increased risk of staff acquiring infections such as methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) from not washing hands during key moments and generally unclean areas in the facility.
Water not available within treatment rooms or for showering	Women cannot wash themselves after delivery, negatively impacting their dignity and comfort and increasing infection risks.
	Staff, patients and their families unable to follow adequate hand washing procedures.
	Difficult to clean floors, surfaces, utensils and bed linen putting all users at risk of infection from poor environmental hygiene and accidents.
No sharps bins in consultation rooms	Staff are at risk of needle stick injuries and infections from improper management of medical waste.

Use [Tool 3: Strengths hazards and risk assessment](#)

TASK 4. Develop and implement an incremental improvement plan

Having identified a list of problems and the associated risk that each one poses, the next step is to rank the problems according to how important they are to staff, patients and their families. While the ranking may be somewhat subjective, it is important that all users have an opportunity to share their opinions and that the process of deciding which problems and risks are the most important is collaborative.

Based on the level of risk and feasibility of addressing the problem, the team should **prioritize which problems to address** and develop a detailed action plan outlining improvements that will be made. These improvements could be achieved through a number of different mechanisms: building new infrastructure or repairing existing infrastructure; coordinated dialogue with district and national authorities for new/revised infrastructure; writing standards and protocols to improve behavior; training staff in a new technique or initiative; and/or improving management methods.

The improvement plan should always state explicitly **who** is responsible for the action, **when** it will be done and with what **resources**. The actions should be as specific as possible. The more clearly the actions are described, the more likely it is that they will be done. Resources could be financial, technical (such as external support specialists) or someone's time. Make sure each activity is realistically achievable within the available resources and time.

A typical WASH FIT plan includes **improvements and preventive measures that can be made with limited resources**. For example, ensuring the latrine or toilet and area around it are clean, providing soap and water or alcohol-based hand rubs at all hand hygiene stations or putting up a poster with pictures and diagrams describing basic hand hygiene principles. Other actions or system upgrades may take more time and money: for example, installing a water filtration unit to address microbial contamination in the water system. **No change is too small**: whatever positive actions are taken will make a difference. There may be problems that cannot be addressed by the team but it is important that the team should not feel disempowered or disheartened by not being able to address what they view as the most important issues.

Use [Tool 4. Improvement plan](#) to document this step of the process. The improvement plan should reflect all the steps that will be taken, including both small, immediate steps and larger steps that are identified as important, for which the facility do not currently have the required resources to implement or need other people's help to address. A detailed improvement plan can be used as a basis for seeking financial or other support for larger upgrades and improvements, for example, from the government, donors or NGOs.

Use [Tool 4: Improvement plan](#)

TASK 5. Continuously monitor the effectiveness of the plan and make revisions

It is essential to monitor the effectiveness of the plan and to make revisions where they are needed. In the first year of WASH FIT, the team should meet regularly to discuss progress. This should occur in tandem with regular staff meetings. More detailed discussions should be held at **least every month**. After the first year, the team might need less frequent, in-depth meetings but regular updates should continue on a fortnightly or monthly basis.

WASH FIT monitoring

Monitoring can confirm whether the facility is making progress towards reaching the target indicators in each domain and what is hindering progress. Monitoring involves quick and easy measurements and observations by the WASH FIT team on a frequent and regular basis. For example, observations during daily or weekly inspections, such as checking the cleanliness of latrines, the state of waste disposal bins or the presence of water and soap or alcohol based hand rubs in handwashing stations.

Think about ways to build monitoring into staff job descriptions and divide the tasks between staff members. For example cleaners should routinely inspect latrines every day while senior management may be responsible for budgeting and supplies and should review the budget at the end of each month.

At each meeting, team members should discuss the results of monitoring observations: ask each team member to provide feedback on the area they are responsible for. Focus on the problems, key risks identified and improvements that have been planned and implemented. If no progress is being made, or monitoring reveals new problems have arisen, a review of the plan is needed, for example coming up with additional ideas to address these problems. Going back to the **Risk Assessment**, revise the problems and associated risks and adapt the **Improvement Plan** accordingly. Record the discussions and decisions using the **Team Meeting protocol**.

Reviewing WASH FIT

As part of the WASH FIT team meetings, the team should periodically **review** the WASH FIT documentation to check what has changed since the initial assessment. Reviews are generally quicker than the first time assessment, analysis and planning process. Go through all the tasks and tools, using the following questions as a guide:

- Are there any new team members since WASH FIT began? Do existing team members need a refresher or more detailed technical training? Is additional support from other partners required?
- Is the information in the assessment up to date? Has the facility changed in any significant way since the last assessment was conducted?
- What has hindered progress and why?
- Are there new hazards and associated risks?
- What improvement actions have already been completed? What targets have been reached?
- Should other improvements be prioritized?

Based on the review, updates and improvements to WASH FIT may be required. WASH FIT is a continuous and cyclical process so once started, updates and improvements should happen regularly.

Keeping WASH FIT records

All the completed tools should be kept together in a folder. The full WASH FIT documentation helps to monitor changes over time and to manage a facility effectively. Keep any other useful additional information in this binder: for example, results of water quality monitoring, reports from district health officers or information on hygiene education programmes that have been conducted.

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<http://apps.who.int/ebola/publications-and-technical-guidelines/infection-prevention-and-control-guidance-focus-ebola>

WASH FIT tools

(adapt number to icons for readability)

- Tool 1-A. WASH FIT team list
- Tool 1-B. WASH FIT team meeting form
- Tool 2-A. Indicators Assessment
- Tool 2-B. Sanitary inspection forms
- Tool 3. Risk assessment
- Tool 4. Improvement plan
- Suppl. 1. Activity planning

The tools are designed to assist in developing and maintaining a WASH FIT plan. As WASH FIT is not a one-off exercise but requires ongoing implementation, review and updating, the completed tools will need to be revised over time. Some will need to be used more frequently (for example, the team meeting form and sanitary inspection forms) than others. In addition, some require multiple copies each time they are used (for example, hazard analysis and risk assessment), so an adequate number of copies of all tools should be before starting. If the original copies of tools are used, it will be difficult to reproduce them later.

Task 1. Assemble the team

Tool 1-A. Team list

Tool 1-A supports the implementation and documentation of **Task 1**. Once completed, this tool becomes part of the WASH FIT documentation binder.

Creating the team list ensures that each team member contributes to and understands his or her responsibilities and that every person on the team can reach all the other team members.

Record the **roles and responsibilities** of individual team members in the team list. The list should include the leader of the WASH FIT team, the manager of the facility, a member of staff at the facility, the person in charge of cleaning, the person responsible for operation of the water supply, or a member of the community using the facility (for example a woman who has delivered there).

Make sure relevant **external contacts** are also included, such as a local engineer, water quality expert at the local health office, a member of a local or national disabled persons organization, someone from local government (for example at the district level) or an NGO. These members may not participate in every WASH FIT team meeting but they are nevertheless an important resource for the development of the plan. It is especially important to consult with the district health manager in establishing the team and responsibilities so he/she has feels ownership and commitment to the WASH FIT process and because through decentralization many decision making activities have been devolved to the district level.

In general, the WASH FIT team should:

- Understand and champion the importance of water, sanitation, hand hygiene and hygiene practices (cleaning and disinfection) for delivering quality care;
- Identify and evaluate hazards and risks which affect the ability to deliver safe, efficient, and people-centered care and make an improvement plan to change these things;
- Plan for regular monitoring, inspection, management and maintenance of infrastructure and services throughout the facility;
- Monitor behavior of staff and patients and their families(for example hand hygiene) and determine priorities for training and promotion activities;
- Implement and maintain the WASH FIT process and meet regularly (for example, every week for the internal team and quarterly with the extended team) to discuss necessary updates;
- Meet to review and, if necessary, revise all parts of the WASH FIT documentation (for example annually).

To complete **Task 1**, also use **Tool 1-B**.

Date:

Name	Job title and organization (e.g. Facility manager, Bongor Health Centre)	Role and responsibility on the WASH FIT team (e.g. Team leader, responsible for coordinating WASH FIT)	Contact details (e.g. phone number and if available, email)

Task 1. Assemble the team

Tool 1-B. WASH FIT team meeting record sheet

Tool 1-B supports the implementation and documentation of **Task 1**. Each completed team meeting record sheet becomes part of the documentation binder.

For each monthly team meeting, a new copy of the team meeting record sheet should be made and filled in. It is not necessary to document every detail the meeting, just the **main decisions and outcomes**, including important follow-up actions to take. This makes it possible to review what has been agreed, and provides a quick overview for team members or external contacts who were not able to join the meeting. A date, time and location for the next meeting should be agreed at the end of each meeting.

As implementation progresses over time, the WASH FIT team should regularly review the plan during their meetings to check whether or not the WASH FIT documentation (**Tools 1-A to 4**) is still up to date and WASH FIT is implemented as planned. If this is not the case, or if new information has become available, the team should agree on necessary updates and adjustments to the WASH FIT plan.

To complete **Task 1**, also use **Tool 1-A**.

Date of team meeting:

.....

Names of team members participating:

.....
.....
.....
.....
.....

Key issues to be discussed in the meeting (max. 5):

- 1)
- 2)
- 3)
- 4)
- 5)

List the actions/decisions and outcomes of each issue discussed (continue on an extra sheet if necessary):

.....
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Task 2. Conduct an assessment of the facility

Tool 2-A. Indicators Assessment

The **Indicators Assessment** guides the WASH FIT team through a systematic assessment of all seven WASH FIT domains.

Each domain includes a small number of **indicators and associated targets**, based on the WHO Standards. Each indicator is broken down into three levels, **green (good/target)**, **yellow (average/needs improvement)**, **red (poor/unacceptable)**. The aim is that all indicators should reach WHO Standards and be green. Where an indicator has a star (e.g. 1.4*), explanatory notes are provided at the bottom of the table.

The team should walk through the facility as a group and answer all of these questions to understand the baseline situation. The whole team should be present to assess all relevant parts of the facility (considering infrastructure as well as other less visible things such as staff behaviors, information provisions and budgets). The Indicators Assessment should be based on the real situation and not include estimates provided by other staff members.

Under '*Status at Assessment*', describe the current situation in as much detail as possible for each indicator. According to this information, decide whether the indicator is good (G), average (A) or poor (P) and mark a letter (or colour) in the final column.

Count the number of green, yellow and red indicators for each domain, and calculate the percentage of each out of the total for that domain. For example, if 3 out of the 14 indicators for water are green, the percentage is $3/14 \times 100 = 21\%$. Fill in the table at the bottom of each domain. Record the same percentages in the summary tables at the end of the Indicators Assessment sheets (page 35) so that the results from all the domains can be seen together. This provides an opportunity to compare progress over time and see differences between each assessment.

The Indicators Assessment will need to be redone every six months (or more often) to re-assess the facility and monitor how well the improvement plan is working. This will highlight any areas (domains) where additional improvements are needed or unforeseen problems have arisen. Ideally, the same person/people should conduct the Indicators Assessments each time (at baseline, six months and twelve months) to ensure consistency.

1	WATER	Good (Target)	Average	Poor	Status at assessment (describe in detail)	G/A/P
1.1*	Improved, available water supply piped into the facility or on premises.	Yes, within facility	Yes, on premises	No improved water source within facility grounds		
1.2	Sanitary inspection risk score (using Sanitary Inspection Form).	Low risk	Medium risk	High or very high risk		
1.3*	Water services available at all times when needed and of sufficient quantity for all uses.	Yes, everyday	More than 5 days per week	Fewer than 5 days per week		
1.4	Water piping is functional (i.e. no major leaks, all end points are connected to an available water supply).	Yes, all piping in place	Yes, more than half of all pipes and endpoints are functioning	No, less than half of all pipes or endpoints (i.e. faucets) are functioning		
1.5	Water services available throughout the year (i.e. not affected by seasonality or other constraints).	Yes, throughout the year	Water shortages for 1-2 months	Water shortages for 3 months or more		
1.6*	Water storage is sufficient to meet the needs of the facility for 2 days.	Yes	More than 75% of needs met	Less than 75% of needs met		
1.7*	A reliable drinking water station is present and accessible for staff, patients and carers, and those with disabilities at all times and locations/wards.	Yes, at all times/wards and accessible to all	Yes, sometimes, or not available for all users	Not available		
1.8	Drinking water is safely stored in a clean bucket/ tank with cover and tap.	Yes	N/A	Not safely stored		
1.9*	Water is treated and collected for drinking with a proven technology that meets WHO performance standards.	Yes	Treated but not regularly	Not treated		
1.10	Drinking water has appropriate chlorine residual (0.2mg/l or 0.5mg/l in emergencies) or free of <i>E.Coli</i> and not turbid.	Yes	Chlorine residual <0.2mg/l or staff unable to correctly test	Not treated / do not know residual /do not have capacity to test residual		

1.11	National water quality standards exist and the facility water supply is regulated according to these standards.	Yes and water meets national standards.	Yes, but no regulation or testing.	No standards exist.		
1.12	Sufficient energy is available for pumping and boiling water (mark if not applicable).	Yes, always	Yes, sometimes	Never		
1.13*	At least one shower or bathing area is available per 40 patients in inpatient settings and is functioning and accessible.	Yes	Showers available, but no water or in disrepair or showers available but fewer than 1 per 40	No showers.		
1.14	Shower(s) are adequately lit, including at night.	Yes	Lighting infrastructure exists, but not functioning	Not adequately lit or no lighting infrastructure		

NOTES

1.1	Water system in buildings / water system on facility grounds / public tap/fountain / Borehole / Protected well / Protected rainwater collection. This refers to the water supply for general purposes, including drinking, washing, and cleaning.
1.3	For an intermittent piped-water supply, e.g. available 8 hours per day,
1.6	Water needs will vary depending on the type of facility and number of patients. To calculate the facility's water requirements, add up the following requirements (source: WHO 2008 Essential Environmental Standards) or applicable National Standards. Outpatients (5 litres/consultation) + Inpatients (40–60 litres/patient/day) + Operating theatre or maternity unit (100 litres/intervention) + Dry or supplementary feeding centre (0.5–5 litres/consultation depending on waiting time) + Cholera treatment centre (60 litres/patient/day). Acceptable storage methods include: clean, covered and well maintained containers which prevent contamination from entering and are free from any cracks, leaks, etc. Such containers should also allow for water to be extracted without hands or other potentially contaminated surfaces from touching the water (i.e. through use of a tap).
1.7	Accessible means with railings, a seat and water access

1.9	Such technologies should meet one of WHO's Household Water Treatment and Safe Storage (HWTS) performance categories and generally involve filters, boiling, solar, chlorine (for non-turbid water) or coagulation/flocculation. Higher performing technologies (i.e. two or three stars including membrane filters, UV and coagulants/flocculants) are recommended for vulnerable groups (i.e. those with HIV or young infants) and where the specific pathogen of concern is not known. A list can be found here: http://www.who.int/household_water/scheme/products/en/ . Drinking water meets WHO <i>Guidelines for drinking-water quality</i> (2011) or national standards: http://www.who.int/water_sanitation_health/publications/dwq-guidelines-4/en/
1.10	Staff should be able to correctly demonstrate how to test chlorine residual with the appropriate testing devices and ideally have evidence of documented chlorine residuals from previous testing.
1.11	Drinking water meets WHO <i>Guidelines for drinking-water quality</i> (2011) or national standards: http://www.who.int/water_sanitation_health/publications/dwq-guidelines-4/en/
1.13	Medicins Sans Frontières (2010). <i>Public Health Engineering in Precarious Situations</i> : http://refbooks.msf.org/msf_docs/en/public_health_en.pdf

Good	___ /12 ___ %	Average	___ /12 ___ %	Poor	___ /12 ___ %
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2	SANITATION	Good (Target)	Average	Poor	Status at assessment (describe in detail)	G/A/P
2.1*	Number of available and usable toilets or improved latrines for outpatients	4 or more	4 or more present but not functioning, or only 1-3 functioning	None available or none functioning		
2.2*	Number of available and usable toilets or improved latrines for inpatients	One per 20 users	One per 21-30 users	Less than one per 30 users		
2.3	Toilets or improved latrines clearly separated for staff and patients and visitors	Yes	Some separate latrines but not for all three categories (staff, patients and visitors)	No separate latrines		
2.4	Toilets or improved latrines clearly separated for male and female	Yes	N/A	No indication of gender separation.		
2.5*	At least one toilet or improved latrine provides the means to manage menstrual hygiene needs	Yes	Yes, but toilet is not clean or in disrepair	No		
2.6*	At least one toilet meets the needs of people with reduced mobility	Yes	Yes, but not available or in disrepair	No toilets for disabled users		
2.7*	Functioning hand hygiene stations within 5m of latrines	Yes	Present, not functioning or no water or soap	Not present		
2.8*	Record of cleaning visible and signed by the cleaners each day	Yes	Toilets cleaned but not recorded	No record / toilets cleaned less than once a day		
2.9*	Grey / waste water drainage system and soak away pit are functioning	Yes	Present but not functioning	Not present		

2.10	Latrines are adequately lit, including at night	Yes	Lighting infrastructure exists, but not functioning	Not adequately lit or no lighting infrastructure		
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NOTES

2.1	<p>At least four toilets per outpatient setting (one for staff, and for patients: one for females, one for males, one for disabled users). More latrines may be needed depending on the size of the facility.</p> <p>Improved sanitation facilities include flush toilets into managed sewer or septic tank and soakaway pit, VIP latrines, pit latrines with slab, and composting toilets.</p> <p>To be considered usable, a toilet/latrine should have a door which is unlocked when not in use (or for which a key is available at any time) and can be locked from the inside during use, there should be no major holes in the structure, the hole or pit should not be blocked, water should be available for flush/pour flush toilets, and there should be no cracks, or leaks in the toilet structure. It should be within the grounds of the facility and it should be clean as noted by absence of waste, visible dirt and excreta and insects.</p>
2.2	<p>To be considered usable, a toilet/latrine should have a door which is unlocked when not in use (or for which a key is available at any time) and can be locked from the inside during use, there should be no major holes in the structure, the hole or pit should not be blocked, water should be available for flush/pour flush toilets, and there should be no cracks, or leaks in the toilet structure. It should be within the grounds of the facility and it should be clean as noted by absence of waste, visible dirt and excreta and insects.</p>
2.5	<p>Toilets should have a ben for disposal of waste or an area for washing, with water available.</p>
2.6	<p>A toilet can be considered to meet the needs of people with reduced mobility if it meets the following conditions: can be accessed without stairs or steps, handrails for support are attached either to the floor or sidewalls, the door is at least 80 cm wide, the toilet has a raised seat (between 40-48cm from the floor), a backrest and the cubicle has space for circulation/maneuvering (150x150cm). The sink, tap and water outside should also be accessible and the top of the sink 75cm from the floor (with knee clearance). Switches for lights, where relevant, should also be at an accessible height (max 120 cm). All specifications are based on ISO 21542:2011 – Building construction - Accessibility and usability of the built environment, available at: http://www.iso.org/iso/home/store/catalogue_tc/catalogue_detail.htm?csnumber=50498</p>
2.7	<p>Tap water with soap. Water should not be chlorinated. Alcohol based hand rub is <i>not</i> suitable for use at latrines.</p>
2.8	<p>For low literacy or illiterate cleaners, this should be adapted and simplified accordingly with recognizable pictures and illustrations.</p>
2.9	<p>No leakage from pipes nor soakaway pit, and soakaway more than 30m from water source, with grease trap and no visible pool of stagnant water</p>
2.10	<p>Lighting for latrines is necessary in all facilities where nighttime services are provided and where there is not sufficient natural light to safely use the latrine during the day.</p>

<p>Good</p> <p>___ /10</p> <p>___%</p>	<p>Average</p> <p>___ /10</p> <p>___%</p>	<p>Poor</p> <p>___ /10</p> <p>___%</p>
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3	HEALTH CARE WASTE	Good (Target)	Average	Poor	Status at assessment (describe in detail)	G/A/P
3.1	A trained person is responsible for the management of health care waste in the health care facility.	Yes, presented and adequately trained	Appointed but not trained	Not appointed		
3.2*	Functional waste collection containers for 1) non-infectious (general) waste, 2) infectious waste and 3) sharps waste in close proximity to all waste generation points	Yes	Separate bins present but lids missing or more than ¾ full; only two bins (instead of three); or at some but not all waste generation points	No bins or separate sharps disposal.		
3.3	Waste correctly segregated at all waste generation points.	Yes	Some sorting but not all correctly or not practiced throughout the facility	No sorting		
3.4	Hazardous and non-hazardous waste are stored separately before being treated / disposed of or moved off site.	Yes, separated storage areas available.	Separated storage areas are available but with insufficient capacity or overfilled.	No separated storage areas available.		
3.5*	All infectious waste is stored in a protected area before treatment, for no longer than the default and safe time.	Yes	Treated between 24-48 hours.	Treated after 48 hours or not treated at all.		
3.6	Functional burial pit / fenced waste dump or municipal pick-up available for disposal of non-infectious (non-hazardous/general waste).	Yes	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		

3.7	Anatomical- pathological waste is burned in a crematory, disposed at a cemetery or in a dedicated pathological waste/placenta pit.	Yes	Present but not used or functional or overfilled or not fenced and locked.	None present		
3.8	Incinerator or alternative treatment technology for the treatment of infectious and sharp waste is functional and of a sufficient capacity.	Yes	Present but not functional and/or of a sufficient capacity.	None present		
3.9	Sufficient fuel available for incineration (mark if not applicable)	Yes, always	Yes, sometimes	Never		
3.10*	Dedicated ash pits available for disposal of incineration ash (mark if not applicable)	Yes	Present but not functional or overfilled or not fenced and locked.	None present		
3.11	Protocol or SOP (Standard Operating Procedure) for safe management of health care waste clearly visible and legible.	Yes, visible and implemented	Written but not visible or implemented	No protocol/SOP in place		
3.12*	Appropriate protective equipment for all staff in charge of waste treatment and disposal.	Yes	Some equipment available, but not for all staff, or available but damaged	None available		

NOTES

3.2	Waste containers are safety boxes for sharps, separate dedicated containers for infectious, non-sharp waste and one for infectious, non-sharp, non-infectious (general) waste. Functional means containers should not be ¾ full, be leak-proof with a lid and clearly labeled (easily distinguishable according to a color, label or symbol) and with no infectious waste exposed nearby.
3.5	Unless a refrigerated storage room is available, storage times for infectious waste (e.g. the time between generation and treatment) should not exceed the following periods: Temperate climate: 72 hours in winter / 48 hours in summer Warm climate: 48 hours during the cool season / 24 hours during the hot season
3.5	Fenced area protected from flooding + lined and covered pit > 30m from water source + no unprotected health care waste is observed. If waste removed offsite, both the site and the holding area (minus the pit) should comply with the above requirements.
3.7	Placenta pits: lined or unlined depending on the geology, with slab, with ventilation pipe. Regardless of whether the local custom/norm is for the family to leave the facility with the placenta and bury it elsewhere, facilities should have a functional placenta disposal system onsite.

3.8	Incinerator (if designed for infectious waste and not just general waste) must follow specific design requirements (e.g. use of fire bricks/refractory bricks and mortar (vs. common building bricks) that can withstand the temperatures needed for these incinerators (greater than 800 C). For complete burning, a dual chamber incinerator is needed that reaches temperatures above 800 C and 1100 C, respectively. For guidelines, see WHO (2014) <i>Safe management of waste from health-care activities</i> , Geneva: WHO. Waste may be treated off site. If so, there should be a means to confirm it is treated safely at such a site.
3.10	Ash pits: lined or unlined depending on the geology, with slab.
3.12	Protective equipment for people handling waste management include: gloves, apron, tough rubber boots.

Good	___ /12 ___%	Average	___ /12 ___%	Poor	___ /12 ___%
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4	HAND HYGIENE	Good (Target)	Average	Poor	Status at assessment (describe in detail)	G/A/P
4.1*	Functioning hand hygiene stations are available at all points of care	Yes	Stations present, but no water and/or soap or handrub solution.	Not present		
4.2*	Functioning hand hygiene stations are available in service areas	Yes	Stations present, but no water and/or soap or handrub solution.	Not present		
4.3*	Functioning hand hygiene stations available in waste disposal area	Yes	Stations present, but no water and/or soap or handrub solution.	Not present		
4.4*	Hand hygiene promotion materials clearly visible and understandable at key places	Yes	Some places but not all.	None		

NOTES

- 4.1** Point of care is where three elements come together: the patient, the health-care workers and care or treatment involvement contact with the patient or his/her surroundings.
Sink or bucket with tap and water with soap OR alcohol-based hand-rub. At least two hand hygiene stations in a ward with more than 20 beds.
Point of care is any area where health worker, patient and care or treatment involving touch come together, this may be include consultation rooms, operating rooms, delivery rooms AND laboratory.
Verify that water is available from the tap.
- 4.2** Sink or bucket with tap and water with soap OR alcohol-based hand-rub.
Service areas include sterilization, laboratory, kitchen, laundry, showers, waste zone and mortuary. (Toilets are included under 2.7)
- 4.3** Tap and water with soap OR alcohol-based hand-rub.
- 4.4** Key places include at points of care, the waiting room, at the facility's entrance and within 5m of latrines

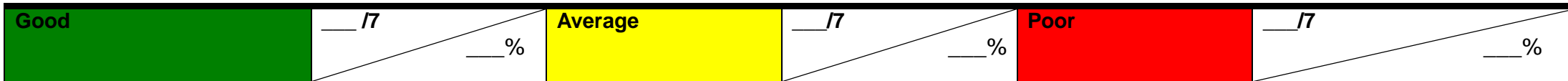


5	CLEANING & DISINFECTION Indicators are adapted from the African Partnership for Patient Safety (APPS) IPC evaluation form ⁵	Good (Target)	Average	Poor	Status at assessment (describe in detail)	G/AP
5.1*	A month's supply of disposable health care gloves for health care staff.	Yes	Less than one month's supply	None available		
5.2*	At least two pairs of household cleaning gloves, and one pair of overalls or apron and boots in a good state, for each cleaning and waste disposal staff member.	Yes	Available but in poor condition.	Not available		
5.3	At least one member of staff can demonstrate the correct procedures for cleaning and disinfection and apply them as required to maintain the HCF rooms clean and safe.	Yes	Procedure is known but not applied	Procedure not known or applied		
5.4*	Floors and horizontal work surfaces appear clean.	Yes	Some floors and work surfaces appear clean but others do not.	All floors and surfaces are visibly dirty.		
5.5	Record of cleaning visible and signed by the cleaners each day.	Yes	Record exists, but is not completed daily or is outdated.	No record of floors and surfaces being cleaned.		
5.6	Appropriate and sufficient materials for cleaning (i.e. detergent, mops, buckets, etc)	Yes	Yes, but not sufficient to carry out daily cleaning.	No.		
5.7	Laundry facilities are available to wash linens from patient beds between each patient.	Yes	Facilities exist but are not used daily	No facilities and/or no linens.		

⁵ WHO African Partnerships for Patient Safety (APPS): Patient safety situational analysis (Long form)
http://www.who.int/entity/patientsafety/implementation/apps/resources/APPS_Improv_PS_Situational_Analysis_LF_2012_04_EN.pdf

NOTES

5.1	Number of consultations per months is equal to the number of pairs of disposable gloves
5.2	Waste disposal staff who operate the incinerator should have a fireproof apron, gloves, face mask and boots
5.4	Clean as noted by absence of waste, visible dirt and excreta and insects.
5.6	Environmental surfaces or objects contaminated with blood, other body fluids, secretions or excretions are cleaned and disinfected as soon as possible using standard hospital detergents /disinfectants



6	ENVIRONMENTAL MANAGEMENT	Good (Target)	Average	Poor	Status at assessment (describe in detail)	G/A/P
6.1	The exterior of the facility is well-fenced, kept generally clean (free from solid waste, stagnant water, no animal and human faeces in or around the facility premises, etc).	Yes, always	Partly but improvements could be made Yes, sometimes	Not kept clean at all		
6.2	Proper drainage is in place to ensure storm and wash water is diverted away from the facility and facility grounds and prevent accumulation of stagnant water.	Yes	Yes, but drainage is not functioning properly and potential for or evidence of some stagnant water.	None		
6.3	The facility has sufficient natural ventilation and where the climate allows, large opening windows, skylights and other vents to optimize natural ventilation.	Yes	Some ventilation but not sufficient	No		
6.4	General lighting sufficiently powered and adequate to ensure safe provision of health care including at night (mark if not applicable).	Yes, always	Yes, sometimes	Never		
6.5	Kitchen stores and prepared food is protected from flies, other insects or rats.	Yes	Yes, but	No		
6.6	Beds have insecticide treated nets to protect patients from vector-borne diseases.	Yes, on all beds	Available on some but not all beds, or available but with rips and or holes.	No bednets available		
6.7	Beds for patients should be separated by a distance of 2.5 metres from the centre of one bed to the other.	Yes, all beds meet this guidance	Some but not all beds fit this criteria	No beds meet this criteria		

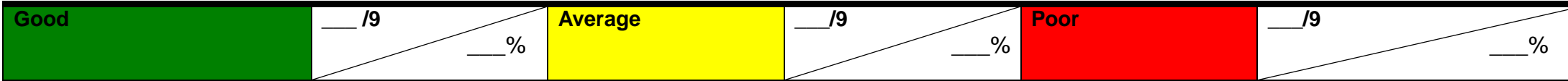
NO NOTES

Good	___ /7 ___%	Average	___ /7 ___%	Poor	___ /7 ___%
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7	FACILITY MANAGEMENT	Good (Target)	Average	Poor	Status at assessment (describe in detail)	G/A/P
7.1	WASH FIT is in place, implemented and regular monitored.	Yes	Incomplete or complete but has not been implemented and/or is not monitored.	No plan		
7.2*	An annual planned budget for the facility is available and includes funding for WASH infrastructure, services and personnel which is sufficient to meet the needs of the facility.	Yes	Yes but budget is insufficient for WASH.	No budget		
7.3	A dedicated budget for the continuous procurement of WASH items (hand hygiene products, minor supplies to repair pipes, toilets, etc.) is available and sufficient to meet the needs of the facility	Yes	Yes but budget is insufficient	No budget		
7.4	A protocol for operation and maintenance, including procurement of WASH supplies is visible, legible and implemented.	Yes	Protocol exists but not implemented	No protocol		
7.5	Regular (at least weekly) ward-based audits are undertaken to assess the availability of handrub, soap, single use towels and other hand hygiene resources.	Yes	Undertaken less than once a week or assessment is incomplete	Not undertaken		
7.6	An up-to-date diagram of the facility management structure is clearly visible and legible	Yes	Yes but not up to date	Not available		
7.7	All staff have a job description written clearly and legibly, including WASH-related responsibilities.	Yes	Some, but not all, staff have a job description.	No job description written		
7.8	Adequate cleaners and WASH maintenance staff are available.	Yes		None available		
7.9	A continuous training program for facility staff is implemented and staff are regularly assessed on their knowledge and learning (minimum requirements include Hygiene, IPC) and have opportunities to continuously refresh and increase their skills.	Yes	Training exists but staff not regularly assessed, or training does not meet staff needs	No training available		

NOTES

7.2 The budget refers to that used for capital and operational costs. It could be from the community-management group and/or the government, according to the policies and practices in the country.



Tool 2-A, part 2: Record of facility assessments

Record when and who conducted the facility assessment and count the number of red, yellow and green indicators for each domain. If there were any problems with the assessment, record these in the notes box: for example if some questions could not be filled in, make a note of why not and set a date when the indicators will be calculated. Make a note of the number of indicators which were 'not applicable'.

ASSESSMENT 1		Name(s) of person leading assessment:				Date:	
	Water	Sanitation	Health care waste	Handwashing	Cleaning & Disinfection	Environ. management	Facility management
Good (%)							
Average (%)							
Poor (%)							
Not applicable (%)							
Notes or Comments							
ASSESSMENT 2		Name(s) of person leading assessment:				Date:	
	Water	Sanitation	Health care waste	Handwashing	Cleaning & Disinfection	Environ. management	Facility management
Good (%)							
Average (%)							
Poor (%)							
Not applicable (%)							
Notes or Comments							
ASSESSMENT 3		Name(s) of person leading assessment:				Date:	
	Water	Sanitation	Health care waste	Handwashing	Cleaning & Disinfection	Environ. management	Facility management
Good (%)							
Average (%)							
Poor (%)							
Not applicable (%)							
Notes or Comments							

Task 2. Conduct a walkthrough assessment of the facility

Tool 2-B. Sanitary inspection forms

The sanitary inspection forms (also known as sanitary surveys) provided in **Tool 2-B** support the implementation and documentation of Task 3. They should be used to fill in indicator **1.2**.

Sanitary inspections provide useful **on-site information**. They assist the WASH FIT team in identifying problems with the water supply and possible contamination sources within the facility. If performed regularly, sanitary inspections enhance the facility team's knowledge of supply system conditions.

This tool offers a variety of **sanitary inspection (SI) forms**. Note that not all SI forms will be relevant for a facility's water system, so the **relevant SI forms** which are applicable to the facility's water supply should be selected. The next pages include an SI form for each of the following abstraction technologies and supply steps:

- dug well with hand pump (SI form 1)
- public/yard taps and piped distribution (SI form 2).
- storage reservoirs (SI form 3)

Page 1 of each inspection form presents a systematic **checklist of simple questions** that address typical **risk factors** associated with a respective abstraction technology or supply step (such as presence of animals, accumulation of fecal material, design flaws or lack of protective infrastructures). The questions are structured so that a "Yes" answer indicates a potential risk and a "No" answer indicates no or a very low risk. All answers should be based on **visual on-site observation and interviewing** community members and/or operators by the team.

Page 2 of each inspection form provides space to document additional problems not covered by the list of questions, as well as further details, remarks, observations and recommendations.

Each sanitary inspection form is accompanied by **explanatory notes**. These notes on *pages 3 and 4* of each inspection form provide additional guidance to the team with information to assist the team's understanding of each question. Also remember that the water quality expert at the local health office or local water supply office can help perform the inspections.

The team should **carry out sanitary inspections regularly** (for example, quarterly).

All completed sanitary inspection forms become part of the WASH FIT documentation binder.

I. General information

- a. Name of facility:
- b. Location and/or name of dug well:
- c. Date of inspection:
- d. Weather conditions during inspection:

Note. If there is more than one dug well accessed by the facility, or if the facility uses other water sources (such as springs or boreholes), carry out sanitary inspections for these sources too.

II. Specific questions for assessment

- 1. Is there a latrine uphill and/or within 30 metres (100feet) of the well? Y/N
- 2. Is the fence absent, inadequate or faulty? Y/N
- 3. Can animals have access within 30 metres (100feet) of the well? Y/N
- 4. Is there any other source of pollution within 30 metres (100feet) of the well (such as animal breeding, cultivation, roads, health care waste, domestic garbage)? Y/N
- 5. Is there stagnant water within 3 metres of the well? Y/N
- 6. Is the drainage channel absent or cracked, broken or in need of cleaning? Y/N
- 7. Is the cement floor or slab less than 2 metres in diameter around the top of the well? Y/N
- 8. Are there cracks in the cement floor or slab? Y/N
- 9. Is the hand pump loose at the point of attachment or, for rope-washer pumps, is the pump cover missing or damaged? Y/N
- 10. Is the well cover absent, cracked or insanitary? Y/N

Total score of risk factors as total number of "YES" answers:

III. Results and comments

- a. Sanitary inspection risk score (*tick appropriate box*):

Very high risk (risk score: 9–10)	High risk (risk score: 6–8)	Medium risk (risk score: 3–5)	Low risk (risk score: 0–2)

- b. Important points of risk noted and reported on the reverse of this form:
 - list according to question numbers 1–10
 - additional comments.

IV. Names and signatures of assessors:

.....

Additional details, remarks, observations and recommendations:

1. Is there a latrine uphill and/or within 30 metres (100 feet) of the well?

Latrines close to groundwater supplies may affect water quality (for example, by infiltration of faecal material). Pollution on higher ground poses a risk, especially in the wet season, as faecal material (and other pollutants) may flow into the water source (the risk increases if no surface water diversion is present). Groundwater may also flow towards the well from the direction of the latrine. You may need to check structures visually to see if they are latrines in addition to asking residents. If you observe any latrines uphill or within 30 metres (100 feet) of the well, answer "Yes".

2. Is the fence absent or faulty?

If there is no fence – or if the fence is inappropriate (for example, too low or not equipped with a functioning gate) or damaged – animals (including those used for collecting the water) can access the well site. They may damage the structure and pollute the area with excreta. You will need to check both the protection of the site and whether animals are routinely in the area. If you observe either of these problems, answer "Yes".

3. Can animals have access within 30 metres (100 feet) of the well?

If animals can access the well site or its immediate vicinity, they may damage the structure and pollute the area with excreta. You will need to check both the protection of the site and whether animals are routinely in the area. If you observe either of these problems, answer "Yes".

4. Is there any other source of pollution within 30 metres (100 feet) of the well (such as animal breeding, cultivation, roads, garages, craft enterprises or waste)?

Animal or human faeces on the ground close to the well constitute a risk to water quality, especially when water diversion ditches are not present. Disposal of other waste (for example, household, agricultural or commercial) indicates that environmental sanitation practices are poor, which constitutes a risk to water quality. This can be confirmed by observation of the general surroundings in the community. If you find any of these practices within 30 metres (100 feet) of the well, answer "Yes".

5. Is there stagnant water within 3 metres of the well?

If pools of water accumulate around the well they may provide a route for contaminants to enter the source. If you observe spilt water or pools of water close to the well, answer "Yes".

6. Is the drainage channel absent or cracked, broken or in need of cleaning?

Poor construction or maintenance of the drainage channel leads to cracks and breaks. Especially when combined with spillage of water and poor sanitary conditions, this poses a risk to water quality. If you observe any of these problems, answer "Yes".

7. Is the cement floor or slab absent or less than 2 metres in diameter around the top of the well?

The slab is built to prevent backflow of water into the well. To do this adequately it needs to be at least 2 metres in diameter. If it is absent or too small, answer "Yes".

8. Are there cracks in the cement floor or slab?

Cracks, especially deep ones, in the cement may allow backflow into the water source. If you see deep cracks, answer "Yes".

9. Is the hand pump loose at the point of attachment or, for rope-washer pumps, is the pump cover missing or damaged?

A loose hand pump or a missing pump cover may allow backflow of contaminated water into the water source. If the pump is not securely attached to the pump base in the apron (or the pump cover is missing), answer "Yes".

10. Is the well cover absent, cracked or insanitary?

Absence of a cover, a cracked cover or an insanitary cover increases the likelihood of contamination entering the well. If you observe any of these problems, answer "Yes".

I. General information

- a. Name of facility:
- b. Date of inspection:
- c. Weather conditions during inspection:
- d. Location and/or name of water source(s) feeding the distribution system:
- e. Location and/or name of storage reservoir feeding the distribution system (if any):

Note. If the distribution system is served by a storage reservoir, also carry out a sanitary inspection using the form "Storage reservoirs".

II. Specific questions for assessment

Note. Fill in one form per public or yard tap under inspection. In facilities with water piped directly into the building only questions 7–11 apply. Not all taps within the facility need to be inspected in every inspection round: a selected sample is sufficient.

Public or yard tap

- 1. Does the tap leak? Y/N
- 2. Is the tap or are attachments (such as hoses) insanitary? Y/N
- 3. Does spilt water accumulate around the tapstand? Y/N
- 4. Is the area around the tapstand insanitary? Y/N
- 5. Is the area around the tapstand unfenced, allowing animals to access the area? Y/N
- 6. Is there a sewer or a latrine within close proximity to the tapstand (generally 30 m but may be more or less depending on the gradient, geology and size of water or sewer infrastructure) Y/N

Piped distribution

- 7. Are there any signs of leaks in the inspection area (for example, accumulating water)? Y/N
- 8. Are any of the pipes exposed above ground in the inspection area? Y/N
- 9. Do users report any pipe breaks within the last week? Y/N
- 10. Has there been discontinuity in the last 10 days? Y/N

Total score of risk factors as total number of "YES" answers:

III. Results and comments

- a. Sanitary inspection risk score (*tick appropriate box*):

Note. In situations where only questions 6–10 apply, the score below can be adapted as follows: "Very high" = 5; "High" = 3–4; "Medium" = 2; "Low" = 0–1.

Very high risk (risk score: 9–10)	High risk (risk score: 6–8)	Medium risk (risk score: 3–5)	Low risk (risk score: 0–2)

- b. Important points of risk noted and reported on the reverse of this form:
 - list according to question numbers 1–10
 - additional comments.

IV. Names and signatures of assessors:

Additional details, remarks, observations and recommendations:

Empty rectangular box for notes.

1. Does the tap leak?

If taps are leaking or damaged then cracks may provide a route for contaminants to enter the pipes, particularly if the distribution system is operating intermittently. Leaking taps also contribute to water wastage. During the inspection you will need to differentiate between water from leaking taps and spilt water. If you observe leaks or damage at taps, answer “Yes”.

2. Is the tap or are attachments (such as hoses) insanitary?

If the tap is contaminated, or if any attachments to the tap (such as hoses) are insanitary, collected water may be contaminated and contamination can be introduced to the distribution system. If the tap is insanitary, answer “Yes”.

3. Does spilt water accumulate around the tapstand?

Any spilt water may be contaminated by runoff, especially if animals have access to the collection area. Containers may be contaminated by the spilt water during collection. Also, if cracks are present in the collection area, they may provide a route for contaminants to enter the distribution pipes, particularly if the distribution system operates intermittently. If you observe accumulation of spilt water, answer “Yes”.

4. Is the area around the tapstand insanitary?

Faeces, unwanted plant growth/weeds, garbage and other waste increases the risk of water becoming contaminated during collection – for example, by contaminating collection containers. If you observe any of these problems close to the tap, answer “Yes”.

5. Is the area around the tapstand unfenced, allowing animals to access the area?

If there is no fence – or if the fence is inappropriate (for example, too low or not equipped with a functioning gate) or damaged – animals (including those used for collecting the water) can access the tapstand area. They may cause damage to the taps and pollute the area or collection containers with excreta. You will need to check whether animals are routinely in the area by asking residents and by personal observation in the area (including seeing any animal excreta at the site). If you observe any of these problems or if the area is unfenced, answer “Yes”.

6. Are there any signs of leaks in the inspection area (for example, accumulating water)?

If pipes are damaged or leaking then cracks may provide a route for contaminants to enter the pipes, particularly if the distribution system operates intermittently. Watch out for stagnant water or unexpected flows of water above ground but you will need to differentiate between water from leakage and spilt water. If you observe leaks in the inspection area, answer “Yes”.

7. Are any of the pipes exposed above ground in the inspection area?

Exposure of the pipe means that it is more prone to both damage (especially if by/on a road) and contamination from runoff than pipes below ground. You will need to identify the routes of the main pipelines in the inspection area. If the pipelines are exposed, answer “Yes”.

8. Do users report any pipe breaks within the last week?

Pipe breaks pose a risk to water quality as contaminants can enter the system through the break, particularly if the distribution system operates intermittently. You will need to ask residents about any pipe breaks. If breaks are reported, answer “Yes”.

9. Has there been discontinuity in the last 10 days?

During discontinuities the distribution pipes become empty and pressure differences may lead to ingress of water and silt from the soil around the pipes. As water and soil may be contaminated this poses a risk to water quality. You will need to ask residents about discontinuities. Also record the frequency and duration, if possible. If there has been a discontinuity, answer “Yes”.

10. Is there a sewer or a latrine within 30 metres of the tapstand?

Any leaks from a sewer or infiltration from a latrine could contaminate the piped water, especially if there are any cracks in the distribution system and if the distribution system operates intermittently. Groundwater may flow towards the distribution pipes from the direction of the sewer or latrine. You can observe latrines and cross-check with residents but you may need to ask relevant professionals about the location of sewers. If either a sewer or latrine is present, answer "Yes".

I. General information

- a. Name of facility:
- b. Location and/or name of storage reservoir:
- c. Date of inspection:
- d. Weather conditions during inspection:
- e. Location and/or name of water source(s) feeding the reservoir:

Note. If there is more than one storage reservoir used in your facility, use one form for each reservoir.

Note. If the storage reservoir feeds a piped distribution system, also carry out a sanitary inspection using the form "Public/yard taps and piped distribution".

Note. If the storage reservoir is equipped with a tap for collecting water, also carry out a sanitary inspection using questions 1–5 of the form "Public/yard taps and piped distribution".

II. Specific questions for assessment

- 1. Is there any point of leakage of the pipe between source and storage reservoir? Y/N
- 2. Is the physical infrastructure of the storage reservoir cracked or leaking? Y/N
- 3. Is the inspection cover of the storage reservoir absent or open? Y/N
- 4. Is the inspection cover faulty, corroded or is the concrete around the cover damaged? Y/N
- 5. Is the inspection cover insanitary? Y/N
- 6. Are screens protecting the air vents on the storage reservoir missing or damaged? Y/N
- 7. If there is an overflow pipe, is the screen protecting it missing or damaged? Y/N
- 8. Is there any scum or foreign objects in the storage reservoir? Y/N
- 9. Is the diversion ditch above the storage reservoir absent or non-functional? Y/N
- 10. Is the area around the storage reservoir unfenced or is the fence damaged, allowing animals to access the area? Y/N
- 11. Is the storage reservoir not regularly cleaned and disinfected? Y/N
- 12. Are the gutters cleaned regularly, especially before and during the rainy season Y/N

Total score of risk factors as total number of "YES" answers:

III. Results and comments

- a. Sanitary inspection risk score (*tick appropriate box*):

Very high risk (risk score: 9–12)	High risk (risk score: 6–8)	Medium risk (risk score: 3–5)	Low risk (risk score: 0–2)

- b. Important points of risk noted and reported on the reverse of this form:
 - list according to question numbers 1–12
 - additional comments.

IV. Names and signatures of assessors:.....

Additional details, remarks, observations and recommendations:

- 1. Is there any point of leakage of the pipe between source and storage reservoir?**
If pipes are damaged or leaking then cracks may provide a route for contaminants to enter the pipes. Watch out for stagnant water or unexpected flows of water above ground. If you observe leaks, answer “Yes”.
- 2. Is the physical infrastructure of the storage reservoir cracked or leaking?**
Cracks allow contaminants to reach the water stored in the tank; leakage also leads to loss of water. If you find deep cracks that penetrate the tank, answer “Yes”.
- 3. Is the inspection cover of the storage reservoir absent or open?**
If there is no inspection cover, or the cover is not closed at the time of inspection, it allows contaminants (such as bird droppings or other faeces from rodents or cats) to reach the water stored in the tank rapidly, especially in wet weather. If you observe either of these problems, answer “Yes”.
- 4. Is the inspection cover faulty, corroded or is the concrete around the cover damaged?**
Corroded or damaged covers and cracked concrete surrounds allow contaminants (such as bird droppings or other faeces from rodents or cats) to reach the water stored in the tank rapidly, especially in wet weather. If you observe any of these problems, answer “Yes”.
- 5. Is the inspection cover insanitary?**
If the inspection cover is contaminated by faeces (for example, from birds or rodents), spider webs, insects, soil or slime, this poses a risk to water quality. If you observe any of these problems, answer “Yes”.
- 6. Are screens protecting the air vents on the storage reservoir missing or damaged?**
If there are no screens protecting the air vents, or if they are damaged, this allows insects and other animals (such as birds and rodents) to access the reservoir. This poses a risk to water quality. If you observe either of these problems, answer “Yes”.
- 7. If there is an overflow pipe, is the screen protecting it missing or damaged?**
If there are no screens protecting the overflow pipe, or if they are damaged, this allows insects and other animals (such as birds and rodents) to access the reservoir. This poses a risk to water quality. If you observe either of these problems, answer “Yes”.
- 8. Is there any scum or foreign objects in the storage reservoir?**
If there is any scum floating on the surface of the water table (for example, insects, foam or algae), or if there are any other objects on the ground of the reservoir (for example, dead animals or garbage), this poses a risk to water quality. If you observe any of these conditions, answer “Yes”.
- 9. Is the diversion ditch above the storage reservoir absent or non-functional?**
The role of the ditch is to protect the reservoir from surface runoff by directing it downhill and away from the reservoir. If the ditch is filled with waste or poorly contoured then runoff can collect and infiltrate near the reservoir, possibly causing damage to the infrastructure or posing a risk to water quality due to ingress into the reservoir. You should look for water or waste collected in the ditch. If the ditch is absent or not functioning correctly, answer “Yes”.
- 10. Is the area around the storage reservoir unfenced or is the fence damaged, allowing animals to access the area?**
If there is no fence – or if the fence is inappropriate (for example, too low or not equipped with a functioning gate) or damaged – animals (including those used for collecting the water), can access the reservoir area. They may cause damage to it and pollute the area with excreta. You will need to check whether animals are routinely in the area by asking residents and by personal observation in the area (including seeing any animal excreta at the site). If you observe any of these problems or if the area is unfenced, answer “Yes”.
- 11. Is the storage tank not regularly cleaned and disinfected?**
The storage tank should be washed with soap and water, then the whole of the inside wiped using 0.5% chlorine solution. This should occur 3-4 times/year. If this is not done, answer “No”.

Task 3. Risk Assessment: Identify strengths, hazards, risks and prioritize areas for improvement

Tool 3. Strengths, hazards and risk assessment

Tool 3 supports the implementation and documentation of **Task 3**. Once completed, this tool becomes part of the WASH FIT documentation binder.

Complete the form to assess and document **strengths, hazards (problems) and risks** within the facility and identify and plan activities to make improvements, **using the information collected in the Indicators Assessment** as the basis. Any indicators which do not meet the target should be considered a potential hazard and will have a risk associated with them. If the target of an indicator is already met (i.e. green/good), this could be considered a strength. List up to **three** strengths and **three** hazards for each domain⁶.

When completing the forms, consider the following **tips**:

- It is important to recognize instances where the facility is already doing well. This tool asks you to list **strengths** or measures already in place in a facility, which help make a facility safe and clean: for example, these could be where a facility already meets the targets for a particular domain (as measured in the Indicators Assessment). The ultimate aim of the plan is to turn all of the hazards and constraints have identified into strengths.
- This tool also provides a place to consider where WASH services and behaviors are not sufficient to meet the needs of staff and patients and where **additional measures or improvements are needed**. The next task is to develop a more detailed action plan to address the most important improvement needs identified for each domain.
- **Sanitary inspections** should be used as part of the Risk Assessment of a facility by providing a hazard analysis of a facility's water supply. These forms help to identify problems with a water supply and areas that need more attention in a system. Forms for sanitary inspections are provided in **Tool 2-B**. Sanitary inspections should be performed regularly (quarterly).
- **Water quality experts at the local health office or water supply office** can help identify reasons why drinking-water may be unsafe, and what can be done about it.

If the form does not give sufficient space, please make additional copies.

The following **example** illustrates the type of information required to complete the **Risk Assessment**. This is for illustrative purposes only.

⁶ More than three of each can be recorded, however

Health care waste			
Strengths	1. Sharps box present and less than three quarters (75%) full in consultation room 2. Staff have received training on health care waste management		
Hazards & Problems	Risks	How important is this risk? (see below)	What efforts or improvements are needed?
1. Waste pit is full and no additional waste can be added	1. Staff and patients at risk of infection from health care waste	Very important	1. Cover the old pit completely and dig new pit
2. Waste area is not functional because it is not fenced off and there is waste exposed and not protected	2. Staff and patients at risk of infection from health care waste	Important	2. Build a fence around waste site
3. Staff are transporting health care waste with no protection because no protective clothing is available	3. Staff at risk of infection during transportation of health care waste	Important	3. Facility manager to buy and maintain supply of protective equipment (boots, gloves, aprons)

Risk levels	
Very important:	<i>requires urgent attention and action</i>
Important:	<i>requires attention and action may be taken</i>
Less important:	<i>no action required at this time</i>

Date of assessment:

Domain	Strengths <i>List up to three measures or activities that are already in place that are working effectively. These will be indicators that you have marked Green/Good.</i>	Hazards (Problems) <i>List up to three hazards or problems that you face. These will be yellow/red indicators.</i> <i>NOTE: the strengths are separate from the problems & risks.</i>	Risks <i>List the possible risks associated with each hazard and constraint</i>	How important is this risk? <i>Very important / important / less important</i>	What efforts or improvements are needed? <i>For each important event identified, consider measures needed.</i>
Water		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.
Sanitation		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.
Health care waste		1.	1.	1.	1.
		2.	2.	2.	2.

Domain	Strengths <i>List up to three measures or activities that are already in place that are working effectively. These will be indicators that you have marked Green/Good.</i>	Hazards (Problems) <i>List up to three hazards or problems that you face. These will be yellow/red indicators. NOTE: the strengths are separate from the problems & risks.</i>	Risks <i>List the possible risks associated with each hazard and constraint</i>	How important is this risk? <i>Very important / important / less important</i>	What efforts or improvements are needed? <i>For each important event identified, consider measures needed.</i>
		3.	3.	3.	3.
Hand hygiene		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.
Cleaning and disinfection		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.
Environmental management		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.

Domain	Strengths <i>List up to three measures or activities that are already in place that are working effectively. These will be indicators that you have marked Green/Good.</i>	Hazards (Problems) <i>List up to three hazards or problems that you face. These will be yellow/red indicators. NOTE: the strengths are separate from the problems & risks.</i>	Risks <i>List the possible risks associated with each hazard and constraint</i>	How important is this risk? <i>Very important / important / less important</i>	What efforts or improvements are needed? <i>For each important event identified, consider measures needed.</i>
Facility management		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.

Task 4. Develop and implement an incremental improvement plan for the facility

Tool 4. Improvement plan

Tool 4 supports the implementation and documentation of Task 4. Once completed, this tool becomes part of the WASH FIT documentation binder.

In Task 3 the hazards and constraints facing the facility in each of the seven domains and associated risk were identified and analyzed. The team decided which were the most important and which required additional control measures or improvements. The next task is to further prioritize and **detail the improvements** and **develop an action plan**. It is important to be specific about what should be done, by whom, when and with which resources.

The **improvement actions** taken will always be **incremental**: some things can be done quickly, others may need more time and resources. For important risks for which larger scale improvement is needed (such as installation of incinerators), and which are likely to take some time owing to limited availability of resources, **interim solutions** (for example, digging new pits for burning waste) should be decided. Remember, the WASH FIT is a continuous process in which improvement takes place step by step.

Keep a record of completed improvement activities in the plan, including the actual date of completion. In this way it is possible to **document the actions** taken towards increased safety and cleanliness of a facility.

If the form does not provide sufficient space, please make additional copies.

The following **example** illustrates the type of information required to complete **Tool 4**. This is for illustrative purposes only.

Domain	What specific improvement action will be taken to resolve the hazards?	Who will carry out the task and who will supervise it?	What resources are needed to do it and where will they come from?	When will it be completed?	Actual date of completion
Health care waste	A new waste pit (with reinforced walls and minimum 1.5 meters from the water table) to be dug Old waste pit covered up (at least 0.5m of soil)	Idriss, facility caretaker	Spade 8hrs. of Idriss' time to dig pit	7 October 2015	8 October 2015
	Purchase materials. Build a fence around the waste site in northern corner of facility grounds to contain waste	Jonas, facility manager to buy materials Idriss, facility caretaker to build fence	\$ 480 to buy materials 6 hrs. of Idriss' time to build fence	10 September 2015	3 October 2015

	<p>Budget line for purchasing protective equipment built into facility budget</p> <p>Facility manager to buy and maintain supply of protective equipment (boots, gloves, aprons)</p>	<p>Jonas, facility manager to identify budget for purchasing equipment and ensure they are purchased</p>	<p>\$ 200 to purchase supplies</p>	<p>1 August 2015</p>	<p>1 August 2015</p>
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Date WASH FIT was started:.....Date of review 1:..... Date of review 2.....

Domain	What specific improvement action will be taken to resolve the hazards identified? <i>Copy the last column of Table 3 into this column.</i> <i>Use this table to provide more specific information.</i>	Who will carry out the task and who will supervise it? <i>List people responsible for implementation</i>	What resources are needed to do it? <i>"Resources" = personnel, technical and financial means</i>	When do you expect to complete this action? <i>Indicate target date</i>	Completion date <i>Once the activity has been completed, record the date of completion</i>	STEP 5: Monitoring When you review the plan, how does it need to be changed? <i>What, if any, additional efforts are needed?</i>	
						Review 1	Review 2
Water							
Sanitation							

Domain	<p>What specific improvement action will be taken to resolve the hazards identified?</p> <p><i>Copy the last column of Table 3 into this column.</i></p> <p><i>Use this table to provide more specific information.</i></p>	<p>Who will carry out the task and who will supervise it?</p> <p><i>List people responsible for implementation</i></p>	<p>What resources are needed to do it?</p> <p><i>“Resources” = personnel, technical and financial means</i></p>	<p>When do you expect to complete this action?</p> <p><i>Indicate target date</i></p>	<p>Completion date</p> <p><i>Once the activity has been completed, record the date of completion</i></p>	<p>STEP 5: Monitoring</p> <p>When you review the plan, how does it need to be changed?</p> <p><i>What, if any, additional efforts are needed?</i></p>	
						Review 1	Review 2
Health care waste							
Hand hygiene							

Domain	What specific improvement action will be taken to resolve the hazards identified? <i>Copy the last column of Table 3 into this column.</i> <i>Use this table to provide more specific information.</i>	Who will carry out the task and who will supervise it? <i>List people responsible for implementation</i>	What resources are needed to do it? <i>"Resources" = personnel, technical and financial means</i>	When do you expect to complete this action? <i>Indicate target date</i>	Completion date <i>Once the activity has been completed, record the date of completion</i>	STEP 5: Monitoring When you review the plan, how does it need to be changed? <i>What, if any, additional efforts are needed?</i>	
						Review 1	Review 2
Cleaning & disinfection							
Environmental management							

Domain	What specific improvement action will be taken to resolve the hazards identified? <i>Copy the last column of Table 3 into this column.</i> <i>Use this table to provide more specific information.</i>	Who will carry out the task and who will supervise it? <i>List people responsible for implementation</i>	What resources are needed to do it? <i>"Resources" = personnel, technical and financial means</i>	When do you expect to complete this action? <i>Indicate target date</i>	Completion date <i>Once the activity has been completed, record the date of completion</i>	STEP 5: Monitoring When you review the plan, how does it need to be changed? <i>What, if any, additional efforts are needed?</i>	
						Review 1	Review 2
Facility management							

Supplement 1: Planning for WASH FIT

This template is designed to kick start the WASH FIT process. A few example activities are provided. These are just examples which do not have to be used but can be adapted to any setting and need. Put a date in the table to show when the activity will be done. The table covers a year and each box refers to two weeks (e.g. if WASH FIT is started in June, month 1 is June, month 2 is July etc.). Write the names of the month in the corresponding box to make it clearer.

Activity	Month																					
	1	2	3	4	5	6	7	8	9	10	11	12										
Share the materials and lessons learned from the WASH FIT training with the rest of the facility																						
All facility members to read the training materials and WASH FIT guide																						
Meeting to identify external partners to join the WASH FIT team.																						
First weekly meeting of the core WASH FIT team																						
Present the WASH FIT methodology to the rest of the team, both internal and external.																						
Complete baseline facility assessment with the whole team																						
First meeting with external partners																						
Make initial immediate improvements (e.g. daily cleaning and record of cleaning).																						

Activity	Month																								
	1		2		3		4		5		6		7		8		9		10		11		12		

