

What is WASH FIT?

The **Water and Sanitation for Health Facility Improvement Tool (WASH FIT)** provides a framework for facilities to monitor and improve WASH services where resources are limited. It helps facility managers and staff to ensure their facility is clean, safe for patients and staff and supports the dignity of all users.



What does WASH FIT cover?

The WASH FIT process starts with an assessment of WASH and waste services according to global and national standards. The assessment is carried out by facility staff, with support of senior management. The assessment can be adapted to include more indicators to reflect national or local priorities or fewer indicators where facilities are smaller. Adaptations may be made at the national or local level. Indicators are based on WHO (2008) Essential environmental standards for health care; WHO (2016) Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level; the WHO (2018) UNICEF Core questions for monitoring WASH in the Sustainable Development Goals and CDC (2019) Best Practices for Environmental Cleaning in Healthcare Facilities: in Resource-Limited Settings.

What type of facilities can use WASH FIT?

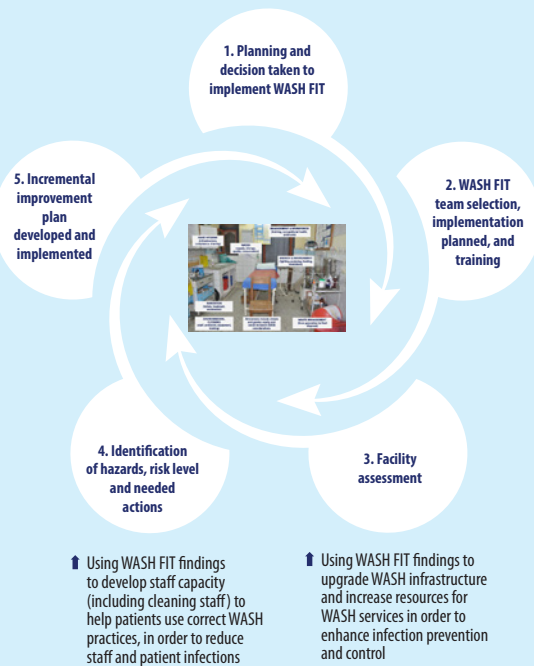
- Small primary health care facilities in lower-resource settings (e.g. health centres, health posts)
- Larger facilities (e.g. district hospitals)
- Middle-income settings where standards are yet to be met
- Emergency settings, including temporary facilities in camps.

What are the expected impacts of WASH FIT?

RESOURCE INPUTS¹

- Political
- Financial/material
- Human
- Community participation

National level preparation & implementation of practical steps²



OUTCOMES³

Improved infection prevention and control and reduced antimicrobial resistance

More efficient use of resources and lower health care costs

Improved staff morale and performance

Increased care seeking

IMMEDIATE AND LONG-TERM IMPACTS⁴

Dignified, safe pregnancy and delivery, and fewer preventable maternal and newborn deaths

Healthier, more productive families and communities

Improved outbreak response and resilience

Improved infrastructure and services

Quality, equity, dignity

¹ INPUTS: political, financial and material, human and community resources that go into conducting the WASH FIT assessment and developing and implementing a facility-based improvement plan.

² A set of 8 actions to be undertaken at the national and sub-national level which include conducting situational analyses, undertaking assessments, developing national roadmaps and standards and tracking progress, from *Practical Steps to achieve universal access to quality care* (WHO, UNICEF 2019).

³ OUTCOMES: direct changes that could occur from the use of WASH FIT, such as infrastructure, operational changes or improved cleaning and hand hygiene practices.

⁴ IMPACTS: broader and longer-term changes, beyond the direct changes to the health care facility, resulting from improving WASH services and hygiene practices.

Is WASH FIT applicable in the context of COVID-19?

Yes! Prevention of spread of COVID-19 in health care settings and effective treatment requires good WASH services. WASH FIT tools and the standards on which it is based, are all applicable to COVID-19. Nothing “extra” is needed.

For those health care or quarantine facilities where confirmed or suspected COVID-19 patients are being cared for, and who have limited resources, a simplified version of the assessment tool is available. There is also an accompanying electronic version on Kobo Toolbox (both available in English, French and Spanish).

WASH FIT is being updated. What is new?

- Guidance on how to engage national actors and institutions in WASH FIT processes and how it fits into the WHO/UNICEF 8 practical steps
- Additional indicators to address climate, energy, facility management, occupational health, gender, disability and social inclusion
- Updated training materials (available here)
- New case studies providing examples of how countries have adapted WASH FIT to national and local priorities
- Technical guidance on water use in water-scarce settings, safely-managed sanitation, safe plumbing, Legionella, preventing the spread of pathogens (including COVID-19 and those contributing to antimicrobial resistance [AMR])
- A process evaluation tool and opportunity for users to share feedback to help measure the impact of WASH FIT.



When there is interest to conduct a multi-facility survey of WASH in health care facilities, is WASH FIT the right tool to use? How does WASH FIT align with the global indicators used by the WHO/UNICEF Joint Monitoring Programme?

The WASH FIT assessment includes all of the core global indicators from the five areas of global monitoring (water, sanitation, hand hygiene, health care waste and environmental cleaning), which were developed by a Global Task Team for Monitoring WASH in health care facilities, convened by the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). The global core indicators are intended for harmonized national level assessments and monitoring and consist of a small number of basic indicators which can be used to compare the conditions of WASH in health care facilities within and between countries, to track national progress over time and to combine national data to produce regional and global estimates. WASH FIT is more focused on qualitative analysis and progressive improvement, for which objective values and comparison between facilities or countries is less important, but for which additional indicators beyond the global indicators are necessary. WASH FIT indicators are scored using a three-point scale (red/yellow/green or 1/2/3) to inspire facilities to make incremental improvements while responses to many of the core global questions are yes/no (allowing for coverage estimates to be calculated).

WASH FIT is therefore unique in two main ways because it:

- is a **quality improvement tool**, which includes an assessment, but is not limited to monitoring;
- includes **additional indicators, beyond the global core indicators**, which are important for understanding and making comprehensive improvements at the facility level (e.g. water quality, quantity and storage, waste treatment technologies, climate considerations).

COUNTRIES WHICH HAVE USED WASH FIT

Bangladesh, Bhutan, Burundi, Cambodia, Chad, Comoros, Democratic Republic of the Congo, Ecuador, Ethiopia, Ghana, Guinea, Guinea-Bissau, India, Indonesia, Iraq, Kenya, Lao People's Democratic Republic, Liberia, Madagascar, Malawi, Maldives, Mali, Mauritania, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Nigeria, Philippines, Rwanda, Sierra Leone, South Sudan, Tajikistan, Togo, United Republic of Tanzania, Viet Nam, Zambia and Zimbabwe.

Where has WASH FIT been used and by who?

Many countries have implemented WASH FIT at the national level, either as a stand-alone effort or by embedding it in existing health programmes and processes. This involves national and sub-national trainings, regular site visits and follow-up, and regular compiling and sharing of data and progress, all focused on improvement. Examples include:

Bangladesh: assessed and identified improvements in 250 health care facilities in Cox's Bazaar camp.

Liberia: adopted by the Ministry of Health (MoH) in 2016 and now used by district health teams as part of their regular mentoring and monitoring for IPC and quality care.

Lao PDR: implemented by the MoH in flood and drought-prone provinces to ensure that health care facilities meet climate-smart standards for infrastructure and operation and maintenance.

Madagascar: integrated into national guidelines on WASH in health care facilities and used for regular monitoring of improvements (with a focus on health care waste management), by the MoH.

Further case studies, WASH FIT reports and other resources are available at www.washinhcf.org/ resources, search “WASH FIT”.

What other languages are available?

The 2018 version is available in English as well as Arabic, Bangla, French, Lao, Russian, Spanish and Portuguese. Version 2.0 will be published in English in 2021 and translated into other languages soon after.

Where can I find more information or learn about the next national/regional/training?

- Contact washinhcf@who.int or visit www.washinhcf.org, where you can also join the WASH in HCF newsletter to find out about upcoming WASH FIT-related events.
- Training materials: www.washinhcf.org/resources/wash-fit-training-package.
- Training videos are available on YouTube, search “WASH in health care facilities”.
- A new mobile application is being developed (Android and iOS) and will be launched in 2021. Check www.washinhcf.org for updates.

Further reading

Weber et al. (2018) Strengthening Healthcare Facilities Through Water, Sanitation, and Hygiene (WASH) Improvements: A Pilot Evaluation of “WASH FIT” in Togo. Health Security <https://doi.org/10.2166/washdev.2019.090>

Weber et al. (2019) A conceptual evaluation framework for the water and sanitation for health facility improvement tool (WASH FIT) Journal of Water, Sanitation and Hygiene for Development. <https://doi.org/10.2166/washdev.2019.090>

Maina et al. (2019) Evaluating the foundations that help avert antimicrobial resistance: Performance of essential water sanitation and hygiene functions in hospitals and requirements for action in Kenya. Plos One <https://doi.org/10.1371/journal.pone.0222922>

Maina et al. (2019) Extending the use of the World Health Organizations' water sanitation and hygiene assessment tool for surveys in hospitals – from WASH-FIT to WASH-FAST. Plos One: <https://doi.org/10.1371/journal.pone.0226548>

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