



SANITATION
FOR MILLIONS



- WASHFIT -
WATER AND SANITATION FOR
HEALTH FACILITY IMPROVEMENT TOOL
FOR LOWER LEVEL HEALTHCARE FACILITIES



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

- WASHFIT - WATER AND SANITATION FOR HEALTH FACILITY IMPROVEMENT TOOL FOR LOWER LEVEL HEALTHCARE FACILITIES



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EXECUTIVE SUMMARY

BACKGROUND AND INTRODUCTION

This Water and Sanitation for Health Facility Improvement Tool (WASH-FIT) for lower-level healthcare facilities was customized by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), adapted from the WASH-FIT by the WHO (WHO, 2022), to support the enhancement of WASH (Water, Sanitation, and Hygiene) services in resource-limited healthcare settings. By following this guide, healthcare workers can implement the WASH-FIT tool to create a safer and cleaner environment for patients and staff, ultimately resulting in better health outcomes. Designed specifically for the health workforce, including nurses, doctors, support staff, and facility in-charges, this tool offers practical steps to strengthen WASH services in their respective facilities. In addition to improving infection prevention and control, it also aligns with national and international guidelines, ensuring best practices are adopted across diverse healthcare contexts.

OBJECTIVES

The primary objectives of this manual are:

1. **To provide healthcare workers and facility managers with clear, actionable steps for implementing and sustaining high standards of WASH and infection prevention control (IPC) measures.**
2. **To contextualize WASHFIT indicators to the specific needs of HCFs, ensuring inclusivity, accessibility, and safety for all users, including women, children, and persons with disabilities.**
3. **To empower healthcare facilities to integrate WASH services into broader health interventions such as maternal and newborn health, antimicrobial resistance (AMR) prevention, and emergency preparedness.**

RESULTS

- The implementation of WASHFIT across various HCFs has demonstrated significant improvements in hand hygiene practices, sanitation facilities, and waste management, reducing hospital-acquired infections.
- Facilities that adapted WASHFIT indicators to their local context reported an increase in compliance with national healthcare standards.
- Enhanced stakeholder engagement, including community health committees, resulted in better facility management and resource mobilization.

RECOMMENDATIONS

- It is crucial to incorporate regular monitoring and evaluation of WASHFIT interventions to ensure sustainability.
- District and local government officials should take ownership of WASH programs, providing consistent supervision and integrating WASH activities into their routine oversight processes.
- Continuous capacity building and refresher training for healthcare staff are recommended to maintain high WASH standards despite staff turnover.
- Adaptation of WASHFIT tools should be prioritized to align with the specific needs of various healthcare facility levels, particularly addressing indicators relevant to lower-level HCFs.

CONCLUSION

By leveraging the WASHFIT tool, healthcare facilities can significantly improve their WASH services, thereby enhancing patient safety, reducing infection rates, and contributing to better health outcomes. The manual encourages collaboration among healthcare workers, administrators, and community members to sustain improvements. Moving forward, it is essential to align WASHFIT practices with national healthcare priorities to ensure long-term impact and scalability.

WASH STATUS in HCFs

**1 out of 5 health
care facilities
lack basic water
services**

**1 out of 2 health
care facilities
lack basic hygiene
services**

**1.7 billion people
are at risk
because they
don't have enough
access to water
sources**

**3.85 billion people
are at risk due to
limited hygiene
services**

Source: Progress on WASH in health care facilities 2000–2021:
special focus on WASH and infection prevention and control (IPC).
Geneva: World Health Organization (WHO) and the United Nations
Children's Fund (UNICEF), 2022.

TABLE OF CONTENTS

OVERVIEW OF THE WASHFIT USER GUIDE.	5
<ul style="list-style-type: none">• Key Objective• Purpose of the WASHFIT Guide• Uses of WASHFIT	
THE WASHFIT FOCUS AND PROCESS.	6
<ul style="list-style-type: none">• Areas the WASHFIT Covers• The WASHFIT Process	
USER CATEGORY	8
WASHFIT INDICATORS.	9
<ul style="list-style-type: none">• Narrative on the Development of WASHFIT Indicators• Purpose of the Indicators• Water• Sanitation• Hand Hygiene• Waste• Cleaning	
OPERATION AND MAINTENANCE OF WASH FACILITIES IN HEALTHCARE SETTINGS	18
KEY LESSONS LEARNT FROM THE IMPLEMENTATION OF THE WASHFIT	19
RECOMMENDATIONS FOR THE FUTURE IMPLEMENTATION OF THE WASHFIT INTERVENTION	20
ANNEX	21
<ul style="list-style-type: none">• Waste Management in Healthcare Facilities• Suggested Spot Checks and Their Frequency• References	

OVERVIEW OF THE WASHFIT USER GUIDE

KEY OBJECTIVE

The key objective of developing the user guide for WASHFIT in local healthcare facilities is to provide clear, practical instructions for healthcare workers to implement and sustain high standards of water, sanitation, hygiene, and waste management. This guide aims to help staff understand and apply WASHFIT principles effectively, ensuring a safer and cleaner environment for patients and staff, reducing infection rates, and improving overall health outcomes.

PURPOSE OF THE WASHFIT GUIDE

This guide aims to help healthcare workers improve WASH services in their facilities using the WASHFIT tool. By following this guide, you can ensure a safer, cleaner environment for both patients and staff. This guide is intended for healthcare workers, including nurses, doctors, support staff, and facility in-charges.

WASHFIT is a risk-based tool designed to enhance and maintain water, sanitation, hygiene, and healthcare waste management in healthcare facilities, particularly in low- and middle-income countries (LMICs).

It is intended to be used regularly and continuously to help healthcare facility staff and administrators prioritize and improve these essential services. Additionally, WASHFIT supports broader efforts that inform the district, regional, and national levels to improve the quality of healthcare services.

USES OF THE WASHFIT

-  **WASHFIT provides a plan to create, track, and improve services continuously.**
-  **WASHFIT helps healthcare workers (HCWs) identify areas in their facilities that need improvement, especially in WASH, and IPC.**
-  **WASHFIT brings together key stakeholders like legislators, health officers, administrators, and engineers to support service delivery.**
-  **It streamlines facility management of WASH services and encourages communities to advocate for better hygiene and practices at home.**
-  **WASHFIT improves WASH in HCFs, reducing maternal and newborn mortality while ensuring dignified care.**
-  **Enhanced WASH services also curb antibiotic-resistant infections and disease outbreaks.**
-  **Sustainable WASH improvement relies on strong support from national leaders and effective planning, budgeting, and collaboration.**

WASHFIT FOCUS

Before starting to use WASHFIT within the healthcare facility, it's important to understand the local situation and environment. First, look at the current WASH conditions in our facility. Also, check any related health programs that have been implemented at the facility, for instance, those for quality care, IPC, fighting antimicrobial resistance (AMR), maternal and newborn health, and emergency preparedness. This information will help in adapting the WASHFIT to meet the specific needs and resources of that particular facility.

WHAT AREAS OF A FACILITY DOES WASHFIT COVER?

Cross Cutting Theme

EQUITY AND INCLUSIVENESS

Availability of accessible and safe infrastructure for all users; clean birthing environments (birthing rooms, toilets and showers for women delivering); menstrual hygiene management; inclusion of women's and disadvantaged groups' voices in planning, decision making and resource allocation.



WATER

- Availability, quality, quantity (including strategies to reduce water use), storage.



HAND HYGIENE

- Availability of handwashing stations, soap and alcohol-based hand rubs;
- Hygiene messaging;
- Behaviour change;
- Compliance and auditing.



HEALTH CARE WASTE MANAGEMENT

- Segregation, safe storage, treatment and disposal of wastes;
- Waste reduction and recycling;
- Competence of waste personnel.



SANITATION

- Female-friendly and inclusive sanitary facilities;
- Quantity and quality of toilet facilities;
- Safe collection, storage and treatment of faecal wastes.

Water and Sanitation for Health Facility Improvement Tool

WASHFIT FOCUS



ENVIRONMENTAL CLEANING

- Cleaning protocols, frequency of cleaning, availability of supplies (mops, brooms, cleaning detergents, storage facility, personal protective equipment - ppe);
- Staff availability and competence, occupational health of cleaners;
- Budgeting;
- Laundry facilities, selected aspects of food hygiene.



ENERGY AND ENVIRONMENT

- Energy supplies and backup, energy efficiency;
- Ventilation and airflow;
- Control of vectors and other animals that transmit disease;
- Safe management of wastewater and stormwater;
- Aesthetic appearance of the facility.



MANAGEMENT AND WORKFORCE

- Staffing, oversight and coordination, monitoring, reporting, performance review and accountability mechanisms;
- Supportive supervision, training and behaviour change;
- Budgeting, resource mobilization, operation and maintenance.



Cross Cutting Theme

CLIMATE RESILIENCE

Reduction of water use, safe water storage, resilient infrastructure, renewable/clean energy, environmentally sustainable waste technologies, waste reduction and recycling, SOPs and plans for responding to extreme weather events, sustainable procurement.

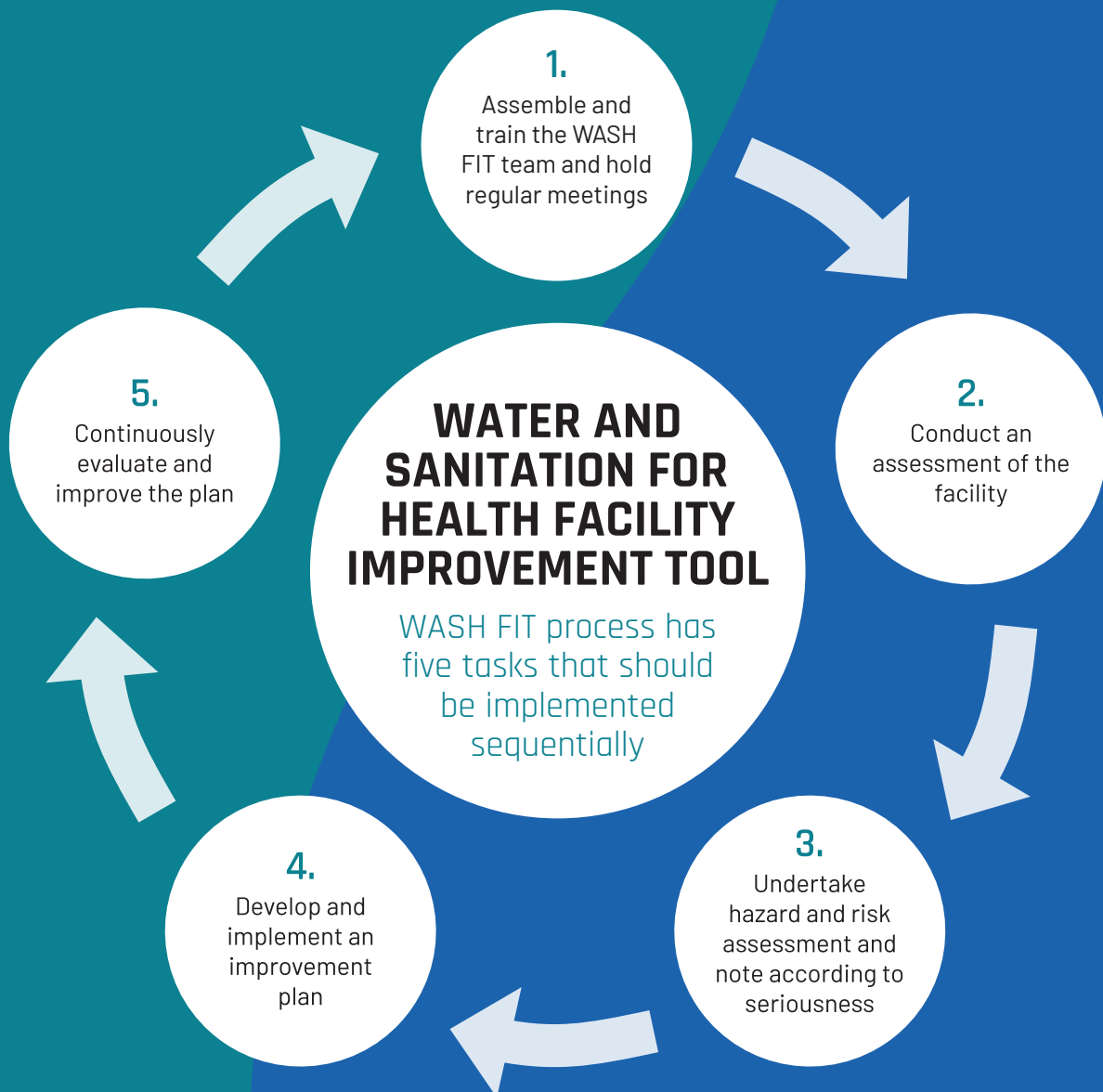
THE WASHFIT PROCESS

ENABLING ENVIRONMENT

Leadership, political commitment and community engagement

MOTIVATION, VISION AND ACCOUNTABILITY

MOTIVATION, VISION AND ACCOUNTABILITY



HEALTH-BASED OBJECTIVES

Make improvements to meet accreditation scheme or national quality standards

USER CATEGORY

AUDIENCE	ROLES AND RESPONSIBILITIES
Quality improvement teams, WASH and IPC focal points, community WASH and health committees and technical staff (engineers, inspectors, plumbers), WASHFIT team leaders	Carrying out assessments, finding areas that need improvement, and making sure the improvements are made and the WASHFIT is maintained over time
Health care facility managers and other senior managers	Managing important tasks in the HCF like budgeting
Local/district government officials and health offices	Planning, supervising and undertaking budget allocations
Infrastructure and WASH financing officials	Prioritizing resources, investments and budgets



WASHFIT INDICATORS

NARRATIVE ON THE DEVELOPMENT OF WASHFIT INDICATORS

The WASHFIT indicators below have been carefully selected and contextualized to align with the specific needs and challenges of healthcare facilities, particularly in low- and middle-income countries.

The process of developing these indicators involved the following steps:

Literature Review and Global Guidelines

The indicators were initially drawn from existing global standards, such as those set by the World Health Organization (WHO) and UNICEF for water, sanitation, and hygiene (WASH) in healthcare settings.

Local Contextualization

Recognizing that each healthcare facility operates under unique circumstances, these indicators were then tailored to address the specific conditions commonly found in lower-level HCFs. This included considerations such as resource availability, infrastructural limitations, and prevalent health risks.

Stakeholder Consultations

Input from healthcare workers, facility managers, and district health officials was gathered to ensure that the indicators were practical, achievable, and relevant to the local context. The feedback from these stakeholders helped refine the indicators to focus on critical areas, such as hand hygiene, waste management, and safe water access.

Pilot Testing

The contextualized indicators were tested in select healthcare facilities to validate their applicability. The insights gained from this pilot phase informed further adjustments to make the indicators more practical and actionable.

PURPOSE OF THE INDICATORS

These indicators serve as benchmarks to assess and improve WASH services in healthcare facilities. By focusing on critical aspects like water quality, sanitation, infection prevention, and healthcare waste management, facilities can better prioritize actions that will lead to improved patient safety and overall healthcare outcomes.

WATER

WATER SOURCE	INDICATOR	SUB-CATEGORY
Piped water supply	An improved water supply is piped into the facility or located on premises	Supply
Piped water supply	The facility has piped water supplies on premises	Supply
Piped water supply	All taps are connected to an available and functioning water supply, with no leaks in pipes	Supply / Plumbing
Piped water supply	Water is available during all operating times of the facility	Availability
Piped water supply	Water is available at the time the WASHFIT assessment is carried out	Availability
Piped water supply	Water is available throughout the year (i.e. not affected by seasonality or extreme weather events)	Availability
Backup / additional water source	Main water supply system has been functional for the past 3 months with no major breakdowns	Availability
Backup / additional water source	Additional improved water source(s) are identified and available, and can be accessed if the main source is unavailable	Availability
Backup / additional water source	The facility has tanks to store water in case of disruption to the main supply, and these are sufficient for 2 days	Availability
Rainwater harvesting	Rainwater harvesting system(s) with safe storage is functional and stores water safely	Availability
Rainwater harvesting	Water reduction strategies are used to reduce water wastage	Conservation
Water quality and safety	Drinking water has appropriate chlorine residual (≥0.2mg/L or ≥0.5mg/L in emergencies)	Drinking water
Water quality and safety	Water supply poses low or no risk to public health, as indicated by absence of E. coli per 100mL	Quality
Water quality and safety	Piped water is treated and regulated through safe water management or treated on-site	Quality
Water quality and safety	Water quality from all water supplies (primary, back-up, and supplemental) is routinely tested	Quality

SANITATION

SANITATION	INDICATOR	SUB-CATEGORY
Patient toilets	Facility has a sufficient number of improved toilets for patients	Toilets
Patient toilets	All patient toilets are available and usable	Toilets
Handwashing stations	All toilets have functional handwashing stations within 5 meters	Toilets
Staff toilets	At least one improved toilet is available for staff and clearly separated or labelled	Toilets
Gender-specific toilets	Improved toilets are labelled for male, female, or gender-neutral use and provide privacy	Toilets
Menstrual hygiene	At least one usable improved toilet meets menstrual hygiene management needs	Toilets
Accessible toilets	At least one functional improved toilet meets the needs of people with reduced mobility	Toilets

SANITATION FACILITIES

- Sanitation facilities (like toilets) in healthcare centers should be clean, safe, and accessible to everyone, including people with disabilities.
- There should be separate toilets for patients and staff, with proper handwashing stations nearby.
- Toilets need to be well-ventilated to reduce odors and bacteria. Regular cleaning should be done to maintain hygiene.
- Faecal waste should be managed safely, using pits or proper drainage systems to prevent contamination.

HAND HYGIENE

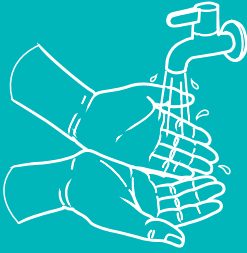
HAND HYGIENE ASPECT	INDICATOR	SUB-CATEGORY
Points of care	Functioning hand hygiene stations are available at all points of care, including the delivery room	Availability
Public areas	Functioning hand hygiene stations are available in all waiting areas, other public areas, and the waste disposal area	Availability
Hand hygiene promotion	Hand hygiene promotion materials are displayed and clearly visible in all wards and treatment areas	Hygiene promotion
Compliance activities	Hand hygiene compliance activities are conducted at least annually	Hygiene compliance
Audit frequency	Ward-based audits are conducted every three months to assess availability of hand rub, soap and other hygiene resources	Availability

HAND HYGIENE

- Hand hygiene is critical. Staff and visitors must wash their hands regularly, especially after using the toilet or before treating a patient.
- Handwashing stations should be placed in key areas, like the entrance and near toilets, and should have clean water, soap, and towels.
- Staff should also practice good respiratory hygiene by covering their mouths when sneezing or coughing and disposing of tissues properly.

HOW TO WASH HANDS WITH SOAP AND WATER

1



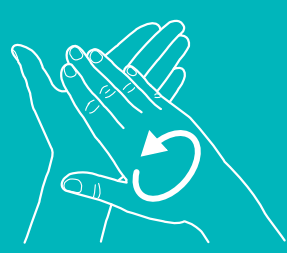
Wet hands with water

2



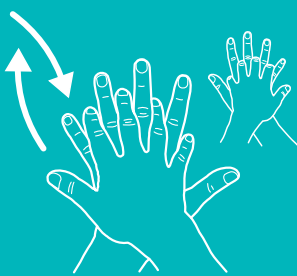
Apply enough soap to cover all hand surfaces

3



Rub hands palm to palm

4



Right palm over left dorsum with interlaced fingers and vice versa

5



Palm to palm with fingers interlaced

6



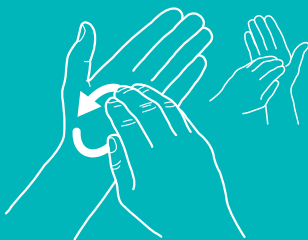
Backs of fingers to opposing palms with fingers interlocked

7



Rotational rubbing of left thumb clasped in right palm and vice versa

8



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

9



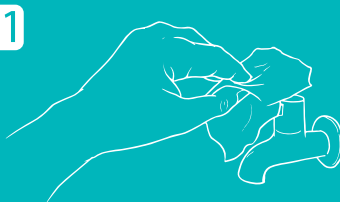
Rinse hands with water

10



Dry hands thoroughly with single use towel

11



Use towel to turn off the tap

12



Your hands are now safe

DURATION OF THE ENTIRE PROCEDURE: 40-60 SECONDS

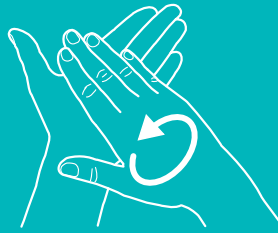
HOW TO HAND RUB

1



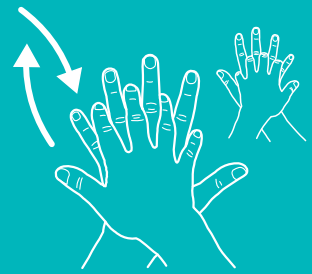
Apply a palmful of the product in a cupped hand and cover all surfaces

2



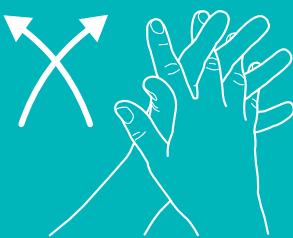
Rub hands palm to palm

3



Right palm over the back of the other hand with interlaced fingers and vice versa

4



Palm to palm with fingers interlaced

5



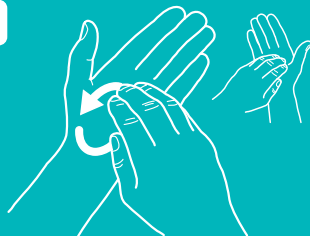
Backs of fingers to opposing palms with fingers interlocked

6



Rotational rubbing of left thumb clasped in right palm and vice versa

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

8



....once dry, your hands are safe

DURATION OF THE ENTIRE PROCEDURE: 20-30 SECONDS

WASTE

HEALTHCARE WASTE MANAGEMENT	INDICATOR	SUB-CATEGORY
Collection and proximity	Functional waste containers are available close to all waste generation points for general, infectious, and sharps waste	Segregation
Segregation	Waste is correctly segregated at all waste generation points	Segregation
Waste segregation reminders	Reminders on correct waste segregation are clearly visible at all waste generation points	Segregation
Protective equipment	Appropriate protective equipment and hand hygiene resources are available for all staff handling waste	Personnel
PPE usage	Reminders and regular training are in place to ensure PPE is used appropriately	Waste reduction
Waste reduction strategies	Strategies to reduce the quantity of waste generated are employed throughout the facility, including using items with minimal and sustainable packaging	Waste reduction
Waste storage area	A dedicated, secure, and fenced waste storage area is available	Storage
Waste treatment	Waste treatment technology (e.g. incinerators) is built to standards, well-maintained, and has sufficient capacity for the facility's waste	Treatment
Personnel management	A designated staff member is trained to manage health care waste, maintaining professional standards in waste oversight	Personnel

CLEANING

ENVIRONMENTAL CLEANING	INDICATOR	SUB-CATEGORY
Policies	A clear and detailed cleaning policy or protocol is displayed, implemented, and monitored	Policies
Monitoring	A record of cleaning is available for patient care areas and is signed by the relevant cleaner of the day	Monitoring
Monitoring	Dedicated cleaning staff are available each day with time allocated to cleaning tasks	Monitoring
Personnel	All cleaning staff have received training on cleaning procedures	Personnel
Supplies	Sufficient and well-maintained materials (e.g. detergent, mops, buckets) are available for various areas and surfaces	Supplies
Supplies	An annual budget exists for cleaning supplies and equipment, adequate for facility needs	Supplies
Supplies	A dedicated area for storage and preparation of cleaning supplies exists, is clean, well-maintained, and used correctly	Supplies
PPE	Adequate PPE is available at all times for all cleaning staff	PPE
Beds / mattresses	All beds / mattresses have waterproof covers free of damage (no rips, tears, or holes)	Laundry

OPERATION AND MAINTENANCE OF WASH FACILITIES IN HEALTHCARE SETTINGS



OPERATION AND MAINTENANCE OF WASH FACILITIES IN HEALTHCARE SETTINGS

- Regular maintenance of water, sanitation, and hygiene (WASH) facilities is important to prevent breakdowns and ensure cleanliness.
- Each facility should have a team responsible for checking the water supply, cleaning toilets, and making sure handwashing stations have soap and water.
- Routine checks should be scheduled to identify issues early and prevent larger problems.
- All health workers should know their roles in keeping the facility clean and well-maintained.



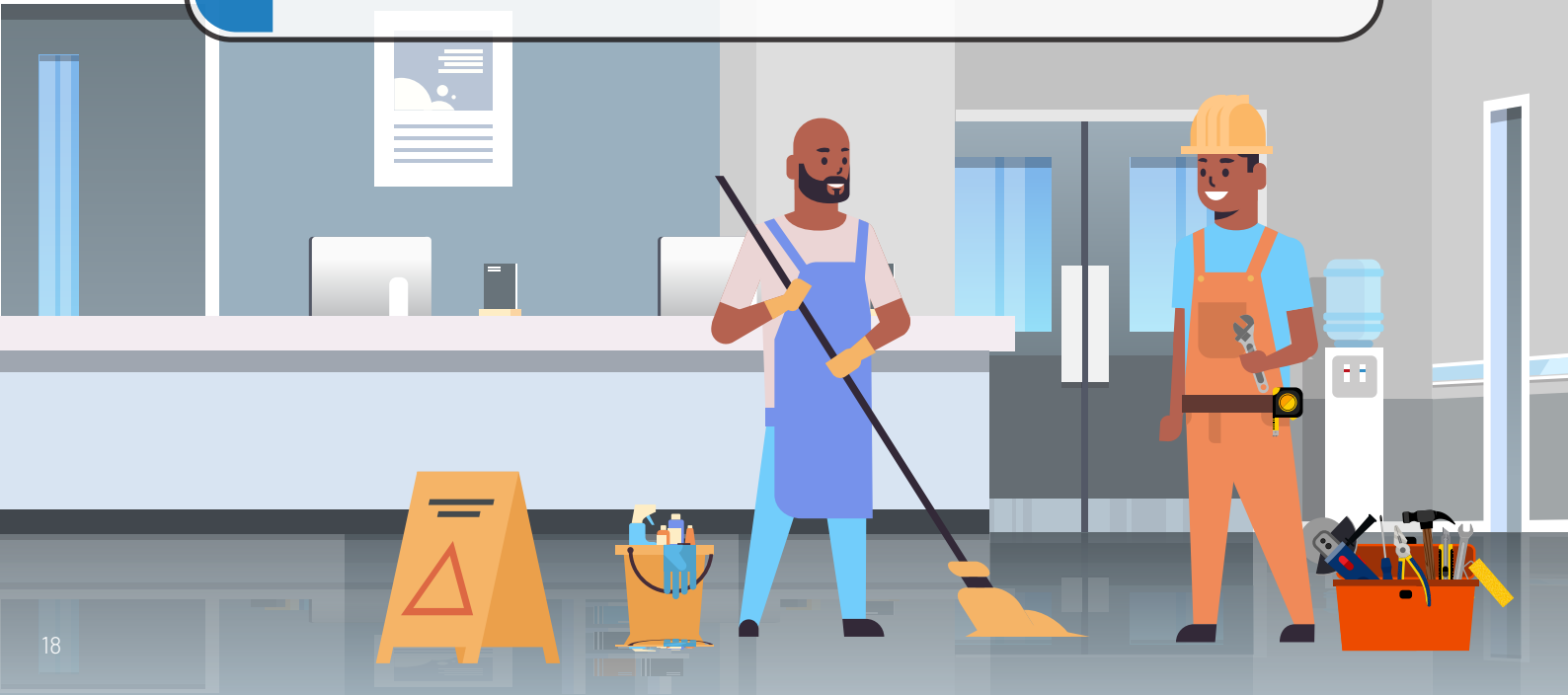
INFECTION PREVENTION AND CONTROL (IPC)

- Infection prevention involves measures like wearing protective clothing (gloves, masks) and ensuring the healthcare environment is clean.
- All healthcare workers should follow hygiene protocols to prevent the spread of infections.
- Ensure there are dedicated rooms for handling infectious patients to prevent the spread to others.
- Regular disinfection of surfaces and proper handling of medical tools are essential to maintain a safe environment.



HEALTH WORKERS PRACTICES

- Health workers should follow daily routines to ensure the healthcare facility remains clean and safe.
- This includes cleaning high-touch surfaces like door handles, and making sure all areas, including patient rooms, remain free of waste.
- Village Health Teams (VHTs) and other local health workers should be trained in hygiene and safety practices to support the community.



KEY LESSONS LEARNT FROM THE IMPLEMENTATION OF THE WASHFIT

COMMUNITY ENGAGEMENT

Initial awareness-raising efforts were well-received, but sustaining community trust requires ongoing engagement and meeting expectations.

FEEDBACK & MOTIVATION

Regular performance reviews and feedback are crucial. They motivate healthcare facilities to improve, especially when clear action points are provided.

SUSTAINABILITY

Incorporating WASHFIT into the healthcare facility's budget is essential for long-term sustainability.

CLEAR INDICATORS

Having clear and measurable indicators helps track progress and drives improvements, such as ensuring piped water is available within facility premises.

TEAMWORK

Effective implementation of WASHFIT relies heavily on teamwork to address challenges within healthcare facilities.

STAFFING

In-charges must be included in the WASHFIT committees. Before executing transfers, DHOs should review the roles of the individuals being transferred to understand the gaps that may arise. They should plan to fill these gaps by appointing and training new staff.

BACKUPS

There should be a clear delegation of responsibilities in case staff are off duty or unable to carry out essential activities.

OVERSIGHT

The DHO, DHT, and ADHO should incorporate WASH/IPC supervision into their routine oversight activities.

SENSITIZATION

Morning briefings (health education sessions) for staff and patients at HCF should emphasize key WASH/IPC issues and corresponding actions. These sessions should utilize available WASH/IPC materials to orient both health workers and patients, as well as caregivers.

RECOMMENDATIONS FOR THE FUTURE IMPLEMENTATION OF THE WASHFIT INTERVENTION



INCORPORATE MONITORING AND EVALUATION

Support monitoring of all implemented interventions and incorporate this into their plans, as it was not included during initial implementation.



ENGAGE MULTIPLE STAKEHOLDERS

Implementation of WASH/IPC interventions should involve various stakeholders, including the district health team, politicians, and health unit management committees.



LOCAL GOVERNMENT LINE DEPARTMENT OWNERSHIP AND SUPERVISION

The Local Government Line Department should take ownership of WASHFIT implementation, working closely with implementers.



ADAPTATION OF WASHFIT TOOLS

The WASHFIT tool, developed by WHO, should be adapted to suit different levels of healthcare facilities. For example, questions related to radioactive waste management are not applicable at lower-level HCFs and should be adjusted accordingly.



LOCAL GOVERNMENT LINE DEPARTMENT -WIDE CAPACITY BUILDING

Conduct a Local Government Line Department-wide capacity-building program for WASHFIT to ensure that staff transfers do not disrupt the intervention.



REGULAR REFRESHER TRAININGS

Implement regular refresher trainings to address the challenges posed by staff transfers and the recruitment of new staff with varying levels of knowledge.



PROVIDE NECESSARY INFRASTRUCTURE

For WASHFIT to achieve its goals, it must be accompanied by the necessary infrastructure. Without proper facilities, the knowledge gained through training cannot be effectively put into practice.

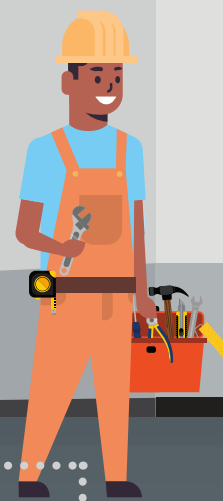
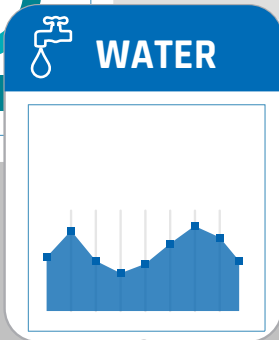


DEVELOP A STANDARDIZED TOOL

A standardized tool for conducting assessments, evaluations, and monitoring of WASH activities should be developed that even incorporates the climate change indicator.

ANNEX

RESOURCES AND MATERIALS



WASTE MANAGEMENT IN HEALTHCARE FACILITIES

- Properly segregate waste.
- Healthcare waste includes materials like syringes, bandages, and bodily fluids.
- Waste should be separated into different types: general waste, infectious waste, and sharp objects (like needles).
- Use color-coded bins: for example, red for infectious waste and yellow for sharps.
- Ensure waste is properly packaged and stored in a secure place before it is removed.
- Proper treatment methods include incineration or burying in a designated pit (like a placenta pit for medical waste).
- Healthcare facilities should train staff on how to handle waste safely and minimize risks.



NOTE



Do not recap needles.



Do not leave a needle inserted in a vial cap to withdraw multiple doses.



Do not manually separate used needles from syringes.














Do not over-fill sharps containers.



Dispose of assembled syringes and needles in a puncture-resistant container at the point of care.

SUGGESTED SPOT CHECKS AND THEIR FREQUENCY

Item	What to check for	Frequency
 Available drinking water	Is drinking water available in all areas? Check all wards and rooms. Is it being stored safely? Is it accessible to all who need it?	
 Clean and available toilets	Are toilets clean? Are they unlocked? If locked, is a key easily available? Is water available for flush/pour flush toilets? Are there damage, cracks or leaks in the structure? Have toilets been cleaned at least once in the past 24 hours and is the record clearly displayed? Do toilets appear clean?	Daily
 Hand- washing materials at toilets	Do all toilets have handwashing stations with water and soap available? Check that water is available from taps/handwashing stations.	2-3 times per week
 Hand hygiene materials at points of care	Are hand hygiene stations available at all points of care? Are water and soap or alcohol-based hand rub available at all of these stations? Check that water is available from taps/handwashing stations.	2-3 times per week
 Safe drinking water	Has testing taken place according to the water management schedule? Look at the most recent results. Do they meet the criteria for appropriate free chlorine residual?	Depends on facility (daily-monthly)
 Stormwater systems	Is there any stagnant water around the drainage system or more generally in the facility? Are there any obvious blockages?	Weekly (or more frequently during rainy season, if applicable)
 Waste segregation	Are there three bins in place at all points of care? Does each bin have the correct type of waste inside? Are liners for bins present in all bins? Are bins less than 75% full?	Weekly
 Taps and pipes	Does water flow from the tap(s)? Is the tap leaking or dripping? Are there any leaks in the water supply system? Check all pipes.	Weekly-monthly Refer also to sanitation inspection forms
 Materials for cleaning	Are sufficient materials for cleaning available in all areas where needed? Are they in good quality and well maintained (not overly soiled), and stored appropriately?	Weekly-monthly
 Lighting for delivery room, including showers and latrines	Are all lights functioning in labour and delivery areas?	Weekly-monthly
 Infectious waste storage	Is there waste building up in the storage area? When was the last time waste was collected or treated?	Weekly-monthly

REFERENCES

- WASH, F., 2022. A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities.
- WHO, 2022. Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation, and hygiene in health care facilities, second edition. Geneva



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