

# Summary – Assessment of WASH services in healthcare facilities in Nepal

## Background

Adequate water, sanitation and hygiene (WASH) services in healthcare facilities greatly lowers the risk of infection for patients and their families, healthcare workers and surrounding communities. A recent report by the World Health Organization (WHO) on the assessment of WASH in healthcare facilities in 54 low and middle-income countries found that 38% lacked an improved water supply, 19% did not have improved sanitation and 35% had no soap and water for hand washing.

The new Constitution of Nepal, September 2015, includes access to safe water and sanitation as fundamental rights for all. Article no. 35 (4) under the Right to Health Care states that: “Every citizen shall have

the right to access to clean drinking water and sanitation.” Nepal has made impressive strides in improving sanitation, but despite progress made in the WASH sector, geographic and demographic disparities in access to sanitation continue to be a major challenge.

## Recent study

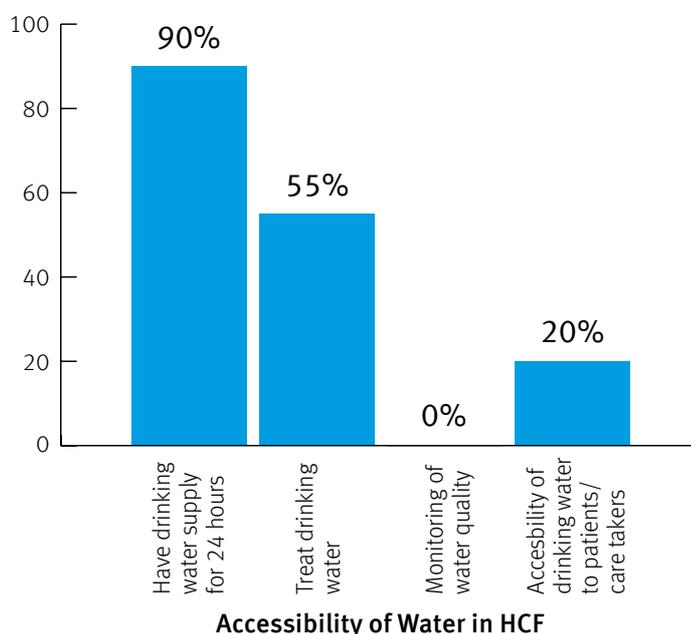
Nepal Fertility Care Center (NFCC), with the support of WaterAid, recently conducted an assessment to look at the status of WASH services in healthcare facilities in three districts; Sindhuli, Siraha and Makwanpur. The study was designed to analyse the adequacy and functionality of WASH services in healthcare facilities considering the needs of patients and healthcare providers and to assess hygiene practice.

Over six weeks, the research team visited a total of 20 public and private health facilities. A number of different methodologies were used including literature reviews, observational checklists, individual interviews, focus group discussions, key informant interviews and case studies. All qualitative and quantitative assessment tools were developed by NFCC in coordination with WaterAid before starting the field work. Throughout the study, the research team consulted with the District (Public) Health Office. Other non-governmental organisations (NGOs), local stakeholders and experts working in the WASH sector were also consulted through interviews.

## Top level findings

### Water

The assessment found that all the healthcare facilities, both public and private, had some arrangement for water, although a regular supply of drinking water was missing in 10% of facilities. Similarly, while only 55% of the healthcare facilities had any provision for drinking water treatment, none had any mechanisms in place for



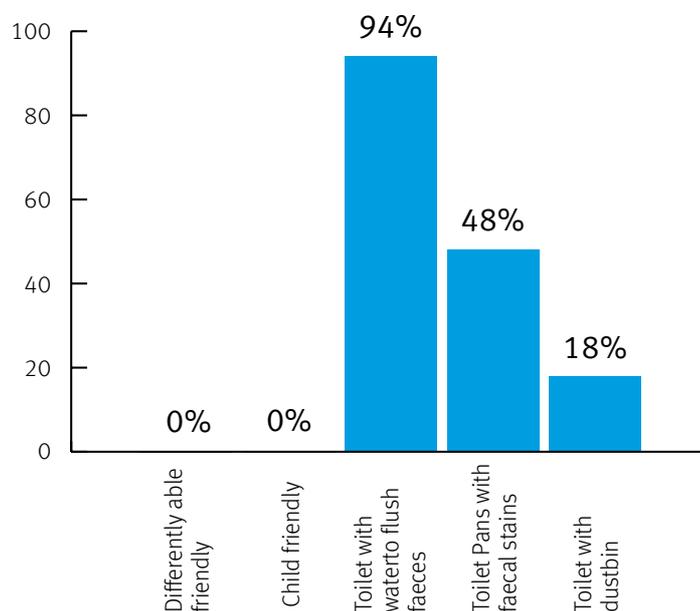
monitoring the quality of drinking water. Drinking water facilities in waiting areas were seen in only 30% of the total healthcare

facilities, while only 20% had drinking water points that were accessible to patients and caretakers. Only 45% of facilities

had accessible drinking water points for staff.

## Sanitation

A total of 98 toilets were reviewed during the study, the majority of them were gender segregated but none of the toilets were child and differently-abled friendly. Water to flush faeces was available in 94% of the toilets but 48% of the toilets pans and commodes had fecal stains on them. Hand washing stations were available in 75% of the total toilets observed yet out of this number only 55% of hand washing stations had soap and water.



Sanitation Status – Toilet in HCF

## Hygiene

Colour-coded dustbins for waste segregation were not being used in most of the healthcare facilities. The assessment also found that none had functional and active waste management committees. In addition, no training had been given to

support staff on their assigned job and tasks. Although all of the healthcare facilities were birthing centres, only 40% had placenta pits, out of which only 62% were working and among these only 40% were properly maintained. The majority of support staff had

not been trained on infection prevention and they were not oriented on personnel protective equipment. The overall sanitation condition of the maternity ward was in a better state than other general wards.

## Recommendations

- 🔹 Promote strong collaboration between the Ministry of Health (MoH), Ministry of Water Supply and Sanitation (MoWSS), Department of Health Services (DoHS) and Department of Water Supply and Sewerage (DWSS). Both sectors need to run joint initiatives to achieve total success.
- 🔹 Ensure endorsement of national level standards and guidelines for WASH in healthcare facilities.
- 🔹 Strengthen appropriate monitoring mechanisms for assessing WASH in healthcare facilities on a regular basis, including periodic water quality monitoring.
- 🔹 Engagement of Health Facility Operation and Management Committee for maintaining and sustaining quality of care in healthcare facilities.
- 🔹 Programmes on behaviour change communication for the importance and use of WASH services in health facilities for patients, caretakers and all staff.

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