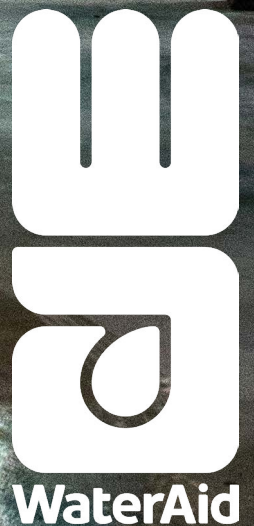


THE LEARNING BRIEF

Healthy Start Project -Nepal

(Water, Sanitation and Hygiene
in Healthcare Facilities)



Introduction

The Healthy Start project (HSP): WASH in Healthcare Facilities (HCFs) was implemented in Bardiya district from 2018-2021 with an aim to improve the water, sanitation and hygiene services in Healthcare Facilities and also contributed towards the reduction of neonatal mortality, so that targeted health workers and Pregnant and Lactating Mothers (PLMs) have access to safe water and improved sanitation facilities in the birthing centers of 8 HCFs out of the 34 HCFs in the district. The three-year long project was implemented by WaterAid Nepal (WAN) through Backward Society Education (BASE), a local implementing partner of WAN.

The project is anchored by WAN's programmatic approach of "Doing some and influencing the rest". The project attempted to achieve its objectives through:

- demonstration of inclusive model for WASH facilities Health Care Centres
- transformation of lives through hygiene behaviour change of the healthcare workers and PLMs
- building capacity of the staff of HCFs to formulate and implement the WASH Improvement Plan for HCFs along with the understanding and ownership of the Health Facility Operation and Management Committee (HFOMC) and respective local governments for its implementation.

The ground learnings from the project was shared with respective stakeholders at the federal level through the platform of WASH in HCF technical working group for necessary policy influencing and advocacy support to finalize the draft standard document and get it processed for final endorsement. In addition to these, the project also supported one HCF by demonstrating a practical healthcare waste management along with formulating a plan to provide WASH amenities required for waste management within the HCF premise.

This brief presents the key learnings of the Healthy Start project from the experiences of its execution on the ground.



In the past three years, WaterAid Nepal (WAN) reached:

Over
82,453
people with access to clean water

Over
47,967
people with access to CGD-friendly sanitation facilities

Over
47,967
people with access to handwashing facilities in altogether 8 HCFs

More than
936
pregnant and lactating mothers (PLMs) through hygiene sessions at community level with behaviour-centered design (BCD) approach

121
Healthcare Workers (HWs) capacitated to deliver hygiene promotion package to PLMs.

Key focus of the project in transforming the lives of the HCWs

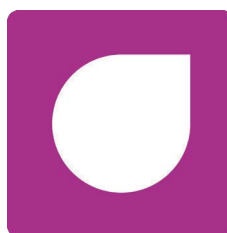
1. Model WASH facilities

Model WASH facilities were constructed as demonstration of minimum standard facilities in the birthing centres of 8 HCFs, one in each of the eight rural municipalities. This demonstration has ensured access to safe water, improved sanitation, and hygiene facilities in the selected HCFs. These WASH facilities were built as per the National standards for WASH in HCFs-Draft 2018, with an aim to support the local governments to learn and replicate such model of WASH intervention throughout the district.

National standards on Water, Sanitation and Hygiene in Health Care Facilities has tried to capture the basic and advance service level of water, sanitation and hygiene according to the SDG. Below is a table defining the basic standard for WASH in HCF. More details on the advance standard can be reviewed through [WASH in HCF standard document](#).

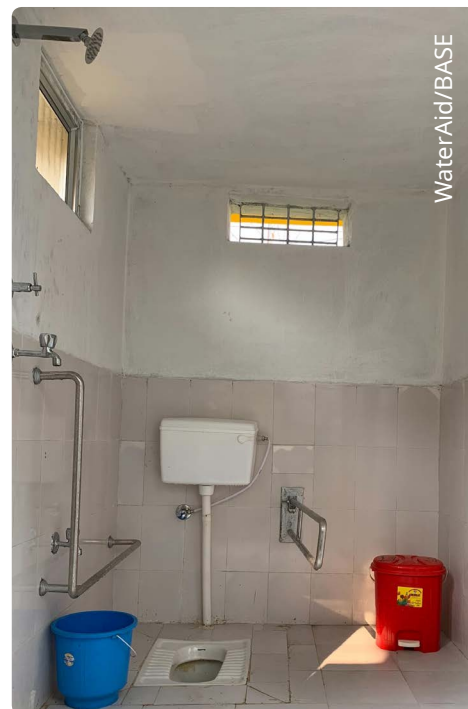
Basic standard for WASH in HCF

Service level	Basic
Water in Health Facilities	Water from an improved source is available on premises
Sanitation in Health Facilities	Improved toilets are usable, separated for patients and staff, separated for women and allowing menstrual hygiene management, and meet the needs of people with limited mobility
Hand Hygiene in Health Facilities	Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets
Waste Disposal in Health Facilities	Waste is safely segregated into at least three different colored bins in the consultation area. Sharps and infectious wastes are treated with proper technology and dispose safely



As per the baseline survey conducted in November 2018, only 32% of HCFs had the availability of an alternative improved source of water. Only 32% HCFs had separate toilets for males and females and the percentage of HCFs with at least one usable improved toilet that meets the needs of people with reduced mobility was only 3%. Only 9% HCFs met the criteria for 'Basic service level' for hygiene as defined by JMP and only 44% HCFs had cleaning protocols available. Out of 34 HCFs, only 3% met the 'Basic service level' standard for waste management. In order to cope with the problem of lack of adequate WASH facilities and to deliver better health services for Pregnant and Lactating Mothers (PLMs) and provide better child care, there was an urgent need to construct inclusive WASH facilities which could contribute in the decline of health complications often caused by poor WASH services in HCF.





The project demonstrated appropriate WASH facilities suitable to cater the needs of the HCFs. It contributed in the construction of 7 child, gender and disabled (CGD) friendly toilets which could be easily used by children and people with disability. These model sanitation facilities are constructed in the seven birthing centres of Jamuni, Thakurdwara, Motipur, Bhimmapur, Suryapatuwa, Patabhar and Dhadhwar healthcare facilities. Handwashing facilities were constructed in the laboratory, maternal ward and OPD area of the above-mentioned health facilities.

A total of 7 water facilities were constructed which included the construction of bio-sand filters with drinking water stations in Bhimmapur, Thakurdwara, Motipur, Patabhar and Dhadhwar healthcare facilities. The bio sand filters have a 500 litre storage capacity where the service seekers, visitors and health post staff can have safe and clean drinking water available in the institution. The project supported the construction of a deep boring in the District Hospital whereas a deep boring with reverse osmosis (RO) filter installation was supported in Jamuni HCF. Further to these interventions, end-line findings show that 88% of HCFs have functional water storage tanks as a backup to safe drinking water and 85% of HCFs have separate toilets for males and females.

Rajendra Prasad Subedi, In-charge from Thakurdwara HCF says,
"We now have child, gender and disabled friendly toilets which have made it very easy for us and helped us to keep the environment clean and hygienic. These toilets have proved to be a blessing to all the patients, community people as well as staff to maintain good hygiene. Availability of adequate and inclusive WASH services have motivated us to give better health services to our service seekers."



Mr Bhupendra Shahi, In-charge from Patabhar HCF says,
"Earlier, we were using tube well water without any treatment but now we have access to safe water with the help of bio-sand filters. We have constructed drinking water stations and disable and child-friendly toilets - separate for men and women. We also have handwashing stations in points like patient care, counselling room, laboratory room, delivery room. Contactless handwashing facility is also placed in the entrance of the HCF for the patients, visitors and staff to maintain hand hygiene. We are very happy and proud to say that we have the basic level of WASH facilities in our HCF."

2. Embedding Hygiene Practices – Behaviour Centered Design (BCD) approach

The Healthy Start project embedded good hygiene practices in the healthcare facilities, which is vital to reduce the risk of WASH related diseases and infections. Hygiene behaviour change intervention was carried out through one to one hygiene counselling session in person provided by the Auxiliary Nurse Midwifery (ANM) at the HCF level to all those PLMs who pay regular visits to the respective HCFs for Antenatal Care (ANC), Postnatal Care (PNC) and other routine health check-ups. Counselling sessions were focused on the five-key hygiene messages for sustained behaviour change on top of regular health advice and guidance.

As a follow up to the counselling sessions, hygiene sessions at the community level were organised to reiterate the hygiene messages by health and hygiene officers. The hygiene sessions were promoted thinking that direct intervention is more effective in bringing about behaviour change. Health and hygiene officers formed several groups of PLMs at the community level where five key hygiene behaviours were promoted using tools like flipchart, storytelling, handwashing rituals, games, commitment-making and certificates for participants.

FIVE KEY HYGIENE BEHAVIOURS PROMOTED

exclusive breast feeding

food hygiene

hand washing with soap at critical times

consumption of treated water and feeding boiled milk to baby, and

safe and hygienic management/safe disposal of excreta



WaterAid/ Mani Karmacharya

The hygiene sessions were delivered to a group of 15-20 PLMs at the community level in one-month interval before the pandemic. The number was later reduced to 10 due to COVID-19, but there was a need to double the frequency of such sessions to reach the targeted number of PLMs. The COVID-19 messages were also disseminated through distribution of flyers and broadcasting of jingles regularly and frequently through local radio. During the hygiene sessions, "model families" were chosen, who received recognition and appreciation for following all the hygiene behaviours. Similarly, another motivational factor contributing to behaviour change was the "healthy mother award" presented to the one mother who diligently followed all the key hygiene behaviours.

The overall hygiene intervention followed the "Behaviour Centred Design" (BCD) approach to hygiene promotion, which was designed in reference to the result of the formative research conducted for hygiene promotion through routine immunization (HPTRI) project.

The hygiene sessions at the community level was followed by monthly household visits by Female Community Health Volunteers (FCHVs) to run the campaign contributed towards improving knowledge on hygiene related behaviours and transcribing it into practice. A total of 936 PLMs was directly reached with hygiene sessions at the community level whereas the secondary data collected from 34 HCFs show that a total of 7,484 ANC visits were recorded indicating that many pregnant mothers received personal counselling sessions during their ANC visits to the HCFs. They might have also received these personal hygiene counselling during their PNC visits after the successful delivery of their new-borns and any other follow-up visits to the HCFs.





WaterAid/BASE

3. Capacity Building of HCF staff

Healthy Start project reached out to over 121 HCF staff which included HCF In-charges, health workers, auxiliary nursing midwives (ANMs), cleaners, health facility operation and management committee (HFOMC) members, health coordinators, etc. with numerous trainings and orientation workshops on the importance of WASH in HCF, personal counselling, Water and Sanitation for Health Facility Improvement Tool (WASH FIT) to assess the WASH status in HCF and accordingly prepare the WASH Improvement Plans.

During the first year of project intervention, several sensitizing orientation and [Hygiene training packages](#) were developed based on the scoping assessment carried out from a number of HCFs. Interviews with respective HCF staff, HFOMC members, other stakeholders including service seekers and observations from the field visits were also undertaken.

The HCF In-charge from all 34 HCFs were trained on WASH in HCF to supervise and monitor the work

of health workers and provide on-site coaching to ANMs, specially to conduct personal counselling sessions on hygiene behaviours along with other regular health check-up, advice and guidance. This was followed by a training to the ANMs from all 34 HCFs on WASH in HCF with focus on personal counselling and promoting five-key hygiene behaviours using hygiene flipchart. These trained

health workers then provided hygiene sessions to PLMs during ANC/PNC counselling visits. A total of 33 onsite coaching and monitoring events were carried out by respective health coordinators and HCF In-charges providing further practical tips of counselling with demonstration exercises. Since the sanitation workers play a vital role in maintaining good hygiene and good environmental sanitation, a hands-on refresher training on environmental sanitation was conducted for the cleaners, sweepers, helpers, etc.

End-line evaluation of the project completed in March 2021, indicates that there have been significant improvements in the WASH status in the HCFs. It states that 85% of HCFs have cleaning protocols available and 85% of the HCF's cleaning staff have received trainings as per the cleaning protocol.

Orientations and hands on training on water quality was organized for the laboratory staff as well. They were trained on using ENPHO field water test kit to test the water quality in their respective HCFs. The trained



WaterAid/ Mani Karnacharya

laboratory staff after this training have now been ensuring the quality of water in their respective HCFs by conducting the water quality testing on a monthly basis and recording them in their laboratory register. Additionally, the HFOMC members along with HCF staff were also oriented on WASH in HCF with a major focus around using WASH FIT as an assessment tool to assess the existing status of WASH facilities in the HCF and accordingly formulate WASH Improvement Plan to upgrade the situation and service level of the WASH facilities.

Similarly, the representatives from local governments including health coordinators, deputy (mayors), vice (chairpersons) were sensitized on the importance of WASH in HCF through orientation workshops and then influenced to prioritize the agenda of WASH in HCF in their work. Few representative ward chairpersons were also included in the training sessions along with their respective HCF In-charges. The Mayors and Chairpersons had shown their commitment to advocate and prioritize the agenda of WASH in HCF in their municipal council meetings and accordingly include in the local level strategy, plan, and budget. It is expected that they will incorporate the agenda of WASH in HCF in upcoming local programme plans with respective budget allocation.



WaterAid/ Shruti Shrestha

4. National level policy influencing through WASH in HCF Technical Working group

There is a technical working group on WASH in HCF at the federal level under the leadership of Ministry of Health and Population (MoHP), Management Division, to which WaterAid Nepal is the secretariat. Multi- sector Coordination Section, Health Coordination Division, Ministry of Water Supply/ Department of Water Supply and Sewerage Management, Curative Division, Epidemiology and Disease Control Division, WHO, UNICEF, USAID, SNV, NSI, PSI, ACF, TDH, and Save the Children are other members of this group. WAN brought the ground experience and issues related with WASH in HCF from Bardiya district and accordingly continued the policy influencing works at the federal level. It contributed technically in drafting the National Standards for WASH in HCF in the government leadership and followed up repeatedly advocating for its endorsement. As a result, Management Division, MoHP has already initiated the endorsement process of WASH in Healthcare Facilities Standard.



WaterAid/ Mani Karmacharya

Learnings of the Project

Linking Healthy Start project to government's commitment

The project was aligned to the National standards for WASH in HCF-draft, developed in line with the Sustainable Development Goals (SDGs). The government of Nepal declared the country Open Defecation Free (ODF) in September 2019 with cent percent toilet coverage at household level. During the declaration, the government committed to ensure WASH facilities in institutions and public spaces as well. This motivated the respective local governments to engage constructively with the project, since it was visibly aligned with their mandate and interests as per the new federal structure.

WASH in HCF initiative being in a promising stage, has led to a greater acceptance of Healthy Start project among respective HCFs in the local governments of Bardiya district. Most of these local governments have committed to address and prioritise WASH in HCF with budget allocation in their upcoming local level plans. There is a consolidated learning that aligning the project design and its intervention activities with the government's priority programme and enhancing their capacity through continuous technical support ensures ownership from the governments at all levels and increases the sustainability with a possibility of replication.

Providing technical support on WASH in HCF through local partner organization BASE has fostered and strengthened the relationship with the local government entities and respective HCFs to implement the WASH Improvement plans developed for all 34 HCFs by HCF staff and HFOMC members so that they could reach out to the health workers and the most vulnerable population like pregnant and lactating mothers and their new-born babies. Training packages for frontline health workers were formulated in the areas of healthcare waste management and environmental health including WASH in HCF.

Since the federal and local governments are in dire need of technical support to localize the national and provincial programs and plans, there was realisation to put focus on strengthening the capacity of the local government and support them to formulate the local level plans and equip them with appropriate tools.



Embedding hygiene in health systems

Hygiene promotion was an integral part of the project design and the process of promoting five key hygiene behaviours was found to be effective. The complimentary hygiene promotion process- firstly embedding it within personal counselling at the institutional level and then following up with hygiene sessions at the community level was found to be very helpful to bring about behaviour change by creating awareness in PLMs and helping them maintain the behaviour change.

The creative hygiene campaign facilitated by health and hygiene officers was rolled out in a holistic manner and it would have been good if such hygiene sessions at the community level were conducted throughout the district to benefit PLMs through hygiene promotion.





PLMs had completed all four ANC visits. Similarly, the proportion of the respondents who completed PNC check-ups was very low. Therefore, a need was identified to bring about awareness to increase the ANC/PNC visits by pregnant and lactating mothers. This was a call for more hygiene promoters to be trained to engage the PLMs in hygiene sessions at the community level.

Realization that good hygiene behaviours are for our own good health seem to come from two folds here in this project. The target PLMs realized this when they were nudged with the motive of “love” linking them with their new-born babies. Similarly, the community people realized this when they came across the motive of “fear” and continuously have been nudged with threat factor in difficult situations brought about by Covid-19 pandemic. These two motives—love and fear seem to have worked very well for the change of hygiene behaviours in PLMs and behaviour change of people, specially around handwashing with soap and water.

However, there are still challenges to ensure the quality of the hygiene promotion sessions through personal counselling of the PLMs during the ANC/PNC visits. According to the end-line evaluation, the last ANC visit (by the protocol at nine months) was declined by nearly 10% of PLMs as compared to the first ANC visit, even though the

The ongoing pandemic has taught all of us that preparedness of some degree is of utmost importance to handle unexpected and unprecedented situations like that of COVID-19. Hence, contingency plan or any sort of disaster risk reduction and management plan is needed to tackle future public health disasters like COVID-19.



WASH FIT tool – making the preparation of WASH Improvement Plan easier and simpler

The project supported all 34 HCFs of Bardiya district to formulate WASH improvement plans and accordingly act upon them with demonstration support in the construction of inclusive WASH facilities. These WASH improvement plans were prepared by the members of the Health Facility Operational and Management Committee (HFOMC) to improve the status of WASH indicators described in the National Standards for WASH in HCF (draft 2018). Through continuous lobbying and advocacy at different levels, there have been placement of colour-coded bins for segregation of healthcare waste and accordingly managing them; construction of bio-sand filters; repair and maintenance along with construction of handwashing stations etc.

After getting connected through WASH in HCF Technical Working Group at the federal level, a training on WASH FIT tool was organized in the second year in coordination with WHO (along with technical support) and in collaboration with Tdh. Later, WAN's local partner BASE conducted follow-up trainings on WASH FIT tool in three HCFs in collaboration with GERUWA and started preparing an improvement plan prioritising specific actions with resources required. It was found to be very practical to improve day to day operation and management of the facilities.

However, even though the WASH FIT tool makes it easier to prepare the WASH Improvement plan, there are some challenges as well. Planning and monitoring of WASH improvement in HCF through this tool is a time-consuming task – where one has to assess all the indicators, do the scoring, undertake sanitary inspection, hazard and risk assessment and their recording. It becomes difficult to hold the participants in just one go and all of this requires a good and well trained facilitator.

What is WASH Improvement Plan?

The WASH improvement plan is a simple word template derived from the generic assessment of three components – water, sanitation and hygiene against different indicators of HCF. It was then reviewed annually to know the implementation status and assess any improvement of WASH services in the HCF.

What is WASH FIT tool?

WASH FIT tool developed by WHO and UNICEF, is a simple risk-based tool used to assess the WASH status of the HCF in terms of water, sanitation, hygiene, healthcare waste management including the governance component. There is a lot of documentation available around using this tool, which supports the HCF to continuously achieve improvement on WASH in HCF on bi-annual basis.

The guideline document for the WASH FIT tool has been adapted to local Nepalese context in Nepali language and provides a sample example as well. It invites membership from a wide range of stakeholders including the technical person from the municipality and even office helper in the HCF; which is not the case in the HFOMC context. The clear roles and responsibilities of the different members of the committee are also described in the guidance document.

Need to work on Healthcare Waste Management to compliment WASH in HCF

The baseline study showed a dire need to intervene on healthcare waste management. Since there was no such activity designed within the project around this, there were restrictions for the project team to work on HCWM in any of the HCFs.

Patabhar HCF requested the project to support in initiating HCWM in the HCF, based on its WASH improvement plan. There was a possibility to intervene in one HCF to assess the status of healthcare waste and then accordingly work with the HCF staff and HFOMC members to prepare a plan of action for the HCWM.

The project also provided few amenities required for HCWM in the HCF. The final end-line evaluation has also highlighted the gap in the status of HCWM, where mostly all i.e 14 HCFs are still on 'limited,' and 9 HCFs on 'no service' level in terms of waste management, indicating the huge need of intervention in the waste management system of HCFs.



Points to be considered while moving ahead for further improvement:

- The end-line evaluation indicates a remarkable achievement in the knowledge gain and progress in the practice of five-key hygiene behaviours by the PLMs. However, the district level stakeholders further reported that it would be more compelling and motivating for the PLMs if the frequency of hygiene sessions can be increased to over three times more to foster positive changes in the hygiene behaviours of PLMs.
- The project's contribution to construct WASH facilities was very well taken by the respective district stakeholders and appreciated the work done and further requested to share the design estimates and drawing, so that the local governments could also replicate such model WASH facilities in the HCFs by either upgrading the existing ones or constructing new ones. On the other hand, the project had limited interventions with regards to advocacy and influencing in comparison to hardware construction and capacity building. Though the local governments seem to be convinced on the importance of WASH in HCF, this agenda has not been reflected in their local level plans. The National Standards for WASH in HCF-2018-draft could not get endorsed within the project period. Henceforth, it would be good to have combined approach, both service delivery and influencing components as complementary to each other, in design during the project formulation stage to motivate the respective government counterparts to own the successful demonstrations and accordingly uptake this agenda of WASH in HCF into their local level planning process to replicate and further scale-up at a wider range.
- In future, it would be good to develop project proposals by incorporating WASH FIT tool from the very beginning of the project inception phase as this is a live tool for assessment of WASH in HCF status; formulation of WASH Improvement Plan based on this assessment and continuous monitoring of the incremental improvements with respect to WASH in HCF. The WASH FIT tool also includes governance component in HCF as well as the healthcare waste management along with water, sanitation and hygiene.
- End-line indicated that 14 HCFs were still on 'limited,' and 9 HCFs were on 'no service' level in terms of waste management, indicating the huge need for reform in the waste management system of the HCFs. Through this project, only one HCF could be supported in healthcare waste management with provision of required amenities in the HCF along with sensitizing orientations to the HCF staff along with HFOMC members – it also formed a committee for HCWM which prepared a plan of action for HCWM in the Patabhar HCF.

Conclusion

The project was successful in bringing about positive changes in the WASH service level of most of the HCFs in Bardiya district and helped improve the service delivery and the extension of WASH facilities. Many of the outcome indicators showed improved results in the end-line as compared to the baseline from water, sanitation, hygiene, and waste management perspective. Similarly, this project has also contributed

to improve the key hygiene behaviours of the targeted pregnant and lactating mothers (PLMs). At the federal level, our experience also helped contribute to national policymaking, including the National Standards for WASH in HCF (draft), which upon endorsement will shape the roadmap for WASH in HCF in Nepal – guiding both health and WASH sectors for years to come.



Key Performance Indicators showing improved results

Drinking Water Services

The End-line evaluation showed that **77%** of HCFs have tested the water quality of the main source, compared to **32%** in the baseline survey

End-line indicates that **97%** of the HCFs treat drinking water, which has significantly increased compared to **77%** in the baseline

Hygiene

94% of the HCFs had a functional handwashing station available at the selected point of care as compared to **41%** in the baseline.

41% of the HCFs have disabled friendly handwashing stations, as compared to **0%** in the baseline.

94% of the HCFs met the criteria for 'Basic service' level for hygiene as defined by JMP, which was **9%** in the baseline survey.

85% of HCFs have cleaning protocols available, compared to **44%** in the baseline and **85%** of the HCF's cleaning staff have received trainings as per the cleaning protocol.

Sanitation Facilities

Out of the **33** surveyed HCFs during End-line evaluation, **32%** met the 'Basic Service' level of sanitation, indicating sanitation services have improved, in comparison to **0%** during the baseline. **68%** of HCFs fell under the 'Limited Service' level as mentioned in JMP.

41% of HCFs have at least one usable improved toilet that meets the needs of people with reduced mobility, as compared to **3%** in the baseline survey.

85% of HCFs have separate toilets for males and females, in comparison to **32%** in the baseline

Waste Management

59% of the HCFs had segregated the waste into at least three labeled bins correctly. This percentage has sharply increased compared to **18%** in the baseline. Among those HCFs who had correctly segregated the waste, nearly **65%** had kept segregated waste in the color-coded buckets as compared to **24%** in the baseline.



Acknowledgement

WaterAid Nepal wishes to extend their gratitude to all those, who in one way or the other have contributed their efforts and support to prepare this document. To, WaterAid **Healthy Start Project team** and partner **BASE** for their valuable contribution. To, **Mr. Sarbagya Shrestha** for preparing the content. To, **Ms. Shivani Chemjong** for preparing the content, editorial and designing. To, **Mr. Kabir Rajbhandari**, **Ms. Sushrina Manandhar**, **Ms. Richa Koirala**, **Ms. Upama Adhikari** for their valuable input. To, **Ms. Tripti Rai** for commissioning the report.

