



**SANITATION**  
FOR MILLIONS



## Service Offer

Improve Quality of Care in Health Care  
Facilities Through Localization of  
the WASH FIT Approach

# Table of Contents

|                                                                                                                                              |    |
|----------------------------------------------------------------------------------------------------------------------------------------------|----|
| List of Abbreviations .....                                                                                                                  | 3  |
| 1 Introduction .....                                                                                                                         | 4  |
| 1.1 Background .....                                                                                                                         | 4  |
| 1.2 The Pitch: System Approach to Improve Quality of Care in Health Care Facilities through<br>Localization of the WASH–FIT Approach.....    | 6  |
| 1.3 Contact .....                                                                                                                            | 6  |
| 2 How does it work? .....                                                                                                                    | 6  |
| 2.1 Building partnerships to drive change .....                                                                                              | 6  |
| 2.2 Preconditions for success .....                                                                                                          | 7  |
| 2.3 Our Services: Work Packages.....                                                                                                         | 8  |
| 2.3.1 Work Package 1: Establishment of new cross-sectoral partnerships and development of a<br>joined Road Map .....                         | 8  |
| 2.3.2 Work Package 2: Establishment of a knowledge hub.....                                                                                  | 8  |
| 2.3.3 Work Package 3: Localization of the global WASH FIT approach – Innovative learning and<br>orientation in partnership and testing ..... | 9  |
| 2.3.4 Work Package 4: Integration of WASH FIT data collection into official national or sub-national<br>Health MIS .....                     | 10 |
| 2.3.5 Work Package 5: Niche Innovation for energy and waste.....                                                                             | 10 |
| 2.3.6 Work Package 6: Roll out the localized version of the WASH FIT.....                                                                    | 10 |
| 2.4 Target Groups .....                                                                                                                      | 11 |
| 2.5 Monitoring and Evaluation .....                                                                                                          | 11 |
| 2.6 Risks and Risk Mitigation .....                                                                                                          | 12 |
| 2.7 Results and Impact .....                                                                                                                 | 13 |
| 2.7.1 Results influencing socio-technical landscape.....                                                                                     | 13 |
| 2.7.2 Impacts leading to systemic changes .....                                                                                              | 14 |
| 3 Selected References and Information Materials .....                                                                                        | 15 |
| 3.1 Examples of localized WASH FIT approach resources .....                                                                                  | 15 |
| 3.1.1 Pakistan country context .....                                                                                                         | 15 |
| 3.1.2 Uganda country context .....                                                                                                           | 15 |
| 3.2 Health sector country resources.....                                                                                                     | 15 |
| 3.2.1 Pakistan country context .....                                                                                                         | 15 |
| 3.2.2 Uganda country context .....                                                                                                           | 15 |
| 3.3 Global WASH FIT resources and references .....                                                                                           | 15 |

## List of Abbreviations

|          |                                                                  |
|----------|------------------------------------------------------------------|
| BHU      | Basic Health Unit                                                |
| BMZ      | Federal Ministry for Economic Cooperation and Development        |
| CHW      | Community Health Worker                                          |
| CSO      | Civil Society Organisation                                       |
| DGHS     | Director General Health Services                                 |
| DHO      | District Health Office                                           |
| DHMIS    | District Health Management Information System                    |
| DOH      | Department of Health                                             |
| GIZ      | Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH     |
| GLAAS    | Global Analysis and Assessment of Sanitation and Drinking-Water  |
| HCF      | Health Care Facility                                             |
| HAI      | Health Care Facility Associated Infections                       |
| HMIS     | Health Management Information System                             |
| IPC      | Infection, Prevention and Control                                |
| IRC      | International Rescue Committee                                   |
| JMP      | Joint Monitoring Programme                                       |
| MCH      | Maternal and Child Health                                        |
| MHM      | Menstrual Hygiene Management                                     |
| MIS      | Management Information System                                    |
| MoH      | Ministry of Health                                               |
| MoCC     | Ministry of Climate Change                                       |
| MoG      | Ministry of Gender                                               |
| MoES     | Ministry of Education and Sports                                 |
| MoNHSR&C | Ministry of National Health Services Regulation and Coordination |
| MWE      | Ministry of Water and Environment                                |
| NHI      | National Health Institute                                        |
| NSWG     | National Sanitation Working Group                                |
| PCMC     | Primary Health care Management Committee                         |
| PHC      | Provincial Health Center                                         |
| RHC      | Rural Health Center                                              |
| SDG      | Sustainable Development Goals                                    |
| ToR      | Terms of Reference                                               |
| ToT      | Training of Trainers                                             |
| UHC      | Universal Health Coverage                                        |
| UNICEF   | United Nations Children's Fund                                   |
| UNOPS    | United Nations Office for Project Services                       |
| WASH     | Water, Sanitation and Hygiene                                    |
| WASH FIT | Water and Sanitation for Health Facility Improvement Tool        |
| WHO      | World Health Organization                                        |

# 1 Introduction

## 1.1 BACKGROUND

This service offer provides guidance for the systemic adaptation, localization, and scaling up of the Water and Sanitation for Health Facility Improvement Tool (WASH FIT), developed by World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF), within a dedicated localized and harmonized partnership approach. It was developed by the global project Sanitation for Millions, implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). The content is based on the practical experiences gained from the project's implementation in Pakistan and Uganda.

The service offer contributes to the achievement of multiple Sustainable Development Goals (SDGs), particularly SDG 6.2 (equitable sanitation), SDG 3 (good health), and SDG 5 (gender equality). The SDGs place a specific emphasis on universal health coverage, including access to WASH services in Health Care Facilities (HCFs). The WASH FIT approach marks a significant shift towards prioritizing quality care and adopting an integrated, people-centred approach that enhances the overall patient experience.

WASH FIT is a globally standardized tool to strengthen water, sanitation and hygiene (WASH) services in HCFs. It enables systematic assessment, improvement planning and implementation to enhance infection prevention and control as well as overall care quality. It supports universal health coverage and helps to reduce health care-associated infections (HAIs).

WASH FIT is very comprehensive and often overwhelms authorities and health institutions. Therefore, a more practical approach was tested in two countries, Uganda and Pakistan, to adapt the tool locally. The examples and most important steps are presented in this service offer.

Ther key objectives of the localized WASH FIT approach are:

- Establish a framework for continuous improvement and prioritization of actions where resources are limited
- Identify quality gaps through participatory facility assessments and strengthen WASH, infection prevention and control (IPC) and antimicrobial resistance (AMR) measures
- Foster an enabling environment by bringing together policymakers, health authorities, engineers, administrators and communities
- Improve daily facility operations through structured WASH management

In Pakistan, the Sanitation for Millions project supports the implementation of a cross-sectoral partnership model that brings together national and international actors from the WASH and health sectors. The aim is to improve access to WASH services in HCFs through a range of coordinated measures, using a localized and harmonized facility-led approach based on WASH FIT.

Under the leadership of the Pakistan Ministry of National Health Services, Regulation & Coordination (MoNHSR&C), WASH and health partners are jointly implementing large-scale projects, including in areas affected by floods. Partners such as GIZ, UNICEF, Welthungerhilfe, Islamic Relief, IRC, UNOPS, WaterAid and WHO have committed to applying the localized WASH FIT approach to support targeted improvements in HCFs across all provinces and regions.

The approach aims to align actions under a globally recognized model for WASH in HCFs, while scaling up a government-led process nationwide. It also seeks to foster structured and regular learning exchanges and to further develop the approach in line with the specific context of Pakistan.

In addition, the Pakistan Ministry of Climate Change (MoCC) supports the integration of climate resilience and related activities. Provincial governments lead the implementation within their respective jurisdictions, linking it to existing provincial IPC and AMR policies and standards. Formal steering committees have been established at both national and provincial levels to ensure effective coordination and strategic oversight.

WHO and UNICEF have been providing regular WASH updates through the Joint Monitoring Programme (JMP) since 1990, which provides the guiding framework for the WASH FIT approach. The inaugural JMP report<sup>1</sup> on WASH in HCFs introduces service ladders for basic services (Figure 1). Monitoring data of 2021<sup>2</sup> reveal that basic water services are available in 82% of HCF, sanitation only in 16%, and hygiene, environmental cleaning, and waste management services in 55%, 34%, and 14%, respectively. A National Scoping Study (2021) assessing WASH access across 2,005 primary, 91 secondary, and 19 tertiary facilities nationwide indicates varying WASH needs among facilities. Acute care centers require advanced IPC measures, including high water quality and specialized (medical) waste management, while primary care facilities have less stringent requirements.

Figure 1: JMP service ladders for monitoring basic WASH services in health care facilities

|                 | WATER                                                                                                                                                                              | SANITATION                                                                                                                                                                                                                                      | HYGIENE                                                                                                                                                    | WASTE MANAGEMENT                                                                                                                              | ENVIRONMENTAL CLEANING                                                                                           |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| BASIC SERVICE   | Water is available from an improved source <sup>1</sup> on the premises.                                                                                                           | Improved sanitation facilities <sup>2</sup> are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility. | Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets. | Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.                      | Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training. |
| LIMITED SERVICE | An improved water source is within 500 metres of the premises, but not all requirements for basic service are met.                                                                 | At least one improved sanitation facility is available, but not all requirements for basic service are met.                                                                                                                                     | Functional hand hygiene facilities are available either at points of care or toilets but not both.                                                         | There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met. | There are cleaning protocols and/or at least some staff have received training on cleaning.                      |
| NO SERVICE      | Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 metres from the premises; or there is no water source. | Toilet facilities are unimproved (e.g. pit latrines without a slab or platform, hanging latrines, bucket latrines) or there are no toilets.                                                                                                     | No functional hand hygiene facilities are available either at points of care or toilets.                                                                   | There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of safely.             | No cleaning protocols are available and no staff have received training on cleaning.                             |

#### Box 1: Approach in Uganda

Complementing the work of the Sanitation for Millions programme in Pakistan, a slightly different approach was implemented in **Uganda**: A customized WASH FIT, tailored to the specific needs of the HCFs was developed in collaboration with the Ministry of Health (MoH). This is anchored on the capacity development of health care workers to assess the health care facility status, develop and implement improvement plans, and sustain progress.

1 <https://apps.who.int/iris/bitstream/handle/10665/311620/9789241515504-eng.pdf>

2 <https://www.who.int/publications/i/item/9789240058699>

## 1.2 THE PITCH: SYSTEM APPROACH TO IMPROVE QUALITY OF CARE IN HEALTH CARE FACILITIES THROUGH LOCALIZATION OF THE WASH FIT APPROACH

WASH FIT uses a facility-led, risk-based method to drive continuous improvements in HCFs. It focuses on steadily raising the quality of care and forms the foundation of the partnership approach. Through a structured, step-by-step process, WASH–FIT strengthens seven key areas: water, sanitation, health care waste management, hand hygiene, environmental cleaning, management, and workforce capacity. This iterative method directly enhances WASH services, care quality, and patient experience.

Building on this global framework, the service offer empowers governmental and non-governmental actors to integrate strong WASH services in HCFs at scale. Stakeholders collaborate in Change Groups, strengthen their capacities, and gain practical tools and knowledge to implement effective measures. By applying this approach, they create the conditions for consistently delivering high-quality patient care in hygienic and safe health care environments.

## 1.3 CONTACT

Dr. Bärbel Schwaiger, Sanitation for Millions Project Director, [baerbel.schwaiger@giz.de](mailto:baerbel.schwaiger@giz.de)

# 2 How does it work?

## 2.1 BUILDING PARTNERSHIPS TO DRIVE CHANGE

The WASH FIT approach operates through a localized and collaborative partnership model, bringing together governments, international organizations, and key stakeholders to enhance water, sanitation, and hygiene services in HCFs. This model fosters a government-led process, ensuring sustainable improvements through structured learning exchanges, capacity building, and the continuous development of national standards.

A dedicated Change Group of key actors is formed to use niche learning within the existing socio-technical regime to influence the national landscape, shaping humanitarian response and development approaches. Pluralism of existing knowledge of the diverse set of stakeholders and power dynamics can be used to induce innovation (e.g. digitalization of WASH FIT tool) and implementation at scale through localization and standardization.

*Box 2: Country-specific partner structures for implementation of WASH FIT*

In **Pakistan**, the Ministry of National Health Services, Regulation & Coordination spearheads the initiative in collaboration with prominent WASH sector partners such as GIZ, UNICEF, Welthungerhilfe, Islamic Relief, IRC, UNOPS, WaterAid, and WHO. The approach is particularly focused on flood-affected areas, leveraging collective expertise and resources to implement a globally recognized delivery framework tailored to the local context. With a strong emphasis on scaling up efforts across provinces and regions, Pakistan serves as a key example of how WASH FIT can drive impactful, government-led improvements in health care WASH services. The WASH FIT model is cascaded down to the local levels through a multi-tiered approach, engaging various stakeholders at each level:



**1. National Level:** The Ministry of National Health Services, Regulation & Coordination sets the overall strategy and framework for the implementation of WASH FIT.

**2. Provincial Level:** Provincial Governments lead the implementation of WASH FIT in accordance with existing policies and standards and ensure the integration of the initiative with provincial health care systems.

**3. District Level:** District Health Authorities and District WASH Departments are responsible for the implementation of WASH FIT at the district level, working closely with health care facilities.

**4. Community Level:** The approach extends to the community level, engaging with Basic Health care Units (BHUs), Rural Health Centers (RHCs) and Community Health Worker (CHW) teams.

**5. Basic Health care Units:** BHUs and RHCs play a crucial role in implementing WASH FIT, with Primary Health care Management Committees (PCMCs) providing oversight and ensuring the effective implementation of the initiative.

Additionally, the Ministry of Climate Change provides technical support to integrate climate resilience into WASH initiatives, ensuring that the WASH FIT approach is aligned with national climate change priorities. This collaborative and context-sensitive model ensures a comprehensive and effective enhancement of WASH services across health care facilities, ultimately improving patient care and outcomes.

In **Uganda**, the Inter-ministerial committee plays the policy coordination and harmonization role, which brings together all relevant ministries: Ministry of Health (MoH), Ministry of Water and Environment (MWE), Ministry of Education and Sports (MoES), Ministry of Gender, Labour and Social Development (MGLSD) to ensure alignment of WASH policies, strategies and best practices from other sectors to be applied under the WASH FIT. Moreover, WASH services delivery is coordinated by a highly technical National Sanitation Working Group (NSWG) whose Secretariate is at the MoH and comprises other line ministries (MWE and MoES), development partners, CSO's, consultants and the academia charged with undertaking research and organising learning and experience sharing platforms, reviews of emerging technologies and approaches in the sector related to WASH FIT. Specifically in Uganda, the roles of actors at different levels in the implementation of WASH FIT include:

- **Ministry of Health:** Provide policy guidelines and standards in addition to overall technical oversight. The MoH ensures that key aspects are considered in the customized WASH FIT.
- **District Health Office:** Capacity building and mentorship of health workers in the lower grade HCFs providing community-based health care services.
- **Lower grade health facilities:** Implement the customized WASH FIT improvement plans since these are the first point of contact for health care service delivery.

## 2.2 PRECONDITIONS FOR SUCCESS

For the service to be delivered effectively, the following internal and external conditions must be fulfilled.

1. **Understand institutional cross-sector frameworks, their interactions, and power dynamics:** HCFs are formally operated under the governance framework of the health sector; thus, relevant ministries and partners of the health sector are lead actors in the WASH FIT partnership. This also includes WHO and UNICEF as global owners of the WASH FIT approach.
2. **Officially integrate tools and processes in the governance framework of relevant sectors:** During the iterative process of localization and digitalization of the WASH FIT approach, any tools need to be formally approved by the respective authorities. Existing standards for data collection and integration, as well as water and sanitation and health infrastructure, need to be followed.

3. **Formal cooperation with the respective political body:** To ensure that the adaptation and introduction of a contextualized WASH FIT can be realized, it is crucial that a formal cooperation with the official partner (for example the MoH) exists and that a common understanding about objectives, timelines, roles and responsibilities are aligned prior to implementation.
4. **Assure financial resources for implementation:** Map existing resources and understand national resource allocation to allow for pilot testing and timely upscaling of approach.

## 2.3 OUR SERVICES: WORK PACKAGES

Within the context of WASH FIT institutionalization for guaranteeing the quality of care across all levels within the health care system, the following key work packages are developed in support of implementation:

### 2.3.1 Work Package 1: Establishment of new cross-sectoral partnerships and development of a joined Road Map<sup>3</sup>

New cross-sectoral partnerships are established and fostered to influence the socio-technical landscape and a joined road map (of the sectors WASH, Health, and Climate Change).

1. **Establish a WASH in HCF Change Group** for regular exchange and learning by all partners at the national level to drive national leadership and critical technical thinking – to work across sectors to secure universal, action-focused commitments on WASH service provision in HCFs at the provincial and national levels. Small groups of experts and networks (WASH, Health, Climate Change) form a partnership under the leadership of national or sub-national governments (Change Group) and experiment with novel and localized WASH FIT approaches and undertake learning to assess effectiveness and communicate lessons.
2. **Invite cross-sectoral action** to strengthen climate resilience and environmental sustainability in support of the capacity of the health sector officials to influence, inform, and request interventions from governments and policymakers. When a climate lens is applied to the WASH FIT approach, risk assessments can identify triggers and provide warning signs to facility management teams to help them to develop mitigation and adaptation measures for future climate-related events.
3. **Formalize partnerships** at national and sub-national levels by officially nominating a steering committee (Change Group) and signing a (standardized) MoU.
4. **Develop a joined Road Map** outlining the detailed approach for the envisioned systemic changes.
5. **Update WASH FIT Partner Mapping** including all activities related to WASH in HCF at sub-national levels.

### 2.3.2 Work Package 2: Establishment of a Knowledge Hub<sup>4</sup>

1. **Conduct brief (national/provincial) situation analysis and assessment** identifying health and WASH policies, governance structures, monitoring and disease-specific funding streams (or lack thereof) building on the scoping

---

<sup>3</sup> Pakistan-specific work package, can be adjusted to the specific country context

<sup>4</sup> Pakistan-specific work package, can be adjusted to the specific country context



2. **Review existing WASH service in HCF standards** related to national/provincial context, the basis for design, costing, implementation and operation of WASH services in HCF – if any, including menstrual hygiene management (MHM) and management of HCF waste patterns.
3. **Establish Knowledge Hub** – a repository of available policies, strategies, norms, technical standards, case studies, learning notes, etc.
4. **Mapping out Management Information Systems (MIS)** at national, provincial and district levels, data collected, frequency, data collection methodology, etc. and understanding link to official national and sub-national data collection systems in place and reporting needs for WASH FIT, JMP, GLAAS.

### 2.3.3 Work Package 3: Localization of the global WASH FIT approach – Innovative learning and orientation in partnership and testing

1. **Jointly review and adjust the global WASH FIT data collection tool** to the local context to be officiated by a governmental lead organization (e.g. MoH), test localized tool in selected HCF at different levels, and revise if needed.
2. **Adjust globally existing WASH FIT training packages** to local context and capacities and conduct Trainings of Trainers (TOTs)<sup>5</sup> under the leadership of (sub-) national governmental organizations in line with government national health services standards and guidelines.
3. **Conduct partner mapping** in each province and provide information on the HCFs that should be assessed and improved through the WASH–FIT approach.
4. **Organize technical workshop for adjustment of WASH FIT** for the specific context taking UNICEF/WHO learning into account (each partner should nominate a WASH FIT focal point).
5. **Organize joined WASH FIT training(s)** for field teams, on how to apply the localized WASH FIT.
6. **Apply the WASH FIT tool** in a selected number of facilities in existing and fully funded partner programs to allow for adjustment of the tool to the local context.
7. **Develop and test innovative data collection tools** (e.g. Kobo) for efficient data collection: The ability to collect and analyse real-time data is crucial for effective cross-sector planning and resource allocation to empower proactive identification of data needs within the WASH and health sectors. Real-time data collection also allows for the dynamic monitoring of critical infrastructure and services in HCFs.
8. **Conduct orientation sessions** for national and local governmental and non-governmental stakeholders from all relevant sectors (WASH, health, climate change).
9. **Conduct regular mentorship sessions** with health workers for effective implementation of improvement plans, on the seven domains of the customized WASH FIT.
10. **Create model HCFs** through targeted/intentional mentorship sessions and supervision in selected HCFs to act as centers for cross-learning (champions).

---

<sup>5</sup> See Annex 1 on localized training of trainers' material

### 2.3.4 Work Package 4: Integration of WASH FIT data collection into official national or sub-national Health Management Information Systems<sup>6</sup>

1. **Integrate data collection** using the localized WASH FIT tool into existing Management Information Systems, e.g. the District Health Management Information System (DHMIS), to empower health care administrators to make informed decisions using real-time WASH service data.
2. **Ensure continuous assessment** of WASH conditions in HCFs by integrating data collection in official MIS reporting to improve accountability and prompt interventions through the incorporation of the WASH FIT approach into the system. The integration simplifies the reporting of WASH metrics alongside other health indicators, facilitating comprehensive evaluations of health care performance. This setup also equips local health authorities with the necessary data to address health emergencies and outbreaks more effectively and allows them to strategically allocate resources to areas most in need.

### 2.3.5 Work Package 5: Niche Innovation for energy and waste

Experts and networks may experiment with novel approaches and undertake learnings especially related to energy and waste at HCFs.

**Energy:** HCFs are major energy consumers, particularly hospitals, due to their continuous operations, need for reliable electricity and thermal energy, and the energy-intensive nature of medical equipment. It is recommended to

1. **identify options to reduce energy consumption** in these facilities to reduce costs, minimize environmental impact, and improve the overall sustainability of health care, and to
2. **establish alternative grid options** for energy provision, especially in rural and remote HCFs

**Waste:** Health care waste management is crucial for protecting the environment and public health, as it involves various types of waste, including infectious, hazardous, and general waste. Identify suitable approaches for proper segregation, treatment, and disposal to prevent the spread of diseases and minimize environmental contamination. Therefore, it is recommended to

1. **identify options for waste reduction**, and
2. **identify and ensure appropriate and/or alternative waste disposal methods.**

### 2.3.6 Work Package 6: Roll out the localized version of the WASH FIT<sup>7</sup>

The rollout of the localized version of the WASH FIT happens at national / sub-national levels (provinces and regions) engaging political stakeholders, health care workers etc. and communities (using existing and additional funding).

1. **Develop WASH services in the HCF improvement roadmap** and related support measures including financing and capacity development needs as well as prioritization and supportive supervision and mentoring, and local multisectoral actions and learning on the road.
2. **Develop generic Terms of Reference** for sub-national chapter of WASH FIT Change Group, incl. roadmap.

---

<sup>6</sup> Pakistan-specific work package, can be adjusted to the specific country context

<sup>7</sup> Pakistan-specific work package, can be adjusted to the specific country context

3. **Include WASH FIT in IPC guideline** and operational workplan in collaboration with WHO and MoH
4. **Conduct orientation sessions** with the senior staff and decision makers on WASH FIT at sub-national level (in each province) under the leadership of the technical working group.
5. **Develop Briefing Package** on localized WASH FIT approach to inform decision makers.

## 2.4 TARGET GROUPS

The target group for the institutionalization and implementation of the WASH FIT approach encompasses a range of stakeholders:

1. **Various governmental institutions and non-governmental sector experts** at national and sub-national levels depending on the level decentralization of governance of the respective sectors.
2. **Trainers** include health professionals, WASH experts, and facilitators responsible for capacity development, knowledge orientation and transfer to ensure effective implementation of WASH FIT principles. The trainers must be enabled to conduct learning and orientation sessions fully embracing the localized WASH FIT approach, encompassing detailed sector knowledge and innovative learning approaches.
3. **Direct Beneficiaries** comprise HCF staff, including doctors, nurses, and support personnel, who will directly benefit from enhanced WASH practices and tools, leading to improved health outcomes at all levels of health care units, primary, secondary and tertiary.
4. **Indirect Beneficiaries** include patients seeking care at HCFs and the community, which will experience the overall impact of improved health care.

A multifaceted approach ensures that all relevant institutions (such as hospitals, clinics, and community health centers) are effectively engaged, creating a comprehensive framework for a successful WASH FIT approach adoption and sustainable use.

## 2.5 MONITORING AND EVALUATION

Each work package associated with the systemic institutionalization and implementation of the WASH FIT approach is monitored at the output level, while systemic changes are monitored at outcome and impact levels – with the need to be adapted for each project depending on the project objective.

**Monitoring overall implementation progress through the Change Group:** Change Group meetings are used to follow the implementation of agreed activities as indicated in the quarterly/annual road map.

**Documentation and Reporting:** Results and progress are documented and reported to the respective leads of the Change Group, providing transparency and accountability. This documentation helps in sharing lessons learned and best practices with other partners and governmental entities or stakeholders involved in similar approaches.

**Integration into official Health Management Information Systems (HMIS):** Selected outcome and impact indicators are monitored by integrating them into official health and WASH MIS. This ensures that

improvements in water, sanitation, and hygiene directly contribute to the desired health and service delivery outcomes and impacts, while also attracting the necessary attention from political entities.

**Regular monitoring and evaluation through the WASH FIT approach:** The WASH FIT approach itself provides a framework for continuous monitoring of progress toward both outputs and outcomes. Facilities regularly collect data and evaluate the impact of implemented changes, ensuring they meet the defined objectives. Using WASH FIT approach for monitoring project results at both the output and output levels involves several steps:

1. **Assessment and Baseline Establishment:** Initially, the localized WASH FIT tool is used to assess the current state of water, sanitation, and hygiene facilities. This helps establish a baseline against which future improvements can be measured.
2. **Risk Assessment and Prioritization:** HCFs utilize the WASH FIT approach to conduct risk assessments, identifying critical areas that need improvement. This helps prioritize actions that align with the desired outcomes and outputs.
3. **Implementation of Improvement Plans:** Based on the prioritized risks, specific improvement plans for the HCFs are developed and implemented. These plans are directly linked to both short-term outputs (e.g. installation of new facilities) and long-term outcomes (e.g. improved health indicators as indicated in the HMIS).
4. **Feedback and Adjustment:** As WASH FIT is an iterative approach using localized tools, the data collected from monitoring are used to refine and adjust strategies, ensuring continuous improvement and adaptation to any new challenges.

*Box 3: Excursus - WASH FIT real time data collection and progress monitoring in Pakistan*

In Pakistan, the WASH FIT Change Group at the federal level has drafted a framework for implementation through the Kobo application, aiming to provide valuable insights for HCFs and the work of Provincial Departments of Health (DOH). By applying Kobo to the WASH FIT tool, the Change Group seeks to systematically monitor and assess WASH services at all three levels of health care, ensuring data-driven decision-making for continuous improvement.

The monitoring framework was discussed and finalized with the DOH in close consultation with the Change Group, including the establishment of benchmarks and indicators for effective monitoring. Additionally, it has been agreed that the WASH FIT indicators will be integrated into the existing HMIS to enhance tracking and reporting mechanisms.

## 2.6 RISKS AND RISK MITIGATION

*Table 1: Risks and Risk Mitigation*

| Risk                                                                       | Mitigation Measures                                                                                                                                                              |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Limited integration of the WASH FIT approach in the existing Health System | Further foster a partnership approach to seamlessly integrate the WASH FIT approach within the existing health system to enhance health care delivery and ensure quality of care |
| Limited Government Ownership                                               | Encourage national and sub-national governments to champion the WASH FIT initiative to prioritize water, sanitation, and hygiene, thereby improving the quality of care in HCFs  |

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Limited allocation of resources                                                        | Increase resource allocation through national or provincial budget allocations within the national financial framework to support partnership, learning and innovation and create and maintain health care facilities that ensure safe water and sanitation, directly impacting the quality of care provided to patients.                                                                                                                                                                                                                                                                                       |
| Limited political will at decentralized governance levels                              | Due to the cross-sectoral nature of the WASH FIT approach, the health sector at the national level is leading the process – usually with a highly centralized governance structure – sometimes discouraging political will to support the implementation process by highly decentralized water supply and sanitation functions. Regular consultations and including Change Groups support heightened engagement at all governance levels to drive the necessary policy changes and resource allocations that enable the WASH FIT approach to transform health systems and enhance the quality of care services. |
| Limited willingness to conduct capacity development, training and partnership meetings | Regularly conduct briefings at national and sub-national governance levels to foster understanding of the WASH FIT approach, its benefits, challenges and progress.                                                                                                                                                                                                                                                                                                                                                                                                                                             |

## 2.7 RESULTS AND IMPACT

### 2.7.1 Results influencing socio-technical landscape

**Niche Innovation:** Small groups of experts and networks experimented with a localized WASH FIT approach. This enables to learn, to assess effectiveness of the approach and helps to communicate lessons in regular Change Group meetings (at a national level).

**Influencing existing socio-technical regime:** A localized and agreed WASH FIT approach was institutionalized through an approved and localized WASH FIT tool and standard ToR<sup>8</sup> for the Change Group influenced existing socio-technical and governance regimes in the health sector.

**New partnerships with WHO and WASH sector actors to influence the socio-technical landscape:** Change Group learning was used to influence the sector landscape, shaping humanitarian response and development approaches for WASH in HCF, leading to enhanced WASH services and infrastructure contributing to safer and more sanitary environments for patients and health care workers. WASH FIT initiatives are integrated with existing IPC and AMR policies for a holistic approach to health care enhancement.

**Use of pluralism of knowledge and power dynamics to induce innovation:** For Pakistan, the WASH FIT tool is digitalized using the KOBO-toolbox<sup>9</sup>, an intuitive, powerful, and reliable software to collect, analyse, and manage HCF data during filed surveys, monitoring, evaluation, and research. A replicable model is created that can be scaled across diverse regions, improving health care service delivery on a wider scale.

<sup>8</sup> Standard template for ToR for Change Group (ANNEX 4)

<sup>9</sup> KOBO-Toolbox for data collection and reporting (ANNEX 3)

**Integrating climate resilience:** The impacts of climate change on health care delivery are mitigated by integrating climate resilience into the WASH FIT approach – also in partnership with the dedicated sector ministry.

**Structured learning exchanges:** Dedicated and structured learning among stakeholders and partner organizations facilitates continuous improvement and adaptation of WASH FIT practices to various local contexts.

**Increased community involvement:** Applying the WASH FIT tool with a high level of community involvement in the management of health care units fosters a sense of ownership and accountability towards local health services.

## 2.7.2 Impacts leading to systemic changes

**Policy integration and system resilience:** By embedding WASH FIT frameworks into national and sub-national health care policies, health care systems have become more resilient, better equipped to respond to disease outbreaks and climate-related challenges. Standardized local WASH practices optimize resource use, reduce costs, and promote environmentally sustainable health care. Integrating WASH FIT into policy also strengthens evidence-based decision-making, guiding future health initiatives and improving population health outcomes.

**Improved health care at HCFs and communities:** Implementing a localized WASH FIT approach through strong partnerships has enhanced hygiene and sanitation in health care facilities, resulting in higher-quality patient care and reduced health care-associated infections. Improved WASH services extend beyond facilities, supporting hygiene promotion in surrounding communities, raising public health awareness, and fostering behavioral change.

**Increased local ownership and accountability:** Active participation of local communities and health care workers in partnership with local governments and NGOs as supporting implementing partners fosters ownership and accountability, promoting systemic, sustainable health care practices. Strengthening local health systems with WASH FIT enhances community resilience to health emergencies, pandemics, and environmental changes, ensuring sustained access to quality health care.

**A holistic model of care and competent workforce:** Incorporating WASH standards into health programs creates a holistic model of care, improving coordination across various health services. The application of a localized WASH FIT approach enhances training and skill-building for health care workers, cultivating a more competent and confident workforce.



## 3 Selected References and Materials

### 3.1 EXAMPLES OF LOCALIZED WASH FIT APPROACH RESOURCES

#### 3.1.1 Pakistan country context

- Localised Training of Trainers material (ANNEX 1)
- Localized WASH FIT tool (ANNEX 2)
- KOBO-Toolbox for data collection and reporting (ANNEX 3)
- Standard template for ToR for Change Group (ANNEX 4)

#### 3.1.2 Uganda country context

- Customized WASHFIT Assessment tool (ANNEX 5)
- WASH FIT Manual for lower-level health care facilities (ANNEX 6)

### 3.2 HEALTH SECTOR COUNTRY RESOURCES

#### 3.2.1 Pakistan country context

- Minimum Health Service Delivery Package for Primary Health care Facilities, KP, 2029: [www.healthkp.gov.pk/public/uploads/downloads-197.pdf](http://www.healthkp.gov.pk/public/uploads/downloads-197.pdf)
- National Guidelines for Infection Prevention and Control (IPC), 2020: [https://www.nih.org.pk/wp-content/uploads/2020/04/Complete\\_IPC\\_Guideliens.pdf](https://www.nih.org.pk/wp-content/uploads/2020/04/Complete_IPC_Guideliens.pdf)
- Universal Health Coverage (UHC) Benefit Package of Pakistan, 2020: [https://www.dcp-3.org/resources/essential-package-health-services-community-and-primary-health\\_care-centre-level-based](https://www.dcp-3.org/resources/essential-package-health-services-community-and-primary-health_care-centre-level-based).

#### 3.2.2 Uganda country context

- National Guidelines for WASH in Health Care Facilities, Uganda, 2022. [https://www.washinhcf.org/wp-content/uploads/2022/09/WASH-Guidelines-2022-Final-with-foreword.pdf?utm\\_source=chatgpt.com](https://www.washinhcf.org/wp-content/uploads/2022/09/WASH-Guidelines-2022-Final-with-foreword.pdf?utm_source=chatgpt.com)
- National Micro Planning Handbook for Water, Sanitation and Hygiene (WASH) in Health Care Facilities (HCFs) in Uganda, June, 2022.
- [https://library.health.go.ug/community-health/environmental-health/national-micro-planning-handbook-water-sanitation-and-hygiene?utm\\_source=chatgpt.com](https://library.health.go.ug/community-health/environmental-health/national-micro-planning-handbook-water-sanitation-and-hygiene?utm_source=chatgpt.com)

### 3.3 GLOBAL WASH FIT RESOURCES AND REFERENCES

- WASH FIT: A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities. 2nd edition, 2022: <https://www.who.int/publications/i/item/9789240043237>
- WASH FIT manual for trainers, 2022: <https://www.who.int/publications/i/item/9789240047730>



**Published by**

Deutsche Gesellschaft für Internationale  
Zusammenarbeit (GIZ) GmbH

Registered offices Bonn and Eschborn, Germany

Sanitation for Millions

Dr. Bärbel Schwaiger (Programme Director)

[s4m@giz.de](mailto:s4m@giz.de)

[www.sanitationformillions.org](http://www.sanitationformillions.org)

**On behalf of**

German Federal Ministry for  
Economic Cooperation and Development (BMZ)

Division 121 – Water, Circular Economy

**Postal address of BMZ offices**

BMZ Bonn

Dahlmannstraße 4

53113 Bonn, Germany

T +49 228 995 35-0

F +49 228 995 35-3500

BMZ Berlin

Stresemannstraße 94

10963 Berlin, Germany

T +49 30 18535-0

F +49 30 18535-2501

[poststelle@bmz.bund.de](mailto:poststelle@bmz.bund.de)

[www.bmz.de](http://www.bmz.de)

**Authors**

Sanitation for Millions

**Design**

by creative republic / Germany

**Photos**

© GIZ

**As at**

November 2025

GIZ is responsible for the content of this publication.



# SANITATION

FOR MILLIONS