

# **Water, Sanitation and Hygiene (WASH) services in Health Centres (HCs) in Nepal - Summary & Learnings from Baseline Survey 2021**

## **Background**

Throughout the COVID crisis of 2020 - 21, health centres across the world have been under pressure like never before. A World Health Organisation (WHO) report in 2020 identifies major global gaps in WASH services: one third of health care facilities do not have what is needed to clean hands where care is provided; one in four facilities have no water services, and 10% have no sanitation services.

This means that 1.8 billion people use facilities that lack basic water services and 800 million use facilities with no toilets.<sup>1</sup>

The WHO/UNICEF reporting from Nepal states that *“only 27% of the population has access to adequate sanitation and 30% lack access to safe drinking water. The main causes of morbidity are diarrhoeal disease, dysentery, cholera and typhoid.”*

## **Frank Water’s Baseline Study 2021**

In 2021, Frank Water worked with our Nepalese partner, Lumanti, to conduct a baseline survey of 31 health centres across the Kathmandu Valley in Nepal. Due to COVID restrictions, surveys were conducted via telephone interviews with Health Centre managers and local Ministry of Health employees.

The results of the survey demonstrate that there are serious issues regarding the provision of health services in Nepal that reflect global trends in health provision across lower and middle income countries.

Frank Water and Lumanti openly share this information with the intention of contributing to national and global learning concerning WASH services, particularly in health centres.

## **High Level Findings**

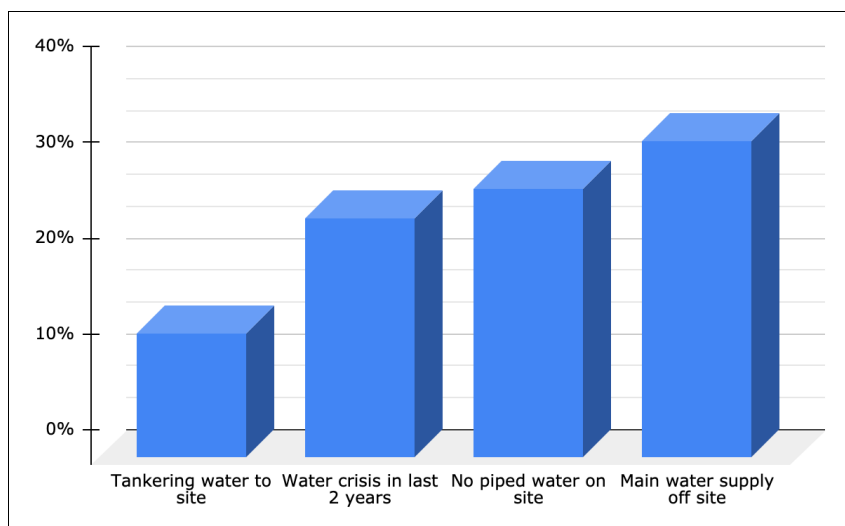
### **Water**

All Health Centres (HCs) have drinking water available to patients and staff and almost all (94%) had some kind of direct water supply, however, 25% of the HCs reported a water crisis or shortages in the last 2 years.

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<sup>1</sup> <https://www.who.int/publications/i/item/9789240017542>

Over a quarter (28%) of HCs had no piped water, almost a third (31%) did not have their main water supply on site. 13% of the HCs did not have a local primary source but used tankered water as their main water supply.



It is noteworthy that almost half (47%) of the centres had never tested the quality of their water supply and at the time of the survey, 28% of the main water sources were not available.

## Sanitation

All of the HCs had at least one toilet onsite and, on average, HCs had between 2 and 3 usable toilets available and working at the time of the survey. 100% of the HCs reported that the toilets were cleaned everyday and all of them had toilets that flush or pour into a septic tank or pit.

Only 16% of the HCs had separate toilets for men and women and only 22% had toilets that were separated for staff and patients.

A minority of the HC had toilets that had CGD (Child, Gender, & Disability) adapted toilets and, with 78% having no CGD friendly toilets and 69% having no toilets that were designed for people with limited mobility.

Significantly, 72% of the HCs said that the number of toilets in their facility was insufficient.

## Hygiene

Almost all of the HCs (97%) have soap and water (or alcohol based sanitizers) available in the consultation rooms and all had soap and water within 5m of the toilets.

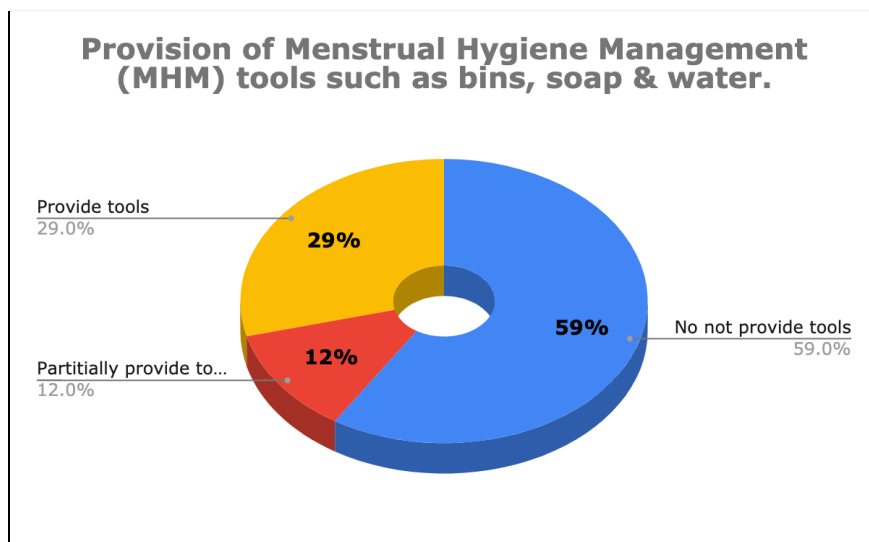
The majority (69%) of the HCs had a septic tank on site to process waste, with the remaining 31% having sewage piped away from the site.

The majority of HCs (59%) do not provide tools to provide for menstrual health needs (covered trash bin, soap and water etc) and 12% only partially provide these items, meaning

less than a third (29%) of the HCs are properly able to help women with the menstrual health needs.

Almost all (94%) of HCs reported that *"sharps, infectious and general waste are safely separated into three bins in consultation rooms"*, with the remaining 3% stating that waste is separated however the *"bins are often full"*.

Exactly half of the HCs reported that *"all staff responsible for cleaning received proper training?"*. Just over half (52%) reported that they have *"protocols/instructions for cleaning (floor, sink, spillage of blood or bodily fluid) and cleaning schedule available."*



## Recommendations

Through our experiences over the last 15 years, we've seen that it is easy to give recommendations but hard to implement many of the suggested changes on the ground.

Our aim is to engage and encourage collaboration between Nepali Government departments such a Ministry of Health (MoH) and Ministry of Water Supply and Sanitation (MoWSS) in order to:

- Ensure all Health Centres have water available onsite, all year around;
- Ensure water quality testing processes are promoted through MoH and MoWSS to ensure regular assessment of potentially dangerous water sources;
- Ensure every HC has toilets available that are separated by gender and designed to meet the needs of children and people with disabilities;
- Ensure that each HC has an appropriate number of toilets to serve the needs of the numbers of patient visits; (WHO Recommendation<sup>2</sup>: 1 toilet for every 20 users for inpatient setting. At least 4 toilets per outpatient setting. Separate toilets for patients and staff.)

<sup>2</sup> [https://apps.who.int/iris/bitstream/handle/10665/154588/9789241508476\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/154588/9789241508476_eng.pdf)

- Ensure that all HCs have “*a private place for washing hands, private parts and clothes; drying reusable materials; and safe disposal of used menstrual materials*”<sup>3</sup>
- Ensure all staff responsible for cleaning and maintaining HCs have the training and protocols required to guarantee safe and hygienic conditions.

**For more detailed information on this baseline survey and/or for more background on our work in Nepal, please contact:**

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<sup>3</sup> [https://apps.who.int/iris/bitstream/handle/10665/154588/9789241508476\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/154588/9789241508476_eng.pdf)