

Evaluation of WASH
Services in Health Care
Facilities in Dera, Farta,
and North Mecha
Woredas, Ethiopia:
Endline Results



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Finally, we recognize the contributions of all other individuals and organizations who provided encouragement and assistance during this project. Your support has been instrumental in achieving this outcome.

Abbreviations

CCM	Clean Clinic Model
HC	Health Center
HP	Health Post
JMP	World Health Organization/United Nations Children’s Fund Joint Monitoring Programme
MHM	menstrual hygiene management
MWA	Millenium Water Alliance
SWP	Sustainable WASH Project
WASH	water, sanitation, and hygiene
WASH FIT	Water and Sanitation for Health Facility Improvement Tool

Executive Summary

The Millennium Water Alliance (MWA) has been implementing the five-year Sustainable WASH Project (SWP) in Ethiopia to strengthen water supply, sanitation, and hygiene (WASH) services in schools, health facilities, and communities, contributing directly to Ethiopia's One WASH National Program and the Conrad N. Hilton Foundation's Safe Water Initiative 2025 strategy. Acting as a central hub, MWA has coordinated partners' activities in the Amhara Region and supported the expansion of improved WASH services.

In August 2024, PATH conducted the endline evaluation of WASH services in 26 selected health facilities across Dera, Farta, and North Mecha Woredas. This evaluation focused on assessing the quality, functionality, and improvements in WASH services, particularly for facilities implementing the Clean Clinic Model (CCM). The findings highlight progress achieved since baseline and midline assessments while emphasizing the challenges faced due to Ethiopia's ongoing conflict and climate change impacts.

Key Findings

Water: At endline, 50% of SWP facilities met the Joint Monitoring Program (JMP) basic water service level, with 92% of these being CCM facilities. However, only 5% of facilities showed improvement in water service levels since baseline.

Sanitation: Nineteen percent of facilities achieved JMP basic sanitation service levels, with 23% showing improvement since baseline. However, some facilities experienced service declines, particularly in Dera Woreda.

Hand Hygiene: Fifteen percent of facilities met the JMP basic hand hygiene level, with 32% demonstrating improvement from baseline. Functioning hand hygiene stations were present at 75% of points of care in 31% of facilities.

Healthcare Waste Management: Fourteen percent of facilities met JMP basic waste management standards, improving from 5% at baseline.

Environmental Cleaning: Two facilities met JMP basic environmental cleaning levels at endline, though baseline data were unavailable for comparison.

Energy and Environment: While 88% of facilities had access to electricity, 87% of these facilities faced energy insufficiencies for meeting all operational demands.

Impact on Clean Clinic Model (CCM): Facilities implementing the CCM generally outperformed non-CCM facilities in water, sanitation, hand hygiene, and environmental cleaning according to JMP standards, but significant gaps remain, particularly in healthcare waste management where CCM facilities showed no clear advantage.

Conclusions

The endline evaluation shows steady progress in achieving basic WASH service levels, particularly in water, sanitation, hand hygiene, and waste management. However, challenges persist, including service declines in some facilities, limited budgets, and inadequate systems for operation and maintenance. External factors such as ongoing conflict and climate change further exacerbate these issues, highlighting the fragility of progress.

Recommendations

Data for Action: Continue using WASH FIT and CCM to guide quality improvement strategies, enhance funding approaches, and track progress. A data dashboard can facilitate real-time trend analysis and decision-making.

Costing Toolkit Development: Develop comprehensive costing estimates for capital and operational expenses needed to achieve and sustain basic WASH services, serving as a tool for advocacy and resource allocation.

Risk Assessment and Mitigation: Integrate climate change and antimicrobial resistance considerations into planning to ensure sustainable WASH services in the face of emerging risks.

This report underscores the importance of sustained efforts, collaboration, and innovation to overcome challenges and build resilient WASH systems in Ethiopia.

1. Introduction

1.1. Background

Millennium Water Alliance (MWA) is implementing the five-year Sustainable WASH Project (SWP) in Ethiopia, focused on bringing collective impact of a network of organizations to operationalize water supply, sanitation, and hygiene improvements in schools, health facilities, and communities across the country. Acting as a central hub, MWA is supporting coordination of partners' activities in Amhara Region and ensuring coordination and communication among government and program partners.

SWP's systems strengthening approach is generating water, sanitation, and hygiene (WASH) service improvements that directly contribute to Ethiopia's One WASH National Program and WASH service improvement objectives and to the Conrad N. Hilton Foundation's Safe Water Initiative 2025 strategy. Ultimately, MWA and its partners are helping to pave the way to expand improved WASH services in Amhara.

The health facilities for the endline evaluation were selected by MWA. In 2024, PATH conducted endline evaluations of WASH services in selected health facilities across Dera, Farta, and North Mecha Woredas. These evaluations assessed the quality and functionality of available WASH services, along with quantity and other indicators. This report presents the results of the endline evaluation conducted in August 2024. It highlights and compares the outcomes for facilities that implemented the Clean Clinic Model (CCM).

2. Methods

2.1. Evaluation tool

PATH gathered data for the endline assessment using the Water and Sanitation for Health Facility Improvement Tool (WASH FIT). WASH FIT is a risk-based monitoring tool for health care facilities that covers seven WASH service components, detailing point-in-time availability and quality. WASH FIT data can be used to develop, monitor, and inform WASH service improvement plans in health facilities and assess levels of compliance with national and global standards, such as those of the World Health Organization/United Nations Children's Fund Joint Monitoring Programme (JMP).

WASH FIT 2.0 for Ethiopia includes 92 evaluation criteria focused on five primary WASH domains—water, sanitation, hand hygiene, health care waste management, and environmental cleaning—and two secondary domains—energy and environment and management and personnel.

2.2. Sample site characteristics

Overall, 64% (n=16) of the target health facilities were included in all three assessments: 25 at baseline, 18 at midline, and 26 at endline. In all, 22 of the 25 facilities (88%) assessed at baseline were also part of the endline assessment; 11 were in Dera, 5 were in Farta, and 10 were in North Mecha. Table 1 on the following page provides more detail.

The 26 health facilities visited across the three woredas at endline included one primary hospital, 21 health centers, and four health posts. Further, they reported a combined total of 89 beds and

1,027 staff, including 18 doctors, 233 nurses, and 84 midwives. These facilities served an average total of 4,303 outpatients per day.

Table 1. Health facilities assessed across the three data collection periods.

Woreda	Baseline (n=25)	Midline (n=18)	Endline (n=26)
Dera	Hamusit HC Wanzaye HC Dewol HC Ambesamie HC Areb Gebeya HC Korata HC Wofargif HC Mirafemariam HP Gelawedios HC Miecho HC Sana HC	Hamusit HC Wanzaye HC Dewol HC Ambesamie HC Areb Gebeya HC Korata HC	Hamusit HC Wanzaye HC Dewol HC Ambesamie HC Areb Gebeya HC Korata HC Wofargif HC Mirafemariam HP Meha HP Atsede-woin HP Kulala HP
North Mecha	Merawi Primary Hospital Wotet Abay HC Rim HC Ambo Mesik HC Felege Birhan HC Amarit HC Birakat HC Dagi HC Abiyot Fana HC	Merawi Primary Hospital Wotet Abay HC Rim HC Ambo Mesik HC Amarit HC Tagel Wodefit HC	Merawi Primary Hospital Wotet Abay HC Rim HC Ambo Mesik HC Felege Birhan HC Amarit HC Birakat HC Dagi HC Abiyot Fana HC* Tagel Wodefit HC
Farta	Gerebi HC Deremot HC Gena-Mechawocha HC Maynet HC Gassay HC Buro HC	Gerebi HC Deremot HC Gena-Mechawocha HC Maynet HC Gassay HC Buro HC	Gerebi HC Deremot HC Gena-Mechawocha HC Maynet HC Gassay HC

*This facility was additional to the original endline assessment list shared by MWA but was assessed in baseline.

Abbreviations: HC, Health Center; HP, Health Post.

2.3. Data collection

There were two components of the evaluation for the endline evaluation in Dera, Farta, and North Mecha woreda in the Amhara region participating in Millenium Water Alliance's SWP. These included: WASH FIT assessments and water quality testing.

WASH FIT assessment: Enumerators collected WASH service data from 26 facilities from June 26th, 2024 to July 10th, 2024. WASH FIT V2 was used to assess the WASH services levels. The data was collected with mWater.

Water quality testing: Enumerators took water samples from all assessed facilities and had the samples tested by Bahir Dar University for E.coli, total coliforms, and free chlorine residual levels.

2.4. Data analysis

Data from the endline evaluation were analyzed using a combination of mWater's built-in reporting and visualization tools, Microsoft Excel, and Power BI. The analysis covered three woredas, focusing on two main comparisons: firstly, it compared the endline results with baseline data from the 22 overlapped facilities previously assessed by CDC; secondly, it assessed the 15 facilities that had implemented the Clean Clinic Model (CCM); thirdly, it presented the results from the WASH FIT evaluation conducted at endline for all 26 facilities. The goals of these analyses were to evaluate changes and present detailed findings on WASH service levels across all evaluated facilities, according to JMP standards.

2.5. Study limitations

The SWP is following the Clean Clinic Model (CCM) to improve the quality of WASH services in health facilities in Ethiopia. Use of WASH FIT to evaluate these services may have introduced some variation in results due to methodological differences between the two approaches. PATH, in consultation with MWA, selected WASH FIT for the endline evaluation given the tool's adoption by the Ministry of Health as the standardized method for WASH service assessment and due to the comparability of WASH FIT data with other health facility data in Amhara and other regions.

A second limitation of this endline assessment is the inconsistency in the number of sampling sites and data quality from baseline to endline. As noted above, the number of sites included in each assessment varied. Further, while the interventions using the CCM primarily targeted health centers, a few health posts were also included in the endline evaluation. Additionally, data quality issues identified during the midline assessment impacted the accuracy of comparison over time. Finally, the security situation during the endline survey may have influenced operations at some of the health centers and health posts.

Given the study's limitations, this report will focus on presenting the results for the endline evaluation assessment and briefly highlight the comparison between the 22 facilities overlapped in baseline and endline assessments.

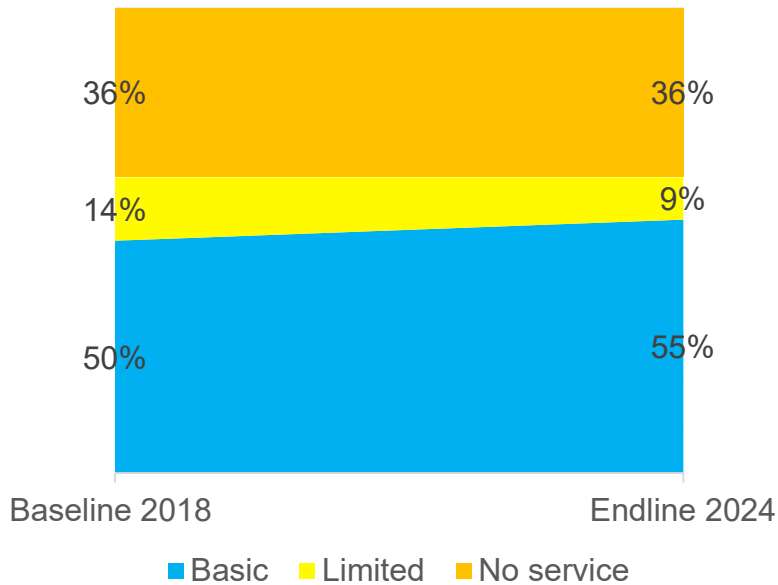
3. Results

3.1. Water

Key results

- At endline, 50% (n=13) of SWP health facilities met JMP basic water service level. Of the 22 health care facilities assessed at baseline and endline, 5% had an improvement in water service (Figure 1).
- 92% (n=12) of the 13 facilities meeting JMP basic water service levels are CCM facilities.
- A total of 58% (n=15) of facilities had an improved water source and water available at the time of the survey.

Figure 1. Joint Monitoring Programme water service levels (n=22).



At endline, among the 26 facilities assessed, 58% (n=15) of SWP facilities had access to an improved water source, such as piped water, public taps, protected dug wells, or boreholes. Of these, 35% (n=9) had improved water sources on-site, and 23% (n=6) relied on off-site improved water sources. Conversely, 42% (n=11) depended on unimproved water sources. The most common water source was public tap water (n=11), followed by dug wells with hand pumps (n=6).

Availability of water varied, with 58% (n=15) of health facilities having water available at the time of the survey and only 38% (n=10) having a constant water supply. The variability in water availability, detailed in Figure 2, and the prevalence of shortages, shown in Figure 3, point to the need for robust water management strategies. Notably, North Mecha showed the highest consistency in water availability and lowest water shortage rate across the three woredas.

Figure 2. Water availability by number of days and woreda.

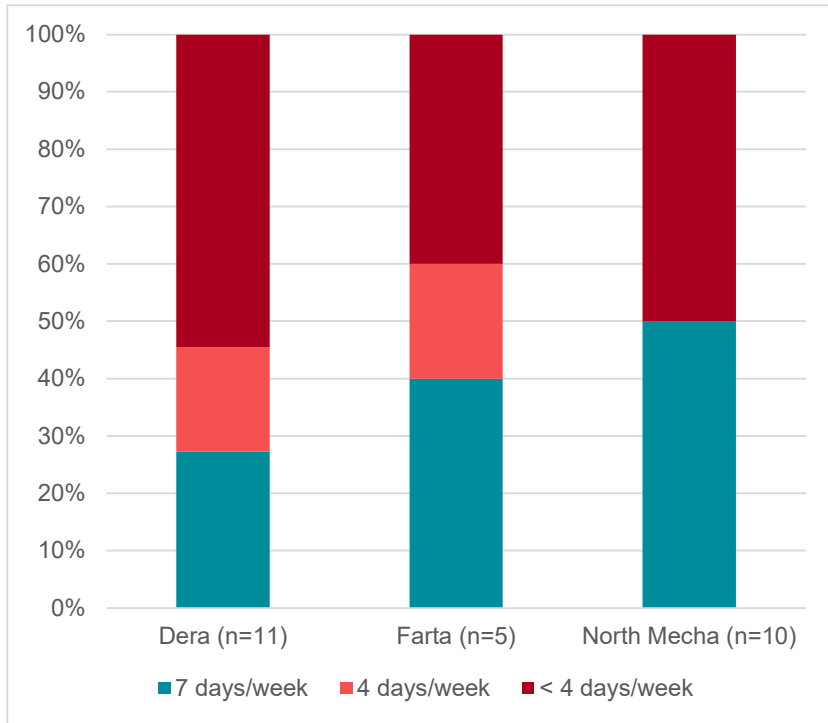
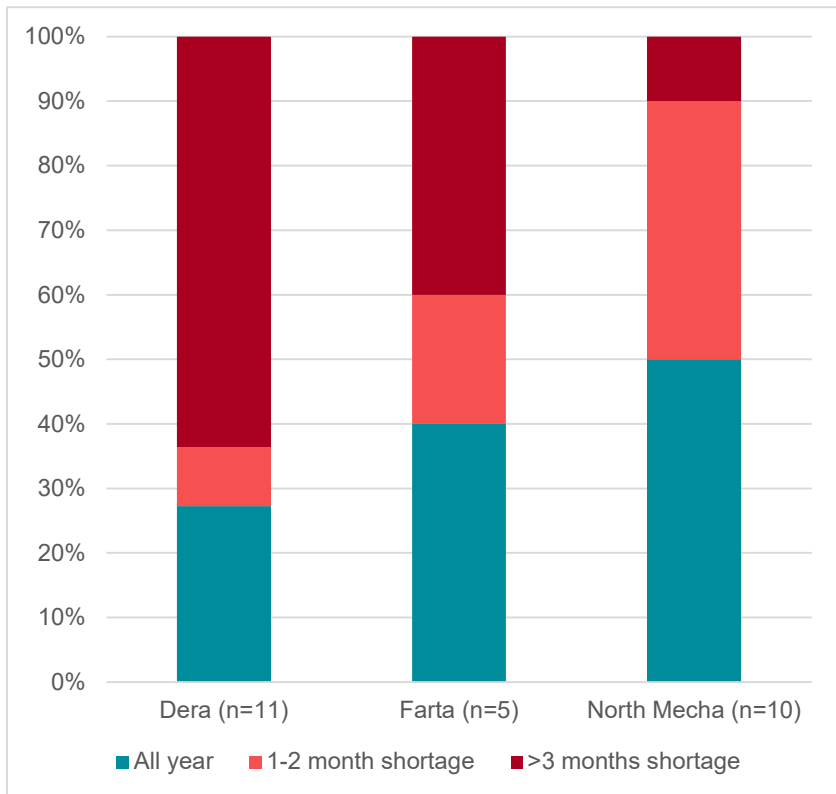


Figure 3. Water shortages throughout the year, by woreda.



Effective water management remains a critical area for improvement. While 18 facilities have implemented water-saving measures, only one demonstrated a comprehensive strategy that includes modern regulation technology and routine quality checks. Furthermore, ensuring the accessibility of drinking water in critical areas like patient wards and waiting rooms continues to be a priority, with seven facilities meeting this standard.

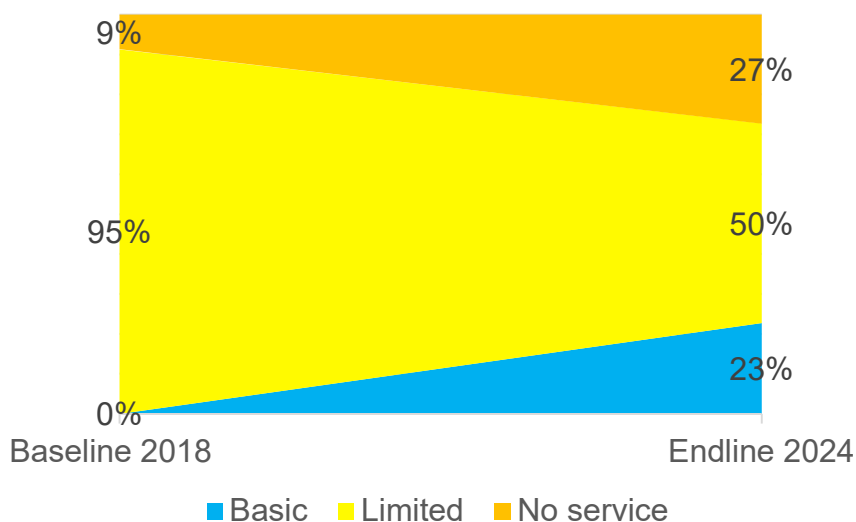
This section presents the endline assessment results for the water section, demonstrating the importance of reliable water services in healthcare facilities. Challenges due to inconsistent water supply and management persist across all facilities. To address these disparities, we recommend prioritizing the repair and maintenance of water systems, enhancing water storage solutions, and strengthening management practices to meet and maintain JMP standards. For comprehensive details on current conditions, refer to the table in Appendix 6.1, which lists all assessed questions and responses.

3.2. Sanitation

Key results

- At endline, 19% (n=5) of SWP health facilities met the JMP basic sanitation service level. The majority (n=3) of these facilities were in Dera. However, there were two health facilities in Dera woreda reported lower sanitation services at endline.
- Of the 22 health care facilities assessed at baseline, 23% saw an improvement in sanitation services (Figure 4).
- In all, 31% (n=8) of facilities had dedicated toilets equipped for menstrual hygiene management (MHM) by endline.
- Despite ongoing conflict in the region, North Mecha showed a trend of decreasing numbers of “No Service” facilities.

Figure 4. Joint Monitoring Programme sanitation service levels (n=22).



At endline, 65% (n=17) of SWP health facilities had improved usable sanitation facilities, showing no change from baseline. However, 12 facilities did not meet the JMP basic service level because they relied

on unimproved sanitation facilities or lacked dedicated staff toilets, at least one sex-separated toilet with menstrual hygiene facilities, or at least one accessible toilet for people with limited mobility. Of all assessed facilities, 19% (n=5) relied on unimproved pit latrines and 16% (n=3) had no sanitation facilities at all. North Mecha and Farta Woredas had the highest percentage (80%) of improved latrines, and Dera reported the lowest rate (64%; n=7).

Only 19% (n=5) of SWP health facilities had a sufficient number of improved toilets for patients at the time of the survey. Compared to baseline, there was an 11% increase in facilities with improved toilets dedicated for staff. While no toilets equipped for MHM were available at baseline, 31% (n=8) of facilities had dedicated MHM toilets by endline. Similarly, there were no improved toilets dedicated for people with limited mobility at baseline, but by endline, 42% (n=11) of the facilities had such toilets.

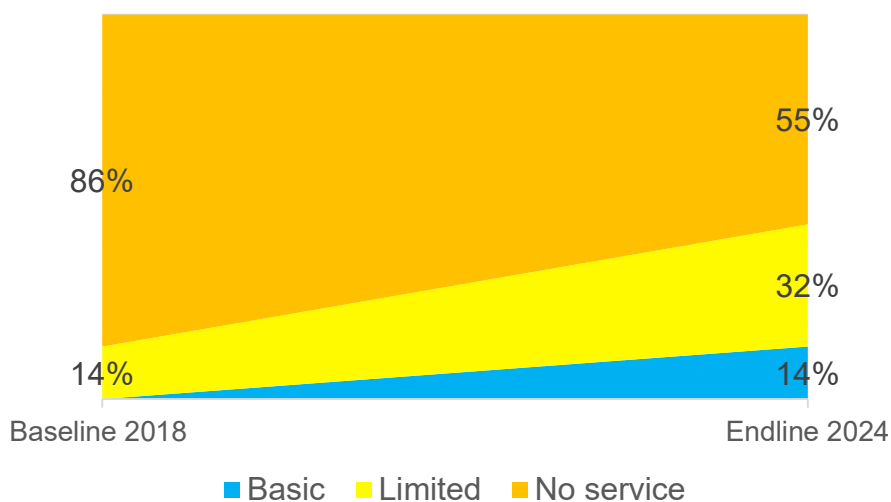
The WASH FIT sanitation assessment revealed that nine facilities lacked a sufficient number of improved toilets for both inpatient and outpatient use, and 16 facilities had patient toilets that were either unavailable or unusable. Some facilities had no patient toilets at all. Additionally, ten facilities did not have improved toilets clearly separated for male, female, or gender-neutral use. Handwashing facilities were also limited, with 18 facilities having fewer than 50% of toilets equipped with functioning handwashing stations within 5 meters. Regarding sewage and fecal sludge management, none of the surveyed facilities were connected to a municipal sewer system, although fecal sludge from ten facilities was fully contained without leaks. Eleven facilities had not emptied fecal sludge from their containers in more than five years or had unsafe disposal methods without treatment. Furthermore, none of the surveyed facilities had well-designed or managed fecal sludge treatment plants. In terms of drainage systems, 24 facilities either lacked a drainage system or had a system that was blocked or insufficient for the volume of wastewater. For a detailed breakdown of the survey questions and responses, refer to the table at Appendix 6.2.

3.3. Hand hygiene

Key results

- 4 out of 26 facilities (15%) met the JMP basic hand hygiene level.
- Of the 22 facilities assessed in baseline, 32% showed an improvement in hand hygiene service (Figure 5). The improvements included upgrades from “limited to basic” and from “no service to limited services”.
- In all, at least 75% of the points of care in 31% (n=8) of facilities assessed were equipped with functioning hand hygiene stations.

Figure 5. Joint Monitoring Programme sanitation service levels (n=22).



At endline, at least 75% of points of care at 31% (n=8) of facilities were equipped with functioning hand hygiene stations. The WASH FIT hand hygiene indicator used in this assessment differs slightly from the previous JMP indicator. Only two facilities had functioning hand hygiene stations available in all areas, and 14 facilities had stations available but not in every area.

The WASH FIT hand hygiene assessment showed that eight facilities displayed hand hygiene promotion materials in all key areas, and 22 facilities included hand hygiene compliance in their policies, though these were not monitored regularly, and the remaining facilities had no compliance activities. Only one facility conducted regular ward-based audits to assess the availability of water, handwashing sinks, hand rub, soap, single-use towels, and other hand hygiene resources.

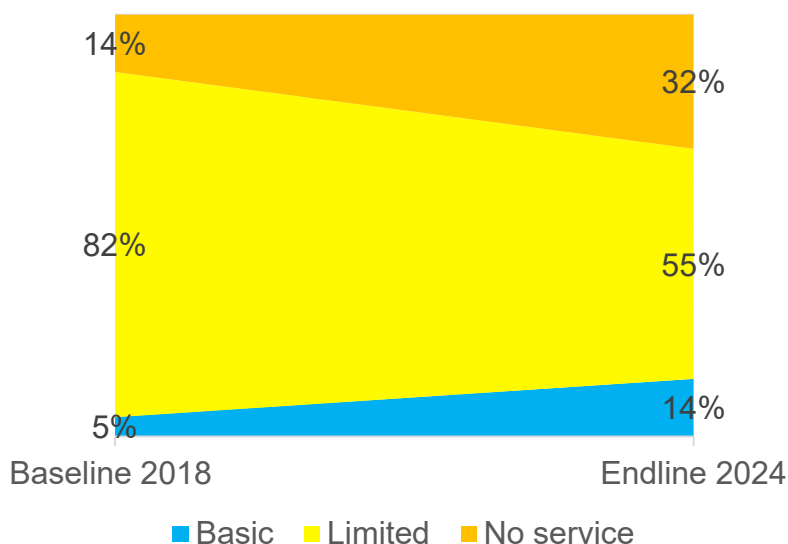
The number of facilities meeting the JMP basic hand hygiene level improved from baseline to endline, with more facilities achieving the basic hand hygiene level across all three woredas. Additionally, fewer facilities remained at the “No Service” level, showing an overall improvement in hand hygiene service levels. For a detailed breakdown of the survey questions and responses, please refer to the table in Appendix 6.3.

3.4. Health care waste management

Key results

- 14% (n=3) healthcare facilities met the JMP basic level for health care waste management.
- Of the 22 facilities assessed at baseline, the proportion of SWP facilities meeting the JMP basic healthcare waste management level improved from 5% at baseline to 14% at endline (Figure 6).
- Improvements were observed in Dera and Farta, where more facilities (n=3) met the basic level at endline than at baseline.

Figure 6. Joint Monitoring Programme health care waste management service levels. (n=22)



The most common on-site waste management facilities available were incinerators, though none of them were the more efficient 2-chamber type. Autoclaves were the next most common waste management facilities. In Dera Woreda, four health posts had no on-site treatment facilities at all.

The WASH FIT waste management assessment revealed several gaps in waste handling across facilities. Seventeen facilities lacked functional, color-coded waste collection containers near all waste generation points for noninfectious, infectious, and sharps waste. Furthermore, 21 facilities did not have visible reminders for proper waste segregation at these points. A total of 19 facilities did not provide appropriate personal protective equipment or hand hygiene resources for staff handling waste. Waste reduction strategies were also insufficient, with 23 facilities either failing to implement effective waste reduction measures or lacking any strategy. None of the facilities had local recycling systems in place. Waste storage areas in 13 facilities were either unsecured, lacked capacity, or grouped all waste types together, and 6 facilities had no designated waste storage area. Infectious waste treatment was inadequate in 14 facilities, though 4 facilities had functional pits or municipal pick-up services available. Staff training was also limited, with only one facility having a trained staff member responsible for waste management and one facility ensuring that all waste handling staff were vaccinated against hepatitis B.

The number of facilities meeting the JMP basic health care waste management level increased from baseline, with improvements in Dera and Farta Woredas. However, more surveyed facilities lacked proper disposal and waste treatment methods, either on-site or off-site. At baseline, “properly treated or disposed” was defined as having appropriate waste management facilities. By endline, the criteria expanded to include sufficient capacity, energy, and fuel for waste management or disposal, which contributed to the observed decline in the JMP “Limited” service level. For a detailed breakdown of the survey questions and responses, refer to the table at Appendix 6.4.

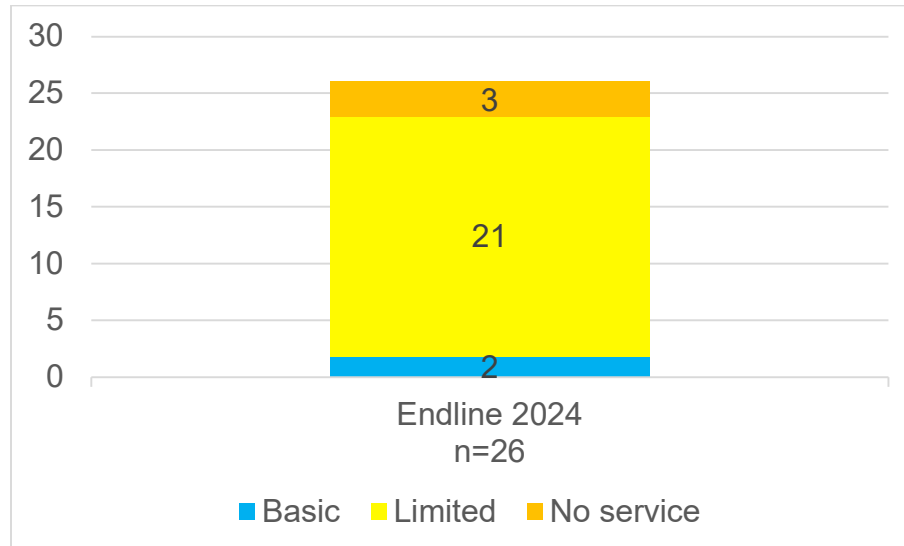
3.5. Environmental cleaning

Key results

- Two facilities met the JMP basic environmental cleaning level at endline (Figure 7).

- Environmental cleaning was not assessed at baseline.
- Dera was the only woreda where few facilities met the basic service level.

Figure 7. Joint Monitoring Programme environmental cleaning service level.



*Environmental cleaning was not assessed in the baseline.

The WASH FIT environmental cleaning assessment identified significant gaps in cleaning practices across facilities. While 19 facilities had standard operating procedures or protocols available for cleaning, only 2 facilities provided training for all cleaning staff. Eight facilities did not keep cleaning records, and 16 had incomplete or outdated records. Toilet cleaning was also inconsistent: seven facilities cleaned toilets less often than once a day and had no cleaning records; nine other facilities cleaned toilets less than once daily and some kept a record and others did not.

Seventeen facilities had some dedicated cleaning staff, but they were insufficient to meet demand, not always available when needed, or not present in all wards. Five facilities lacked cleaning staff entirely, and 17 facilities failed to provide training for all staff responsible for cleaning, with five offering no training at all. In terms of occupational safety, 20 facilities had policies for the safety of cleaners and health care waste technicians, though these were not sufficiently implemented, and five facilities lacked such policies altogether.

Additionally, 18 facilities had materials and supplies for cleaning, but these were not well maintained or adequate in all areas, and 4 facilities had no supplies at all. Budget limitations were also evident, as 21 facilities had annual budgets for environmental cleaning that were insufficient for their needs, and 23 facilities lacked contingency budgets for increased demand. In terms of infrastructure, 21 facilities did not have waterproof bed covers; 22 lacked clean, well-maintained laundry facilities; and 21 facilities did not offer laundry services with hot water.

Environmental cleaning was not assessed in the 2018 baseline evaluation. Dera was the only woreda where few facilities met the basic JMP environmental cleaning service level. Most facilities across the three woredas fell in the “Limited” service level. For a detailed breakdown of the survey questions and responses, refer to the table at Appendix 6.5.

3.6. Energy and environment

Key results

- A total of 88% (n=23) of facilities had access to electricity, utilizing various sources, such as grid power, generators, and solar.
- In all, 87% (n=20) of these 23 facilities lacked sufficient energy to meet all their demands consistently.

The WASH FIT energy and environment assessment revealed that 88% (n=23) of facilities had access to electricity utilizing various sources such as grid power, generators, and solar. However, 87% (n=20) of these facilities lacked sufficient energy to meet all their demands consistently. In Dera Woreda, three of the four health posts had no access to any power source and all health posts lacked access to grid power. Overall, 15 facilities had a functional and well-maintained electricity source; 6 had nonfunctional electricity sources; and 5 had no electricity at all.

In terms of energy sufficiency, only 2 facilities had enough energy to meet all electrical needs, and 20 facilities had some energy but could not meet full demand. Only five facilities had sufficient energy for pumping water; four had enough to heat water; and only two had a functional backup power source. Energy efficiency was also an area of concern, with only 1 facility using energy-efficient lighting throughout; 17 facilities had some energy-efficient lighting; and 11 had functional lighting in the delivery room.

Lighting and ventilation were other critical issues, with only four facilities having functioning lighting in all showers, three in all latrines, and just three with sufficient and functional ventilation in patient care areas. Additionally, insecticide-treated nets were available for all in-patient beds in only 2 facilities; 8 facilities had some nets, in poor condition; and 16 facilities had no bed nets available.

Sustainable procurement practices were inconsistently applied: only 2 facilities consistently implemented sustainable procurement throughout; 16 had some approach but with poor implementation; and 8 had no approach to sustainable procurement at all. Overall, energy access and sufficiency remained significant challenges in meeting facilities' operational and environmental needs. For a detailed breakdown of the survey questions and responses, refer to the table at Appendix 6.6.

3.7. Management and workforce

The WASH FIT management and workforce assessment highlighted several areas for improvement and gaps in leadership, facility management, and staff support. Six facilities had a functional WASH quality improvement team with clear terms of reference that held regular meetings and had strong leadership, and six other facilities had dedicated WASH focal persons with leadership support. Inclusivity efforts were also noted, with five facilities consulting women, people with disabilities, and indigenous groups on WASH needs to influence improvements. However, only 12 facilities had up-to-date and legible facility management structures. In terms of staff roles, nine facilities had clear, written job descriptions outlining WASH and infection prevention and control responsibilities for auxiliary staff, but only three facilities provided appropriate training in those areas for new staff. Performance appraisal was also lacking; only one facility regularly assessed staff performance, 13 facilities conducted partial appraisals, and 12 did not recognize or act on staff performance.

In terms of operations, only 2 facilities had fully functional systems for the ongoing maintenance of infrastructure and supplies where the facilities were able to procure supplies and adequately repaired

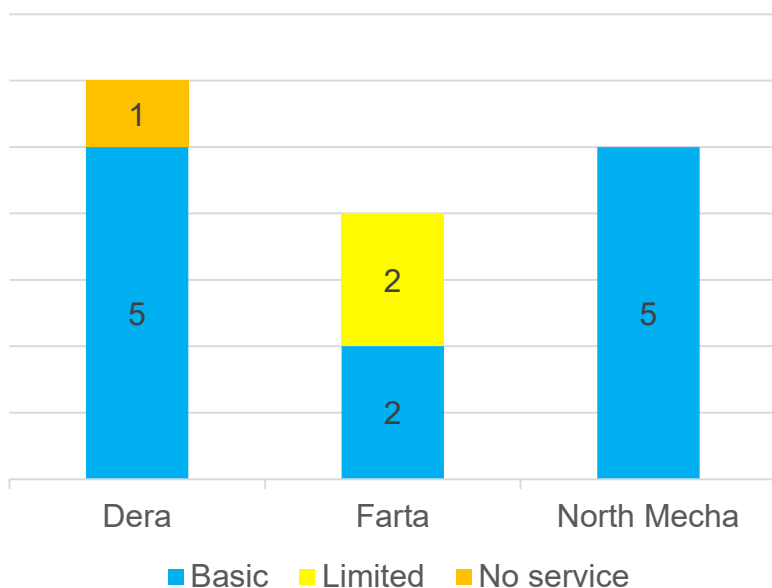
their infrastructures; 17 facilities had nonfunctional systems; and 7 lacked any systems at all. Budgetary constraints were also prominent, with only one facility fully meeting the budget requirements for cleaners, maintenance staff, WASH training, and consumables. Fourteen facilities had partial budgets, and 11 had no budget at all. Patient safety was another concern: only 2 facilities had an operational patient safety policy; 16 had a non-operational or outdated policy; and 7 had no policy. Emergency preparedness was similarly limited, with only 2 facilities having a fully implemented emergency preparedness and response plan with adequate staff training; 13 facilities had a plan but lacked training or realistic implementation; and 11 facilities had no plan at all. For a detailed breakdown of the survey questions and responses, refer to the table at Appendix 6.7.

3.8. Impact of Clean Clinic Model (CCM) on JMP standards

Water

Significant findings from the endline evaluation, illustrated in Figure 8, show a strong link between CCM implementation and enhanced water service levels according to JMP standards. Among the 13 facilities meeting basic JMP water service levels, 92% (n=12) had implemented CCM. However, challenges persist: Hamusit Health Center in Dera woreda had no water service due to a water supply system breakdown that had not been repaired for over three months, relying instead on donkey transportation for water. Similarly, Gerebi HC and Maynet HC in Farta woreda experienced water service interruptions exceeding three months, with Gerebi HC fetching water from unprotected sources outside the health center. Both facilities struggled to maintain sufficient water supplies for all necessary uses.

Figure 8. Joint Monitoring Programme water service levels for CCM facilities (n=15) by woreda.



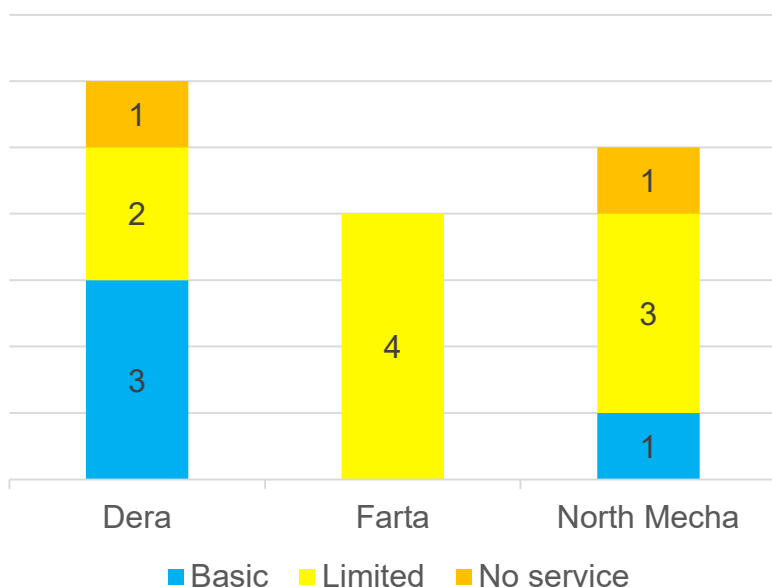
Sanitation

In the evaluation of sanitation standards at CCM facilities, our findings show a comparative advantage in maintaining basic JMP sanitation standards. Among the facilities meeting JMP basic sanitation service levels, four out of five are CCM facilities, underscoring the model's effectiveness in enhancing sanitation

services. However, the overall number of facilities achieving basic sanitation levels remains low at endline (Figure 9).

Specific challenges were observed at Areb Gebeya Health Center in Dera woreda, a CCM facility with two improved pit latrines. Although these latrines are functional and improved, they do not have enough toilets to meet the demands of both inpatients and outpatients and fail to provide accessibility for disabled individuals. Meanwhile, Birakat Health Center in North Mecha woreda faces more severe issues, with its two pit latrines being unimproved and in a non-usable condition due to poor maintenance. Enhancing sanitation facilities, ensuring their adequacy for the facility’s capacity, and providing accessible options for disabled users are crucial steps towards better service to meet JMP basic level.

Figure 9. Joint Monitoring Programme sanitation service levels for CCM facilities (n=15) by woreda.

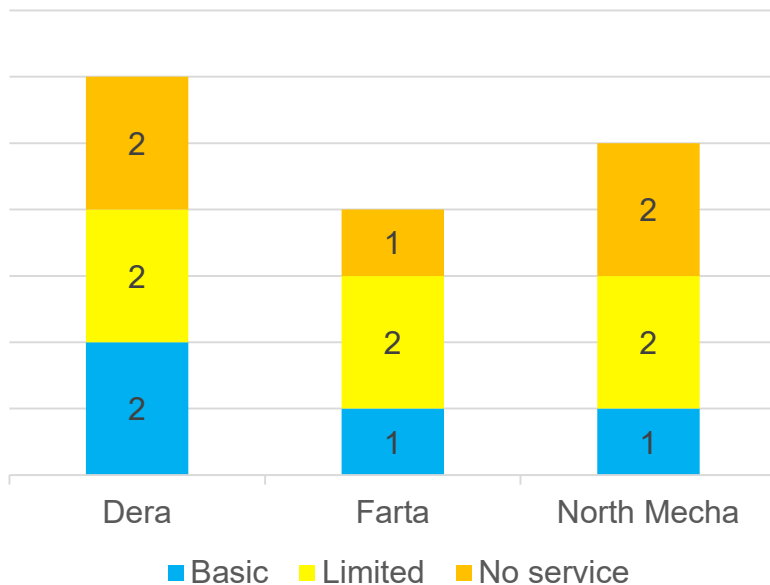


Hand Hygiene

In the assessment of hand hygiene services according to JMP standards, all four facilities meeting basic levels were all CCM facilities, highlighting the model’s potential to enhance hand hygiene practices. Despite this, not all CCM facilities demonstrated optimal hand hygiene performance. During the endline evaluation, significant gaps were identified: five CCM facilities lacked adequate hand hygiene services, as shown in Figure 10. These facilities include Hamusit HC and Wanzaye HC in Dera woreda, Gerebi HC in Farta woreda, and Birakat HC and Dagi HC in North Mecha woreda.

The primary issue identified in these five facilities was that fewer than 75% of points of care were equipped with functional hand hygiene stations. While hand hygiene stations were present in all these facilities, they were often insufficient or non-functional at the time of evaluation. The inconsistency highlights a critical area for improvement to ensure that hand hygiene facilities are not only available but also maintained in good working order to meet JMP hand hygiene service standards.

Figure 10. Joint Monitoring Programme hand hygiene service levels for CCM facilities (n=15) by woreda.



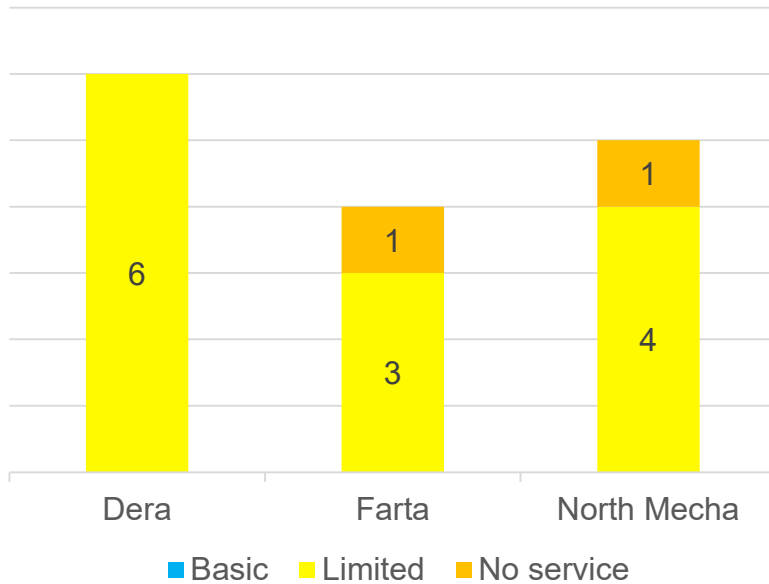
Healthcare Waste Management

At the endline evaluation, only three facilities met the JMP basic healthcare waste management standards, and notably, none of these were CCM facilities. The majority of CCM facilities had limited healthcare waste management services (Figure 10). Specifically, two CCM, Gassay HC in Farta woreda and Tagel Wodefit HC in North Mecha woreda, were assessed as having no healthcare waste management service at all.

Gassay Health Center faced several issues: it lacked separate bins for general, infectious, and sharps waste, leading to incorrect disposal practices. Additionally, infectious waste was not stored within safe time limits, and all types of waste were inappropriately grouped and piled in an unfenced area.

Tagel Wodefit Health Center also showed significant deficiencies; less than 75% of bins had wastes correctly segregated. The facility's dedicated waste storage area was not fenced, and all waste was grouped together, including infectious wastes which were not treated. Furthermore, the health center's burial pit was overfilled and unlocked, and municipal waste collection was irregular and unreliable.

Figure 10. Joint Monitoring Programme healthcare waste service levels for CCM facilities (n=15) by woreda.

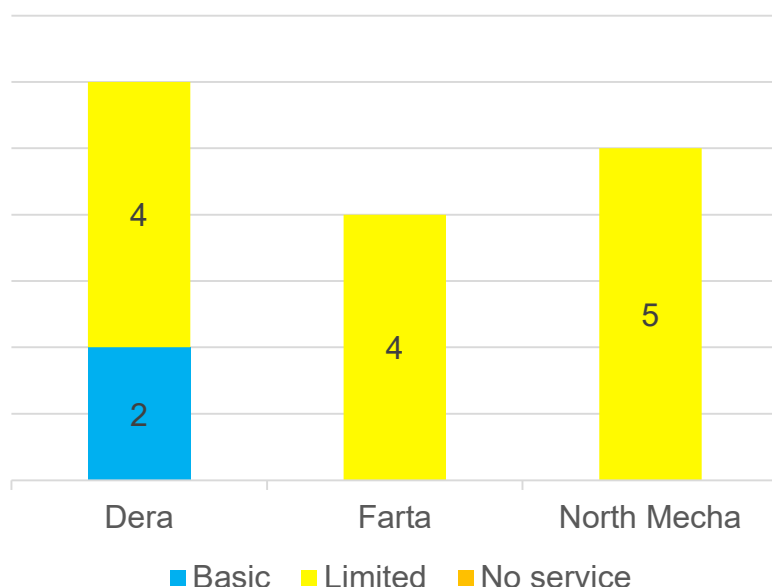


Environmental Cleaning

During the endline evaluation, only two out of the twenty-six facilities achieved the basic JMP level for environmental cleaning service, and both were CCM facilities: Ambesamie HC and Wanzaye HC in Dera woreda. These facilities demonstrated effective environmental cleaning practices, including clear, well-displayed, and monitored cleaning protocols. Additionally, all staff members responsible for cleaning at these facilities received training in proper cleaning.

In contrast, the remaining CCM facilities provided some but limited environmental cleaning services. Although these facilities had cleaning policies or protocols in place, they were not effectively implemented or monitored. Furthermore, not all cleaning staff at these facilities had received the necessary training, underscoring an area for improvement.

Figure 11. Joint Monitoring Programme environmental cleaning service levels for CCM facilities (n=15) by woreda.

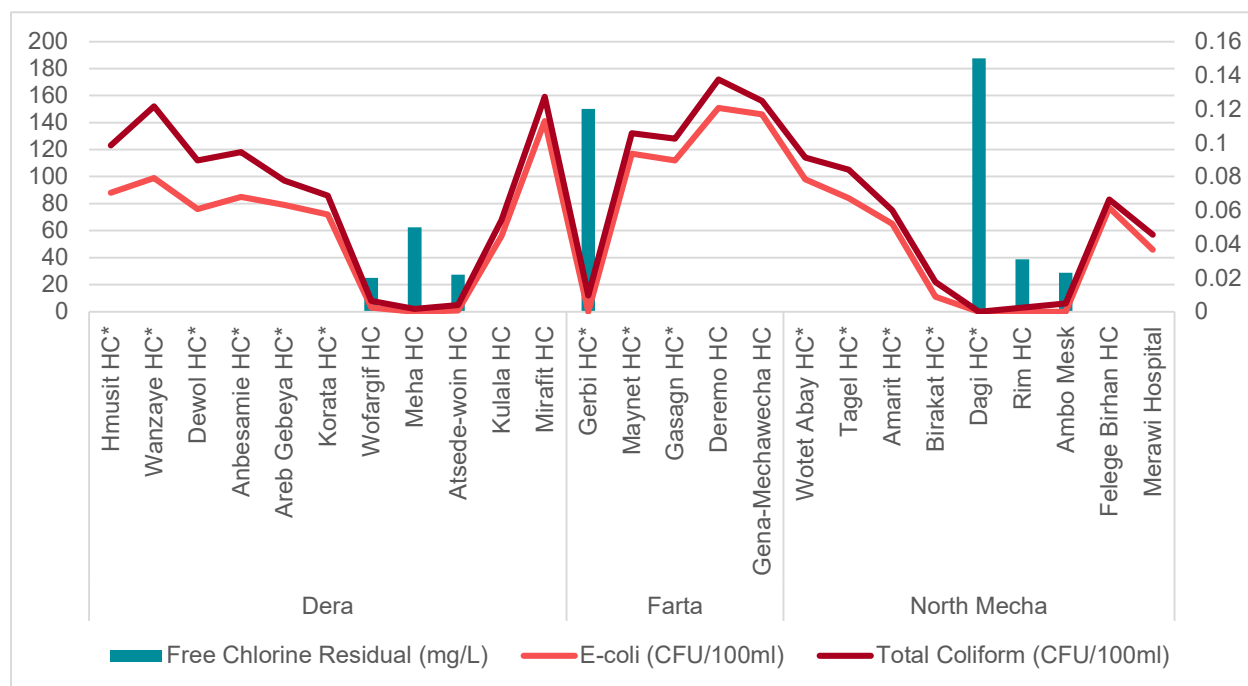


In conclusion, the endline evaluation shows that facilities implementing the Clean Clinic Model (CCM) generally outperform non-CCM facilities in key areas such as water, sanitation, hand hygiene, and environmental cleaning, according to JMP standards. Despite these strengths, it is notable that many CCM facilities still do not meet the basic service levels across all assessed sections. An exception is found in healthcare waste management, where CCM facilities do not exhibit better performance compared to the non-CCM counterparts. This mixed performance emphasizes the need for ongoing efforts to achieve comprehensive compliance with JMP standards.

3.9. Water testing results

In assessing water quality across 26 facilities, tests for E. coli, total coliform, and free chlorine residuals provide key insights into the quality of water available. 5 out of the 26 facilities tested showed 0 presence of E-coli, an indicator of fecal contamination and overall water safety. Importantly, all facilities that tested at 0 E. coli also had detectable free chlorine residuals, suggesting effective water disinfection practices are in place there. In contrast, facilities with detectable E. coli levels require immediate attention to address potential health risks. Total coliform results, which are broader indicators of water quality and treatment efficacy, varied across the facilities, indicating inconsistencies in water management practices. Based on these findings, it is recommended that facilities with poor test results undergo a review of their water safety protocols and implement corrective actions to ensure water quality. Regular monitoring and reinforcement of disinfection practices are crucial to maintaining safe water standards in all health facilities.

Figure 12. Water testing results



*Clean Clinic Model (CCM) implementation facilities

Table 2. Water testing results

Woreda	Sampling Points	E-coli (CFU/100ml)	Total Coliform (CFU/100ml)	Free Chlorine Residual (mg/L)
Dera	Hmusit HC*	88	123	0
	Wanzaye HC*	99	152	0
	Dewol HC*	76	112	0
	Anbesamie HC*	85	118	0
	Areb Gebeya HC*	79	97	0
	Korata HC*	72	86	0
	Wofargif HC	3	8	0.02
	Meha HC	0	2	0.05
	Atsede-woin HC	1	5	0.022
	Kulala HC	56	68	0

	Mirafit HC	141	159	0
Farta	Gerbi HC*	0	12	0.12
	Maynet HC*	117	132	0
	Gasagn HC*	112	128	0
	Deremo HC	151	172	0
	Gena-Mechawechea HC	146	156	0
North Mecha	Wotet Abay HC*	98	114	0
	Tagel HC*	84	105	0
	Amarit HC*	65	75	0
	Birakat HC*	11	22	0
	Dagi HC*	0	0	0.15
	Rim HC	0	3	0.031
	Ambo Mesk	0	6	0.023
	Felege Birhan HC	77	83	0
	Merawi Hospital	46	57	0

4. Conclusions

Steady progress toward improvement of basic WASH services in surveyed health facilities was observed, with increases seen in water (+5%), sanitation (+23%), hand hygiene (+14%), and waste management (+9%) services. However, a notable percentage of facilities experienced a decline in service levels, with 18% of SWP health care facilities downgraded from limited to no service at sanitation and health care waste management, as classified by the JMP.

The data generated from this assessment are in alignment with the nationally approved WASH FIT data, making these data suitable for future comparative analyses both within these woredas and with others. Despite these gains, however, several challenges remain. The ongoing conflict is likely negatively impacting on the advancement of WASH services. In addition, climate change poses a long-term threat, affecting the availability and continuity of services, from water scarcity to the energy needs for WASH and health service delivery. Additionally, very limited budgets and inadequate systems for ongoing WASH service operations and maintenance continue to hinder further improvements.

5. Recommendations

Data for action: Continued data collection using WASH FIT and CCM is essential for informing quality improvement strategies, as well as for identifying funding needs and developing costing approaches. Regular data collection will help track advancements over time. Implementing a dashboard where partners can input data and visualize trends can further facilitate this process.

Costing toolkit for WASH service improvement: Data on WASH service levels and existing costing knowledge should be used to develop costing estimates for both capital and operational expenses needed to achieve and maintain basic WASH service levels in target health care facilities. These estimates can serve as a basis for advocating for increased WASH service budgets and improving resource allocation.

Risk assessment and mitigation planning: Risk assessment and mitigation planning should be integrated into the data collection and planning processes, considering factors such as climate change and antimicrobial resistance and their effects on WASH services. This proactive approach will help address potential challenges and ensure the sustainability of WASH services in the face of emerging risks.

6. Appendix

6.1. WASH FIT water data by woreda

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
W_1 An improved water supply is piped into the facility or located on premises				
2: Improved water supply accessible on premises (within facility buildings)	3	3	3	9
1: Improved water supply accessible on premises (but outside of facility building)	2	1	3	6
0: No improved water source accessible on premises	6	1	4	11
W_2 All taps are connected to an available and functioning water supply, with no leaks in pipes				
2: All taps are connected and functioning	1	1	3	5
1: More than half of all taps are connected and functioning	3	3	1	7
0: Less than half of all taps are connected and functioning	7	1	6	14
W_3a Water is available during all operating times of the facility				
2: Water is available 7 days a week, all day, every day	3	2	5	10
1: Water is available 4 days/week and/or not the entire day	2	1	0	3
0: Water is available fewer than 4 days per week and/or is not available for more than half the day	6	2	5	13
W_3b Water is available at the time the WASH FIT assessment is carried out				
2: Water is available throughout the facility	3	1	3	7
1: Water is available from some but not all water points	3	1	4	8
0: No water is available	5	3	3	11
W_4 Water is available throughout the year (i.e. not affected by seasonality, weather variability/extreme events or other constraints)				
2: Water is available throughout the year	3	2	5	10
1: Water shortages for one to two months	1	1	4	6
0: Water shortages for three months or more	7	2	1	10
W_5 Main water supply system has been functional for the last 3 months with no major breakdowns				
2: In the last 3 months the main water supply system had no breakdowns or any breakdowns were repaired within 48 hours	1	1	5	7
1: The water supply system had breakdowns but they were repaired within one week	2	1	2	5
0: The water supply system had breakdowns that took longer than one week to repair OR remain unrepaired	8	3	3	14
W_6 Additional improved water source(s) are identified, available and can be accessed (and adequately treated if necessary) in case the main source is no longer functioning/available				
2: Additional improved water source identified, available, accessible and sufficient	0	0	0	0
1: Additional water source identified but not improved or improved but easily accessible	2	3	2	7

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
0: No additional water source available	9	2	8	19
W_7 Water is of sufficient quantity for all uses				
2: Water is of sufficient quantity for all uses across all wards and uses	2	1	4	7
1: Water quantity is sufficient for 75% of needs (across all wards and uses)	1	0	0	1
0: Water quantity less than 75% sufficient	8	4	6	18
W_8 The facility has tanks to store water in case of disruption to the main supply and water storage tanks are protected (e.g. from climate-related extreme weather events) and adequately managed (e.g. inspected, cleaned/disinfected regularly) and are sufficient to meet the needs of the facility for two days				
2: Water storage is available, water is protected and sufficient for two days' needs	3	1	6	10
1: Sufficient for two days but not protected or protected but only enough for one day	1	3	0	4
0: Storage available for less than one day needed or none available	7	1	4	12
W_9 Where rainfall is sufficient and regular, rainwater harvesting system(s) (with safe storage) exists and is functional				
2: Rainwater harvesting with safe storage exists and is functional	0	0	0	0
1: Rainwater harvesting systems exists but storage not safe or sufficient or there are leaks	2	0	0	2
0: No rainwater harvesting used (even though rainwater is available)	4	4	2	10
W_10 Water reduction strategies are used to reduce water wastage as part of climate change mitigation				
2: Water reduction strategies are effectively used and water wastage is avoided	1	0	0	1
1: Water reduction strategies are used but there remains some avoidable water wastage	3	5	10	18
0: No water reduction strategies are used	7	0	0	7
W_11 [Where chlorine disinfection takes place] Drinking-water has appropriate free chlorine residual ($\geq 0.2\text{mg/L}$ or $\geq 0.5\text{mg/L}$ in emergencies)				
2: Drinking water is available with the appropriate chlorine residual	0	0	0	0
1: Chlorine residual exists, but is $< 0.2\text{mg/L}$	0	0	0	0
0: Do not know residual/do not have capacity to test residual/no drinking-water available	6	5	0	11
W_12 Water supply poses low or no risk to public health, as measured by the absence of E. coli per 100 mL and/or as measured by the Sanitary Inspection (SI) risk score.				
2: Low risk (according to SI form)	0	0	0	0
1: Medium risk	2	3	0	5
0: High or very high risk	9	2	10	21

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
W_13 Piped water is treated and regulated with safe water management by municipal authorities or water is regularly treated onsite				
2: Water is treated and regulated through a piped service or water is treated regularly with a proven technology	1	0	0	1
1: Water is treated with a proven technology but not regularly	2	2	7	11
0: Water is not treated or treated with a technology that does not meet WHO standards	8	3	2	13
W_14 The quality of water from all water supplies (primary, back-up and supplemental supplies) is routinely tested by a staff member/and or independent authority (e.g. a surveillance agency) according to national standards				
2: Water quality routinely and regularly tested according to standards	1	0	0	1
1: Water quality tested but not routinely or regularly	2	0	6	8
0: No testing takes place or no standards exist	8	5	3	16
W_15 A drinking-water station with safe drinking water is available and functioning at all times in main waiting areas and/or entrance to each ward AND in all rooms where patients stay overnight or receive care				
2: Drinking water available in all locations, at all times	2	1	4	7
1: Drinking water available but only in some places, only sometimes	2	2	4	8
0: Drinking water not available	7	2	2	11
W_16 [Facilities with in-patient services] At least one shower or bathing area is available per 40 in-patients or per ward (whichever is lower) and is functioning and accessible				
2: Showers are available per ward or per 40 patients and are functional and accessible	3	0	1	4
1: Showers are available, but fewer than 1 functioning and accessible showers per 40 patients per ward	3	2	3	8
0: No showers available	5	3	5	13
W_17 [Facilities with in-patient services] At least two shower or bathing area (for male and female) is available for health facility staffs and is functioning and accessible				
2: At least two showers are available for health facility staffs and are functional and accessible	4	0	2	6
1: Showers are available, but fewer than 2 functioning and accessible showers	0	2	2	4
0: No showers available	7	3	4	14
W_18 [Facilities where deliveries take place] A functional shower of space for women which is private and lockable is available in the labour and delivery area				
2: Yes, a functional shower or space to wash is available in the labour and delivery area	3	1	1	5
1: Functional shower/place to wash is available but not in the labour and delivery area, or in the correct area but not functional	1	2	2	5
0: No shower/place to wash available for women	7	2	6	15

6.2. WASH FIT sanitation data by woreda

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
S_1 Facility has a sufficient number of improved toilets for patients				
2: Two or more improved toilets for outpatients plus one per 20 users/inpatients	2	2	3	7
1: Requirement is met for outpatients or inpatients, but not both	3	3	4	10
0: Neither inpatient or outpatient has sufficient number of toilets or existing toilets are not improved	6	0	3	9
S_2 All patient toilets are available and usable				
2: All patient toilets are available and usable	5	2	3	10
1: Some but not all patient toilets are available and usable	4	3	5	12
0: None of the patient toilets are available or usable	2	0	2	4
S_3 All toilets have functional hand washing stations within 5 metres				
2: All toilets have functional hand washing stations within 5 metres	2	0	1	3
1: At least 50% of toilets have functioning hand washing stations within 5 metres	2	1	2	5
0: Fewer than 50% of toilets have functioning hand washing stations within 5 metres	7	4	7	18
S_4 At least one improved toilet is available for staff and toilet(s) is clearly separated or labelled				
2: At least one functional toilet exists for staff use and is clearly separated/labelled	4	2	3	9
1: Toilet exists for staff use, but toilet is not clearly separated/labelled or functional	4	2	4	10
0: No separate toilet exists for staff use	3	1	3	7
S_5 Improved toilets are clearly separated/labelled for male and female or gender-neutral and provide privacy (i.e. single stall/room) if gender neutral				
2: Separate toilets for male/female use exist and are clearly labelled (and provide privacy for users)	4	2	3	9
1: Separate toilets exist but not clearly labelled	3	2	2	7
0: No separate toilets exist or no privacy in gender neutral toilets	4	1	5	10
S_6 At least one usable improved toilet meets menstrual hygiene management (MHM) needs				
2: One or more usable toilets caters for MHM	5	0	2	7
1: There is space for women to wash but no water available, toilet is not clean/in disrepair or bin for disposal of waste is available but full	1	0	0	1
0: No MHM facilities are available or facilities are available but toilet is not usable	5	5	8	18
S_7 At least one functional improved toilet meets the needs of people with reduced mobility				
2: One or more functional toilet meets need of people with reduced mobility	2	1	3	6
1: Toilet meets needs of people with reduced mobility but is not functional or toilet is functional but only partially meets needs of people with reduced mobility	1	2	2	5

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
0: No toilets for disabled users	8	2	5	15
S_8 [For non-sewered systems or on-site treatment & storage] Faecal sludge is fully contained for later emptying and treatment offsite or fully contained and treated in-situ.				
2: Visual inspection of container and drainage shows structural integrity, no leaks or damage, no visible ponding or strong odour that indicates leaking into the local area; operators report no leaks in both wet and dry weather conditions	4	1	3	8
1: Unable to determine containment form visual inspection and/or operators report seasonal leakages	3	1	0	4
0: Inspections and operator responses shows damage to the container, ponding, liquid effluent discharge to open drains or open ground	4	3	3	10
S_9 [Sewered systems] Toilets are connected without leaks to a public sewer system. The sewer conveys excreta and wastewater with no leaks/overflows to a well-managed treatment system.				
2: Building plans and operator reports confirm facility toilets connect to sewers. No report of overflows on the facility grounds or in local community	0	0	0	0
1: Unable to determine	0	0	0	0
0: Reports of frequent leaks on facility grounds from facility operators or sewer utility operator experiences frequent leaks/overflows in local community	0	0	0	0
S_10 [Non-sewered systems; not applicable to pits that are covered and closed when full]: Faecal sludge from the container is periodically emptied without spills by trained personnel with appropriate protective equipment and either a) removed off-site to treatment b) safely disposed by burying on-site				
2: Container has been emptied within the last 5 years (or according to scheduled emptying frequency) by trained personnel with appropriate protective equipment and either a) removed off-site to treatment b) safely disposed by burying onsite	2	0	0	2
1: Unable to determine emptying frequency or safety of disposal	3	5	1	9
0: Never emptied or known unsafe disposal without treatment in local environment (e.g. in rivers or on farms)	6	0	5	11
S_11 [Sewer systems] Well designed and well managed wastewater treatment plan (WWTP) provides at least secondary treatment and meets performance standards				
2: Well designed WWTP with publicly available record showing it meets local/national treatment performance standards	0	0	0	0
1: Functioning WWTP exists. Performance unclear or not to standards	0	0	0	0
0: WWTP is non-functioning or non-existent	0	0	0	0
S_12 [Non-sewered systems, where treatment is offsite] Well designed and well managed faecal sludge treatment plants (FSTP), with publicly available records, are used and meet performance standards				
2: Well designed and managed FSTP with publicly available record showing it meets local/national treatment performance standards	0	0	0	0
1: Functioning FSTP exists. Performance unclear	2	0	0	2
0: FSTP is non-functioning or non-existent	5	4	0	9

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
S_13 A storm water (i.e. rainwater) and greywater drainage system is in place that diverts water away from the facility into a safe drainage or leach field area; there is no standing water within the facility grounds				
2: Drainage system exists, is functional (not blocked) and successfully diverts water away from facility into safe natural filtration area (e.g. not directly into households or community areas)	1	1	0	2
1: Drainage system in place but not sufficient for volume of wastewater or blocked	2	2	2	6
0: No drainage system in place	8	2	8	18
S_14 If greywater system is available, grey water from sinks and laundry facilities is safely captured and has separate plumbing (e.g. no cross-connections with drinking water or faecal waste)				
2: Greywater is safely captured and has separate plumbing	1	3	0	4
1: Greywater system captures water but some risk of contamination through cross-connections	1	1	0	2
0: Greywater system not functional	2	1	0	3

6.3. WASH FIT hand hygiene data by woreda

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
H_1 Functioning hand hygiene stations are available at all points of care, including in the delivery room				
2: All points of care have functioning hand hygiene (either water and soap or alcohol handrub solution)	0	0	0	0
1: At least 75% of points of care have functioning hand hygiene stations present	3	3	2	8
0: Fewer than 75% of points of care have functioning hand hygiene stations present	8	2	8	18
H_2 Functioning hand hygiene stations are available at the facility entrance, all waiting areas, other public areas, in the waste disposal area, toilet, kitchen, laundry, morgue				
2: Functioning hand hygiene stations available in all areas	0	1	1	2
1: Functioning hand hygiene stations available in some but not all areas	6	0	8	14
0: No hand hygiene stations available	5	4	1	10
H_3 Hand hygiene promotion materials are displayed and clearly visible in all hand hygiene stations, wards/treatment areas				
2: Materials clearly displayed in all key areas	1	0	7	8
1: Materials displayed in some but not all key areas	7	1	3	11
0: No materials available	3	4	0	7
H_4 Hand hygiene compliance activities are undertaken regularly (at least quarterly)				
2: Regular (at least quarterly) compliance activities take place throughout the facility	0	0	0	0
1: Compliance activities in policy, but not carried out with any regularity	7	5	10	22
0: No compliance activities	4	0	0	4
H_5 Regular (at least every three months) ward-based audits are undertaken to assess the availability of water, hand washing sink, hand rub, soap, single-use towels and other hand hygiene resources				
2: Regular (at least every three months) ward-based audits are undertaken	1	0	0	1
1: Ward-based audits undertaken less than once every three months or audit is incomplete	3	1	9	13
0: Not undertaken	7	4	1	12

6.4. WASH FIT health care waste management data by woreda

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
HCWM_1 Functional waste collection colour coded containers are available in close proximity to all waste generation points for non-infectious (general) waste, infectious waste AND sharps waste (safety box)				
2: Functional waste collection containers for segregating waste exists at all waste generation points	5	4	0	9
1: Functional bins at some but not all waste generation points	2	0	10	12
0: No bins or separate sharps disposal	4	1	0	5
HCWM_2 Waste is correctly segregated at all waste generation points				
2: Waste is correctly segregated at all waste generation points	1	2	1	4
1: More than 75% of bins have the correct waste	5	2	4	11
0: Less than 75% of bins are used for the correct waste	5	1	5	11
HCWM_3 Reminders for correct waste segregation are clearly visible at all waste generation points				
2: Reminders clearly visible at all waste generation points	2	2	1	5
1: Reminders available at some but not all waste generation points	5	2	9	16
0: No reminders available	4	1	0	5
HCWM_4 Appropriate protective equipment (PPE) and resources to perform hand hygiene are available for all staff responsible for handling waste, and for those in charge of waste treatment and disposal				
2: Resources for hand hygiene and protective equipment available	3	3	1	7
1: Some equipment available, but not for all staff, or available but damaged	4	2	9	15
0: No equipment available for staff	4	0	0	4
HCWM_5 Reminders and training are in place to promote and monitor rational use of personal protective equipment (PPE) (e.g. gloves only used when indicated)				
2: Reminders and training in place and PPE is used rationally	2	2	1	5
1: Some reminders or training in place but more could be done to reduce PPE use	5	3	9	17
0: No reminders or training in place	3	0	0	3
HCWM_6 Strategies to reduce the quantity of waste generated are employed throughout the facility, including procuring items using less packaging and more sustainable packaging				
2: Strategies exist and are implemented consistently throughout the facility	2	1	0	3
1: Strategies exist but are not consistently or effectively implemented	6	4	10	20
0: No strategies exist	3	0	0	3
HCWM_7 Is local recycling available?				
Yes	0	0	0	0
No	11	5	10	26
HCWM_7 Recyclable non-hazardous waste is segregated and sent to municipal				
2: There is a system in place where recyclables are sorted and sent to recycling plants	0	0	0	0

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
1: Some recycling takes place but system could be improved (e.g. better segregation, bigger quantity recycled)	0	0	0	0
0: No recycling takes place	0	0	0	0
HCWM_8 A dedicated waste storage area is available which is fenced and secure, and of sufficient capacity, where sharps, infectious and non-infectious waste are stored separately				
2: Dedicated and fenced waste storage area available, of sufficient capacity and waste stored separately	4	2	1	7
1: Dedicated waste storage area available but not fenced or secure or not sufficient capacity or all waste grouped together	2	3	8	13
0: No dedicated waste area available	5	0	1	6
HCWM_9 Infectious waste is stored for no longer than the safe limit (as determined by the climate) before treatment/disposal				
2: Infectious waste is treated and disposed of (or collected for off-site treatment) within safe time limits	3	2	0	5
1: Infectious waste is treated but not within safe time limits	4	3	0	7
0: Waste is not treated at all	4	0	10	14
Is there waste treatment and disposal done on-site? (Used for HCWM_10, 11, 13, 14)				
Yes	0	0	0	0
No	11	5	10	26
HCWM_10 [On-site treatment only] Waste treatment technology (incinerator or alternative treatment technology) for the treatment of infectious and sharps waste is built to the appropriate standards, well-maintained, functional and of a sufficient capacity for waste generated				
2: Technology is built to appropriate standards, well-maintained, functional and of sufficient capacity	-	-	-	-
1: Technology is either not built to correct standards or not of sufficient capacity	-	-	-	-
0: Technology is not functional and not of sufficient capacity	-	-	-	-
HCWM_11 Sufficient energy/fuel is available for incineration or alternative treatment technologies				
2: Sufficient energy/fuel always available	-	-	-	-
1: Energy/fuel is sometimes available but not always, or not sufficient quantity	-	-	-	-
0: No energy/fuel is available	-	-	-	-
HCWM_12 Functional burial pit/fenced waste dump or municipal pick-up available for disposal of non-infectious (non-hazardous/general) waste				
2: Functional pit, fenced area or municipal pick up is available and sufficient to meet demand	2	1	1	4
1: Pit in facility but insufficient dimensions; overfilled or not fenced and locked; irregular municipal waste pick up, etc.	3	0	6	9
0: No pit or other disposal method used	6	4	3	13

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
HCWM_13 [On-site treatment & disposal only; Where there is a risk of flooding] Waste pit(s) are built to withstand climate-related events and emergencies (e.g. flooding) and/or a backup waste storage site is available				
2: Waste pits built to withstand flooding and an alternative is in place in times of emergencies	-	-	-	-
1: Waste pits can withstand limited flooding but no backup or alternative exists	-	-	-	-
0: Waste pit is not climate-proofed and there is no backup or no waste pit exists	-	-	-	-
HCWM_14 [On-site; where incineration is used] Dedicated ash pits are available for disposing of ash from incineration				
2: Ash pit exists and is functional	-	-	-	-
1: Present but not functional/overfilled or not fenced and locked	-	-	-	-
0: No ash pit available	-	-	-	-
HCWM_15 [Hospitals; where births occur] Anatomical/pathological waste is put in a dedicated pathological waste pit, burned in a crematory or buried in a cemetery				
2: Pit exists and all anatomical/pathological waste disposed of correctly	3	0	1	4
1: Pit exists but is not used or pit used but is overfilled	1	0	2	3
0: No pit available	7	5	3	15
HCWM_16 [Hospitals only] Pharmaceutical waste is treated and disposed of safely, either at a centrally managed safe treatment and disposal facility (i.e. off-site), by sending it back to the manufacturer, or by incineration by industries using high-temperature kilns				
2: All pharmaceutical waste is treated and disposed of safely	2	0	0	2
1: Some but not all pharmaceutical waste is disposed of properly	2	0	2	4
0: Pharmaceutical waste is not treated or disposed safely	4	0	4	8
HCWM_17 A member of staff is adequately trained for management and oversight of health care waste and carries out their duties to the appropriate professional standards				
2: A staff member is adequately trained and carries out duties correctly	1	0	0	1
1: A staff member is trained but does not carry out duties correctly, or appointed but not trained	6	5	5	16
0: No such member of staff is available	4	0	4	8
HCWM_18 Staff who handle or dispose of waste and health care workers are vaccinated against Hepatitis B (and have any other recommended vaccinations, according to national guidelines)				
2: All staff have received all required vaccinations	1	0	0	1
1: Some but not all staff have been vaccinated	4	3	8	15
0: No staff have been vaccinated	6	2	2	10

6.5. WASH FIT environmental cleaning data by woreda

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
EC_1 A clear and detailed facility (or ward) cleaning policy or protocol is clearly displayed, which is implemented and monitored				
2: Cleaning policy or protocol exists, is implemented and monitored	5	2	8	15
1: Cleaning policy or protocol exists but is not implemented or monitored	2	3	1	6
0: No cleaning policy or protocol exists	4	0	1	5
EC_2 A record of cleaning is available for patient care areas, general wards or whole facility and is signed by the relevant cleaner each day				
2: Available in each ward/area or whole facility	1	0	1	2
1: Records exist, but not for every ward or not for every day or is outdated	7	5	8	20
0: No record of cleaning available	3	0	1	4
EC_3 Toilets are cleaned at least once each day, and a record of cleaning is signed by the cleaners and displayed visibly				
2: Toilets cleaned each day and a signed record is visible	3	1	1	5
1: Toilets cleaned but less than once a day with or without record	4	4	7	15
0: No record available and toilets cleaned less than once a day	4	0	0	4
EC_4 Dedicated cleaning staff or staff with cleaning responsibilities are available in the ward/facility every day or when cleaning is needed and have time dedicated to performing cleaning activities				
2: Required number of staff available at all times when needed and have dedicated time for performing cleaning activities	2	0	2	4
1: Some staff available but not sufficient number, not at all times when needed, or not in all wards	3	5	6	14
0: No cleaning staff available	6	0	1	7
EC_5 All staff responsible for cleaning have received training on cleaning				
2: All staff responsible for cleaning have received training	1	1	0	2
1: Some but not all staff have received training	6	2	6	14
0: No staff have received training	4	2	3	9
EC_6 Policies and practices to improve the occupational safety of cleaners and health care waste technicians are available and implemented				
2: A policy is available and implemented	0	0	1	1
1: A policy is available but not sufficient implemented	6	4	7	17
0: No policy is available	5	1	2	8
EC_7 Appropriate and well-maintained materials and supplies (i.e. detergent, mops, buckets) for cleaning for a range of different areas and surfaces are available and sufficient				
2: All necessary equipment available, in good condition and sufficient	5	2	4	11
1: Available but not well maintained or in some but not all areas or not sufficient	2	3	3	8
0: No materials available	4	0	3	7

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
EC_8 An annual budget for environmental cleaning supplies and equipment exists and is sufficient for all needs				
2: Budget exists and is sufficient for all needs	0	1	3	4
1: Budget exists but is not sufficient for all needs	6	1	0	7
0: No budget exists	5	3	6	14
EC_9 A dedicated area for storage, preparation and care of cleaning supplies and equipment exists ("environmental cleaning services area"), is kept clean and well maintained, and is used according to its purpose				
2: Dedicated area exists, is well-maintained, kept clean and used according to its purpose	0	0	3	3
1: An area exists but contains other items or is not clean	6	3	0	9
0: No dedicated storage area exists	5	2	7	14
EC_10 Adequate PPE is available at all times and in sufficient quantities for all cleaning staff				
2: All members of cleaning staff have adequate PPE	1	1	0	2
1: Some but not all staff have full PPE or PPE available but in poor condition	6	4	9	19
0: Not available	4	0	0	4
EC_11 [If patient load increases] Contingency budget for a temporary employment and for additional cleaning supplies are available to be deployed in the facility				
2: Additional staff and supplies both available	0	0	0	0
1: Either staff or supplies not sufficient to meet additional needs	5	2	1	8
0: No additional staff or supplies available.	6	3	6	15
EC_12 All beds/mattresses have waterproof covers that are without signs of damage (rips, tears or holes)				
2: All beds/mattresses have waterproof covers without signs of damage	0	2	2	4
1: Beds/mattresses have waterproof covers but some or all are damaged	7	3	7	17
0: No waterproof covers	4	0	0	4
EC_13 Laundry facilities are clean, well-maintained and able to meet demand (i.e. to wash linen from patient beds between each patient)				
2: Laundry facilities are clean, well maintained and can meet demand	2	1	1	4
1: Facilities exist but are not clean, well-maintained or able to meet demand	1	0	2	3
0: No functional facilities	8	4	7	19
EC_14 Laundry services with hot water (70–80°C x 10 min) to reprocess cloths where soiled hospital textiles separately processed.				
2: Laundry facilities with hot water available and cleaning materials are laundered separately	2	0	0	2
1: Laundry facilities available but water not sufficient temperature or cleaning materials not laundered separately	1	0	2	3
0: No such services available	8	5	8	21

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
EC_15 "[Hospital only] Food is safely prepared and handled (with clean hands, on clean surfaces and with clean utensils)				
2: Food is safely prepared and handled	1	0	3	4
1: Some but not all food safety measures are being followed (see notes)	0	0	2	2
0: No food safety measures are followed/food safety is extremely poor	7	0	1	8

6.6. WASH FIT energy and environment data by woreda

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
E_1 Facility has a functional and well-maintained electricity source (e.g. electricity grid, solar, generator)				
2: Electricity source exists, is functional and well-maintained	5	2	8	15
1: Yes, exists but not currently functional	2	3	1	6
0: No electricity exists	4	0	1	5
E_2 Energy is sufficient for all electrical needs of the facility, including for lighting and stand-alone devices (e.g. Expanded Programme on Immunization (EPI) cold chain, incinerator)				
2: Energy of sufficient quantity at all times	1	0	1	2
1: Energy is sufficient to meet some but not all demand	7	5	8	20
0: No energy available	3	0	1	4
E_3 Where water is pumped, sufficient energy is available for pumping water				
2: Energy of sufficient quantity at all times	3	1	1	5
1: Energy is sufficient to meet some but not all demand	4	4	7	15
0: No energy available	4	0	0	4
E_4 Where water is heated, sufficient energy is available for heating water				
2: Energy of sufficient quantity at all times	2	0	2	4
1: Energy is sufficient to meet some but not all demand	3	5	6	14
0: No energy available	6	0	1	7
E_5 A functional backup source (e.g. generator with adequate fuel), exists if the main source fails				
2: A backup source exists, with adequate fuel	1	1	0	2
1: Backup source exists but is not functional or insufficient fuel	6	2	6	14
0: No backup source	4	2	3	9
E_6 Energy-efficient lighting is used with improved lighting controls and energy-saving bulbs				
2: All lighting is energy-efficient	0	0	1	1
1: Some but not all lighting is energy efficient	6	4	7	17
0: No energy-efficient lighting available or status unknown	5	1	2	8
E_7 Delivery room is adequately lit, including at night				
2: Delivery room(s) has functioning lighting	5	2	4	11
1: Lighting infrastructure exists, but not functioning	2	3	3	8
0: Not adequately lit or no lighting infrastructure	4	0	3	7
E_8 Shower(s) are adequately lit, including at night				
2: All showers have functioning lighting	0	1	3	4
1: Lighting infrastructure exists, but not functioning	6	1	0	7
0: Not adequately lit or no lighting infrastructure	5	3	6	14
E_9 Latrines are adequately lit, including at night				
2: All latrines have functioning lighting	0	0	3	3
1: Lighting infrastructure exists, but not functioning	6	3	0	9
0: Not adequately lit or no lighting infrastructure	5	2	7	14

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
E_10 Sufficient functioning environmental ventilation (natural or mechanical) is available in patient care areas				
2: Ventilation is sufficient and functional in all patient areas	3	0	0	3
1: Some ventilation but not well maintained or insufficient to produce natural ventilation	4	5	0	9
0: No ventilation	4	0	10	14
E_11 [In malaria-endemic areas] Beds have insecticide-treated nets to protect patients from mosquito-born diseases				
2: All in-patient beds have nets	2	0	0	2
1: Available on some, but not all beds, or available but in poor condition	3	2	3	8
0: No bed nets available	6	3	7	16
E_12 Sustainable procurement (using a lifecycle approach) is applied throughout the facility				
2: Sustainable procurement consistently applied throughout facility	2	0	0	2
1: Sustainable procurement approach exists but not well implemented	5	5	6	16
0: No approach exists	4	0	4	8
E_13 Litter is regularly removed from the interior and exterior of the facility; general waste bins are available in all public areas; and efforts are made to improve and maintain the aesthetic appearance of the facility through painting, landscaping (plants), and ensuring that all equipment and other items are safely stored				
2: Fully meet the target	0	1	0	1
1: Partially meet the target	6	3	9	18
0: Does not meet the target	5	1	1	7

6.7. WASH FIT management and workforce data by woreda

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
M_1 Facility has a functional quality improvement WASH FIT team				
2: Team(s) exists, has clear TORs, meets regularly with good leadership and decisions are noted and followed up on	3	1	2	6
1: Team(s) meets but irregularly, informally, does not have clear TORs etc.	3	0	8	11
0: No such team(s) and/or no focal point exists	5	4	0	9
M_2 Facility has a dedicated WASH focal person working to an approved programme of work, with senior leadership support				
2: A dedicated focal person exists with leadership support	4	0	2	6
1: Focal point exists but does not have sufficient time, resources or motivation to carry out duties	3	5	8	16
0: No	4	0	0	4
M_3 Women's, disability and indigenous groups, and other specific users and staff (e.g. nurses, midwives, cleaners) are consulted about WASH needs and technology designs, and these voices influence technology choice, placement and upkeep				
2: Groups are adequately consulted and voices influence improvements	3	0	2	5
1: Only some groups are consulted and/or voices do not influence improvements	2	2	7	11
0: None of the above are consulted	6	3	1	10
M_4 An up-to-date diagram of the facility management structure, including cleaning staff, is clearly visible and legible				
2: Up-to-date facility management structure exists (and is legible)	5	0	7	12
1: Management structure exists but is not up to date	2	1	2	5
0: Not available	4	4	1	9
M_5 All auxiliary staff, including waste handlers and those who clean, have a clear, written job description, which outlines WASH and IPC responsibilities				
2: All staff have a written job description including WASH and IPC responsibilities	3	0	6	9
1: Some, but not all, staff have a job description	5	4	4	13
0: No job description	3	1	0	4
M_6 All new auxiliary staff, including waste handlers and those who clean, receive appropriate WASH and IPC training, tailored and appropriate to their job function				
2: All new staff are trained adequately, according to their function	3	0	0	3
1: Some but not all staff are trained or training not appropriate to their function	4	5	7	16
0: No training takes place	4	0	3	7

Questions	Dera (n=11)	Farta (n=5)	North Mecha (n=10)	Total
M_7 Staff are regularly (at least annually) appraised on their performance (e.g. on hand hygiene); high-performing staff are recognized and/or rewarded, and those who do not perform well are supported to improve				
2: Staff are regularly appraised	0	1	0	1
1: Some but not all staff appraised or staff not sufficiently supported to improve	5	0	8	13
0: No action or recognition of staff based on performance	6	4	2	12
M_8 A protocol and effective system are in place for ongoing operation and maintenance of infrastructure and procurement of necessary supplies for operation and maintenance				
2: System exists and is functional (items are procured and infrastructure repaired as and when needed)	1	0	1	2
1: System exists but is not functional (i.e. facility is not able to procure supplies or infrastructure is not adequately repaired)	5	4	8	17
0: No system exists	5	1	1	7
M_9 Budget is available to cover costs of cleaners and maintenance staff, WASH training, WASH consumables (e.g. soap, chlorine) and all activities listed in the procurement protocol				
2: Budget exists and addresses staff/training and consumables/O&M	0	1	0	1
1: Budget exists for staff but not training or for consumables but not O&M or budget not sufficient to cover all costs	3	3	8	14
0: No budget exists	8	1	2	11
M_10 A facility-wide patient safety policy/charter for improving quality of care is written, up to date and operational				
2: Policy is available, up-to-date and operational	0	0	2	2
1: Policy is not operational, or needs updating/is not realistic	6	2	8	16
0: No policy exists	4	3	0	7
M_11 [Hospitals only] A facility-wide environmentally sustainable policy/charter is written and operational				
2: Policy is written and operational	0	0	1	1
1: Policy is written but not operational	2	0	6	8
0: No policy exists	6	0	0	6
M_12 An emergency preparedness and response plan (ERP) is in place, budgeted for and updated regularly; staff undergo training and exercises to prepare for, respond to and recover from extreme weather-related events, especially those where climate change is a contributing factor				
2: Plan is in place and staff sufficiently trained	1	1	0	2
1: Plan is in place but not training undertaken, or plan is unrealistic, or not implemented	5	3	5	13
0: No plan exists	5	1	5	11

6.8. Baseline, midline, and endline Joint Monitoring Programme indicators by woreda

JMP service level	Overall baseline 2018 n (%)	Dera baseline 2018 n (%)	Farta baseline 2018 n (%)	North Mecha baseline 2018 n (%)	Overall midline 2022 n (%)	Dera midline 2022 n (%)	Farta midline 2022 n (%)	North Mecha midline 2022 n (%)	Overall endline 2024 n (%)	Dera endline 2024 n (%)	Farta endline 2024 n (%)	North Mecha endline 2024 n (%)
Water	n=25	n=9	n=7	n=9	n=18	n=6	n=5	n=7	n=26	n=11	n=5	n=10
Meets JMP basic service level for WATER	11 (44)	2 (22)	1 (14)	8 (89)	10 (56)	3 (50)	1 (20)	6 (96)	13 (50)	5 (45)	2 (40)	6 (60)
Meets JMP limited service level for water	4 (16)	3 (17)	1 (20)	0 (0)	2 (11)	1 (17)	1 (20)	0 (0)	2 (8)	0 (0)	2 (40)	0 (0)
Does not meet JMP service levels for water	10 (40)	4 (33)	5 (60)	1 (14)	6 (33)	2 (33)	3 (60)	1 (14)	11 (42)	6 (55)	1 (20)	4 (40)
<i>Main source is improved</i>	21 (88)	8 (89)	5 (83)	8 (89)	17 (94)	6 (100)	4 (80)	7 (100)	15 (58)	5 (45)	4 (80)	6 (60)
<i>Main source is on-premises</i>	13 (52)	4 (44)	1 (20)	8 (89)	12 (67)	4 (67)	1 (20)	7 (100)	15 (58)	5 (45)	4 (80)	6 (60)
<i>Water is available at the time of the survey</i>	14 (56)	3 (100)	2 (40)	9 (100)	12 (67)	4 (67)	2 (40)	6 (86)	15 (58)	6 (55)	2 (40)	7 (70)
Sanitation	n=25	n=9	n=7	n=9	n=18	n=6	n=5	n=7	n=26	n=11	n=5	n=10
Meets JMP basic service level for SANITATION	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	5 (19)	3 (27)	0 (0)	2 (20)
Meets JMP limited service level for sanitation	22 (88)	7 (78)	7 (100)	3(33)	16 (89)	6 (100)	4 (80)	6(86)	12 (46)	2 (18)	5 (100)	5 (50)
Does not meet JMP service levels for sanitation	3 (12)	2 (22)	0 (0)	6 (67)	2 (11)	0 (0)	1 (20)	1 (14)	9 (35)	6 (55)	0 (0)	3 (30)
<i>Improved, usable sanitation facilities are available</i>	17 (68)	7 (78)	7 (100)	3 (33)	14 (78)	6 (100)	4 (80)	6 (86)	17 (65)	5 (45)	5 (100)	7 (70)
<i>At least one improved, usable toilet dedicated for staff</i>	6 (24)	5 (56)	1 (14)	0 (0)	3 (17)	2 (33)	0 (0)	1 (14)	9 (35)	4 (36)	2 (40)	3 (30)
<i>At least one improved, usable toilet suitable for menstrual hygiene management</i>	0 (0)	0 (0)	0 (0)	0 (0)	8 (44)	3 (50)	4 (80)	1 (14)	8 (31)	6 (55)	0 (0)	2 (20)
<i>At least one improved, usable toilet accessible by people with limited mobility</i>	0 (0)	0 (0)	0 (0)	0 (0)	5 (28)	1 (17)	3 (60)	1 (14)	11 (42)	3 (27)	3 (60)	5 (50)
Hand hygiene	n=25	n=9	n=7	n=9	n=18	n=6	n=5	n=7	n=26	n=11	n=5	n=10
Meets JMP basic service level for HAND HYGIENE	0 (0)	0 (0)	0 (0)	0 (0)	3 (27)	2 (33)	0 (0)	1 (14)	4 (15)	2 (18)	1 (20)	1 (10)
Meets JMP limited service level for hand hygiene	4 (16)	1 (67)	1 (60)	2 (86)	13 (72)	4 (67)	3 (60)	6 (86)	8 (31)	3 (27)	2 (40)	3 (30)
Does not meet JMP service levels for hand hygiene	21 (8)	8 (0)	6 (40)	7 (0)	2 (11)	0 (0)	2 (40)	0 (0)	14 (54)	6 (55)	2 (40)	6 (60)

JMP service level	Overall baseline 2018 n (%)	Dera baseline 2018 n (%)	Farta baseline 2018 n (%)	North Mecha baseline 2018 n (%)	Overall midline 2022 n (%)	Dera midline 2022 n (%)	Farta midline 2022 n (%)	North Mecha midline 2022 n (%)	Overall endline 2024 n (%)	Dera endline 2024 n (%)	Farta endline 2024 n (%)	North Mecha endline 2024 n (%)
<i>Functional hand hygiene facilities (with running water and soap or alcohol handrub) are available at a randomly selected point of care</i>	4 (16)	1 (11)	1 (14)	2 (22)	16 (89)	6 (100)	3 (60)	7 (100)	8 (31)	3 (27)	3 (60)	2 (20)
<i>Functional handwashing facilities with water and soap are available near at least one toilet</i>	3 (12)	1 (11)	1 (14)	1 (11)	3 (17)	2 (33)	0 (0)	1 (14)	16 (62)	6 (55)	1 (20)	9 (90)
Health care waste	n=25	n=9	n=7	n=9	n=18	n=6	n=5	n=7	n=26	n=11	n=5	n=10
Meets JMP basic service level for HEALTH CARE WASTE	1 (4)	0 (0)	1 (14)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (12)	1 (9)	2 (40)	0 (0)
Meets JMP limited service level for health care waste	20 (80)	9 (100)	5 (57)	6 (67)	10 (56)	3 (50)	2 (40)	5 (71)	12 (46)	5 (45)	2 (40)	5 (50)
Does not meet JMP service levels for health care waste	4 (16)	0 (0)	1 (29)	3 (33)	8 (44)	3 (50)	3 (60)	2 (29)	11 (42)	5 (45)	1 (20)	5 (50)
<i>Waste in a randomly sampled consultation room is properly separated into three bins and none of the bins are more than 75% full</i>	3 (12)	1 (11)	2 (29)	0 (0)	3 (17)	2 (33)	0 (0)	1 (14)	4 (15)	1 (9)	2 (40)	1 (10)
<i>Infectious non-sharps waste is properly treated or disposed^a</i>	7 (28)	0 (0)	3 (43)	4 (44)	1 (6)	0 (0)	1 (20)	0 (0)	7 (27)	4 (36)	2 (40)	1 (10)
<i>Sharps waste is properly treated or disposed^a</i>	20 (80)	9 (100)	5 (71)	6 (67)	4 (22)	2 (33)	2 (40)	0 (0)	7 (27)	4 (36)	2 (40)	1 (10)
Environmental cleaning	Not assessed				n=18	n=6	n=5	n=7	n=26	n=11	n=5	n=10
Meets JMP basic service level for ENVIRONMENTAL CLEANING					0 (0)	0 (0)	0 (0)	0 (0)	2 (8)	2 (18)	0 (0)	0 (0)
Meets JMP limited service level for environmental cleaning					16 (89)	6 (100)	4 (80)	6 (86)	21 (81)	6 (55)	5 (100)	10 (100)
Does not meet JMP service levels for environmental cleaning					2 (11)	0 (0)	1 (20)	1 (14)	3 (12)	3 (27)	0 (0)	0 (0)
<i>Cleaning standard operating procedures or protocols are available</i>					7 (39)	2 (33)	0 (0)	5 (71)	19 (73)	6 (55)	3 (60)	10 (100)
<i>All staff responsible for cleaning have received training</i>					9 (50)	4 (67)	4 (80)	1 (14)	2 (8)	2 (18)	0 (0)	0 (0)

6.9. Joint Monitoring Programme levels by facility

Woreda	Health facility	Water service	Sanitation	Health care waste	Environmental cleaning	Hand hygiene
Dera	Ambesamie HC*	Basic	Limited	Limited	Basic	Limited
	Arbgebeya HC*	Basic	No Service	Limited	Limited	Basic
	Dewol HC*	Basic	Basic	Basic	Limited	Limited
	Hamusit HC*	No Service	Basic	Limited	Limited	No Service
	Korata HC*	Basic	Limited	Limited	Limited	Basic
	Wanzaye HC*	Basic	Basic	Limited	Basic	No Service
	Wofargif HC	No Service	No Service	No Service	Limited	No Service
	Atsedewoin HP	No Service	No Service	No Service	No Service	No Service
	Kulala HP	No Service	No Service	No Service	No Service	Limited
	Meha HP	No Service	No Service	No Service	No Service	No Service
	Mirafemariam HP	No Service	No Service	No Service	Limited	No Service
Farta	Deremot HC	No Service	Limited	Limited	Limited	No Service
	Gassay HC*	Basic	Limited	No Service	Limited	Limited
	Gena-Mechawocha HC*	Basic	Limited	Basic	Limited	Basic
	Gerebi HC*	Limited	Limited	Limited	Limited	No Service
	Maynet HC*	Limited	Limited	Basic	Limited	Limited
North Mecha	Abiyot Fana HC	No Service	No Service	No Service	Limited	No Service
	Amarit HC*	Basic	Limited	Limited	Limited	Limited
	Ambo Mesik HC	Basic	Basic	No Service	Limited	Limited
	Birakat HC*	Basic	No Service	Limited	Limited	No Service
	Dagi HC*	Basic	Limited	Limited	Limited	No Service
	Felege Birhan HC	No Service	Limited	No Service	Limited	No Service
	Rim HC	No Service	Limited	Limited	Limited	No Service
	Tagel Wodefit HC*	Basic	Limited	No Service	Limited	Basic
	Wotet Abay HC*	Basic	Basic	Limited	Limited	Limited
	Merawi Primary Hospital	No Service	No Service	No Service	Limited	No Service

Abbreviations: HC, Health Center; HP, Health Post.

*Clean Clinic Model (CCM) implementation facilities

6.10. WASH FIT score by facility

Health facility	Total facility score	Water	Sanitation	Waste management	Environmental cleaning	Hand hygiene	Energy and environment	Management and workforce
Dera Woreda								
Ambesamie HC*	69	72	73	82	68	40	69	63
Arbgebeya HC*	60	44	70	68	73	50	54	64
Dewol HC*	56	53	67	71	43	30	50	64
Hamusit HC*	41	11	42	38	61	30	62	50
Korata HC*	52	56	71	38	43	40	62	50
Wanzaye HC*	55	25	59	68	53	50	77	59
Wofargif HC	21	8	4	32	27	30	38	17
Atsedewoin HP	0	0	0	0	0	0	0	0
Kulala HP	5	0	15	0	0	30	4	8
Meha HP	2	0	15	0	0	0	0	0
Mirafemariam HP	2	0	0	4	3	0	0	4
Farta Woreda								
Deremot HC	24	8	25	38	29	10	42	14
Gassay HC*	41	47	38	38	50	40	38	27
Gena-Mechawocha HC*	53	58	67	58	36	40	69	36
Gerebi HC*	34	14	38	46	46	10	27	50
Maynet HC*	52	36	64	69	61	20	58	41
North Mecha Woreda								
Abiyot Fana HC	37	28	0	29	46	50	45	64
Amarit HC*	43	72	40	36	39	40	23	45
Ambo Mesik HC	48	59	83	32	47	50	19	55
Birakat HC*	32	23	0	38	43	40	33	42
Dagi HC*	41	50	25	32	50	50	38	45
Felege Birhan HC	34	13	19	33	39	30	58	45
Rim HC	39	10	56	42	46	50	50	33
Tagel wodefit HC*	49	78	28	36	42	70	42	45
Wotet Abay HC*	62	62	80	57	47	60	58	82
Merawi Primary Hospital	34	12	10	32	50	40	42	55

Abbreviations: HC, Health Center; HP, Health Post.

*Clean Clinic Model (CCM) implementation facilities