



FINAL PROGRESS REPORT ON INSTALLATION/CONSTRUCTION OF HAND WASHING STATIONS IN 1000 IMMUNIZATION CENTERS

(UNICEF Nepal Funded WASH Programme)

Submitted To

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1. Background

Clean water, basic toilets and good hygiene practices are essential for the survival and development of children. Without these basic needs, the lives of millions of children are at risk. For children under five, water- and sanitation-related diseases are one of the leading causes of death. Every year, 3500 children die from preventable diseases caused by poor water, and a lack of sanitation and hygiene (as per the Department of Health Services).

In 2005, UNICEF first launched the hand washing programmeme in 4 districts Panchthar, Saptari, Chitawan & Dang under the Decentralized Action for Children and Women (DACAW) program as a pilot. Later on, it became a part of Water & Sanitation (WATSAN programmeme) and WATSAN thereafter converted into WASH and as in other countries, later adopted by all agencies working in the sector of water supply and sanitation in Nepal. The Open Defecation Free (ODF) and similar campaigns like total sanitation campaign had greater impact in the lives of people, the percentage of people having access to improved drinking water and sanitation increased. The people were much aware of the importance of washing hands with soap in critical time and handwashing technique in the present days after COVID19.

The study shows that 1.5 million people still do not have access to basic water and sanitation services. (MICS, UNICEF). In Nepal, 61% health care facilities (HCF) have a hand washing facilities (HCFs) where soap and water is available (Nepal Health Facility Report, 2021), whereas 4 out of 5 households have such facilities (MICS, 2021). There are about 16,000 immunization centres (IC) operating under these HCFs, which are scattered and do not have hand washing facilities at all.

2. Rationale

In the constitution of Nepal, article 35(4) it is clearly stated that access to water supply and sanitation as a fundamental right of every citizen. The nation cannot assure these fundamental rights without WASH facilities in the institutions. Therefore, the Government of Nepal supported by the development partners including UNICEF continuing its effort to realize universal WASH coverage to regular programme incorporating water, sanitation, and hygiene behaviours promotion as a part of the COVID 19 pandemic prevention and response into the existing immunization programme.

The best way to prevent and slow down transmission is to be well-informed about the disease and how the virus spreads. Protect yourself and others from infection by staying at least 1 metre apart from others, wearing a properly fitted mask, and washing your hands or using an alcohol-based rub frequently. Get vaccinated when it's your turn and follow local guidance.

However, in this regard, around 39% of healthcare facilities have no hand washing facilities Nepal Health Facility Survey, 2021). So, when people mostly mothers go to the vaccination centre, they are deprived of washing their hands even though they know the importance of handwashing with soap. Due to this, children often suffer repeatedly from infectious diseases such as Malaria, Dengue, Japanese encephalitis, Infectious diarrhea etc., caused by a lack of knowledge, awareness, and WASH facilities at the immunization centres.

The positive aspect of the COVID-19 pandemic is that it has habituated many of us to wash hands with soap, which is one of the effective and simplest mediums to stop the spread of viruses and bacteria. Hand washing with soap and water protects us from 44% of infectious diseases as well as preventing transmission of the virus to ourselves and another person.

Therefore, as a part UNICEF's commitment to the Family Welfare Division (FWD) Nepal Government to prevent from COVID-19 transmission, UNICEF with the support of WEL and Splash Nepal has completed the installation/construction of hand washing facilities and disseminated 500 sets of hygiene IEC materials to the concerned District Public Health Offices.

3. Expected Outputs

Based on the ToR, there are two major outputs as below,

Output 1: Increased hand hygiene knowledge of targeted stakeholders, and

Output 2: Sustainable, inclusive, and equitable hygiene facilities established/provided/promoted in key locations.

4. Target group/Beneficiaries/Targets

This Project has been designed to implement the construction/installation of hand washing facilities at immunization/covid vaccination centres of selected 7 districts from 7 provinces in Nepal. The name of the districts in each province along with the target of hand washing station are given below. Women especially mothers with newborn babies, who visits immunization/vaccination centres for vaccination are the target beneficiaries of the programme. The actual number of beneficiaries will be recorded during the implementation of programme or when filling out the checklist during the assessment of immunization centres.

Table-1: The breakdown of handwashing stations to be installed in the immunization centres of seven selected districts are as below,

S No	Province	District	No of Hand Washing Station
1	1	Morang	140
2	Madhesh	Dhanusha	140
3	Bagmati	Bhaktapur	160
4	Lumbini	Rupandehi	140
5	Gandaki	Kaski	140
6	Karnali	Jumla	140
7	Sudur Paschim	Kailali	140
	Total		1,000

5. Programme approach and methodology

To achieve the output as mentioned in the ToR, adopted the following methodologies/approaches:

- Prepare detailed plan of action.
- Coordinated and collaborated with provincial and district level concerning authorities, UNICEF
 country and field offices (both WASH and Health Section) and Family Welfare Division of
 Department of Health Services for selection of immunization centres/COVID-19 vaccination
 sites, monitoring and supervision of the programmeme.
- Site verification or feasibility survey through direct visit to immunization centre and by phone
 call using the checklist provided by UNICEF with the cooperation of District Public Health Offices
 and Palikas. Standard checklist developed jointly by Family Welfare Division and UNICEF for
 feasibility survey. The final checklist is in Annex A.

- Presented and agreed on the options of the hand washing station provided by UNICEF. The
 different options of the hand washing station is given below in **Annex B**.
- Final list of the immunization centres was approved from Concerned DPHOs and were shared to Family Welfare Division/Provincial Health Directorate/UNICEF.
- Procurement, storage and transportation of materials required for installation of hand washing stations were done smoothly.
- Capacity building, awareness campaign & mass sensitization activities were conducted as per the schedule by coordinating with concerning stakeholders.
- Assisted each immunization centre in identifying and to appointing the focal person and Water Environment & Life (WEL) trained them on operation and maintenance of hand washing station and plumbing work whereas Splash Nepal supported in the installation of 401 handwashing facilities and oriented the concerned staffs of immunization centres.
- Identify monitoring indicators, develop monitoring mechanisms, and monitor regularly.
- Completed the construction work and orientations to the respective institutions and get the completion letters from concerned ICs and Palikas in some cases.

6. Programme implementation

This project was implemented in joint venture of Water Environment and Life (WEL) and Splash Nepal. Water Environment and Life (WEL) led the whole programme and responsible for all deliverables. The WEL and Spalsh has discussed and agreed to functions as below before going for implementation,

6.1 WEL Nepal

- Conduct Prevention Sexual Exploitation and Abuse (PSEA) and other related training for new staff,
- Coordination with Central level for conducting the central level training,
- Orientation and sensitization to the respective stakeholders at the district level,
- Selection of enumerator and orient them on survey check list,
- Coordination with district health for identification of immunization centre,
- Local level vendor selection for procurement of construction materials,
- Construction/install of 600 brick/stone masonry handwashing facilities in the identified immunization centres,
- Conduct operation and maintenance training to focal person in 600 of immunization centres where they constructed the handwashing facilities.
- Preparation and submission of inception, progress and final report,

6.2 Splash Nepal

- Selection of enumerator and orient them on survey check list
- Local level vendor selection for procurement of construction materials,
- Construction/install of 400 fiber glass handwashing facilities in the identified immunization centres,
- Conduct operation and maintenance training to focal person in 400 of immunization centres where they construct/install the handwashing facilities,
- Support in the billing and documentation,

There was a team leader, two WASH promoters and two technicians to implement the project. The team leader was stationed in Kathmandu while the WASH promoter and technicians were made roving and were based in the field on need basis. WASH promoters were more focused on software part mainly in conducting district level orientation to the concerned staffs of immunization centres whereas WASH technicians were engaged in the construction and installation work along with the conduction of

operation & management training to focal persons. Team Leader supported in both the software and hardware part along with the financial and administrative part including the preparation of periodic progress report, preparation of running bills and maintain data base.

7. Gender, Equity and Sustainability

The new constitution of Nepal 2015, declare the safe water and sanitation is fundamental rights. It is clearly quoted in our constitution under the Right to Health Care states that "Every citizen shall have the right to access to clean drinking water and sanitation" at article 35 (4).

Lack of access to hand washing facility mainly affects mother and children who come to immunization centre to get services. In some cases, men might come with children. Therefore, hand washing facility should be installed/constructed contributing towards gender equality and mother or father no matter who come with children can use easily.

Apart from that, the hand washing facility installed/constructed can be used by both men/women (mother/father) having physical disabilities.

For sustainability of those facilities, Local government/HCFs should take the ownership. For this, we have capacited focal persons with the necessary trainings/orientation package and accomplished a project activity in a systematic and managed way. We have received a completion letter from almost most all the institutions where we constructed the HWS with clearly mentioned lines of their responsibilities towards taking care of the property in coming days. Besides this, we have disseminated a simple operation, repair and maintenance guideline and have trained office helpers on operation and maintenance of constructed structure.

Risk analysis and mitigations

During the monsoon period and due to farming season, there was a shortage of supplies e.g. fiberglass sheet, construction materials and labor both at centre and local level. As the quantity of construction materials are very low and far and scattered sites, procurement, collection, and transportation was a bigger challenge and was costlier.

The Dashain and Tihar festival in between the project period was another challenge which definitely hamper the progress work. Moreover, the provincial and central level election held in November 2022 was another unavoidable event which had greatly affected the programme implementation.

Attempts were made to reduce the risk by adopting the following methods:

- The risk of a particular places/sites were detected by coordinating with the local stakeholders.
- Prepared an implementation plan incorporating all hardware and software activities.
- During monsoon, we focused on easy districts like Bhaktapur, Morang, & Dhanusha for ease of transportation of materials.
- Purchased supplies from one selected vendor and delivered the construction materials to most of the identified sites on the same day in order to minimize the transportation cost.

Priority was given to local level skilled and unskilled labor for brick and stone masonry handwashing station construction work while the fiber glass handwashing station were installed through the skilled persons from Kathmandu. Executed software and hardware activities parallelly in all the districts.

9. Work Progress and Planned activities

The contract for the "Installation of handwashing facilities in the immunization centres of seven district of Nepal" was signed on 6th July 2022. The management team after a meeting got engaged in the selection of project staffs. The progress made so far,

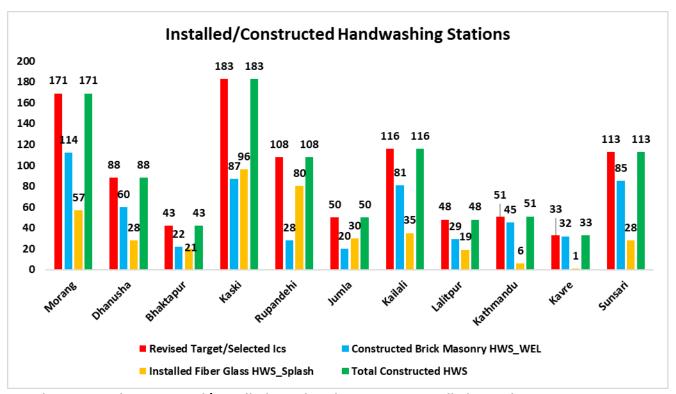
Table-2: Progress as of date (July 2022 - March 2023)

SN	Activities	Progress/Achievements	Remarks		
1	Increased hand hyg	iene knov	vledge of targe	eted stakeholders	
1.1	1.1 Orientation to the major stakeholders of the district at the central level:	1 Event	1 Event Male-30, Female-3	The central level sharing and planning workshop with the focal persons of provincial health directorate and District Health Offices of all the selected working provinces and districts respectively have been successfully completed in the training hall of DoHS, Teku. This event was organized by DoHS and facilitated mainly by UNICEF NCO managed by WEL and Splash.	
1.2	1.2 Orientation and sensitization to the respective stakeholders at the district level (Participants 1 each from immn center, 1 from palika, total 140+17=157 in Morang, 158 in Dhanusa, 164 in Bhaktapur, 145 in Kaski, 156 in Rupandehi, 148 in Jumla & 153 in Kailali, Grand Total=1,081, Avg. 154/district), Assuming 30 participants/event then total event will be 36	31 events 1000 nos.	50 events completed- (161% achieved) (1035 nos. reached)- participants wise103% achieved	The project staff were capacitated through ToT on hygiene promotional session from the Quality Monitoring Officers of Water Aid. The project staff immediately after being trained, they were deployed for the conduction of orientation. This orientation is more like the refresher, as most of them had already participated in those type of training in 2019. This orientation is believed to brand the "Nationwide hygiene and sanitation session through regular immunization programme" more effective and meaningful in coming days. The orientation on hygiene promotion to the vaccinators of concerned immunization centres have been successfully completed in Morang, Dhanusha, Bhaktapur, Kaski, Rupandehi, Jumla, Kailali. In addition, we have completed the event in extended districts Lalitpur, Kathmandu, Kavre and Sunsari as well. Altogether 1031 participants, (402 Male and 629 Female participants) have successfully participated in the orientation through 50 events. During our monitoring visit we have seen them conducting the orientation session before vaccination in as many of institutions. Please check Pie chart 1 and Table 2 for more clarification.	
1.3	1.3 Transportation & distribution of hygiene promotional materials	500 sets	500 sets	We have already transported and delivered to the concerned DPHOs as per their demand request letter sent to Family Welfare Division Office. The distributions were done accordingly,	

SN	Activities	Target	Achieved	Progress/	Achievements	Remarks
	provided by WaterAid from KTM to respective sites			District Public Health Office Kailali Rupandehi Kaski Lalitpur Bhaktapur Kavrepalanchowk Morang Total	Nos of IEC sets distributed 116 50 60 30 43 42 159 500	
	1.4 Mobilization of	Quality N	Ionitoring Offi	cers (QMOs) to support	ate	
1.4	One time during the installation of H/W station from district/province level (Maximum 5 person one time in selected sites) Cost including transportation, fuel, Refreshment, etc.)			Family Welfare Division Kaski monitored the im on 3 rd and 4 th January 2 Morang had visited the The UNICEF NCO and F sites of Bhaktapur, Dha The final joint monitor DPHOs, Palikas and UN Rupandehi and Kailali. they observed the constandwashing station or regular activities. The f from the team have be It is in Annex 3.	Kaski HO, ict. the rang.	
2	Sustainable, inclusive locations	ve, and ed	quitable hygier	ne facilities established ,	provided / promoted	d in key
2.1	2.1 Feasibility study of installation site (site verification)	1000	1100 ICs	The sharing meeting in the palikas of seven an were done. The quick a seven plus additional f potential 1000 sites we Dhanusha, Bhaktapur, Kailali, Kavrepalanchok Sunsari respectively. T attached/linked with the	king e in f, ang, ala,	
2.2	2.2 Installation of Handwashing Stations	1000	1004 completed (603 Brick/Stone masonry	We have completed the of 1004 handwashing street, we have com 603 Brick/Stone Maso Fiber glass setup HWS	stations. As agreed in pleted the construction nry and installation of	on of 401

SN	Activities	Target	Achieved	Progress/Achievements	Remarks
			and 401 Fiber Glass setup)	HWS) were constructed under this project. All the constructed HWS are fully functional and in operation. We have found those HWS being properly used during our monitoring visits. The district wise HWS and total count is presented in the Bar chart 1 and 2 and tabulated in the Table 1 below.	
2.3	2.3 Monitoring by IPs board members (Selected Sites), minimum 5 persons in a team will visit maximum selected sites of 3 provinces	3 events	3 events	The monitoring of programme activities by the board members were done in Morang, Sunsari district of province 1, Dhanusha of Madhes Province and Bhaktapur, Kathmandu in Bagmati Province respectively.	
2.4	A 2.4 Operation and Maintenance training to focal persons of Immunization centers	29 events	65 events completed (232 % achieved) and 520 nos. reached	The <i>Operation and Maintenance training to the office helpers</i> of immunization centres has been completed for the ICs of all 11 working districts. We have oriented 886 participants (323 Male and 563 Female) through approximately 65 events (planned 29 events). Event wise we have achieved 232% progress. Moreover, it was reported that few participants have been found in action after the training. The district wise male female participants are presented in Pie Char 2 and tabulated as in Table 3 below.	
2.5	A 2.5 Handover of facilities to respective offices/LGs	1000 nos	1000 nos	Initially it was agreed to provide a certificate to each ICs where we construct the HWS. Later, the idea of providing the certificate was changed. So, instead we collected the work completion letter from the concerned immunization centres and (Palikas in some cases). We have received the letters for approximately 700 HWS. The hard copies are safely documented with us which. The hard copies of which will be submitted along with other supporting documents.	

Bar Chart 1: District wise count and type of constructed/installed handwashing stations



Bar Chart 2: Total constructed/installed Handwashing stations in all eleven districts

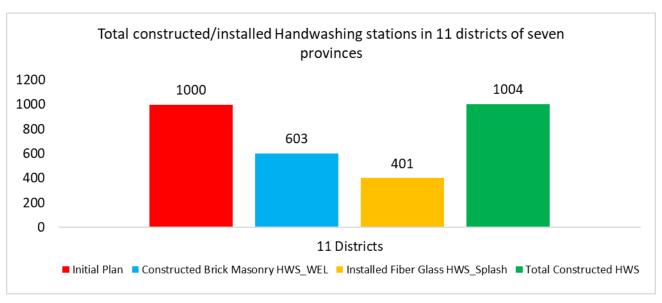
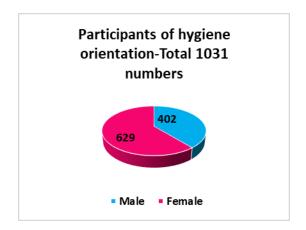


Table 3: District wise count and type of constructed/installed handwashing stations

SN	Districts	Revised Target/Selec ted Ics	Constructed Brick Masonry HWS_WEL	Installed Fiber Glass HWS_Splash	Total Constructed HWS	Remarks
1	Morang	171	114	57	171	
2	Dhanusha	88	60	28	88	
3	Bhaktapur	42	22	21	43	
4	Kaski	183	87	96	183	
5	Rupandehi	108	28	80	108	
6	Jumla	50	20	30	50	
7	Kailali	116	81	35	116	
8	Lalitpur	48	29	19	48	
9	Kathmandu	52	45	6	51	
10	Kavre	33	32	1	33	
11	Sunsari	113	85	28	113	
		1001	603	401	1004	
	Progress (%)		101%	100.30%	100.40%	

Pie Chart 1



Pie Chart 3

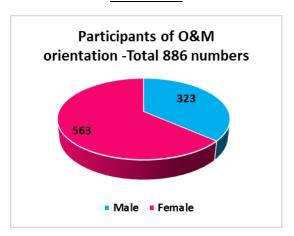


Table 4: Participants count of hygiene promotion orientation

	Orientation	to vaccinator	s on hyg	giene pro	motion
District	Male count	Female count	Total	Events	Remarks
Morang	55	102	157	6	
Dhanusha	52	25	77	5	
Bhaktapur	10	41	51	1	
Kaski	30	64	94	4	
Rupandehi	61	79	140	6	
Jumla	68	44	112	8	
Kailali	51	66	117	7	
Kathmandu	21	73	94	4	
Lalitpur	10	24	34	2	
Kavrepalanchowk	15	33	48	2	
Sunsari	29	78	107	5	
Total participants	402	629	1031	50	
Progress (%)	402	025	103%	161%	

Table 5: Participants count of Operation and Maintenance (O&M) orientation

	Orientat	ion to office h	elpers	on O&	M
District	Male count	Female count	Total	Events	Remarks
Morang	40	91	131	6	
Dhanusha	61	24	85	5	
Bhaktapur	6	27	33	1	
Kaski	17	109	126	10	
Rupandehi	54	49	103	10	
Jumla	23	27	50	8	
Kailali	51	62	113	10	
Kathmandu	21	70	91	5	
Lalitpur	7	20	27	2	
Kavrepalanchowk	5	30	35	2	
Sunsari	38	54	92	6	
Total participants	323	563	886	65	
Progress (%)			89%	232%	

10. Challenges

- Lack of data at the central and Palika level. Data collection was done through Vaccinators.
- Election, Extended Holiday and Dengue Outbreak.
- There was a gap between data provided and the actual site visit by our technicians during installation.
- Support for hand washing station was limited to the ICs where water tank is available so there is limited the number of the interventions in Terai regions.
- As there was no DSA provision for the participants so not all ICs participated in the training
- Due to geographical remoteness and the problem of road accesses to working sites, (especially in hilly regions) the field movements were really challenging.
- In almost most all the working locations of Jumla(80%) and 40% of Kaski we had to use porter for material transportation to construction sites from road head.

11. Lessons learned.

- Data collection through independent visits to site would benefit in implementation & logistics.
- Specific WASH Training Programs to the vaccinators can help use of the facilities during vaccination.
- The duration of O&M orientation should have been at least 2 days long for effectiveness.
- Provision of maintenance tools following orientation to the support staff build confidence for minor repair and operation of hand washing facilities.
- Explaining the importance of hand washing during hygiene promotion session can not ensure that mothers will wash hands at home but provision of such facilities provided opportunity to mothers continue hand washing at home after demonstration at IC
- Engagement of healh staff in the programming and monitoring is encouraging to make follow up for the use and operation/maintenance of hand washing station
- Provision of the hand washing facility was found useful while conducting hygiene promotion session (hand washing with soap and water), staff of the IC convinced to line up the mothers/care takers to be in queue before vaccination for washing hands with soap and water.

12. Way forward

- Central Level Data collection in regards to the WASH facilities at the Immunization Centers; would help.
- Strategic Planning in coordination with the FWD to manage the logistics and implementation of the Hand Washing Structures at the Immunization Centers.
- Ensure providing hygiene promotion package to all ICs and conduct refresher training
- Designing hygiene promotion package that is suitable to the context eg in the form of audio (song) in local language, providing LCD displaying hygiene promotion package would help practicing hand washing behaviour
- Organise hygiene promotion session to the students through school nurse/WASH focal person to ensure the mothers/care taker/all family members wash hands at critical time
- Monitoring of the hygiene promotion sessions during immunisation will help ensuring sharing key messages
- Effective Operations and Maintenance Training Program to the responsible personnel at the Immunization Centers for the Sustainability.

ANNEXES

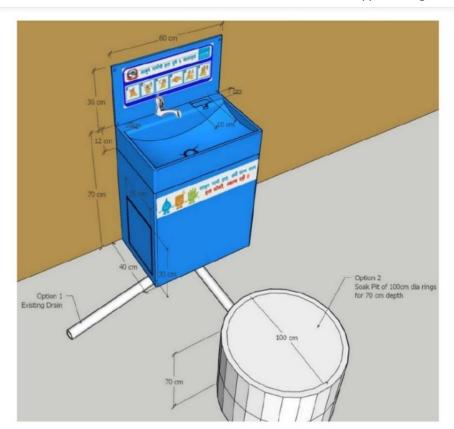
Annex A: Checklist for Immunization Centre selection

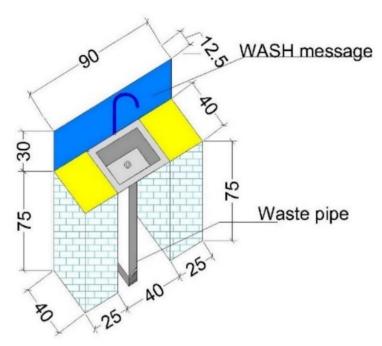
CHECKLIST for Selection of Immunization Centre

Name of Immunization	n centre:											
Location:Di	strict,	Palika,ward no										
Date visited:	Date visited:											
Persons met:												
Name	Designation	Office	Remarks									

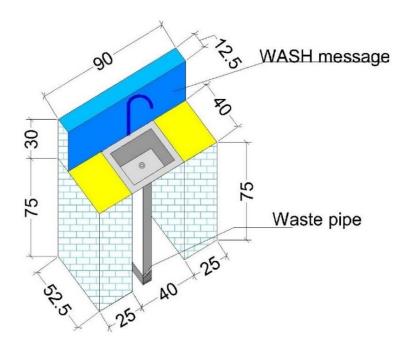
Option selected by the authority (please circle): A1, A2, A3.1, A3.2

Case	load and Distance from roadhead	Marks	Marks	Marks 20	Total	Remark
		10	15		Marks	
1	Number of children visiting in the					
	immunization center					
	(<100/day: 10, 100-150/day: 15, >150/day: 20)					
2	Distance from water tank to the proposed					
	hand washing station					
	(>15 m: 10, 10-15 m: 15 and <10 m: 20)					
	Sub-Total A					
B. Av	ailability of facilities	Yes	No			
		(10	(0			
		marks)	marks)			
1	Is place hasn't functional hand washing station					
2	Is the existing handwash station inaccessible					
	to the client/patient visiting immunization					
	services					
3	Is the facility having plan/ear marked resource					
	to construct hand wash facility in near future					
4	Is the facility management willing and ready to					
	receive support and ensure sustainability of					
	use and maintain the facility for longer use					
5	Is water available at the storage tank from					
	where connection can be done from pipeline					
	or tank?					
6	Is the place for installing hand washing station					
	available (eg the exterior wall)					
7	Is drain available for waste – water?					
	Sub-Total B					
	Total A+B					

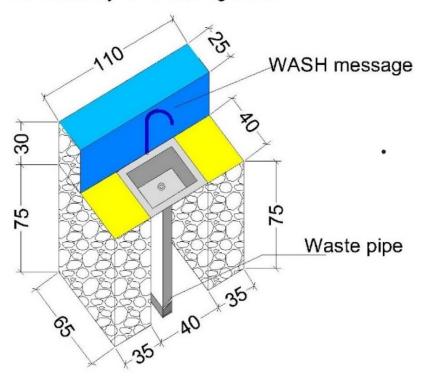




Brick masonry handwashing station in the existing wall



Brick masonry handwashing station



Stone masonry handwashing station

Annex C: List of immunization centered monitored by UNICEF, FWD, DPHOs and Palikas

District	Name of Palika	Name of HCF	Type of HCF	Date visited (mm-dd-yr)	Type of HWS 1, 2, 3A, 3B (Existing wall Masonry- 2, Fiber glass-1,	Name of person intervie wed	package availabl e- Y/N/par	e Promoti on session conduct	er avail able- Y/N	Is soap availa ble- Y/N	Does HWS have wate r tank y/N	es HW S has stic ker-	soakp it or drain	Has work been complet ed - Y/N	Is there hand washin g place functio ning (Y/N)	platform, drainage, etc)	Corrective Measures
Rupandehi	Samarimai R	Roinihawa IHealthpost	НР	27-Mar-23	2	Shiv Kum	No	No	Yes	No	Yes	Yes	Drain	Yes		The quality of work is good. However, the lock of swan neck tap has been slipped, it is not wokring properly. The colour has been faded out. The waste water has been fed to existing drainage.	
Rupandehi		Gadjedi Healthpost, Gadjedi	HP	27-Mar-23	3 A	Gitaram F	Partially	Yes	Yes	No	Yes	Yes	Drain	Yes	Yes	The quality of work is very good. The colour has been found faded. The waste water has been fed to existing drainage.	
Rupandehi	Kanchan	Basic Health Service Centre, Lausa	Sahari Swasthya Kendra	27-Mar-23	2	Surendr a Raj Bastola	Partially	Yes	Yes	Yes	Yes	Yes	Drain	Yes		The quality of work is satisfactory. However, a piece of paltered portion of attached wall has moved out of place. The colour is found faint. The waste water has been fed to existing drainage. The quality of work is very	
Rupandehi	Siddhartha	Basic Health Service Centre, Khajana	Sahari Swasthya Kendra	28-Mar-23	2	Pushpa Pokharel	No	No	Yes	No	Yes	Yes	Drain	Yes	Yes	good. The colour has been found faded. The waste water has been fed to existing city drain.	

Rupandehi	Siddhartha	Basic Health Service Centre, Shankarpur	Sahari Swasthya Kendra	28-Mar-23	1	Devi Arya	Partially	No	Yes	Yes	Yes	Yes	Drain	Yes	Yes	The quality of work is good. There is leakage in waste pipe. The waste water has been fed to existing drainage.	
Rupandehi		Madhyabaliya HP-16	유	28-Mar-23	1	Ramesh Bhaat	Yes	Yes	Yes	No	Yes	Yes	Drain	Yes	No	We found problem of adequate head in this HWS.	The problem has been fixed and there is contnuous water supply in handwashing station. The picture is attached below.
						Homnat											
				20.14 20		h	.,	.,	.,		.,	.,		.,		Well installed and	
Rupandehi	lillotama	Anandaban HP	HP	28-Mar-23		Pandey Nirmala,	Yes	Yes	Yes	No	Yes	Yes	Drain	Yes	No	functioning well	
Rupandehi		Urban Health Centre, Laxminagar -4	Sahari Swasthya Kendra	28-Mar-23		Nilam Poudel,	No	Partially	Yes	Yes	Yes	Yes	Drain	Yes	Yes	Functioning well. However, found the installation site satisfactory	
Runandehi		Centre, Pari	Sahari Swasthya Kendra	28-Mar-23		Santosh Gurung, Sita Bhandari	No	Partially	Ves	Yes	Yes	Vec	Drain	Ves	Yes	Well installed and functioning well. The waste pipe connected to existing drain.	
						Sulocha na Chaudha										Well installed and functioning well. The waste pipe connected to existing	
		Durgauli HP Community Health Unit	HP Outreach clinic	30-Mar-23 30-Mar-23		Thamraj			Yes	Yes			Drain Drain		Yes Yes	drain. Well installed and functioning well. Through waste pipe it has been carried to safe land and left open.	
Kailali	Lamkichuha	Tribeni Khop Kendra	Outreach clinic	30-Mar-23		Khemraj Khanal	Yes	Yes	Yes	No	Yes	Yes	Drain	Yes	No	Very well constructed. However, water connection is in progress	

Kailali	Lamkichuha	Piparkoti HP	НР	30-Mar-23	Santosi Bdr. 2 Bogati	No	No	Yes	Yes	Yes	Yes	Drain	Yes	Yes	Well constructed and functioning well. Through waste pipe it has been carried to safe land and left	The problem has been fixed. The waste water has been fed to newly constructed soakpit. The picture is attached below.
Kailali	Lamkichuha	Chuha HP	HP	30-Mar-23	Pahalm n Chaudh 2 ry		Yes	Yes	Yes	Yes	Yes	Drain	Yes	Yes	Well installed and functioning well. The waste pipe connected to open natural drain. However	The problem has been fixed. The waste water has been fed to newly constructed soakpit. The picture is attached below.
Kailali	Ghodaghodi Mun	Darakh HP	HP	31-Mar-23	Bhuwai aj 2 Poudel		Yes	Yes	Yes	Yes	Yes	Drain	Yes	Yes	Well installed and functioning well. The waste pipe connected to existing drain. However needs improvement.	
Kailali		Basic Health Service Centre, Sukhad	Sahari Swasthya Kendra	31-Mar-23	Govind 2 Khanal	Vaa	Yes	Yes	No	Yes	Yes	Drain	Yes	Yes	& security of HWS may be problem in future. Needs	The problem has been fixed. The picture is attached below
Kailali	Ghodaghodi	Service Centre,	Sahari Swasthya Kendra	31-Mar-23	2 Manima	ı Yes	Yes	Yes	Yes	Yes	Yes	Drain	Yes	Yes	Well constructed and functioning well, good in condition but there was no compound wall. So, safety & security of HWS may be problem in future Well installed and	
Kailali	Godawari Mun	Budhitola HP	Sahari Swasthya Kendra	31-Mar-23	Sunita Chaoud 1 ary	h No	No	Yes	Yes	Yes	Yes	Drain	Yes	Yes	functioning well, good in condition but there was no compound wall. So, safety & security of HWS may be problem in future	

District	Name of Palika	Name of HCF	"	Date visited (mm-dd-yr)	HW\$ 1. 2. 3A.	Name of person monitored	Hygiene Promotio n package available- Y/N/parti	conducte	ls water availa ble-	Is soap availabl e- Y/N	Does HWS have water tank Y/N	CTICKE	soak pit or drain	work been compl eted - Y/N	washin g place	drainage etc)	Actions
Bhaktapur	Suryabinayak	Tarakagal	Sahari Swasthya Kendra	19-Oct-22	1	Siddhi	No	No	No	No	Yes	Yes	Open	No		Banner only available, authroity has plan to make soakpit, watewr	Managed properly
Bhaktapur	Suryabinayak	Gundu	HP	19-Oct-22	1	Pradeep/Na	No	No	Yes	Yes	Yes	Yes	Open	No		Pipe exposed over ground, no soakpit	Problem sorted
Bhaktapur	Changunarayan	Chagunaraya n	Hospital	19-Oct-22	2	Pradeep/Na	Partially	Partially	Yes	Yes	Yes	No	Drain	No		Sticker and soapcase remaining	Fully completed
Bhaktapur	Changunarayan	Lekhnath	Outreach clinic	19-Oct-22	1	Pradeep/Na	No	Partially	No	No	No	No	Open	No		Outreach clinic in individual house, underconstruction, re- orientation of HWS suggested	Fully completed
Bhaktapur	Thimi	Thimi	HP	19-Oct-22	2	Siddhi	Yes	Partially	Yes	No	Yes	No	Open	No		Sticker, soakpit remaining	Problem addressed
Bhaktapur Bhaktapur		Bode PHC	HP PHC	19-Oct-22 19-Oct-22		Siddhi Siddhi	No No	No No			Yes Yes	No Yes	Open Drain			Sticker and soapcase remaining Good	Problem addressed
Bhaktapur	Chagunarayan	Sudal	HP	19-0ct-22	1	Pradeep/Na	Partially	No	No	No	No	No	Open	No		Work not started	Fully completed

Diamosta Izamini-1 Sinufpida clinic 12-Nov-22 2 Sodhi(Beril No No Nes No Pes No Daniyes No Jobes Norgeod Overdain Intro																		
Debrusha Damusha Damus																	Inlet pipe exposed to	
Chanuchs Jammins				Outreach													''' '	
Dranusha Jaminini-4 Sagahi HP 17-Nov-22 53 Siddhi/Bei No No No Nes No Dain Yes No Good Tapic loocely lied up, memberura and PHC 17-Nov-22 2/Siddhi/Bei No No No Nes No Salor Nes No Good Tapic loocely lied up, memberura and Dureach Colorech Swarby Swarby Nesion Politica and Part Swarby Nesion Politica and Politica a	Dhanusha	Laxminia-1	Sinurioda		17-Nov-22	2	Siddhi/Beki	No	No	Yes	No	Yes	No	Drain	Yes	No		Managed
Dhanusha Chineshwor ar PHC 17-Nov22 2 Soddisloeki No No Nes Nes No Solophies No Good Tap is loosely ried up, drainage into stream, Problem has been Neski Poshare-27 Lekhanath dinic 19-Dec.22 2 Pradeep/So/Nes Nes Nes Nes No Drain Nes No HNS built reartialet inwell Neski Poshare-30 Monday State Shari Naday Poshare-30 Monday State Neshina 19-Dec.22 2 Pradeep/So/Partally Partally Nes Nes Nes No Drain Nes Nes Oberin Nes Nes Nes No Drain Nes Nes Oberin Nes Nes Nes No Drain Nes Nes Oberin Nes Nes Nes No Drain Nes Nes Nes Nes No Drain Nes Nes Nes Nes No Drain Nes Nes Nes Nes Nes No Drain Nes Nes Nes Nes No Drain Nes Nes Nes Nes No Drain Nes					27 11 17 22	_	0.00										P-44400	
Diharusha Chhireshwor ar PHC 17-Nov 22 2.5/odni/Bei No No Yes No Yes No Soakayes No Good Tapis loosely fed up, drainage into stream, Problem has been Nosiki Polihara-27 Lekhanath dinic 19-Dec 22 2. Pradeep/Sid No Partally Yes Nes Yes No Drain Yes No Good Kasiki Polihara-30 Khudi Kendra 19-Dec 22 2. Pradeep/Sid Partally Yes Nes Yes No Drain Yes No Good Kasiki Polihara-30 Khudi Kendra 19-Dec 22 2. Pradeep/Sid Partally Yes Nes Yes No Drain Yes No Good Kasiki Polihara-30 Khudi Kendra 19-Dec 22 2. Pradeep/Sid Partally Yes Nes Yes No Drain Yes No Good Kasiki Polihara-30 Khudi Kendra 19-Dec 22 2. Pradeep/Sid Partally Partally Yes Nes Yes No Drain Yes Nes Overeith Nogroup counselling Nogroup of the to lack of Nogroup counselling Nogroup of N	Dhanusha	Laxminia-4	Sapahi Ivianengranag	HP	17-Nov-22	3A	Siddhi/Beki	No	No	Yes	No	Yes	No	Drain	Yes	No	Good	
Caski Polhara-27 Lekhanath clinic 19-Dec-22 2 Pradeep/Sid No Partially Yes Nes Nes No Drain Yes No HNS built rear to let had been Kaski Polhara-20 Hospital 19-Dec-22 2 Pradeep/Sid Partially Partially Yes Nes Nes No Drain Yes No Good Niet pipe to be a considered in the province of the p	Dhanusha	Chhireshwor			17-Nov-22	2	Siddhi/Beki	No	No	Yes	No	Yes	No	Soakp	Yes	No	Good	
Caski Polhara-27 Lekhanath clinic 19-Dec-22 2 Pradeep/Sid No Partially Yes Nes Nes No Drain Yes No HNS built rear to let had been Kaski Polhara-20 Hospital 19-Dec-22 2 Pradeep/Sid Partially Partially Yes Nes Nes No Drain Yes No Good Niet pipe to be a considered in the province of the p																	Ton is leasely tied up	
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Kaski Pokhara-17 Birauta Kendra 20-Dec-22 1 Pradeep/Sid Yes Yes Yes No Yes Yes Drain Yes No covered with soil It's already done Kaski Pokhara-16 Miteri Hospital 20-Dec-22 1 Pradeep/Sid No No Yes No Yes Drain Yes Yes Good Sahari Swasthya Water tank did not have water, drain pipe Problem has been Kaski Pokhara-1 Bagar Kendra 20-Dec-22 1 Pradeep/Sid Partially No No Yes Yes Open Yes Yes left open on ground fixed Sahari Swasthya Pradeep/Si Pradeep/Si Partially No No Yes Yes Open Yes Yes left open on ground fixed				Sahari													Drain pipe to be laid	
MatriShishu Hospital 20-Dec-22 1 Pradeep/Sid No No Yes No Yes Yes Drain Yes Yes Good				Swasthya													on the ground and	
Kaski Pokhara-16 Miteri Hospital 20-Dec-22 1 Pradeep/Sid No No Yes No Yes Ves Drain Yes Yes Good	Kaski	Pokhara-17	Birauta	Kendra	20-Dec-22	1	Pradeep/Sid	Yes	Yes	Yes	No	Yes	Yes	Drain	Yes	No	covered with soil	It's already done
Sahari Swasthya Kaski Pokhara-1 Bagar Kendra 20-Dec-22 1 Pradeep/Sid Partially No No Yes Yes Open Yes Yes left open on ground fixed Sahari Swasthya Pradeep/Si Pradeep/Si			MatriShishu															
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Swasthya Swasthya Bagar Kendra 20-Dec-22 1 Pradeep/Sid Partially No No Yes Yes Open Yes Yes left open on ground fixed Sahari Swasthya Pradeep/Si Pradeep/Si Good, IEC package																		
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Sahari Swasthya Pradeep/Si Good, IEC package	Vacki	Dalchara 1	Dagar		20 000 22	1	Dradoon/Cid	Dartially	No	No	Voc	Voc	Voc	Onon	Voc	Voc		
Swasthya Pradeep/Si Good, IEC package	VQ2VI	LOWING-T	nakai	NEIIUId	20-081-22	1	riduceh/310	rditidily	INU	INU	162	162	162	open	162	162	liert open on ground	IIXCU
Swasthya Pradeep/Si Good, IEC package				Sahari														
							Pradeen/Si										Good, IEC package	
The state of the s	Kaski	Pokhara-4	Ganeshtole	Kendra	20-Dec-22			Yes	No	Yes	Yes	Yes	Yes	Drain	Yes	No	' '	Delivered to DPHO

		1		T. T.					1	1	1				Г	
															No IEC materials	
															provided,	
					D										' '	
					Pradeep/Si			.,					.,		trg/orientation	- II II
Kaski	Pokhara	Sarangkot	HP	20-Dec-22	1 ddhi	No	No	Yes	Yes	Yes	Yes	Drain	Yes	No	provided	Delivered to DPHO
															Drainage left on the	It is fully in operation,
		Gyarjarti	Outreach		Pradeep/Si											all the problems are
Kaski	Pokhara	Khop Kendra	clinic	20-Dec-22	1 ddhi	No	No	No	No	Yes	Yes	Open	Yes	Yes	connected to water	fixed now
															Om Shanti's house,	It has been well
		Dhungekhola	Outreach		Pradeep/Si										Inlet pipe laid on the	managed and
Kaski	Pokhara	Khop kendra	clinic	20-Dec-22	1 ddhi	No	No	Yes	No	Yes	Yes	Drain	Yes	Yes	drain	functioning well
			Sahari												completed, sticked	
			Swasthya												yet to place in the	Fully completed and
Morang	Rangeli -6	Rangeli	Kendra	28-Dec-22	2 Pradeep	No	No	No	No	Yes	No	Drain	Yes	No	hand wasing platform	
	Ť	Adarsha			The state of the s											focal person from the
		Madhyamik	Outreach												water supply pipe.	concerned
Morang	Rangeli -7	School	clinic	28-Dec-22	2 Pradeep	No	No	Yes	Yes	No	No	Drain	νος	Yes	HWF is close to school	
IVIOTATIE	Mangen -7	301001	CITIIC	20-060-22	Ziriauccp	INU	INO	163	163	INU	INU	Diaili	163	163	TIVI IS CIOSE to SCHOOL	illilliuliization centre
																It was because the
																focal person from the
																concerned
																immunization centre
																wanted to construct
															HWF is far from the	HWS at same place
															session site and also	where it is now. So
			C.L.												duplication of	the mason construct at
			Sahari												facilitity (already	the location as he
			Swasthya												there placed by the	could not convince
Morang	Rangeli -8	Darbesha HP	Kendra	28-Dec-22	2 Pradeep	No	No	No	No	No	No	Open	Yes	No	Gorkha Welfare)	them.
															Constructed inside	
															the building infront of	
															toilet. Looks as if	
		Katari Health													constructed for toilet	
Morang	Katari - 1	Post	HP	28-Dec-22	2 Pradeep	No	No	Yes	Yes	Yes	Yes	Drain	νος	Yes	hand wash	
IVIOI alig	Kataii - 1	rust	III	20-060-22	Ziriauccp	NO	INO	163	163	163	163	Diaili	163	163	IIdiiu wasii	
															Constructed inside	
															the store room which	
			Sahari												to be made vacant	
			Swasthya												soon and allocate	The session is ongoing
Morang	Biratnagar-7	Hatkhola	Kendra	28-Dec-22	2 Pradeep	No	No	Yes	Yes	Yes	Yes	Drain	Yes	No	space for EPI session	there
			Outreach													
Morang	Biratnagar-5	Kochakhal	clinic	28-Dec-22	2 Pradeep	No	No	Yes	Yes	Yes	Yes	Drain	Yes	Yes	Good	
0											1			1		
															Drain pipe above the	
															ground which needs	
															to be laid on the	
			Outreach												ground and covered	It has been properly
Morang	Biratnagar-2	Ward Office	clinic	28-Dec-22	2 Pradeep	No	No	Yes	Yes	Yes	Yes	Drain	Yes	Yes	with soil	managed.
	2		Jv	-3 500 ZZ			1.10	1.03				214111				
		Mahendraswor														
		Mahaev	Outreach													
Morang	Biratnagar-1	Temple	clinic	29-Dec-22	2 Pradeep	No	No	Yes	Yes	Yes	Yes	Drain	Yes	Yes	Good	
										_						

Annex D: Photographs





Central Level Orientation and Planning Workshop





Project staff planning workshop and site selection in Morang district





Immunization centers of Suryabinayak Municipality, Bhaktapur district





Constructed Handwashing Stations in Health Post of Biratnagar Metropolitan City





Constructed Handwashing Stations Constructed in ICs of Dhanusha and Kaski district





Constructed Handwashing Stations in Changunarayan Hospital and Chhaling Swasthya Kendra





<u>Installed Handwashing Stations in Tarkhaghal Healthpost & Suryabinayak Municipality</u>
<u>Hospital, Duwakot, Bhaktapur</u>





Constructed Handwashing Stations in ICs of Rupandehi respectively







Completed HWS of Godawari Municipality, Lalitpur







Completed HWS of Godawari & Gokarneshwor Municipality







Completed HWS of Banepa and Panauti Municipality, Kavre







Monitoring of completed HWS of Lamkichuha and Ghodaghodi Municipality, Kailali







Joint Monitoring of completed HWS of Kanchan and Samarimai Palika by DPHO, UNICEF NCO/FO and WEL







<u>Joint Monitoring of completed HWS of Siddharthanagar, Tilottama, and Butwal Palika by DPHO,</u>
<u>UNICEF NCO/FO and WEL; Rupandehi</u>









Some clicks of orientation conducted to the vaccinators of immunization centers, Jumla





Some clicks of orientation conducted to the vaccinators of immunization centers of Kaski, and Morang





Some clicks of orientation conducted to the vaccinators of immunization centers of Rupandehi





Some clicks of orientation conducted to the vaccinators of ICs of Rupandehi





Orientation on Operation and Maintenance training to the Care





During the Hygiene orientation to vaccinators







Construction of soakpits and realigning pipe line route to sort the identified problems during visit









Constructed soak pits in in the ICs for the purpose of waste-water management