

ANALYSIS OF HEALTH CARE ORGANIZATIONS' EXPENDITURE ON WATER, SANITATION AND HYGIENE SYSTEMS.

ASSESSMENT OF THE IMPACT OF THE EXPENDITURE ON THE QUALITY OF MATERNAL, NEWBORN AND CHILD HEALTH CARE.

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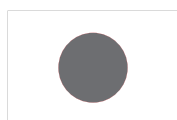
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List of Abbreviations

BOJH	Batken Oblast Joint Hospital
CDD	Consultative Diagnostic Department
CQEDI	Center of Quarantine and Especially Dangerous Infections
DCDPSSSES	District Center of Disease Prevention and State Sanitary and Epidemiological Surveillance
DDPSSSES	Department of Disease Prevention and State Sanitary and Epidemiological Surveillance
FGP	Family Group Practitioners
FMC	Family Medicine Center
GMPC	General Medical Practice Center
HCO	Health Care Organization
JAOCH	Jalal-Abad Oblast Clinical Hospital
LSA	Local State Administration
LSG	Local Self-Governance
LSGB	Local Self-Governance Body
MHIF	Mandatory Health Insurance Fund
OIOCCH	Osh Inter-Oblast Children's Clinical Hospital
OIOCH	Osh Inter-Oblast Clinical Hospital
OJH	Oblast Joint Hospital
PE	Payroll Expenses
SanPiN	Sanitary Rules and Regulations
TH	Territorial Hospital
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Study Summary

Diseases caused by poor water supply and poor sanitation put a heavy burden on the health care and education systems. Safe water, hand-washing means in good order, latrines, and hygiene are especially important for improving treatment outcomes in maternal, newborn and child health. Water, sanitation and hygiene (WASH) services increase the resilience of health systems to prevent disease outbreaks.

The findings of the study show that the types of drinking water supply systems used in the health care organizations (HCO) under study are different, are associated with general territorial issues of water supply, and depend on the geographical location of the object (city / village), sources of water, local government capabilities, and also their interest in improving the public health situation in their jurisdiction.

The unsatisfactory technical condition of the facility water supply networks and sewage treatment facilities (sewage system) is most often associated with an insufficient level of actual expenditure for their renovation and maintenance. Issues of pipe replacement in the facilities are addressed case-by case using budget funds, however, the resources are not sufficient for bringing the systems to a state of good repair.

Despite the existence of problems related to the technical condition of the treatment facilities, health care organizations with a centralized sewage system are able to create comfortable environment for patients and medical personnel by providing the conditions for them to satisfy their hygiene needs inside the departments (washbasins, shower, hot water, toilet), observing the requirements for infection control.

In most health care organizations there are no conditions for providing quality sanitary treatment for infants. Such conditions cause discontent among patients and medical personnel who are not able to provide high-quality sanitation and hygiene services.

Financing of HCOs providing inpatient services is based on the number of cases treated, with each HCO having non-discretionary budgetary items that must be executed without fail (wages, medicines, food). The share of funds that can be spent on water supply, sanitation and hygiene in an HCO is max. 3%, but the actual budgeted sum in HCOs with a small number of beds and few cases treated does not allow for the full implementation of the measures necessary to ensure quality water supply that meets sanitary standards.

There are no approved standards for required water quantity per patient (outpatient and inpatient), medical worker or health care organization in the country. The presence of such standards would allow health care providers to ensure adequate conditions for patients and medical personnel to act according to standards and rules of sanitation and hygiene.

Every year, the budget provides funds for the improvement of the WASH system but does not indicate sources of funding or provide a cost plan, especially for preventive work.

In determining the methods of funding (calculating using Diagnosis-Related-Group method, or determining capitation rate), the calculations are made not according to the water supply, sanitation and hygiene needs, but according to the actual incurred costs for the previous period, which do not cover the needs of the HCOs for these purposes.

Financing in the Single Payer system takes into consideration only the current expenses of HCOs. In order to attract funds for capital investments to improve the WASH system, it is necessary to clarify ownership of health care facilities, observing property legislation in regard to buildings and facilities of HCOs.

Key recommendations:

- Address the issue of the legal framework for the regulation of ownership of health care organization property;

- Differentiate functions and powers of state bodies and local self-governance bodies;
- Improve the coordination of public health issues at the level of local state administration and local self-government;
- Increase the capacity of managers of health care organizations in the field of institutional development and law;
- Revise the values for “case treated” and “capitation rate”;
- Carry out structural optimization of health care organizations;
- Take measures to ensure that the used premises of health care organizations comply with sanitary rules and regulations;
- Improve quality of medical care for resilient water, sanitation and hygiene services.

Introduction

Health facilities around the world lack safe water and provide low quality sanitation and hygiene services. According to the WHO/UNICEF global survey for 2015, more than 1/3 of facilities have no water source and the proportion of facilities where there is no water and soap for handwashing is about the same. If the criteria of reliability and safety of water supply or the distance to its source are further factored in, this figure will increase to every second institution. Approximately 1/5 of the institutions are not well-maintained in terms of sanitary conditions.

Water, sanitation and hygiene (WASH) services in health care facilities are fundamental to providing quality, people-centered medical care. Improving these services provides good health and guarantees economic benefits. Clean water, working toilets and soap are absolutely necessary to protect the lives of mothers and infants during delivery. They reduce the prevalence of health care associated infections, increase confidence in health services and increase their use, increase efficiency and reduce the cost of providing them, and also improve the hospital staff morale.

Given the huge gaps in the provision of WASH services in health care facilities, WHO is taking measures to improve their quality, which is reflected in the joint WHO/UNICEF Global Action Plan. The plan aims to achieve several Sustainable Development Goals (SDGs), including Goal 6 (ensuring the availability and sustainable management of water and sanitation for all) and Goals 3.1, 3.2 and 3.8 (reducing maternal mortality, ending preventable infant mortality and ensuring the quality of universal health coverage). The WHO/UNICEF Global Action Plan sets the goal of ensuring that all health facilities in all countries have adequate water, sanitation and hygiene by 2030.

As for the Kyrgyz Republic, according to the results of the hospital safety assessment¹ conducted at the initiative of the Ministry of Health and WHO in 2016-2017, 24% of all health care organizations (HCO) are supplied with drinking water through their own artesian well, using a pump and a storage tank, 70% receive water from a centralized system, which does not always provide a continuous supply of water, and 8% have a combined water supply system. Only 40% of all organizations have backup storage for drinking water in the form of water towers. In the vast majority of hospitals there is no alternative source of water supply. In most premises, the water supply system is worn out due to prolonged use, which leads to pipe damage, numerous leaks and requires complete reconstruction. In 30% of health care organizations, the degree of deterioration of the water supply network is 50%, in 40% of organizations 60%, and in 30% of organizations 70%.

As two thirds of the country's health care facilities were built over 30 years ago, the heating system is inadequate and causes hypothermia in newborns. The pipes in most facilities are worn out and in need of repair. Most hospitals do not have access to hot water, which further interferes with the practice of hygiene.

Considering all the above, it needs be taken as a matter of urgency to ensure control over WASH services, prepare a cost estimate, make administrative decisions on funding plans and attract investments to provide medical care to children, mothers and newborns.

The present report on the study, initiated by the UNICEF Health and Nutrition Programme in the Kyrgyz Republic, presents the results of an analysis of the cost estimates for water, sanitation and hygiene services in 12 health facilities, financial planning practices for these services, as well as an analysis of current legislation regulating the WASH system.

1. Purpose and Objectives of the Study

Purpose: Conducting an impact assessment of health care organizations' expenditure on water, hygiene and sanitation (WASH) systems and the quality of medical care provided to children, mothers and newborns in the target health care organizations.

¹ Report on the results of hospitals safety assessment in the Kyrgyz Republic (2016-2017). Ministry of health of Kyrgyz Republic, the WHO Regional Office for Europe and the WHO Country office for Kyrgyzstan.

Objectives:

1. analysis of barriers and issues (weaknesses) in provision of an adequate WASH system in health care organizations;
2. analysis of healthcare organizations' expenditure on WASH systems
3. preparation of recommendations for improving the quality of services provided to children, mothers and newborns.

2. Study Methodology

Desk research was conducted in preparation for primary data collection and assessed domestic and foreign sources on the topic. It involved the study of reports of studies conducted by the Ministry of Health and local research agencies, as well as publications and materials of international organizations and projects, including the Water and Sanitation for Health Facility Improvement Tool² published by WHO and UNICEF in 2017.

In addition, information was reviewed on state budget expenditures allocated to address issues of water supply, sanitation and hygiene in target health care organizations (source of information was the Mandatory Health Insurance Fund under the Government of the Kyrgyz Republic). An analysis was conducted of legal acts regulating issues of water supply, sanitation and hygiene, statistical data of the Digital Health Center and the national programmes implemented in health care.

Fieldwork

Data collection at health care organization level was carried out on the basis of one questionnaire each for managers, health workers and patients of maternity, paediatric and infectious diseases departments of target health care organizations, as well as a form to determine whether health facilities meet the sanitary and epidemiological requirements of water supply, sanitation and hygiene systems (Sanitary and Epidemiological Rules and Regulations (SanPiN) 2.1.3.003-03). The prepared questionnaires and form were tested in the Sokuluk territorial hospital of Chui oblast with subsequent adjustment of their content.

To carry out field research, the research team was joined by experts from the Center of Quarantine and Especially Dangerous Infections (COEDI) and the Kadamjay District Center for Disease Prevention and State Sanitary and Epidemiological Surveillance (DCDPSSSES). Meetings were held in the target organizations with the directors and specialists of the district and city DCDPSSSES, the issues of regular monitoring of the sanitation and hygiene situation in health care organizations and drinking water quality were discussed.

In the selected HCOs, in-depth interviews were conducted with the management and heads of maternity, children's and infectious diseases departments. as well as patients of these departments.

The total number of respondents in the target health care organizations was 175 people, including directors- 12, doctors- 41, nurses-72, patients-50.

Observation

Members of the assessment team took part in the discussion on "the Framework for Quality of Care in the Kyrgyz Republic" and in the preparation of proposals for the development of an "Action Plan (Roadmap) for Quality of Care for 2019-2030 in the Kyrgyz Republic". The researchers also took part in the discussion and made proposals to the draft programme of the Government of the Kyrgyz Republic on population health and health system development for 2019–2030, where priority number 1 is "public health", consisting of 4 key objectives that directly or indirectly affect the health of children, mothers and newborns.

3. Objectives of Study and Target Audience

The objects in this study were 12 target sites or 11 health care organizations and a branch of the Batken Oblast Joint Hospital (BOJH) territorially located in a remote area. Apart from the Perinatal Center of Bishkek, all the remaining target sites are located in the southern oblasts of the country.

The organizations differ in volume and type of services provided as well as by their ability to provide water supply which depends on their geographic location and availability of clean water in a given area.

According to the criteria listed they can be distributed as follows:

- organizations located in oblast centers are the Batken Oblast Joint Hospital (BOJH), Osh Inter-Oblast Clinical Hospital (OIOCH), Osh Inter-Oblast Children's Clinical Hospital (OIOCCH), Jalal-Abad Oblast Clinical Hospital (JAOCH);
- organizations located in district centers and cities are Kara-Suu Territorial Hospital (TH), Nookat TH, Suzak TH, General Medical Practice Center (GMPC) of Kara-Kul, Perinatal Center of Bishkek;
- organizations located in rural areas with both inpatient and outpatient units (GMPC of Kulundu village, GMPC of Uch-Terek village), as well as the Tayan unit of BOJH.

Considering that the main purpose of the study is to assess the impact of the expenditures of health care organizations on water supply, hygiene and sanitation (WASH) systems and on the quality of medical care provided to children, mothers and newborns in the target health care organizations, health workers and patients of maternity, children's and infectious diseases departments were selected as the target audience for the survey.

4. Analysis of the Current Regulatory Framework of the Water, Sanitation and Hygiene System

The right to health is one of the main socio-economic human rights. Article 47 of the Constitution of the Kyrgyz Republic guarantees everyone the right to health. Respect for the rights of citizens to health protection in Article 4. of the Constitution of the Kyrgyz Republic³ defines the basic principle of state policy in the field of health care of in the Kyrgyz Republic.

The Law of the Kyrgyz Republic "On the Protection of Citizens' Health in the Kyrgyz Republic"⁴ is the main regulatory legal act regulating issues of health care in the Kyrgyz Republic. Article 3 of this law regulates the exercise of the citizens' inalienable right, guaranteed by the Constitution of the Kyrgyz Republic, to care and protection of their own health and life, as well as the health of other persons.

The role of local self-governance bodies (LSGBs) in providing drinking water to the public is defined in the Law of the Kyrgyz Republic of March 25, 1999 N 33 "On Drinking Water". The competences of LSGBs in the field of drinking water supply include:

- provision to the public within their jurisdiction of drinking water that meets hygiene requirements in the required quantity;
- planning, financing and material support of work for the provision of drinking water supply to the public, and for the improvement and control of the quality of drinking water;
- confirmation (establishment) of tariffs for services for supplying drinking water to the public in agreement with regional anti-monopoly authorities

Tariffs for services for the provision to the public of drinking water designated for domestic water supply and domestic needs are set by the executive bodies of local self-governance in agreement with the territorial anti-monopoly authorities, on the recommendation of the companies operating and maintaining the water supply and sewage networks, and are approved by local keneshes.⁵

3 [Constitution of the Kyrgyz Republic (enacted by the Law of the Kyrgyz Republic of June 27, 2010)]

4 [Law of the Kyrgyz Republic of January 9, 2005 N 6 "On the protection of the health of citizens in the Kyrgyz Republic"]

5 As amended by the Laws of the Kyrgyz Republic dated September 29, 2000 N 81, July 20, 2009 N 240, July 18, 2014 N 144

Water quality and safety for domestic and drinking purposes must comply with the requirements of the Technical Regulations "On Drinking Water Safety," approved by the Law of the Kyrgyz Republic dated May 30, 2011 No. 34. The Technical Regulations define the principles, responsibilities, procedures and organizational measures for ensuring drinking water safety. According to Article 7 "General requirements for drinking water safety, water from centralized and autonomous water supply systems, water supply systems for transport, premises distribution systems, non-centralized water sources must be epidemically and radiologically safe, harmless in chemical composition and have favorable organoleptic properties."

The main document regulating the requirements for water supply and sanitation in health care organizations are Sanitary and Epidemiological Rules and Regulations (SanPiN) approved by the Decree of the Government of the Kyrgyz Republic of April 11, 2016 No. 201 "On the approval of acts in the field of public health". Annex 13 of this document stipulates that all health care organizations, regardless of departmental affiliation and forms of ownership, must ensure that, within five years, the premises used that were commissioned prior to the adoption of this resolution comply with the requirements of SanPiN. These sanitary rules establish the requirements for the site, layout, equipment, maintenance, hygiene and sanitary and anti-epidemic measures, as well as the provision of patient catering in health care organizations.

When studying the current regulatory documents, it was not possible to find approved standards for required water quantity per patient (outpatient and inpatient), medical worker or health care organization. The absence of such regulations makes it difficult to plan estimated expenditure on water use in the organization.

Water and Sewage Requirements⁶

All newly built, reconstructed and existing health care facilities should be provided with water supply, sewage and hot water. For backup supply of hot water in health facilities water heating devices are installed. The installation of washbasins is required in the departments, department vestibules, as well as in doctors' offices, staff rooms and offices, in bathrooms, medical treatment rooms, dressing rooms and ancillary facilities that require hand washing. Washbasins are installed with hot and cold-water supply and are equipped with faucets. Treatment and disinfection of wastewater from the health facility is to be carried out on citywide or other sewage treatment plants that ensure effective treatment and disinfection of wastewater. In the absence of citywide or other sewage treatment plants, wastewater must be subjected to complete biological treatment and disinfection at onsite facilities, according to project documentation. Wastewater from infectious diseases departments must be disinfected before discharging it into the external sewage system. In localities lacking access to sewage, treatment of liquid wastes is carried out by means of excreta disposal and their further removal by means of sewage disposal vehicles to designated sites agreed upon with the authorized government body responsible for environmental protection.

However, the World Health Organization in 2018 published recommendations on the amount of water needed in health care organizations to minimize the risk of disease for patients, medical personnel and caregivers.⁷

10 | ⁶ Resolution of the Government of the Kyrgyz Republic of April 11, 2016 No. 201 "On approval of acts in the field of public health"
⁷ Essential environmental health standards in health care. Editors: John Adams, Jamie Bartram, Yves Chartier. Geneva: World Health Organization; 2018.

Table 1. Minimum quantity of water needed in medical facilities

Outpatients	5 liters per appointment
Inpatients	40-60 liters per patient per day
Operating unit or maternity department	100 liters per operation
Dry or supplementary feeding center	0,5-5 liters per consultation (depending on waiting times)
Wet supplementary feeding center	15 liters per consultation
Inpatient therapeutic feeding center	30 liters per patient per day
Cholera treatment center	60 liters per patient per day
Isolation for patients with severe acute respiratory infections	100 liters per patient per day
Isolation for viral hemorrhagic fever patients	300-400 liters

This recommendation can be adapted to local conditions and used to develop water use standards in the country's health care organizations.

In order to prevent the spread of infectious diseases and to facilitate the observance of sanitary regulations, the Ministry of Health of the Kyrgyz Republic has approved standards for expenditure on cleaning products and disinfectants in health care organizations.⁸ For more detailed information, see the tables below.

Table 2. Standards of laundry detergent use

Name	Standard, grams per 1kg dry laundry
Bed linen and underwear	45
Color linen	40
Swaddles	50
Hospital gowns	50

Table 3. Standards of cleaning products use for treating

Name	Grams per 1L water	Remarks
Medical instruments	10	
Cookware	30	Soda
Floors, panels	20	
Plumbing fixtures: sinks, bathtubs, toilet bowls	5 g per 1 m ²	Cleaning agent

⁸ Order of the Ministry of Health of the Kyrgyz Republic No. 594 of 10.11. 2013 "On the approval of standards for expenditure on cleaning products and disinfectants in health care organizations"

Table 4. Standards of soap use per bed per month

Name	Standard (grams)	
	Hard soap	Liquid soap
General hospital departments	70	140
Orphanages, psychiatric hospitals (departments)	140	280
Infectious diseases, tuberculosis, narcological, dermatovenereological health care organizations (departments)	170	330

Table 5. Standards of soap use for employees in health care organizations per month

Name	Standard (use)	
	Hard soap	Liquid soap
Per health care worker	150	300
Per support staff member	150	300

Comment:

In addition, for health care workers working in infectious diseases, tuberculosis, skin and venereal diseases, drug treatment organizations (departments, offices), the standard of soap use is increased by 30%; blood preparation departments, pathoanatomical bureau, forensic examination, AIDS control centers, CQEDI (departments) standard is increased by 60%

Table 6. Standards of disinfectant use in health care organizations

	Standard (grams)		
	Chloramine	Bleaching powder	Remarks
General hospital departments	10	10	per 1 bed/day
Infectious diseases HCOs and depts.	100	100	per 1 bed/day
Maternity hospitals	15	15	per 1 bed/day
Dermato-venereological, oncological HCOs and departments	15	15	per 1 bed/day
Blood transfusion centers	500	500	per 1/day
Ambulance stations	5	5	per 1 ambulance/day
Daycares	4	4	per 1 child/day
Orphanage (0-3 years of age)	4	4	per 1 bed/day
FMCs, FGPs, CDD, FAPs	3	3	per 1 visit/day

Comment:

Or in an equivalent amount other disinfectant. Use in concentrations according to the instructions for use.

These standards should be used to calculate the needs and to plan the expenditure of the organization on cleaning products and disinfectants. To ensure the safety of the activities of the health care organization procurement should be conducted in accordance with current regulations.

5. Study Results

Safe water, quality sanitation and hygiene are the key to the health of every community. In order to promote public health and prevent waterborne diseases, it is important not only to ensure public access to safe water supply, but also for the government to adopt medical and regulatory acts. For the reduction of health risks associated with human waste, it is necessary to expand access to basic sanitation not only in households, but also in institutions, including healthcare. The analysis of the health facilities under study showed that ensuring the safe management of water supply and all the stages of the sanitation and hygiene chain, including waste collection, transportation, treatment, and disposal directly affects the quality of services provided, including the prevention of nosocomial infections.

5.1. Amounts of Funding in the Target Health Care Organizations

The overall level of funding of the studied health care organizations for the period from 2015 to 2017, as a whole, has been increasing annually, with the exception of 2 regional hospitals (Jalal-Abad and Batken) in 2016 compared to 2015, as well as the 1st Oblast Hospital (Jalal-Abad) and 2 centers of general medical practice (Kara-Kul and Uch-Terek village) in 2017 compared to 2016.

In the Jalal-Abad Oblast Clinical Hospital there was a decrease in the level of funding for two years consecutively by 4,921.1 thousand soms (from 137,608.80 thousand soms to 132,687.70 thousand soms), while the 2 general medical practice centers (Kara-Kul and Uch-Terek village) show a decrease in consolidated budgets only in 2017, but to a level below that in 2015 by 292.9 thousand soms and 79.4 thousand soms, respectively.

Table 7. Changes in funding of the organizations studied for the period 2015-2017

Organization name	Actual expenditure of the health care organizations studied for the period 2015-2017				
	2015 (thousand soms)	Trend	2016 (thousand soms)	Trend	2017 (thousand soms)
Osh Inter-Oblast Clinical Hospital	223 168,69		226 074,28		241 000,39
Osh Inter-Oblast Children's Clinical Hospital	83 935,52		86 626,28		89 460,96
Jalal-Abad Oblast Clinical Hospital	137 608,80		136 271,76		132 687,70
Batken Oblast Joint Hospital	69 824,19		69 485,69		75 570,20
General Medical Practice Center Kulundu village	57 746,80		58 363,01		60 364,29
General Medical Practice Center Kara-Kul city	41 877,15		44 438,21		41 584,25
General Medical Practice Center Uch-Terek village	13 078,96		13 591,85		12 999,52
Suzak Territorial Hospital	68 713,96		74 615,59		79 952,56
Nookat Territorial Hospital	100 454,77		104 794,79		112 573,13
Kara-Suu Territorial Hospital	80 254,65		81 178,54		86 339,01
Bishkek Perinatal Center	41 783,75		79 506,69		84 850,51

Health organization resources for ensuring the operation of the water supply system and for carrying out sanitation and hygiene in the framework of this study included:

1. Expenditures allocated for remuneration of employees whose duties are directly related to the management and technical support of the water supply system of health care organizations (plumbers, electrical engineers, disinfection technicians, boilermen).
2. Expenditures allocated for the remuneration of workers whose duties are directly related to measures to maintain sanitation and hygiene standards both on the grounds and in the premises of health care organizations (housekeeping nurses, cleaners, laundry workers, courtyard cleaners, guards, drivers).
3. Expenditures on the procurement, use and maintenance of vehicles used for carrying out activities to ensure sanitary conditions in health care organizations.
4. Expenditures on the purchase of disinfectants, the purchase of services for the maintenance of the grounds and the water supply system.

Due to the established rules for cost accounting and filling of financial reporting forms, heavy workload of financial accountants and the need for a more detailed collection of information on expenditure, not all expenses of health care organizations in these areas were captured in full.

However, the findings reflect a general trend indicating insufficient financial support for health care organizations to ensure compliance with sanitary standards and conditions in the provision of health care services to the public.

Percentages of expenses in the health care organizations studied for water, sanitation and hygiene activities (including payroll expenses (PE) fund for certain categories of workers) are presented in table 8:

Table 8. Percentage of expenses for water, sanitation and hygiene activities

Organization name	2015		2016		2017	
	Percentage of expenses (%)					
	Including PE	Without PE	Including PE	Without PE	Including PE	Without PE
Osh Inter-Oblast Clinical Hospital	12,78%	1,38%	13,84%	1,75%	13,43%	1,51%
Osh Inter-Oblast Children's Clinical Hospital	16,18%	0,27%	16,59%	0,24%	17,34%	0,97%
Jalal-Abad Oblast Clinical Hospital	17,70%	0,92%	18,02%	0,89%	17,63%	0,97%
Batken Oblast Joint Hospital	16,63%	2,54%	15,77%	1,42%	13,76%	0,29%
General Medical Practice Center Kulundu village	17,27%	0,32%	17,99%	0,44%	17,99%	0,36%
General Medical Practice Center Kara-Kul city	18,70%	0,51%	18,38%	0,57%	19,07%	0,52%
General Medical Practice Center Uch-Terek village	16,84%	0,01%	17,68%	0,01%	18,01%	0,01%
Suzak Territorial Hospital	16,12%	0,24%	16,27%	0,36%	15,89%	0,55%
Nookat Territorial Hospital	16,22%	0,17%	16,60%	0,15%	15,92%	0,15%
Kara-Suu Territorial Hospital	15,26%	0,79%	15,62%	1,04%	14,40%	0,77%
Bishkek Perinatal Center	16,33%	2,96%	16,68%	2,47%	16,03%	2,53%

The indicators in the table demonstrate (particularly, the figures without PE for certain categories of workers) the absence of any significant positive change in the expenditure allocated to water supply, sanitation and hygiene measures.

This is confirmed by data on individual items of expenditure as well as information obtained from questionnaires for directors, medical workers and patients.

The share of the payroll expenses fund (including deductions for Social Security Fund) for workers whose duties are related to water supply, sanitation and hygiene (PE for WASH) ranges from 20.37% to 20.58% (Table 9) in the general payroll expenses (PE) fund total for organizations (when comparing the average for the period 2015-2017).

Employees whose work was considered related to water, sanitation and hygiene:

a) **Junior medical staff:** housekeeping nurses, cleaners.

b) **Other employees:** disinfection technicians, laundry workers, boilermen, drivers, courtyard cleaners, plumbers, electrical engineers, security guards, bath aides.

Table 9. The share of the payroll expenses fund (including contributions for Social Security Fund) of employees whose duties are related to water, sanitation and hygiene

Organization name	Average PE indications for 2015-2017		
	Total payroll expenses (thousand soms)	PE of employees, whose duties are related to WASH issues (thousand soms)	%
Osh Inter-Oblast Clinical Hospital	133 406,42	27 172,19	20,37
Osh Inter-Oblast Children's Clinical Hospital	68 884,05	14 053,63	20,40
Jalal-Abad Oblast Clinical Hospital	111 981,62	22 846,66	20,40
Batken Oblast Joint Hospital	48 565,61	9 995,12	20,58
General Medical Practice Center Kulundu village	50 123,70	10 223,54	20,40
General Medical Practice Center Kara-Kul city	38 003,37	7 745,72	20,38
General Medical Practice Center Uch-Terek village	11 355,47	2 314,44	20,38
Suzak Territorial Hospital	57 271,83	11 682,35	20,40
Nookat Territorial Hospital	83 470,36	17 035,65	20,41
Kara-Suu Territorial Hospital	57 568,96	11 741,14	20,39
Bishkek Perinatal Center	46275,70	9447,30	20,42

This category of workers performs activities on sanitation and hygiene as part of their professional function. Often, their activities are aimed at responding to unexpected incidents (emergency), with preventive maintenance of water supply and sanitation systems not receiving due attention. However, there are positive examples: in Bishkek Perinatal Center, regular preventive maintenance of systems is carried out under an agreement with a private organization (outsourcing). But, unfortunately, the provision of adequate services does not always depend on the work of the above-mentioned category of personnel, there is also a need to simply attract additional funding from both the budget and extrabudgetary funds.

5.2. Water Supply System: Assessment of the Situation in the Target Organizations

Health care organizations face a number of similar problems related to the regulatory framework, administrative and managerial aspects, operational features and the availability of technical, human and financial resources.

Protecting people's health and life from the harmful effects of pollutants contained in water intended for human consumption is one of the main objectives of the Technical Regulations "On drinking water safety" (Law of the Kyrgyz Republic of May 30, 2011 No. 34).

These Technical Regulations regulate organizational measures to ensure the safety of drinking water and apply to legal entities using water supply systems.

The object of technical regulation is drinking water, which passes through the corresponding systems of drinking water supply:

- centralized drinking water supply system – a complex of engineering structures, accessible to general use, for the abstraction, treatment, transportation and supply of drinking water to consumers;
- non-centralized drinking water supply - a system of drinking water supply from underground sources, supplying water using water intake devices without a distribution network
- autonomous system of drinking water supply - devices and facilities for intake, treatment (or without treatment) of drinking water with supply (or without supply) of it to points of consumption used by individuals and legal entities and not intended for general use by the public.

The types of drinking water supply systems used in the health care organizations under study are different and vary depending on the geographical location of the object (city / village), water supply sources, capabilities of local governments, as well as their interest in improving the public health situation in their jurisdiction.

Of the twelve objects studied:

- six health care organizations of oblast and city level (OIOCH, OIOCCH, JAOCH, BOJH, Kara-Kul GMPC, Bishkek Perinatal Center) are connected to the citywide centralized drinking water supply network (including the premises water supply network in the HCO buildings) and to the centralized sewage system
- the Tayan unit of Batken OJH is connected to the village water supply network using 2 standpipes in the yard;
- five district and village level health care organizations (THs of Suzak, Nookat and Kara-Suu districts, GMPCs of Kulundu and Uch-Terek villages) do not have public water supply or sewage disposal.
- however, district level health care organizations (THs of Suzak, Nookat and Kara-Suu districts) have their own water towers (autonomous drinking water supply system) with water distributed to buildings through premises water supply networks in compliance with all sanitary and epidemiological rules and regulations.

Due to the lack of public access to safe drinking water in the country, up to 40,000 acute intestinal infections are registered every year, of which 24% are due to parasitic diseases. Data for the first 9 months of 2018 shows an increase in the incidence of viral hepatitis "A" by 18.8% compared to the same period in 2017. Periodic local outbreaks of typhoid fever are registered annually in Jalal-Abad oblast. All this indicates insufficient provision of safe drinking water to the public in the country.

... DDPSSSES data, November 2018.



With public drinking water supply and sanitation system, services for water use are paid according to contracts between health care organizations and water companies.

Funding for hospitals providing inpatient services is based on the number of cases treated, with each HCO having non-discretionary budgetary items that must be executed without fail. Among these items are salaries, medicines, utilities. Having both inpatient and outpatient units, GCPs, on the other hand, are paid both according to the diagnosis-based model and the capitation model.

The share of actual expenses on water supply and sanitation services in the health care organizations in 2017 ranges from 0,26% (Batken OJH) to 2,10% (Jalal-Abad OCH) of total expenses of each organization (table 10).

Table 10. Share (%) of expenses on water supply/sanitation services (item 2231)

Organization name	2015	2016	2017
Osh Inter-Oblast Clinical Hospital	0,79%	1,04%	1,04%
Osh Inter-Oblast Children’s Clinical Hospital	0,36%	0,99%	1,00%
Jalal-Abad Oblast Clinical Hospital	1,99%	2,07%	2,10%
Batken Oblast Joint Hospital	0,27%	0,27%	0,26%
General Medical Practice Center Kara-Kul city	0,86%	0,89%	0,94%
Bishkek Perinatal Center	0,75%	1,14%	1,34%

It is worth pointing out that in health care organizations serviced by the public water supply and sanitation system, 36% of expenses on water services come from sewage disposal.

In health care organizations without public drinking water supply and sanitation the share of actual expenses on water supply and sewage disposal services ranges from 0,17% (Nookat TH) to 0,38% (Suzak TH) of the organization’s total expenses (table 11).

In the Uch-Terek general medical practice center there are practically no expenses on water supply and sewage disposal services due to the lack of access to water both in the premises as well as the grounds of the organization. Employees carry the water from a well 500 meters away from the HCO.

Table 11. Share (%) of expenses for water supply/sanitation services (item 2231)

Organization name	2015	2016	2017
Suzak Territorial Hospital	0,40%	0,37%	0,38%
Nookat Territorial Hospital	0,17%	0,18%	0,17%
Kara-Suu Territorial Hospital	0,13%	0,18%	0,28%
General Medical Practice Center Kulundu village	0,21%	0,24%	0,36%
General Medical Practice Center Uch-Terek village	0,00%	0,00%	0,00%

Unsatisfactory technical condition of premises water distribution networks and sewage facilities (sewage system), as well as absence or insufficient level of actual expenditure for their renovation and maintenance.

Regardless of differences in the types of drinking water supply systems employed, the target health care organizations face a range of similar problems related to their operation and to availability of technical, human and financial resources.



Problems associated with the technical condition of the supply system are present in nine of the studied health care organizations, while all have problems related to the condition of the sewage system.

Water pipes both inside and outside the buildings (on the HCO grounds) are worn out due to prolonged use from 35 years (in Bishkek Perinatal Center) to 60 years (OIOCH, JAOCH).

At the moment, many water supply systems in the country are in unsatisfactory condition, as they do not meet the sanitary rules and regulations, particularly in rural areas. Due to lack of funding, timely overhaul or reconstruction work is not conducted on the majority of the pipe networks, and no quality water supply services are provided.

Of the 1,134 pipeline systems, 391 (34,4%) do not meet sanitary and hygiene standards, of which 147 systems (38%) do not observe the sanitary protection zone, 217 (55%) do not have a functioning disinfection facility or any at all and 27 (7%) lack the necessary system of treatment. The technical condition of the water distribution networks has not seen any improvement and remains unsatisfactory. The perpetuation of this situation is the cause of both microbial and chemical contamination of tap water.

... DDPSSSES data, November 2018.

According to the MHI Fund under the Government of the Kyrgyz Republic, for the period 2015 to 2017, funds were not provided for "Various other capital expenditure" (item 2822). Funds allocated under contracts in the Single Payer system are designated only for current HCO expenses.

According to current legislation, overhaul is the responsibility of the owner of the building. All state-owned social infrastructure assets, including health care facilities, should be transferred to communal (municipal) ownership of local communities.⁹

The experts did not aim to study the issue of ownership of the health care facilities under study. However, there is a need to conduct an inventory of the facilities in order to clarify the owner, as well as, if necessary, oblige the local self-governance bodies to transfer each health care facility to municipal ownership in accordance with Governmental Decree No. 531 of 11 November 1996.

During the interview process, it was revealed that the HCO directors are appealing to various authorities in pursuit of capital investments to ensure conditions that meet sanitary and hygiene standards, but most often these attempts are ineffectual.

«...In order to provide normal conditions for our patients we prepared documentation for a 5 million som project for the construction of a water supply and sewage system. However, being already a subsidized district, the village board does not have such sums of money to spend, unfortunately»

Director GMPC

Funds for carrying out minor running repairs (in cases of breakage) are taken from funding provided for running repairs to the property (buildings, compartments, facilities, movables and equipment – item 2221), the share of which ranges from 0,07% (GMPC Kara-Kul city) to 9,39% (Bishkek Perinatal Center) of total actual expenses, regardless of the level of the health care organization. It is worth keeping in mind, however, that the share of expenses for running repairs includes expenditure in areas not related to the water supply and sanitation system, and is not enough to meet the necessary needs in ensuring continuous water supply and wastewater disposal.

Table 12. Share (%) of expenses for running repairs to property (item 2221)

Organization name	2015	2016	2017
Osh Inter-Oblast Clinical Hospital	5,44%	1,47%	0,25%
Osh Inter-Oblast Children's Clinical Hospital	0,00%	0,00%	0,00%
Jalal-Abad Oblast Clinical Hospital	0,00%	0,00%	0,08%
Batken Oblast Joint Hospital	2,14%	2,58%	2,97%
General Medical Practice Center Kara-Kul city	0,07%	0,88%	0,00%
Bishkek Perinatal Center	3,63%	4,81%	9,39%
General Medical Practice Center Kulundu village	0,93%	0,74%	0,64%
General Medical Practice Center Uch-Terek village	0,61%	0,59%	0,37%

Examples of situations related to the technical condition of premises water supply networks (according to a survey of directors of health care organizations).

Bishkek Perinatal Center. Premises water distribution and sewage systems require running repairs and renewal work, existing main pipes in the basement need to be replaced.

There is a long-standing problem related to outdated pipelines running from the city water main to the hospital building. The issue of allocating funds for the replacement of the external pipes connecting to the building (category "overhaul") does not get solved because of disputes and lack of funds both in the budget of Bishkek mayor's office and in the health care budget.

Batken OJH. Despite having municipal water supply, the pressure in the pipes is too low (citywide problem) for the delivery of water to the third floor of the Batken OJH building, where the pediatric, maternity and surgical departments are located. To solve the problem of low pressure in the water supply system pipes, in 2016, with the support of donor funds a water tower was built. However, at the time of the visit to the hospital the water tower was out of service due to technical operating problems. Therefore, water supply to the departments on the upper floors is provided by pumps from two large storage tanks where water from the municipal network is continuously collected.

There are serious issues with the water supply and sewage system in the infectious diseases department located in an old building that cannot be fully supplied with water. Therefore, water supply is only available in the medical treatment room with wastewater disposal carried out using a separate septic tank.

Jalal-Abad OCH. Units are located in separate buildings throughout the territory, pipes for water supply are outdated, require replacement and significant financial expenditure. Considering that the buildings of the departments are old, minor breakage occurs frequently in the sewage system, especially in the infectious diseases department.

The plumbing fixtures of the infectious diseases department do not meet the Sanitary and Epidemiological standards. Funding allocated from the budget is insufficient for stopping the sewage and water supply system from malfunctioning.

OIOCH, OIOCCH. Premises water supply and sanitation system (plumbing) is in need of repair and renewal (the system is ageing).

GMPC Kara-Kul city Infectious diseases department does not have a wastewater disinfection system.

GMPC Kulundu village is located far from the district center near the border with Tajikistan, has a water tower that is out of service. Water supply is provided through the collection of water in storage tanks from the village water system. However, the quality of the water does not meet standards (presence of sand and dirt particles). The tanks

provide water for three departments (pediatric, surgical, maternity) and the laboratory. There is no plumbing in the infectious diseases department and staff are forced to carry water from the courtyard (not regularly functioning standpipe) or take water from the irrigation ditches.

The infectious diseases department does not have sewage system. Wastewater disposal from the maternity, surgical and pediatric departments and the laboratory is carried out using 3 self-contained septic tanks in the GMPC territory.

GMPC Uch-Terek village. There is no municipal or premises water supply system. Drinking, sanitation and household water needs are supplied through water from a spring, located 500 meters outside the health facility. Water is daily carried by GMPC personnel in buckets and stored in special plastic barrels / flasks. (PHOTO).

In the departments, there are improvised washstands that are filled with water for washing hands and face. The spring water is examined regularly and meets established standards.

Tayan Unit (Batken OJH). Access to municipal water supply is provided by a line connecting the facility to the village network (2 standpipes). The building does not have a plumbing system, nor is there a plan to install one as the building is decrepit.

A self-contained septic tank is used for laundry wastewater.

5.3. Sanitation and Hygiene: Assessment of the Situation in the Target Organizations

In order to create optimal conditions for patients, the authorized state body responsible for ensuring public sanitary and epidemiological welfare establishes the requirements for the site, layout, equipment, maintenance, hygiene and sanitary and anti-epidemic measures of health care organizations. They are intended for all organizations, regardless of departmental affiliation and forms of ownership, engaged in medical activities in the territory of the Kyrgyz Republic (Decree of the Government of the Kyrgyz Republic of April 11, 2016 No. 201). The control over compliance with the whole set of requirements is assigned to the sanitary and epidemiological supervision services in accordance with the legislation of the Kyrgyz Republic.

A comprehensive study of indicators for compliance with sanitary and hygiene requirements was not pursued in the framework of this study. In accordance with one of the guidelines developed by the World Health Organization (WHO), "... the sanitation system was assessed from the perspective of health risks caused by unsafe toilets." In addition, efforts were made to study issues related to compliance with the personal hygiene requirements of patients and staff, as well as to assess the waste collection situation.

Despite issues related to the technical condition of treatment facilities, health care organizations with access to the municipal sewage system are able to create comfortable environment for patients and medical personnel by providing the conditions for them to satisfy their hygiene needs inside the departments (washbasins, shower, hot water, toilet).

Having access to a municipal sewage system allows an organization to create improved sanitation conditions. In six of the facilities studied (OIOCH, OIOCCH, JAOCH, BOJH, Kara-Kul city GMPC, Bishkek Perinatal Center), all departments have from 60 (OIOCCH) to 100 (OIOCH) toilets that meet all sanitary requirements. The toilets are in working order, cleaning is conducted following a schedule and using disinfectants (employee performing cleaning activity makes a note of the time of the visit). Of particular note is the good quality of ser-



vices provided in the Kara-Kul GMPC, where each department has a washbasin with a water-heating appliance, separate toilets for staff, and shower rooms in the department.

However, in infectious diseases departments of a number of health care organizations, the sanitary conditions of both indoor and outdoor toilets (Jalal-Abad OCH, Kulundu village GMPC, Kara-Kul city GMPC, Suzak TH, Kara-Suu TH) are unsatisfactory.



Situations vary among health care organizations without access to a municipal sewage system. Territorial hospitals of Kara-Suu, Nookat and Suzak districts have set up their own sewage systems utilizing seepage pits (septic tanks) that are regularly emptied either by Tazalyk or the organizations' own vacuum trucks, while the Tayan unit of Batken OJH and Kulundu village GMPC only have outdoor toilets with self-contained septic tanks.

The condition of outdoor toilets (in Uch-Terek village GMPC, Kulundu village GMPC, BOJH Tayan unit and Suzak TH department of infectious diseases) is not in compliance with the sanitary rules and regulations.

Reasons are irregular cleaning and indifference on the part of service users. There is no toilet paper or ventilation. The size of the sanitation facility does not correspond to the volume of solid waste (Nookat TH).

All of the patients surveyed found the sanitation services of HCOs without indoor plumbing unsatisfactory.



... It is inconvenient for us that there are no adult chamber pots, the outdoor toilet is very far away and there is no lighting. (GMPC Uch-Terek, maternity).

Patient

... At night, you have to go to the outdoor toilet, there are no washbasins and warm water for hygienic child care, we bring our own water in plastic bottles (Suzak TB, infectious diseases department)

Patient

...It is cold in the departments, there is no running water, the outdoor toilet is far, nevertheless, staff keeps working, thank you to our medical workers

Patient

The share of expenses for disinfectants (table 13) of total expenses for purchase of medicines and medical devices (item 2217) according to MHIF data for 2017 ranges from 0,87% in Batken OJH to 43,58% in Kara-Kul city GMPC.

Table 13. Share (%) of expenses for disinfectants (item 2217)

Organization name	2015	2016	2017
Osh Inter-Oblast Clinical Hospital	5,84%	8,84%	6,52%
Osh Inter-Oblast Children's Clinical Hospital	16,01%	16,00%	16,00%
Jalal-Abad Oblast Clinical Hospital	16,73%	6,90%	12,42%
Batken Oblast Joint Hospital	13,70%	8,75%	0,87%
General Medical Practice Center Kulundu village	6,90%	34,23%	10,17%
General Medical Practice Center Kara-Kul city	14,65%	10,94%	43,58%
General Medical Practice Center Uch-Terek village	0,31%	0,31%	1,01%
Suzak Territorial Hospital	6,73%	6,57%	12,87%
Nookat Territorial Hospital	16,00%	15,99%	15,99%
Kara-Suu Territorial Hospital	16,00%	16,00%	16,00%
Bishkek Perinatal Center	12,43%	14,81%	15,83%

Waste storage and collection in the health care organizations under study is carried out in accordance with sanitary requirements.

All health care organizations studied have either a specially designated waste storage location or a waste container (OIOCH), and waste storage is carried out in accordance with sanitary rules and regulations. Waste storage points with special carts for waste collection were built with donor funds. However, the design did not take into account the size and patient flow of all health care organizations. (Nookat TH, Suzak TH, Jalal-Abad OCH).

In ten of the health care organizations waste collection is conducted according to contracts concluded with public utilities, while two use their own collection vehicles (Nookat TH, Kulundu village GMPC).

No noticeable differences in the share of expenses for waste collection of total expenses for sanitary services (item 2215) were observed between organizations using services by utilities and those performing waste collection by themselves (table 14).

Table 14. Share (%) of expenses for waste collection of total expenses for sanitary services (item 2215)

Organization name	2015	2016	2017
Batken Oblast Joint Hospital	11,23%	17,59%	20,07%
General Medical Practice Center Kulundu village	12,61%	10,01%	15,02%
Suzak Territorial Hospital	4,92%	6,78%	7,25%

Overall, of health care organizations' total expenses, the share of expenses for waste collection (table 15) constitutes between 0,08% (OIOCCCH) and 3,21% (Kara-Suu TH).

Table 15. Share (%) of expenses for waste collection (item 2215)

Organization name	2015	2016	2017
Osh Inter-Oblast Clinical Hospital	0,08%	0,28%	1,50%
Osh Inter-Oblast Children's Clinical Hospital	0,55%	0,17%	0,08%
Jalal-Abad Oblast Clinical Hospital	0,43%	0,34%	1,34%
Batken Oblast Joint Hospital	1,06%	0,74%	0,65%
General Medical Practice Center Kulundu village	0,62%	0,92%	0,71%
General Medical Practice Center Kara-Kul city	0,39%	0,48%	0,17%

General Medical Practice Center Uch-Terek village	0,50%	0,18%	0,58%
Suzak Territorial Hospital	0,94%	0,82%	0,97%
Nookat Territorial Hospital	1,41%	0,32%	2,07%
Kara-Suu Territorial Hospital	1,37%	1,46%	3,21%
Bishkek Perinatal Center	0,24%	0,82%	0,72%

Health care organizations use various avenues to create conditions for meeting the hygiene needs of patients and healthcare workers in order to meet infection control requirements.

Despite the insufficient amount of funds allocated for the purchase of supplies and consumables (item 2222, Table 16), health care organizations are taking measures to create conditions for meeting the hygiene needs of patients and medical workers.

The process of organizing the procurement of cleaning and personal hygiene products takes place on the basis of requests from units, but the lack of budget funds allocated for these purposes leads to a situation where most of the cleaning products in all target facilities are purchased at the patients' expense. From the survey of health workers and support staff in the target facilities, it can be concluded that when filling in applications for cleaning products and disinfectants, the approved standards are not complied with due to lack of funds in the organization (discretionary item of expenditure).

... We are practically not buying cleaning products and personal care products for women in the maternity department, we don't have enough funds for our real needs in the organization's budget. Therefore, our patients bring everything themselves.

Financial worker at a HCO

... there are not enough paper tissues or towels in the department, so we use our own

Patient

It also needs to be noted that the use of cleaning and other hygiene products is difficult to control and there is a regular shortage due to factors of patient and medical worker behaviour- "the more you purchase, the more is consumed".

Table 16. Share (%) of expenses for purchase of supplies and consumables (item 2222)

Organization name	2015	2016	2017
Osh Inter-Oblast Clinical Hospital	3,44%	4,73%	2,40%
Osh Inter-Oblast Children's Clinical Hospital	0,66%	0,41%	0,14%
Jalal-Abad Oblast Clinical Hospital	0,00%	0,00%	0,09%
Batken Oblast Joint Hospital	1,30%	0,62%	1,32%
General Medical Practice Center Kulundu village	1,15%	0,75%	1,59%
General Medical Practice Center Kara-Kul city	0,14%	0,41%	1,06%
General Medical Practice Center Uch-Terek village	0,69%	0,12%	0,65%
Suzak Territorial Hospital	0,91%	0,55%	1,22%
Nookat Territorial Hospital	0,70%	0,62%	1,62%
Kara-Suu Territorial Hospital	0,89%	0,68%	1,67%
Bishkek Perinatal Center	0,00%	0,00%	0,05%

Nevertheless, the managers of health care organizations are taking steps to solve this problem within the limits of the existing budget.

Key Findings

1. Types of systems for supplying drinking water vary among the health care organizations studied, with the differences being due to general spatial issues of water supply, and depending on the geographical location of the facility (city / village), sources of water, local government capabilities and also their interest in improving the public health situation in their jurisdiction.
2. Unsatisfactory technical condition of premises water distribution and sewage networks is most often due to insufficient level of actual expenditure on their renovation and maintenance.
3. Despite issues related to the technical condition of treatment facilities, health care organizations with access to the municipal sewage system are able to create comfortable environment for patients and medical personnel by providing the conditions for them to satisfy their hygiene needs inside the departments (washbasins, showers, hot water, toilet), observing the infection control requirements.
4. Of 9 organizations with water supply, 3 HCOs do not have shower or bathing facilities (infectious diseases department of Suzak TH and JAOCH, surgical department of OIOCCH), 3 do not have water distribution systems or they are out of function (Uch-Terek GMPC, Kulundu GMPC, Tayan unit).
5. Questions of replacing pipes in the premises are addressed case-by case using budget funds, however, the resources are not enough to bring the systems to a state of good repair. (OIOCH, OIOCCH, JAOCH, BOJH, Bishkek Perinatal Center).
6. Majority of the health care organizations lack the conditions for clean quality newborn care. Such conditions cause discontent among patients, and medical personnel, who are not able to provide high-quality sanitation and hygiene services.
7. Waste storage and collection in the health care organizations under study is carried out in accordance with sanitary requirements.
8. Financing of HCOs providing inpatient services is based on the number of cases treated, with each HCO having non-discretionary budgetary items that must be executed without fail (salaries, medicines, food). The share of funds that can be spent on water supply, sanitation and hygiene in an HCO is max. 3%, but the actual budgeted sum in HCOs with a small number of beds and few cases treated does not allow for the full implementation of the measures necessary to ensure quality water supply that meets sanitary standards.
9. Procurement of cleaning products is carried out on the basis of requests from HCO units. According to the results of the survey of organization directors cleaning products are purchased in sufficient amount. However, the survey of nursing staff shows that there are not enough cleaning products available. When filling in requests for cleaning products and disinfectants, the approved standards are not complied with due to lack of funds in the organization (Order of the Ministry of Health of the Kyrgyz Republic No. 594 of 10.11.2013 "On the approval of the standards for expenditure on cleaning products and disinfectants in health care organizations")
10. In practically all HCOs patients receiving inpatient care are forced to purchase cleaning products for the department, while also using their own funds for personal hygiene.
11. There are no approved standards for required water quantity per patient (outpatient and inpatient), medical worker or health care organization in the country. The presence of such standards would allow health care organizations to ensure adequate conditions for patients and medical personnel to act according to standards and rules of sanitation and hygiene.
12. The established rules for cost accounting and filling of financial reporting forms prevent the collection of detailed information on health care organizations' expenditure is not possible.
13. Every year, the budget provides funds for the improvement of the WASH system but does not

indicate sources of funding or provide a cost plan, especially for preventive work. In cases of breakage funds are taken from the category "Others" in the budget. The sum of expenses in this category is determined on an ad hoc basis without any planning.

14. In determining the methods of funding (calculating using Diagnosis-Related-Group method, or determining capitation rate), the calculations are made not according to the water, sanitation and hygiene needs, but according to the actual incurred costs for the previous period, which do not cover the needs of the HCO for these purposes.
15. Financing in the Single Payer system takes into consideration only the current expenses of HCOs. In order to attract funds for capital investments to improve the WASH system, it is necessary to clarify the ownership of health care facilities, observing property legislation in regard to buildings and facilities of HCOs.

Recommendations

Resolution of the issue of the legal framework for the regulation of ownership of healthcare organization property

- It is advisable to make an inventory of health care facilities in order to clarify the owner holding the title to the property

Comment: By Decree of the Government of the Kyrgyz Republic on November 11, 1996 No. 531 "On the procedure for transferring objects to the communal property of local communities of the Kyrgyz Republic," all social infrastructure in the regions, including health facilities, are transferred to municipal ownership. At the same time, healthcare organizations are granted the right of operational management. Despite the fact that the facilities should be in municipal ownership, the evidence is, that they are in state ownership. This situation does not allow LSGBs to allocate them funding from local budgets as it is regarded as misuse of funds.¹⁰

Differentiation of functions and powers of state bodies and LSG bodies.

- Review the issue of harmonization of the Law "On Local State Administration" with the Law "On the Protection of Citizens' Health in the Kyrgyz Republic" regarding the powers of the LSA in the field of health

Comment. The Law "On the Protection of Citizens' Health in the Kyrgyz Republic" does not consider the constitutional principle of delimitation of the functions and powers of the LSA and LSG bodies: they are entrusted with the same powers in the field of health of citizens (Annex 1. Article 9 of the Law "On the Protection of Citizens' Health in the Kyrgyz Republic").¹¹

- It is advisable to consider the possibility of including within the delegated state powers a mechanism for financing health facilities by implementing target transfers to local budgets from the republican budget, by analogy with the financing mechanism of transfers to local budgets for the maintenance of educational facilities (schools, preschool institutions, etc.)

Improvement of coordination on public health issues at the level of LSA and LSG

- Conduct an inventory of public coordinating structures at the level of local city/district state administration bodies and their practical activities, followed by revision or augmentation of their functions with a focus on health needs, including water, sanitation and hygiene.
- Strengthen the role, responsibility and accountability of LSA and LSG, as well as the status of coordination structures in the management of health care issues at the local level.
- Ensure transparency and accountability of health care organizations in the management of public health issues to the public, local government and civil society.
- Work on the inclusion of public health issues in the socio-economic development plans of local governments.

Capacity building of directors of healthcare organizations in the field of institutional development and law

- Conduct training for HCO directors, members of rural health committees, as well as other activists

¹⁰ Report on the analysis of legislation and practice of health care organization establishment, appointment of their administrators and ownership of health care facilities; Health Care Organizations Autonomy / SDC Project, Legal Experts Group, 2017

¹¹ Report on the analysis of legislation and practice of health care organization establishment, appointment of their administrators and ownership of health care facilities; Health Care Organizations Autonomy / SDC Project, Legal Experts Group, 2017

at the local level on how citizens can influence the drafting of the local budget, and provide an overview of legal acts on the financing of the health care system (as part of the programmes of the Government of the Kyrgyz Republic on transparency and accountability of local governments).¹²

- Train HCO directors in developing projects for Stimulating Matching Grants in the health care sector

Comment: Stimulating Matching Grants are transfers provided from the republican budget to the executive bodies of local self-governance with the aim of stimulating efficient spending of budget funds, increasing local budget revenues and more fully mobilizing local sources of income.

Stimulating Matching Grants are provided in the form of co-financing for the implementation of projects, in addition to the mobilized resources of local budgets, as well as other sources that do not contradict the legislation of the Kyrgyz Republic.

Revision of the value for the “case treated” and the “capitation rate”

- Develop a methodology for determining the value for “case treated” in the inpatient service, as well as the “capitation rate” at the level of primary health care, that takes into account health care organizations’ actual expenses for water, sanitation and hygiene.

Structural optimization of health care organizations

- In order to improve the management of the organization of health care, including the improvement of WASH services, it is advisable to consider the creation of a single General Medical Practice Center in the territory of the Tayan settlement.

Comment: In the territory of the Tayan settlement, which counts a population of 6700 and is located 60 km from the city of Batken, there are currently 2 units subordinated to different health care organizations.

Adoption of measures to ensure the compliance of the premises used by health care organizations with SanPiN regulations (2.1.3.003-03).¹³

- In order to improve the quality of services and achieve compliance with “Sanitary and epidemiological requirements for health care organizations”, within five years, priorities should be established, and comprehensive plans developed for solving water, sanitation and hygiene tasks, including regular monitoring of the impact of the measures taken, as well as their financial reinforcement (volumes, sources, transparency and accountability of the funds used).

Improvement of quality of care for resilient water, sanitation and hygiene services.

- For the improvement of outcomes in maternal, newborn and child health, adapt to local conditions and introduce into Quality Committee practice in health care organizations the Water and Sanitation for Health Facility Improvement Tool.¹⁴

Comment: This practical guide, developed by WHO and UNICEF, is aimed at improving the quality of medical care and is a methodical tool for health care organizations for facilitating regular monitoring of the sustainable provision of water supply, sanitation and hygiene in health facilities. WASH services increase the resilience of health systems to outbreaks of diseases, including those affecting maternal, newborn and child health.

¹² Руководство по бюджету для граждан. Практическое пособие/ Н. Токтакунов, Б. Маймерова, Б. Сатыбеков – Б.: 2013 – 43 с. [Budget Guide for Citizens. Practical guide / N. Toktakunov, B. Maymerova, B. Satybekov - B.: 2013 - 43 p.]

¹³ Resolution of the Government of the Kyrgyz Republic of April 11, 2016 No. 201 “On approval of acts in the area of public health”

¹⁴ Water and Sanitation for Health Facility Improvement Tool (WASH FIT)/ Geneva: World Health Organization; 2017

Annex 1

Results of the Survey of HCO Directors on Compliance of Water, Sanitation and Hygiene Systems with the Sanitary and Epidemiological Requirements (SanPiN 2.1.3.003-03)

No	HCO name		WASH situation at the moment	Suggested measures for solving issues (directors' plans)
Batken Oblast				
1	Batken Oblast Joint Hospital	Water supply	<p>The premises water supply and sanitation system requires repairs and renovation work, however there are insufficient funds in the budget for 2018.</p> <p>The well has not been in use for the last 3 years.</p> <p>Due to technical failure and operating errors, some parts (valves) of the water tower were broken.</p> <p>Currently, water storage tanks are used.</p> <p>Batken mayor's office and UNICEF have been approached to resolve the problem with the well.</p>	<p>Plan increased funding in the 2019 budget for keeping water supply and sanitation system in working order</p> <p>Seek funds for repairing the water tower</p>
		Sewage system	<p>Municipal sewage system (maternity and pediatric departments).</p> <p>Infectious diseases department lacks access to the sewage system, employs a separate septic tank.</p>	<p>For bringing the infectious diseases department into compliance with requirements, relocation to an appropriate building or planning the construction of an entirely new building is needed.</p>
		Sanitation	<p>For the storage of waste from departments, collection points have been set up on hospital territory. The waste is taken out 2 times a week by the hospital's own vehicle, funds for the maintenance of the car and for the driver are provided in the budget (10 liters of gasoline for 1 trip).</p>	<p>Provide for a stage by stage increase in funds in the consolidated budget for the installation of sinks in each department.</p> <p>Assess the possibility of attracting grant funding for solving the issue.</p>
		Hygiene	<p>Cleaning products are purchased in sufficient amount on the basis of requests from all HCO units.</p>	

2	Tayan unit, Batken Oblast Joint Hospital	Water supply	<p>No premises plumbing system: there is a line from the village water supply system to the hospital yard, with two standpipes providing drinking water.</p> <p>Standards of water use are not observed (standard – 35 L/person).</p>	<p>Proposals have been prepared for construction of a water supply, heating and sanitation system. There are no funds for implementation.</p> <p>Assess the possibility of construction of a new building for Tayan unit.</p>
		Sewage system	<p>No premises sewage system in place.</p> <p>There is a self-contained septic tank for laundry room.</p>	
		Sanitation	<p>There is an outdoor toilet.</p> <p>The unit does not have a sanitary waste disposal area, the collection point of the family group practice is used instead. Waste is collected from the FGP as storage gets full by LSA vehicle, at their cost.</p> <p>Plumbing fixtures in the unit do not meet SanPiN requirements</p>	
		Hygiene	<p>Batken Oblast Joint Hospital does not provide sufficient supplies of cleaning and hygiene products.</p>	
3	Kuulundu village General Medical Practice Center	Water supply	<p>Water supply system is bad.</p> <p>3 storage tanks have been installed to supply water to the maternity, surgical and pediatric departments and the laboratory. In winter, the pipes freeze, the water in the storage tanks freezes. In spring, due to thawing, water becomes contaminated.</p> <p>Storage tank volume is sufficient for providing drinking water to the GMPC.</p> <p>There are serious issues in the infectious diseases department, which is located in a separate building. There is no plumbing, only a supply line to the yard, water supply is irregular. For house-keeping purposes, irrigation ditch water is occasionally used.</p>	<p>Given the scattered arrangement of the GMPC buildings, it is recommended to:</p> <ol style="list-style-type: none"> 1. build a separate water tower along with a well; no action has been taken in this direction; 2. build a separate water storage for the therapeutic and infectious diseases departments; 3. insulate water pipes.

		Sewage system	<p>There is no sewage plumbing in the infectious diseases department.</p> <p>There are 3 self-contained septic tanks on the territory of the GMPC for sewage water from the maternity, surgical and pediatric departments and the laboratory.</p>	<p>Install plumbing for the infectious diseases department.</p>
		Sanitation	<p>Despite 10 water heating appliances, hot water needs are not met fully (maternity, surgical and pediatric departments and laboratory).</p> <p>In the maternity department there are one indoor toilet, shower and washbasin each.</p> <p>There are two outdoor toilets, the cesspits are cleaned quarterly by the company Tazalyk according to contract.</p> <p>The infectious diseases department has one outdoor toilet.</p> <p>Plumbing fixtures in the infectious diseases department do not meet SanPiN requirements.</p> <p>For the storage of waste from departments, collection points have been set up on the GMPC territory. The waste is taken out by the GMPC's own vehicle, funds for the maintenance of the car and for the driver are provided in the budget</p>	<p>Ensure departments are fully provided with hot water.</p> <p>Solve the issue of installing toilets and washbasins inside departments.</p> <p>Bring the outdoor toilet of the infectious diseases department into compliance with SanPiN.</p>
		Hygiene	<p>Cleaning and hygiene products are not supplied in full amount.</p>	<p>Increased funding for purchasing cleaning and hygiene products is planned.</p>
Jalal-Abad Oblast Clinical Hospital				
4	Jalal-Abad Oblast Clinical Hospital	Water supply	<p>Water supply provided through a city-wide centralized system.</p> <p>All units are connected to the water supply system.</p> <p>Hospital departments are scattered around the territory. Plumbing system is outdated and needs replacement and large financial investments.</p>	<p>It is necessary to build a single large building that can accommodate all departments, except the emergency department, and provide conditions that meet the appropriate SanPiN standards.</p> <p>Conclude negotiations on the construction of the new building with the Ministry of Finances of the Kyrgyz Republic.</p>

		<p>Sewage system</p> <p>Sewage disposal is provided through a city-wide centralized system.</p> <p>As the hospital buildings are old, minor breakage in the sewage system occurs frequently, particularly in the infectious diseases department.</p> <p>Repairs are made by the urban water utility according to contract.</p> <p>Plumbing fixtures of the infectious diseases department do not meet SanPiN requirements.</p> <p>Funds allocated from the budget are insufficient for eliminating defects in the water supply and sanitation system.</p>	<p>The construction of a new building will allow reducing expenses for the maintenance of the water supply and sanitation system, as compared with cosmetic replacement of pipes and repairs.</p>
		<p>Sanitation</p> <p>There are indoor toilets, showers with hot water in every department. There are in total 60 toilets, which is not enough.</p> <p>There are 2 outdoor toilets, 1 is out of use, 1 located off the hospital territory.</p> <p>Waste storage in special containers, collection by Tazalyk according to contract as needed.</p>	<p>There are additional toilets planned, as well as installation of new washbasins and showers in the infectious diseases department.</p> <p>Bring outdoor toilet into compliance with SanPiN.</p>
		<p>Hygiene</p> <p>Cleaning products are purchased in sufficient amount on the basis of requests from all HCO units.</p>	
5	Suzak Territorial Hospital	<p>Water supply</p> <p>Premises water supply system is in satisfactory condition, with the exception of the infectious diseases department.</p> <p>Repair work has started in the pediatric department.</p> <p>Water supply issues have been solved by the construction of a water tower with UNICEF support.</p>	<p>Finish the repairs in the pediatric department.</p>
		<p>Sewage system</p> <p>Sewage disposal is carried out onsite. There are issues with the system, such as frequent blockages.</p> <p>To solve the sewage issue, 27 manholes have been constructed on the hospital territory.</p>	<p>Running maintenance measures on the water supply and sanitation system are included in the annual budget.</p> <p>Construction of a new building for the infectious diseases department is under discussion.</p>

		Sewage system	<p>Wastewater and sewage is collected by a vacuum tanker.</p> <p>Plumbing fixtures in the infectious diseases department do not meet SanPiN requirements, there is no running water supply, no sewage disposal system.</p> <p>The building is aged beyond repair.</p>	
		Sanitation	<p>As a result of the increasing birth-rate, the maternity department is getting crowded. Bed capacity needs to be increased, but the space available does not allow the addition of new beds in a way that would meet SanPiN requirements.</p> <p>There are washbasins, showers with hot water, toilet and other facilities for patients in the maternity department (UNICEF).</p> <p>The infectious diseases department has an outdoor toilet that does not meet sanitary regulations, there are no washbasins. Patients bring water with them for personal hygiene use.</p>	<p>Installation of additional toilets and showers is needed.</p> <p>Issues will be resolved gradually using budget funds and attracting grant funding.</p>
		Hygiene	<p>Cleaning products are purchased on the basis of requests from all units, but there is not enough.</p>	<p>Increasing purchasing volumes of cleaning products is planned.</p>
6	Kara-Kul city General Medical Practice Center	Water supply	<p>Centralized water supply, that all buildings are connected to, provides the necessary level of sanitation and hygiene.</p>	<p>In the budget, funding is planned for managing breakage in the water supply and sanitation system.</p>
		Sewage system	<p>The buildings of the general medical practice center are connected to the city-wide sewage system.</p> <p>The infectious diseases department does not have a disinfection system for treating its sewage.</p>	<p>Work is underway to raise funds for the purchase of a chlorination facility for the purpose of disinfecting the wastewater of the infectious diseases department.</p>
		Sanitation	<p>There is 1 outdoor toilet, which is not in working order.</p> <p>Waste is stored in 2 large containers and is collected weekly according to contract with the city utility.</p>	<p>The outdoor toilet for visitors is planned to be brought into compliance with regulations.</p>

		Hygiene	<p>Cleaning products are purchased in sufficient amount on the basis of requests from all units.</p> <p>Patients of the maternity department bring additional cleaning products for their personal use (as recommended by family doctors).</p>	An annual increase of the budget for the purchase of cleaning products is provided.
7	Uch-Terek village General Medical Practice Center	Water supply	<p>There is no plumbing for water supply or sewage in the buildings or the territory of the general medical practice center.</p> <p>The nursing staff carries water from a spring, which is used for drinking and hygiene purposes.</p>	<p>Documentation for a 5 million som project for the construction of a water supply and sanitation system in the buildings has been prepared, efforts to attract funding for the project have not been successful.</p> <p>Construction of outdoor toilets and a centralized storage at the collection point for liquid waste from the infectious diseases department are planned.</p>
		Sewage system	<p>The nursing staff carries water from a spring, which is used for drinking and hygiene purposes.</p> <p>The water is stored in plastic barrels/cans.</p> <p>According to DCDPSES, water quality meets SanPiN requirements.</p>	
		Sanitation	<p>The outdoor toilet is in unsatisfactory condition, does not meet SanPiN requirements, there is no electric light, no washbasin, is not kept clean.</p> <p>All departments have wash tubs with water, the maternity department has 5 pots for pregnant mothers.</p> <p>There is no laundry room due to lack of water.</p>	
		Hygiene	<p>Cleaning and hygiene products are not purchased in adequate amount.</p>	Increasing the budget for purchasing cleaning products is planned.
Osh Inter-Oblast Children's Clinical Hospital				
8	Osh Inter-Oblast Children's Clinical Hospital	Water supply	<p>Centralized water supply, that all buildings are connected to, provides a necessary level of sanitation and hygiene.</p> <p>Premises water supply and sanitation system (plumbing) is in need of repair and renovation (ageing system).</p>	<p>Ensure water supply and sanitation system is kept in working order.</p> <p>Provide funding in the budget or through other means for gradual upgrades to the premises water supply and sewage system.</p>

		Sewage system	All departments are connected to the city-wide sewage system.	
		Sanitation	There is one outdoor toilet for visitors, indoors there are more than 60. Waste is stored in containers, collection is carried out weekly by Tazalyk according to contract, interruptions occur periodically.	Repair work is constantly carried out in the departments, with washbasins being installed in each ward.
		Hygiene	Cleaning products are purchased in sufficient amount on the basis of requests from all units.	
9	Kara-Suu Territorial Hospital	Water supply	The hospital has its own well. The water tower with bactericidal filtering meets SanPiN requirements. Access to water supply is provided for all units.	Funds are provided in the budget for the maintenance of the water supply system.
		Sewage system	There are 7 septic tanks on the hospital territory, an overhaul with creation of an onsite sewage system was carried out in 2016. There are problems in the plumbing in the infectious diseases department, wastewater is not disinfected. Septic tanks are cleaned by Tazalyk 4 times a week. An additional septic tank is needed for the gynecology department. In 2013, UNICEF gave 37 000 USD for the repair of the maternity department septic tank and for the installation of water heating appliances, etc.	Seek external sources of funding and provide funds in the budget for disinfection of water from the infectious diseases department, morgue and the vehicle disinfection site. Funds from the budget are considered for the construction of a new septic tank for the gynecology department.
		Sanitation	There are 3 outdoor toilets in satisfactory condition and 21 toilets inside in the departments. Waste is stored in containers, collection is carried out weekly by Tazalyk according to contract, the waste disposal area is in need of repairs.	Provide funds in the budget for the renovation of the sanitary waste disposal area.

		Hygiene	<p>Cleaning products are purchased in sufficient amount on the basis of requests from all units.</p> <p>The hospital maternity department does not get enough tissue supplies.</p>	<p>Revise the estimate for quantities needed and increase volume of tissues purchased for the maternity department.</p>
10	Nookat Territorial Hospital	Water supply	<p>The hospital has its own well. The reconstruction of the water tower has been carried out with the help of UNICEF.</p> <p>Access to water supply is provided for all hospital units.</p>	
		Sewage system	<p>The lack of a city-wide municipal sewage system is causing serious issues in wastewater disposal.</p> <p>The existing 2 septic tanks on the hospital territory and the sewage collection happening 8 times weekly are not able to fully satisfy the hospital's sewage disposal needs. It is not uncommon for the septic tanks to overflow and spill over to neighboring properties.</p>	<p>The issue of constructing a city-wide municipal sewage system is raised regularly at the level of the local state administration.</p> <p>The local state administration body has held a tender for drafting a project for a city-wide sewage system with sewage treatment facilities.</p>
		Sanitation	<p>There are 2 outdoor and 64 indoor toilets.</p> <p>Waste and sewage transported to as far as 40 km away. The hospital has its own vacuum truck.</p> <p>As a result of the increasing birth-rate, the maternity department is getting crowded, leading to violations of the sanitary regulations.</p>	<p>Construction of an additional outdoor toilet for visitors is planned.</p> <p>It is necessary to increase the number of beds in the maternity department, and plan installation of additional indoor toilets, wash basins and showers.</p>
		Hygiene	<p>Cleaning products are purchased on the basis of requests from all units.</p>	<p>The budget for cleaning products is planned to be increased to 500,000 soms.</p>
11	Osh Inter-Oblast Clinical Hospital (including maternity department)	Water supply	<p>Centralized water supply, that all buildings are connected to, provides a necessary level of sanitation and hygiene.</p> <p>Premises water supply and sanitation system is in need of repair and renovation (60%).</p>	<p>Seek external sources of funding and provide funds in the budget for gradual renovation of the premises water supply and sanitation system.</p>

		Sewage system	All departments are connected to the city-wide municipal sewage system. There are no reported problems.	
		Sanitation	<p>There is 1 outdoor toilet and over 100 toilets indoors.</p> <p>All wards are not equipped with washbasins and water heating appliances.</p> <p>Waste is stored in a special container, collection is carried out by Tazalyk according to contract.</p>	Develop a long-term plan for the installation of washbasins and water heating appliances in wards and common areas of departments.
		Hygiene	<p>Cleaning products are purchased on the basis of requests from all units.</p> <p>Patients of the maternity department bring additional cleaning products with them for personal use following family doctors' recommendations.</p>	Work out with family doctors and incoming patients the availability of cleaning products.
12	Bishkek Perinatal Center	Water supply	<p>Centralized water supply, that all buildings are connected to, provides a necessary level of sanitation and hygiene.</p> <p>Premises water supply and sanitation system is in need of repair and renovation work.</p> <p>Existing main pipes in the basement need replacement. Maintenance is carried out under a contract with an expert organization.</p>	The organization is on the city balance sheet. For carrying out renovations, project documentation for 2 million soms has been prepared, but the mayor's office has not allocated money for repair/replacement of plumbing. The Single Payer is also unable to provide funding for this purpose.
		Sewage system	All departments are connected to the city-wide municipal sewage system. Additional expenses are caused by measures for accident prevention.	
		Sanitation	There are toilets, showers with hot water, washbasins and other facilities for the convenience of patients.	
		Hygiene	<p>Cleaning products are not purchased in sufficient amount.</p> <p>Patients bring cleaning products with them for personal use.</p>	For maintaining compliance with requirements for infection control, the organization needs 8 million soms, which are not provided for in the HCO budget.

Annex 2.

Results of the survey of medical personnel on the water, sanitation and hygiene (WASH) system

1. BATKEN OBLAST JOINT HOSPITAL

Doctors			Mid-level/junior health care providers				
Water supply	Sewage system	Sanitation	Hygiene	Water supply	Sewage system	Sanitation	Hygiene
Infectious diseases department							
Doctors – 1; mid/junior medical staff – 3							
Clean drinking water is supplied to the department through pipes. In the event of a breakage of the water supply system, medical workers will submit a repair request. The hospital administrative and managerial staff usually responds to requests to repair breakages in the water supply system the next day.	Installation of a chlorinator system for the sewage system is needed.	The department has indoor toilets that always work. The toilets are relatively clean. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. The department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	Clean drinking water is supplied to the department through pipes. In the event of a breakage of the water supply system, medical workers will submit a repair request. The hospital administrative and managerial staff usually responds to requests to repair breakages in the water supply system the next day.	Installation of a chlorinator system for the sewage system is needed.	The department has indoor toilets that always work. The toilets are relatively clean. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. The department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.

Maternity department						
Doctors- 2; Mid-/junior medical staff -3						
Clean, chlorinated drinking water is supplied to the department through pipes. In the event of a breakage of the water supply system, medical workers will inform the charge nurse who submits a repair request.	The chlorinator for the sewage system needs to be repaired.	The department has indoor toilets that always work. The toilets are actively clean. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. The department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	Clean, chlorinated drinking water is supplied to the department through pipes. In the event of a breakage of the water supply system, medical workers will inform the charge nurse who submits a repair request.	The chlorinator for the sewage system needs to be repaired.	The department has indoor toilets that always work. The toilets are actively clean. Toilets are cleaned several times a day by cleaners.
The hospital administrative and managerial staff usually responds to requests to repair breakages in the water supply system the next day.				The hospital administrative and managerial staff usually responds to requests to repair breakages in the water supply system the next day.		
Pediatric department						
Doctors- 2; Mid-/junior medical staff - 3						
Clean, chlorinated drinking water is supplied to the department through pipes. In the summer, there are interruptions in water supply. In the event of a	The chlorinator for the sewage system needs to be repaired.	The department has indoor toilets that always work. The toilets are actively clean. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. The department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in	Clean, chlorinated drinking water is supplied to the department through pipes. In the summer, there are interruptions in water supply. In the event of a break	The sewage system is outdated. The chlorinator needs to be repaired.	The department has indoor toilets that always work. The toilets are actively clean. Toilets are cleaned several times a day by cleaners.

breakage of the water supply system, medical workers will inform the charge nurse who submits a repair request. The hospital administrative and managerial staff usually responds to requests to repair breakages in the water supply system the next day.	writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	age of the water supply system, medical workers will inform the charge nurse who submits a repair request. The hospital administrative and managerial staff usually responds to requests to repair breakages in the water supply system the next day.	writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.
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2. TAYAN UNIT, BATKEN OBLAST JOINT HOSPITAL

Doctors					
Water supply		Sewage system	Sanitation	Hygiene	Mid-level/junior health care staff
Water supply		Sewage system	Water supply	Sanitation	Hygiene
General therapy, delivery ward					
doctors- 1, Mid-/junior health care staff – 3					
No centralized sewage system. The village water supply network reaches the unit territory, junior staff carry water from the yard in buckets.	-	There is an outdoor toilet that is in working order. Level of cleanliness is average. Toilet is cleaned daily by the security guard.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in	There is an outdoor toilet that is in working order. Level of cleanliness is average. Toilet is cleaned daily by the security guard.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in

				special containers; there is a sanitary waste disposal area.				special containers; there is a sanitary waste disposal area.
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3. KULUNDU VILLAGE GENERAL MEDICAL PRACTICE CENTER

Doctors		Mid-level/junior health care staff			Hygiene		
Water supply	Sewage system	Sanitation	Hygiene	Water supply	Sewage system	Sanitation	Hygiene
Infectious diseases department							
Doctors- 0, Mid-/junior health care staff – 3							
-	-	-	-	There is no centralized sewage system. Junior staff carries water from irrigation ditches in buckets. The water from the irrigation ditches is contaminated, there is no system for treating water. Patients bring drinking water from home with them.	No sewage system.	There is an outdoor toilet that is in working order. Level of cleanliness is average. Toilet is cleaned every day by the security guard.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department employees participate in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.
Maternity department							
Doctors- 2, Mid-/junior health care staff –3							
Water is supplied to the department from storage tanks through pipes. The water is clean, chlorinated, of drinking	There is an onsite septic tank that gets cleaned as it fills.	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in	Water is supplied to the department from storage tanks through pipes. The water is clean, chlorinated, of drinking	There is an onsite septic tank that gets cleaned as it fills.	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in

quality. In the event of a breakage of the water supply system, medical workers will submit a repair request. Hospital administrative and managerial staff usually responds within one hour.		day by cleaners.	sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	quality. In the event of a breakage of the water supply system, medical workers will submit a repair request. Hospital administrative and managerial staff usually responds within one hour.	day by cleaners.	sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.
Pediatric department						
Doctors – 2; Mid-junior health care staff – 2						
Water is supplied to the department from storage tanks through pipes. The water is clean, chlorinated, of drinking quality. In the event of a breakage of the water supply system, medical workers will submit a repair request. Hospital administrative and managerial staff usually responds within one hour.	There is an onsite septic tank that gets cleaned as it fills.	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	Water is supplied to the department from storage tanks through pipes. The water is clean, chlorinated, of drinking quality. In the event of a breakage of the water supply system, medical workers will submit a repair request. Hospital administrative and managerial staff usually responds within one hour.	There is an onsite septic tank that gets cleaned as it fills.	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.
Water is supplied to the department from storage tanks through pipes. The water is clean, chlorinated, of drinking quality. In the event of a breakage of the water supply system, medical workers will submit a repair request. Hospital administrative and managerial staff usually responds within one hour.	There is an onsite septic tank that gets cleaned as it fills.	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	Water is supplied to the department from storage tanks through pipes. The water is clean, chlorinated, of drinking quality. In the event of a breakage of the water supply system, medical workers will submit a repair request. Hospital administrative and managerial staff usually responds within one hour.	There is an onsite septic tank that gets cleaned as it fills.	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.

4. JALAL-ABAD OBLAST CLINICAL HOSPITAL

Doctors				
Water supply	Sewage system	Sanitation	Hygiene	Mid-level/junior health care staff
Infectious diseases department				
Doctors-2, Mid-/junior health care staff – 3				
Clean, chlorinated drinking water is supplied through a centralized system. In the summer, there are interruptions in water supply. In the event of a breakage of the water supply system, medical workers will submit a repair request. Administrative and managerial staff usually responds to requests the next day.	The centralized sewage system is outdated, a part of the wards cannot be connected to the sewage system. The chlorinator needs to be repaired.	The department has indoor toilets that always work. The toilets are relatively clean. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	Clean, chlorinated drinking water is supplied through a centralized system. In the summer, there are interruptions in water supply. In the event of a breakage of the water supply system, medical workers will submit a repair request. Administrative and managerial staff usually responds to requests the next day.
				The centralized sewage system is outdated. The chlorinator needs to be repaired.
				The department has indoor toilets that always work. The toilets are relatively clean. Toilets are cleaned several times a day by cleaners.
				Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.
Maternity department				
Doctors-2, Mid-/junior health care staff – 3				
Clean, chlorinated drinking water is supplied through a centralized system. In the summer, there are interruptions in water supply.	There is a centralized sewage system.	The department has indoor toilets that always work. The toilets are relatively clean. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount.	Clean, chlorinated drinking water is supplied through a centralized system. In the summer, there are interruptions in water supply.
				The centralized sewage system is outdated. The chlorinator needs to be repaired.
				The department has an indoor toilet that always works. The toilet is relatively clean. The toilet is cleaned several times a day by
				Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount.

In the event of a breakage of the water supply system, medical workers will submit a repair request. Administrative and managerial staff usually responds to requests the next day.		Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.		In the event of a breakage of the water supply system, medical workers will submit a repair request. Administrative and managerial staff usually responds to requests the next day.		cleaners.	Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.
Pediatric department							
Doctors-2, Mid-junior health care staff – 2							
In the event of a breakage of the water supply system, medical workers will submit a repair request. Administrative and managerial staff usually responds to requests the next day.	There is a centralized sewage system.	The department has indoor toilets that always work. The toilets are relatively clean. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	Clean, chlorinated drinking water is supplied through a centralized system. In the summer, there are interruptions in water supply. In the event of a breakage of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff usually responds to requests the next day.	The centralized sewage system is outdated. The chlorinator system needs to be repaired.	The department has indoor toilets that always work. The toilets are relatively clean. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.

is clean and of drinking quality.		day by cleaners.	sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	is clean and of drinking quality, respondents could not answer what kind of water treatment system is used.		day by cleaners.	sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.
Pediatric department							
Doctors-2, Mid-junior health care staff – 2							
The centralized system supplies the department with cold and hot water. Faucets are in good condition, water is clean and of drinking quality.	There is an onsite septic tank. Respondents could not recall when the tank was cleaned the last time.	The department has indoor toilets that always work. The toilets are relatively clean. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	The department has cold and hot water supplied through pipes to the building. Faucet is in good condition, water is clean and of drinking quality, respondents could not answer what kind of water treatment system is used.	There is an onsite septic tank that gets cleaned as it fills.	The department has an indoor toilet that always works. The toilet is relatively clean. It is cleaned several times a day by a housekeeper.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.

6. KARA-KUL CITY GENERAL MEDICAL PRACTICE CENTER

Doctors					Mid-level/junior health care staff		
Water supply	Sewage system	Sanitation	Hygiene	Water supply	Sewage system	Sanitation	Hygiene
Infectious diseases department							
Doctors-1, Mid-/junior health care staff – 3							
The centralized system provides the department with a continuous water supply. Water is clean and of drinking quality. Hot water supply is provided during heating season, water heaters are used for the rest of the year.	There is a centralized sewage system, breakage or flooding were not observed.	The department has indoor toilets, with separate staff facilities. Level of cleanliness is high.	Hygiene issues have high priority. Cleaning products are provided in sufficient amount. Cleaning products are available upon request within limits of the standards of annual use.	The centralized system provides a continuous water supply. Water is clean and of drinking quality.	There is a centralized sewage system, breakage or flooding were not observed.	The department has indoor toilets, with separate staff facilities. Level of cleanliness is high.	Cleaning products are provided in sufficient amount.
Maternity department							
Doctors-2, Mid-/junior health care staff – 2							
The centralized system provides the department with a continuous water supply. Water is clean and of drinking quality. Hot water supply is provided during heating season, water heaters are used for the rest of the year.	There is a centralized sewage system, breakage or flooding were not observed.	The department has indoor toilets, shower in each ward, sinks with water heaters have been installed. Toilets have bidets. Staff have separate toilets. Cleanliness is maintained at a high level.	Hygiene issues have high priority. Cleaning products are provided in sufficient amount. Cleaning products are available upon request within limits of the standards of annual use.	The centralized system provides a continuous water supply. Water is clean and of drinking quality.	There is a centralized sewage system, breakage or flooding were not observed.	The department has indoor toilets, with separate staff facilities. Level of cleanliness is high.	Cleaning products are provided in sufficient amount.

Pediatric department				
Doctors-0, Mid-/junior health care staff – 3				
-	-	-	The centralized system provides a continuous water supply. Water is clean and of drinking quality.	There is a centralized sewage system, breakage or flooding were not observed.
				The department has indoor toilets.
				Cleaning products are provided in sufficient amount.

7. UCH-TEREK VILLAGE GENERAL MEDICAL PRACTICE CENTER

Doctors						
Water supply		Sewage system	Sanitation	Hygiene	Mid-level/junior health care staff	
					Sewage system	Sanitation
Infectious diseases department						
Doctors-0, Mid-/junior health care staff – 3						
-	-	-	-	-	There is not sewage system, an onsite septic tank is cleaned as it fills.	There are 2 outdoor toilets
				Water is carried inside in containers and stored in plastic canisters and bottles. Standards of water use are not observed. Spring water is used. There is no hot water.		Cleaning products are provided in sufficient amount.

Maternity department						
Doctors-0, Mid-/junior health care staff – 3						
-	-	-	-	-	There is not sewage system, an onsite septic tank is cleaned as it fills.	There are 2 outdoor unisex toilets and 1 portable bio toilet.
				Water is carried inside in containers and stored in plastic canisters and bottles. Standards of water use are not observed. Spring		Cleaning products are provided in sufficient amount.

Administrative and managerial staff responds to requests within an hour.		Administrative and managerial staff responds to requests within an hour.	containers; there is a sanitary waste disposal area.		containers; there is a sanitary waste disposal area.
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9. KARA-SUU TERRITORIAL HOSPITAL

Doctors					
Water supply	Sewage system	Sanitation	Hygiene	Water supply	Sewage system
Mid-level/junior health care staff					
Water supply	Sewage system	Sanitation	Hygiene	Water supply	Sewage system
Maternity department					
Doctors-2, Mid-/junior health care staff – 3					
The centralized water supply day and night. Water is clean, chlorinated and of drinking quality. There is a chlorinator. In the event of a breakage of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff responds to requests within an hour.	There is an onsite septic tank that is cleaned as it fills.	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	The centralized water supply day and night. Water is clean, chlorinated and of drinking quality. There is a chlorinator. In the event of a breakage of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff responds to requests within an hour.	There is an onsite septic tank that is cleaned as it fills.
			Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.		The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.

10. NOOKATERRITORIAL HOSPITAL

Doctors					
Water supply	Sewage system	Sanitation	Hygiene	Water supply	Mid-level/junior health care staff
Water supply	Sewage system	Sanitation	Hygiene	Water supply	Sewage system
Water supply	Sewage system	Sanitation	Hygiene	Water supply	Sewage system
Infectious diseases department					
Doctors-2, Mid-/junior health care staff – 2					
The centralized system provides water supply day and night. Water is clean, chlorinated and of drinking quality. UV water purification is used. In the event of a breakage of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff responds to requests within an hour.	There is an onsite septic tank that is cleaned as it fills.	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	The centralized system provides water supply day and night. Water is clean, chlorinated and of drinking quality. UV water purification is used. In the event of a breakage of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff responds to requests within an hour.	There is an onsite septic tank that is cleaned as it fills.
					The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.
					Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.
Maternity department					
Doctors-2, Mid-/junior health care staff – 3					
The centralized system provides water supply day and night. Water is clean, chlorinated and of drinking quality. UV water purification is used. In the event	There is an onsite septic tank that is cleaned as it fills.	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff	The centralized system provides water supply day and night. Water is clean, chlorinated and of drinking quality. UV water purification is used. In the event	There is an onsite septic tank that is cleaned as it fills.
					The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.
					Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff

of a breakage of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff responds to requests within an hour. Wards have hand basins.	participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	of a breakage of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff responds to requests within an hour. Wards have hand basins.	participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.
Pediatric department				
Doctors-2, Mid-junior health care staff – 2				
The centralized system provides water supply day and night. Water is clean, chlorinated and of drinking quality. UV water purification is used. In the event of a breakage of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff responds to requests within an hour. Wards have hand basins.	There is an onsite septic tank that is cleaned as it fills.	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.

11. OSH INTER-OBLAST CLINICAL HOSPITAL

Doctors				Mid-level/junior health care staff			
Water supply	Sewage system	Sanitation	Hygiene	Water supply	Sewage system	Sanitation	Hygiene
Infectious diseases department							
Doctors-2, Mid-/junior health care staff – 3							
The centralized system provides water supply day and night. Water is clean, chlorinated and of drinking quality. In the event of a breakage of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff responds to requests the next day.	There is a centralized sewage system.	The department has indoor toilets that always work. The toilets are relatively clean. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.	Pipes supply clean, chlorinated drinking water to the department day and night. In the event of a breakage of the water supply system, a repair request is submitted. Administrative and managerial staff responds to requests the next day.	There is a centralized sewage system.	The department has indoor toilets that always work. High level of cleanliness is maintained. Toilets are cleaned several times a day by cleaners.	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special containers; there is a sanitary waste disposal area.

12. BISHKEK PERINATAL CENTER

Doctors				Mid-level/junior health care staff			
Water supply	Sewage system	Sanitation	Hygiene	Water supply	Sewage system	Sanitation	Hygiene
The centralized system provides water supply day and night. Water is clean, chlorinated and of drinking quality. In the	There is a centralized sewage system	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in	The centralized system provides water supply day and night. Water is clean, chlorinated and of drinking quality. In the	There is a centralized sewage system	The department has indoor toilets that always work. The level of cleanliness is high. Toilets are cleaned several times a	Hygiene issues are of highest priority. Department premises are always clean. Cleaning products are provided in

<p>event of a break- age of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff responds to requests within an hour.</p>		<p>day by cleaners.</p>	<p>sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special contain- ers; there is a sanitary waste disposal area.</p>	<p>event of a break- age of the water supply system, the charge nurse will submit a repair request. Administrative and managerial staff responds to requests within an hour.</p>		<p>day by cleaners.</p>	<p>sufficient amount. Department staff participates in writing supply requests. Waste is deposited in special contain- ers; there is a sanitary waste disposal area.</p>
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Annex 3

Results of the survey of patients on the water, sanitation and hygiene (WASH) system

1. Batken OJH

Water supply	Sanitation	Hygiene
Infectious diseases department		
Patients - 2		
The department only has cold water, faucet is in good condition, water is clean and of drinking quality, there are no facilities for bathing or baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing reusable cloth towels and paper tissues are used for drying
Maternity department		
Patients - 2		
The department has cold/hot water, faucet is in good condition, water is clean and of drinking quality, there are facilities for bathing but not for baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying
Pediatric department		
Patients - 2		
The department has cold/hot water, faucet is in good condition, water is clean and of drinking quality, there are facilities for bathing but not for baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying

2. Tayan unit, Batken OJH

Water supply	Sanitation	Hygiene
Patients - 2		
No running water	The department has an outdoor toilet that always works and is relatively clean, the unit territory is always clean. There are no waste bins in the wards, patients take out waste themselves.	There are not enough cleaning supplies, patients bring their own, after hand washing reusable cloth towels and paper tissues are used for drying

3. Kulundu GMPC

Water supply	Sanitation	Hygiene
Infectious diseases department		
Patients - 2		
No running water	The department has an outdoor toilet that does not always work, is relatively clean, the hospital territory is always clean. There are no waste bins in the wards, patients take out waste themselves.	There are not enough cleaning supplies, patients bring their own, after hand washing reusable cloth towels and paper tissues are used for drying
Maternity department		
Patients - 2		
The department only has cold water, faucet is in good condition, water is clean and of drinking quality, there are no facilities for bathing or baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying
Pediatric department		
Patients - 2		
The department only has cold water, faucet is in good condition, water is clean and of drinking quality, there are no facilities for bathing or baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying

4. Jalal-Abad OCH

Water supply	Sanitation	Hygiene
Infectious diseases department		
Patients - 2		
The department only has cold water, faucet is in good condition, water is clean and of drinking quality, there are no facilities for bathing or baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing reusable cloth towels and paper tissues are used for drying

Maternity department Patients - 2	
The department has cold/hot water, faucet is in good condition, water is clean and of drinking quality, there are facilities for bathing but not for baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.
Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying	
Pediatric department Patients - 2	
The department has cold/hot water, faucet is in good condition, water is clean and of drinking quality, there are facilities for bathing but not for baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.
Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying	

5. Suzak TH

Water supply	
Sanitation	
Infectious diseases department Patients - 2	
Hygiene	
No cold or hot water, no facilities for bathing or baby care	The department has an outdoor toilet that always works and is relatively clean, the hospital territory is always clean. There are no waste bins in the wards, patients take out waste themselves.
There are no cleaning products in the department, patients bring their own, after hand washing reusable cloth towels are used for drying	
Maternity department Patients - 2	
The department/wards have cold/hot water, faucet is in good condition, water is clean and of drinking quality, there are facilities for bathing and for baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.
Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying	
Pediatric department Patients - 2	
The department has cold/hot water, faucet is in good condition, water is clean and of drinking quality, in the wards, there is no cold/hot water, no facilities for bathing or for baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.
Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying	

6. Kara-Kul GMPC

Water supply	Sanitation	Hygiene
	Infectious diseases department Patients- 0	
	Maternity department Patients- 2	
Continuous, centralized supply of clean drinking water	The department has indoor toilets, showers, each ward has a washbasin with a water heater.	Cleaning products are available in sufficient amount
	Pediatric department Patients- 0	

7. Uch-Terek GMPC

Water supply	Sanitation	Hygiene
	Infectious diseases department Patients- 0	
	Maternity department Patients- 2	
No running water, water stored in plastic canisters and bottles. Drinking water is brought by patients themselves.	There are no toilets, showers or washbasins indoors.	Cleaning products are available in sufficient amount, following FGP recommendations, mothers bring soap and reusable cloth towels with them
	Pediatric department Patients- 2	
No running water, water stored in plastic canisters and bottles. Drinking water is brought by patients themselves.	There are no toilets, showers or washbasins indoors.	Cleaning products are available in sufficient amount

8. Osh Inter-Oblast Children's Clinical Hospital

Water supply	Sanitation	Hygiene
	Surgical department №1 Patients - 2	
The department has cold/hot water, faucet is in good condition, water is clean and of drinking quality, there are facilities for bathing but not for baby care	The department has an indoor toilet that always works, cleanliness level is high, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing reusable cloth towels are used for drying

9. Kara-Suu TH

Water supply	Sanitation	Hygiene
	Maternity department Patients - 2	
The department has cold/hot water, faucet is in good condition, water is clean and of drinking quality, there are facilities for bathing and for baby care	The department has an indoor toilet that always works, cleanliness level is high, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying

10. Nookat TH

Water supply	Sanitation	Hygiene
	Infectious diseases department Patients - 2	
The department has cold/hot water, faucet is in good condition, water is clean and of drinking quality, there are facilities for bathing and for baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying
	Maternity department Patients - 2	
The department has cold/hot water in the medical treatment room, bathroom and education rooms, faucets are in good condition, water is clean and of drinking quality, there are facilities for bathing but not for baby care, wards have hand basins	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying

Pediatric department Patients - 2	
The department has cold/hot water in the medical treatment room, bathroom and education rooms, faucets are in good condition, water is clean and of drinking quality, there are facilities for bathing but not for baby care, wards have hand basins	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.
	Cleaning products are available in sufficient amount, after hand washing paper tissues are used for drying

11. Osh Inter-Oblast Clinical Hospital

Water supply	Sanitation	Hygiene
Infectious diseases department Patients-2		
The department only has cold water, faucet is in good condition, water is clean and of drinking quality, there are no facilities for bathing or baby care	The department has an indoor toilet that always works, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Cleaning products are available in sufficient amount, after hand washing reusable cloth towels are used for drying, patients also note that they bring their own cleaning products with them.

12. Bishkek Perinatal Center

Water supply	Sanitation	Hygiene
Patients-2		
The departments have cold/hot water, faucets are in good condition, water is clean and of drinking quality, there are facilities for bathing and for baby care	The department has indoor toilets that always work, it is relatively clean, the hospital territory is always clean. Wards have waste bins that are emptied every day.	Patients bring their own cleaning products.

Annex 4

Questionnaire for determining compliance with sanitary and epidemiological requirements of the water, sanitation and hygiene system in hospitals and maternities

(according to SanPiN 2.1.3.003-03)

Name of health care facility _____

Legal address of health care facility _____

Health care facility Director _____

Filling instructions:

1. The questionnaire is filled out separately for each health care organization evaluated in the project.
2. The answer to each criterion (indicator) should be ticked in the "Yes" or "No" columns;
3. In case of deviations and / or details for a criterion- describe each deviation and / or detail in the column "Remarks";
4. Additional photographic assessment of each criterion is commended (for better illustrative purpose and the quality of the following report);
5. Information on this questionnaire is not to be used to correct responses during the survey of directors and employees of health care organizations, or when interviewing patients;
6. It is recommended to prepare a template of the questionnaire in Excel for regular daily input of data collection results in order to further facilitate the processing and analysis procedure.

Criterion (indicator)		Yes	No	Remarks:
Section 1. Water supply and sanitation system				
I. Water supply system				
1.	HCO has plumbing.			
1.1.	The buildings of the maternity department (maternity hospital) are connected to the HCO water supply system.			
1.1.1.	Washbasins (hand basins, sinks) are installed:			
	• in wards			
	• in doctors' offices			
	• in the medical treatment room			
	• in staff rooms and offices			
	• in restrooms			
	• in auxiliary rooms			
1.1.2.	Washbasins (hand basins, sinks) are in working order:			
	• in wards			
	• in doctors' offices			
	• in the medical treatment room			
	• in staff rooms and offices			
	• in restrooms			
	• in auxiliary rooms			
1.2.	The buildings of the infectious diseases department are connected to the HCO water supply system.			
1.2.1.	Washbasins (hand basins, sinks) are installed:			
	• in wards			
	• in doctors' offices			
	• in the medical treatment room			
	• in staff rooms and offices			
	• in restrooms			
	• in auxiliary rooms			
1.2.2.	Washbasins (hand basins, sinks) are in working order:			
	• in wards			
	• in doctors' offices			
	• in the medical treatment room			
	• in staff rooms and offices			
	• in restrooms			
	• in auxiliary rooms			
1.3.	The buildings of the pediatric department (children's hospital) are connected to the HCO water supply system.			

1.3.1.	Washbasins (hand basins, sinks) are installed:			
	• in wards			
	• in doctors' offices			
	• in the medical treatment room			
	• in staff rooms and offices			
	• in restrooms			
	• in auxiliary rooms			
1.3.2.	Washbasins (hand basins, sinks) are in working order:			
	• in wards			
	• in doctors' offices			
	• in the medical treatment room			
	• in staff rooms and offices			
	• in restrooms			
	• in auxiliary rooms			
2 HCO is connected to the hot water supply system (including water heating equipment).				
2.1.	The buildings of the maternity department (maternity hospital) are connected to the hot water supply system (including water heating equipment).			
2.1.1.	Washbasins (hand basins, sinks) are connected to the HCO hot water supply system (including water heating equipment):			
	• in wards			
	• in doctors' offices			
	• in the medical treatment room			
	• in staff rooms and offices			
	• in restrooms			
	• in auxiliary rooms			
2.2.	The buildings of the infectious diseases department are connected to the hot water supply system (including water heating equipment).			
2.2.1.	Washbasins (hand basins, sinks) are connected to the HCO hot water supply system (including water heating equipment):			
	• in wards			
	• in doctors' offices			
	• in the medical treatment room			
	• in staff rooms and offices			
	• in restrooms			
	• in auxiliary rooms			

2.3.	The buildings of the pediatric department (children's hospital) are connected to the hot water supply system (including water heating equipment).			
2.3.1.	Washbasins (hand basins, sinks) are connected to the HCO hot water supply system (including water heating equipment):			
	• in wards			
	• in doctors' offices			
	• in the medical treatment room			
	• in staff rooms and offices			
	• in restrooms			
	• in auxiliary rooms			
II. Sewage system				
1. HCO is connected to a sewage system (centralized or onsite).				
1.1.	In localities with no sewage network, liquid waste disposal is carried out using vacuum trucks (indicate the frequency of waste collection in the remarks)			
1.2.	The buildings of the maternity department (maternity hospital) are connected to a sewage system (centralized or onsite).			
1.3.	The buildings of the infectious diseases department are connected to a sewage system (centralized or onsite).			
1.3.1.	Wastewater from infectious diseases departments is disinfected before discharge into the sewage network.			
1.4.	The buildings of the pediatric department (Children's hospital) are connected to a sewage system (centralized or onsite).			
Section 2. Sanitation				
2.1.	The buildings of the maternity department (maternity hospital) have toilets (indicate type and number of toilets in the remarks).			
2.1.1.	Condition of toilets is in compliance with sanitary and hygiene standards.			
2.2.	The buildings of the infectious diseases department have toilets (indicate type and number of toilets in the remarks).			
2.2.1.	Condition of toilets is in compliance with sanitary and hygiene standards.			
2.3.	The buildings of the pediatric department (children's hospital) have toilets (indicate type and number of toilets in the remarks).			

2.3.1.	Condition of toilets is in compliance with sanitary and hygiene standards.			
2.4	There are waste storage facilities on the HCO territory.			
2.4.1.	The waste storage facilities are placed in compliance with sanitary and hygiene standards.			
2.4.2.	Waste is stored in specially outfitted containers.			
Section 3. Hygiene				
I. Hand Hygiene				
3.1.	There are hand hygiene supplies available at the HCO (soap, cleaning products, cloth towels, paper towels or tissues, toilet paper).			
II. Grounds, cleaning, disinfection				
3.2.	Health care facility grounds need to be:			
	• equipped with public amenities			
	• planted with greenery			
	• enclosed by a fence			
	• lit			
3.3.	There is a sterile processing department in the HCO			
3.4.	There is a laundry facility in the HCO			
3.5.	The obstetric department has a maternity unit			
3.5.1.	The obstetric department employee dressing and hand disinfection room is located in front of delivery wards or between them.			
3.6.	On the territory of the infectious diseases department there is a separate:			
	• zone for infectious patients, isolated from other areas by a strip of greenery			
	• zone for infectious patients, with a separate entrance and a covered area for disinfection of transport			
	• zone for infectious patients, with a covered area for vehicle disinfection			
3.6.1.	Tableware disinfection (decontamination) is carried out in infectious diseases departments according to epidemiological indications either chemically (disinfectant solutions, including in a washing machine) or thermally (boiling, processing in a dry-air sterilizer, etc.), and disinfection of food left over by the patient according to protocol for relevant infections			

Interviewer signature

HCO director signature

Data

Annex 5

Study «Cost analysis of health care organizations' expenditure on water, sanitation and hygiene (WASH) systems. Assessment of the impact of the amount of expenditure on the quality of maternal, newborn and child health care provided»

Questionnaire for HCO directors

Greetings!

This study is conducted in order to assess the effectiveness of expenditure on water, sanitation and hygiene systems in the selected health care organizations (HCO) in the Kyrgyz Republic.

Your opinion and Your responses are very important to us. Here, there are no right or wrong answers. We guarantee the confidentiality of Your answers. The interview will take about 20 minutes. Your answers will be entered into the computer along with the answers of other respondents, and the results of the survey will be used only in aggregated form.

Date of the interviews: « _____ » _____ 2018

Oblast _____

District _____

Locality _____

HCO name _____

Criterion (indicator)	Yes	No	Remarks:
Section 1. Water supply and sanitation system			
Water supply system			
1.	Does Your HCO have a water supply system?		
2.	What is the main source of water in Your HCO?		
	<ul style="list-style-type: none"> Water supplied via pipes into the buildings 		Underline whatever is applicable: in all departments; obstetric, infectious diseases, pediatric, catering, sterile processing, laundry

	<ul style="list-style-type: none"> Water supplied via pipes to the territory 			
	<ul style="list-style-type: none"> Water transported (carried) from outside sources (potable) 			
	<ul style="list-style-type: none"> Water from surface water sources (rivers, swamps, ponds, streams, canals) 			
3.	Does the water in Your HCO meet sanitary and hygiene requirements?			
3.1.	Have You commissioned an expert opinion?			Conclusion minutes:
4.	Is Your HCO connected to a hot water supply system (including water heating equipment)?			in all departments; obstetric, infectious diseases, pediatric, catering, sterile processing, laundry
Sewage system				
1.	Is Your HCO connected to a sewage system (centralized or on-site)?			in all departments; obstetric, infectious diseases, pediatric, catering, sterile processing, laundry
2.	In case You have an onsite sewage system, how frequently do You schedule a cleaning?			Indicate frequency:
3.	Does the wastewater disinfection process take place in Your HCO?			
Section 2. Sanitation				
1.	Are there toilets in each department/ward? (Indicate in the remarks the type and number of toilets).			
2.	Is the condition of the toilets in compliance with sanitary and hygiene standards?			
3.	Are there waste storage facilities on the HCO territory?			
3.1.	Are the waste storage facilities compliant with sanitary and hygiene standards?			
3.2.	Is waste deposited in specially outfitted containers?			
3.3.	Is there regular waste collection from the territory of Your HCO?			Indicate frequency:
Section 3. Hygiene				
Hand hygiene				
1.	Does Your HCO purchase hand hygiene supplies (soap, cleaning products, paper towels or tissues, toilet paper)?			
Grounds, cleaning, disinfection				
2.	Are the grounds of Your HCO:			

	<ul style="list-style-type: none"> equipped with public amenities 			
	<ul style="list-style-type: none"> planted with greenery 			
	<ul style="list-style-type: none"> enclosed by a fence 			
	<ul style="list-style-type: none"> lit 			
3.	Are the HCO grounds cleaned regularly?			
4.	Are disinfection measures carried out in Your HCO?			Indicate types of measures:
Section 4. Management				
Administrative management				
1.	Does Your HCO have a responsible individual:			
	<ul style="list-style-type: none"> for the water supply and sewage system? 			
	<ul style="list-style-type: none"> for sanitation issues? 			
	<ul style="list-style-type: none"> for hygiene? 			
2.	Have issues occurred in Your HCO:			
	<ul style="list-style-type: none"> with the water supply and sewage system? 			
	<ul style="list-style-type: none"> regarding sanitation? 			
	<ul style="list-style-type: none"> regarding hygiene? 			
2.1.	Have the issues indicated been addressed in Your HCO:			
	<ul style="list-style-type: none"> with the water supply and sewage system? 			
	<ul style="list-style-type: none"> regarding sanitation? 			
	<ul style="list-style-type: none"> regarding hygiene? 			
3.	Does Your HCO have an activity plan for meeting sanitary and hygiene requirements in regard to:			
	<ul style="list-style-type: none"> the water supply and sewage system? 			
	<ul style="list-style-type: none"> sanitation? 			
	<ul style="list-style-type: none"> hygiene? 			
Financial management				
4.	of Your HCO's consolidated budget?			
5.	How much does the organization spend on			
	<ul style="list-style-type: none"> the water supply and sewage system? 			
	<ul style="list-style-type: none"> sanitation measures? 			
	<ul style="list-style-type: none"> hygiene measures? 			
6.	Do You know the amount of Your HCO's actual expenses for:			
	<ul style="list-style-type: none"> the water supply and sewage system? 			
	<ul style="list-style-type: none"> sanitation measures? 			

	<ul style="list-style-type: none"> • hygiene measures? 			
7.	Has an assessment been performed in Your HCO of the funding needs for the implementation of the activity plan for meeting sanitary and hygiene requirements in regard to:			
	<ul style="list-style-type: none"> • the water supply and sewage system? 			
	<ul style="list-style-type: none"> • sanitation? 			
	<ul style="list-style-type: none"> • hygiene? 			
8.	Share Your view on resolving issues of water supply and sewage, sanitation and hygiene systems:			

Interviewer signature _____

Respondent signature _____

Date _____

Annex 6

Study «Cost analysis of health care organizations' expenditure on water, sanitation and hygiene (WASH) systems. Assessment of the impact of the amount of expenditure on the quality of maternal, newborn and child health care provided»

Questionnaire for HCO employees

Greetings, my name is _____. This study is conducted in order to study the sanitary and hygiene conditions of health facilities in the country. Our task is to learn about the level of knowledge among different groups of the population on hygiene issues, and understand practices in this area as well as the needs of organizations. Your opinion and responses are very important to us, and therefore we ask You to answer honestly. Here, there are no right or wrong answers. We guarantee the confidentiality of Your answers. The interview takes about 20 minutes. Your answers will be entered into a computer together with those of other respondents, and the survey results will only be used in aggregated form.

Date: «_____» _____ 2018

Oblast _____ District _____ Locality _____ HCO _____

WATER SUPPLY

1. Do You have water in Your HCO

1. Yes, we have a continuous supply of water
2. We have water sometimes, but not all the time (if yes, continue to question 2)
3. We don't have any water

2. How frequently is water supplied to Your HCO?

1. Up to 1 hour a day
2. From 1 to 3 hours a day
3. From 3 to 5 hours a day
4. From 5 to 10 hours a day
5. From 10 to 15 hours a day
6. From 15 to 20 hours a day
7. Other _____

3. What is the main source of water in Your HCO?

1. Water supplied through pipes into the building and onto the grounds
 2. Water supplied through pipes into the yard/ grounds
 3. Well pipes or boreholes
 4. Guarded well
 5. Unguarded well
 6. Guarded boxed/protected spring
 7. Unguarded boxed/protected spring
 8. Rainwater harvesting
 9. Water in plastic canisters and bottles
 10. Water delivery in small tanks or containers
 11. Surface water (rivers, swamps, ponds, streams, canals)
 13. Other _____
-

4. How do You evaluate the quality of water in Your HCO?

1. Water is clean and of drinking quality
 2. Water is highly contaminated (odor, taste, appearance)
 3. Other _____
-

5. What kinds of water treatment/disinfection systems are used in Your HCO?

1. Chlorination
 2. Ozonation
 3. Filtration
 4. Boiling
 5. No system for water treatment
 6. Unable to answer
 7. Other _____
-

SANITATION AND MEDICAL WASTE DISPOSAL

6. Is there a toilet in your department?

1. Yes
 2. No, but on the territory, there is (move on to question 7)
 3. Other _____
-

7. Are they in working order?

1. Yes, always
2. Yes, sometimes they work, sometimes not

8. Condition of the toilet

1. High level of cleanliness
2. Relatively clean
3. Average level of cleanliness
4. Very low level of cleanliness – always dirty
5. Other _____

9. How frequently is the toilet in the department/outside cleaned?

1. Several times a day
2. Every day
7. The toilet is not washed but swept clean
8. Other _____

10. If toilet is clean, who washes or tidies it up?

1. Housekeeper
2. Other _____

11. Was the septic tank cleaned the previous year?

1. Yes
2. No
3. Unable to answer

HYGIENE

12. What priority does the hygiene issue take in Your HCO?

1. Highest priority, the importance of addressing this issue is higher than others.
2. Priority along with other issues
3. Lower priority, there are issues that are more serious
4. No priority whatsoever
5. Unable to answer

13. Is soap or some other hand washing products available in Your department/hospital?

1. There is always soap/hand washing products available
2. We have soap sometimes;
3. We never have soap

14. Does the department have the necessary hand cleaning supplies (soap, paper towels, etc.) available?

1. Yes
2. No

15. Are there waste storage facilities on the territory of Your HCO?

- 1. Yes
- 2. No

16. Evaluate the level of cleanliness of the entire territory of Your HCO?

- 1. Territory is always clean
- 2. Territory is rarely cleaned
- 3. Territory is not cleaned
- 4. Other_____

17. Is waste deposited in specially outfitted bins/containers?

- 1. Yes
- 2. No

18. Do You have many flies/mosquitoes in the summer?

- 1. Yes
- 2. No

19. What measures are carried out in Your organization to ensure compliance with sanitary standards and regulations?

20. What are the most pressing issues in your organization / health care facility in regard to improvement of sanitation and hygiene?

21. Do You participate in writing supply requests for cleaning products?

- 1. Yes
- 2. No

22. Are You provided with cleaning products in sufficient amount for keeping the premises clean?

1. Yes
2. No

23. What do You do if a faucet breaks?

1. I submit a request
2. I inform the charge nurse
3. I do nothing.

24. How quickly does administrative and managerial staff react to and take care of an issue?

1. within 1 hour
2. within half a day
3. the next day
4. does not respond.

Annex 7

Study

«Cost analysis of health care organizations' expenditure on water, sanitation and hygiene (WASH) systems. Assessment of the impact of the amount of expenditure on the quality of maternal, newborn and child health care provided»

Questionnaire for HCO patients

Good day, my name is _____. This study is conducted in order to study the sanitary and hygiene conditions of health facilities in the country. Our task is to learn about the level of knowledge among different groups of the population on hygiene issues, and understand practices in this area as well as the needs of organizations. Your opinion and responses are very important to us, and therefore we ask You to answer honestly. Here, there are no right or wrong answers. We guarantee the confidentiality of Your answers. The interview takes about 20 minutes. Your answers will be entered into a computer together with those of other respondents, and the survey results will only be used in aggregated form.

Date: « _____ » _____ 2018

Oblast _____ 2. District _____ 3. Locali-
ty _____ 4. HCO _____

Section 1. Water supply

1.1. Is there water in the department/ward? (underline whatever is applicable)

1. Yes, there always is
2. Sometimes there is, but not always (if yes, continue to question 1.2.)
3. There is no water

1.2. How frequently is water supplied to the department/ward?

1. Several hours a day
2. Other _____

1.3. How do you evaluate the quality of water in the department/ward?

1. Water is clean and of drinking quality
 2. Water is highly contaminated (odor, taste, appearance)
 3. Other
-

1.4. Is there a shower/tub in the department/ward?

1. Yes, there is (if yes, continue to question 1.5)
2. No, there are no facilities for bathing.

1.5. Is there hot water on tap?

1. Yes, there always is
2. Yes there is, but only during daytime
3. No, we need to use cold water
4. Other _____

1.6. What condition are the faucets in?

1. The faucet is leaking constantly.
2. They are in good condition.
3. Other _____

1.7. Are there facilities for baby care in the department (wash, bathe)?

1. Yes
2. No

2. Sanitation and medical waste disposal

2.1. Are there toilets in Your department/ward?

1. Yes
2. No (if no, continue to question 2.3.)

2.2 Are they working?

1. Yes, always
2. Yes, sometimes they do, sometimes not

2.3. Condition of the toilet in the department / outside.

1. High level of cleanliness
2. Relatively clean toilet
3. Average level of cleanliness
4. Very low level of cleanliness – always dirty
5. Other _____

2.4. Evaluate the level of cleanliness of the hospital territory?

1. Territory is always clean
2. Territory is rarely cleaned
3. Territory is not cleaned
4. Other _____

2.5. Are there waste bins in the departments/wards?

1. Yes
2. No

2.6. How frequently is waste taken out from the ward/department?

1. Every day
2. Several times a week
3. Other _____

3. Hygiene

3.1. Is there soap or other hand washing product available in the department/ward?

1. There is always soap/hand cleaning products
2. We have soap sometimes;
3. There is no soap ever (if not, move on to question 3.2.)

3.2. Do hospital/department employees ask You to bring soap/other hygiene products for the needs of the department?

1. Yes
2. No

3.3. Is there a possibility to dry hands after washing?

1. Yes (If yes, continue to question 3.4)
2. No

3.4. If «Yes», with what do You dry Your hands?

1. Reusable cloth towels
2. Paper towels or tissues
3. Toilet paper
4. Other _____

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