



Meeting of the Parties to the Protocol on  
Water and Health to the Convention on  
the Protection and Use of Transboundary  
Watercourses and International Lakes

**Working Group on Water and Health**

Thirteenth meeting

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Item 6 of the provisional agenda

**Institutional water, sanitation and hygiene**

**Survey tool/checklist on water, sanitation and hygiene in health care facilities**  
(draft publication)

Programme area 3 on Institutional water, sanitation and hygiene (WASH) aims at strengthening WASH services in schools, kindergartens and health-care facilities, in particular through improved monitoring and systematic assessment of the status of WASH services in institutional settings; and supporting translation of global and regional commitments on institutional WASH into national targets and action plans.

The development of a practical survey tool/checklist on WASH in health care facilities is a planned activity under the Protocol's programme of work for 2020-2022. Use of the tool will support countries in strengthening national surveillance and assessment of WASH in healthcare facilities and reporting under the Protocol and relevant Sustainable Development Goal target. The document entails a short introduction and a ready to use checklist, and further tips and instruments as annexes. The checklist is based on the *WHO guidelines on essential environmental health standards in health care* (WHO, 2009) and on the *Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals*. (WHO and UNICEF, 2018), and it has been developed and adapted for the Regional context through piloting and in-depth assessments conducted in a number of countries in the pan-European Region. . The draft publication has also been reviewed by the selected national public health experts, as part of pilots and relevant international experts.

The Working Group on Water and Health is requested to review the draft publication and provide feedback on its technical content by **10 June 2022** to Valentina Grossi at [grossiv@who.int](mailto:grossiv@who.int).

*Note: The draft document is for review by the Working Group on Water and Health only and not for wider distribution at this stage.*

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## Acknowledgment

*[to be added]*

DRAFT

## Introduction

Adequate water, sanitation and hygiene (WASH) services, together with health care waste management and cleaning, in health care facilities are key provisions for ensuring quality healthcare, safe maternal and child care services, occupational health and for infection prevention and control. Quality WASH services in health care settings hinder the spread of antimicrobial resistance and contribute to improving the environmental sustainability of health systems.

Countries are called upon to ensure, assess existing conditions and report on progress in improving WASH services in health care settings as fulfilment of the human rights, as implementation of the goals for water and sanitation and for health and well-being under the 2030 Agenda for Sustainable Development and in response to the World Health Assembly resolution on WASH in health care facilities (72.7) and on COVID-19 response (73.1).

Countries in the WHO European Region are encouraged to prioritize WASH in health care facilities under the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes<sup>1</sup> and the Ostrava Declaration on Environment and Health, highlighting the need for systematic situation assessment, setting of national targets and action plans towards improvement of WASH in health care facilities as key actions<sup>2</sup>.

The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF monitors progress towards SDG 6 and has, among others, a dedicated focus on WASH in health care facilities. The JMP defined a harmonized set of core indicators and definitions to assess the level of WASH services in health care facilities from no service through limited services to “basic” services, and to monitor and report on progress for the SDGs<sup>3</sup>. Countries are invited to define an advanced level at the national level. Due to the lack of a comprehensive hands-on checklist for formal assessment of the situation on WASH in health care facilities available<sup>4</sup> and collection of data to report on the JMP indicators and beyond, countries in the pan-European Region articulated the need for a tool to support public health authorities in the conduction of baseline assessments and situational analyses<sup>5</sup>. Several tools and guidances have been published by WHO and other UN agencies that cover one or more associated areas by targeting specific aspects (e.g. climate resilience for health care facilities<sup>6</sup>) or specific services (e.g. assessment tool for maternal

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<sup>1</sup> UNECE/WHO Regional Office for Europe. Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes. London 1999.

<sup>2</sup> Sixth Ministerial Conference on Environment and Health, Ostrava, Czech Republic, 13–15 June 2017. (2017). Declaration of the Sixth Ministerial Conference on Environment and Health: Annex 1. Compendium of possible actions to advance the implementation of the Ostrava Declaration. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/347249>

<sup>3</sup> Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. Geneva: World Health Organization and the United Nations Children’s Fund (UNICEF), 2018.

<sup>4</sup> Patel K, Kalpana P, Trivedi P, Yasobant S, Saxena D. Assessment of water, sanitation and hygiene in HCFs: which tool to follow? *Reviews on environmental health*. 2019;34(4):435-40.

<sup>5</sup> Programme of work for 2020–2022 under the Protocol on Water and Health. Meeting of the Parties to the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes Fifth session Belgrade, 19–21 November 2019. <https://unece.org/environment/documents/2021/02/working-documents/programme-work-2020-2022-under-protocol-water-and>

<sup>6</sup> World Health Organization. (2021). Checklists to assess vulnerabilities in health care facilities in the context of climate change. World Health Organization. <https://apps.who.int/iris/handle/10665/340656>. Lizenz: CC BY-NC-SA 3.0 IGO

and newborn health services<sup>7</sup>). A number of monitoring tools are available on the topic of infection prevention and control (IPC), for which water, sanitation and hygiene are key elements of the “Core component 8: Built environment”<sup>8</sup>. These tools address IPC in acute care such as the Infection prevention and control assessment framework at the facility level<sup>9</sup> and primary health care<sup>10</sup>, hand hygiene (Hand Hygiene Self-Assessment Framework<sup>11</sup>), and example monitoring indicators are recommended for preventive measures for specific pathogens (e.g. carbapenem-resistant organisms<sup>12</sup>). WASH FIT (Water and sanitation for health facility improvement tool) is an iterative risk-based management tool to improve WASH services and selected aspects of energy, building and facility management, primarily developed for primary and health care facilities in low and middle income countries<sup>13</sup>. The WASH FIT package includes a checklist for routine self-assessment of WASH services by members of the staff at the health care facility to inform the facility improvement planning.

A comprehensive overview of available tools and their main objectives can be found in Annex I.

### Aim of the checklist

This document provides a list of pre-formulated questions for the systematic assessment of the status of WASH service provision in health care facilities. This checklist aims to complement existing instruments on the assessment of different WASH aspects, e.g. IPC assessment tools. It is targeted to experts knowledgeable in public health and WASH in governmental institutions or affiliated with non-governmental organizations or academia, who have an interest in developing and implementing an assessment on WASH in health care facilities in their local context. The questions have been developed based on existing guidelines and indicators, in particular the JMP core indicators for WASH in health care facilities<sup>14</sup> and WHO guidelines on essential environmental health standards in health care

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<sup>7</sup> Institute of Child Health IRCCS Burlo Garofolo & World Health Organization Regional Office for Europe. (2014). Hospital care for mothers and newborn babies: quality assessment and improvement tool: a systematic standard based participatory approach, 2nd edition. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/137340>

<sup>8</sup> WHO Guidelines on core components of IPC programmes at the national and acute health care facility level. 2016 (<http://www.who.int/infection-prevention/publications/core-components/en/>, accessed 13 April 2018).

<sup>9</sup> World Health Organization. (2018). Infection prevention and control assessment framework at the facility level. World Health Organization. <https://apps.who.int/iris/handle/10665/330072>. Lizenz: CC BY-NC-SA 3.0 IGO

<sup>10</sup> World Health Organization. (2021). Infection prevention and control in primary care: a toolkit of resources. World Health Organization. <https://apps.who.int/iris/handle/10665/346694>. Lizenz: CC BY-NC-SA 3.0 IGO

<sup>11</sup> World Health Organization. "Hand hygiene self-assessment framework." Geneva, Switzerland: World Health Organization (2010). [https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/hand-hygiene/monitoring/hhsa-framework-october-2010.pdf?sfvrsn=41ba0450\\_6](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/hand-hygiene/monitoring/hhsa-framework-october-2010.pdf?sfvrsn=41ba0450_6)

<sup>12</sup> World Health Organization. (2019). Implementation manual to prevent and control the spread of carbapenem-resistant organisms at the national and health care facility level: interim practical manual supporting implementation of the Guidelines for the prevention and control of carbapenem-resistant Enterobacteriaceae, Acinetobacter baumannii and Pseudomonas aeruginosa in health care facilities. World Health Organization. <https://apps.who.int/iris/handle/10665/312226>. Lizenz: CC BY-NC-SA 3.0 IGO

<sup>13</sup> World Health Organization & United Nations Children's Fund (UNICEF). (2022). Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, 2nd ed.. World Health Organization. <https://apps.who.int/iris/handle/10665/353411>.

<sup>14</sup> WHO/UNICEF. WASH in the 2030 Agenda. New global indicators for drinking water, sanitation and hygiene. Geneva, 2017

<sup>15</sup> among others, including interim guidance for the COVID-19 virus<sup>16</sup>. . The checklist has been further developed in the course of the past 6 years to reflect standards and different local conditions in the Region based on the review by national experts and its implementation in pilots and national assessment in countries in the European Region: Kazakhstan, Montenegro, Georgia, Hungary, Serbia, Republic of Moldova, Tajikistan.

To inform improvement action at the national level, it is recommended to conduct a comprehensive situational analysis of WASH in health care facilities, complementing the data collection using this checklist with an analysis of governance related to WASH, including a review of the policy framework, available resources, institutional arrangements, surveillance and monitoring mechanisms. This would allow to identify enablers and hindering factors for implementing quality WASH service provision in the local context. WHO has made an approach to guide countries in the conduction of comprehensive situational analysis for WASH in health care facilities available, buildinging also on the experience in countries of the WHO European Region <sup>17</sup>.

## Use of the checklist

This checklist can be used for assessments at different levels and for various scopes and purposes. At the subnational (regional, municipal or district) level, responsible public health authorities can use it for comprehensive assessment of different aspects related to WASH service provision in health care facilities. Data obtained in this manner can support informed decision-making and programming at the local level, including decisions on efficient resource allocation (such as budgeting for operation and maintenance) and planning of concrete improvements for WASH facilities to meet users' needs and comply with national standards. The instruments can also be used to initiate dialogue with facility managers, who may not be aware of how best to provide and manage high-quality WASH services, and can help to break down common negative perceptions associated with surveillance inspections and related sanctions.

If applied at the national level, the instruments can be used to determine national coverage estimates, identify geographical and health care level disparities and if conducted several times establish trends over time and track progress. Unlike routine monitoring systems that provide a basic set of information on WASH in health care facilities in the country and are not always inclusive of all internationally recommended indicators, application of these instruments will generate a more complete national picture, improved datasets. As this tool includes also the core questions for JMP, it can also be used for international comparison and reporting.

The assessment on WASH in health care facilities using this checklist can be conducted on-off or multiple times. Questions and indicators in this checklist can also be integrated into local surveillance activities. In settings where no surveillance on WASH in health care facilities is implemented yet, or where instruments for standardised surveillance are not in place this set of questions and indicators can serve as a template to develop a checklist in line with national standards. For example, a set of minimum indicators could be used in a

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<sup>15</sup> WHO. Guidelines on essential environmental health standards in health care. Geneva, 2008

<sup>16</sup> World Health Organization & United Nations Children's Fund (UNICEF). (2020). Water, sanitation, hygiene, and waste management for the COVID-19 virus: interim guidance, 19 March 2020. World Health Organization. <https://apps.who.int/iris/handle/10665/331499>

<sup>17</sup> World Health Organization. (2021). Understanding barriers to quality of care: an approach for conducting a situational analysis of water, sanitation and hygiene (WASH) and quality in health care facilities. World Health Organization. <https://apps.who.int/iris/handle/10665/340297>.

first iteration (for example, indicators on basic WASH services), with more advanced indicators employed after an initial period of time. In this way, authorities could first focus on developing a sound methodology with a limited number of key indicators to monitor the provision of basic WASH services in health care facilities – considered the minimum level to protect the health of patients and staff – such as those defined in the JMP assessments. Questions relevant to monitoring the provision of basic services can be found in the tool and are marked in yellow. Countries, regions or districts that have achieved a basic level of WASH can then add additional indicators to their surveillance activities to monitor progress towards achieving a higher level of service, which also reflects the needs of users and aspects related to health promotion and well-being.

#### **Box. Development of advanced level indicators following an assessment of WASH in health care facilities**

An 'advanced level' for WASH services in health care facilities, beyond the minimum standard set defined under the SDGs as the basic service level, is to be defined at the national level based on the local context, available resources and national regulations. A comprehensive dataset from an assessment using the suggested checklist can inform the development of indicators and national definitions for the advanced level of WASH services in health care facilities of relevance in the context of the respective country. At the same time, the dataset provide a ready baseline for future monitoring at the national level. According to the approach used in countries in the Region, for the selection of advanced level indicators the following points can be considered:

- A focus on a limited number of aspects per WASH dimension, reflecting priority aspects discovered during the survey. In particular, aspects that did not reach full coverage yet;
- Prioritization of aspects with higher relevance or risk for health for monitoring improvement or maintenance of coverage
- Feasibility of monitoring these aspects in the local context in the proximate future;
- Inclusion of aspects that are already addressed by national standards and regulations, either partially or fully, so to assess enforcement;
- Feasibility of (cost-effective) implementation in the next five years of the selected aspects for monitoring progress. For example, aspects may be selected that have been already partially implemented and for which it is more likely to observe change in coverage.

### **Adaptation of the checklist**

As each country has a different context, there is no standard checklist which can be applied universally. All checklists, including the one presented here, require careful adaptation to the national context. This includes, among others, an adaptation according to the national policies and standards, the structure of the health care system, local practices, understandable terminology and translation. In the process of adapting the instruments, emphasis should be placed on adequate translation of the question and answers into local language to reflect national norms, practices and local realities, without losing the correctness and original meaning of the questions, as indicated in the notes and annotations. Making the instruments socially and culturally appropriate is of particular importance when addressing sensitive topics such as toilet use and menstrual hygiene

management. The translated instruments should be reviewed and proofread carefully by an in-country expert on WASH in health care facilities.

## Conducting a situation analysis and assessment

An assessment on WASH in health care facilities shall include the following steps:

- **Planning the assessment and securing adequate funding:** As a first step, the assessment should be planned, the main aim and objectives be defined and relevant stakeholders be identified. Adequate funding should be allocated according to the initial plan to ensure that sufficient resources are available. An official approval by the respective national or local authority for conducting the study needs to be sought. This will also facilitate the access in the facilities. If personal information of staff or patients are collected during assessment, ethical clearance from the respective institutions should be applied for. In any case, informed consent for staff supporting the visits and answering questions on management and practices should be ensured. For more information on informed consent, check the WHO available resources in the Annex.
- **Setting up a study team:** A national study team should be formed. The study team shall include a project coordinator, experts on WASH in health care facilities, a data management expert and either a person coordinating the field work with the data collectors or the data collectors themselves. It is advisable to involve experts from the responsible national or local authorities, but also other relevant stakeholders who will be directly affected by the outcomes of the assessment (e.g. insurance representatives, patients and staff associations) either directly or indirectly (e.g. through regular updates) in the process.
- **Retrieve or build an inventory of operating health care facilities in the country:** If an inventory is not available from the statistic body or the authorities, plan some time to collect information and build an inventory of all operating health care facilities in the country, with as much information as possible on location(s), services delivered, providers. This will facilitate planning the assessment and allow the development the study design and
- **Development of the study design:** The study design should be developed and agreed upon ahead of the data collection setting the methodology for the survey. The sample of facilities to be included in the study needs to consider the geographical (urban, rural) and administrative areas, health care levels (e.g. primary, secondary, tertiary care), providers (public, private, or others) and targeted departments/wards (see below for more details). Depending on the aim and objective of the study, these categories can be used for stratification of facilities to allow for a representative sample and segregated analysis (see the Annex for more information). Segregated analysis is particularly relevant for informing on policy gaps for specific geographical areas or types of health care facilities. The methodology and sampling categories should be in line with the existing national definitions and the respective context. An up-to-date study masterlist of all health care facilities with their location, contact details and classification should be secured and a timeline for the assessment set.
  - **Definitions of health care levels:** Categories and definitions for differentiating the levels of health care provided in the local context vary across countries. Standardised internationally used that may be considered are the following: Primary, secondary, tertiary; and inpatient, outpatient. In the local context additional or different categories may be present, such as for example specialised and non-specialised services. For selecting a representative sample of facilities among all types of health care levels and to allow segregated analysis, it is important to identify the correct definitions in advance and have it included in the masterlist. In particular, it is recommended to identify ahead of the survey what facilities offer outpatient,



inpatient services or both, as different considerations and recommendations may apply.

- **Definitions for urban and rural settings:** As WASH services often differ between urban and rural settings it is recommended to consider these two categories for sample stratification and segregated data analysis. To make the results relevant at the local level, The definitions applicable at the national or local context should be identified or defined..
- **Inclusion of health care facilities and departments/wards:** Depending on the budget and time available for the survey it may be not feasible to conduct a comprehensive assessment of all health care facilities and all departments of all health facilities as very big facilities may take up to one week alone. In some countries, health care facilities may As WASH services may vary between facility types and departments, it is important to select the types of departments in advance. The study design should define the type of facilities (in line with the identified categories) to be included in the assessments as well as the departments to be considered when middle to large health care facilities with multiple wards are visited. As this checklist was primarily developed for outpatient settings, these departments should be prioritised, but additional departments may be included if outpatient services are not present or in service at the time of the survey in the visited facility. It is recommended to chose departments where WASH is of higher relevance (e.g. maternity/gynecological departments) and without high-risk patients for the safety of the patients and of data collectors, and because dedicated survey tools may be required for these particular settings (see Annex for additional available tools by WHO).
- **Adaptation of the instruments for data collection:** In agreement with the the study design, the checklist should be adapted.
- **Organization of training of data collectors:** All data collectors need to be trained on the checklist and how it should be filled out. This training can be organized online or in-person and may include: One to two days lectures on WASH in health care facilities and specific aspects of the checklist, interactive elements to test and apply the knowledge; one day for field visit to a health care facility to test the checklist; one day to reflect on the field visit and discuss any possible changes.
- **Conducting the assessment:** Each facility should be visited by at least one trained data collector. During the assessment there might be the need to adapt due to closed facilities and/or other unforeseen reasons. A replacement of facilities should be done in close collaboration with the study team.
- **Data entering and analysis:** All data needs to be entered into a database. It is recommended to start this step as soon as possible after the assessment started, e.g. in form of a weekly progress update, to detect any irregularities. Once all information is entered and possible mistakes are solved, the results can be analysed (for more information on this see Annex).
- **Dissemination of results:** The results of the assessment should be disseminated in adequate formats (e.g. report, policy brief, roundtable meeting) to relevant stakeholders and decision makers and, ideally, be published to ensure that information is publicly accessible. Involved health care facilities should receive information on their performance during the survey, as well as indications on how to improve the WASH service provision.

The sequence of the steps can be changed. More detailed information on how to conduct a survey in health care facilities can be found in the Implementation Guide for the Service availability and readiness assessment (SARA)<sup>18</sup>.

## What is in the checklist

The checklist consists of six tables with multiple choice questions and notes, one table for each WASH dimension (drinking-water, sanitation, hand hygiene, waste management, environmental cleaning) plus a section on information of the health care facility and requires three different types of tasks:

- **ASK:** These items should be addressed towards the accompanying staff (ideally more than one member including but not limited to a facility manager, WASH/IPC focal point, head of nurses/doctors and/or a technician) and their respective answers should be noted down
- **OBSERVE:** These items should be answered based upon the observation of the surveyor.
- **PICTURE** (camera symbol): The camera symbol next to the question suggests that a picture of the respective element should be taken.

Each question is marked with a letter and a number. Questions are ordered in a logical way, and many are connected to other questions across the checklist, implying that the responses should be synchronized. To reduce risk of error when conducting the survey in paper-pencil format, the checklist is developed such that all questions in the checklist should be answered. Some questions refer to the question before and serve as the so-called follow-up questions/control questions. Data entry and management of the database is a critical task to ensure the quality of data. More information on data management tasks are provided in Annex III.

Questions from which data can be used to answer JMP core questions on WASH in health care facilities are highlighted in yellow.

Beside the questions and answer options, explanatory notes under each question as relevant give further guidance to field data collectors on how to correctly answer the questions.

Annotations at the end of each table give additional information for the study team on:

- considerations for evaluation and analysis of results,
- preparatory measures that need to be taken or training required to assess the specific aspect and answer the given question,
- indications for quality check of the data by the data manager (see Annex for more information) (in orange), or questions that require to be adapted according to national definitions (highlighted in grey). When doing so, coding of answer options used for the data entering need to be updated accordingly.

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<sup>18</sup> World Health Organization. (2015). Service availability and readiness assessment (SARA): an annual monitoring system for service delivery : implementation guide, version 2.2. World Health Organization. <https://apps.who.int/iris/handle/10665/183119>

# Checklist

## Health Care Facility

Domains: location, type, capacity, staff

No.	Question	👁=see annotation
<b>11</b>	<b>Name of surveyor</b> (person completing this questionnaire)	
<b>12</b>	<b>ASK: Designation/title of person(s) from the facility accompanying the surveyor (e.g. janitor, nurse etc.)</b>	👁
<b>13</b>	<b>Date and time of the visit</b>	
	<b>13.1</b> Date (dd/mm/yy): ____/____/____ <b>13.2</b> Time at visit start (hh:mm): ____:____	
<b>14</b>	<b>Identification code of the healthcare facility</b>	👁
	Insert HCF code: _____	
Note	Please note that the same HCF code must be placed on all pictures and accompanying documents from the same healthcare facility, such as the scanned checklist and informed consent forms.	
<b>15</b>	<b>GPS coordinates of the healthcare facility</b>	👁
	<b>15.1</b> Latitude: _____ <b>15.2</b> Longitude: _____	
<b>16</b>	<b>Location of the healthcare facility</b>	👁
	<b>16.1</b> Region: _____ <b>16.2</b> District: _____ <b>16.3</b> Municipality/locality: _____  <i>PLEASE ADAPT ADMINISTRATIVE CATEGORIES ACCORDING TO THE NATIONAL CONTEXT</i>	
<b>17</b>	<b>Area where healthcare facility is located</b>	
	<input type="checkbox"/> 1: Urban <input type="checkbox"/> 2: Rural	<input type="checkbox"/>
<b>18</b>	<b>HCF type</b>	👁
	<input type="checkbox"/> 1: Specialised hospital <input type="checkbox"/> 2: General hospital <input type="checkbox"/> 3: Clinical centre <input type="checkbox"/> 4: Primary health care centre <input type="checkbox"/> 5: Ambulance or health station  <i>PLEASE ADAPT ANSWER OPTIONS ACCORDING TO THE NATIONAL CONTEXT</i>	<input type="checkbox"/>
<b>19</b>	<b>Department visited</b>	👁
	<input type="checkbox"/> 1: Outpatient department <input type="checkbox"/> 2: Maternity or gynaecology department <input type="checkbox"/> 3: Internal medicine <input type="checkbox"/> 88: Other (please specify): _____ <i>PLEASE ADAPT ANSWER OPTIONS ACCORDING TO THE NATIONAL CONTEXT</i>	<input type="checkbox"/>

Note	When visiting a primary health care facility, select "Outpatient".
<b>I10</b>	<b>ASK: Beds available for patients at the department/facility</b>
	<b>I10.1</b> Total no. of beds: _____ <b>I10.2</b> Total no. of occupied beds at the day of the visit: _____
Note	When visiting primary health care facilities, answer 0. If only one department of the facility is visited, refer to the total number in that department. Beds at healthcare facilities are intended for in-patient health care.
<b>I11</b>	<b>ASK: Patients' rooms available at the department/facility</b>
	Total no. of patients' rooms : _____
Note	When visiting a primary health care facility, answer 0. If only one department of the facility is visited, refer to the total number in that <u>department</u> .
<b>I12</b>	<b>ASK: How many patients are registered at the facility?</b> 
	Insert number: _____
Note	If there are no data on the registered patients (i.e. in hospitals), answer 0. Please refer to the number for the entire building (not only the visited department).
<b>I13</b>	<b>ASK: How many patients visit the department/facility on average every month?</b> 
	Insert number: _____
Note	If the average value is not available, ask for the number of patients that visited the department/facility in the previous month. Refer to the total number of patients that have visited the surveyed department.
<b>I14</b>	<b>ASK: In the last week, how many patients with limited mobility visited the department/facility?</b> 
	Insert number: _____
Note	Please refer to patients with a physical disability that force them to walk with supporting sticks or to use a wheelchair.
<b>I15</b>	<b>ASK: How many staff members are operating at the facility?</b> 
	<b>I15.1</b> No. of doctors working in the facility: _____ <b>I15.2</b> No. of female and male nurses working in the facility: _____ <b>I15.3</b> No. of carers working in the facility: _____ <b>I15.4</b> No. of midwives working in the facility: _____ <b>I15.5</b> Approximate number of janitors or dedicated cleaning staff: _____ <b>I15.6</b> Approximate number of total female staff: _____ <b>I15.7</b> Approximate number of total male staff: _____ <i>PLEASE ADAPT TERMINOLOGY AND ANSWER CATEGORIES ACCORDING TO THE NATIONAL CONTEXT</i>
Note	Please refer to the number of staff providing medical service at the facility/or in the visited department. Staff may refer to any type of employment status or contractual arrangement with the facility or elsewhere. If the facility works in shifts, count all staff who operate in the visited department in both shifts.

### Annotations

#### **Question I1. Selection of surveyors for the assessment of WASH in healthcare facility**

From previous experience in different countries, surveyors can be professionals with background in public health, hygiene, epidemiology, or other preventive branches.

Please note that general knowledge of WASH does not substitute for detailed WASH training and fieldwork.

#### **Question I2. Selection of the staff member to accompany surveyors at healthcare facility**

From previous experience in different countries, the preferable staff member to accompany surveyors is the head nurse, i.e., a person with skills and experiences related to general organization and maintenance and WASH-related issues in healthcare facilities.

**Question I4. Coding of the healthcare facility**

HCF codes help researchers identify the accompanying documents and pictures from the same facility. facilitate identification of facilities in a dataset or the master list. HCF codes ensure impartial data collection, entry, and statistical analysis.

If codes are not already available, it is recommended to create ad-hoc codes for the facilities included in the sample of the study from the master list of healthcare facilities. Each code should be unique and include digits and letters adapted to the local / national context. An ad-hoc developed code may include identification letters for the specific survey (e.g. digits to identify the year), the type of health care facilities (e.g. an identification number or letter for the level of care) and/or the geographical settings (e.g. a letter or a digit to distinguish between Urban and Rural and/or a number identifying the administrative area) and a unique number to identify the facility within the sampling strata.

Example of HCF code: D0102 – D01 for district number 1, 02 for HCF number 02 in the master list or study sample list. Digits refer to the predefined order number of the healthcare facility in the national master list. A list of the sample or the master list should be maintained, to have access to detailed information on the facilities including the assigned code used in the study.

**Question I5. GPS coordinates of the healthcare facility**

If the existing master list does not include GPS coordinates of operating health care facilities, GPS tracking can be conducted during the survey visits. GPS data is not only useful for later planning purposes but it is also essential to allow analysis of the geographical distribution of service provisions and geographical visualisation of the results. GPS tracking devices or applications should be calibrated and used outdoors. The recommendable position is in front of the main entrance or the main sign of the healthcare facility.

**Question I6-I7. Location of the healthcare facility**

The administrative location of the healthcare facility, segregated data is important to identify differences across administrative areas and geographical settings.

the administrative areas and the local definitions should be identified and categories for stratification should be defined in advance and included in the study design. Under question I6. Sub-questions should be adapted to reflect the local administrative levels or the stratification levels and categories as defined in the study design.

**Question I8. Type of the healthcare facility**

Healthcare facilities provide different types of health services, e.g. primary, secondary, and tertiary. As WASH services may vary between the levels and types of facilities, categories of health care facilities operating in the country should be identified and criteria for stratification should be defined in advance and included in the study design. Included categories should be in line with the definitions and administrative organisation in the local context.

Answer options should be adapted to reflect the local types of health care facilities or the included categories as defined in the study design. The adapted list of answer options clearly separates hospitals (maybe several types) from smaller facilities

**Question I9. Visited department of the healthcare facility**

This checklist was primarily developed for outpatient departments, but is applicable in other departments depending on the focus of the assessments. The answer options suggested under this question consist of departments where the checklist could be applied and where it would be a priority to conduct such an assessment. Answer options should be adapted to reflect the existing departments in health care facilities at the local level or the included categories as defined in the study design.

Please note that this checklist does not cover advanced aspects of special IPC provisions for the infectious medicine departments or other high-risk patients.

**Question I112-I13. Patients at the healthcare facility**

The number of patients who are registered at the healthcare facility or who visited the department/facility facilitates prioritizing improvement measures regarding the size of the facility/department and understand the weight of the risk for patients during results evaluation.

**Question I14. Patients with limited / reduced mobility at the healthcare facility**

Patients with reduced mobility are the users of WASH facilities And specific structural elements of WASH (drinking water points, toilets, handwashing facilities) should be available and meet their needs. The question facilitates prioritizing improvement measures regarding accessibility at the facility/department and understand the weight of the risk for patients with reduced mobility during results evaluation.

**Question I15. Staff at the healthcare facility**

Healthcare staff are the users of WASH facilities and, at the same time, actively contribute to ensuring adequate WASH conditions. Answer options should be adapted to reflect the existing categories of medical and non-


medical staff working in health care facilities at the local level or the included categories as defined in the study design. Staff operating at the healthcare facility may include also volunteers or medical students..  
The question facilitates prioritizing improvement measures regarding meeting staff needs and/or availability of staff for supporting WASH provisions at the facility/department and understand the weight of the relative health risk of the results during evaluation.

## Water




Domains: source, access, management, treatment, quality






Data from the highlighted questions can be used to answer JMP core questions on WASH in health care facilities


No.	Question	👁 =Annotations
<b>W1</b>	<b>RESEARCH/ASK: : What is the main type of water supply at the facility?</b>	👁
	<input type="checkbox"/> 1: Centralized system <input type="checkbox"/> 2: Individual supply/ <del>self supply</del> on site <input type="checkbox"/> 3: No water source available in/near the facility	
<i>Note</i>	<p>The question refers to the source of water for all purposes. If there is more than one source, the one used <u>most frequently</u> should be selected. Please <i>Note</i>, if patients or staffs needs to bring water from home because no water source is available at the facility, "no water source" should be selected.</p>	
<b>W2</b>	<b>ASK: If the type of water supply for the facility is individual supply, what is the main water technology in use?</b>	👁
	 <input type="checkbox"/> 1: Public tap/ standpipe <input type="checkbox"/> 2: Tube well/ Borehole <input type="checkbox"/> 3: Protected dug well <input type="checkbox"/> 4: Unprotected dug well <input type="checkbox"/> 5: Protected spring <input type="checkbox"/> 6: Unprotected spring <input type="checkbox"/> 7: Tanker truck <input type="checkbox"/> 8: Surface water (river/dam/lake/pond) <input type="checkbox"/> 88: Other, please specify ( <b>W2.1</b> ): _____ <input type="checkbox"/> 98: Not applicable (no individual supply)	
<i>Note</i>	<p>Let the respondent provide the answer first. The question refers to the source of water for all purposes. Please refer to WHO/UNICEF JMP definition for protected dug well and check by observation or ask respondent for the following characteristics:</p> <ul style="list-style-type: none"> <li>• Cover to protect from bird droppings and animals</li> <li>• Well lining/casing above ground level to protect well water from runoff water</li> <li>• Diversion platform</li> </ul> <p>If main water at the facility is municipal or local centralized system or if there is no water source available, select "Not applicable". If the water source can be reached on foot, take a picture of it.</p>	
<b>W3</b>	<b>OBSERVE: Is the individual water supply well maintained?</b>	👁
	<input type="checkbox"/> 1: Yes, observed <input type="checkbox"/> 2: Yes, reported <input type="checkbox"/> 3: No <input type="checkbox"/> 98: Not applicable	
<i>Note</i>	<p>A well maintained water source fulfils the following parameters:</p> <ul style="list-style-type: none"> <li>• Clean: no dirt, no litter, no excreta.</li> <li>• No source of pollution: animals, sewer or latrine, waste collection, faeces (water source).</li> <li>• Properly protected: covered, fenced.</li> <li>• No visible defect.</li> <li>• No visible leaking.</li> <li>• No damage of the tap/tank (water source).</li> <li>• No damage of the concrete floor/slab.</li> <li>• Functional drainage channel.</li> </ul>	

	If there is no individual supply or no water source available at the facility, select not applicable "NA".
<b>W4</b>	<b>ASK/OBSERVE: Is water from the main supply piped inside the building?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No, it is piped on premises outside the building <input type="checkbox"/> 3: No, it is not piped on premises, but it is within 500m from the facility <input type="checkbox"/> 4: No, it is not piped on premises and it is 500m or further from the facility <input type="checkbox"/> 98: Not applicable
<i>Note</i>	<p>On premises means within the building or facility grounds. This question refers to the location from where the water is accessed for use in the health facility (e.g. tap, borehole), rather than the source where it originates. If the water supply is out of the premises and it is possible to reach, it is recommended to measure the distance from the facility using a GPS tracker. Alternatively, the number of feet can be counted after measuring the approximate foot length of the surveyor.</p> <p>If there is no water source available at the facility, select "Not applicable".</p>
<b>W5</b>	<b>ASK: Is water currently available from the main water supply (at the time of the survey)?</b>
	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: Not applicable (no main water source at the facility)
<i>Note</i>	<p>To be considered available, water should be available at the facility at the time of the survey or questionnaire. Where possible, confirm that water is available from this source, e.g. check that taps or hand pumps deliver water.</p> <p>If there is no water source available at the facility, select "Not applicable".</p>
<b>W6</b>	<b>ASK: Which water source is most frequently used for consuming drinking-water at the facility?</b>
	<input type="checkbox"/> 1. Water from the main water source OR <b>Water from a different water source :</b> <input type="checkbox"/> 2 Public tap/ standpipe <input type="checkbox"/> 3 Tube well/ Borehole <input type="checkbox"/> 4 Protected dug well <input type="checkbox"/> 5 Unprotected dug well <input type="checkbox"/> 6 Protected spring <input type="checkbox"/> 7 Unprotected spring <input type="checkbox"/> 8 Tanker truck (mobile) <input type="checkbox"/> 9 Surface water (river/dam/lake/pond) <input type="checkbox"/> 10 Packaged bottled water <input type="checkbox"/> 11 Water brought from home
<i>Note</i>	<p>The question refers to the source of water specifically for drinking. If there is more than one source, the one used <u>most frequently by staff and patients</u> should be selected. Packaged water includes water purchased in bottles or refillable jugs made of plastic or glass.</p> <p>Please refer to WHO/UNICEF JMP definition for protected dug well and check by observation of ask respondent for the following characteristics:</p> <ul style="list-style-type: none"> <li>• Cover to protect from bird droppings and animals</li> <li>• Well lining/casing above ground level to protect well water from runoff water</li> <li>• Diversion platform</li> </ul>
<b>W7</b>	<b>OBSERVE: Are drinking-water storage containers used at the facility?</b>
	<input type="checkbox"/> 1: Yes, storage containers with cover and tap are used <input type="checkbox"/> 2: yes, storage containers with no cover or no tap are used <input type="checkbox"/> 3: No, storage containers are not used
<i>Note</i>	<p>The question refers to storage containers filled with water from the main water source, and it does not refer to purchased bottled water tanks, nor to packaged water brought from home.</p>
<b>W8</b>	<b>OBSERVE: Is the water supply tap at the facility well maintained?</b>

	<p><b>W8.1</b> The water source tap and the area around the tap are clean  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No      <input type="checkbox"/> 98: NA</p> <p><b>W8.2</b> The tap and the area around the tap are free of pollution sources      <input type="checkbox"/> 1: Yes  <input type="checkbox"/> 2: No      <input type="checkbox"/> 98: NA</p> <p><b>W8.3</b> The tap does not leak  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No      <input type="checkbox"/> 98: NA</p> <p><b>W8.4</b> Spilt water is properly drained  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No      <input type="checkbox"/> 98: NA</p>
<p><i>Note</i></p>	<p>Randomly select an area where there is a tap used by patients (and staff). In case of more than one tap in the selected area (e.g. a toilet room), select Yes only for those characteristics that are true for all taps.</p> <p>In this question, the tap includes the tap fixture and the attachments (such as hoses). Free of pollution sources means that animals do not have access, and there is no waste or faeces next to it. An adequate drainage impedes accumulation of spilt water around the tap stand.</p> <p>Select either yes or no for each sub-question. If there is no tap or water available at the facility, select not applicable "NA".</p>
<p><b>W9</b></p>	<p><b>ASK: Is drinking-water regularly treated onsite?</b> </p>
	<p><input type="checkbox"/> 1: Yes, always.  <input type="checkbox"/> 2: Yes, sometimes/irregularly. Please specify how often (<b>W9.1</b>): _____  _____</p> <p><input type="checkbox"/> 3: No, never on-site  <input type="checkbox"/> 98: Not applicable</p>
<p><i>Note</i></p>	<p>If water is treated at the municipal level and no other treatment is conducted at the facility (on site), select the answer option "No, never on-site". Regular treatment is intended as a procedure performed constantly by the surveyed healthcare facility to always ensure the same optimal quality of the drinking-water inside the building. Treatment includes water disinfection. When specifying frequency, please indicate the time intervals between treatments if known. If there is no water source available at the facility, select "Not applicable".</p>
<p><b>W10</b></p>	<p><b>ASK: How is drinking-water treated on-site?</b> </p>
	<p><input type="checkbox"/> 1: By chemical disinfection (e.g. chlorine)  <input type="checkbox"/> 2: By coarse filtration (e.g. Ceramic filter, sand filter)  <input type="checkbox"/> 3: By membrane filtration (e.g. ultra- or nanofiltration, or reverse osmosis)  <input type="checkbox"/> 4: By boiling  <input type="checkbox"/> 5: Water is never treated on-site  <input type="checkbox"/> 98: Not applicable</p>
<p><i>Note</i></p>	<p>If water is treated at the municipal level and no other treatment is conducted at the facility (on site), select the answer option "Water is never treated onsite". Onsite treatment is intended as a procedure performed on cold water regularly by the surveyed healthcare facility to ensure the same optimal quality of the drinking-water inside the building. Please select only one treatment method. If there is no water source available at the facility, select "Not applicable".</p>
<p><b>W11</b></p>	<p><b>ASK: Is there a person/team in charge for the operation and maintenance of the internal water network at the facility?</b></p>
	<p><input type="checkbox"/> 1: Yes  <input type="checkbox"/> 2: No</p>
<p><i>Note</i></p>	<p>If a person/team does not sit in the same building or their employment status or contractual arrangement is not directly with the facility (outsourced) but they are in charge for the visited department/facility and are available on a daily basis, select "Yes".</p>
<p><b>W12</b></p>	<p><b>ASK: What tasks is the person/team in charge of the operation and maintenance of the internal water network at the facility required to carry out?</b></p>
	<p><b>W12.1</b> Monitor/conduct operation of water treatment  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No      <input type="checkbox"/> 98: NA</p> <p><b>W12.2</b> Monitor/conduct checks of internal water network at the facility      <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No  <input type="checkbox"/> 98: NA</p> <p><b>W12.3</b> Monitor/conduct routine maintenance of internal water network      <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No  <input type="checkbox"/> 98: NA</p> <p><b>W12.4</b> Monitor/implement measures for prevention of contamination</p>



	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA
<i>Note</i>	Let the respondents answer first, then read answer options. Select either yes or no for each sub-question. If there is no person in charge for operation and maintenance of the water network, select not applicable "NA".
<b>W13</b>	<b>ASK: Is there a scheme (plan) of the internal network of the water supply system at the facility?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
<b>W14</b>	<b>ASK: Is there a water safety plan in place at the facility?</b> 
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
<i>Note</i>	A water safety plan may be referred to as water safety plan, water hygiene plan, or water management plan and should be available in printed or at least electronic form and staff should be able to show it to the surveyor.
<b>W15</b>	<b>ASK: What aspects are included in the facility water hygiene/management plan?</b>
	<b>W15.1</b> Regular controls of the water supply system at the facility <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>W15.2</b> Regular monitoring of water quality at the facility <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>W15.3</b> Water treatment <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>W15.4</b> Preventive measures against Legionella/Pseudomonas <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>W15.5</b> Preventive measures against antimicrobial resistance <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>W15.6</b> Protocols for incident conditions/construction <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>W15.7</b> System to monitor implementation of measures <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA
<i>Note</i>	Let the respondents answer first, then read answer options. Select either yes or no for each sub-question. If there is no plan in place, select not applicable "NA".
<b>W16</b>	<b>ASK: Is water quality of the main drinking water source regularly controlled for compliance with national standards at the facility?</b> 
	<b>W16.1</b> Regular controls conducted by responsible <b>surveillance agency/programme</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>W16.2</b> Regular controls initiated by the facility <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>W16.3</b> Ad-hoc controls in case of outbreak initiated by the facility <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>W16.4</b> Ad-hoc controls in case of construction works initiated by the facility <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA
<i>Note</i>	Answer Yes only if water is tested at the facility. Confirm by asking who conducts the tests and what kind of tests are conducted. Select "Regular controls" only if controls are conducted on a <u>monthly or yearly basis</u> . Water quality can be controlled by testing for microbiological and chemical parameters according to the national law. Select either yes or no for each sub-question. If organoleptic assessment by untrained staff is the only mean for control of water quality, answer "No". If there is no water source available at the facility, select not applicable "NA".
<b>W17</b>	<b>OBSERVE: Is there any drinking-water available outside the toilets at the facility?</b> 
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No

<b>Note</b>	The question refers to availability of drinking-water points from any source that may be present at the facility. This does not refer to water brought from home. Drinking water points are intended as <u>conveniently accessible outlets? used by staff, patients, outside of the toilets, in common areas and patient rooms, if applicable.</u> Drinking-water points should be functioning: with water and drainage. If there is a drinking-water point but this is not functioning or not accessible for patients or staff, answer "No".
<b>W18</b>	<b>OBSERVE: Is there at least one drinking-water point within the visited department accessible to people with limited mobility?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
<b>Note</b>	Drinking-water may be provided from a piped water system or via a covered container with a tap where there is no piped supply, but this does not refer to water brought from home. For persons with limited mobility drinking water points should be accessible <u>at sitting level</u> in an area that can be easily reached (no narrow doors, stairs, steps on the way).
<b>W19</b>	<b>ASK: Is drinking-water from the main source always available and of sufficient quantity for staff, patients and carers without interruptions?</b>
<b>Note</b>	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No, please specify when it is not available (W19.1): _____  <input type="checkbox"/> 98: Not applicable (no drinking water source at the facility)
<b>Note</b>	To be considered available, water must be available from a piped water system or safely stored in a covered container with a tap, and it must be available to staff, patients and carers each day of the year. If water is not always available, ask about specific or approximate time hours or weekdays or any other measure of time (e.g. seasonality, weather variability) when water is <u>not available</u> . When specifying when water it is not available (W19.1), please describe the time intervals (hours, days, weeks) and the period of the year (if relevant). If there is no water source available at the facility, select not applicable "NA".
<b>W20</b>	<b>ASK: In case the main piped water supply is not available/sufficient, what is the alternative source of water for all purposes for this facility?</b>
<b>Note</b>	<input type="checkbox"/> 1: Improved individual supply/self-supply on site <input type="checkbox"/> 2: Tanker truck (mobile) <input type="checkbox"/> 3: Storage reservoir(s) <input type="checkbox"/> 4: Packaged bottled water <input type="checkbox"/> 5: Unimproved individual supply/self-supply on site <input type="checkbox"/> 6: No alternative source available at the facility
<b>W21</b>	<b>ASK: Is the water quality of the alternative source regularly monitored for compliance with national standards for drinking-water?</b>
<b>Note</b>	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: Not applicable
<b>Note</b>	Confirm by asking who conducts the tests and what kind of tests are conducted. If regular controls are conducted by water supply monitoring program or the institutes of public health network, select "Yes". Water quality can be controlled by testing for microbiological and chemical parameters according to the national law, which considers the following microbiological parameters: E. Coli, Enterococcus faecalis, Pseudomonas aeruginosa; and chemical parameters: turbidity, conductivity, nitrates, nitrite, arsenic, pH, chlorine residual (in disinfected systems). If organoleptic assessment by untrained staff is the only mean for control of water quality, answer "No". If there is no alternative water source at the facility, select "Not applicable".

## Annotations

### **W1. Main water supply at the healthcare facility**

Apart from the centralized and individual water supply, main water source can include bottled water procured by the facility.

National teams should adapt the terminology of the question W1 to the usual terms in the local / national context. *If the response to question W1 is “No main water supply”, the response to question W2-W5, W8-10, W16, W19 must be “Not applicable”.*

### **W2. Individual water supply at the healthcare facility**

Information on the drinking water supply technology enables categorizing individual water sources as improved or unimproved. In line with the JMP definition, improved water sources are protected from contamination and deliver potentially safe water for human consumption by nature of their construction and include public taps, standpipes, protected wells or springs, rainwater, bottled water, and tanker trucks. Unimproved water sources cannot be considered safe as they can be easily contaminated; they include unprotected wells, springs, and surface water. To find more information on improved water supply technologies in healthcare facilities check WHO available resources in the Annex..

### **W3. Maintenance of the individual water supply at the healthcare facility**

The maintenance of the individual water source is of great importance to prevent possible water contamination. Sanitary inspection forms address the issues on the maintenance of various individual water supply technologies.

The use of sanitary inspection forms requires training beyond the scope of this checklist. This question does not replace the conduction of dedicated sanitary inspections to assess and manage risks within drinking-water supply systems. To find more information on sanitary inspections and standardized field checklists check WHO available resources in the Annex.

If the response to question W1 is “Centralized system” or “No main water supply”, the response to question W3 must be “Not applicable”.

### **W6. Drinking water consumption at the healthcare facility**

Multiple sources of water may be used at the health care facilities for different purposes. The question refers to the source of water most often used for drinking-water by patients and staff at the facility, which can be the same as the main water source (see questions W1 and W2) or different from it. The responses to question W6 may need to be adapted to local / national context.

### **W7. Drinking water storage containers at the healthcare facility**

The use of storage containers for drinking-water without cover or a tap is a potential health hazard and thus this information should be carefully considered during analysis and recommendations.

### **W8. Tap of the main water supply at the healthcare facility**

Different maintenance issues with the main water may affect water quality at the healthcare facility. This question does not replace the conduction of dedicated sanitary inspections to assess and manage risks within drinking-water supply systems. To find more information on sanitary inspections and standardized field checklists check WHO available resources in the Annex.

### **W9. Frequency of the treatment of drinking water at the healthcare facility**

This question asks about the frequency of drinking water treatment performed onsite directly by the healthcare facility. The analysis of the results may consider that water may be treated and regulated with safe water management by municipal authorities or by the water utility in case of piped water source and might not require further treatment at Point of Entry. Still, significant adverse health effects have been associated with inadequate plumbing systems or inadequate maintenance within buildings and the delivery of water that complies with relevant standards within buildings generally relies outside of the responsibility of the water supplier<sup>19</sup>. Larger buildings are recommended to have specific water safety plans to control microbiological and chemical contamination within the plumbing of the facility and ensure safe water at point of use. To find more information on water safety and water safety plans check WHO available resources in the Annex.

### **W10. Methods of treatment of drinking water at the healthcare facility**

This question asks about the methods for water treatment performed onsite directly by the healthcare facility, and it does not consider treatment performed by the water provider.

Water treatment technologies should meet WHO's performance standards for point-of-use / household water treatment and safe storage (HWTS). Technologies / methods that meet these performance standards generally include high quality filters, chlorine (for non-turbid water) flocculant-disinfectants as well as boiling, or solar

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<sup>19</sup> World Health Organization. (2022). Guidelines for drinking-water quality: fourth edition incorporating the first and second addenda, 4th ed + 1st add + 2nd add. World Health Organization. <https://apps.who.int/iris/handle/10665/352532>.

disinfection. To find more information on water treatment technologies and standardized field checklists check WHO available resources in the Annex.

#### W14. Water safety plan at the healthcare facility

WHO recommends a risk-based approach adapted to the local conditions and needs for routine and emergency measures to ensure the safety of the water. A water safety plan consists in written procedures for adhering to and guaranteeing certain quality standards to prevent or control issues and possible contamination. It should include written documentation of concrete measures taken, regularly updated and adapted to the current state of the art and regulations. The terminology should be adapted to local / national context.

*If the response to question W14 is “No water hygiene / management plan”, the responses to questions W15.1-W15.7 must be “Not applicable”.*

#### W16. Water quality control at the healthcare facility

Drinking-water safety cannot be ensured without regular quality control parameters in line with national standards and/or based on local risk factors, at the same time ad-hoc quality control may be necessary to identify the causes of a possible water-related outbreak or ensure that infrastructural works did not affect the quality of the drinking water. The terminology to refer to the possible existing surveillance programme in sub-question W16.1 should be adapted to local / national context.

#### W20. Alternative water supply at the healthcare facility

The alternative water source at healthcare facility can be an “emergency” source which may not be preferred for drinking, but may be present in case the preferred/main source is interrupted. Health care facilities that are not at risk of water shortages may not be required to have an alternative source in place. The relative health risk of the results needs to be evaluated in association with questions W.5 and W.19 on the availability of water and on possible geographical considerations in the local context.


The responses to question W20 should be adapted to local / national context.





## Sanitation






Domains: access, quality, management





Data from the highlighted questions can be used to answer JMP core questions on WASH in health care facilities

No.	Question	=Annotations
S1	<b>ASK/OBSERVE: How many toilets/latrines for patients are there at the department/facility independent of functionality?</b>	👁
	Insert number: _____	
Note	Please insert the number of toilet seats or toilet cubicles dedicated for patients <u>independently of their functionality</u> . If there are no toilets/latrines for patients at the facility, answer 0. If only one department of the facility is visited, refer to the total number in that <u>department</u> .	
S2	<b>OBSERVE: What type of toilets/latrines are at the department/facility for patients?</b>	👁
	 <ul style="list-style-type: none"> <li><input type="checkbox"/> 1: Flush / Pour-flush toilet to the sewer connection</li> <li><input type="checkbox"/> 2: Flush / Pour-flush toilet to tank or pit</li> <li><input type="checkbox"/> 3: Flush / Pour-flush toilet to open drain</li> <li><input type="checkbox"/> 4: Pit latrine with slab</li> <li><input type="checkbox"/> 5: Pit latrine without slab</li> <li><input type="checkbox"/> 98: Not applicable (no toilet/latrine)</li> <li><input type="checkbox"/> 88: Other, please specify (<b>S2.1</b>): _____</li> </ul>	
Note	If more than one type of toilet is used, the most common type of toilet/latrine in the visited department/facility should be selected. If there are no toilets/latrines at the facility, answer “Not applicable”. If only one department of the facility is visited, refer to the type available in that <u>department</u> .	
S3	<b>ASK: What happened last time latrines or septic tanks filled up?</b>	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1: They were emptied</li> <li><input type="checkbox"/> 2: They were covered and abandoned</li> <li><input type="checkbox"/> 3: They were never full</li> <li><input type="checkbox"/> 98: Not applicable</li> </ul>	

<b>Note</b>	In case of positive answer, confirm by checking whether the toilets/latrines are not filled up. If there is no latrine/septic tank at the facility, select "Not applicable".
<b>S4</b>	<b>OBSERVE: Are toilet slabs made of materials that are easy to clean?</b> 
	<input type="checkbox"/> 1: Yes, all the slabs are made with smooth, impermeable materials <input type="checkbox"/> 2: Yes, but this is not true for all toilets/slabs <input type="checkbox"/> 3: No <input type="checkbox"/> 98: Not applicable
<b>Note</b>	To check the slab, visit <u>all available latrines</u> at the visited department/facility to a maximum of 6 selected randomly. If sex-separated toilets/latrines are present, visit all both female and male facilities to a maximum of 3 for each type. A slab is a platform/pedestal at the interface of the pit. Materials used for toilet seats/slabs that ensure easy cleaning include concrete, fibre-glass, porcelain or stainless steel. If there is no latrine/squat toilet at the facility, select "Not applicable".
<b>S5</b>	<b>OBSERVE: How many toilets/latrines are available for patients at the facility?</b> 
	Insert number of available toilets/latrines: _____
<b>Note</b>	Check all toilets/latrines at the visited department/facility to a maximum of 6 selected randomly. If sex-separated toilets/latrines are present, visit both female and male facilities to a maximum of 3 for each type. The answer should reflect the situation at the moment of the visit. Please insert the number of accessible toilet seats or toilet cubicles for individual use. Please refer to WHO/UNICEF JMP definition for <u>available toilets</u> : Toilets/latrines are available when on premises (outside or inside of the building, within the property of the facility), and doors are unlocked or with a key available at all times. If there are no toilets/latrines for patients at the facility, answer 0.
<b>S6</b>	<b>OBSERVE: How many of the patients toilets visited met the following conditions related to availability?</b>
	<b>S6.1</b> Toilets/latrines are on premises <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>S6.2</b> Toilets/latrines are unlocked or a key is available <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA
<b>Note</b>	Select either yes or no for each sub-question. If there are <u>no toilets/latrines for patients</u> at the facility, select not applicable "NA".
<b>S7</b>	<b>OBSERVE: How many toilets/latrines for patients at the facility are functional?</b> 
	Insert number of functional toilets/latrines: _____
<b>Note</b>	Confirm that the toilets (or latrines) are functional by checking all toilets/latrines at the visited department/facility to a maximum of 6 selected randomly. If sex-separated toilets/latrines are present, visit all both female and male facilities to a maximum of 3 for each type. The answer should reflect the situation at the moment of the visit. Please insert the number related to the functional toilet seats or toilet cubicles for individual use. Please refer to WHO/UNICEF JMP definition for functional toilets: the hole or pit is not blocked, water is available for flush/pour flush toilets, and there are no cracks or leaks in the toilet structure. If there are no toilet/latrine for patients at the facility, answer 0.
<b>S8</b>	<b>OBSERVE: At the facility, are the following conditions related to functionality observed for all visited patients' toilets?</b>
	<b>S8.1:</b> The hole or pit is unblocked <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>S8.2:</b> Water is available for flush/pour flush <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>S8.3:</b> There are no cracks or leaks in the toilet/toilet structure <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA
<b>Note</b>	Select either yes or no for each sub-question. If there are <u>no toilets/latrines for patients</u> , select not applicable "NA".
<b>S9</b>	<b>OBSERVE: How many toilets/latrines for patients at the facility are private?</b> 
	Insert number of private toilets/latrines: _____

<b>Note</b>	Please insert the number related to the private toilet seats or toilet cubicles for individual use. Please refer to WHO/UNICEF JMP definition for private toilet/latrine: the toilet/latrine stall should have (partitioning) <u>walls without major holes</u> , and a door which is unlocked when not in use (or for which a key is available at any time) and which <u>can be closed/locked</u> from the inside during use. If there are no toilets/latrines and cannot be checked for privacy, answer 0.
<b>S10</b>	<b>OBSERVE: At the facility, are the following conditions related to privacy observed for all visited patients' toilets?</b> 
	<b>S10.1:</b> There are partitioning walls and doors <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>S10.2:</b> Walls and doors have no major holes <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA <b>S10.3:</b> Doors can be locked/closed from the inside during use <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: NA
<b>Note</b>	Select either yes or no for each sub-question. If there are no <u>toilets/latrines for patients</u> , select not applicable "NA".
<b>S11</b>	<b>OBSERVE: How many toilets/latrines for patients at the facility are usable?</b> 
	Insert number of usable (available, functional and private) toilets/latrines: _____
<b>Note</b>	Confirm that the toilets (or latrines) are usable. The pictures should clearly show the privacy measures and the state of the fixtures. Please insert the number related to the usable toilet seats or toilet cubicles for individual use. Please refer to WHO/UNICEF JMP definition for a usable toilet/latrine, a toilet should be <u>available, functional and private</u> at the time of the survey or questionnaire. If there are no toilets/latrines for patients at the facility, answer 0.
<b>S12</b>	<b>OBSERVE: Are toilets/latrines for patients sex-separated?</b>
	<input type="checkbox"/> 1: Yes, all <input type="checkbox"/> 2: Yes, some <input type="checkbox"/> 3: No <input type="checkbox"/> 98: Not applicable
<b>Note</b>	For sex-separated toilets/latrines consider washrooms with one or more toilet cubicles dedicated for exclusive use for female or male patients or a private room with only one toilet and one handwashing facility that can be used by one female or one male patient exclusively at a time (alike washrooms for patients with limited mobility). If the washroom can be used at the same time by more than one patient and if there is no indication on the sex/gender on the door, please select "No". If there are no toilets/latrines for patients at the facility, select "Not applicable".
<b>S13</b>	<b>OBSERVE: Do (female) toilets/latrines provide facilities to manage menstrual hygiene needs?</b> 
	<input type="checkbox"/> 1: Yes, all <input type="checkbox"/> 2: Yes, but only some toilets/latrines <input type="checkbox"/> 3: No, none of the toilets/latrines provide menstrual hygiene facilities <input type="checkbox"/> 98: Not applicable (no toilets at the facility)
<b>Note</b>	Toilets/latrines can be in a room with multiple stalls or in a private room with a single toilet. Toilets/latrines in rooms with multiple stalls should all be dedicated for use by either women or men. A gender-neutral room with a single toilet is also considered as sex-separated, as it allows women and men to use toilets/latrines separately. A toilet can be considered to meet the needs of menstrual hygiene management if it meets both of the following conditions: <ul style="list-style-type: none"> <li>• a bin with a lid on it within the cubicle;</li> <li>• water and soap available in a private space for washing..</li> </ul> If there are no toilets/latrines, select "Not applicable". The pictures should clearly show the presence or the absence of the specified conditions.
<b>S14</b>	<b>OBSERVE: What menstrual hygiene needs are met in (female) toilets/latrines?</b>
	<b>S14.1:</b> There is a bin within the toilet cubicle (no lid, no bag) <input type="checkbox"/> 1: Yes, for all <input type="checkbox"/> 2: Yes, for some <input type="checkbox"/> 3: No for none <input type="checkbox"/> 98:NA <b>S14.2:</b> There is a bin with lid on it within the toilet cubicle <input type="checkbox"/> 1: Yes, for all <input type="checkbox"/> 2: Yes, for some <input type="checkbox"/> 3: No for none <input type="checkbox"/> 98:NA <b>S14.3:</b> There is a bin with a plastic bag within the toilet cubicle

	<input type="checkbox"/> 1: Yes, for all <input type="checkbox"/> 2: Yes, for some <input type="checkbox"/> 3: No for none <input type="checkbox"/> 98:NA <b>S14.4:</b> Water is available in a private space for washing <input type="checkbox"/> 1: Yes, for all <input type="checkbox"/> 2: Yes, for some <input type="checkbox"/> 3: No for none <input type="checkbox"/> 98:NA <b>S14.5:</b> Soap is available in a private space for washing <input type="checkbox"/> 1: Yes, for all <input type="checkbox"/> 2: Yes, for some <input type="checkbox"/> 3: No for none <input type="checkbox"/> 98:NA
<b>Note</b>	Select the most appropriate option for each sub-question. If there are <u>no toilets/latrines</u> for patients, select not applicable "NA".
<b>S15</b>	<b>OBSERVE: Are toilet facilities visibly clean?</b>
	<input type="checkbox"/> 1: Yes, most or all toilets/latrines are visibly clean <input type="checkbox"/> 2: No, half or fewer toilets/latrines are visibly clean <input type="checkbox"/> 3: No, no toilet is visibly clean <input type="checkbox"/> 98: Not applicable
<b>Note</b>	<p>Confirm that more than the toilet area and the toilet cubicles are clean. Clean means with no excreta, litter, blood or body substances that could pose a human health risk. Assess this question at the same time as assessing other questions in this section: checking all toilets/latrines at the visited department/facility to a maximum of 6 selected randomly. If sex-separated toilets/latrines are present, visit all both female and male facilities to a maximum of 3 for each type.</p> <p>If there are no toilets/latrines for patients at the facility, select "Not applicable".</p>
<b>S16</b>	<b>OBSERVE: Are up-to-date records of toilet cleaning visible and signed by the cleaners?</b>
	<input type="checkbox"/> 1: Yes, signed by the cleaners <input type="checkbox"/> 2: No, no signatures or outdated records <input type="checkbox"/> 3: No, no records
<b>S17</b>	<b>OBSERVE: Is there <b>toilet paper</b> available in the toilet?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: Neither <b>toilet paper nor other means for anal cleansing</b> available <input type="checkbox"/> 3: No <b>toilet paper available, but water is used for anal cleansing</b> <input type="checkbox"/> 98: Not applicable  <i>PLEASE ADAPT TERMINOLOGY ACCORDING TO THE NATIONAL CONTEXT</i>
<b>Note</b>	If there are no toilets/latrines for patients at the facility, select "Not applicable".
<b>S18</b>	<b>OBSERVE: Do toilets/latrines have adequate light, including at night?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: Not applicable
<b>Note</b>	<p>There should be functioning and sufficient general or overhead light to see all areas within the toilet stall at night, as well as in areas that users will travel to and from the toilets, particularly if not located within the health facility (e.g. if outside).</p> <p>If there are no toilets/latrines for patients at the facility, select "Not applicable".</p>
<b>S19</b>	<b>ASK/OBSERVE: Is there at least one improved toilet designated for staff only?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No, there are unimproved toilets/latrines only <input type="checkbox"/> 3: No, there is no toilet designated for staff
<b>Note</b>	<p>Please select Yes only if the toilet hygienically separates human excreta from human contact. Please refer to WHO/UNICEF JMP definition for "Improved" facilities.</p> <p><u>"Improved" facilities include</u> both network and on-site sanitation: flush and pour flush toilets connected to sewers, flush and pour flush toilets or latrines connected to septic tanks or pits, ventilated improved pit latrines, pit latrines <u>with slabs</u>, and composting toilets, including twin pit latrines and container-based systems.</p> <p>The toilet/latrine slab should be made from smooth materials for ease of cleaning, such as concrete, fibreglass, porcelain or stainless steel.</p> <p>Technologies that do not meet the requirements for improved sanitation are unhygienic on-site sanitation systems, such as pit latrines without slabs, hanging latrines, bucket latrines, or areas for open defecation without a sanitation facility.</p>
<b>S20</b>	<b>OBSERVE: Is the toilet/latrine designated for staff usable?</b>

	<input type="checkbox"/> 1: Yes, it is available, functional and private <input type="checkbox"/> 2: No <input type="checkbox"/> 98: Not applicable
<b>Note</b>	<p>Check by visiting the staff sanitation facility. If there is more than one toilet/latrine at the visited department/facility, randomly select one in an area frequently used.</p> <p>Please refer to WHO/UNICEF JMP definition for usable toilets/latrines:</p> <ul style="list-style-type: none"> <li>• <u>available</u>: doors are unlocked or a key is available at all times;</li> <li>• <u>functional</u>: the toilet is not broken, the toilet hole is not blocked, and water is available for flush/pour-flush toilets; and</li> <li>• <u>private</u>: there are closable doors that lock from the inside and no large gaps in the structure.</li> </ul> <p>If there are no toilets/latrines designated for staff, select "Not applicable".</p>
<b>S21</b>	<b>OBSERVE: Is there at least one improved toilet that meets the needs of people with reduced mobility?</b>
	<input type="checkbox"/> 1: Yes, for all toilets for people with reduced mobility are improved <input type="checkbox"/> 2: No, there are toilets intended for people with reduced mobility, but these do not meet their needs. <input type="checkbox"/> 3: No, not at least one toilet for people with reduced mobility meeting their needs
<b>Note</b>	<p>Please select Yes only if the toilet is improved, meaning that it hygienically separates human excreta from human contact.</p> <p>"Improved" facilities include both network and on-site sanitation: flush and pour flush toilets connected to sewers, flush and pour flush toilets or latrines connected to septic tanks or pits, ventilated improved pit latrines, pit latrines with slabs, and composting toilets, including twin pit latrines and container-based systems.</p> <p>The toilet seat/slab should be made from concrete, fibreglass, porcelain or stainless steel for ease of cleaning.</p> <p>This question refers to toilets for people with limited mobility, regardless if they are for patients or staff. A toilet can be considered accessible if it meets all the following conditions:</p> <ul style="list-style-type: none"> <li>• can be accessed without stairs or steps,</li> <li>• handrails for support are attached either to the floor or sidewalls,</li> <li>• the door is at least 80 cm wide,</li> <li>• the door handle and seat are within reach of people using wheelchairs or crutches/sticks.</li> </ul> <p>The pictures should clearly show the presence or the absence of the specified conditions.</p>
<b>S22</b>	<b>OBSERVE: What needs of people with reduced mobility are met by the toilet/latrine?</b>
	<p><b>S22.1:</b> The way is free from stairs or steps  <input type="checkbox"/> 1: Yes for all      <input type="checkbox"/> 2: Yes, for some      <input type="checkbox"/> 3: No      <input type="checkbox"/> 98: NA</p> <p><b>S22.2:</b> There are handrails  <input type="checkbox"/> 1: Yes for all      <input type="checkbox"/> 2: Yes, for some      <input type="checkbox"/> 3: No      <input type="checkbox"/> 98: NA</p> <p><b>S22.3:</b> The door is wide enough  <input type="checkbox"/> 1: Yes for all      <input type="checkbox"/> 2: Yes, for some      <input type="checkbox"/> 3: No      <input type="checkbox"/> 98: NA</p> <p><b>S22.4:</b> Door handle and seat are present and within reach  <input type="checkbox"/> 1: Yes for all      <input type="checkbox"/> 2: Yes, for some      <input type="checkbox"/> 3: No      <input type="checkbox"/> 98: NA</p>
<b>Note</b>	<p>This question refers to toilets for people with reduced mobility, regardless if they are patients or staff. Select the most appropriate option for each sub-question. If there is no toilet for people with reduced mobility, select "Not applicable" "NA".</p>
<b>S23</b>	<b>OBSERVE: Is the toilet for people with reduced mobility usable?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No, toilet is present, but not completely usable <input type="checkbox"/> 98: Not applicable
<b>Note</b>	<p>To be considered usable, a toilet should be <u>available, functional and private</u> at the time of the survey or questionnaire.</p> <p>Confirm that the toilets (or latrines) are usable.</p> <p>If there is no toilet for people with reduced mobility, select "Not applicable".</p> <p>The pictures should clearly show the privacy measures and the state of the fixtures.</p>
<b>S24</b>	<b>OBSERVE: Are toilets/latrines for patients available within 30 metres from the point of care?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 98: Not applicable



<b>Note</b>	If there is more than one point of care, select the one closest to the toilets. To define the distance a GPS tracker is recommended for toilets outside the facilities. Alternatively, the number of feet can be counted after measuring the approximate foot length of the surveyor. If there are no toilets/latrines, select "Not applicable".
<b>S25</b>	<b>ASK: How is grey water managed at the facility?</b>
	<input type="checkbox"/> 1: Separate Drainage system connected to functioning sewer <input type="checkbox"/> 2: Separate Drainage system connected to septic tank/pit with onsite treatment <input type="checkbox"/> 3: Separate Drainage system connected to septic tank/pit without onsite treatment <input type="checkbox"/> 4: I don't know <input type="checkbox"/> 98: Not applicable
<b>Note</b>	Grey water is wastewater produced from washbasins, showers, sinks, etc. (grey water). If there is no separate drainage system in place, select "Not applicable".
<b>S26</b>	<b>ASK: Is the drainage system for removing grey water functioning?</b>
	<input type="checkbox"/> 1: Drainage system in place <input type="checkbox"/> 2: Drainage system in place but not functioning/damaged <input type="checkbox"/> 3: No drainage system in place
<b>Note</b>	Grey water is wastewater produced from washbasins, showers, sinks, etc.
<b>S27</b>	<b>OBSERVE: Were any signs of open defecation observed during the facility visit?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
<b>Note</b>	During or after the visit, have a look at the area outside in the near proximity of the facility (or around the outside toilets) and observe whether there is any sign of open defecation.

## Annotations

### S1. Presence of toilets at the healthcare facility

*If the response to question S1 is zero, i.e. "No toilets/latrines for patients", the responses to questions S2-S4, S6, S8, S10, S12-15, S17, S18, S24 must be "Not applicable".*

### S2. Type of toilets/latrines at the healthcare facility

Information on sanitation technologies enables categorizing sanitation as improved or unimproved. In line with the JMP definition, improved sanitation prevents any contact of the user with fecal matter, including flush/pour flush to piped sewer system, septic tanks; ventilated improved pit latrines, composting toilets, or pit latrines with slabs. Unimproved sanitation sources cannot be considered safe; they include flush/pour flush to open drain, pit latrines without slab, hanging latrines, bucket latrines, and open defecation.

For details on improved sanitation in healthcare facilities and guidance on sanitation and health, check WHO available resources in the Annex.

The responses to question S2 require knowledge on sanitation technologies provided during a dedicated training for data collectors.

### S4 Toilet slabs at the healthcare facility

The responses to question S4 require knowledge on sanitation technologies provided during a dedicated training for data collectors. For additional information and guidance on sanitation and health, check WHO available resources in the Annex.

### S5-S11. Usability of toilets

The responses require knowledge on indicators and definitions provided during a dedicated training for data collectors for data collectors.

*During data entering and analysis, consider possible issues with toilet usability and cross-check the pictures of toilets taken for question S2 in case of doubt or conflicting responses to questions on availability, functionality and privacy and respective control questions on issues observed (S5 and S6, S7 and S8, S9 and S10).*

*During data entering and analysis, make sure that the response to question S5, S7, S9 and S11 is equal or smaller than the response to question S1.*

### S5. Availability of toilets/latrines at the healthcare facility

The difference between presence and availability should be considered during translation. This questions refers to the actual ability of users to access/use the toilets/latrines. Appropriate terminology understandable in the local context should be chosen accordingly during translation in the local language.

### S10. Privacy issues of the toilets/latrines at the healthcare facility

Subquestion S10.3. on whether doors can be locked or closed from the inside might need to be adapted to the national context, if locking of toilets is not allowed by local standards and regulations.

### **S13-14. Provision of menstrual hygiene means at the healthcare facility**

This question asks about the provision for menstrual hygiene in female toilets/latrines for patients at healthcare facility in line with JMP indicators and definitions<sup>20</sup>. If additional criteria or standards exist in the local contexts, definitions in the notes and answer categories may be adapted or complemented accordingly. For additional information on menstrual hygiene provisions, check WHO available resources in the Annex

### **S17. Toilet paper at the healthcare facility**

If the response to question S1 is zero, i.e. “No toilets/latrines for patients”, the responses to questions S17 must be “Not applicable”.

### **S19. Toilets for staff at the healthcare facility**

The responses to questions S19 and S20 require knowledge on sanitation technologies provided during a dedicated training for data collectors.

For additional information and guidance on health-relevant recommendations for WASH services in health care facilities, check WHO available resources in the Annex.

### **S20. Usability of toilets for staff at the healthcare facility**

If the response to question S19 is “No toilets/latrines for staff”, the response to question S20 must be “Not applicable”.

### **S21-23. Toilets for people with reduced mobility at the healthcare facility**

The responses to questions S21 and S22 require knowledge on sanitation technologies provided during a dedicated training for data collectors.

For additional information and guidance on sanitation for people with reduced mobility in healthcare facilities health-relevant recommendations for WASH services in health care facilities, check WHO available resources in the Annex..

If the response to question S21 is “No toilets/latrines for persons with reduced mobility”, the responses to questions S22 and S23 must be “Not applicable”.

### **S25. Management of grey water (wastewater without fecal waste) at the healthcare facility**

This question asks about the management of grey water separately from the management of black water (fecal waste) at the healthcare facility. The requirement of having on-site or off-site treatment options may be evaluated depending on the local context.

### **S27. Signs of open defecation**

The responses to questions S27 require a standardised approach discussed during a dedicated training for data collectors.

## **Hand hygiene**


**Dimensions: access to hand washing facilities and hand hygiene, training, hygiene promotion, stocking and provision**




Data from the highlighted questions can be used to answer JMP core questions on WASH in health care facilities

No.	Question
H1	<b>OBSERVE: Are hand hygiene stations available at the entry to the healthcare facility?</b>
	<input type="checkbox"/> 1: Yes, hand hygiene stations are functional <input type="checkbox"/> 2: Yes, hand hygiene stations are available but not functional, or lacking materials <input type="checkbox"/> 3: No, no hand hygiene stations are available
Note	Hand hygiene stations available at the entry, may be used by staff, patients and visitors before or after providing or being provided with care. A functional hand-hygiene station may consist of: <ul style="list-style-type: none"> <li>• soap, water with a basin/pan for washing hands, and adequate drainage; or</li> </ul>

<sup>20</sup> Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. Geneva: World Health Organization and the United Nations Children’s Fund (UNICEF), 2018.

	<ul style="list-style-type: none"> <li>an alcohol-based hand rub dispenser.</li> </ul>
<b>H2</b>	<b>OBSERVE: Are there functional hand hygiene stations available at all points of care on the day of the survey in the department/facility?</b>
	Insert number of observed points of care: (H2.1) _____ Insert number of observed points of care with hand hygiene station: (H2.2) _____ Insert number of observed points of care with <b>adequate</b> hand hygiene stations: (H2.3) _____
<i>Note</i>	<p>Confirm that the hand hygiene stations are functional by checking the points of care at the visited department/facility. Points of care are any location in the health care facility where care or treatment is delivered (e.g. consultation/exam rooms). For facilities with multiple points of care, select 5 rooms at random from the area where most general services are conducted. In hospitals, if medical procedures are not conducted in a dedicated room but in patients' rooms, ask to check the patients' room at the visited department/facility to a maximum of 5 rooms selected at random. In case of patient currently under treatment, wait until they are done or select another frequently used point of care.</p> <p>A <u>functional / adequate hand hygiene station</u> is any device that enables staff to clean their hands effectively. It may consist of:</p> <ul style="list-style-type: none"> <li>soap and running/poured water with a basin/pan for washing hands, OR</li> <li>alcohol-based hand rub (ABHR).</li> </ul> <p>If ABHR is used, health care staff may carry a dispenser around between points of care. Chlorinated water (a prepared solution of chlorine suspended in water) is not considered an adequate substitute for soap and water or for ABHR.</p> <p>If there are no hand hygiene stations at the point of care, answer 0.</p>
<b>H3</b>	<b>ASK: What hand hygiene equipment is there at points of care?</b>
	<input type="checkbox"/> 1: Water and normal soap only <input type="checkbox"/> 2: Alcohol-based hand rub only <input type="checkbox"/> 3: Both alcohol-based hand rub as well as water and soap <input type="checkbox"/> 4: No hand hygiene facilities at the points of care
<i>Note</i>	Points of care are any location in the health care facility where care or treatment is delivered (e.g. consultation/exam rooms). In hospitals, if medical procedure are not conducted in a dedicated room but in patients' rooms, ask to check the patients' room at the visited department/facility.
<b>H4</b>	<b>OBSERVE: Are the following conditions observed for <u>all</u> hand hygiene stations at points of care on the day of the visit?</b>
	<p><b>H4.1:</b> station is functional/there is running water  <input type="checkbox"/> 1: Yes, for all      <input type="checkbox"/> 2: Yes, for some      <input type="checkbox"/> 3: No, for none      <input type="checkbox"/> 98: NA</p> <p><b>H4.2:</b> station is provided with soap  <input type="checkbox"/> 1: Yes, for all      <input type="checkbox"/> 2: Yes, for some      <input type="checkbox"/> 3: No, for none      <input type="checkbox"/> 98: NA</p> <p><b>H4.3:</b> station is provided with alcohol-based hand rub  <input type="checkbox"/> 1: Yes, for all      <input type="checkbox"/> 2: Yes, for some      <input type="checkbox"/> 3: No, for none      <input type="checkbox"/> 98: NA</p> <p><b>H4.4:</b> station is provided with electric hand-drying device  <input type="checkbox"/> 1: Yes, for all      <input type="checkbox"/> 2: Yes, for some      <input type="checkbox"/> 3: No, for none      <input type="checkbox"/> 98: NA</p> <p><b>H4.5:</b> station is provided with single use hand towels  <input type="checkbox"/> 1: Yes, for all      <input type="checkbox"/> 2: Yes, for some      <input type="checkbox"/> 3: No, for none      <input type="checkbox"/> 98: NA</p>
<i>Note</i>	Select either yes or no for each sub-question. Single use hand towels may include disposable paper towels, cloth towel dispensers or roll towels. In case of a single reusable towel, select "No". If there are <u>no hand hygiene stations</u> at the point of care, select not applicable "NA".
<b>H5</b>	<b>OBSERVE: Are there hand hygiene stations available in public areas at the visited department?</b>
	<input type="checkbox"/> 1: Yes, there are functional hand hygiene stations in all areas <input type="checkbox"/> 2: No, hand hygiene stations are available but not functional, or lacking materials <input type="checkbox"/> 3: No, no hand hygiene stations are available
<i>Note</i>	Hand hygiene stations available in common areas, outside of areas of care and toilets, may be used by staff, patients and visitors before or after providing or being provided with care. Check in different parts of the entire common area (waiting rooms, corridors, etc.). A functional hand-hygiene station may consist of:

	<ul style="list-style-type: none"> <li>• soap, water with a basin/pan for washing hands, and adequate drainage; or</li> <li>• an alcohol-based hand rub dispenser.</li> </ul> <p>For translation: Common or public areas refer to public spaces in a facility, e.g. entrance area, waiting area, staff facilities, shops or canteens.</p>
<b>H6</b>	<b>OBSERVE: Is there at least one adequate handwashing facility at toilets/latrines on the day of the survey?</b>
	<input type="checkbox"/> 1: Yes, there is an adequate handwashing facility within 5m from the toilet/latrine at <u>every</u> toilet <input type="checkbox"/> 2: Yes, but there is an adequate handwashing facility within 5m from the toilet/latrine <u>at least at one</u> but not all sanitation facilities <input type="checkbox"/> 3: No, handwashing facilities are available at toilets/latrines but not functional or lacking materials <input type="checkbox"/> 4: No, no handwashing facilities are available at toilets <input type="checkbox"/> 98: Not applicable (no toilets/latrines at the facility)
<i>Note</i>	<p>A sanitation facility is any room or area with one or more toilet cubicles/latrines. To be considered at the toilet, the handwashing facility should be within 5 meters from the toilet cubicle (check by counting the number of feet).</p> <p>Confirm that the handwashing facilities are functional by checking all toilets/latrines at the visited department/building to a maximum of 6 selected randomly. If sex-separated toilets/latrines are present, visit all both female and male facilities to a maximum of 3 for each type. If one or more available toilets/latrines were identified in question S3, these should be inspected for the availability of functional handwashing facilities.</p> <p><u>Adequate</u> means that the handwashing is provided with soap, running/pour water with a basin/pan for washing hands, and adequate drainage.</p> <p>Handwashing facilities at toilets/latrines <u>must include water and soap</u>, rather than ABHR alone, since ABHR does not remove faecal matter.</p> <p>If there are no toilets/latrines for patients at the facility, select "Not applicable".</p>
<b>H7</b>	<b>OBSERVE: Are the following conditions observed for <u>all</u> handwashing facilities at toilets/latrines?</b>
	<p><b>H7.1:</b> Facility is functional/ there is running water  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No      <input type="checkbox"/> 98: NA</p> <p><b>H7.2:</b> Facility is provided with soap  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No      <input type="checkbox"/> 98: NA</p> <p><b>H7.3:</b> Facility has adequate drainage  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No      <input type="checkbox"/> 98: NA</p> <p><b>H7.4:</b> Facility is provided with electric hand drying device  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No      <input type="checkbox"/> 98: NA</p> <p><b>H7.5:</b> Facility is provided with single use hand towels  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No      <input type="checkbox"/> 98: NA</p>
<i>Note</i>	<p>Single use hand towels may include disposable paper towels, cloth towel dispensers or roll towels. In case of a single reusable towel, select No.</p> <p>Select either yes or no for each sub-question. If there are no handwashing facilities at the sanitation facility, select not applicable "NA".</p>
<b>H8</b>	<b>OBSERVE: What hand hygiene programmes are regularly taking place at the healthcare facility?</b>
	<p><b>H8.1</b> Refreshment trainings  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No</p> <p><b>H8.2</b> Communication campaigns  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No</p> <p><b>H8.3</b> Monitoring of staff's hand hygiene practices  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No</p> <p><b>H8.4</b> Monitoring of hand hygiene supplies  <input type="checkbox"/> 1: Yes      <input type="checkbox"/> 2: No</p>
<i>Note</i>	<p>Hand hygiene programmes may be targeted at staff and/or patients. Select yes if the programme regularly takes place once a year or more often.</p> <p>Refreshment trainings are continuous medical education trainings for the refreshment of knowledge on the topic.</p> <p>Communication campaigns are trainings for medical and non-medical staff, patients and general public on a specific topic.</p> <p>Monitoring of staff's hand hygiene practices refers to procedures for surveillance over specific practices.</p>

	Monitoring of hand hygiene supplies refers to procedures for control over the procurement and distribution of supplies. A structured training refers to structured training plans or programs led by a trainer or appropriately qualified supervisor.
<b>H9</b>	<b>OBSERVE: Are there hand hygiene-promotion posters visible at the visited department?</b>
	<input type="checkbox"/> 1: Yes, visible at all visited key places <input type="checkbox"/> 2: Yes, visible at most visited key places <input type="checkbox"/> 3: Yes, but only at some key places <input type="checkbox"/> 4: No posters anywhere
<i>Note</i>	Posters for hand hygiene promotion may provide indications for hand hygiene, explain the correct use of handrub and/or indicate the correct handwashing technique. Promotion posters should be clearly visible and understandable and positioned at key places, such as points of care, hand hygiene and handwashing stations, patients' rooms, toilet areas. Refer to the areas visited to answer questions H2-H6.
<b>H10</b>	<b>ASK: How frequently does healthcare staff receive structured training regarding essential infection prevention and control in your department/facility?</b>
	<input type="checkbox"/> 1: Mandatory structured training for all health-care staff at commencement of employment, then ongoing regular training (at least annually) <input type="checkbox"/> 2: Regular structured training for all health-care staff (at least annually) <input type="checkbox"/> 3: All members of the staff received structured training at least once <input type="checkbox"/> 4: Some members of the staff received structured training at least once <input type="checkbox"/> 5: Never
<i>Note</i>	Health-care staff should include doctors, nurses and auxiliary staff at the facility getting in contact with patients and patients' beds. A structured training refers to structured training plans or programs led by a trainer or appropriately qualified supervisor.
<b>H11</b>	<b>ASK: Is there a procurement plan and dedicated budget available for continuous provision of hand hygiene supplies for the department?</b>
	<input type="checkbox"/> 1: Yes, a plan and budget are in place and it is regularly implemented <input type="checkbox"/> 2: Yes, a plan is in place but budget is not fully/regularly provided <input type="checkbox"/> 3: No, neither a plan nor budget are in place
<i>Note</i>	A procurement plan is a scheme and/or a schedule for regular purchase of supplies (on a monthly basis or at different intervals) to ensure sufficient stocking and availability of supplies favouring good hand hygiene practice by staff and patients. Hand hygiene supplies may include regular soap, antiseptic soap, alcohol-based hand rub, and paper towels or cotton rolls.
<b>H12</b>	<b>ASK/OBSERVE: Is there sufficient stocking of hand hygiene supplies?</b>
	<input type="checkbox"/> 1: Yes, <input type="checkbox"/> 2: Yes, there is stocking but limited/insufficient <input type="checkbox"/> 3: No stocking
<i>Note</i>	The adequate quantity of stock supplies varies depending on the department and the size of the facility. At a minimum, supplies should be sufficient to re-supply all hand hygiene stations in the healthcare facility (or the department, if each department has an independent stock) for two weeks.
<b>H13</b>	<b>ASK: How many showers are available at the visited department?</b>
	Insert number: _____
<i>Note</i>	If no shower is available or not applicable in primary facilities, insert number 0. Question is relevant for secondary and tertiary facilities.
<b>H14</b>	<b>OBSERVE/ASK: Are there sufficient risk-appropriate personal protective equipment for healthcare staff?</b>
	<input type="checkbox"/> 1: Yes, appropriate and sufficient quantity <input type="checkbox"/> 2: No, appropriate but insufficient quantity <input type="checkbox"/> 3: No appropriate materials
<i>Note</i>	Risk-appropriate personal protective equipment (PPE) depends on the type of department (e.g. for infectious diseases, COVID19, etc.) and procedures in place (e.g. semi- and invasive procedures). PPE may include gloves, medical masks, apron, face shields, shoe covers, arm sleeves depending on the department and procedures in place.

## 👁 Annotations

*[number of questions to be added]*

### **Question H. Hand hygiene stations at points of care on the day of the visit**

This question asks about hand hygiene stations at points of care at the visited department of the healthcare facility. Please bear in mind that hand hygiene stations at points of care are different from hand washing facilities at toilets (see question H6). This question also addresses the de facto situation on the day of the visit and is therefore different from the question on general hand hygiene provision at points of care (H3).

### **Question H. Hand hygiene equipment at points of care at the healthcare facility**

This question asks about a general provision of points of care with hand hygiene equipment. Please bear in mind that this is different from the provision of hand hygiene stations at points of care on the day of the visit (see question H2).

### **Question H. Conditions at hand hygiene stations at the healthcare facility**

If the response to question H2.2 is zero, i.e. "No hand hygiene stations at points of care", the responses to questions H4.1-H4.5 must be "Not applicable".

### **Question H. Hand washing facilities at the healthcare facility**

This question asks about hand washing facilities at toilets/latrines for patients and staff at the visited department of the healthcare facility. Please bear in mind that hand washing facilities are different from hand hygiene stations at points of care (see question H2).

### **Question H. Conditions at hand washing facilities at the healthcare facility**

If the response to question H6 is "No hand-washing facilities at toilets/latrines", the responses to questions H7.1-H7.5 must be "Not applicable".

### **Question H. Hand hygiene programmes at the healthcare facility**

The number and the structure of the H8 sub-questions should be adapted to local / national context if necessary with a short description of each programme in Notes.

Please bear in mind that hand hygiene programmes are different from trainings on infection prevention and control at healthcare facilities (see question H10).

### **Question H. Hand hygiene-promotion posters at the healthcare facility**

Hand hygiene promotion is one of the important WASH indicators. For details on hand hygiene in healthcare facilities, please refer to WHO Guidelines on Hand Hygiene in Health Care, My 5 Moments for Hand Hygiene, 7 Steps to Hand Hygiene, and other similar publications.

### **Question H. Training of healthcare staff regarding the essential infection prevention and control at the healthcare facility**

Structured training of healthcare staff regarding infection prevention and control is considered essential for the provision of WASH services. Healthcare facilities should provide such structured trainings to all healthcare staff upon employment and on a regular basis.


Please bear in mind that trainings on infection prevention and control are different from hand hygiene programmes at healthcare facilities (see question H8).



## Health care waste management

Dimensions: segregation, storage, disposal, general waste



Data from the highlighted questions can be used to answer JMP core questions on WASH in health care facilities

No.	Question
<b>M1</b>	<b>OBSERVE: How many types of labelled bins are available for waste segregation at the points of care?</b>
	<input type="checkbox"/> 1: One: general waste only <input type="checkbox"/> 2: Two: (1) sharps waste and (2) general waste <input type="checkbox"/> 3: Two: (1) mixed sharp and infectious waste (e.g. biohazard container) and (2) general waste <input type="checkbox"/> 4: Three: (1) sharps waste (2) infectious waste, and (3) non-infectious general waste <input type="checkbox"/> 5: More than three different types
<i>Note</i>	<p>Points of care are any location in the health care facility where care or treatment is delivered (e.g. consultation/exam rooms). For facilities with multiple points of care, select 5 at random from the area where most general services are conducted. In hospitals, if medical procedures are not conducted in a dedicated room but in patients' rooms, ask to check the patients' room at the visited department/facility to a maximum of 5 selected at random. In case of patient currently under treatment, wait until they are done or select another frequently used point of care.</p> <p>Observe whether there are three different types, respectively for (1) sharps waste (2) infectious waste, and (3) non-infectious general waste, or another number. If there are two bins of the same type, count only one.</p> <p>In case of different number of bins in the different points of care, report the answer choice valid for at least 4 points of care.</p>
<b>M2</b>	<b>OBSERVE: Are the following conditions related to waste segregation/management observed at all points of care?</b>
	<p><b>M2.1:</b> Waste is correctly segregated  <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No    <input type="checkbox"/> 98: NA</p> <p><b>M2.2:</b> Bins are adequately labelled and/or colour coded  <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No    <input type="checkbox"/> 98: NA</p> <p><b>M2.3:</b> Bins for sharps have a lid  <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No    <input type="checkbox"/> 98: NA</p> <p><b>M2.4:</b> Bins are partially empty (not full)  <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No    <input type="checkbox"/> 98: NA</p> <p><b>M2.5:</b> Bins are appropriate to the type of waste  <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No    <input type="checkbox"/> 98: NA</p>
<i>Note</i>	<p>Check the outside and inside of the bins at the points of care in the department/facility. Points of care are any location in the health care facility where care or treatment is delivered (e.g. consultation/exam rooms).</p> <p>For facilities with multiple points of care, select 5 at random from the area where most general services are conducted. In hospitals, if medical procedures are not conducted in a dedicated room but in patients' rooms, ask to check the patients' room at the visited department/facility to a maximum of 5 selected at random. In case of patient currently under treatment, wait until they are done or select another frequently used point of care.</p> <p>Segregation is correctly done when:</p> <ul style="list-style-type: none"> <li>there are at least three types of bins, respectively for (1) sharp (2) infectious and (3) non-infectious general waste , AND</li> <li>each bin does not contain waste other than that corresponding to their label.</li> </ul> <p>Adequate labels of healthcare waste bins should be color-coded (yellow for hazardous waste and black for general waste) or have written labels or signs for hazardous waste.</p> <p>Bins are <u>not full or partially empty</u> when the quantity of waste is <u>no more than three-quarters (75%) of the bin</u>.</p> <p>Check that bins are <u>appropriate to the type</u> of waste they are to contain, i.e. that sharps containers are puncture-proof and others bins are leak-proof.</p> <p>If there is only one bin for general waste or no waste bins at the point of care, select not applicable "NA".</p>
<b>M3</b>	<b>OBSERVE: In the procedure area, are functional needle cutters or hub cutters available?</b>
	<input type="checkbox"/> 1: Yes

	<input type="checkbox"/> 2: No
<b>Note</b>	For facilities with multiple points of care, select 5 at random from the area where most general services are conducted. Observe if there is any method of needle destruction, such as a “needle destroyer”, “needle cutter”, “hub cutter” or similar.
<b>M4</b>	<b>ASK/OBSERVE: How does <i>this facility</i> usually treat/dispose of sharps waste?</b>
	<input type="checkbox"/> 1: Autoclaved <input type="checkbox"/> 2: Incinerated (two chamber, 850-1000 °C incinerator) <input type="checkbox"/> 3: Incinerated (other) <input type="checkbox"/> 4: Burning in a protected pit <input type="checkbox"/> 5: Open burning <input type="checkbox"/> 6: Not treated, but buried in lined, protected pit <input type="checkbox"/> 7: Not treated, but collected for medical waste disposal off-site <input type="checkbox"/> 8: Not treated, but dumping on-site <input type="checkbox"/> 9: Not treated and added to general waste <input type="checkbox"/> 88: Other (specify) <b>M4.1:</b> _____
<b>Note</b>	Confirm that the tools for the selected treatment/disposal are available on-site and take a picture of it. If more than one applies, select the method used most often.
<b>M5</b>	<b>ASK/OBSERVE: How does <i>this facility</i> usually treat/dispose of infectious waste?</b>
	<input type="checkbox"/> 1: Autoclaved <input type="checkbox"/> 2: Incinerated (two chamber, 850-1000 °C incinerator) <input type="checkbox"/> 3: Incinerated (other) <input type="checkbox"/> 4: Burning in a protected pit <input type="checkbox"/> 5: Open burning <input type="checkbox"/> 6: Not treated, but buried in lined, protected pit <input type="checkbox"/> 7: Not treated, but collected for medical waste disposal off-site <input type="checkbox"/> 8: Not treated, but dumping on-site <input type="checkbox"/> 9: Not treated and added to general waste <input type="checkbox"/> 88: Other (specify) <b>M5.1:</b> _____
<b>Note</b>	Confirm that the tools for the selected treatment/disposal are available on-site and take a picture of it. If more than one applies, select the method used most often.
<b>M6</b>	<b>ASK: How often is non-sharp infectious waste collected from the visited department?</b>
	<input type="checkbox"/> 1: More often than once per day <input type="checkbox"/> 2: Once per day <input type="checkbox"/> 3: Less often than once per day
<b>M7</b>	<b>ASK: Are there sufficient dedicated containers for safe transportation of infectious/sharps waste?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
<b>M8</b>	<b>OBSERVE: Is there a designated area where infectious waste is stored while awaiting treatment/disposal?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No, there is no designated area
<b>Note</b>	There is usually one storage area for all departments within one building, ask to check the storage area for the whole health care facility. The question refers to the area designated for infectious waste storage and not for disposal.
<b>M9</b>	<b>ASK: How long is infectious waste stored at the facility before treatment/disposal?</b>
	<input type="checkbox"/> 1: Less than 1 day <input type="checkbox"/> 2: 1-3 days <input type="checkbox"/> 3: 4-7 days refrigerated (<4°C) <input type="checkbox"/> 4: 4-7 days non-refrigerated (>4°C) <input type="checkbox"/> 5: More than 7 days
<b>Note</b>	If infectious waste is collected at different frequencies depending on the time of year, record the higher frequency (shortest length of time).



<b>M10</b>	<b>OBSERVE: What safety measures are in place at the area where infectious waste is stored?</b>
	<p><b>M10.1:</b> Infectious and non-hazardous wastes are stored separately  <input type="checkbox"/> 1: Yes   <input type="checkbox"/> 2: No   <input type="checkbox"/> 98: NA</p> <p><b>M10.2:</b> Storage area is locked                                  <input type="checkbox"/> 1: Yes                          <input type="checkbox"/> 2: No  <input type="checkbox"/> 98: NA</p> <p><b>M10.3:</b> Storage area is protected                                  <input type="checkbox"/> 1: Yes                          <input type="checkbox"/> 2: No  <input type="checkbox"/> 98: NA</p> <p><b>M10.4:</b> Storage area is far from a water source                          <input type="checkbox"/> 1: Yes                          <input type="checkbox"/> 2: No  <input type="checkbox"/> 98: NA</p> <p><b>M10.5:</b> Storage area is located downstream from the water source  <input type="checkbox"/> 1: Yes                          <input type="checkbox"/> 2: No                          <input type="checkbox"/> 98: NA</p> <p><b>M10.6:</b> Storage area is safe from flooding                          <input type="checkbox"/> 1: Yes                          <input type="checkbox"/> 2: No  <input type="checkbox"/> 98: NA</p>
<i>Note</i>	<p>For storage to be safe, hazardous and non-hazardous wastes are stored separately. Untreated hazardous waste should be kept in a <u>protected area</u>, i.e. lined and covered pit, fenced, close room. Storage area should be safe from flooding and at least 30 m far from a water source. Select either yes or no for each sub-question. Water source refers to the source of the main water supply for the health care facility.</p> <p>If all there is no designated area for infectious waste storage, select not applicable "NA".</p>
<b>M11</b>	<b>ASK: How is general (non-infectious) waste disposed of?</b>
	<input type="checkbox"/> 1: Regular pick up by the municipality or transport by the facility to the public disposal site <input type="checkbox"/> 2: Irregular pick up by the municipality <input type="checkbox"/> 3: Piled but not buried at the facility <input type="checkbox"/> 4: Buried and regularly covered with soil at the facility <input type="checkbox"/> 5: Openly burned at the facility
<i>Note</i>	General waste refers to non-infectious, non-hazardous waste. The question refers to long-term disposal only and not to temporary storage.
<b>M12</b>	<b>ASK: Are there protocols for waste management at the facility?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
<i>Note</i>	<p>The term for protocols may differ according to local practice; they may be referred to as Standard Operating Procedures (SOPs), guidelines, instructions, etc.</p> <p>Confirm by asking to see the printed or electronic version of protocols.</p>

### Annotation

[number of questions to be added]

#### Question M. Waste management at the healthcare facility

Adequate segregation of waste at the points of care requires the presence of at least three types of waste bins: for sharps, infectious waste and non-infectious general waste. Other criteria for adequate waste segregation are specified in questions M2.1-M2.6.

The terminology of the types of waste bins should be adapted to local / national context.

For details on waste management in healthcare facilities, please refer to WHO Guidelines on Safe Management of Wastes from Health-care Activities and other similar publications.

#### Question M. Waste segregation at the healthcare facility

Adequate segregation of waste at the points of care, apart from criteria in question M1, also requires that waste is correctly segregated, and that bins are adequately labelled or colour-coded, with a lid, not full and appropriate to the type of waste.

For details on waste management in healthcare facilities, please refer to WHO Guidelines on Safe Management of Wastes from Health-care Activities and other similar publications.

If the response to question M1 is "One waste bin for general waste only", the responses to questions M2.1-M2.6 must be "Not applicable".

#### Question M. Treatment of sharps waste at the healthcare facility

Safe treatment of sharps waste includes the following procedures: autoclaving, incineration, burning in a protected pit, burying in lined, protected pit, and collection for medical waste disposal off-site.

The responses to question M4 require detailed knowledge on waste management technologies provided during a dedicated training for data collectors.

**Question M. Treatment of infectious waste at the healthcare facility**

Safe treatment of infectious waste includes the following procedures: autoclaving, incineration, burning in a protected pit, burying in lined, protected pit, and collection for medical waste disposal off-site.

The responses to question M5 require detailed knowledge on waste management technologies provided during a dedicated training for data collectors.

**Question M. Duration of infectious waste storage at the healthcare facility**

The recommended duration of the infectious waste storage depends on the climate, and should not exceed 72 hours in winter and 48 hours in summer in areas with temperate climate, or 48 hours in cool season and 24 hours in warm season in areas with hot climate.

For details on waste management in healthcare facilities, please refer to WHO guidelines on Safe Management of Wastes from Health-care Activities and other similar publications.

**Question M. Infectious waste storage area at the healthcare facility**

*If the response to question M8 is “No designated area for waste storage”, the responses to questions M10.1-M10.6 must be “Not applicable”.*

**Question M. Waste management protocols at the healthcare facility**

Protocols are written instructions that include the techniques, the frequency, and the responsibilities for waste management at the healthcare facility.


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## Cleaning

Dimensions: maintenance, equipment, operation, stocking, IPC procedures, protocols and training




Data from the highlighted questions can be used to answer JMP core questions on WASH in health care facilities

No.	Question
<b>C1</b>	<b>OBSERVE: Is the visited department area visibly well maintained?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
<i>Note</i>	<p>The department should be visibly clean, free from dust and soil, free from general clutter (e.g. unnecessary or unused equipment or furniture) and with no visible signs of damage. Consider the SPA's index for cleanliness:</p> <ul style="list-style-type: none"> <li>• Floor: swept, no obvious dirt or waste</li> <li>• Counters/tables/chairs: wiped clean</li> <li>• No obvious dust or waste or Bandages/infectious waste lying uncovered</li> <li>• Walls &amp; ceiling: no dirt or damage (e.g. mould)</li> </ul>
<b>C2</b>	<b>OBSERVE: What maintenance/cleaning issues are present at the visited departments?</b>
	<p><b>C2.1:</b> Dirt or waste on the floor    <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No</p> <p><b>C2.2:</b> Visible dirt on counters/tables/chairs    <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No</p> <p><b>C2.3:</b> Infectious waste lie uncovered    <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No</p> <p><b>C2.4:</b> Damaged walls/ceiling/floors    <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No</p>
<i>Note</i>	Select either yes or no for each sub-question. If the indicated issue is present, select Yes.
<b>C3</b>	<b>ASK: Are cleaning protocols available?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
<i>Note</i>	<p>The term for protocols may differ according to local practice; they may be referred to as Standard Operating Procedures (SOPs), guidelines, instructions, etc. Where possible, protocols should be observed by the surveyor.</p>
<b>C4</b>	<b>ASK: What aspects are included in the cleaning protocols?</b>
	<p><b>C4.1</b> Step-by-step techniques for specific tasks  <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No    <input type="checkbox"/> 98: NA</p> <p><b>C4.2</b> Schedule specifying frequency of cleaning tasks  <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No    <input type="checkbox"/> 98: NA</p> <p><b>C4.3</b> Roles and responsibilities for cleaning tasks  <input type="checkbox"/> 1: Yes    <input type="checkbox"/> 2: No    <input type="checkbox"/> 98: NA</p>
<i>Note</i>	<p>Cleaning tasks include cleaning a floor, cleaning a sink, cleaning a spillage of blood or body fluids, etc.</p> <p>The term for protocols may differ according to local practice; they may be referred to as Standard Operating Procedures (SOPs), guidelines, instructions, etc.</p> <p>Select either yes or no for each sub-question.</p> <p>If there are no cleaning protocols available, select not applicable "NA".</p>
<b>C5</b>	<b>ASK: Is there a procurement plan for environmental cleaning and disinfection supplies for the department?</b>
	<input type="checkbox"/> 1: Yes, a plan is in place and it is regularly implemented <input type="checkbox"/> 2: Yes, a plan is in place but it is not fully/regularly implemented <input type="checkbox"/> 3: No, a plan is not in place
<i>Note</i>	<p>A procurement plan is a scheme and/or a schedule for regular purchase of supplies (on a monthly basis or at different intervals) to ensure sufficient stocking and availability of supplies..</p> <p>Environmental cleaning and disinfection supplies include detergent and/or disinfectant solution as well as risk-appropriate personal protective equipment (e.g. gloves)</p>
<b>C6</b>	<b>OBSERVE/ASK: Is there sufficient stocking of environmental cleaning and disinfection supplies?</b>

	<input type="checkbox"/> 1: Yes, there is sufficient stocking <input type="checkbox"/> 2: Yes, there is stocking, but limited/insufficient <input type="checkbox"/> 3: No stocking
<i>Note</i>	<p>Confirm by observing the area where the stock supplies are stored. The adequate quantity of stock supplies varies depending on the department and the size of the facility. At a minimum, supplies should be sufficient to conduct all cleaning and disinfection procedures planned in the healthcare facility (or the department, if each department has an independent stock) for two weeks.</p> <p>Environmental cleaning and disinfection supplies include detergent and/or disinfectant solution as well as risk-appropriate personal protective equipment (e.g. gloves)</p>
<b>C7</b>	<b>ASK: Is there a dedicated space for storage of cleaning materials and products at the visited department?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
<i>Note</i>	<p>Equipment should include:</p> <ul style="list-style-type: none"> <li>• Risk appropriate personal protective equipment (e.g. gloves)</li> <li>• Detergent and water</li> <li>• Cloths and towels</li> <li>• Bucket(s) and mop(s)</li> <li>• Detergent and/or disinfectant solution</li> <li>• Non-infectious waste bag</li> </ul> <p>The question refers to the visited department.</p>
<b>C8</b>	<b>OBSERVE/ASK: Is there appropriate and sufficient cleaning equipment?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No, appropriate but insufficient <input type="checkbox"/> 3: No appropriate materials
<i>Note</i>	<p>If it is not possible to observe the storage area for cleaning materials and product, ask the staff.</p> <p>Equipment should include:</p> <ul style="list-style-type: none"> <li>• Cloths and towels</li> <li>• Bucket(s) and mop(s)</li> <li>• Non-infectious waste bags</li> </ul> <p>Equipment should be clean and in good condition. Quantity depends on the size and the number and type of areas in the facility. It should be sufficient to allow cleaning separately non-infectious areas (waiting areas, consulting rooms in case of no body fluid spills, non-infectious disease wards, pharmacy), and other individual "high-risk" rooms (see below), whenever soiled and after each intervention.</p>
<b>C9</b>	<b>ASK: How often are facility floors and surfaces cleaned with water and detergent?</b>
	<input type="checkbox"/> 1: Twice per day and whenever soiling occurs <input type="checkbox"/> 2: Twice per day only <input type="checkbox"/> 3: Once per day and whenever soiling occurs <input type="checkbox"/> 4: Once per day only <input type="checkbox"/> 5: Less often than once per day <input type="checkbox"/> 6: No regular cleaning
<i>Note</i>	<p>Mark "No regular cleaning" if:</p> <ul style="list-style-type: none"> <li>• The facilities are cleaned without detergent, or</li> <li>• The facilities are cleaned less than once a week, or</li> <li>• Only part of the facility is not regularly cleaned</li> </ul>
<b>C10</b>	<b>ASK: How often are facility high-risk areas cleaned with water and detergent?</b>
	<input type="checkbox"/> 1: More often than once per day and between patients <input type="checkbox"/> 2: Once per day and between patients <input type="checkbox"/> 3: Once per day only <input type="checkbox"/> 4: Less often than once per day <input type="checkbox"/> 5: No regular cleaning <input type="checkbox"/> 98: Not applicable (no high-risk areas at the facility)
<i>Note</i>	<p>Mark "No regular cleaning" if:</p> <ul style="list-style-type: none"> <li>• The facilities are cleaned without detergent, or</li> <li>• The facilities are cleaned less than once a week, or</li> <li>• Only part of the facility is not regularly cleaned</li> </ul>

	High risk areas include Intensive care unit, High dependency unit, Operating rooms, recovery, burns unit, Renal & haemodialysis units, Emergency department, Transplant, haematology & oncology units (including neutropenic patients), Invasive procedure rooms. If there are no high-risk areas at the facility, select "Not applicable".
<b>C11</b>	<b>ASK: How often are toilets/latrines cleaned with water and detergent?</b>
	<input type="checkbox"/> 1: Twice per day and whenever soiling occurs <input type="checkbox"/> 2: Twice per day only <input type="checkbox"/> 3: Once per day and whenever soiling occurs <input type="checkbox"/> 4: Once per day only <input type="checkbox"/> 5: Less often than once per day <input type="checkbox"/> 6: No regular cleaning <input type="checkbox"/> 98: Not applicable (no toilets/latrines at the facility)
<i>Note</i>	Mark "No regular cleaning" if: <ul style="list-style-type: none"> <li>The facilities are cleaned without detergent, or</li> <li>The facilities are cleaned less than once a week</li> </ul> If there are no toilets/latrines for patients at the facility, select "Not applicable".
<b>C12</b>	<b>ASK: How often are the surfaces that get in contact with patients disinfected at points of care?</b>
	<input type="checkbox"/> 1: Every day between patients and whenever soiling occurs <input type="checkbox"/> 2: Every day and whenever soiling occurs (not between patients) <input type="checkbox"/> 3: Once a day only <input type="checkbox"/> 4: Less often than once a day <input type="checkbox"/> 5: No regular disinfection
<i>Note</i>	Mark "No regular disinfection" if: <ul style="list-style-type: none"> <li>The facilities are cleaned but not disinfected</li> <li>The facilities are disinfected less than once a week</li> </ul>
<b>C13</b>	<b>ASK: Have all staff responsible for cleaning received structured training in essential cleaning and infection prevention techniques?</b>
	<input type="checkbox"/> 1: Yes, all staff responsible for cleaning <input type="checkbox"/> 2: Yes, but not all responsible staff <input type="checkbox"/> 3: No, no one received training <input type="checkbox"/> 4: No, there is no staff in charge of cleaning
<i>Note</i>	"Staff responsible for cleaning" refers to non-health care providers such as cleaners, orderlies or auxiliary staff, as well as health care providers who, in addition to their clinical and patient care duties, perform cleaning tasks as part of their role. This can refer to any personnel without consideration of the employment status of the cleaning staff (full-time, part-time employed by the facility or outsourced) for this question. Training refers to structured training plans or programs led by a trainer or appropriately qualified supervisor.
<b>C14</b>	<b>ASK: Are reusable or disposable bed covers or bed linens being used at the visited department?</b>
	<b>C14.1: Bed linens</b> <input type="checkbox"/> 1: Yes, always <input type="checkbox"/> 2: Yes, sometimes <input type="checkbox"/> 3: No <input type="checkbox"/> 4: NA <b>C14.2: Reusable / disposable bed covers</b> <input type="checkbox"/> 1: Yes, always <input type="checkbox"/> 2: Yes, sometimes <input type="checkbox"/> 3: No <input type="checkbox"/> 4: NA
<i>Note</i>	Bed covers may be a sheet used to cover the examination table at the point of care and made of paper or plastic (if disposable) or cotton or other synthetic cloth materials (if reusable). Bed linens are bed sheets that may be used to cover the mattress of the bed for patients that stay overnight at the facility. If there are no examination beds or no patient beds at the facility, select Not applicable (NA).
<b>C15</b>	<b>ASK: Are bed covers or bed linens changed between patients and whenever soiled with body fluids?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No, they are changed whenever soiled, but not always between patients <input type="checkbox"/> 3: No, never <input type="checkbox"/> 98: Not applicable (no bed linens or covers)

<b>Note</b>	Bed covers may be a sheet used to cover the examination table at the point of care and made of paper or plastic (if disposable) or cotton or other synthetic cloth materials (if reusable). Bed linens are bed sheets that may be used to cover the mattress of the bed for patients that stay overnight at the facility. If there are no examination beds or no patient beds at the facility, select Not applicable.
<b>C16</b>	<b>ASK: Are mattresses and pillows disinfected between patients and whenever soiled or are waterproof mattress protectors in place?</b>
	<input type="checkbox"/> 1: Yes, mattresses and pillows are disinfected between patients and whenever soiled <input type="checkbox"/> 2: No, they are disinfected whenever soiled, but not always between patients <input type="checkbox"/> 3: Yes, there are waterproof mattress protectors in place <input type="checkbox"/> 4: No, there are no mattress protectors and no disinfection in place <input type="checkbox"/> 98: Not applicable
<b>Note</b>	If there are no patients' beds at the visited department, select "Not applicable".
<b>C17</b>	<b>ASK/OBSERVE: Is soiled linen used in the department kept in separate, sealed, marked bags for transport and storage?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: Yes, but not labelled/marked <input type="checkbox"/> 3: No <input type="checkbox"/> 98: Not applicable (No bed linen or reusable bed covers used)
<b>Note</b>	If no bed linen is produced or reusable bed covers are used, select "Not applicable" When selecting NA please carefully check if the answer is in line with question C14.1 and/or C14.2.
<b>C18</b>	<b>ASK: Is soiled linen pre-disinfected and washed in water at the facility?</b>
	<input type="checkbox"/> 1: Yes, this is a standard procedure at the facility <input type="checkbox"/> 2: Yes, at the facility, but only in case of special risk situations <input type="checkbox"/> 3: Soiled linen is washed in water at the facility, but not pre-disinfected <input type="checkbox"/> 4: Soiled linen is collected at the facility, but washed elsewhere <input type="checkbox"/> 5: No, soiled linen is not pre-disinfected and washed in water <input type="checkbox"/> 98: Not applicable
<b>Note</b>	Pre-disinfection in the standards applied to linens to be used in operating theatres. If no soiled linen is produced at the facility, select "Not applicable".
<b>C19</b>	<b>ASK: Is there a person/team in charge of managing infection prevention and control (IPC) measures at the facility?</b>
	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No, not yet
<b>Note</b>	Infection prevention and control (IPC) refers to evidence-based measures to avoid the spread of infectious diseases at the healthcare facility. A person or a team can be assigned at the facility level to take care of the requirements for the prevention, control, and surveillance over such infections.
<b>C20</b>	<b>ASK: Is the IPC person/team also in charge of regular monitoring of water and sanitation at the facility?</b>
	<input type="checkbox"/> 1: Yes, on a regular basis <input type="checkbox"/> 2: No, but in case of need <input type="checkbox"/> 3: No, never on water and sanitation <input type="checkbox"/> 98: Not applicable
<b>Note</b>	If there is no person/team in charge of managing infection and control measures at the facility, select "Not applicable".

<b>I16</b>	Date and time of the visit	
	<b>I16</b> Time at visit end: ____:____	

## Annotations

[number of questions to be added]

### Question C. Maintenance of the visited department area

Cleaning is properly conducted when the whole department is cleaned with water and soap or detergent on at least once a day.

### Question C. Cleaning protocols at the healthcare facility

Protocols are written instructions that include the techniques, the frequency, and the responsibilities for cleaning at the healthcare facility.

*If the response to question C3 is “No cleaning protocols”, the response to questions C4.1-C4.3 must be “Not applicable (NA)”.*

**Question C. Frequency of cleaning of floors and surfaces at the healthcare facility**

The recommended frequency of cleaning of minimal touch surfaces (non-infectious areas) in healthcare facilities is at least once per day and when soiling occurs.

**Question C. Frequency of cleaning of high-risk areas at the healthcare facility**

The recommended frequency of cleaning of high-risk areas in healthcare facilities is at least once per day.

**Question C. Frequency of cleaning of toilets/latrines at the healthcare facility**

The recommended frequency of cleaning of toilets/latrines in healthcare facilities is at least twice per day and whenever soiled.

*If the response to question S1 is zero, i.e. “No toilets/latrines for patients”, the response to question C11 must be “Not applicable”.*

**Question C. Frequency of disinfection of the surfaces at the healthcare facility**

The recommended frequency of surfaces in healthcare facilities is at least once per day.

Please mind the difference between cleaning – removal of visible soil, and disinfection – which implies the removal of microorganisms (germs).

**Question C. Training of the cleaning staff at the healthcare facility**

Please also refer to question I15 on the number of cleaning staff at the healthcare facility.

If the response to question I15 is zero, i.e. “No cleaning staff”, the response to questions C13 must be “No, there is no staff in charge of cleaning”.

**Question C. Change of bed covers or bed linens at the healthcare facility**

If the response to question C14 is “No bed linens or bed covers”, the response to question C15 must be “Not applicable”.

**Question C. Disinfection of mattresses and pillows at the healthcare facility**

If the response to question I10 is “No patient beds”, the response to questions C16 must be “Not applicable”.

**Question C. Storage of soiled linen at the healthcare facility**

If the response to question C14 is “No bed linens or bed covers”, the response to question C17 must be “Not applicable”.

*If the response to question C14 is “No bed linens or bed covers”, the response to question C18 must be “Not applicable”.*

**Question C. IPC measures at the healthcare facility**

For details on IPC in healthcare facilities, please refer to WHO publications, such as Strengthening infection prevention and control in primary care, Core competencies for infection prevention and control professionals, and similar publications.

**Question C. Responsibilities of the infection prevention and control team at the healthcare facility**

Person/team for IPC at healthcare facility may or may not be in charge with water and sanitation depending on local / national context.

**Question I16.** can be used together with question I3 to calculate the duration of the visit for planning or budgeting purposes.

## **Annex**

Annex I. Additional available WHO assessment tools and guidance materials

Annex II. Creating a study sample

Annex III. Data entry and database management

Annex IV. Calculation of the coverage of WASH service levels according to JMP definitions

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## Annex I. Additional available WHO assessment tools and guidance materials

The following documents can be consulted for further guidance and assessment of different aspects of the checklist and/or thematic areas that are not comprehensively covered by the checklist. *[to be completed]*

Table 1. Further assessment tools (blue) and guidance materials (turquoise)

Topic area	Title and publication year	Author	Level of health care	Aim of the tool	Country wide or single facility assessment	Reference
<b>WASH</b>	Water and Sanitation for Health Facility Improvement Tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, 2nd ed	World Health Organization, United Nations International Childrens Fund	Small – mid scale facilities	WASH FIT is a risk-based management tool for health care facilities, covering key aspects of WASH services: water; sanitation; hand hygiene; environmental cleaning; health care waste management; and selected aspects of energy, building and facility management. This is the second edition of the WASH FIT guide. It includes new guidance on the national- and facility-level processes for success, updated tools, and a set of fact sheets for addressing safely managed water and sanitation services, hand hygiene and health care waste. Throughout the second edition, there is also a greater emphasis on climate change and gender equality. The guide is accompanied by a training manual and set of training slides.	Single facility assessment	<a href="https://apps.who.int/iris/handle/10665/353411">https://apps.who.int/iris/handle/10665/353411</a>
<b>Maternal and newborn health</b>	Assessment tool for the quality of outpatient antepartum and postpartum care for women and newborns (2013)	World Health Organization. Regional Office for, Europe	Hospital (outpatient)	The tool, which was developed as a complement to the maternal and neonatal hospital care assessment tool, is primarily designed for country-wide comprehensive assessments of the quality of maternal and neonatal care.	Both	<a href="https://apps.who.int/iris/handle/10665/350489">https://apps.who.int/iris/handle/10665/350489</a>
	Hospital care for mothers and newborn babies: quality assessment and improvement tool: a systematic standard based participatory approach (2014)	Institute of Child Health, Irccs Burlo Garofolo World Health Organization. Regional Office for, Europe	Hospital (inpatient)	The primary aim of the quality assessment and improvement tool is to aid Ministries of Health, key partners and stakeholders to carry out an evaluation of the quality of care for maternal and newborn health provided at hospital level, to identify key areas that need to be improved, and to develop specific action plans.	Both	<a href="https://apps.who.int/iris/handle/10665/137340">https://apps.who.int/iris/handle/10665/137340</a>

Child health	Children's rights in primary health care: volume 3. assessment and improvement tool for children and adolescents aged 12-18 (2015)	World Health Organization. Regional Office for, Europe	Primary health care	These standards for the quality of paediatric care in health facilities form part of normative guidance for improving the quality of maternal, newborn, child and adolescent health care. The standards of care are intended to serve as a resource for policy-makers, health care professionals, health service planners, programme managers, regulators and professional bodies or technical partners involved in care, to help plan, deliver and ensure the quality of health service delivery. They do not replace clinical guidelines but provide guidance on the requirements for ensuring high-quality care in health facilities.	N/A	<a href="https://apps.who.int/iris/handle/10665/25350129">https://apps.who.int/iris/handle/10665/25350129</a>
	Hospital care for children: quality assessment and improvement tool: a systematic standard based participatory approach (2015)	World Health Organization. Regional Office for, Europe	Hospitals	The primary use of the tool falls within the scope of a quality improvement approach at a national level. The tool is meant to aid Ministries of Health (MoHs), key partners and stakeholders to carry out an evaluation of the QoC provided at hospital level, to identify key areas that need to be improved, and to develop specific action plans.	Both	<a href="https://apps.who.int/iris/handle/10665/25350139">https://apps.who.int/iris/handle/10665/25350139</a>
	Human resource strategies to improve newborn care in health facilities in low- and middle-income countries (2020)	World Health Organization	Not specified	The aim of this tool is to provide a framework and strategies for countries to transform their policies on human resources for health (HRH) and provide their health workers with the knowledge and technical and behavioural skills necessary for high-quality care by 2030, to ensure that all newborns survive and thrive.	N/A	<a href="https://apps.who.int/iris/handle/10665/336677?search=human+resource+strategies+to+improve+newborn+care+in+health+facilities+in+low+and+middle+income+countries&amp;sort_by=score">https://apps.who.int/iris/handle/10665/336677?search=human+resource+strategies+to+improve+newborn+care+in+health+facilities+in+low+and+middle+income+countries&amp;sort_by=score</a>
Climate change	WHO guidance for climate resilient and environmentally sustainable health care facilities (2020)	World Health Organization	All levels	The aim of this guidance is to enhance the capacity of health care facilities to protect and improve the health of their target communities in an unstable and changing climate; and to enable health care facilities to be environmentally sustainable, by optimizing the use of resources and minimizing the release of waste into the environment. The guide focuses on opportunities to enhance their climate resilience while also taking steps towards their environmental sustainability. The document targets health care facility managers in particular, and the health workforce in general.	Not specified	<a href="https://apps.who.int/iris/handle/10665/335909?search=climate+resilient+and+environmentally+sustainable+health+care+facilities&amp;rpp=10&amp;sort_by=score">https://apps.who.int/iris/handle/10665/335909?search=climate+resilient+and+environmentally+sustainable+health+care+facilities&amp;rpp=10&amp;sort_by=score</a>
	Checklists to assess vulnerabilities in health care facilities in the context of climate change (2021)	World Health Organization	Not specified	Designed as a complementary tool to the <i>WHO Guidance for climate-resilient and environmentally sustainable health care facilities</i> (henceforth referred to in this document as <i>WHO Guidance for CRESHCF</i> ) (1), the primary purpose of this checklist document is to support users in establishing a baseline with regards to climate change resilience in health care facilities. The checklists can also be used for iterative vulnerability assessments in health care facilities. This document and its checklists are intended for health care facility managers and other health workers aiming to understand the climate risks (large or small) that health care facilities may face, specifically in terms of existing vulnerabilities and possible impacts, and take action where required.	Single facility assessment	<a href="https://apps.who.int/iris/handle/10665/340656">https://apps.who.int/iris/handle/10665/340656</a>

IPC	Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level.	World Health Organization	Not specified	The objectives of the guidelines are to provide evidence-based recommendations on the core components of IPC programmes that are required to be in place at the national and acute facility level to prevent HAI and to combat AMR through IPC good practices; and to support countries and health care facilities to develop or strengthen IPC programmes and strategies through the provision of evidence- and consensus-based guidance that can be adapted to the local context, while taking account of available resources and public health needs.	Both	<a href="https://apps.who.int/iris/handle/10665/251730">https://apps.who.int/iris/handle/10665/251730</a>
	Infection prevention and control assessment framework at the facility level (2018)	World Health Organization	Inpatient facilities	The IPCAF is a systematic tool that can provide a baseline assessment of the IPC programme and activities within a health care facility, as well as ongoing evaluations through repeated administration to document progress over time and facilitate improvement. It is primarily intended to be self-administered (that is, a self-assessment tool), but it can also be used for joint assessments, through careful discussions between external assessors (for example, from the Ministry of Health, WHO or other stakeholders) and facility staff. The framework is intended for acute health care facilities, but it can be used in other inpatient health care settings.	Both	<a href="https://apps.who.int/iris/handle/10665/330072">https://apps.who.int/iris/handle/10665/330072</a>
	Implementation manual to prevent and control the spread of carbapenem-resistant organisms at the national and health care facility level: interim practical manual supporting implementation of the Guidelines for the prevention and control of carbapenem-resistant Enterobacteriaceae, Acinetobacter baumannii and Pseudomonas aeruginosa in health care facilities	World Health Organization	All levels	This practical manual is designed to support national IPC programmes and health care facilities to achieve effective implementation of the WHO guidelines for the prevention and control of carbapenem-resistant Enterobacteriaceae, A. baumannii and P. aeruginosa in health care facilities in the context of their efforts to improve the quality and safety of health service delivery and the health outcomes of the people who access these services. The main target audience of the manual is IPC leads/focal persons and teams in acute health care facilities (either a tertiary or secondary care facility), that is, those responsible for implementing IPC, including health care facility managers. Where these roles do not yet exist, the manual will be of interest to nurses and others responsible for IPC in the facility wards. It can also be adapted for community, primary care and long-term care facilities. The manual is also conceived to help IPC leads/focal persons and teams working at the national level to understand the relevance of a national plan for combating CROs and the best implementation strategies to monitor and reduce transmission in health care facilities.	Both	<a href="https://apps.who.int/iris/handle/10665/312226">https://apps.who.int/iris/handle/10665/312226</a>

	(2019)					
	Infection prevention and control: guidance to action tools (2021)	World Health Organization, Regional Office for Europe		WHO recommends the use of multimodal improvement strategies to implement IPC interventions. These include each item of standard and transmission-based precautions according to national guidelines or standard operating procedures and under the coordination of the national IPC focal point (or team, if existing). This publication consists of three focused improvement tools, called "aide-memoires", which focus on 1) respiratory and hand hygiene, 2) personal protective equipment, and 3) environmental cleaning, waste and linen management, all elements of standard, droplet/contact and airborne precautions.	N/A	<a href="https://apps.who.int/iris/handle/10665/341107?search=Infection+prevention+and+control+to+action+tools&amp;sort=relevance&amp;order=asc">https://apps.who.int/iris/handle/10665/341107?search=Infection+prevention+and+control+to+action+tools&amp;sort=relevance&amp;order=asc</a>
	Infection prevention and control in primary care: a toolkit of resources (2021)	World Health Organization		This toolkit brings together in one place a number of these tools and resources from WHO and other organizations, with a focus on those most relevant to primary care. The toolkit presents a list of tools and resources in tabular form. The types of tools and resources included fall into five categories: guidance materials, implementation manuals and resources, communications and advocacy tools, measurement tools and training and education resources.		<a href="https://apps.who.int/iris/handle/10665/346694">https://apps.who.int/iris/handle/10665/346694</a>
<b>Drinking water</b>	Guidelines for drinking-water quality, 4th ed (2022)	World Health Organization	N/A		N/A	<a href="https://www.who.int/publications/i/item/9789240045053">https://www.who.int/publications/i/item/9789240045053</a>

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## Annex II. Creating a study sample

### Sample size determination

To obtain statistically significant findings, the study sample size (ss) is calculated to be representative of the number of healthcare facilities in the country / area of interest, with a confidence level of at least 95% and level of precision (or margin of error) of 5%. The representative sample in descriptive studies can be calculated using the following formula (Kasiulevičius et al., 2006):  $ss = z^2 * p (1-p) / c^2$ ; with  $z$  = z-score (number of standard deviations for a given confidence level;  $z$  equals 1.96 for a 95% confidence level);  $p$  = estimated proportion of the attribute that is present in the population (arbitrary set at 0.5); and  $c$  = confidence interval, expressed as decimal (0.05 = ±5). The obtained sample size can be further corrected for the size of population of interest (i.e. the number of HCFs reported in the whole country / area of interest), as per the following formula:  $ss_{final} = ss / (1 + (ss - 1 / population\ size))$ .

### Sample stratification

Depending on the specific circumstances, the total sample of healthcare facilities can be stratified according to region, the type of health services, or the location of healthcare facilities or other criterion of interest. Generally, primary stratification of the sample refers to the division of the total sample into broad areas / regions / districts or other administrative areas. Primary stratification can be performed proportionally to the population size of the administrative areas or proportionally to the reported number of healthcare facilities in each area. Secondary stratification of the sample refers to the division of the total sample by the types of health care services (primary, secondary, tertiary), or the type of the facilities (hospital, non-hospital), or the location of the facilities (urban, rural); it is performed in each administrative area proportionally to the reported number of healthcare facilities by the selected criterion. If necessary, tertiary stratification of the sample can be performed by dividing the total sample by some other selected criterion.

### Selection of healthcare facilities to be visited in the survey

For the purpose of the survey, it is recommendable to use or create a national / regional masterlist of healthcare facilities, with their names, administrative locations, addresses, the responsible person, the type of health care provided (hospital, non-hospital), the type of health services provided (primary, secondary, tertiary), the geographic coverage of the service (urban, rural), facility code, and other relevant data. Healthcare facilities in the master list should be clearly separated by primary and secondary stratification criteria (for example, by regions and by the types of health services in each region).

The selection of health care facilities to be visited during the study is performed randomly by criteria selected in primary and secondary stratification. To avoid selection bias and to ensure that each healthcare facility has equal chances of being selected, random number generators should be used to mark the first facility selected. The following facilities are selected from the list at specific sample intervals, which are obtained by dividing the overall number of facilities by the sample size for each primary and secondary stratification criterion.

## Annex III. Data entry and database management

### General instructions for data entry

The database is a collection of data from all facilities in the survey. Database is created by transferring the responses from the checklist provided by field teams into the electronic form. The database can be created in one of various commercial data processing packages, as agreed with the survey team. Data managers are advised to use the software they are most familiar with to avoid errors, speed up the process, and facilitate data validation.

The database should be regularly updated and saved on the computer and other storage units (CD, USB memory, external hard disk, etc.). The finalized dataset should be saved in the original form and/or exported into other commonly used file formats, such as CSV (.csv), which enables data sharing and analysis in most commercial statistical packages. Data manager can process and analyze data upon the completion of data entry and quality checkups.

Data managers are responsible for preparing the database, conducting and/or supervising data entry, data validation and verification (quality checks), safekeeping and protecting the database, data processing and analysis, and statistical interpretation of the obtained results.

### Quality check

Data manager should conduct regular quality checks of the database during and/or after the conclusion of the process of data entering to spot for errors and missing responses. The quality checks should consider possible critical aspects and common errors as listed below:

- There are no empty cells, and no data is missing. Please note: the checklist is developed as such that for each question one answer must be selected, except for questions W2.1, W9.1, W19.1, S2.1, M4.1, and M5.1 (subquestions to specify answer option “other” if selected in the main question), which can be left empty in the database if unanswered in the checklist.
- Impossible responses in the cells. For example, a cell containing number six (6) would be considered an error if the responses in the checklist are numbered from 1 to 4.
- Use of “Not applicable” codes. Responses coded 98 (“Not applicable”) should be found only in cells referring to questions where such an option is foreseen/predefined (for example, question W2). Otherwise, responses coded 98 found in questions where such an option is not foreseen/predefined (for example, question W1) would be considered an error.
- Skip patterns. Please note that the WASH checklist is currently not developed to enable moving from one question to another by “skipping” one or more questions. Such practice forces data collectors to ask all the questions in the checklist so as not to miss any crucial information.
- Conflicts between related questions: related questions where conflicts may emerge in case of errors in recording of survey answers or data entering. To spot these, data manager should be knowledgeable of the checklist used. Specific conflicts related to the answer option “Not applicable” are listed below.

Data manager should prepare the database in advance, i.e. format the cells according to specific data entries: numbers, words, date and time, etc. If possible, data manager should create a database with set answer categories/drop-down answer menu to avoid the errors mentioned above. Data manager should study the checklist in advance to understand which

questions are connected and make sure that responses to different questions across the database are synchronized.

In case of conflicting data described above, data manager should contact the survey team for clarification and correct the database accordingly. However, data manager should edit the data as long as the changes do not affect the quality to the originally collected data, thus eliminating missing or duplicate data, impossible or conflicting responses. Substantial changes in the database, apart from the ones described above, should be firmly discouraged, as they would make the collected data biased and unreliable for the further processing and analysis.

### **Specific instructions for data entry in MS Excel®**

The database is typically created in Microsoft Excel® software. In this spreadsheet-type program, the first row of the database should contain the identification number of all the questions in the checklist (I1-I15, W1-W21, S1-S27, H1-H14, M1-M12, C1-C20, and I16). If possible, the label of the corresponding questions can be listed in the second row of the database (for example, label for question W1 called “main water supply”). The first column in the database should contain the order of data entry. Each column of the database should contain responses from a single question from the checklist. Therefore, in this software, data is entered from the left to right till the end of the last question.

General instructions for data entry in MS Excel® are as follows:

- A single cell in the database must be filled up with only one data (a number of a word, multiple words, or the combination of number and words – see below).
- Numbers should be entered using the numeric keyboard on the computer.
- Number zero (0) must not be replaced with the letter O.
- Number one (1) must not be replaced by the letters L or I or J.
- There should be no spaces before, between, and after the digits of a number.

Specific instructions for data entry in MS Excel® are as follows:

- Some columns in the database can be formatted in advance according to specific data entries. For example, cells containing responses to question I3.1 could be formatted as date (dd/mm/yy), cells for questions I3.2 and I16 could be formatted as the hour and minutes (hh:mm); cells for questions I5.1 and I5.2 could be formatted to include digits with six decimal places for GPS coordinates (12,345678). If possible, data manager should prepare the answer option categories and lists for each question in advance using the appropriate functions or drop-down menus in the statistical software.
- Data are entered as numbers corresponding to the numbers specified for each answer option to the questions in the checklist (i.e., 1, 2, 3, etc.). Only one number should be entered in one cell of the database. The values of such numeric variables should be assigned before the statistical analysis.
- Data can be entered as one or more words (non-numeric characters) for questions I1, I2, I6, and I9 (if applicable in the national context), W2.1, W9.1, W19.1, W20, S2.1, M4.1, and M5.1 (if such responses are provided in the checklist). These responses can be written in English or in the local language, as agreed with the survey team. String variables can be later converted to numeric variables in data analysis programs if necessary.
- Data can be entered as the combination of letters and numbers for question I4, referring to the HCF identification code, as defined by the survey team. Such variables are treated as string variables in most data processing packages.

## Annex IV. Calculation of the coverage of WASH service levels according to JMP definitions

This Annex contains instructions for the calculations of the three levels of service provision, i.e., basic, limited, and no service, by each WASH dimension – water, sanitation, hygiene, waste management, and environmental cleaning.

Data on water, sanitation, hygiene, waste management, and environmental cleaning (WASH) in healthcare facilities (HCFs) collected by using the checklist can be applied to report for the Sustainable Development Goals (SDGs) through the Joint Monitoring Programme (JMP). The purpose of this document is to guide WASH surveyors in calculating the overall indicators based on the relevant questions from the checklist.

The WHO/UNICEF JMP ladder of services for monitoring WASH in healthcare facilities under the Sustainable Development Goals<sup>21,22</sup> defines three levels of service provision – basic, limited, and no service – by each WASH dimension (Table 1).

**Table 1 Ladder of services for monitoring WASH in health care facilities<sup>22</sup>**

WATER	SANITATION	HYGIENE	WASTE MANAGEMENT	ENVIRONMENTAL CLEANING
<b>Basic service:</b> Water is available from an improved source* on the premises.	<b>Basic service:</b> Improved sanitation facilities** are usable with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, at least one toilet accessible for people with limited mobility.	<b>Basic service:</b> Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets	<b>Basic service:</b> Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	<b>Basic service:</b> Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training.
<b>Limited services:</b> An improved water source is within 500 metres of the premises, but not all requirements for basic service are met.	<b>Limited services:</b> At least one improved sanitation facility, but not all requirements for basic service are met.	<b>Limited services:</b> Functional hand hygiene facilities are available at either points of care or toilets, but not both.	<b>Limited services:</b> There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met.	<b>Limited services:</b> There are cleaning protocols and/or at least some staff have received training on cleaning.

<sup>21</sup> WHO and UNICEF. WASH in the 2030 Agenda. New global indicators for drinking water, sanitation and hygiene. 2017.

<sup>22</sup> Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. Geneva: World Health Organization and the United Nations Children’s Fund (UNICEF), 2018. Available at: <https://apps.who.int/iris/rest/bitstreams/1160058/retrieve>



<b>No service:</b> Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 metres from the facility; or the facility has no water source.	<b>No service:</b> Toilet facilities are unimproved (pit latrines without a slab or platform, hanging latrines and bucket latrines), or there are no toilets or latrines at the facility.	<b>No service:</b> No functional hand hygiene facilities are available at either points of care or toilets.	<b>No service:</b> There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of safely.	<b>No service:</b> No cleaning protocols are available and no staff have received training on cleaning.
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\*In accordance with the JMP definition, improved water sources include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

\*\*In accordance with the JMP definition, improved sanitation include: flush/pour flush to piped sewer system, septic tanks; ventilated improved pit latrines, composting toilets, or pit latrines with slabs

### Calculation of water services

The following questions in the checklist address individual criteria entailed under the JMP definition for basic **water services** in health care facilities:

- W1 on the type of main water source
- W2 on the type of the individual water source
- W4 on the piping of water from the main source
- W5 on the availability of water from the main source.

To calculate the coverage of provisions for **water services** according to the JMP definitions for individual indicators based on the responses to the checklist, follow the instructions in **Table 2**.

**Table 2 Indicators for the calculation of basic water services**

Indicator label	Indicator name	Questions in the checklist	Definition and calculation
WA	Improved water supply	<b>W1, W2</b>	HCF where the main water source is a centralised supply [W1=centralized water supply {1}] OR an individual supply [W1=individual supply {2}] AND the individual supply is of improved technology [W2=public tap/standpipe {2} OR tube well /borehole {2} OR protected dug well {3} OR protected spring {5} OR tanker truck {7}]
WB	water piped inside the building or on premises	<b>W4</b>	HCF where water is piped inside the building [W4=Yes {1}] OR on premises outside the building 2]OR within 500 metres of the premises [W4= No {3}]
WC	water available at the time of the survey	<b>W5</b>	HCF where water is available at the time of the survey [W5=Yes {1}]

To calculate the level of provisions for water services according to the JMP definitions and in line with the ladder of services, please follow the logic operations suggested in the table below.

Logical formulas to calculate the overall water service levels		
<b>No services:</b> W1={3} OR (W1={2} AND W2={4,6,8}) OR (Indicator WA AND W4={4})	<b>Limited services:</b> Indicator WA AND W4={3} OR W5={2}	<b>Basic services:</b> W1={1} OR (W1={2} AND W2={1,2,3,5,7}) AND W4={1,2} AND W5={1} *** Indicator WA AND Indicator WB AND Indicator WC
The common denominator for all calculations is the total number of healthcare facilities.		

Please consider that AND and OR are used as logical operators.

### Calculation of sanitation services

The following questions in the checklist address individual criteria entailed under the JMP definition for basic **sanitation** services in health care facilities:

- S1 on the number of sanitation facilities for patients
- S2 on the sanitation technology at toilets for patients
- S11 on the usability of toilets for patients
- S12 on the sex-separation of toilets for patients
- S13 on the provision of menstrual hygiene means at toilets for patients
- S19 on the sanitation technology at toilets for staff
- S21 on the sanitation technology at toilets for persons with reduced mobility.

To calculate the coverage of provisions for **sanitation** services according to the JMP definitions for individual indicators based on the responses to the checklist, follow the instructions in **Table 3**.

**Table 3 Indicators for the calculation of basic sanitation services**

Indicator label	Indicator name	Questions in the checklist	Definition and calculation
SA	Facilities with at least one improved toilet for patients	<b>S1, S2</b>	The number of HCF with at least one sanitation facility (toilet/latrine) for patients [S1=equal or greater than 1] that is of improved type [S2=Flush or pour-flush toilets to sewer {1} OR Flush or pour-flush connected to septic tank {2} OR Pit latrines with slab {1,2,4}]
SB	Facilities with at least one usable toilet for patient	<b>S11</b>	The number of HCF with at least one usable toilet for patient [S11=equal or greater than 1]
SC	Facilities with improved and usable toilets/latrines for patients	<b>S1, S2, S11</b>	The number of HCF with toilets/latrines for patients that are improved (Indicator SA) AND usable (Indicator SB)
SD	Facilities with sex-separated toilets	<b>S12</b>	The number of HCF with sex-separated toilets [S12=Yes, all {1} OR Yes, some {2}]
SE	Facilities with toilets meeting menstrual hygiene means	<b>S13</b>	The number of HCF with female toilets meeting menstrual hygiene means [S13=Yes, all {1} OR Yes, but only some toilets/latrines {2}]
SF	Facilities with toilets designated for women and meeting menstrual hygiene means	<b>S12, S13</b>	The number of HCF with sex-separated toilets (Indicator SD) AND provided with menstrual hygiene means (Indicator SE)
SG	Facilities with improved toilets designated for staff	<b>S19</b>	The number of HCF with improved toilets designated for staff [S19=Yes {1}]
SH	Facilities with improved toilets meeting needs for persons with reduced mobility	<b>S21, S2</b>	The number of HCF with improved toilets (indicator SA) meeting needs for persons with reduced mobility [S21=Yes {1}]

To calculate the level of provisions for sanitation services according to the JMP definitions and in line with the ladder of services, please follow the logic operations suggested in the table below.

Logical formulas to calculate the overall sanitation service levels		
<b>No service:</b> S2={3,5} OR S1={0}	<b>Limited services:</b> Indicator SC OR Indicator SF OR Indicator SG OR Indicator SH	<b>Basic service:</b> S1≥1 AND S2={1,2,4} AND S11≥1 AND S12={1,2} AND S13={1,2}

		AND S19={1} AND S21={1} *** Indicator SC AND Indicator SF AND Indicator SG AND Indicator SH
The common denominator for all calculations is the total number of healthcare facilities. Please consider that AND and OR are used as logical operators.		

### Calculation of hygiene services

The following questions in the checklist address individual criteria entailed under the JMP definition for basic **hygiene** services in health care facilities:

- H2.3 on hand hygiene stations at points of care
- H6 on hand-washing facilities at patient toilets.

To calculate the coverage of provisions for **hygiene** services according to the JMP definitions for individual indicators based on the responses to the checklist, follow the instructions in **Table 4**.

**Table 4 Indicators for the calculation of basic hygiene services**

Indicator label	Indicator name	Questions in the checklist	Definition and calculation
HA	Facilities with at least one adequate hand hygiene station at points of care	<b>H2.3</b>	The number of HCF with at least one adequate hand hygiene stations at points of care [H2.3=equal or greater than 1]
HB	Facilities with at least one adequate hand-washing facility within 5 meters from the toilet/latrine	<b>H6</b>	The number of HCF with at least one adequate hand-washing facility within 5 meters from the toilet/latrine [H6=Yes, there is an adequate handwashing facility within 5m from the toilet/latrine at every sanitation facility {1} OR Yes, but there is an adequate handwashing facility within 5m from the toilet/latrine at least at one but not all sanitation facilities {2}]

To calculate the level of provisions for hygiene services according to the JMP definitions and in line with the ladder of services, please follow the logic operations suggested in the table below.

Logical formulas to calculate the overall hygiene service levels		
<b>No service:</b> H2.3=0 AND H6={3,4}	<b>Limited services:</b> Indicator HA OR Indicator HB	<b>Basic service:</b> H2.3≥1 AND H6={1,2} *** Indicator HA AND Indicator HB
The common denominator for all calculations is the total number of healthcare facilities. Please consider that AND and OR are used as logical operators.		

### Calculation of waste management services

The following questions in the checklist address individual criteria entailed under the JMP definition for basic **waste management** services in health care facilities:

- M1 on waste segregation into the adequate number of bins
- M2.1 to M2.6 on criteria for the adequate waste segregation
- M4 on treatment /disposal of sharps waste
- M5 on treatment /disposal of infectious waste.

To calculate the coverage of provisions for **waste management** services according to the JMP definitions for individual indicators based on the responses to the checklist, follow the instructions in **Table 5**.

**Table 5 Indicators for the calculation of basic waste management services**

Indicator label	Indicator name	Questions in the checklist	Definition and calculation
MA	Facilities where waste is segregated into at least three bins	<b>M1</b>	The number of HCF where waste is segregated into three separate categories [M1=Three: sharps waste, infectious waste, and non-infectious general waste {4}] OR more [M1=More than three different types {5}]
MB	Facilities where waste is adequately segregated	<b>M2.1-M2.6</b>	The number of HCF where waste is correctly segregated [M2.1=Yes {1}] AND bins are adequately labelled or colour-coded ([M2.2=Yes {1}] OR M2.3=Yes {1}) AND bins for sharps have lid [M2.4=Yes {1}] AND bins are not full or overflowed [M2.5=Yes {1}] AND bins are appropriate to the type of waste [M2.6=Yes {1}]
MC	Facilities where waste is safely segregated into three or more bins	<b>M1, M2</b>	The number of HCF where waste is segregated into at least three bins (Indicator MA) AND adequately segregated (Indicator MB)
MD	Facilities where sharps are treated/disposed of safely	<b>M4</b>	The number of HCF where sharps are treated safely through autoclaving or incineration [M4=autoclaved {1}] OR incinerated in two chamber, 850-1000 °C incinerator {2} OR incinerated (other) {3} burned in a protected pit {} OR not treated, but buried in lined, protected pit {} OR not treated, but collected for health care disposal off site {7}]
ME	Facilities where infectious waste is treated/disposed of safely	<b>M5</b>	The number of HCF where infectious waste are treated/disposed of safely through autoclaving [M5=autoclaved {1}] OR incineration [M5=incinerated in two chamber, 850-1000 °C incinerator {2} OR incinerated (other) {3}] burned in a protected pit [M5={4}] OR not treated, but buried in lined, protected pit [M5={6}] OR not treated, but collected for health care disposal off site [M5={7}]

To calculate the level of provisions for waste management services according to the JMP definitions and in line with the ladder of services, please follow the logic operations suggested in the table below.

Logical formulas to calculate the overall waste management service levels		
<b>No service:</b> M1={1} AND M4={5,8,9} AND M5={5,8,9}	<b>Limited services:</b> M1={2,3} OR (M2.1={2} OR (M2.2={2} AND M2.3={2}) OR M2.4={2} OR M2.5={2} OR M2.6={2}) OR Indicator MD OR Indicator ME	<b>Basic service:</b> M1={4,5} AND (M2.1={1} AND (M2.2={1} OR M2.3={1}) AND M2.4={1} AND M2.5={1} AND M2.6={1}) AND M4={1-4,6,7} AND M5={1-4,6,7} *** Indicator MC AND Indicator MD AND Indicator ME
The common denominator for all calculations is the total number of healthcare facilities. Please consider that AND and OR are used as logical operators.		

#### Calculation of environmental cleaning services

The following questions in the checklist address individual criteria entailed under the JMP definition for basic environmental cleaning services in health care facilities:

- C3 on available cleaning protocols
- C4.1 to C4.3 on criteria for the adequate cleaning protocols
- C13 on structured training for cleaning staff.

To calculate the coverage of provisions for **environmental cleaning** services according to the JMP definitions for individual indicators based on the responses to the checklist, follow the instructions in **Table 6**.

**Table 6 Indicators for the calculation of basic environmental cleaning services**

Indicator label	Indicator name	Questions in the checklist	Definition and calculation
CA	Facilities with available cleaning protocols	<b>C3</b>	The number of HCF with available cleaning protocols [C3=Yes {1}]
CB	Facilities with adequate cleaning protocols	<b>C4.1-C4.3</b>	The number of HCF with adequate cleaning protocols, including step-by-step techniques for specific tasks [C4.1=Yes {1}] AND schedule specifying frequency of cleaning tasks [C4.2=Yes {1}] AND roles and responsibilities for cleaning tasks [C4.3=Yes {1}]
CC	Facilities with available and adequate cleaning protocols	<b>C3, C4</b>	The number of HCF with cleaning protocols available (Indicator CA) AND adequate (Indicator CB)
CD	Facilities with structured training for cleaning staff	<b>C13</b>	The number of HCF with structured training for all responsible cleaning staff [C13=Yes {1}]

To calculate the level of provisions for environmental cleaning services according to the JMP definitions and in line with the ladder of services, follow the logic operations suggested in the table below.

Logical formulas to calculate the overall environmental cleaning service levels		
<b>No service:</b> C3=No {2} AND C13={3,4}	<b>Limited services:</b> Indicator CA AND (C4.1=No {2} OR C4.2=No {2} OR C4.3=No {2}) OR C13={2}	<b>Basic service:</b> C3={1} AND (C4.1={1} AND C4.2={1} AND C4.3={1}) AND C13={1} *** Indicator CC AND Indicator CD
The common denominator for all calculations is the total number of healthcare facilities. Please consider that AND and OR are used as logical operators.		