



**Republic of Zambia**

**Ministry of Health**

# **National Technical Assessment Tool for WASH in Health Care Facilities**





## Ministry of Health

funded  
by



Developed in  
collaboration with



# National Technical Assessment Tool for WASH in Health Care Facilities

This assessment shall be conducted at both government and private owned Health Care Facilities.

The assessment shall be conducted by a team (normally 6 people) gender balanced if possible composed of:

- Public Health Officer / Practitioner.
- Environmental Health Officer.
- Civil Engineer or Quantity Surveyor or Architect.
- Social Scientist.
- Representative from an organisation representing persons with disabilities.
- Representative from a women's rights organization with focus on Maternal Health.

When engaging with the medical staff be mindful of their responsibilities and try to minimize the time spent engaging them in conversation or in inspection of the premises.

|                      |                         |
|----------------------|-------------------------|
| District name: _____ | Name of Facility: _____ |
| Constituency: _____  | Ward: _____             |
| Chiefdom: _____      | Date: _____             |

**List of Assessors:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_



## Transect Walk

The assessment team will undertake a transect walk in the community surrounding the HCF. This should be a 360 degrees walk and should then end with a walk around the HCF itself. The walk will take note of the following:

- Establish the boundaries for the HCFs (check for presence of beacons if relevant to the context).
- Location of houses around HCF (including distance) and identification of which houses belong to the HCF.
- Location of latrines/sanitation facilities within community and around HCF.
- Location of garbage pits/heaps within community and around HCF.
- Nature/state of housing in community - type of housing (i.e. grass thatched, iron sheets, bricks, mud) and the HCF housing.
- Water sources in community and distance from households and the HCF.
- Evidence of open defecation.
- Location of institutions such as schools, churches and other institutions including noting boundaries of these facilities especially for those adjacent to HCF.
- General maintenance of surrounding households and public institutions.
- Presence of livestock (location of kraals, drinking troughs and their conditions in relation to location of water sources for both households and communities).

Any other relevant social features and economic activities e.g. quarrying, agriculture, fishing etc.

1. What is the catchment population for the HCF? \_\_\_\_\_

2. What is the average number of outpatients per day? \_\_\_\_\_

Approximately how many male \_\_\_\_\_ how many female? \_\_\_\_\_

3. What is the average number of inpatients per day? \_\_\_\_\_

4. What is the average number of births per month? \_\_\_\_\_

5. Who owns the land on which the HCF is located? \_\_\_\_\_

6. Is there proof of ownership like a title deed, letter from the Chief or Lease agreement?

☐ Yes  
☐ No

7. What is the extent of the land belonging to the HCF? \_\_\_\_\_

8. If land is on lease, owned by others (not government), is there a contract agreement

☐ Yes  
☐ No

9. If yes, who is the custodian of the contract agreement? \_\_\_\_\_

10. If yes, what copy of the agreement is available at the HCF? \_\_\_\_\_



## Section A: Infrastructure development (Site and Plans)

| Qs no. | Questions and Filter  | Response  | Skip              |
|--------|---|---|-------------------|
| 1.     | What facilities are available at the HCF?<br><i>(Tick all that applies)</i> | <input type="checkbox"/> OPD<br><input type="checkbox"/> Maternity ward<br><input type="checkbox"/> Male ward<br><input type="checkbox"/> Female ward<br><input type="checkbox"/> Mothers shelter<br><input type="checkbox"/> VCT Centre<br><input type="checkbox"/> Lab<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Stores<br><input type="checkbox"/> Health care waste bay<br><input type="checkbox"/> Incinerator<br><input type="checkbox"/> Ash pit<br><input type="checkbox"/> Placenta pit<br><input type="checkbox"/> Relative's shelter<br><input type="checkbox"/> Non – Refuse Bay<br><input type="checkbox"/> Kitchen<br><input type="checkbox"/> Theatre<br><input type="checkbox"/> Dental<br><input type="checkbox"/> Mortuary<br><input type="checkbox"/> Kitchen/Restaurant<br><input type="checkbox"/> Other(s) Specify<br><br><br><br> |                   |
| 2.     | Are there architectural designs for the structures?                         | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know  |                   |
| 3.     | Is there an existing layout plan of the HCF?                                | <input type="radio"/> Yes<br><input type="radio"/> No   |                   |
| 4.     | Is there a current plan for expansion/extension of HCF?                     | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Do not know  | If no skip to A.6 |
| 5.     | What structures are already built as indicated on the layout plan?          | <input type="checkbox"/> OPD<br><input type="checkbox"/> Maternity ward<br><input type="checkbox"/> Male ward<br><input type="checkbox"/> Female ward<br><input type="checkbox"/> Mothers shelter<br><input type="checkbox"/> VCT Centre  |                   |



| Qs no. | Questions and Filter   | Response  | Skip              |
|--------|--|---|-------------------|
|        |  | <input type="checkbox"/> Lab<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Stores<br><input type="checkbox"/> Healthcare waste bay<br><input type="checkbox"/> Incinerator<br><input type="checkbox"/> Mothers shelter<br><input type="checkbox"/> Other(s) Specify<br><hr/> <hr/> <hr/>   |                   |
| 6.     | Are there existing structures not captured on the existing layout plan?<br><b>Hint: project initiated buildings, prefabs, etc.</b> | <input type="radio"/> Yes<br><input type="radio"/> No   |                   |
| 7.     | (7a) Are there cracks on any of the building(s)?<br><br>(7b) If yes, which building (s)?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><br><input type="checkbox"/> OPD<br><input type="checkbox"/> Maternity ward<br><input type="checkbox"/> Male ward<br><input type="checkbox"/> Female ward<br><input type="checkbox"/> Mothers shelter<br><input type="checkbox"/> VCT Centre<br><input type="checkbox"/> Lab<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Stores<br><input type="checkbox"/> Healthcare waste bay<br><input type="checkbox"/> Refuse Bay<br><input type="checkbox"/> Incinerator<br><input type="checkbox"/> Ash Pit<br><input type="checkbox"/> Placenta Pit<br><input type="checkbox"/> Mothers' Shelter<br><input type="checkbox"/> laundry<br><input type="checkbox"/> ICU<br><input type="checkbox"/> Other(s) Specify<br><hr/> <hr/> <hr/> | If no skip to A.9 |





| Qs no. | Questions and Filter   | Response  | Skip |
|--------|--|---|------|
| 8.     | State or describe nature of cracks?  |   |      |
| 9.     | What could have caused the cracks?<br><i>(Tick all that apply)</i>                             | <input type="checkbox"/> Weight of the roof, since no full ring beam was installed<br><input type="checkbox"/> Weight of the roof, since no timber on the wall plate or partially installed timber on wall plate<br><input type="checkbox"/> Weak foundation<br><input type="checkbox"/> Due Heat<br><input type="checkbox"/> Other(s) Specify<br><hr/> <hr/> |      |
| 10.    | What building materials were used to construct the structures?<br><i>(Tick all that apply)</i> | <input type="checkbox"/> Concrete blocks (8", 6", 4")<br><input type="checkbox"/> Pan bricks (4")<br><input type="checkbox"/> Traditional kilned clay bricks (6", 4")<br><input type="checkbox"/> Prefabricated<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Other(s) Specify<br><hr/> <hr/>  |      |
| 11.    | What is the state of plaster on the buildings?   | <input type="radio"/> Worn out and broken?<br><input type="radio"/> Intact and strong<br><input type="radio"/> Not plastered<br><input type="radio"/> Other(s) Specify<br><hr/> <hr/>   |      |
| 12.    | How was the ring beam installed?   | <input type="radio"/> Partial (on doors and windows)<br><input type="radio"/> Full (round the outer walls and internal walls)<br><input type="radio"/> Other(s) Specify<br><hr/> <hr/>  |      |
| 13.    | Indicate the building with the cracks and nature   | <hr/> <hr/> <hr/>   |      |



| Qs no. | Questions and Filter  | Response   | Skip |
|--------|---|--|------|
| 14.    | What materials were used for roofing trusses?                     | <input type="radio"/> Timber<br><input type="radio"/> Steel<br><input type="radio"/> Don't know<br><input type="radio"/> Other(s) Specify<br><hr/> <hr/>   |      |
| 15.    | What materials were used for windows?                             | <input type="radio"/> Steel frames<br><input type="radio"/> Timber frames<br><input type="radio"/> No window<br><input type="radio"/> Other(s) Specify<br><hr/> <hr/>  |      |
| 16.    | What materials were used for door frames?                         | <input type="radio"/> Steel frames<br><input type="radio"/> Timber frames<br><input type="radio"/> No window<br><input type="radio"/> Other(s) Specify<br><hr/> <hr/>  |      |
| 17.    | What materials were used for floors?                              | <input type="radio"/> Concrete with screed<br><input type="radio"/> Tiles<br><input type="radio"/> Wooden floor<br><input type="radio"/> Other(s) Specify<br><hr/> <hr/>   |      |
| 18.    | (17a) Is the maternity ward a stand alone building?               | <input type="radio"/> Yes<br><input type="radio"/> No  |      |
| 19.    | Does the maternity ward provide privacy?<br>(Tick all applicable) | <input type="checkbox"/> Distant to other structures<br><input type="checkbox"/> Obscured windows<br><input type="checkbox"/> Functional doors<br><input type="checkbox"/> Internal toilets and showers                    |      |
| 19     | What is the general state of the maternity wards?                 | <input type="checkbox"/> Excellent condition<br><input type="checkbox"/> Good condition requiring minor attention like wall filling, painting<br><input type="checkbox"/> Bad condition and requiring major rehabilitation |      |





| Qs no. | Questions and Filter   | Response   | Skip |
|--------|--|--|------|
| 21.    | Is the inpatient ward (s) a stand alone building?  | <input type="radio"/> Yes<br><input type="radio"/> No  |      |
| 22.    | What is the general state of the inpatient ward (s)?<br><br><b>Bad condition hint: leaking roof; broken window panes; sagging ceiling; defects to doors; etc</b>   | <input type="radio"/> Excellent condition<br><input type="radio"/> Good condition requiring minor attention like wall filling, painting<br><input type="radio"/> Bad condition requiring major rehabilitation              |      |
| 23.    | Is the outpatient unit a stand alone building or attached to another building?   | <input type="radio"/> Yes<br><input type="radio"/> No  |      |
| 24.    | What is the general state of the outpatient unit?<br><br><b>Bad condition hint: leaking roof; broken window panes; sagging ceiling; defects to doors; etc</b>  | <input type="radio"/> Excellent condition<br><input type="radio"/> Good condition requiring minor attention like wall filling, painting<br><input type="radio"/> Bad condition requiring major rehabilitation              |      |
| 25.    | What is the general state of the outpatient Department ?<br><br><b>Bad condition hint: leaking roof; broken window panes; sagging ceiling; defects to doors; etc</b>   | <input type="radio"/> Excellent condition<br><input type="radio"/> Good condition requiring minor attention like wall filling, painting<br><input type="radio"/> Bad condition requiring major rehabilitation              |      |
| 26.    | Are the following units of the facility easy to access for people who may be ill, have limited mobility, have disability, older or pregnant?<br><b>Hint: An entrance that can be considered accessible for people with limited mobility if it meets relevant national or local standards.</b><br><b>Hint (Refer to National Standards)</b> | <div> <b>OPD UNIT</b><br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No           </div> <div> <b>Mothers Shelter</b><br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No           </div> |      |

|              |                                   |  |                                       |
|--------------|-----------------------------------|--|---------------------------------------|
| <b>SCORE</b> | <b>MEETS THE STANDARDS</b><br>+++ | <b>PARTIALLY MEETING THE STANDARDS</b><br>++ | <b>NOT MEETING THE STANDARDS</b><br>+ |
|--------------|-----------------------------------|--|---------------------------------------|



## Section B: General Information

### B.1. Human resources

| Qs no. | Questions and Filter  | Response  | Skip               |
|--------|---|---|--------------------|
| 1.     | Number of Health Care providers/ and support staff employed at the facility | <div> <div></div> <div> <div>M</div> <div>F</div> </div> </div> <div> <input type="checkbox"/> Number of Doctors           <input type="checkbox"/> Snr Medical superintendent           <input type="checkbox"/> Medical superintendent           <input type="checkbox"/> Hospital Administrator           <input type="checkbox"/> Pharmacist           <input type="checkbox"/> Number of Nurses           <input type="checkbox"/> Number of Midwives           <input type="checkbox"/> Number of Cleaners           <input type="checkbox"/> Physiotherapist           <input type="checkbox"/> Nutrition           <input type="checkbox"/> Radiology           <input type="checkbox"/> Dental           <input type="checkbox"/> Community Health Assistants           <input type="checkbox"/> Environ. Health staff           <input type="checkbox"/> Clinical Officer           <input type="checkbox"/> Laboratory staff           <input type="checkbox"/> Others:         </div> |                    |
| 2.     | Do you have maintenance plan at the facility?<br><i>(Provide evidence)?</i> | <input type="radio"/> Yes, Provide Evidence<br><input type="radio"/> No   |                    |
| 3.     | Do you have a maintenance committee at the facility?                        | <input type="radio"/> Yes<br><input type="radio"/> No   | If no skip to B1.8 |
| 4.     | How often do they meet?<br><i>(Tick all that apply)</i>                     | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> Bi-annually<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Adhoc<br><input type="checkbox"/> Did not meet<br><input type="checkbox"/> Other(s) Specify  |                    |



| Qs no.                                | Questions and Filter  | Response   | Skip  |       |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
|---------------------------------------|---|--|-------|-------|-------|-------|-------|-----------------------------------|---|---|---|---|--------------------------------------|---|---|---|---|--------------------------------------|---|---|---|---|---------------------------------------|---|---|---|---|------------------------------------|---|---|---|---|---------------------------------------|---|---|---|---|----------------------------------|---|---|---|---|----------------------------------|---|---|---|---|------------------------------------|---|---|---|---|--|
| 5.                                    | Which of the following skills are available for the maintenance of WASH facilities?           | <b>SKILLS</b><br><table border="1"> <thead> <tr> <th></th> <th>FAC.</th> <th>DIST.</th> <th>Hosp.</th> <th>Priv.</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Plumbing</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td><input type="checkbox"/> Bricklaying</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td><input type="checkbox"/> Electrician</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td><input type="checkbox"/> Refrigerator</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td><input type="checkbox"/> Carpentry</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td><input type="checkbox"/> Pump minders</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td><input type="checkbox"/> Welders</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td><input type="checkbox"/> Painter</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td><input type="checkbox"/> Other(s):</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> </tr> </tbody> </table> |       | FAC.  | DIST. | Hosp. | Priv. | <input type="checkbox"/> Plumbing | — | — | — | — | <input type="checkbox"/> Bricklaying | — | — | — | — | <input type="checkbox"/> Electrician | — | — | — | — | <input type="checkbox"/> Refrigerator | — | — | — | — | <input type="checkbox"/> Carpentry | — | — | — | — | <input type="checkbox"/> Pump minders | — | — | — | — | <input type="checkbox"/> Welders | — | — | — | — | <input type="checkbox"/> Painter | — | — | — | — | <input type="checkbox"/> Other(s): | — | — | — | — |  |
|                                       | FAC.  | DIST.  | Hosp. | Priv. |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| <input type="checkbox"/> Plumbing     | —   | —  | —     | —     |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| <input type="checkbox"/> Bricklaying  | —   | —  | —     | —     |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| <input type="checkbox"/> Electrician  | —   | —  | —     | —     |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| <input type="checkbox"/> Refrigerator | —   | —  | —     | —     |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| <input type="checkbox"/> Carpentry    | —   | —  | —     | —     |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| <input type="checkbox"/> Pump minders | —   | —  | —     | —     |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| <input type="checkbox"/> Welders      | —   | —  | —     | —     |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| <input type="checkbox"/> Painter      | —   | —  | —     | —     |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| <input type="checkbox"/> Other(s):    | —   | —  | —     | —     |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| 6.                                    | What maintenance records are available?<br><i>(Tick all that apply)</i>                       | <input type="checkbox"/> Fault/defects reports<br><input type="checkbox"/> Repair reports<br><input type="checkbox"/> Monthly maintenance reports<br><input type="checkbox"/> No maintenance records available   |       |       |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| 7.                                    | Is there a storage facility where maintenance materials are kept?                             | <input type="radio"/> Yes<br><input type="radio"/> No  |       |       |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| 8.                                    | Is there a stores management system?<br><i>(Stock control card, requisition books, GRNs)?</i> | <input type="radio"/> Yes<br><input type="radio"/> No  |       |       |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |
| 9.                                    | What structures are present that support the HCF providers?<br><i>(Tick all that apply)</i>   | <input type="checkbox"/> Health Centre Committee (HCC)<br><input type="checkbox"/> Epidemic Preparedness Committee (EPC)<br><input type="checkbox"/> Sanitation Action Groups (SAGs)<br><input type="checkbox"/> Finance Committee<br><input type="checkbox"/> Housing Committee<br><input type="checkbox"/> Human resources<br><input type="checkbox"/> HoDs committee<br><input type="checkbox"/> Other(s) Specify   |       |       |       |       |       |                                   |   |   |   |   |                                      |   |   |   |   |                                      |   |   |   |   |                                       |   |   |   |   |                                    |   |   |   |   |                                       |   |   |   |   |                                  |   |   |   |   |                                  |   |   |   |   |                                    |   |   |   |   |  |

|       |                            |                                       |                                |
|-------|----------------------------|---------------------------------------|--------------------------------|
| SCORE | MEETS THE STANDARDS<br>+++ | PARTIALLY MEETING THE STANDARDS<br>++ | NOT MEETING THE STANDARDS<br>+ |
|-------|----------------------------|---------------------------------------|--------------------------------|



## B.2. Finance

| Qs no. | Questions and Filter   | Response  | Skip |
|--------|--|---|------|
| 1.     | What is the main source of funding for maintenance?<br><br><i>(Tick all that apply)</i>  | <input type="checkbox"/> GRZ grant<br><input type="checkbox"/> Partners<br><input type="checkbox"/> User fees<br><input type="checkbox"/> Other(s) Specify<br><hr/> <hr/> |      |
| 2.     | How much funds are received?<br><i>(State the amounts received)</i>  |   |      |
| 3.     | How frequent are the funds received from the main source?<br><br><i>(Tick one)</i>   | <input type="radio"/> Every month<br><input type="radio"/> Quarterly<br><input type="radio"/> Bi annually<br><input type="radio"/> Annually                               |      |
| 4.     | Is there a finance committee that oversees the management of HCF funds with segregated duties?   | <input type="radio"/> Yes<br><input type="radio"/> No   |      |
| 5.     | Is there a budget for operations and maintenance?  | <input type="radio"/> Yes<br><input type="radio"/> No   |      |
| 6.     | Are there financial records available?<br><br><i>Hint: bank statements; imprest requisition records; retirement records; etc</i>                           | <input type="radio"/> Yes<br><input type="radio"/> No   |      |
| 7.     | How often are the financial management reports shared?<br><br><i>Hint: Finance committee, Board, Neighbourhood committees, District Health Office, etc</i> | <input type="radio"/> Every month<br><input type="radio"/> Quarterly<br><input type="radio"/> Bi annually<br><input type="radio"/> Annually                               |      |

# SCORE

**MEETS THE STANDARDS**  
+++

**PARTIALLY MEETING THE STANDARDS**  
++

**NOT MEETING THE STANDARDS**  
+



## Section C: Water

| Qs no. | Questions and Filter  | Response   | Skip |
|--------|---|--|------|
| 1.     | What is the main water source for the HCF?  | <input type="radio"/> Spring<br><input type="radio"/> River<br><input type="radio"/> Stream<br><input type="radio"/> Dam<br><input type="radio"/> Borehole<br><input type="radio"/> Protected shallow well<br><input type="radio"/> Semi-protected shallow well<br><input type="radio"/> Unprotected shallow well<br><input type="radio"/> Piped water<br><input type="radio"/> Rainy water harvest<br><input type="radio"/> Other(s) Specify<br><hr/> <hr/> |      |
| 2.     | If piped, what is the source?   | <input type="radio"/> Surface<br><input type="radio"/> Ground  |      |
| 3.     | Where is the water point located?<br><br><b><i>Hint: 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.</i></b> | <input type="radio"/> On premises<br><input type="radio"/> 500m from the health facility<br><input type="radio"/> Between 500-1000m from the HCF<br><input type="radio"/> Beyond 1000m from the HCF  |      |
| 4.     | Who owns the water supply facility?   | <input type="radio"/> Health care facility<br><input type="radio"/> Community<br><input type="radio"/> Private<br><input type="radio"/> Commercial utility<br><input type="radio"/> Other(s) Specify<br><hr/> <hr/>  |      |



| Qs no. | Questions and Filter   | Response  | Skip |
|--------|--|---|------|
| 5.     | <p>Is the water from the main source currently available and sufficient for all uses at the health facility at the time of assessment?</p> <p><b>Hint: Where possible, confirm that water is available from this source, e.g. check that taps or hand pumps deliver water e.g. check that taps or hand pumps deliver water</b></p> | <input type="radio"/> Yes<br><input type="radio"/> No   |      |
| 6.     | Is the facility water source services available throughout the year?   | <input type="radio"/> Yes, throughout the year<br><input type="radio"/> No  |      |
| 7.     | How is the facility's drinking water provided?   | <input type="radio"/> Direct from the tap<br><input type="radio"/> In buckets with lids<br><input type="radio"/> In lockable plastic containers<br><input type="radio"/> Bottled water<br><input type="radio"/> In a dispenser<br><input type="radio"/> Other(s) Specify<br><hr/> <hr/> |      |
| 8.     | <p>Who is responsible for collecting drinking water if not available in the building?</p> <p><b>Tick all that apply</b></p>  | <input type="radio"/> Healthcare staff<br><input type="radio"/> Cleaners or maintenance staff<br><input type="radio"/> Patients themselves<br><input type="radio"/> Those who accompany patients, i.e. patients family members, carers or companions                                    |      |
| 9.     | Is a reliable drinking water station present and accessible for staff and patients/carers at all times and in all locations/wards?   | <input type="radio"/> Yes, throughout the year<br><input type="radio"/> No<br><input type="radio"/> Partially (for some stations)   |      |
| 10.    | <p>Are the drinking water points accessible to people with special needs (older, sick, disabled, weak or pregnant?)</p> <p><b>(Define special needs in the field guide)</b></p>  | <input type="radio"/> Yes<br><input type="radio"/> No   |      |





| Qs no.                             | Questions and Filter   | Response  | Skip                                       |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
|------------------------------------|--|---|--|----------|----------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------------------|------------------------------------|------------------------------------|--|
| 11.                                | Does the health facility have sufficient water storage facilities to meet the needs for 2 days?                | <input type="radio"/> Yes<br><input type="radio"/> No   |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| 12.                                | What type of water quality test is done?<br><i>(Define the water quality test conducted)</i>                   | <input type="checkbox"/> Bacteriological<br><input type="checkbox"/> Physical<br><input type="checkbox"/> Chemical<br><input type="checkbox"/> None   | If None skip to C17                        |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| 13.                                | How often are these tests done?<br><i>(for each type of test ticked)</i>                                       | <table border="0"> <thead> <tr> <th>Bacteriological</th><th>Chemical</th><th>Physical</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Daily</td><td><input type="checkbox"/> Daily</td><td><input type="checkbox"/> Daily</td></tr> <tr> <td><input type="checkbox"/> Weekly</td><td><input type="checkbox"/> Weekly</td><td><input type="checkbox"/> Weekly</td></tr> <tr> <td><input type="checkbox"/> Monthly</td><td><input type="checkbox"/> Monthly</td><td><input type="checkbox"/> Monthly</td></tr> <tr> <td><input type="checkbox"/> Quarterly</td><td><input type="checkbox"/> Quarterly</td><td><input type="checkbox"/> Quarterly</td></tr> </tbody> </table> | Bacteriological                            | Chemical | Physical | <input type="checkbox"/> Daily | <input type="checkbox"/> Daily | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Quarterly |  |
| Bacteriological                    | Chemical   | Physical  |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| <input type="checkbox"/> Daily     | <input type="checkbox"/> Daily   | <input type="checkbox"/> Daily  |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| <input type="checkbox"/> Weekly    | <input type="checkbox"/> Weekly  | <input type="checkbox"/> Weekly   |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| <input type="checkbox"/> Monthly   | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Monthly  |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Quarterly   | <input type="checkbox"/> Quarterly  |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| 14.                                | Who conducts the water quality tests?  | <input type="radio"/> Environmental Health Practitioners<br><input type="radio"/> Community volunteers<br><input type="radio"/> Laboratory Scientist<br><input type="radio"/> Other(s) Specify<br><hr/> <hr/>   |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| 15.                                | Are water quality results available at the HCF?<br><i>(Need to ask for proof for most recent results)</i>      | <input type="radio"/> Yes, provided<br><input type="radio"/> No   | If results not provided or No, skip to C17 |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| 16.                                | Does the water supply meet National standards?<br><i>(Refer to recent results)</i>                             | <table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>1. Bacteriological</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>2. Physical</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>3. Chemical</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>  |  | YES      | NO       | 1. Bacteriological             | <input type="checkbox"/>       | <input type="checkbox"/>       | 2. Physical                     | <input type="checkbox"/>        | <input type="checkbox"/>        | 3. Chemical                      | <input type="checkbox"/>         | <input type="checkbox"/>         |                                    |                                    |                                    |  |
|                                    | YES  | NO  |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| 1. Bacteriological                 | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| 2. Physical                        | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| 3. Chemical                        | <input type="checkbox"/>   | <input type="checkbox"/>  |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| 17.                                | Has the facility experienced any WASH related outbreak in the past six months?                                 | <input type="radio"/> Yes<br><input type="radio"/> No<br>If yes, specify<br><hr/> <hr/>   |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |
| 18.                                | Did the drinking water meet the appropriate chlorine residual (0.2mg/l or 0.5mg/l) during the outbreak period? | <input type="radio"/> Yes<br><input type="radio"/> No   |  |          |          |                                |                                |                                |                                 |                                 |                                 |                                  |                                  |                                  |                                    |                                    |                                    |  |

|              |                                   |  |                                       |
|--------------|-----------------------------------|--|---------------------------------------|
| <b>SCORE</b> | <b>MEETS THE STANDARDS</b><br>+++ | <b>PARTIALLY MEETING THE STANDARDS</b><br>++ | <b>NOT MEETING THE STANDARDS</b><br>+ |
|--------------|-----------------------------------|--|---------------------------------------|



## Section D: Sanitation

(Toilets: The minimum number of toilets required to meet the criteria for a basic sanitation service is one toilet dedicated for staff, and atleast one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility). Note: Accessibility to be defined in the standards.

| Qs no. | Questions and Filter   | Response   | Skip |           |     |     |      |   |   |   |        |   |   |   |  |
|--------|--|--|------|-----------|-----|-----|------|---|---|---|--------|---|---|---|--|
| 1.     | How many functional toilets are available for at the HCF?  | <hr/> <hr/> <hr/> <hr/>  |      |           |     |     |      |   |   |   |        |   |   |   |  |
| 2.     | How many usable (available, functional, private) toilets do you have at the facility?  | <table border="1"> <thead> <tr> <th></th><th>Maternity</th><th>OPD</th><th>IPD</th></tr> </thead> <tbody> <tr> <td>Male</td><td>—</td><td>—</td><td>—</td></tr> <tr> <td>Female</td><td>—</td><td>—</td><td>—</td></tr> </tbody> </table>                            |      | Maternity | OPD | IPD | Male | — | — | — | Female | — | — | — |  |
|        | Maternity  | OPD  | IPD  |           |     |     |      |   |   |   |        |   |   |   |  |
| Male   | —  | —  | —    |           |     |     |      |   |   |   |        |   |   |   |  |
| Female | —  | —  | —    |           |     |     |      |   |   |   |        |   |   |   |  |
| 3.     | What type of toilets / latrines are at the facility? (select ones that apply)<br><br><i>Hint: To be considered private, the toilet stall has doors that can be locked from the inside and there are no large gaps or holes in the structure.</i>   | <input type="checkbox"/> Flush / pour-flush toilet to sewer connection<br><input type="checkbox"/> Flush / pour-flush toilet to tank or pit<br><input type="checkbox"/> Pit latrine with slab<br><input type="checkbox"/> Pit latrine without slab/ or with open pit |      |           |     |     |      |   |   |   |        |   |   |   |  |
| 4.     | How many staff toilets are at the facility?  | Male: _____<br>Female: _____   |      |           |     |     |      |   |   |   |        |   |   |   |  |
| 5.     | Do any of the toilets provide appropriate facilities for menstrual hygiene management?<br><br><i>(Hint: A toilet can be considered to have menstrual hygiene facilities if it has a bin with a lid on it for disposal of used menstrual hygiene products or Other (s) appropriate disposal facility in private, and water and soap available in a private space for washing)</i> | <input type="radio"/> Yes, provided<br><input type="radio"/> No  |      |           |     |     |      |   |   |   |        |   |   |   |  |



| Qs no.                   | Questions and Filter  | Response  | Skip                     |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
|--------------------------|---|---|--------------------------|------------------|------------|------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--|
| 6.                       | Does the facility have adequate and separate sanitary facilities for patients and carers? | <input type="radio"/> Yes<br><input type="radio"/> No   |                          |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| 7.                       | Does the facility have designated toilets for?  | <table> <tr> <td></td><td><b>Maternity</b></td><td><b>OPD</b></td><td><b>IPD</b></td></tr> <tr> <td>Male</td><td>—</td><td>—</td><td>—</td></tr> <tr> <td>Female</td><td>—</td><td>—</td><td>—</td></tr> </table>   |                          | <b>Maternity</b> | <b>OPD</b> | <b>IPD</b> | Male                     | —           | —                        | —                        | Female                   | —           | —                        | —                        |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
|                          | <b>Maternity</b>  | <b>OPD</b>  | <b>IPD</b>               |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| Male                     | —   | —   | —                        |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| Female                   | —   | —   | —                        |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| 8.                       | Does the health facility keep visible and signed records for cleaning the toilets?        | <input type="radio"/> Yes<br><input type="radio"/> No   |                          |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| 9.                       | How many toilets are available for people with limited mobility?                          | <table> <tr> <td></td><td><b>Maternity</b></td><td><b>OPD</b></td><td><b>IPD</b></td></tr> <tr> <td>Male</td><td>—</td><td>—</td><td>—</td></tr> <tr> <td>Female</td><td>—</td><td>—</td><td>—</td></tr> </table> <p>If yes, conduct an accessibility audit using a wheel chair</p>   |                          | <b>Maternity</b> | <b>OPD</b> | <b>IPD</b> | Male                     | —           | —                        | —                        | Female                   | —           | —                        | —                        |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
|                          | <b>Maternity</b>  | <b>OPD</b>  | <b>IPD</b>               |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| Male                     | —   | —   | —                        |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| Female                   | —   | —   | —                        |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| 10.                      | Do these toilets have the following?<br><br><b>(Tick all applicable)</b>                  | <input type="checkbox"/> Grab rail<br><input type="checkbox"/> Hanger<br><input type="checkbox"/> Guide rails<br><input type="checkbox"/> Non-slippery floor<br><input type="checkbox"/> Minimum door size of 825mm<br><input type="checkbox"/> Space enough for two (02) people  |                          |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| 11.                      | How far is the toilet block from the main patient area or wards?                          | Metres: _____   |                          |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| 12.                      | What functional facilities are in the maternity ward?                                     | <table> <tr> <td></td><td></td><td><b>Yes</b></td><td><b>No</b></td></tr> <tr> <td><input type="checkbox"/></td><td>Sluice room</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Shower room</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Washing trough</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Internal toilets</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Waiting room</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Hand washing basin(s)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> |                          |                  | <b>Yes</b> | <b>No</b>  | <input type="checkbox"/> | Sluice room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing trough | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Internal toilets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waiting room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hand washing basin(s) | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                          |   | <b>Yes</b>  | <b>No</b>                |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| <input type="checkbox"/> | Sluice room   | <input type="checkbox"/>  | <input type="checkbox"/> |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| <input type="checkbox"/> | Shower room   | <input type="checkbox"/>  | <input type="checkbox"/> |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| <input type="checkbox"/> | Washing trough  | <input type="checkbox"/>  | <input type="checkbox"/> |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| <input type="checkbox"/> | Internal toilets  | <input type="checkbox"/>  | <input type="checkbox"/> |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| <input type="checkbox"/> | Waiting room  | <input type="checkbox"/>  | <input type="checkbox"/> |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| <input type="checkbox"/> | Hand washing basin(s)   | <input type="checkbox"/>  | <input type="checkbox"/> |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| 13.                      | Does the inpatient facility have showers/bathing facilities?                              | <input type="radio"/> Yes<br><input type="radio"/> No   |                          |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |
| 14.                      | Does the maternity Unit have showers/bathing facilities?                                  | <input type="radio"/> Yes<br><input type="radio"/> No   |                          |                  |            |            |                          |             |                          |                          |                          |             |                          |                          |                          |                |                          |                          |                          |                  |                          |                          |                          |              |                          |                          |                          |                       |                          |                          |  |



| Qs no. | Questions and Filter  | Response  | Skip |
|--------|---|---|------|
| 15     | Does the shower/bathing facility have the following?<br>(Tick all applicable) | <input type="checkbox"/> Grab rail<br><input type="checkbox"/> Soap holder<br><input type="checkbox"/> Towel holder<br><input type="checkbox"/> Hanger<br><input type="checkbox"/> Guide rails<br><input type="checkbox"/> Non-slippery floor<br><input type="checkbox"/> Minimum door size of 825mm<br><input type="checkbox"/> Space enough for two (02) people |      |

| SCORE | MEETS THE STANDARDS<br>+++ | PARTIALLY MEETING THE STANDARDS<br>++ | NOT MEETING THE STANDARDS<br>+ |
|-------|----------------------------|---------------------------------------|--------------------------------|
|-------|----------------------------|---------------------------------------|--------------------------------|



## Section E: Hygiene

| Qs no. | Questions and Filter  | Response  | Skip                    |
|--------|---|---|-------------------------|
| 1.     | Are there hand washing facilities at points of care?  | <input type="radio"/> Yes: at all points of care<br><input type="radio"/> Yes: at some points of care<br><input type="radio"/> Yes: there are hand washing facilities at points of care but not functional or lacking soap and water or alcohol-based hand rub.<br><input type="radio"/> No: no hand washing facilities at the health care facility |                         |
| 2.     | Is there a functional hand washing facility at every toilet on the day of the survey?<br><br><b>(Hand washing facilities at toilets must include water and soap, rather than ABHR alone, since ABHR does not remove faecal matter).</b> | <input type="checkbox"/> Yes:<br><input type="checkbox"/> No: there are hand washing facilities near the toilets but lacking soap and/or water<br><input type="checkbox"/> No: no hand washing facilities near toilets (within 5m)  |                         |
| 3.     | Are hand washing facilities available in healthcare waste handling areas?   | <input type="radio"/> Yes<br><input type="radio"/> No   | If No skip to E5        |
| 4.     | Are the hand washing facilities functional in healthcare waste handling areas?  | <input type="radio"/> Yes<br><input type="radio"/> No   |                         |
| 5.     | Are Hand hygiene promotion IEC materials available, clearly visible and understandable at key places?   | Availability<br><input type="radio"/> Yes<br><input type="radio"/> No<br>Visibly clear<br><input type="radio"/> Yes<br><input type="radio"/> No<br>Understandable<br><input type="radio"/> Yes<br><input type="radio"/> No  | If No skip to section F |

| SCORE | MEETS THE STANDARDS<br>+++ | PARTIALLY MEETING THE STANDARDS<br>++ | NOT MEETING THE STANDARDS<br>+ |
|-------|----------------------------|---------------------------------------|--------------------------------|
|-------|----------------------------|---------------------------------------|--------------------------------|



## Section F: Environmental Hygiene

| Qs no. | Questions and Filter   | Response   | Skip |
|--------|--|--|------|
| 1.     | Is the surrounding of the facility kept generally clean?<br><br><b>(Free from solid waste, stagnant water, no animal and human faeces within the facility premises, etc.)?</b> | <input type="radio"/> Yes<br><input type="radio"/> No  |      |
| 2.     | Are floors brought to a smooth finish or screed and easy to clean?   | Smooth<br><input type="radio"/> Yes<br><input type="radio"/> No<br>Screed and easy to clean<br><input type="radio"/> Yes<br><input type="radio"/> No   |      |
| 3.     | Do floors and horizontal work surfaces appear clean on the day of survey?  | <input type="radio"/> Yes<br><input type="radio"/> No  |      |
| 4.     | Are appropriate supplies available for the cleaning, disinfection and sterilization of medical equipment?  | Cleaning<br><input type="radio"/> Yes<br><input type="radio"/> No<br>Disinfection<br><input type="radio"/> Yes<br><input type="radio"/> No<br>Sterilization<br><input type="radio"/> Yes<br><input type="radio"/> No |      |
| 5.     | Are there appropriate and well-maintained cleaning materials?<br><br><b>(appropriate according to the cleaning and disinfection protocols)</b>                                 | Appropriate<br><input type="radio"/> Yes<br><input type="radio"/> No<br>Well maintained<br><input type="radio"/> Yes<br><input type="radio"/> No   |      |
| 6.     | Is there a designated area for storage of cleaning materials and are the cleaning materials stored properly?   | <input type="radio"/> Yes: designated area available and materials stored properly<br><input type="radio"/> Yes: designated area available but materials not stored properly<br><input type="radio"/> No:            |      |
| 7.     | Are cleaning protocols available?  | <input type="radio"/> Yes<br><input type="radio"/> No  |      |





| Qs no. | Questions and Filter  | Response  | Skip |
|--------|---|---|------|
| 8.     | Are there visual or written aids visible to remind staff of correct procedures for cleaning and disinfection?   | <input type="radio"/> Yes<br><input type="radio"/> No |      |
| 9.     | Can at least one member of staff demonstrate the correct procedures for cleaning and disinfection and apply them as required to maintain clean and safe rooms?  | <input type="radio"/> Yes<br><input type="radio"/> No |      |
| 10.    | Are all staff (medical and non-medical) oriented in infection prevention and control?   | <input type="radio"/> Yes<br><input type="radio"/> No |      |
| 11.    | Is there a schedule for the cleaning of rooms?  | <input type="radio"/> Yes<br><input type="radio"/> No |      |
| 12.    | Are all cleaning staff aware and informed about the cleaning schedule/plans?  | <input type="radio"/> Yes<br><input type="radio"/> No |      |
| 13.    | Are there laundry facilities in appropriate locations?  | <input type="radio"/> Yes<br><input type="radio"/> No |      |
| 14.    | Are the laundry facilities functional with adequate water supply?   | <input type="radio"/> Yes<br><input type="radio"/> No |      |
| 15.    | Do cleaning and laundry staff have adequate Personal Protective Equipment?<br><br><i>(PPE –work suit, gum boots, safety boots, utility gloves, industrial gloves, hard hat, respirators, face masks, face shields, apron, face goggles etc)</i> | <input type="radio"/> Yes<br><input type="radio"/> No |      |

|              |                                   |  |                                       |
|--------------|-----------------------------------|--|---------------------------------------|
| <b>SCORE</b> | <b>MEETS THE STANDARDS</b><br>+++ | <b>PARTIALLY MEETING THE STANDARDS</b><br>++ | <b>NOT MEETING THE STANDARDS</b><br>+ |
|--------------|-----------------------------------|--|---------------------------------------|



## Section G: HealthCare Waste Management

| Qs no. | Questions and Filter   | Response  | Skip |
|--------|--|---|------|
| 1.     | <p>Is waste correctly segregated into at least three labelled bins at the point of generation/ source (i.e. consultation rooms, treatment rooms, maternity ward and any other).</p> <p><b>NOTE: For facilities with multiple consultation rooms, select one at random and observe whether sharps , infectious waste (yellow); general waste (black) and; pharmaceutical, Laboratory, photographic chemical (brown) are segregated into three different bins?</b></p> | <p><input type="radio"/> Yes: waste is segregated into three labelled or colour coded bins.</p> <p><input type="radio"/> No: bins are present, but they do not meet all requirements or waste is not correctly segregated.</p> <p><input type="radio"/> No: bins are not present</p> <p><input type="radio"/> Other(s) Specify</p> <hr/> <hr/>  |      |
| 2.     | <p>How does this facility usually treat/dispose of infectious waste?</p>   | <p><input type="checkbox"/> Autoclaved and shredded</p> <p><input type="checkbox"/> Autoclaved</p> <p><input type="checkbox"/> Incinerated (two chamber, 850- 1000°C incinerator)</p> <p><input type="checkbox"/> Incinerated above 1200 °C</p> <p><input type="checkbox"/> Burning in a protected pit</p> <p><input type="checkbox"/> Not treated, but buried in lined, protected pit</p> <p><input type="checkbox"/> Not treated, but collected for medical waste disposal off-site</p> <p><input type="checkbox"/> Open dumping without treatment</p> <p><input type="checkbox"/> Open burning</p> <p><input type="checkbox"/> Not treated and added to general waste</p> <p><input type="checkbox"/> Other(s) Specify</p> <hr/> |      |
| 3.     | <p>How does this facility usually treat/dispose of sharps?</p>   | <p><input type="checkbox"/> Autoclaved and shredded</p> <p><input type="checkbox"/> Autoclaved</p> <p><input type="checkbox"/> Incinerated (Micro-burn)</p> <p><input type="checkbox"/> Incinerated (Brick-burn)</p> <p><input type="checkbox"/> Burning in a protected pit</p> <p><input type="checkbox"/> Not treated, but buried in lined, protected pit</p> <p><input type="checkbox"/> Not treated, but collected for medical waste disposal off-site</p> <p><input type="checkbox"/> Open dumping without treatment</p> <p><input type="checkbox"/> Open burning</p> <p><input type="checkbox"/> Not treated and added to general waste</p> <p><input type="checkbox"/> Other(s) Specify</p> <hr/>                            |      |



| Qs no.              | Questions and Filter   | Response   | Skip |
|---------------------|--|--|------|
| 4.<br>(Observation) | Randomly check if the general and infectious waste are collected at least once a day and sharps' container when $\frac{3}{4}$ filled?  | <input type="radio"/> Yes<br><input type="radio"/> No  |      |
| 5.                  | Is infectious waste collected and transported on appropriate trollies separately from Other (s) waste to the designated storage areas, which are inaccessible to the public and animals? | Appropriately<br><input type="radio"/> Yes<br><input type="radio"/> No<br>Separately<br><input type="radio"/> Yes<br><input type="radio"/> No<br>Inaccessible<br><input type="radio"/> Yes<br><input type="radio"/> No |      |
| 6.                  | Are waste management protocols available?  | <input type="radio"/> Yes<br><input type="radio"/> No  |      |
| 7.                  | Have all staff responsible for waste management received training?   | <input type="radio"/> Yes<br><input type="radio"/> No  |      |

| SCORE | MEETS THE STANDARDS<br>+++ | PARTIALLY MEETING THE STANDARDS<br>++ | NOT MEETING THE STANDARDS<br>+ |
|-------|----------------------------|---------------------------------------|--------------------------------|
|-------|----------------------------|---------------------------------------|--------------------------------|





**Republic of Zambia**

**Ministry of Health**