

PRECISE- DYAD

Health trajectories for
mums and their children



Water, Sanitation and Hygiene (WASH) Assessments Manual

MASTER COPY

Version 1

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WASH assessments at participant's household

In households of women who have consented to participate, we would like to collect water samples to test for bacterial contamination and complete a questionnaire of water, sanitation, and hygiene (WASH) facilities in the home.

We will assess 50 households per site, for a total of 150 in The Gambia and 100 in Kenya.

The visit should take about 40-60 minutes. The water collection and quality tests will take 20-30 minutes.

Questionnaires

The questions to be completed at the home visit are in the appendix. These cover the households' access to drinking water, sanitation, and hygiene products.

Collection of water samples

1. Household drinking water sampling:

This water sample will be the water the household would normally drink. To obtain this, ask the woman for a 'glass of water that household members would drink'. This water sample should then be tested. The water quality test can either be conducted in the household's premises; otherwise, the sample can be collected using a whirl pack bag for transportation for testing elsewhere.

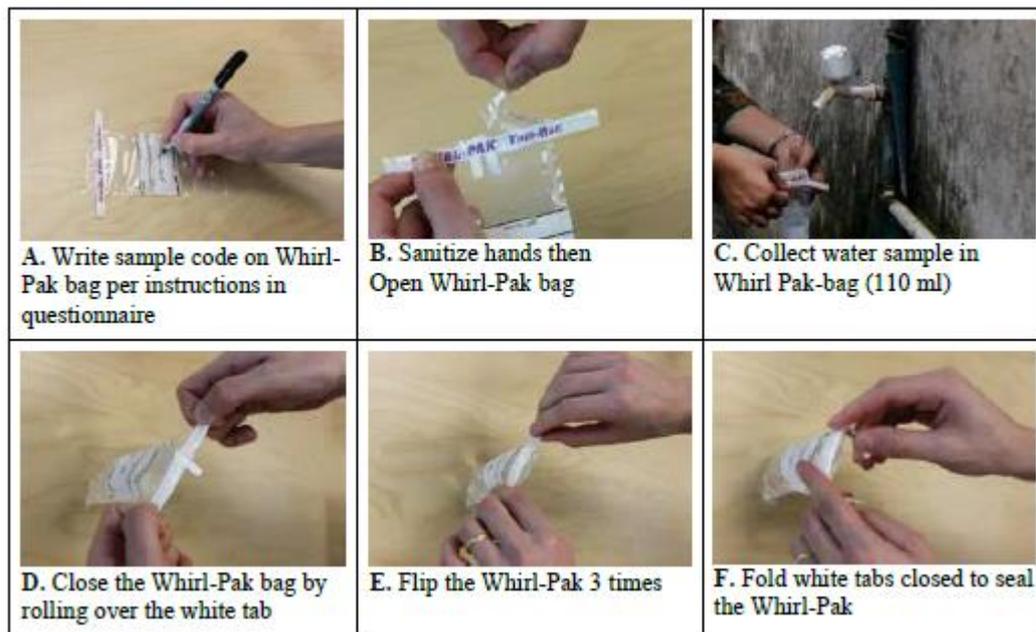
2. Water source sampling:

The water source that the family use to access water should be identified (Q1 of the questionnaire).

Whenever feasible, the water should be flushed for 30 seconds before collecting the sample. If it is collected by hand from the source (e.g., in an unprotected spring), flushing is not necessary. If water is taken from a spring, the sample should be collected by facing the mouth of the container/bag towards the opposite direction of the flow.

Once the water source is flushed, a water sample should be collected in a whirl pack bag.

Taking a sample with the Whirl-Pak Bag



The water quality test may be performed at the location of the source, or it can be taken in a sterilised whirl pack bag to a convenient location.

If the sample is transported:

- SHORT TRANSIT TIME (UP TO 30 MINUTES). It is acceptable, but the sample must be kept out of direct sunlight whilst being transported.

- LONG TRANSIT TIME (BETWEEN 30 MIN. AND 5 HOURS). If this is needed, then the water must be kept in a cooler with ice packs to keep it cold. If a cooler is used, the sample should be kept cool (less than 4°C) but never allowed to freeze. It should be analysed within 6 hours of collection.

3. Processing water samples

When processing the two water samples, you will also need to use a blank test. This will be a bottle of water known to be of high quality or distilled water. The water should be poured directly from the bottle when conducting the test.

Equipment needed

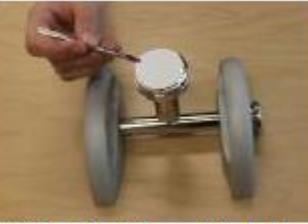
WATER QUALITY TESTING – E. COLI



Figure 1: Equipment required for water quality testing

<ol style="list-style-type: none"> 1. Compact Dry plates (<i>E. coli</i>) 2. Incubation belt 3. Membrane filtration manifold 4. Whirl Pak bags for sample collection 5a. Funnels 5b. Filter membrane (included in box with Microfil Funnels) 6. Large syringe (100 mL) 7. 1 mL disposable syringe 8. Alcohol wipe 8. Incubation belt 9. Marker pen 10. Forceps (tweezers) 11. Hand sanitizer gel 	<p>Additional equipment:</p> <ul style="list-style-type: none"> • Bags for transporting the water testing kit • Tissue paper • Waste disposal bags • Blank water bottles (or deionised water) • Household bleach solution • Bucket for disinfection • Gloves for disinfection <p>Notes:</p> <ul style="list-style-type: none"> • Millipore membrane filtration manifold needs to be assembled prior to first use. • Electric incubators may also be used where there is reliable electricity
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Performing water quality tests

 <p>1. Sanitize hands</p>	 <p>2. Use the Marker pen to label the a Compact Dry plate per instructions in Step 3</p>	<p>3. Labeling instructions</p> <p>Example label: H-012-03</p> <p>Label codes: 1st letter: H = household sample, S = source sample, B = blank test Numbers: cluster + household</p>
 <p>4. Tear open an alcohol wipe</p>	 <p>5. Use the alcohol wipe to sterilize the <u>forceps</u> and the top of the filtration stand and frit (use forceps to keep wipe from sticking to the rough surface)</p>	 <p>6. Place the forceps on top of an alcohol wipe to keep it sterile</p>
 <p>7. Remove one membrane filter from box</p>	 <p>8. Remove the white gridded filter (discard the blue paper) – <i>do not allow the filter to touch any other surfaces; if dropped accidentally, use a new one.</i></p>	 <p>9. Place the filter, gridded side up, on top of the filtration stand</p>
 <p>10. Remove funnel from the plastic sleeve; <i>be careful not to touch the inside of the funnel</i></p>	 <p>11. Lock the funnel onto the filtration stand, touching only the outside of the funnel</p>	 <p>12. Fill the funnel with the water sample up to the 100 mL mark</p>

 <p>13. Open one sterile 1 mL disposable syringe and withdraw 1 mL of sample water</p>	 <p>14. Use the other hand to lift off the cover of the Compact Dry plate and add the 1 mL from the syringe</p>	 <p>15. Switch the blue valve on the filtration stand into the open position (vertical)</p>
 <p>16. Use the large syringe to pull the entire water sample through the filter; discard the water in the syringe</p>	 <p>17. Carefully remove and discard the funnel, leaving the filter on the filtration stand</p>	 <p>18. Use the sterile forceps to remove the filter from the filtration stand</p>
 <p>19. Place the filter, gridded side up, onto the plate</p>	 <p>20. Wipe down the surface of the filtration stand and allow any water still inside to drain out</p>	 <p>21. Collect all garbage and dispose of properly; show respect to households and do not leave behind any materials</p>
 <p>22. Place the Compact dry plate into the incubation belt or electric incubator.</p>		<p>23. Incubate for 24-48 hours and then record result in water quality questionnaire.</p>

Sample incubation

If the sample is collected and pre-processed with the portable membrane kit, the Compact Dry plate WILL BE KEPT APPROXIMATELY AT 37°C for 24h-48hrs in an incubator.

4. [Interpreting results](#)

After 24-48 hours, the plates need to be read.

Compact Dry plates contain a dried agar growth medium which is rehydrated by the sample. The medium contains a chemical that can be used by only certain bacteria for growth (X-Gluc). When E. coli is present, it consumes the chemical, forming blue/green colonies.

Reading Results

All blue/green colonies should be counted, regardless of size. Other bacteria may grow and form colonies that are white, brown, yellow, or pale blue, or some different colour. These are not *E. coli* and should not be counted.

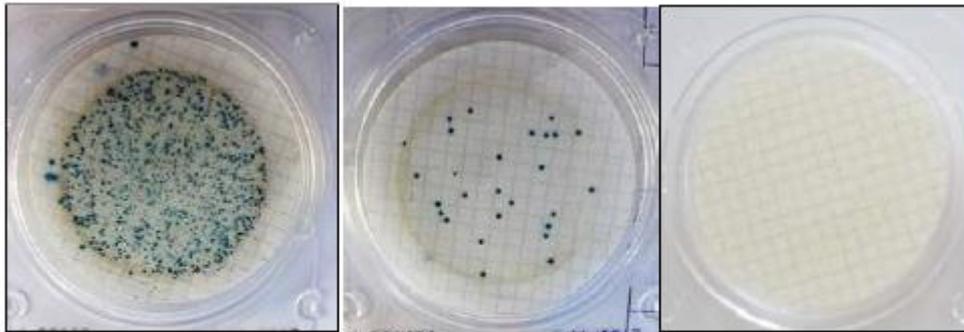


Figure 2: Compact Dry plates showing high numbers, moderate numbers, and no countable colonies in a 100 mL sample. Blue colonies are *E. coli* (EC).

If there are many colonies on a plate, the number of colonies in one-quarter of the plate may be counted, and the resulting number should be multiplied by four. If there are more than one hundred colonies on the membrane, the result can simply be recorded as "101". If the bacteria levels are very high, no individual colonies may be seen, but the entire plate may turn blue/green. In this case, the result should also be recorded as "101" in the database.

WASH assessments at health facilities

We will undertake WASH assessments at each health facility twice, once during the wet season and once during the dry season.

The table below summarises the assessments that will need to be carried out.

	Instrument/Tool	Purpose
1	Questionnaire	Determine WASH infrastructure and challenges
2	Observational	Visual inspection of hygiene/IPC properties

1. Completing the JMP questionnaire

With this questionnaire, we would like to assess whether water, sanitation, hand hygiene and waste disposal facilities are functioning, reliable and sufficient to meet the needs of staff, mothers, and their families. Ideally, a PRECISE team member will interview the head of the maternity unit to complete the questionnaire. However, if an interview is not possible, the team member can complete the questionnaire. A copy of it is contained in the appendix at the bottom of this document.

The questionnaire provides questions and indicators that focus on the room intended for delivery.

For the purpose of this study, the delivery room is defined as "*the room where delivery is intended to take place, and the umbilical cord is cut*". This does not include operating theatres for Caesarean sections or places where delivery may unintentionally occur (e.g., antenatal clinic, bathroom), nor does it include services necessary for home deliveries. In addition, some services may be intended for use by women in labour and delivery generally not connected to, or within, the delivery room (for example, showers and toilets). We will also ask questions about the general facilities in the healthcare facilities.

2. Visual inspection

In addition to the questionnaire, the WASH assessments require a health centre walkthrough. Therefore, the PRECISE staff member will need to walk through different health facility areas to complete the checklist.

Observations can be done by the researcher walking through the facility following a pre-defined path to selected locations in the maternity unit and observing along the way. Or, if the walkthrough is not practical, they can observe an area for 30 minutes to complete the questionnaire; this is especially helpful to identify hygiene practices.

An example of the checklist we will be using for our visual inspection and which areas of the health facility will be observed can be found in the appendix at the bottom of this document (Table2).

APPENDIX
Table 1

Water, Sanitation and Hygiene – Home visit	
	Core questions for drinking water
1	<p>What is the <u>main</u> source of drinking water for members of your household? (<i>Piped water -Piped into dwelling; Piped water -Piped into compound, yard or plot; Piped water -Piped to neighbour; Piped water -Public tap / standpipe; Borehole or tubewell; Dug well - Protected well; Dug well - Unprotected well; Water from spring - Protected spring; Water from spring - Unprotected spring; Rainwater collection; Delivered water - Tanker-truck; Delivered water - Cart with small tank / drum; Water kiosk; Packaged water - Bottled water; Packaged water - Sachet water; Surface water (river, stream, dam, lake, pond, canal, irrigation channel); Other (specify)</i>)</p> <p>→ If ‘Piped into dwelling’ OR ‘Piped into compound, yard or plot’: Go to Q5.</p> <p>→ If ‘Piped to neighbour’ OR ‘Public tap / standpipe’ OR ‘Tanker-truck’ OR ‘Cart with small tank / drum’ OR ‘Water kiosk’ OR Surface water (river, stream, dam, lake, pond, canal, irrigation channel): Go to Q4.</p> <p>→ If ‘Borehole or tubewell’ OR ‘Protected well’ OR ‘Unprotected well’ OR ‘Protected spring’ OR ‘Unprotected spring’ OR ‘Rainwater collection’ OR ‘Other’: Go to Q3.</p>
2	<p>What is the <u>main</u> source of water used by members of your household for other purposes, such as cooking and hand washing? (<i>Piped water - Piped into dwelling; Piped water -Piped into compound, yard or plot; Piped water -Piped to neighbour; Piped water -Public tap / standpipe; Borehole or tubewell; Dug well - Protected well; Dug well - Unprotected well; Water from spring - Protected spring; Water from spring - Unprotected spring; Rainwater collection; Delivered water - Tanker-truck; Delivered water - Cart with small tank / drum; Water kiosk; Packaged water - Bottled water; Packaged water - Sachet water; Surface water (river, stream, dam, lake, pond, canal, irrigation channel); Other (specify)</i>)</p> <p>→ If ‘Piped into dwelling’ OR ‘Piped into compound, yard or plot’ OR ‘Packaged water - Bottled water’ or ‘Packaged water - Sachet water’: Go to Q5.</p> <p>→ If ‘Delivered water - Tanker-truck’ OR ‘Delivered water - Cart with small tank / drum’ OR ‘Water kiosk’ OR ‘Surface water (river, stream, dam, lake, pond, canal, irrigation channel): Go to Q4.</p>
3	<p>Where is that water collected from? (<i>In own dwelling; In own yard / plot; Elsewhere</i>)</p> <p>→ If ‘In own dwelling’ OR ‘In own yard / plot’: Go to Q5.</p>
4	How long does it take to go there, get water, and come back? (<i>Members do not collect; Number of minutes; Don’t know</i>)
5	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed? (<i>Yes, at least once; No, always sufficient; Don’t know</i>)
	Expanded questions for drinking water
6	Do members of your household regularly use any other drinking water sources? Select all that apply: (<i>Piped water - Piped into dwelling; Piped water -Piped into compound, yard or plot; Piped water -Piped to neighbour; Piped water -Public tap / standpipe; Borehole or tubewell; Dug well - Protected well; Dug well - Unprotected well; Water from spring - Protected spring; Water from spring - Unprotected spring; Rainwater collection; Tanker-truck; Cart with small tank / drum;</i>)

	<i>Water kiosk; Packaged water - Bottled water; Packaged water - Sachet water; Surface water (river, stream, dam, lake, pond, canal, irrigation channel); Other (specify))</i>
7	Display only if answer to Q4 is other than 'Members do not collect': Who usually goes to this source to fetch water for your household? (<i>Adult woman (>15 years); Adult man (>15 years); Girl (<15 years); Boy (<15 years)</i>)
8	Display only if answer to Q4 is other than 'Members do not collect': How many trips did that person make in the last week? (<i>Number of times (number box); Don't know</i>)
9	Display only if answer to Q1 OR Q2 is 'Piped water': What type of piped supply does your household use? (<i>Large piped network managed by a utility; Small piped network managed by the community; Small piped network managed by the households</i>)
10	Is water always available from your main water source (display answer from Q1)? (<i>Yes, water is always available; No, water is available most of the time; No, water is available some of the time; No, water is rarely available; Don't know</i>)
11	Display only if answer to Q5 was 'Yes, at least once': What was the (main) reason you were unable to access sufficient quantities of water when needed? (<i>Water is not available from source; Water is too expensive; Source is not accessible; Other (specify)</i>)
12	How many hours per day is water supplied on average (display answer to Q1)? (<i>24 hours per day; 18-24 hours per day; 12-17 hours per day; 6-11 hours per day; < 6 hours per day; Don't know</i>)
13	In the past month, for how many days was water from this source (display answer to Q1) unavailable when needed? (<i>Number of days (number box); Don't know</i>)
14	Does your household have a large storage tank? (<i>Yes; No</i>)
	→ If yes: How many litres does the storage tank hold? (<i>Number of litres (number box); Don't know</i>)
	→ If yes: How many times has the storage tank been filled in the last week/month? (<i>Number of times (number box); Don't know</i>)
	→ If yes: Has there been any time in the last week/month when you have not been able to store sufficient water to meet your needs? (<i>Yes, at least once; No; Don't know</i>)
15	Does your household store drinking water in small containers? Can you show me? (<i>Water not stored in small containers; Water stored in covered containers; Water stored in uncovered containers; Unable to observe</i>)
16	What is your main source of drinking water in the wet season? (<i>Piped water - Piped into dwelling; Piped water -Piped into compound, yard or plot; Piped water - Piped to neighbour; Piped water - Public tap / standpipe; Borehole or tubewell; Dug well - Protected well; Dug well - Unprotected well; Water from spring - Protected spring; Water from spring - Unprotected spring; Rainwater collection; Tanker-truck; Cart with small tank / drum; Water kiosk; Packaged water - Bottled water; Packaged water - Sachet water; Surface water (river, stream, dam, lake, pond, canal, irrigation channel); Other (specify)</i>)
17	What is your main source of drinking water in the dry season? (<i>Piped water - Piped into dwelling; Piped water -Piped into compound, yard or plot; Piped water - Piped to neighbour; Piped water - Public tap / standpipe; Borehole or tubewell; Dug well - Protected well; Dug well - Unprotected well; Water from spring - Protected spring; Water from spring - Unprotected spring; Rainwater collection; Tanker-truck; Cart with small tank / drum; Water kiosk; Packaged water - Bottled water; Packaged water - Sachet water; Surface water (river, stream, dam, lake, pond, canal, irrigation channel); Other (specify)</i>)

18	Is the water supplied from your main source [display answer to Q1] usually acceptable? If unacceptable, select the main reason: (Yes, acceptable; No, unacceptable taste; No, unacceptable colour; No, unacceptable smell; No, contains materials; No, other (specify); Don't know)
Core questions for sanitation	
19	What kind of toilet facility do members of your household usually use? (Flush/pour flush - to piped sewer system; Flush/pour flush - to septic tank; Flush/pour flush - to pit latrine; Flush/pour flush - to open drain; Flush/pour flush - to don't know where; Dry pit latrines - with slab; Dry Pit latrine - without slab / Open pit; Composting toilets - Twin pit with slab; Composting toilets - Twin pit without slab; Other composting toilet; Bucket; Container based sanitation; Hanging toilet / hanging latrine; No facility / Bush / Field; Other (specify) → If 'No facility / Bush / Field': Go to Q39
20	Do you share this facility with others who are not members of your household? (Yes; No)
21	Where is this toilet facility located? (In own dwelling; In own yard / plot; Elsewhere)
22	Display only if answer to Q19 was 'flush to latrines, septic tanks, composting toilets and twin pits': Has your (pit latrine or septic tank) ever been emptied? (Yes emptied; Never emptied; Don't know) → If 'Never emptied' OR 'Don't know': Go to Q39
23	The last time it was emptied, where were the contents emptied to? (Removed by service provider - To a treatment plant; Removed by service provider - Buried in a covered pit; Removed by service provider - to don't know where; Emptied by household - buried in a covered pit; Emptied by household - to uncovered pit, open ground, water body or elsewhere; Other (specify); Don't know)
Expanded questions for sanitation	
24	How many households in total use this toilet facility, including your own household? (Number of households (number box); Don't know)
25	Do all household members usually use the sanitation facility? (Yes, no) for each household member
26	Is everyone in the household able to access and use the toilet at all times of the day and night? (Yes, no) for each household member
27	If answer 'No' to Q26: What was the (main) reason that household members were unable to use the toilet at all times of the day or night? (Limited mobility prevents members from using the toilet; Distance/barriers prevent members from reaching the toilet; Toilet is not always available to all household members; Toilet is not always safe for all household members to use; Other (specify))
28	The last time [name of child] passed stools, what was done to dispose of the stools? (Child used toilet/latrine; Put/rinsed into toilet or latrine; Put/rinsed into drain or ditch; Thrown into garbage (solid waste); Buried; Left in the open; Used as manure; Other (specify); Don't know)
29	Do you share this facility only with members of other households that you know or is the facility open to the use of the general public? (Shared with known households (not public); Shared with general public)
30	Does the design of your toilet prevent other people seeing and hearing what you are doing when you use it? (Yes; No)
31	Do you or other household members face any risks when using the toilet? (No risks faced; Yes, risk to health; Yes, risk of harassment; Yes, other (specify))
32	Does your sanitation facility [display answer to Q7] leak or overflow wastes at any time of year? (No, never; Yes, sometimes; Yes, frequently; Don't know)
33	Display only if answer to Q19 is 'Flush to Septic Tank': Where does your septic tank discharge to? (To a leach field, soak pit; To a sewer; To an open drain; To open ground or watercourse; Other (specify); Don't know)

34	How many years ago was your pit latrine/septic tank built? (Number of years (number box); Don't know)
35	Display only if answer to Q19 was 'on site sanitation facilities: flush to latrines, septic tanks, composting toilets and twin pits': How many years ago was your pit latrine/septic tank last emptied? Number of years; Don't know
36	Display only if answer to Q23 was 'removed by service provider': The last time your pit latrine/septic tank [display answer to Q7] was emptied, who emptied it? (Name of service provider (text box); Phone number of service provider (number box) ; Don't know)
37	How does your household usually dispose of garbage? Record name and phone number of service provider if available: (Collected by formal service provider (text box and number box); Collected by informal service provider (text box and number box); Disposed of in designated waste disposal area; Disposed of within household yard or plot; Buried or burned; Disposed of elsewhere; Don't know)
38	How do you dispose of household water used for cooking, laundry and bathing? (Sink/drain connected to sewer; Sink/drain connected to septic tank; Sink/drain connected to pit; Sink/drain connected to soak pit; Sink/drain connected to open drain or open ground; Disposed directly to open ground or water body; N/A (cooking, laundry and bathing is done away from the household); Don't know)
Core questions for hygiene	
39	Can you please show me where members of your household most often wash their hands? (Fixed facility observed (sink/tap) - In dwelling; Fixed facility observed (sink/tap) - In yard/plot; Mobile object observed (bucket/jug/kettle); No handwashing place in dwelling/yard/plot; No permission to see; Other reason (specify)) → If 'No handwashing place in dwelling/yard/plot' OR 'No permission to see' OR 'Other reason': Go to 42
40	Observe availability of water at the place for handwashing. (Water is available; Water is not available)
41	Observe availability of soap or detergent at the place for handwashing. (Soap or detergent available; Soap or detergent not available)
Core questions for menstrual hygiene	
42	During your last menstrual period were you able to wash and change in privacy while at home? (Yes; No)
43	During your last menstrual period, what hygiene materials did you use? If more than one, record the main type used: (Cloth/reusable sanitary pads; Disposable sanitary pads; Tampons; Menstrual cup; Toilet paper; Underwear alone; Other (specify))
44	During your last menstrual period, did you miss any of the following activities due to your period? Attending school? (Yes; No; N/A) Paid work? (Yes; No; N/A) Participating in social activities? (Yes; No; N/A) Cooking food? (Yes; No; N/A) Eating with others? (Yes; No; N/A) Bathing in regular place? (Yes; No; N/A)
Expanded questions for hygiene	

45	Display only if answer to Q39 is 'No permission', 'No handwashing place in dwelling, yard, plot' OR 'Other': Where do you and other members of your household most often wash your hands? <i>Fixed facility reported (sink/tap) - In dwelling; Fixed facility reported (sink/tap) - In yard/plot; Mobile object reported (bucket/jug/kettle); No handwashing place in dwelling/yard/plot; Other (specify)</i>
46	Do you have soap or detergent in your household for washing hands? Can you show it to me? <i>(Yes, shown; No, not shown; Other (specify))</i> → If Yes, shown: Record the type of soap observed. Select all that apply: <i>(Bar or liquid soap: detergent (powder/liquid/paste); ash/mud/sand)</i>
47	Display only if answer to Q43 was 'cloth/reusable sanitary pads', 'disposable sanitary pads' 'Tampons' or 'Menstrual cup': Were these materials reusable? <i>(Yes; No; Don't know)</i>
48	Alternative to Q44: Due to your last menstruation, were there any social activities, school or work days that you did not attend? <i>(Yes; No; Not Applicable; Don't know)</i>

Water Quality Testing Questionnaire	
WATER QUALITY TESTING INFORMATION PANEL	
1	Measurer's name and number <i>(text box and number box)</i>
2	Interviewer's name and number <i>(text box and number box)</i>
3	Day / Month / Year <i>(Calendar)</i>
4	Is the household selected for blank testing? <i>(Yes; no)</i>
5	PTID <i>(number box)</i>
6	Is permission given to test water? <i>(Yes; no)</i> → <i>If no: Go to Q21</i>
WATER QUALITY TESTING	
7	Record the time the test was conducted: <i>(number box) Hours; (number box) Minutes</i>
8	Could you please provide me with a glass of the water that members of your household usually drink? <i>(Yes; no)</i> → <i>If no: Go to Q21</i>
9	Observe and record whether the water was collected directly from the source or from a separate storage container. <i>(Direct from source; Covered container; Uncovered container; Unable to observe)</i>
10	Have you or any other member of this household done anything to this water to make it safer to drink? <i>(Yes; no; don't Know)</i> → <i>If no or Don't know: Go to Q12</i>
11	What has been done to the water to make it safer to drink? <i>(Boiled it; Added bleach/chlorine; Strained it through a cloth; Used a water filter (ceramic, sand, composite, etc.); Solar disinfection; Let it stand and settle; Other (specify); Don't Know)</i>
12	What source was this water collected from? <i>(Piped water - Piped into dwelling; Piped water - Piped to yard / plot; Piped water - Piped to neighbour; Piped water - Public tap / standpipe; Tube well / borehole; Dug well - Protected well; Dug well - Unprotected well; Spring - Protected spring; Spring - Unprotected spring;</i>

	<i>Rainwater; Tanker-truck; Cart with small tank; Water kiosk; Surface water (river, dam, lake, pond, stream, canal, irrigation channel); Packaged water - Bottled water; Packaged water - Sachet water; Other (specify))</i>
13	Can you please show me the source of the glass of drinking water so that I can take a sample from there as well? <i>(Yes, shown; No - water source was not functional; No - Water source too far; No - Unable to access source; No - Do not know where source is located; Other reason (specify))</i> → <i>for any answer other than 'Yes, shown': Go to Q15</i>
14	Record whether source water sample collected. <i>(Source water collected, Source water not collected (specify))</i>
15	Is the household selected for blank testing? <i>(Yes, No)</i> → <i>If 'No': Go to Q21</i>
16	Record the time the test was conducted: <i>(number box) Hours (number box) Minutes</i>
WATER QUALITY TESTING RESULTS	
Following 24-48 hours of incubation the results from the water quality test should be recorded	
17	Select the date and time when the test results were recorded <i>(calendar and number boxes (hour and minutes))</i>
18	Household water test (100ml): Record 3-digit count of colon the number of blue colonies <i>(number box; more than 101 colonies; not possible to read results; results are lost)</i>
19	Source water test (100ml): Record the number of blue colonies: <i>(number box; more than 101 colonies; not possible to read results; results are lost)</i>
20	Blank test (100ml): Record the number of blue colonies: <i>(number box; more than 101 colonies; not possible to read results; results are lost)</i>
21	Result of Water Quality Testing Questionnaire? <i>Completed; Permission not given; Glass of water not given; Partly completed; Other (specify)</i>
22	Measurer's observations <i>(text box)</i>
23	Supervisor's observations <i>(text box)</i>

Table 2 – WASH questionnaire Health facility

Water

D-W1. Is there a water supply in the delivery room?	
Running water: piped with tap	
Running water: storage container with tap	
Storage container without tap	
No water supply in the delivery room	
Other:	

D-W2. Is water available in the delivery room at the time of the survey?	
Yes	
No	

G-W1. What is the main water supply for the facility?	
G-W2. Where is the main water supply for the facility located?	
G-W3. Is water available from the main water supply at the time of the survey?	

Sanitation

D-S1. Are there toilets in the area where maternal and new-born services are provided?	
Yes	
No	
<p>Note If No, skip to D-H1</p> <p>Toilets in general service areas or other areas outside where maternal and new-born services are provided (e.g., child vaccination, HIVE counselling) should not be conducted.</p>	

D-S2 Is there at least one toilet in the area where maternal and new-born services are provided that is...	Yes	No
a. Usable at the time of the survey (available, functional, and private)?		
b. Accessible to women in labour (no steps, handrails, and space for assistance)?		
c. Single sex?		

<p>Note</p> <p>a. To be considered usable, a toilet should be available, functional, and private at the time of the survey or questionnaire.</p> <p>Toilets are available when on premises, doors are unlocked or with a key available at all times. To be functional, 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. To be considered private, the toilet stall has doors or screens that can be closed if needed and there are no large gaps or holes in the structure. If <i>any</i> of these criteria are not met, the toilet/latrine is not counted as usable.</p> <p>b. Women may have limited mobility during labour and after delivery therefore for a toilet to be considered accessible, a toilet should meet all the following additional conditions. It:</p> <ul style="list-style-type: none"> • can be accessed without stairs or steps, • has handrails for support which are attached either to the floor or sidewalls, and has space for assistance to be provided to the woman in labour and during recovery immediately after labour if needed • should be within the area where maternal and new-born services are provided. <p>c. Toilets can be in a room with multiple stalls or in a private room with a single toilet. Toilets in rooms with multiple stalls should all be dedicated for use by women or men. A gender-neutral room with a single toilet is also considered as single-sex, as it allows women and men to use toilets separately</p>
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G-s1. What type of toilets/latrines are at the facility for patients?	
G-S2. Is at least one toilet usable (available, functional, private)?	
G-S3. Are there toilets that are dedicated for staff?	
G-S4. Are there toilets that are in single-sex or gender-neutral rooms?	
G-S5. Are there toilets that have menstrual hygiene facilities?	

G-S6. Are there toilets that are accessible for people with limited mobility?	
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Hygiene

D-H1. Is there a hand washing facility (water and soap) in the delivery room?	
Yes	
No, there are hand washing facilities but either water or soap are unavailable	
No hand washing facilities with water and soap, but alcohol-based hand rub is available	
No handwashing facilities or alcohol-based hand rub	
<p>Note</p> <p>A functional hand washing facility must include water and soap (in bar or liquid form). Alcohol based hand rub may also be available, but it is still a minimum requirement to have the ability to wash hands with soap and water in the delivery room/area.</p>	

D-H2. Are the following materials available in the delivery room?	Yes	No
Sterile blade to cut the umbilical cord		
Sterile cord tie		
Clean surface for woman to deliver on (or clean material to put underneath the woman)		
Disposable gloves		

<p>Note If Clean Birth Kits are routinely provided to all women using the facility respond 'yes' to all questions.</p> <p>If a sterile blade and cord tie is disposable, it should be unused and in appropriate sterile packaging. If a sterile blade and cord tie is reusable, it must have been appropriately decontaminated (e.g., cleaned followed by sterilisation using an autoclave) and stored in sterile packaging. Note, sterilisation by chemical disinfection is not recommended. Refer to WHO (2016) Decontamination and reprocessing of medical devices for healthcare facilities. Disposable gloves should be unused and in appropriate sterile packaging "Clean surface for woman to deliver on" refers to the surface on which the woman will give birth on. This surface must be visibly clean and free from dust, soil, blood, body fluids, and signs of damage.</p>		
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<p>D-H3. In the area where maternal and new-born services are provided, is there a place for women to shower or bathe?</p>	
<p>Yes</p>	
<p>No</p>	
<p>Note If No, skip to D-WM1. If Yes, ask to see the shower or bathing area</p>	

<p>D-H4. Observe the shower or bathing area to determine if:</p>	<p>Yes</p>	<p>No</p>
<p>Water is currently available or delivered when needed</p>		
<p>The area is free of obstacles</p>		
<p>The area is large enough to allow a companion to assist a woman in bathing</p>		
<p>The area provides for drainage of water</p>		
<p>There are doors or screens to provide privacy so the woman cannot be viewed</p>		
<p>Note If there is piped water in the bathing area, check that taps are working. If there is no piped water check that containers are available (or delivered to the bathing area when needed)</p>		

G-H1. Is there a functional hand hygiene facility at points of care on the day of the survey?	
G-H2. Is there a functional handwashing facility at one or more toilets on the day of the survey?	

Health care waste management

D-WM1. Is waste correctly segregated into at least three labelled bins in the delivery room?	
Yes, waste is segregated into three labelled bins	
No, bins are present but do not meet all requirements or waste is not correctly segregated	
No, bins are not present	
<p>Note</p> <p>Observe whether sharps waste, infectious waste and non-infectious general waste are segregated into three different bins.</p> <p>The bins should be colour-coded and/or clearly labelled, no more than three quarters (75%) full, and each bin should not contain waste other than that corresponding to its label. Bins should be appropriate to the type of waste they are to contain; sharps containers should be puncture-proof and others should be leakproof. Bins for sharps waste and infectious waste should have lids.</p>	

D-WM2. How does this facility usually dispose of placentas?	
With other infectious waste	
With non-infectious general waste	
Buried in placenta pit	

Taken home by women and/or carers after disinfection	
Taken home by women and/or carers without disinfection	
Other (specify)	
Note If more than one applies, please select the method used most often.	

G-WM1. Is waste correctly segregated into at least three labelled bins in the consultation area?	
G-WM2. How does this facility usually treat/dispose of infectious waste?	
G-WM3. How does this facility usually treat/dispose of sharps waste?	

Environmental cleaning

G-WM3. How does this facility usually treat/dispose of sharps waste?	Yes	No
Protocol for cleaning a delivery bed		
Protocol for cleaning a floor		
Protocol for cleaning a sink		
Protocol for cleaning a spillage of blood or bodily fluids (urine, faeces, vomit)		
Cleaning roster or schedule		
Outline of roles and responsibilities		

<p>Note</p> <p>Where possible, enumerators should check the protocols are available. Specific protocols should be in place for cleaning the delivery room. The term for protocols may differ according to local practice; they may be referred to as Standard Operating Procedures (SOPs), guidelines, instructions, etc.</p>		
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<p>D-C2. Have all staff responsible for cleaning the delivery room received training?</p>		
<p>Yes, all cleaning staff have been trained</p>		
<p>Some but not all cleaning staff trained</p>		
<p>No cleaning staff trained</p>		
<p>No, there are no staff responsible for cleaning</p>		
<p>Note</p> <p>"Staff responsible for cleaning" refers to non-health care providers such as cleaners 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. Training refers to structured teaching and instruction led by a trainer or appropriately qualified supervisor and can refer to training given during core nursing training or in-service/post-qualification</p>		

<p>G-C1. Are cleaning protocols available?</p>	
<p>G-C2. Have all staff responsible for cleaning received training?</p>	

Table 3. Example of checklist

1. Consultation room			
a)	a. The floor is visibly clean, free from dust and soil, and free of clutter (unnecessary or unused equipment or furniture)	No	Yes N/A
b)	b. There is a hand hygiene station available (with available water and soap OR alcohol-based hand rub)	No	Yes N/A
c)	The consultation bed is visibly clean (covered by a clean, waterproof mattress)	No	Yes N/A
d)	There is one set of bins (infectious non-sharps and general) clearly labelled (colour coded or written labels/signs) for safely segregation health care waste	No	Yes N/A
e)	There is only a bin for infectious non-sharp waste but no bin for general waste clearly labelled (colour coded or written labels/signs) for safely segregation health care waste	No	Yes N/A
f)	Wastes are segregated into different bins according to their category (the bins are not more than 75% full and each bin should not contain waste other than that corresponding to their label)	No	Yes N/A
g)	There is appropriate personal protection equipment (gloves, masks)	No	Yes N/A
h)	Consultation equipment/materials (stethoscope, sphygmomanometer, thermometer, tongue depressors...) are visibly clean	No	Yes N/A
2. Dressing/minor surgery room			
a)	The floor is visibly clean, free from dust and soil, and free of clutter (unnecessary or unused equipment or furniture)	No	Yes N/A
b)	There is a hand hygiene station available (with available water and soap OR alcohol-based hand rub)	No	Yes N/A
c)	The dressing bed is visibly clean (covered by a clean, water-proof mattress)	No	Yes N/A
d)	There is one set of bins (sharps, infectious non-sharps, and general) clearly labelled (colour coded or written labels/signs) for safely segregation health care waste	No	Yes N/A
e)	There are only bins for sharp waste and for infectious non-sharp waste but no bin for general waste clearly labelled (colour coded or written labels/signs) for safely segregation health care waste	No	Yes N/A
f)	Wastes are segregated into different bins according to their category (the bins are not more than 75% full and each bin should not contain waste other than that corresponding to their label)	No	Yes N/A
g)	There is appropriate personal protection equipment (gloves, masks)	No	Yes N/A

h) A sterile dressing set (sterile blades and other equipment stored in a sterile package with sterilisation mark...) is available	No	Yes	N/A
3. Vaccination/EPI room			
a) The floor is visibly clean, free from dust and soil, and free of clutter (unnecessary or unused equipment or furniture)	No	Yes	N/A
b) There is a hand hygiene station available (with available water and soap OR alcohol-based hand rub)	No	Yes	N/A
c) The vaccination bed is visibly clean (covered by a clean, waterproof mattress)	No	Yes	N/A
d) There is one set of bins (sharps, infectious non-sharps, and general) clearly labelled (colour coded or written labels/signs) for safely segregation health care waste	No	Yes	N/A
e) There are only bins for sharp waste and for infectious non-sharp waste but no bin for general waste clearly labelled (colour coded or written labels/signs) for safely segregation health care waste	No	Yes	N/A
f) Wastes are segregated into different bins according to their category (the bins are not more than 75% full and each bin should not contain waste other than that corresponding to their label)	No	Yes	N/A
g) There is appropriate personal protection equipment (gloves, masks)	No	Yes	N/A
h) Vaccination equipment/materials (vaccine storage, vaccines boxes) are visibly clean	No	Yes	N/A
4. Antenatal care/family planning room			
a) The floor is visibly clean, free from dust and soil, and free of clutter (unnecessary or unused equipment or furniture)	No	Yes	N/A
b) There is a hand hygiene station available (with available water and soap OR alcohol-based hand rub)	No	Yes	N/A
c) The ANC/FP consultation bed is visibly clean (covered by a clean, waterproof mattress)	No	Yes	N/A
d) There is one set of bins (sharps, infectious non-sharps, and general) clearly labelled (colour coded or written labels/signs) for safely segregation health care waste	No	Yes	N/A
e) There are only bins for sharp waste and for infectious non-sharp waste but no bin for general waste clearly labelled (colour coded or written labels/signs) for safely segregation health care waste	No	Yes	N/A
f) Wastes are segregated into different bins according to their category (the bins are not more than 75% full and each bin should not contain waste other than that corresponding to their label)	No	Yes	N/A

g) There is appropriate personal protection equipment (gloves, masks)	No	Yes	N/A
h) ANC/FP consultation equipment/materials (fetoscope, Doppler, speculum...) are visibly clean	No	Yes	N/A
5. Delivery room			
a) The floor is visibly clean, free from dust and soil, and free of clutter (unnecessary or unused equipment or furniture)	No	Yes	N/A
b) There is a hand hygiene station available (with available water and soap OR alcohol-based hand rub)	No	Yes	N/A
c) The delivery beds are visibly clean (covered by a clean, waterproof mattress)	No	Yes	N/A
d) There is one set of bins (sharps, infectious non-sharps, placenta and general) clearly labelled (colour coded or written labels/signs) for safely segregation health care waste	No	Yes	N/A
e) There are only bins for sharp waste, for infectious non-sharp waste and for placenta, but no bin for general waste clearly labelled (colour coded or written labels/signs) for safely segregation health care waste	No	Yes	N/A
f) Wastes are segregated into different bins according to their category (the bins are not more than 75% full and each bin should not contain waste other than that corresponding to their label)	No	Yes	N/A
g) There is appropriate personal protection equipment (gloves, masks, eye protection equipment...)	No	Yes	N/A
h) Sterile delivery sets (Disposable/sterile reusable scissors/blades for cutting the umbilical cord, disposable/sterile reusable cord clamps...appropriately stored) are available	No	Yes	N/A
6. Pre/Post delivery room			
a) Is there any baby bathing facility in the pre-/post-delivery room of this health centre?	No	Yes	N/A
b) Is the baby bathing facility functioning (reasonably clean with water and soap available for baby bathing)?	No	Yes	N/A