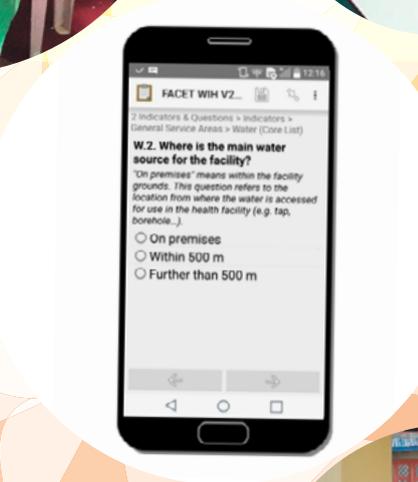
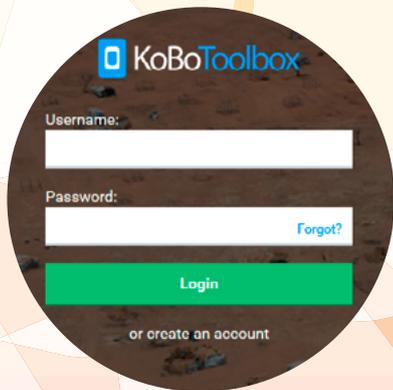
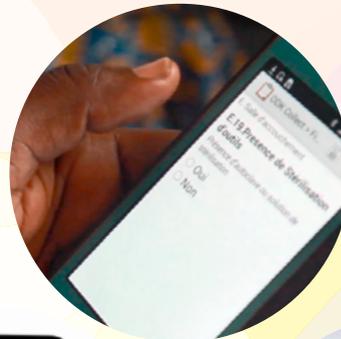


Facility Evaluation Tool for WASH in Institutions (FACET)

Based on Recommended Core Indicators from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) for Schools and Health Care Facilities

MANUAL



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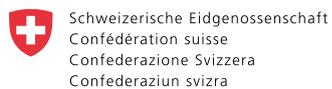
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List of Acronyms

CMAM	Community-based management of acute malnutrition
Eawag-Sandec	Department of Sanitation, Water and Solid Waste for Development at the Swiss Federal Institute of Aquatic Science and Technology
FACET	Facility Evaluation Tool for WASH in Institutions
HCF	Health care facilities
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
MAM	Moderate acute malnutrition
MDC	Mobile data collection
MDG	Millennium Development Goals
MHM	Menstrual hygiene management
NGO	Non-governmental organisation
ODK	Open Data Kit
PBI	PowerBI
PRM	People with reduced mobility
RUTF	Ready to use therapeutic food
SAM	Severe acute malnutrition
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goal
Tdh	Terre des hommes Foundation Lausanne
UNICEF	United Nations International Children's Emergency Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VIP	Ventilated improved pit latrines
WASH	Water, sanitation & hygiene
WHO	World Health Organization care facilities
WIH	Water, sanitation and hygiene in health care facilities
WINS	Water, sanitation and hygiene in schools
XLS	Microsoft Excel

Foreword

Institutional water, sanitation and hygiene (WASH) in schools and health care facilities are key elements of sustainable development and significantly influence people's health and well-being worldwide. The inclusion of institutional WASH in Sustainable Development Goal (SDG) 4 and SDG 6 calls for the monitoring of 'basic drinking water, adequate sanitation, and adequate hygiene' services for 'pupils enrolled in primary and secondary schools' and 'beneficiaries using hospitals, health centres and clinics'. Accordingly, the need for concise, timely and cost effective monitoring of thousands of such institutions in low- and middle-income countries has grown.

The WASH Facility Evaluation Tool for WASH in Institutions (FACET), jointly developed by Terre des hommes, Eawag and CartONG with support from the UNICEF/WHO Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), is based on globally recognised indicators and is suitable across the continuum of humanitarian and development interventions. A simple and adaptable analysis tool, FACET offers state-of-the-art online/offline mobile data collection on an open source platform. Specific online and offline analysis tools allow off-the-shelf analysis of the collected data.

We believe that our joint efforts in developing and sharing easy to use monitoring and evaluation tools will help to facilitate the monitoring and evaluation of the SDGs regarding water, sanitation and hygiene by 2030.



Dr. Christoph Lüthi
Director
Eawag-Sandec



Pierre Philippe
Director of Technical Resources
Terre des hommes Lausanne Foundation

Summary

The Facility Evaluation Tool for WASH in Institutions (FACET) is a short and easy to use mobile assessment and monitoring tool developed to do evaluations of water, sanitation, hygiene and waste management (WASH) in health care facilities (FACET WIH) and schools (FACET WINS). The tool is based on globally recognised indicators (i.e. Sustainable Development Goals) and is suitable in both humanitarian and development interventions.

FACET offers state-of-the-art online/offline mobile data collection on an open source platform and a corresponding online/offline analysis tools that allows a WASH delivery service level graduation of surveyed institutions. This manual serves as an operating instruction guide for practitioners. Along with a detailed description of how to use and adapt the survey and analysis tools to specific contexts, it also provides supporting documentation on how to plan and carry out a FACET survey, materials for enumerator trainings, as well as a report template for follow-up survey reports. The manual's structure and content is as follows:

- Chapter 1 contextualises the reasons for and background of the development of FACET.
- Chapter 2 describes the FACET data collection and analysis tools in detail and is intended for monitoring and evaluation coordinators and information systems managers.
- Chapter 3 explains in two separate sub-chapters the predesigned content and operating principles of the core questions of the FACET survey for health care facilities and schools on which WASH delivery service levels are calculated.
- Chapter 4 provides guidance for study coordinators about planning and carrying out a FACET survey and how to perform training days for enumerators.
- Finally, the annexes are included to augment and enhance users' experiences and to provide additional supporting documentation, as well as Expanded WASH questions for more comprehensive surveys.

Introduction

1

Collective attention and action to improve services related to water, sanitation, solid waste management and hygiene (WASH) in institutional settings in low- and middle-income countries is long overdue. Many institutions, such as health care facilities (HCF) and schools, in these countries lack the basic requirements for good hygiene, including safe reliable water supplies and adequate sanitation. Researchers and experts from academic institutions, the United Nations and civil society have cited the lack of safe water supply, adequate environmental sanitation and hygienic conditions in HCF and schools as a major threat to the health of staff, patients and attendants, as well as to the environment.^{1,2} The provision of adequate environmental sanitation is fundamental to the effective delivery of health services and for establishing a safe learning environment. Health care patients and visitors, pupils and staff have a right to services and infrastructure that do not put them at risk of infection.

The above-cited comprehensive reports by WHO and UNICEF from 2015 gathered data on WASH in HCF and schools on a global level from national surveys. An alarming percentage of HCF among 54 countries lack access to an improved water source as well as to improved sanitation and functional handwashing facilities. In addition, or as a result, 15% of all patients develop an infection during their stay in a HCF. It is assumed that many of these infections are related to the lack of hygiene, hand hygiene in particular, and to inadequate water supplies and sanitation. Identified datasets for WASH in schools in at least 149 countries, also highlighted serious shortcomings in the provision of safe drinking water, adequate sanitation coverage and hygiene. Yet, the lack of agreed upon definitions has made it difficult to compare progress across countries.

Knowledge of these institutional shortcomings led to the inclusion of WASH in such institutional settings as schools and HCF in the new monitoring framework for the targets of Sustainable Development Goal (SDG) 4a and 6. These settings were not included in the former Millennium Development Goals (MDGs). The terms “universal” and “for all” in the wording, highlight the need for expanding WASH monitoring from the household level to non-household or institutional settings. Therefore, institutional WASH comprises an integral part of SDG 6 and is an area that requires strategic investment.

Many countries lack the policies and standards required to deliver appropriate WASH services and adequate human resource capacities thereof, as well as specific budget allocations. Policies and standards are a prerequisite to guarantee the coherent monitoring of the provision of these services and resources. At the country level, efforts are needed to enhance cooperation among the Ministries responsible for health and education, water, utilities and planning, as well as to foster liaisons with (and between) national civil society organisations and community leaders. In addition, guidance on contextual planning methodologies, health management information system indicators and on how to ensure that services and infrastructure take into account the needs of women, men, children and people with reduced mobility is essential.

The first priority is to establish baseline estimates to inform the global monitoring of SDG targets relating to WASH in schools and HCF. Appropriate monitoring methods of the current situation must be developed in order to obtain a clear picture of the WASH situation in these institutions at regional, national and global levels. This in turn will inform decision making on what improvements are to be realised. Institutions, such as schools and HCF, differ in their requirements from households regarding WASH services. Indicators that satisfy the specific requirements of the particular institutional contexts are needed in order to guarantee proper monitoring. As other institutional settings are included, such as prisons, monitoring standards for these settings will also have to be established.

1 Water, sanitation and hygiene in health care facilities: status in low and middle-income countries and way forward. Geneva: World Health Organization and UNICEF, 2015.

2 Advancing WASH in Schools Monitoring. New York: UNICEF, 2015.

Suitable questions that deliver information on respective indicators for monitoring of WASH in HCF and schools were developed and tested by expert working groups from 2015 to 2017. The outcome is a set of core questions on water, sanitation, hand hygiene and health care waste that enable global monitoring based on corresponding indicators. If required, these core questions can be complemented with a list of additional questions that can be used to obtain a more detailed picture of the current WASH situation in a particular institution.

Based on these findings, Terre des hommes and Eawag, with the financial support of JMP and the Swiss Agency for Development and Cooperation (SDC) and technical support from CartONG, developed the Facility Evaluation Tool for WASH in Institutions (FACET). It is currently available for HCF with FACET WIH (for WASH in Health) and for schools with FACET WINS (for WASH in Schools).

FACET Collection & Analysis tools 2

FACET is based on the Open Data Kit (ODK)³ suite of tools and is coded in a standard format called XLSForm⁴ that is widely used in the humanitarian and development sector (and beyond) for collecting input from web and mobile-based forms. The following combination of free and widespread tools is recommended for deploying FACET⁵:

- **KoBo Toolbox** for data management and analysis
- **ODK Collect** application for mobile data collection

Figure 1 illustrates the existing relation between the different tools and survey phases. First, the FACET XLS form is uploaded to the user's KoBo Toolbox account (A). The form is downloaded on a mobile device that has the ODK Collect application installed for the survey in the field. The collected data is later uploaded back to the KoBo Toolbox account for storage (B). Data analysis can be done either directly online in the account or by using tools specially designed for FACET (C).

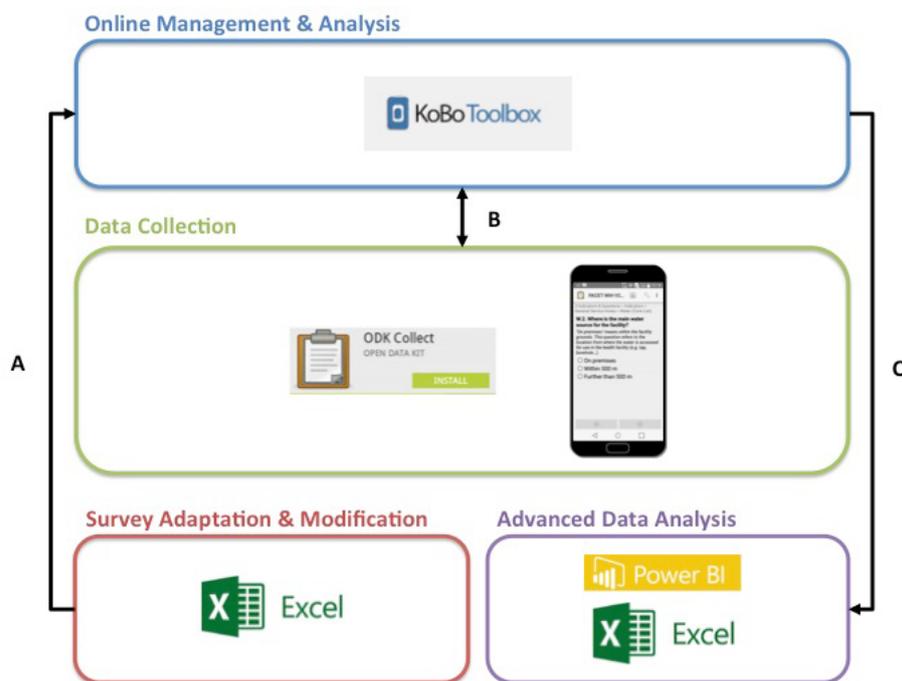


Figure 1: Relations between the different FACET tools and survey phases

³ More information on the following page: <https://opendatakit.org/>

⁴ More information on the following page: <http://xlsform.org/>

⁵ The use of the recommended tools will guarantee an effective functioning of the specific analysis tools developed for FACET.

2.1 Mobile Data Collection

2.1.1 KoBo Toolbox

KoBo Toolbox is a free and open source suite of tools for field data collection developed by the Harvard Humanitarian Initiative that has been distributed and supported by UNOCHA. It is mostly used by actors working in humanitarian contexts, as well as by aid professionals and researchers working in developing countries⁶. The creation of a KoBo Toolbox account, as well as the storage of collected data on UNOCHA servers without any size limit, is free of charge for all non-governmental organisations (NGO).

2.1.1.1. Account creation and login

Account creation and login is done under the KoBo Toolbox login page (Figure 2), using the following link:

<https://kobo.humanitarianresponse.info/accounts/login/>

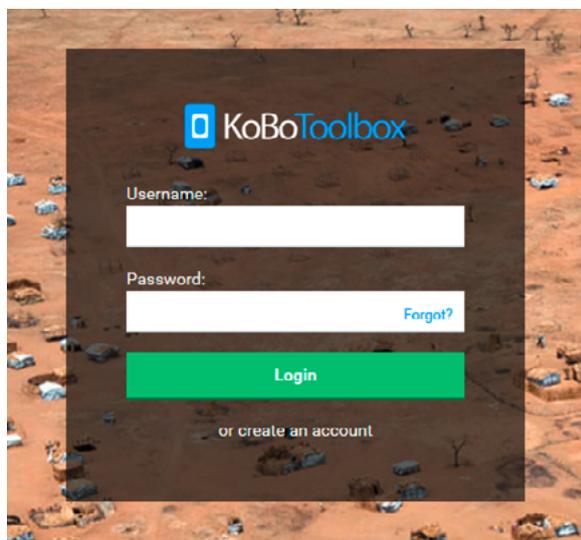


Figure 2: KoBo Toolbox login page

2.1.1.2. Uploading a form

The **first** import of a FACET survey on the KoBo Toolbox account is done by clicking on New, then upload and by selecting the desired XLS file. Once uploaded, the form appears on the account as draft and can be tested and previewed online.

2.1.1.3. Deployment of a form

In order to be available for downloading on mobile devices from the KoBo Toolbox account, the FACET form first needs to be **deployed** by selecting the file and clicking on Deploy. This is a necessary step before any survey deployment.

⁶ More information on the following page: <http://www.kobotoolbox.org/>

2.1.2 ODK Collect

ODK Collect is an open source application within the Open Data Kit suite of tools that renders forms into a sequence of input prompts that apply form logic, entry constraints, and hints. Users work through the prompts and can save the submissions at any point before sending a finalised submission to the server. New forms are also downloaded from the server. Currently, ODK Collect uses the Android platform. It supports a wide variety of prompts (single or multiple list of answer options, text, number, location, multimedia, barcodes, etc.), and works well without network connectivity⁷. The ODK Collect application can be downloaded for free from Google Play: <https://play.google.com/store/apps?hl=en>

2.1.2.1. Defining server settings

Once installed on a mobile device, settings need to be defined in order to be able to download a FACET form from the KoBo Toolbox account and to upload the collected data once the survey has been completed. This is done by defining the URL of the account in the Main Menu of the ODK Collect application under General Settings in the upper right corner under Server Settings (Figure 3). The URL of the KoBo Toolbox account is composed of the generic internet address <https://kc.humanitarianresponse.info/> followed by the username of the KoBo Toolbox account (i.e. <https://kc.humanitarianresponse.info/account123> if the username of the account to be used is account123).

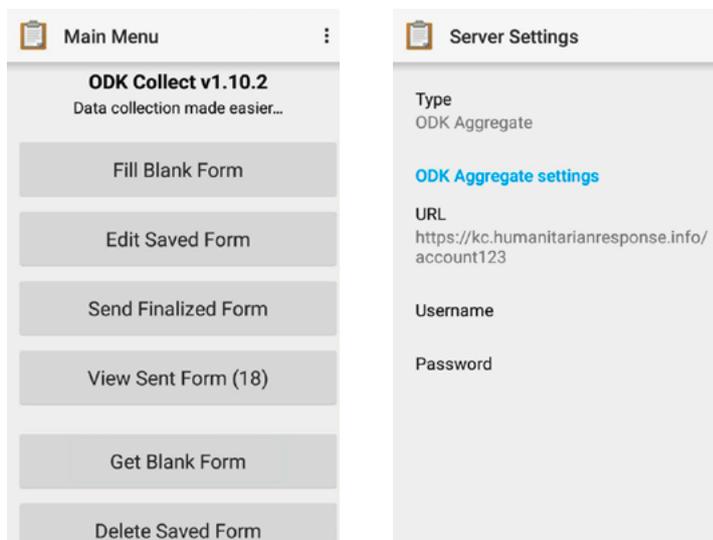


Figure 3: Main menu of the ODK application with the General Settings option in the upper right corner (left image) and Server Settings options where the URL of the KoBo account is to be defined (right image)

2.1.2.2. Download a form on a mobile device

Once the settings have been defined, the FACET form can be downloaded from the specified account on the mobile device. This is done by clicking Get Blank Form in the Main Menu of the ODK Collect application and then selecting the desired form among all the forms currently deployed on the account.

⁷ More information on the following page: <https://opendatakit.org/use/collect/>

2.1.2.3. Fill a form

Once downloaded, the FACET form can be filled directly on the mobile device by clicking [Fill Blank Form](#) in the [Main Menu](#) of the ODK Collect application and then selecting the desired form among all the forms downloaded on the device.

In order to move to the next question, it is possible either to “swipe” the screen from right to left with a finger, or to use the right arrow button at the bottom of the screen. Similarly, it is possible to go back to the previous question the other way, or by using the left arrow button at the bottom of the screen. If one of these two solutions is not functional, enable it by clicking on [General settings](#) and [Navigation](#).

Change the language: When multiple languages have been coded in a XLS survey form, it is possible to change the language at any point during the survey by clicking on [Change Language](#) in the upper right corner of the application and selecting the desired language. FACET surveys have been prepared in both English and French. See Section 2.1.3.3 for more information on how to add new languages.

2.1.2.4. Save a form on a mobile device

It is possible to save the form at any time during the survey. Once finalised, the form can be saved by clicking on [Mark form as finalized and Save Form and Exit](#).

2.1.3 FACET XLS form

FACET is coded in XLSForm, a form standard created to help simplify the authoring of forms in Excel. Authoring is done in a human readable format, using a familiar tool that almost everyone knows. XLSForm provides a practical standard for sharing and collaborating on the authoring of forms and is supported by a number of popular mobile data collection (MDC) tools including KoBo Toolbox. While details on XLSForm coding can be found online⁸, please find hereafter a list of a few key XLSForm elements, their definitions and examples.

Questions and variable types

Name	Description	Example
text	Free text inputs	Name of the interviewed person
integer	Round numbers entry	Number of staff working in the facility
decimal	Decimal numbers entry	Free chlorine concentration in mg/L
select_one options	For multiple choice questions, where only one answer can be selected among a provided options list. The provided options must be specified in the choices worksheet.	If the name of the options list is “waterSource”, this would read “select_one waterSource”. The different water source options need to be defined (i.e. piped in, improved source, borehole,...)
select_multiple options	Same as select_one, but the user can select multiple answers.	Idem above
note	Display a note on the screen, but doesn't allow any input	Short introduction note about FACET
geopoint	Collect GPS coordinates	Location of the assessed facility
image	Take a picture	Picture of the assessed facility
date	Select a date	Date of the survey
calculate	Performs a calculation	Service level calculation of a facility based on the answers provided for the related JMP Core questions

⁸ More details regarding XLSForm and how to code it can be found on: <http://xlsform.org>

Columns roles

Name	Description	Example
type	Question / variable type (see list above).	i.e.: text, integer, select_one, etc.
name	Name of the question/variable.	For instance, mainSource is the "variable" name given to the question "What is the main source of water for the facility?"
label::English	What the interviewer will actually see on the mobile device (if using the survey in English).	For the above example, while the variable name is mainSource, the text that is displayed on the mobile device is "What is the main source of water for the facility?"
hint::English	A note to the interviewer to clarify a question or prompt a reminder (if using the survey in English).	For the above example, the hint is: "Please specify the main type of water source. The question refers to the source of water for general purposes, including drinking, washing, and cleaning. In case of water being available from multiple sources, consider the main source used in the outpatient area."
constraint	Add constraints to the answers (a range of numerical values, for example).	It is for instance not possible to answer that the water meets the WHO requirements in terms of free chlorine concentration and then provide a concentration value outside of this range
constraint_message::English	Message to display if the entered answer does not meet the constraints (if using the survey in English).	Location of the assessed facility
calculation	Calculate a value based on given answers.	The total number of patients equals the sum of Male and Female patients.
relevant	Add condition(s) that must be met for the question to show (skip logic).	For example, if the answer to the previous question is "Other", show the question "If other, please specify", otherwise do not show.

Structure of the FACET XLSForm: The FACET XLS form is divided into 5 worksheets:

- **Introduction:** the tool is briefly introduced and presented.
- **Instructions:** basic indications on how to adapt/modify the form to the local context are given.
- **Survey:** the structure of the survey, the questions listed and their type are defined (integer, text, single-choice, multiple-choices, etc.). This also includes hints, constraints (on selected response values) and skip-patterns, and is considered the central feature of the form.
- **Choices:** where choices for multiple and single choice questions are listed.
- **Settings:** where general form settings, such as the default language or the form title, are defined.

Before any deployment, the FACET XLSForm needs to be adapted to the local context.



It is important to carefully respect the following instructions because an error in the coding format could be extremely detrimental to your survey or to the related analysis tools. Please note that while simple modifications can be made from the original FACET form based on the current manual only, a **prior knowledge of XLSForm is always preferable** and **even highly recommended in case of any major modifications**.

Make sure in case of modifications to always save the form with an updated version name to facilitate understanding. This should be done in the settings worksheet in the "form_title", "form_id" (be careful to have no spaces or special characters here; this is the real ID of the form) and "version".

Colour scheme: In order to make modifications and comparisons easier, a specific colour scheme has been set up and should be respected:

■ **Orange** : anything needing to be adapted or modified before a given deployment. Applicable in survey, choices and settings worksheets.

■ **Red** : questions existing in the "standard" FACET form that are "hidden" in a given deployment (deemed unnecessary for the survey). This is done by adding an impossible constraint such as 1=2 (see section 2.1.3.5, on how to adapt constraints). Applicable in the survey worksheet.

■ **Green** : question or choices added to the "standard" FACET form. Applicable in survey and choices worksheets.



Elements in **bold** in the XLSForm should not be modified⁹. They either have a structural function or correspond to questions used in the calculation of JMP Core Indicators or other parameters. Any modification of these elements may generate errors in the form itself and in the analysis tools.

Casing: Names of variables in FACET have been written using the **lower camel case** format. This is the practise of writing compound words or phrases with no intervening spaces or punctuation where the first letter of the entire word is lowercase but subsequent first letters are uppercase (i.e. waterTreatmentOther).

2.1.3.1. Adapting Response Choices

While some adaptations are optional, a few are necessary before any deployment of a FACET survey. These include: administrative levels, facility names and staff functions (all three are context-specific).

I Administrative levels and facilities

The following lists need to be adapted to the context:

- country : list of countries to be assessed
- adm1 : list of 1st administrative levels of the area to be assessed
- adm2 : list of 2nd administrative levels of the area to be assessed
- hcf or school¹⁰ : name of the facilities to be assessed

When existing and available, names of variables for countries and administrative levels are given according to a P-Code structure¹¹. P-Codes are unique geographic identification codes, represented by combinations of letters and/or numbers to identify a specific location or feature on a map or within a database. Existing P-Codes for a given country can generally be found on the internet, for instance on the Humanitarian Data Exchange website: <https://data.humdata.org/>

⁹ With the exception of question labels or hints if required

¹⁰ The list name is hcf in FACET WIH and school in FACET WINS

¹¹ More information about P-Code can be found at: <https://sites.google.com/site/ochaimwiki/geodata-preparation-manual/p-code-guidelines>

Adaptation of administrative levels and names of facilities can be done as follows:

- a. Obtain the list of administrative levels of facilities to be assessed¹². Also, check if P-Codes already exist for the different administrative levels.
- b. Fill columns “name” and “labels” of the lists country, adm1, adm2 and hcf or school in the choices worksheet with the relevant obtained information. If P-Codes are available, use them; otherwise, create names following a structured and logical method. In order to avoid confusion and errors on the part of the enumerators, it is better to delete choices on the lists that are not relevant to the survey context.
- c. Fill columns adm1, adm2 and admCtry in the choices worksheet adequately. These columns allow specifying at which higher level, a specific administrative level should appear as an answer (i.e. the admCtry column indicates for which country a 1st administrative level should appear).

II Staff functions

Another list that needs to be adapted to the local context is the position of the staff member interviewed. This should be configured according to the country’s Ministry of Health Nomenclature for HCF personnel and with the Ministry of Education Nomenclature for schools:

- interviewedFunction: list of functions of health facility staff members



Please note that if it is possible to modify the text, delete a line or add a new line for new options, it is recommended to ensure that the different columns for these new lines are filled in accordance with the existing lines (i.e. duplicate the previous line, keep the same pattern of “name”, etc.). Do not reuse an existing variable name for a new value created (even if a past variable name was deleted), to render future comparisons possible with other contexts if needed.

2.1.3.2. Wording modification

The wording might need to be changed for some questions and hints in order to make them more explicit or adapted to the local context. Modifications are to be done in the “label” or “hint” columns of the survey worksheet. As explained in section 3.1, the “hint” column can be very useful to use in order to explain definitions or local aspects that need to be pointed out beyond the actual option lists. If modifying “labels” or “hints”, try to avoid changing the sense completely.

2.1.3.3 Add a new language

Beyond the pre-coded English and French options, it is possible to add as many languages to FACET as required. For each additional language to be added, the following steps need to be followed:

- a. Add a column named “label::Nameoflanguage” (i.e. “label::Español”) next to existing “label” columns in the survey worksheet and then translate all questions and notes.
- b. Add a column named “hint::Nameoflanguage” (i.e. “hint::Español”) next to the existing “hint” columns in the survey worksheet and then translate all hints.
- c. Add a column named “constraint_message::Nameoflanguage” (i.e. “constraint_message::Español”) next to the existing “constraint_message” columns in the survey worksheet and then translate all constraint messages.
- d. Add a column named “label::Nameoflanguage” (i.e. “label::Español”) next to the existing “label” columns in the choices worksheet and then translate all choices.

¹² If not available, the answer “other” gives enumerators the opportunity to enter text freely.

2.1.3.4 Add pictures

For some questions, pictures can be added and displayed on the mobile device during the survey to help enumerators better understand the different response choices. As this can make the form larger, it is recommended that pictures be added only if really useful. Please keep in mind that if pictures are added, they should be adapted to the country and cultural context. The next steps describe the procedure to follow when adding pictures:

- a. Prepare (find, resize and rename) all pictures to be used in jpeg or png format.
- b. Fill the "media::image" column in the choices worksheet for answers that will include a picture with the corresponding name of the picture.
- c. On the KoBo Toolbox account, select your deployed FACET project and under settings click on Add documents and import and upload all the prepared images.

2.1.3.5 Modify constraints

Some questions in the FACET survey can have constraints that differ from the default settings depending on the local context. It is possible to modify them in the "constraint" column of the survey worksheet.

2.1.3.6 Adapt mandatory questions settings

It is possible to make some questions mandatory that are not mandatory by default in the FACET survey or vice-versa. In order to make a question mandatory, write "yes" in the "required" column of the survey worksheet.

However, make sure to not set up any question as mandatory if it:

- is of a type that does not require human action (i.e. "calculations", "notes", etc.) otherwise this will render the survey unusable.
- cannot be filled in all cases for technical reasons (i.e. GPS coordinates).

2.1.3.7 Add new questions

New questions can be added depending on the needs of the survey. With the aim of facilitating analysis, it is highly recommended to follow the patterns set up for other questions (i.e.. name of question, name of choices, etc.).



Question numbering can be tricky. FACET is numbered in order to facilitate the understanding and use of the Analysis tools. When adding a new question, please do not modify the numbering of existing questions to avoid a discrepancy with the "standard" FACET form. It is recommended to either add an intermediary level (A.1.b., for example) or else to put it at the end of a module when it makes sense to do so, or create a new module.

2.1.3.8 Modify the appearance

Appearance settings can be modified in particular to view different questions on the same screen. You can check XLS-Form documentation¹³ to know more about this. However, since most surveys will be used in very different settings with different mobile devices, it is highly recommended not to change the appearance settings.

¹³ More information on the following page: <http://xlsform.org>

2.1.3.9 Configuring analysis charts

A predefined Excel analysis tool has been created specifically for FACET: the FACET Analyser, which automatically generates graphs and tables for all JMP Core Indicators (see Section 2.2.1). Within the FACET Analyser, additional worksheets (Config, BarGraph and PieChart) can be used to generate graphs for Core and Expanded questions¹⁴. In order to simplify their visualisation during the analysis, it is possible to specify in the FACET XLSForm which questions should appear for each graph type. This is set in the “analysis” column of the survey worksheet by using the following letters:

- C : Choice – simple bar graph
- U : Unique – simple pie graph

Adding a D for Disaggregation will mean that it is possible to disaggregate the answers in the Choice and Unique tabs by the results of the chosen questions. If several options are to be selected for one question, include a space between the different letters for instance “C U D” will allow the question to be graphed as simple bar, simple pie and be available as an option for disaggregation.

2.1.3.10 Modify general settings

The general settings of the FACET form can be adapted in the settings worksheet:

- Form name
- Form ID
- Default language of the form

In case of minor modifications, a good practice is to keep the main version name (i.e. “V21”) and to add a sub number (i.e. “V21.1”). It is possible to modify the “form_title” and “form_id” as much as are required (to add the name of the country and/or year for example) – just make sure for the latter that no spaces or special characters are present in this ID. An automatic naming of the survey is in place. It concatenates the values to different questions (by default, the survey data, the facility name and the administrative P-Code). This is to help enumerators easily identify finished or to-be-finished forms on their mobile devices. It is also possible to add or modify these elements as long as the form is subsequently thoroughly tested.

2.1.3.11 Test the form



After any adaptation or modification of the FACET XLS form and before a deployment, it is imperative to test it on a mobile device and also in the analysis tools with test data. In order to test the form, a good practise is to upload it regularly during the modification process on the KoBo Toolbox account (see section 2.1.2.2). Make sure to test the survey extensively after setting it up to avoid complications during the survey.

Note that if the FACET XLS form was already uploaded on the KoBo Toolbox account but not yet deployed (i.e. no surveys saved), it is possible to **replace** it by clicking on replace with XLS.

¹⁴ These worksheets are based on the KoBo Analyzer, a tool developed by Nick Imboden of UNOCHA.

2.2 Offline Analysis

2.2.1 Excel Analysis Tool

A specific offline analysis tool, the FACET Analyser, has been created with the aim of facilitating the analysis of FACET survey data (Figure 4). This tool has been developed in Excel with the intention to be as simple as possible for users in the field with predesigned graphs generated for JMP Core Indicators. As survey data is imported via macros, FACET Analyser detects the type of survey (WINS or WIH) and updates headings, graphs and tables accordingly. The tool can also import and compare two different datasets. Additional graphs can be manually generated for Expanded questions. All graphs and tables can be copied and pasted into report templates and presentations.

Facility Evaluation Tool (FACET) for WASH in Institutions - Analyser - v 2.6.0


Developed with the support of the WHO/UNICEF Joint Monitoring Programme (JMP)

Select language / Choix de la langue:

1 - Import the data into the tool

First download the FACET data (the survey results) from the Kobo project page and save it on your computer. (IMPORTANT: Choose "XLS" as export type and "XML values and headers" as Value and header format). By default the Core indicators (blue tab) are analyzed from 1 dataset ("DATASET A"). However, once you have imported Dataset A, you will also be able to import a 2nd dataset (DATASET B), enabling comparison of the Core indicators between the two datasets.
NB: This data comparison feature is not possible in the other General Analysis tabs (red tabs).

By default, the dataset used will appear in the graphs as "Dataset A" and "Dataset B". However you can rename each dataset with a more precise reporting title (e.g. "Baseline" for "A" and "Endline" for "B").

To visualise the Core indicators analysis, go directly to the Core Indicators worksheet. If you want to analyse the Expanded set of questions then you need to upload your survey file in Step 2.

Name of 1st dataset	Name of 2nd dataset
Baseline	District B

2 - General Analysis Tool for additional/expanded questions

For the Analysis tool to work, it must know the exact content of your FACET survey (the list of questions and possible answers available). You will therefore need to import the version of the administered survey in the XLS form format.

3 - Configure the General Analysis tools (red tabs)

Figure 4: View of the FACET Analyser

The different steps required to use the tool are presented hereafter. These instructions are also available directly under the [Instruction](#) tab of the tool itself.

2.2.2 Data import and tool configuration

- I. **Open the Tool:** Open the FACET Analysis Tool in Excel. A version of Excel 2010 or newer is required and macros must be activated. Clicking on the [Enable Content](#) button on the yellow warning bar may be required while opening the file.
- II. **Download survey results:** Download the FACET data from the KoBo project page and save it on your computer. IMPORTANT: Choose "XLS" as export type and "XML values and headers" as Value and header format.
- III. **Import survey results:** Import the survey results by clicking on the **DATASET A** button (Figure 5). A message indicating a successful import of the data should appear.



Figure 5: Datasets import buttons

Compare two datasets: By default, the JMP Core Indicators are analysed from a single dataset. However, once you have imported a first dataset, you will also be able to import a second one by clicking on the **DATASET B** button and compare the Core Indicators between the two datasets. NB: This data comparison feature is only available for Core Indicators and is not possible for Expanded questions. A reset of the tool can be done anytime by clicking on the **RESET** button, making the tool totally empty again.

Rename datasets: By default, datasets will be named in the graphs and tables as "Dataset A" and "Dataset B". Each dataset can be renamed with a more precise reporting title, such as "Baseline" and "Endline" or "District X".

Name of 1st dataset	Name of 2nd dataset
Baseline	Endline

Figure 6: Naming of imported Datasets

To visualise the Core Indicators analysis, go directly to the Core Indicators worksheet (blue tab). To analyse the Expanded set of questions, please follow the next steps.

- IV. **Import the XLS form:** Expanded questions and their possible answers may vary from one survey to another. In order to analyse them, the version of the administered FACET survey in its XLS form format, therefore, needs to be imported by clicking on the Import your survey (XLS form) button (Figure 7).



Figure 7: Survey import button

- V. **Configure the Expanded analysis:** Depending on the type of data, the analysis of Expanded questions is possible through three different tabs: BarGraph, PieChart and Compare (tabs in red). For them to work properly, a few options in the "Config" tab (in grey) need to be defined (Figure 8). The most important elements are:
 - Select a "Survey Language". This will determine which language will be used for labels in the BarGraph, PieChart and Compare graphs.

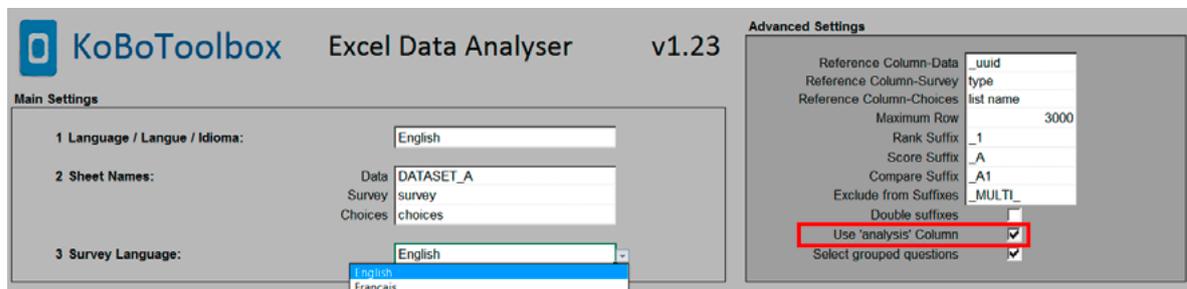


Figure 8: Configuration worksheet in the Data Analyser

- Check the “Use analysis Column” box to use this function. Refer to section 2.1.3.9 to know more about this feature.
- If two Datasets have been imported, it is required to define which one is to be used in the General Analysis tabs (Figure 9). Only one can be selected.

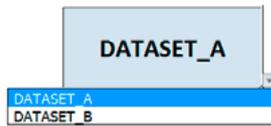


Figure 9: Selection of the Dataset to use in the General Analysis

2.2.3 Core Indicators Analysis

With the intention of making the analysis as easy as possible, predesigned¹⁵ graphs and tables are automatically generated for JMP Core Indicators under the Core Indicators worksheet (blue) of the Excel Analysis Tool. The first section of this worksheet gives an overview of the situation of the assessed facilities in terms of service levels for each category both through tables and graphs (Figure 10).

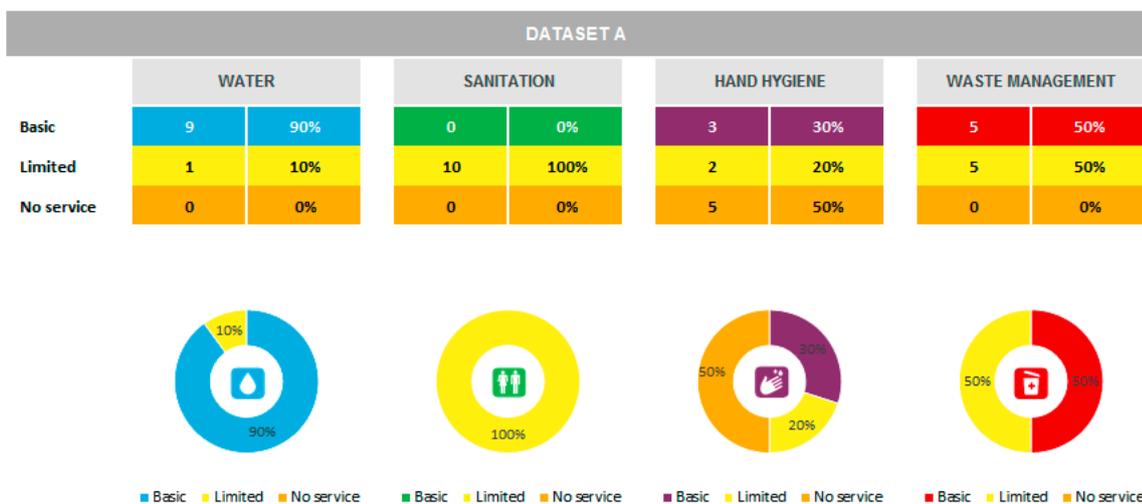


Figure 10: Service levels tables and graphs (example for HCF)

In the second section of the Core Indicators worksheet, detailed results and graphs are presented for each of the Core Indicators (Figure 11).

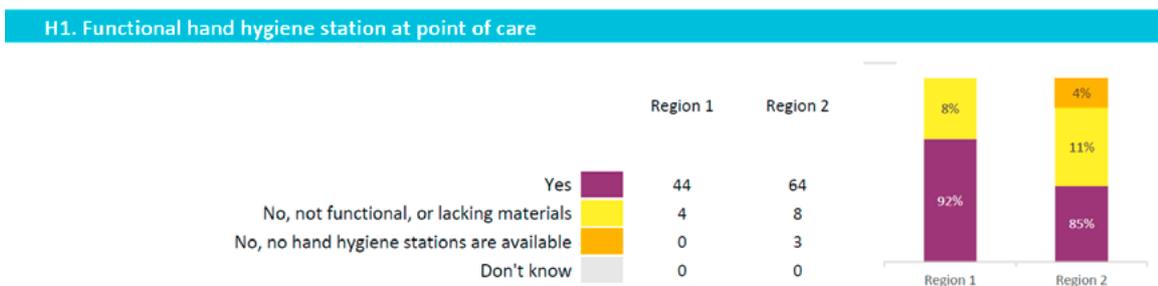


Figure 11: Example of results for a given core indicator (single dataset)

¹⁵ Colours defined accordingly to the JMP format in Progress on Drinking Water Sanitation and Hygiene, 2017.

When only one dataset is imported, Pie Graphs are generated for both service levels and for the different Core Indicators, while Bar Graphs are generated when two datasets are imported (Figure 12).

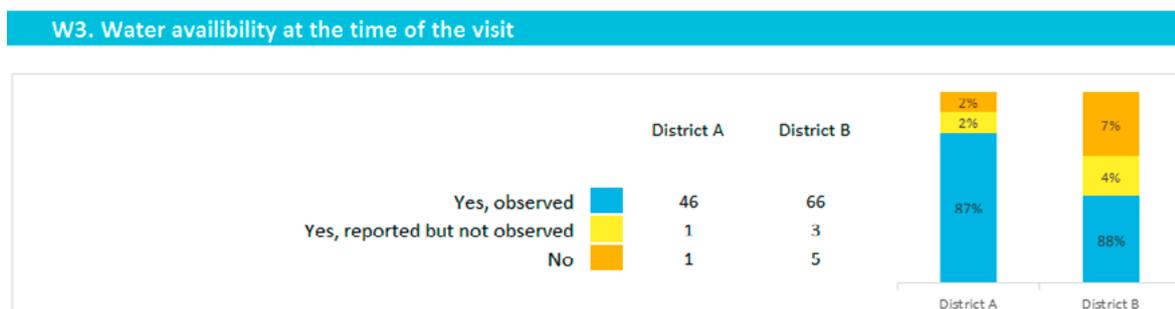


Figure 12: Example of results for a given core indicator (two datasets)

A simple copy-paste of the different elements is necessary to import them into a Word report or Powerpoint presentation.

Note: It is recommended to paste elements from the Excel analysis tool as images in the report document. This is done by selecting the desired element, clicking on copy (Ctrl+C) and pasting it as Picture (Enhanced Metafile) (Alt+Ctrl+V).

2.2.4 Expanded Indicators Analysis

Unlike the fixed Core Indicators, Expanded Indicators may vary from one FACET survey to another. In order to allow the analysis of any Expanded question, part of the Excel KoBo Analyzer tool¹⁶ has been incorporated into the FACET analyser through three different tabs depending on the type of data: BarGraph, PieChart and Compare (tabs in red). This tool is generic and graphs for a given question need to be produced “manually”. Under the different tabs, the **question to be analysed** has to be selected and the graph will then update accordingly (Figure 13). A **disaggregation** can be done on the right panel based on another question.



Figure 13: Analysis tool for expanded questions

If required, colour, font and size of the legends may be adapted manually. A few additional options can be defined under Advanced Settings (Figure 14). For instance, it is possible to define if some answers need to be hidden in a given graph when results are 0%. This is done by defining the options to be hidden under Excluded Codes. Note: the selection is done using variable names; all of them are listed under All codes.

¹⁶ The KoBo Excel Analyser is a generic analysis tool, allowing for the creation of simple graphs from any Kobo data collected on KoBo. The tool has been created by Nick Imboden of UNOCHA. More information can be found at: <https://www.humanitarianresponse.info/en/applications/kobotoolbox/document/kobotoolbox-excel-data-analyser-v123>

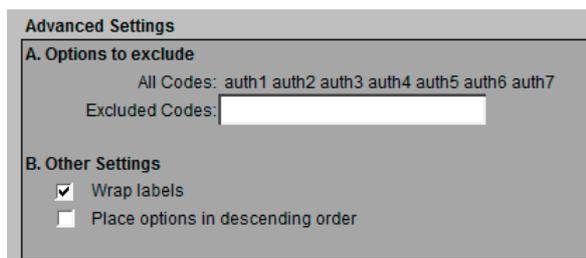


Figure 14: Advanced settings of the analysis tool for Expanded questions

Similar to the Core Indicators, a simple copy-paste of the different elements can be done into a report or presentation. Note: For Expanded Indicators, it is required to paste elements from the Excel analysis tool as images in the report document. This is done by selecting the desired element, clicking on copy (Ctrl+C) and pasting it as Picture (Enhanced Metafile) (Alt+Ctrl+V).

2.3 Online Analysis

2.3.1 PowerBI

To share data with external partners, an online predesigned dashboard was created specifically for FACET using PowerBI (PBI)¹⁷. Separate template versions have been developed both for schools and HCF. The PowerBI dashboard can be connected directly to the collected data saved on a given KoBo account and can be published online¹⁸. The PBI dashboard is interactive and includes a map of the assessed facilities, as well as graphs for all the different service levels and Core Indicators (Figure 15).

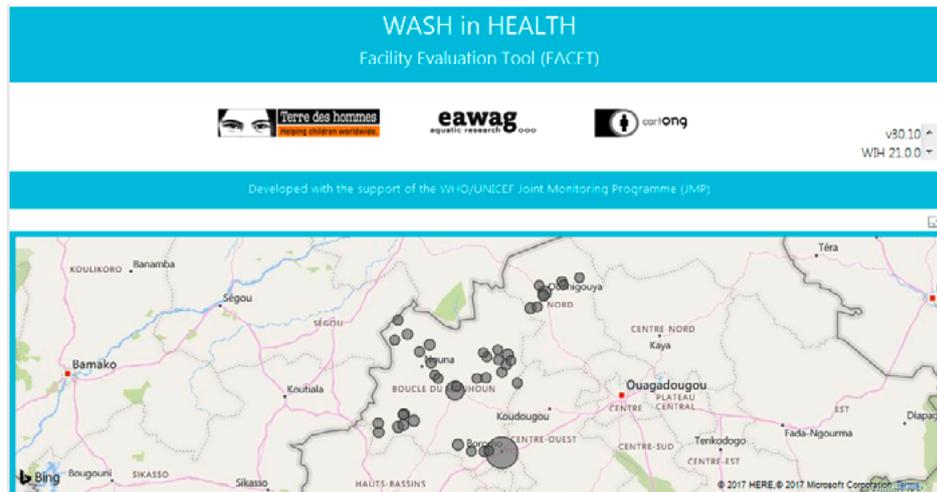


Figure 15: View of the FACET PowerBI Dashboard

The different steps required to adapt the PBI templates for a given FACET survey are described hereafter.

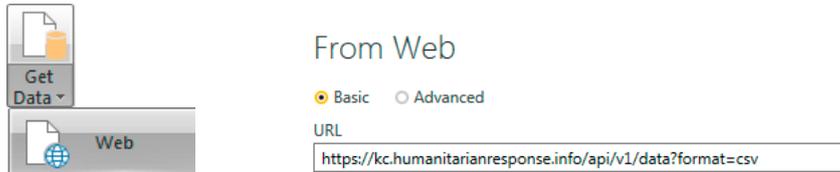
¹⁷ PowerBI is a business analytics service developed by Microsoft providing interactive visualisations with self-service business intelligence capabilities, where end users can create reports and dashboards by themselves.

¹⁸ Note that while the download of PowerBI Desktop is free of charge and allows for the creation of local dashboards, a paying Microsoft 365 account is required for any online publication.

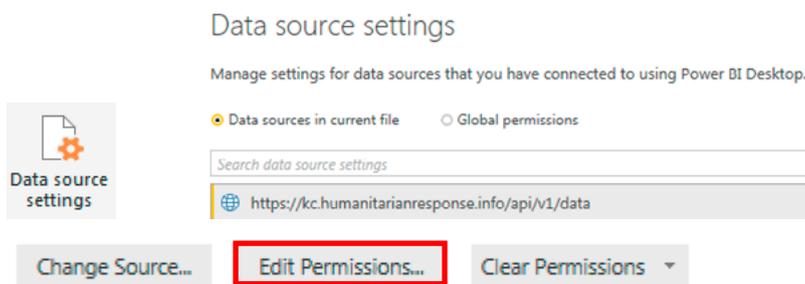
2.3.2 Configure the dashboard

- I. Open the PBI FACET (WINS or WIH) template in PowerBI Desktop and rename it. (i.e. with the adequate country iso3, date, etc.)

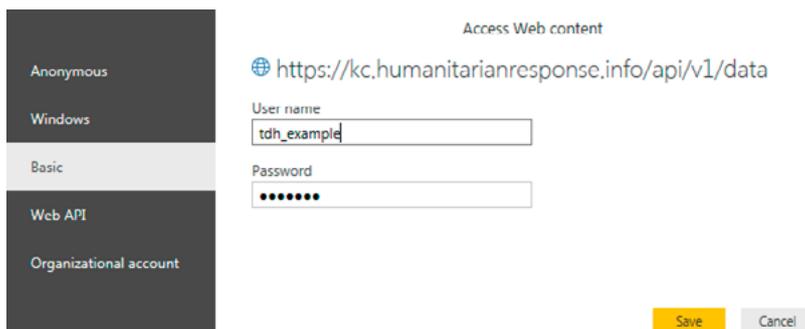
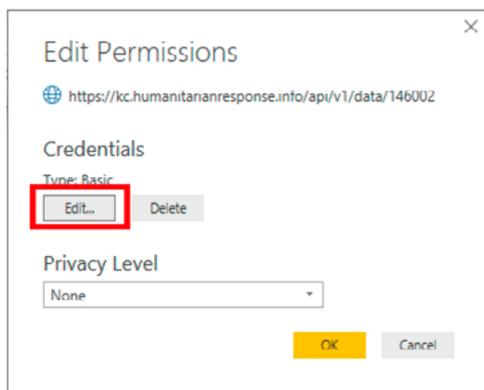
In the PBI Dashboard, the ID of the published FACET survey needs to be defined in order to use its data. For this, a query has to be sent to the KoBo account to get the correct ID. Go under Get Data and select Web. In the URL, type the root URL of KoBo's API: <https://kc.humanitarianresponse.info/api/v1/data?format=csv> Then click on Edit.



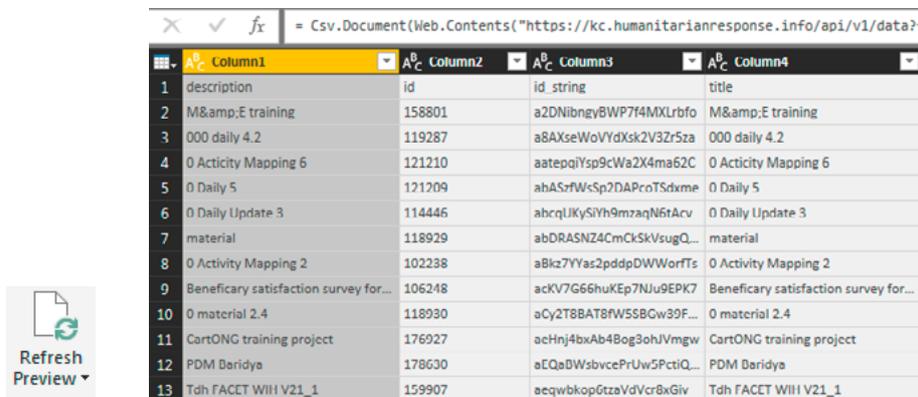
- II. A new Query Editor window will open automatically. Under Data Source Settings, select <https://kc.humanitarianresponse.info/api/v1/data> and click on Edit Permissions.



- III. Under Credentials click on Edit and enter the credentials of the KoBo account hosting the FACET surveys to be displayed in the dashboard. Then click Save, Ok and Close.



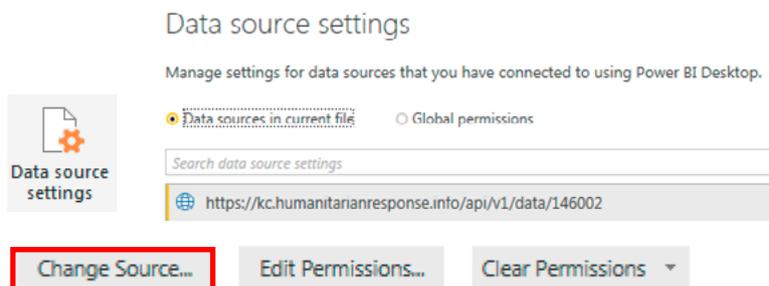
- IV. Click "Refresh preview" to make sure the connection is well established. The displayed table should update automatically with the different survey forms available on the KoBo account. Note the ID number (2nd column) of the FACET survey to be linked with the Dashboard.



The screenshot shows a Power BI data table with the following columns: Column1 (description), Column2 (id), Column3 (id_string), and Column4 (title). The table contains 13 rows of data. A 'Refresh Preview' button is visible on the left side of the table.

	Column1	Column2	Column3	Column4
1	description	id	id_string	title
2	M&E training	158801	a2DNibngy8WP7f4MXLrbfo	M&E training
3	000 daily 4.2	119287	a8AXseWoVYdXsk2V3zr5za	000 daily 4.2
4	0 Activity Mapping 6	121210	aatepqiYsp9cWa2X4ma62C	0 Activity Mapping 6
5	0 Daily 5	121209	ahASzrFWcSp7DAPcoTSdxme	0 Daily 5
6	0 Daily Update 3	114446	abcqLlKySiYh9mzaqN6tAcv	0 Daily Update 3
7	material	118929	abDRASN24cmCkSkVsugQ...	material
8	0 Activity Mapping 2	102238	aBkz7YYas2pddpDWWorTts	0 Activity Mapping 2
9	Beneficiary satisfaction survey for...	106248	acKV7G66huKEp7NJU9EPK7	Beneficiary satisfaction survey for...
10	0 material 2.4	118930	aCy2T8BAT8fW55BGw39F...	0 material 2.4
11	CartONG training project	176927	acHnj4bxAb48og3ohJVmgw	CartONG training project
12	PDM Daridya	178630	aEQaDWsbvcePrUw5PctiQ...	PDM Daridya
13	Tdh FACET WIII V21_1	159907	aeqwbkopGtzaVdVcr8xGiv	Tdh FACET WIII V21_1

- V. Under Data Source Settings, select <https://kc.humanitarianresponse.info/api/v1/data/146002> and click Change Source.

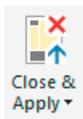


The screenshot shows the 'Data source settings' interface. It includes a search bar for data source settings, a list of data sources, and three buttons: 'Change Source...', 'Edit Permissions...', and 'Clear Permissions'. The URL 'https://kc.humanitarianresponse.info/api/v1/data/146002' is selected in the list.

- VI. In the URL textbox, replace 146002 by the ID of the FACET form identified earlier (Step IV) and click OK. Be careful to not delete any other part of the URL.

URL

- VII. Click Refresh preview to make sure the connection is well established and then click Close & Apply. The dashboard will be updated automatically with the FACET survey data. Save the project.

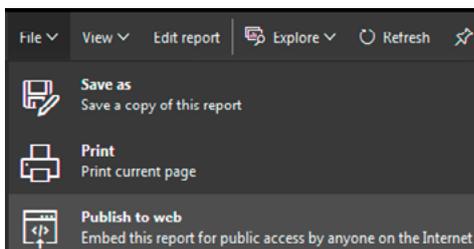


At this point, the FACET dashboard is ready to be shared with anyone using PBI Desktop. In order to publish it online, a Microsoft 365 account with a PBI license is required. The next steps indicate how to publish and share the dashboard online.

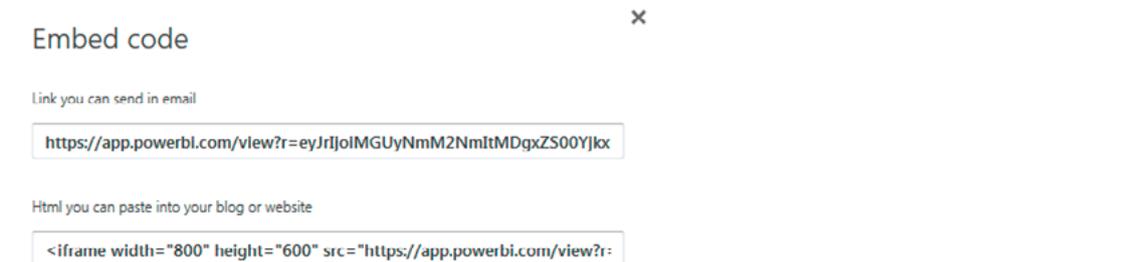
VIII. On the Dashboard view, click on the File menu and select Publish to Power BI. It is required to be already logged in on the PowerBI online¹⁹. Note: If a file exists with the same name on the online account, it will ask whether or not it should be replaced.



IX. Under the PowerBI online account, go under Reports, and open the newly published FACET dashboard. Under the File menu, select Publish to web.

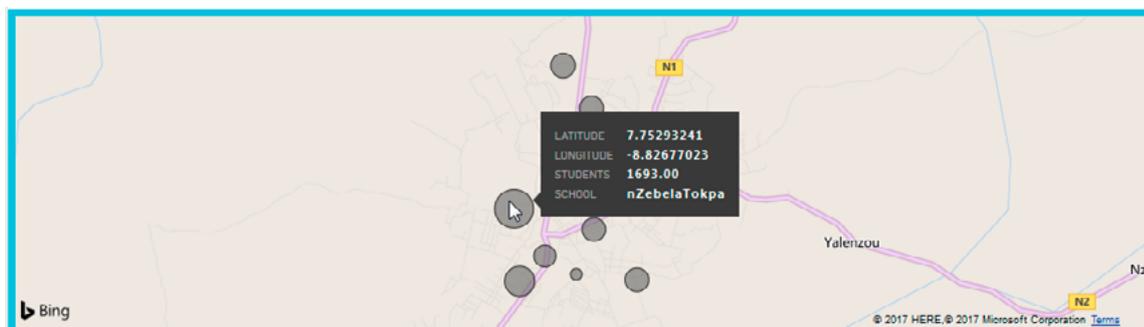


X. A window opens indicating the link of the FACET dashboard online. This link can be shared with anyone having an internet connection.



2.3.3 Data analysis in the PBI dashboards

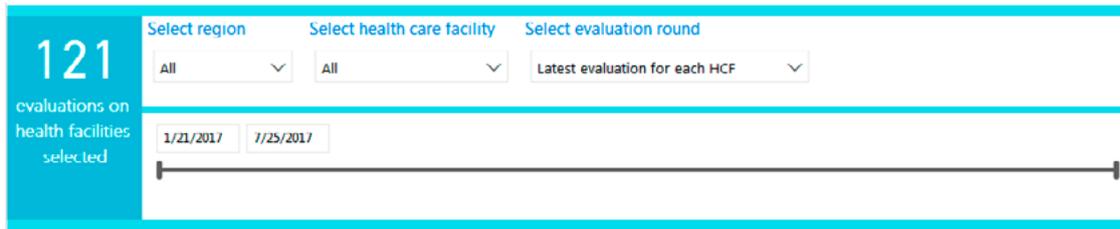
The FACET PowerBI dashboards are composed of different components, all being interactively linked to each other. Selecting a given category in a graph or a facility on the map will dynamically lead to an adaptation of all the other graphs accordingly.



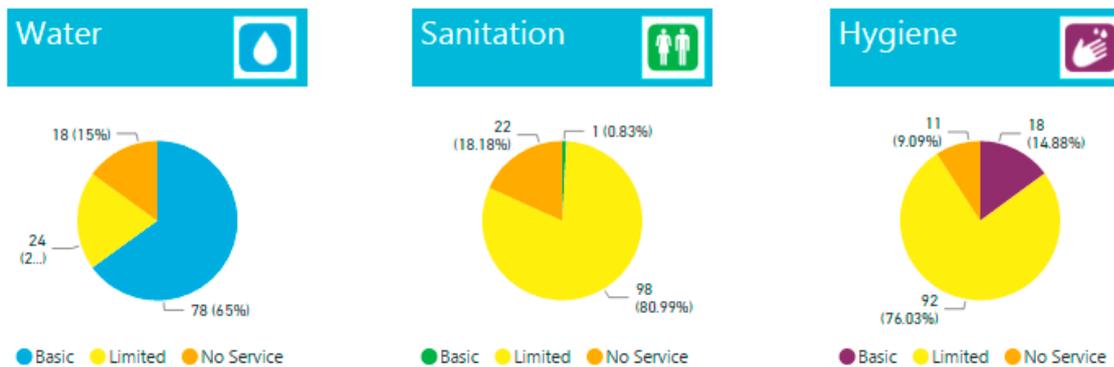
¹⁹ The login can be done under: <https://powerbi.microsoft.com/en-us/landing/signin/>

At the top of the dashboard, under the title, a map represents the location of the different facilities assessed during the survey. By passing with the mouse over a given facility, specific indications will be displayed, such as geographic coordinates, number of students and the school name (respectively number of patients and health care facility name).

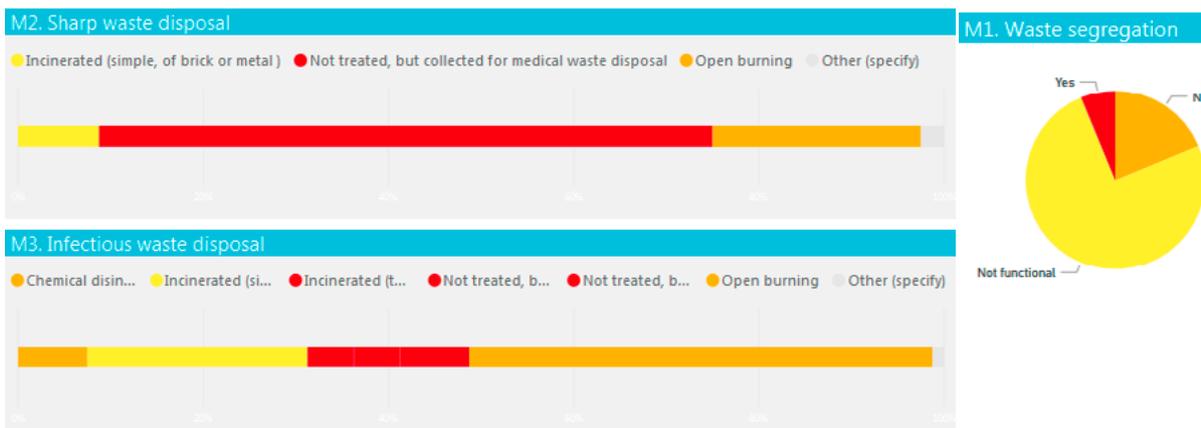
Under the map, a panel allows selection by region, facilities or time period. If some facilities were assessed more than once, it is possible to choose that only the latest available evaluation for each facility should be taken into account (by default).



For each category, a graph representing the situation in terms of service levels is displayed.



When scrolling down the page, the results of all the core indicators and questions are illustrated with graphs.



2.4 Report

A general Word template to use for reporting has been prepared for FACET. It is available in the Annex (cf. chapter 5.3).

FACET Survey Content

3

3.1 FACET for Health Care Facilities and Schools

The Facility Evaluation Tool for WASH in Institutions (FACET) is a short and easy to use mobile assessment and monitoring tool developed to do evaluations of water, sanitation, hygiene and waste management in HCF (FACET WIH for WASH in Health) and schools (FACET WINS for WASH in Schools). As outlined in Section 2, FACET is a user-friendly application that requires basic knowledge on how to operate a tablet or smartphone and familiarity with Microsoft Excel. Data collected using FACET is intended to support the provision of WASH services by health and education authorities, and will contribute to the work of international and national NGOs, as well as research institutions. This includes:

- Data for sub-national, national and global monitoring initiatives
- Evidence on status of services to identify key challenges
- Prioritising and targeting WASH interventions
- Advocacy

Although not a full-fledged action planning process for improving WASH services on an individual facility basis, FACET can complement other specific methodologies for interventions in health institutions, such as the Facility Improvement Tool (WASH FIT²⁰) by WHO and UNICEF and the WASH Conditions Assessment Tool (WASHCon)²¹ by Emory, and the Three Star School Approach for WASH in Schools by UNICEF.

Question category 1: Core Questions

In 2016, the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), compiled lists of recommended Core questions for both WASH in Schools and WASH in HCF (General Service Areas²²). Most questions can be answered through direct observation of the premises while doing a transect walk. Some information was reported during an interview with personnel or community-based administrators – ideally during the site visit.

Core questions for water, sanitation and hand hygiene in schools and HCF (and health care waste for HCF) are linked to a service ladder rating system that calculates the service level of each section in three steps: No Service, to Limited Service, and Basic Service. This ladder approach enables a higher resolution of the on-site situation. It shows the services that are lacking and helps authorities and experts of health care facilities to identify priority areas for attention with the aim of moving up the ladder. The service level rating is calculated based on the data entered for the Core questions.²³

In this manual, the Core questions are presented according to the format in the table below, showing the question label, the question itself, and possible choices and a hint (as relevant). Hints will appear on the mobile device as users complete the survey. The final row contains additional notes and guidance that do not appear on the mobile device.

²⁰ http://www.who.int/water_sanitation_health/publications/water-and-sanitation-for-health-facility-improvement-tool/en/

²¹ <http://washconhcf.org/research-tools/washcon/>

²² Additional service indicators under “General Service Areas” for cleaning, as well as a new module for “Delivery Rooms” are being drafted by WHO.

²³ See the JMP Service Ladders for HCF and Schools in Table 1 (Section 3.2) and Table 2 (Section 3.3), respectively. FACET does not include and calculate the Advanced Service level as most countries have not defined these standards.

**Question
Heading**

Question ID Label

Question

• Response choices



Hint



Experience box /additional notes

For example:

**Main water
source**

W.1.

What is the main source of water for the facility?

- Piped supply inside the facility
- Piped supply outside the facility
- Tube well
- Borehole
- Protected dug well
- Protected spring
- Rain water
- Tanker truck
- Other
- Unprotected dug well
- Unprotected spring
- Surface water (river /dam /lake / pond)
- No water source available



Please specify the main type of water source. The question refers to the source of water for general purposes, including drinking, washing, and cleaning. In case of water being available from multiple sources, consider the main source used in the outpatient area.



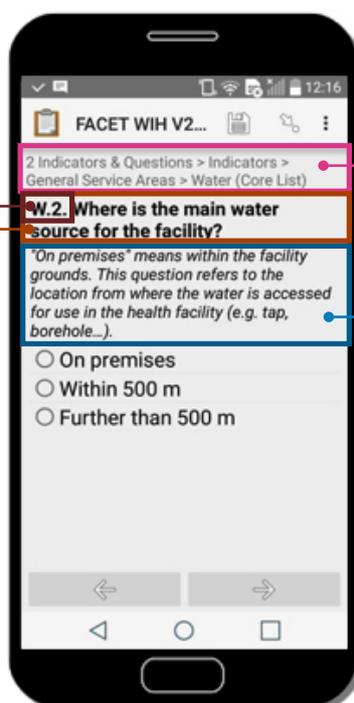
The following water sources are considered to be improved: Piped supply inside the facility, Piped supply outside the facility, Tube well, Borehole, Protected dug well, Protected spring, Rain water, and Tanker truck

Question label

The **question identification label** indicates what type of infrastructure is being surveyed. There are six different labels for the type followed by a number in order:

- PRE: Preliminary questions of the survey
- GI: General Information about the health care facility
- W: Water supply questions
- S: Sanitation
- H: Hand Hygiene
- M: Health Care Waste (only for HCF)

FACET uses the JMP labels and numbering of Core questions. Questions answered through observation are introduced with Observation in a bracket after the question label. E.g. W.3.(Observation).



Question Heading

A heading with a **brief indication** to know what the question is about

Question

The **actual question** that needs to be answered by either observation or by asking the question in the interview. Questions that need to be observed are marked with Observation in a bracket after the question label as described above.

Hint

Most questions include a **hint or help** for the user. This hint helps to clarify the question if there are uncertainties on how to answer it.

Experience box/additional notes

Where relevant, this section adds insight to further clarify the question based on experience that could not be included in the survey form due to space constraints.

Response type and choices

The common response type of the FACET tool is to select one option from a list of possible answers. A response list in radio button format in the table indicates that only one answer can be selected, while small boxes allow multiple answers. Some cases require typing text to capture the specifics of the response to the question (e.g. in case of response Other). Additionally, some questions need a number in an integer format as an input.

Question category 2: Expanded Questions

As part of the preliminary questions, FACET users can select a short survey that includes only Core questions (for a quick diagnostic), or an extended survey that includes Expanded questions. Expanded questions go beyond the basic set of service evaluation questions recommended by the JMP, and should be adapted to the country context. They form a more detailed assessment based on government standards and/or recommendations made by local and/or international experts. JMP's 30 Expanded questions for WINS are included in the annex (cf. chapter 5.2). A list of approximately 30 Expanded questions for HCF (cf. annex, section 5.1) is based on selected Expanded questions recommended by the WASH in HCF Monitoring Task Team (led by JMP), with additions by Eawag and Terre des hommes.

3.2 WASH in HCF General Service Areas – Content Summary

FACET WIH is best suited for small, primary health care facilities, but could be used in larger facilities where the survey would be repeated on a ward-by-ward basis. Table 1 below shows the JMP service level indicators for WASH in HCF that are calculated according to the Core questions for WASH in HCF. The 12 Core questions for General Service Areas in outpatient care facilities are preceded by 20 Preliminary and General questions, covering contact information, facility location, and types and number of patient consultations. Survey teams should inform themselves on the common WASH technologies in their local context as part of their training and orientation.

 Water	 Sanitation	 Hand hygiene	 Health care waste
Advanced service To be defined at national level	Advanced service To be defined at national level	Advanced service To be defined at national level	Advanced service To be defined at national level
Basic service Water from an improved source is available on premises	Basic service Improved facilities are usable, separated for patients and staff, separated for women, provide menstrual hygiene facilities, and meet the needs of people with limited mobility.	Basic service Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets	Basic service Waste is safely segregated into at least 3 bins in the consultation area, and sharps and infectious waste are safely treated and disposed of
Limited service Water from an improved source is available off premises; or an improved source is on-site, but no water is available	Limited service Improved sanitation facilities are present but are not usable or do not meet the needs of specific groups (staff, women, people with limited mobility)	Limited service Hand hygiene station at either points of care or toilets, but not both	Limited service Waste is segregated but not disposed of safely, or bins are in place but not used effectively
No service Unprotected dug well or spring, surface water, or no water source	No service Pit latrines without a slab or platform, hanging latrines, or no toilets or latrines at the facility	No service Hand hygiene stations are absent, or present but with no soap or water	No service Waste is not segregated or safely treated and disposed of

Table 1. JMP service levels for monitoring WASH in health care facilities²⁴

3.2.1 Preliminary questions

Before the survey starts, there are seven preliminary questions that must be answered. These are listed below. The questions cover the date, the name of the enumerator conducting the survey, the exact location of the HCF, as well as the type of facility.

- PRE.1. Date of the assessment
- PRE.2. Enumerator/team (Composition of Teams and their associated Team identification numbers should be agreed upon prior to the survey)
- PRE.3. Please select a country

²⁴ Based on Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) 2017.

- PRE.4. Please select administrative level 1 (usually the region)
- PRE.5. Please select administrative level 2 (usually the district)
- PRE.6. Please select the health care facility to be assessed (should be preconfigured in the XLS Survey form; see chapter 2.1.3.1; if the facility name does not appear, select “Other” and enter the name in the following screen).
- PRE.7. Type of facility.

3.2.2 General information

There are 13 general information questions to be answered preceding the WASH part of the survey. The questions identify the details of the contact person at the HCF, as well as the numbers of outpatients, inpatients, staff, deliveries, opening days and times, and child nutrition consultations. The questions are listed below:

- Gl.1. Name of interviewed person
- Gl.2. Function of interviewed person (should be preconfigured in the XLS Survey form per the Ministry of Health Nomenclature for HCF personnel; see chapter 2.1.3.1)
- Gl.3. Phone number of the interviewed person (in case the need for further clarification arises)

OUTPATIENTS

Data on patient consultations and types of services is used to review the adequacy of the water storage capacity within the facility. ‘Outpatients’ refers to patients that need ambulatory treatment (i.e. do not stay overnight). Numbers must be entered for males (boys) and females (girls) separately. If possible, check the health facility records for the exact number. If the records are not available, enter an approximate number as reported by the staff member.

- Gl.4. Number of male outpatient consultations during the previous month, including boys
- Gl.5. Number of female outpatient consultations during the previous month, including girls

INPATIENTS

Although the JMP Indicators focus on conditions in outpatient settings, some clinics may require patients to stay overnight in the facility for observation (“inpatients”). Numbers must be entered for males (boys) and females (girls) separately. If possible, check the health facility records for the exact number. If the record is not available, enter an approximate number.

- Gl.6. Number of male inpatients last month, including boys
- Gl.7. Number of female inpatients last month, including girls

NUTRITION

- Gl.8. Number of child consultations in a “dry feeding center” in the previous month: as part of the model for Community-based Management of Acute Malnutrition (CMAM) for screening and distribution of mixed rations to treat moderate acute malnutrition (MAM) or ready to use therapeutic food (RUTF) to treat severe acute malnutrition (SAM)
- Gl.9. Number of child consultations in wet feeding center in the previous month: as part of in-patient services for children with SAM

STAFF

Staff members active in the center, including doctors, nurses, paramedics, pharmacists, assistants, cleaners, etc.

- Gl.10. Number of male staff
- Gl.11. Number of female staff

OTHER

- Gl.12. Number of deliveries (living and stillborn) in the past month.
- Gl.13 How many days was the facility open during the previous month?

Type of Survey

Please select the type of survey you want to realise : „Core questions only“ or “Core + expanded questions”

Attention: If the first option is selected, only the 12 Core questions will appear. (See section 3.1).

3.2.3 Core Water questions

JMP recommends three questions to determine the service level for water based on the type, location and availability of the (main) water source:

Type of main water source			
W.1.	What is the main source of water for the facility?	<ul style="list-style-type: none"> • Piped supply inside the facility • Piped supply outside the facility • Tube well • Borehole • Protected dug well • Protected spring • Rain water • Tanker truck • Other • Unprotected dug well • Unprotected spring • Surface water (river / dam / lake / pond) • No water source available 	 Please specify the main type of water source. The question refers to the source of water for general purposes, including drinking, washing, and cleaning. In cases of water being available from multiple sources, specify the main source used in the outpatient area. „Select “piped supply” only if the water comes directly from a water distribution network. If the water does not come from a distribution network but is piped within the facility from another source or storage tank, please specify the source.

-  The following water sources are considered to be improved: Piped supply inside the facility, Piped supply outside the facility, Tube well, Borehole, Protected dug well, Protected spring, Rain water, and Tanker truck.
-  If there is no information on the particular source but water is available from a tap, the answer Piped supply in- / outside the facility applies, e.g. to tap water, where there is no information on the particular source available. If there is piped supply that is tapped from e.g. an (un)protected spring, choose the latter since this is decisive in evaluating the quality of the water source.

Accessibility of water source			
W.2.	Where is the main water source for the facility?	<ul style="list-style-type: none"> • On premises • Within 500 m • Further than 500 m 	 On premises means within the facility grounds. This question refers to the location from where the water is accessed for use in the health facility (e.g. tap, borehole, etc.).

-  If Piped supply inside the facility was selected as the water source for question W.1., the water source is automatically considered to be on premises in the final score calculation.

Accessibility of water source			
W.3. (Observation)	Is water available from the main source at the time of the survey?	<ul style="list-style-type: none"> • Yes, observed • Yes, reported but not observed • No 	 Confirm that water is available from this source at the time of the survey, e.g. check that taps or hand pumps deliver water (if the source is off-premises, it may be reported)

3.2.4 Core sanitation questions

JMP recommends four questions to determine the sanitation service level. The first question concerns whether at least one improved toilet in the HCF is present, and follow-up questions deal with the needs for gender segregation and menstrual hygiene management (MHM) and of staff and people with reduced mobility (PRM). The questions are listed in the table below.

Improved sanitation facilities include: flush toilets, ventilated improved pit (VIP) latrines, pit latrines with slab, and composting /urine diversion dehydration toilets. In the following questions, the term **toilets** refers to any of these improved facilities. Confirm through observation that the toilets are usable. **Usable** means (1) accessible, (2) functional, and (3) private.

In a **functional** toilet, the hole or pit must not be blocked, water must be available for flush/pour flush toilets, and there must be no cracks or leaks in the toilet structure. In order to provide sufficient **privacy**, the toilet stall must have walls without major holes, and a door which is unlocked when not in use (or for which a key is available at any time) and which can be locked from the inside during use.

Improved patient toilet			
S.1.(Observation)	Is there at least one (1) usable (2) improved toilet available at the facility (3) for PATIENTS?	<ul style="list-style-type: none"> • Yes, at least one usable improved toilet • No, improved toilets are present but not usable • No, only unimproved toilets on premises • No, no toilets on premises • Unable to observe / Do not know 	

-  The numbering within the question should serve as a checklist in order to verify if all the requirements are met to choose “yes”.
-  Verify that the survey teams have understood the differences between the three “No” response options.

Improved MHM toilet			
S.2. (Observation)	Is there at least one (1) usable (2) improved toilet (3) designated for WOMEN AND GIRLS, (4) which provides facilities to manage menstrual hygiene needs?	<ul style="list-style-type: none"> • Yes • No, female-only toilets do not have menstrual hygiene facilities • No, there are no female-only toilets • Unable to observe / Do not know 	 Refer to definition of usable improved toilets in the previous question. A toilet can be considered to meet the needs of menstrual hygiene management if it meets at least one of the following conditions: (1) a bin with a lid on it within the cubicle, and (2) water and soap available in a private space for washing.

 The wording of the second response option “No, female-only toilets do not have menstrual hygiene facilities” may cause confusion if it is interpreted to mean that there are no gender separated toilets. Verify that the survey teams have understood that this response option implies that, although there is “at least one usable, improved toilet designated for women and girls”, this toilet does not have menstrual hygiene facilities.

Improved staff toilet			
S.3. (Observation)	Is there at least one (1) usable (2) improved toilet (3) designated for STAFF?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Answer Yes only if there is a usable improved toilets for the use of staff only (not for patients). Refer to definition of usable improved toilets in the previous question.

 Answer ‘Yes’ only if there is a usable improved toilet exclusively for staff members (not used by patients).

Improved PRM toilet			
S.4. (Observation)	Is there at least one (1) usable (2) improved toilet that (3) meets the needs of people with REDUCED MOBILITY?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Refer to definition of usable improved toilets in the previous question. A toilet can be considered accessible if it meets relevant national or local standards. In the absence of such standards, it should meet all the following conditions : (1) can be accessed without stairs or steps; (2) handrails for support are attached either to the floor or sidewalls; (3) the door is at least 80 cm wide and the door handle and seat are within reach of people using wheelchairs or crutches/sticks.

3.2.5 Core hand hygiene questions

JMP's pair of hand hygiene questions probe the existence of functioning hand washing stations at the toilets and points of care.

A functional hand hygiene station consists of soap and water with a basin/pan for washing hands, or alcohol-based hand rub (only for points of care, not toilets). If alcohol-based hand rub is used, healthcare staff must carry a dispenser around between points of care.

NB: The order of the JMP hand hygiene questions (H1 and H2) in the FACET survey is reversed in order to facilitate the flow of doing the survey. Given this, the survey team is asked to first observe hand hygiene stations at points of care (H1), then hand hygiene stations at toilets (H2).

Hand hygiene at points of care			
H.1. (Observation)	Are there (1) functional hand hygiene stations available (2) at the selected POINT OF CARE (3) on the day of the survey?	<ul style="list-style-type: none"> • Yes • No, hand hygiene stations are available but not functional, or lacking materials • No, no hand hygiene stations are available • Do not know 	 If alcohol-based hand rub is used, healthcare staff may carry a dispenser around between points of care.

-  Points of care denominate any locations in the outpatient setting where care or treatment is delivered (i.e. consultation/exam rooms).
-  For facilities with multiple consultation rooms, select a point of care from the area where most general outpatient services occur to check for hand hygiene stations.
-  Verify that the enumerators understand that the requirements are not met even if there is a hand-hygiene station, e.g. just outside the consultation room.

Handy hygiene at toilets			
H.2. (Observation)	Are there (1) functional hand hygiene stations available (2) at TOILETS (3) on the day of the survey?	<ul style="list-style-type: none"> • Yes • No, hand hygiene stations are available but not functional, or lacking materials • No, no hand hygiene stations are available • Do not know 	 Answer YES if at least one toilet for outpatients has handwashing facilities with soap and water within 5 m of the toilet (alcohol-based hand rub is not valid in this case).

-  Answer this question while still at the toilet location, in order to make the observation.

3.2.6 Core health care waste questions

Three questions concerning medical waste management complete the JMP Core list for General Service Areas. These deal with determining whether health care waste is segregated at the source, and whether the subsequent disposal of sharps waste and infectious waste is done securely.

Waste segregation

M.1. (Observation)

Is waste (1) correctly segregated into (2) at least three (3) labelled bins (4) WITH LIDS (5) in the consultation area?

- Yes
- Bins are present but don't meet all requirements (see Notes)
- No
- Unable to observe / Do not know



The bins should be (1) clearly labeled (either colour coded, written labels or signs), (2) no more than three quarters (75%) full, and (3) 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 leak-proof. ("Safety Boxes" are often used for sharps waste.)



For facilities with multiple consultation rooms, select one at random from the area where most general outpatient services occur and observe whether at least three bins are in place to separate (1) sharps waste, (2) infectious waste, and (3) non-infectious general waste.



In the case of small health posts where official immunisation campaigns take place, remove health waste on the day of immunisation (and no other sharps and biohazard waste is generated during normal hours of operation) select "Not treated, but collected for medical waste disposal".



In case there are three labelled bins with lids present, emphasise that the enumerators are checking the content of the bins so as to verify if the waste is segregated correctly.

Sharps waste treatment and disposal

M.2.

How does this facility treat and / or dispose of SHARPS waste?

- Autoclaved
- Incinerated (two chamber, 850 – 1000 °C incinerator)
- Not treated, but buried in lined, protected pit
- Not treated, but collected for medical waste disposal
- Incinerated (simple, of brick or metal)
- Other (specify)
- Open burning
- Open dumping without treatment
- Chemical disinfection (e.g. with hypochlorite)
- Not treated and added to general waste)
- Do not know



Sharps waste is a subset of infectious waste and comprises syringes, needles, lancets, disposable scalpels, broken glass and any other materials that can pierce/cut the skin. If more than one response applies, please select the method most often used.



Safe treatment and disposal options are: Autoclaved; Incinerated (two chambers, 850–1000 °C incinerator); Not treated, but buried in lined, protected pit; and Not treated, but collected for medical waste disposal. Simple incineration with bricks or metal incinerator is not considered to be safe, but offers a higher service level indicator calculation than the unsafe options.

Infectious waste treatment and disposal

M.3.

How does this facility usually treat / dispose of INFECTIOUS waste?

- Autoclaved
- Incinerated (two chamber, 850 – 1000 °C incinerator)
- Not treated, but buried in lined, protected pit
- Not treated, but collected for medical waste disposal
- Incinerated (simple, of brick or metal)
- Other (specify)
- Open burning
- Open dumping without treatment
- Chemical disinfection (e.g. with hypochlorite)
- Not treated and added to general waste)
- Do not know



If more than one response applies, please select the method used most often.



Safe treatment and disposal options are: Autoclaved; Incinerated (two chamber, 850 – 1000 °C incinerator); Not treated, but buried in lined, protected pit; and Not treated, but collected for medical waste disposal. Simple incineration with bricks or metal incinerator is not considered to be safe, but offers a higher service level indicator calculation than the unsafe options.

3.2.7 WASH service level calculation for HCF

The indicators have been determined from the core list of questions for each section. JMP's calculation of these indicators is described in the tables below. In the left column, the indicator is explained, while the right column shows the calculation.

3.2.8 Water

The service ladder for water is shown in the table below.

	Water indicator	Calculation
	Advanced service To be defined at national level	No calculation
	Basic service Water from an improved source is available on premises.	W.1. = Improved source ²⁵ AND W.2. = On premises AND W.3. = Yes.
	Limited service Water from an improved source is available off premises or an improved water source is on-site but water is not available.	IW.1. = Improved source ²⁵ AND W.2. = Within 500 m OR W.1. = Improved source ²⁵ AND W.2. = On premises AND W.3. = No
	No service Unprotected dug well or spring, surface water source, or there is no water source at the facility.	W.1. = Unimproved source OR W.2. = More than 500 m away

3.2.9 Sanitation

The service ladder for sanitation is shown in the table below.

	Sanitation	Calculation
	Advanced service To be defined at national level	No calculation
	Basic service Improved sanitation facilities are usable, separated for patients and staff, separated for women and allowing menstrual hygiene management, and meeting the needs of people with limited mobility.	S.1. = Yes AND S.2. = Yes AND S.3. = Yes AND S.4. = Yes
	Limited service Improved sanitation facilities are present but are not usable, or do not meet the needs of specific groups (staff, women, people with limited mobility).	S.1. = Improved toilet, but not usable OR S.2. = No ²⁶ OR S.3. = No ²⁶ OR S.4. = No ²⁶
	No service Pit latrines without a slab or platform, hanging latrines and bucket latrines, or there are no toilets or latrines at the facility.	S.1. = Unimproved OR S.1. = No toilet ²⁶

²⁵ Check question W.1. for a list of improved sources. If "Other" is selected, it will be considered as unimproved.

²⁶ For the calculation, the answer "unable to observe/don't know" is considered as a "No" for questions S2, S3 and S4 and as "No toilet" for S1.

3.2.10 Hygiene

The service ladder for hand hygiene is shown in the table below.

	Hand hygiene	Calculation
Advanced service	To be defined at national level	No calculation
Basic service	Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets.	H.1. = Yes AND H.2. = Yes
Limited service	Hand hygiene station at either point of care or toilet, but not both.	H.1. = Yes OR H.2. = Yes
No service	Hand hygiene stations are absent or present but without soap or water.	H.1. = No ²⁷ AND H.2. = No

3.2.11 Health care waste

The service ladder for the management of health care waste is shown in the table below.

	Health care waste	Calculation
Advanced service	To be defined at national level	No calculation
Basic service	Waste is safely segregated into at least three bins in the consultation area and sharps waste and infectious waste are treated and disposed of safely.	M.1. = Yes AND M.2. = Safe treatment and disposal ²⁸ AND M.3. = Safe treatment and disposal ²⁸
Limited service	Waste is segregated but not disposed of safely, or bins are in place but not used effectively.	M.1.1 = No ²⁹ AND M.2. = Safe treatment and disposal ³⁰ AND M.3. = Safe treatment and disposal ³⁰ OR M.2. = Unsafe treatment and disposal ³¹ OR M.3. = Unsafe treatment and disposal ³¹
No service	Hand hygiene stations are absent or present but without soap or water.	M.2. = Unsafe treatment and disposal ³¹ AND M.3. = Unsafe treatment and disposal ³¹

²⁷ The answer "Don't know" is considered as a "No" for the calculation.

²⁸ Check questions M2 and M3 for a list of safe treatment and disposal options.

²⁹ Answers "Unable to observe/Do not know" and "Bins are present but don't meet all requirements" are considered as "No" for the calculation.

³⁰ Check questions M2 and M3 for a list of safe treatment and disposal options. Here an answer "incinerated (simple, of brick or metal)" also lead to limited service.

³¹ Answers "Do not know" and "Other (specify)" are considered as "Unsafe treatment and disposal" for the calculation

3.3 WASH in Schools – Content Summary

FACET WINS can be applied in any school. Table 2 below shows the JMP service level indicators for WASH in schools that have been calculated according to the Core questions for WASH in schools. The 7 Core questions are preceded by 17 Preliminary and General questions covering contact information, facility location, and the number of pupils and teaching staff. Survey teams should inform themselves on the common WASH technologies in their local context as part of their training and orientation.

 Drinking Water	 Sanitation	 Hygiene
Advanced service To be defined at national level	Advanced service To be defined at national level	Advanced service To be defined at national level
Basic service Drinking water from an improved source is available at the school	Basic service Improved facilities, which are singlesex and usable at the school	Basic service Handwashing facilities that have water and soap are available
Limited service There is an improved source (piped, protected well/ spring, rainwater, packaged/delivered water), but water is not available at time of survey	Limited service There are improved facilities (flush/ pour flush toilets, pit latrine with slab, composting toilet), but not single-sex or not usable at time of survey	Limited service Handwashing facilities with water, but no soap
No service No water source or unimproved source (unprotected well/ spring, surface water)	No service No toilets or latrines, or unimproved facilities (pit latrines without a slab or platform, hanging latrines, bucket latrines)	No service No handwashing facilities at the school or handwashing facilities with no water

Table 2. JMP service levels for monitoring WASH in schools³²

3.3.1 Preliminary questions

Before the survey starts, there are eight preliminary questions that need to be answered, which are listed below. The questions are about the survey date, the enumerator(s) conducting the survey, the exact location and the type of school.

- PRE.1. Date of the assessment.
- PRE.2. Enumerator/team (Composition of Teams and their associated Team identification numbers should be agreed upon prior to the survey).
- PRE.3. Please select a country.
- PRE.4. Please select administrative level 1 (usually the region).
- PRE.5. Please select administrative level 2 (usually the district).
- PRE.6. Please select the school to be assessed (if the facility name does not appear, select “Other” and enter the name in the following screen.)
- PRE.7. Type of school.
- PRE.8. Is the school a double-shift school?

³² Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. Geneva: World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) 2017.

3.3.2 General information

There are eight general information questions to be answered preceding the WASH part of the survey. The questions are about the details of the contact person at the school, as well as the numbers of classrooms, girl and boy students, and of male and female staff. The questions are listed below:

- Gl.1. Name of interviewed person.
- Gl.2. Function of interviewed person (should be preconfigured in the XLS Survey form for instance per the Ministry of Education Nomenclature for school personnel; see chapter 2.1.3.1).
- Gl.3. Phone number of the interviewed person (in case the need arises for further clarification).

CLASSROOMS

- Gl.4. Total number of classrooms in the school.

HEAD COUNT

- Gl.5. Number of girl students.
- Gl.6. Number of boy students.

STAFF

- Gl.7. Number of female staff.
- Gl.8. Number of male staff.

Type of Survey

Please select the type of survey you want to realise : „Core questions only“ or “Core + expanded questions”

Attention: If the first option is selected, only the 5 Core questions will appear. (See section 3.1).

3.3.3 Core water questions

JMP recommends two questions to determine the water service level, and they deal with the type and availability of the (main) water source

Type of main water source			
W.1.	What is the main source of drinking water provided by the school?	<ul style="list-style-type: none"> • Piped water supply • Protected well / spring • Rain water • Unprotected well / spring • Packaged bottled water • Tanker truck or cart • Other • Surface water (lake, river, stream) • No water source • Other 	 If there is more than one source, the one used most frequently for drinking water should be selected. If children need to bring water from home because water is not provided by the school, „no water source“ should be selected..

 The following water sources are considered to be improved: Piped water, Protected well / spring, Packaged bottled water, and Tanker truck or cart

Availability of water source			
W.2. (Observation)	Is water available from the main source at the time of the survey?	<ul style="list-style-type: none"> • Yes • No • Don't know 	 To be considered available, water should be available at the time of the survey, either from the main source directly or water stored originally from the main source.

3.3.4 Core sanitation questions

JMP recommends three questions to determine the sanitation service level. The first question is about the existence of at least one improved toilet in the school, and follow-up questions cover the need for gender segregation and the number of usable toilets. The questions are listed in the table below.

Improved sanitation facilities include flush toilets, ventilated improved pit (VIP) latrines, pit latrines with slab, and composting/urine diversion dehydration toilets. In the following questions, the **term** toilets refers to any of these improved facilities. Confirm through observation, that the toilets are usable. **Usable** means (1) accessible, (2) functional, and (3) private.

In a **functional** toilet, the hole or pit must not be blocked, water must be available for flush/pour flush toilets, and there must be no cracks or leaks in the toilet structure. In order to provide sufficient **privacy**, the toilet stall must have walls without major holes, and a door which is unlocked when not in use (or for which a key is available at any time) and which can be locked from the inside during use.

Improved pupil toilet			
S.1.	What type of student toilets / latrines are at the school?	<ul style="list-style-type: none"> • Flush / Pour-flush toilets • Pit latrines with slab • Pit latrines without slab • Composting / Ecosan latrines • Hanging latrines • Bucket latrines • No toilets or latrines present • Other 	 If more than one type, is used, the most common type of student toilets/latrines should be selected.

 Verify that the enumerators know the different types of toilets.

Number of available toilets			
S.2.	How many student toilets / latrines are currently usable?	<ul style="list-style-type: none"> • (enter number) 	 Only count toilets / latrines that are usable at the time of the survey. Note that lockable toilets may not be applicable in pre-primary schools. Please enter „9999“ for „Do not know“ and “0” for none.

 Verify that the enumerators are paying attention to the definition of “usable” (accessibility, functionality, and privacy).

Gender segregated toilets			
S.3.	Are the toilets / latrines separate for girls and boys?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Single-sex toilets signify that separate girls’ and boys’ toilets are available at the school, or it is a single-sex school and toilets are available. To be considered separated, facilities should provide privacy from students of the opposite sex.

Follow-up questions on gender segregated toilets

S.3.a.	How many girls' toilets / latrines are currently usable?	• (enter number)	 Only count toilets / latrines that are usable at the time of the survey. Note that lockable toilets may not be applicable in pre-primary schools. Please enter „9999“ for „Do not know“ and “0“ for none.
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 Verify that the enumerators are paying attention to the definition of “usable” (accessibility, functionality, and privacy).

S.3.b.	How many boys' toilets / latrines are currently usable?	• (enter number)	 Only count toilets / latrines that are usable at the time of the survey. Note that lockable toilets may not be applicable in pre-primary schools. Please enter „9999“ for „Do not know“ and “0“ for none.
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 Verify that the enumerators are paying attention to the definition of “usable” (accessible, functional, and private).

3.3.5 Core hygiene questions

JMP's pair of hygiene questions deal with the existence of functioning hand washing stations at the school, and whether they are functional.

A functional hand hygiene station consists of soap and water with a basin/pan for washing hands.

Presence of hand hygiene facilities			
H.1. (Observation)	Are there handwashing facilities at the school?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 A handwashing facility is any device or infrastructure that enables students to wash their hands effectively using running water, such as a sink with tap, water tank with tap, bucket with tap, tippy tap, or other similar device. NOTE THAT A SHARED BUCKET USED FOR DIPPING HANDS IS NOT CONSIDERED AN EFFECTIVE HANDWASHING FACILITY.

Functionality of hand hygiene facilities

H.2. (Observation)

Are both soap and water currently available at the handwashing facilities?

- Yes, water and soap
- No, water only
- No, soap only
- No, neither water, nor soap



To be considered available, water and soap must be available at one or more of the handwashing facilities at the time of the survey. If girls and boys have separate facilities, soap and water should be available at both. Soapy water (a prepared solution of detergent suspended in water) can be considered as an alternative to soap, but not for water, as non-soapy water is needed for rinsing.



Answer this question while still at the toilet location, in order to make the observation.

3.3.6 WASH service level calculation for schools

The indicators are resulting from the core list of question for each section. JMP's calculation of these indicators is described in the tables below. In the left column the indicator is explained, the right column shows the calculation.

3.3.7 Water

The service ladder for water is shown in the table below.



Water indicator

Calculation

Advanced service
To be defined at national level

No calculation

Basic service
Drinking water from an improved water source is available at the school.

W.1. = Improved source
AND
W.2. = Yes

Limited service
There is an improved source (piped water, protected well / spring, rainwater, bottled water), but water not available at the time of survey.

W.1. = Improved source
AND
W.2. = No³³

No service
No water source or unimproved source.

W.1. = Unimproved source or no drinking water source³⁴

³³ The answer "Don't know" is considered as a "No" for the calculation.

³⁴ The answer "Other" is considered as "Unimproved" for the calculation.

3.3.8 Sanitation

The service ladder for sanitation is shown in the table below.



Sanitation	Calculation
Advanced service To be defined at national level	No calculation
Basic service Improved facilities, which are sex-separated and usable at the school.	S.1. = Improved facilities AND S.2. ≥ 1 AND S.3. = Yes
Limited service There are improved facilities (flush/pour flush, pit latrine with slab, composting toilet) but not sex-separated or not usable.	S.1. = Improved facilities AND S.2. = 0 OR S.1. = Improved facilities AND S.3. = No ³⁵
No service No toilets or latrines, or unimproved facilities.	S.1. = Unimproved ³⁶ OR S.1. = No toilet ³⁶

3.3.9 Hygiene

The service ladder for hand hygiene is shown in the table below.



Hand hygiene	Calculation
Advanced service To be defined at national level	No calculation
Basic service Handwashing facility with water and soap available to students	H.1. = Yes AND H.2. = Yes, water and soap
Limited service Handwashing facility with water but no soap	H.1. = Yes AND H.2. = No, water only
No service No handwashing facilities at the school or handwashing facilities with no water	H.1. = No ³⁷

³⁵ The answer "Don't know" is considered as a "No" for the calculation.

³⁶ The answer "Other" is considered as a "Unimproved" for the calculation.

³⁷ The answer "Don't know" is considered as a "No" for the calculation.

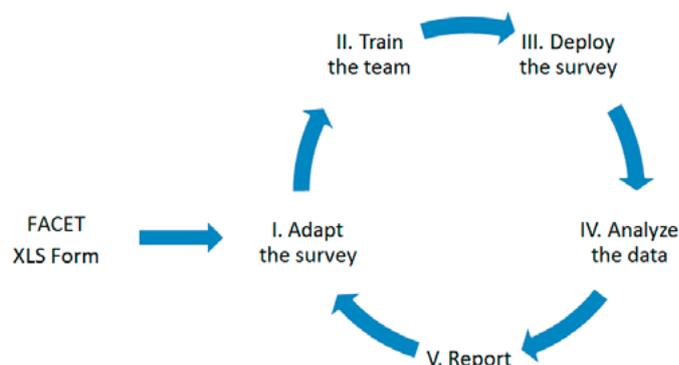
FACET Preparation Guidance

The following chapter gives an overview of the steps to be taken when planning a FACET survey. The planning stage and days of training are essential elements of doing a survey, and greatly influence the quality of the collected data. It is more cost effective to invest in adequate resources for the planning stage, rather than having to re-organise the survey process after it has begun, which can be time consuming and demotivating.

4.1 Overview

The FACET survey process can be summarised in five main steps:

- I. Adaptation and modification of the “generic” FACET form to the local context
- II. Training the team of enumerators
- III. Deployment of the field survey
- IV. Analysis of the collected data
- V. Reporting



For each of the above steps, FACET provides specific documentation, tools and templates, i.e. a comprehensive “project-cycle” package.

4.2 Preparation of the survey

Good planning enhances the efficient allocation and use of resources. It is necessary to involve health and education authorities in the surveys and to have written approval to do the surveys. Ideally, local authorities (e.g. the regional education/health director) should participate in the content review, itinerary organisation, enumerator training, survey implementation and results validation. Indeed, specific knowledge regarding the current local conditions and context is invaluable, and local government workers know best the pressing local issues and circumstances, and can be very supportive when planning the survey. In order to get an idea about the course of action for the survey, it is important to create a rough planning outline that leaves space for contingencies.

- Create a table that shows a course of action, including a short description of the activities, the time those will / should take place, as well as the responsible agencies / persons.³⁸
- Assemble a team of enumerators, ideally a mix of government staff and local and /or international NGO staff.
- Compile a detailed itinerary for the survey that shows which team will evaluate which facilities on what day. (The itinerary should be flexible to a certain extent in order to be adaptable to changing circumstances.)
- Collect contact information of the people in charge of the facilities and (if not identical) the interviewees.

³⁸ Weather and climatic conditions can strongly influence the accurateness of the survey. If possible, choose suitable seasons / time of year to enhance the implementation of the survey and the safety of the enumerators.

Activities	Period (2017)	Responsible
Preparatory technical adaptation of FACET survey to local circumstances (contextualisation)	1 st to 9 th July	Mr. / Ms. SAMPLE
Preparatory technical meeting (generation of additional FACET experts within a delegation in order to establish support on training days)	10 th and 11 th July	Mr. / Ms. SAMPLE
Preparation of education materials for the FACET	12 th to 16 th July	Mr. / Ms. SAMPLE
FACET instruction of the enumerators (two days minimum)	18 th to 19 th July	Mr. / Ms. SAMPLE
Mobile data collection with FACET	20 th to 21 st July 24 th and 25 th July	Number of survey teams employed
On- / Offline data verification and correction	19 th to 26 th July	Mr. / Ms. SAMPLE
Data management and processing	26 th to 28 th July	Mr. / Ms. SAMPLE
Data analysis and interpretation, as well as creation of the final report	24 th July to 4 th August	Mr. / Ms. SAMPLE
Submission of final report and presentation of results	4 th August	Mr. / Ms. SAMPLE

Table 3. Course of action of a survey (example)

Try to arrange the itinerary such that the facilities are in proximity to each other in order to maximise the number of surveys that can be accomplished in a day. Be sure to take into account not too tightly timing and arrange the schedule so that you can accomplish the work in your time plan. Rather create a low-key time schedule that allows to surpass expectations than the other way around. A suggestion as to how to accomplish the survey in the time allotted is to categorise the facilities into two priority levels. For instance, two facilities a day would be categorised as the first priority, leaving further facilities in the area as options (secondary priorities) to be surveyed if time permits.

4.3 Training the survey teams

Before the deployment of the survey, the enumerators must be trained adequately on FACET in order to fully understand its purpose and content, and to be at ease with using the application on a mobile device. The better the training, the better the enumerators will understand the application, the fewer misunderstandings and errors will take place, and, therefore, the better the quality of the collected data. The training in the classroom should be as interactive as possible, and include a field simulation whereby the enumerators perform the survey on a mobile device in an actual school or health facility setting without disrupting staff members, patients and/or students. All questions and responses should be discussed and clarified so that the enumerators feel comfortable interviewing respondents and observing conditions.

The time needed to adequately train the enumerator staff varies and strongly depends on the survey to be conducted (basic or expanded), group size and existing issue-related knowledge. In order to enhance smooth work in the field, it is better to train large groups over at least two days to allow time for the participants to process the information since repetition generally improves learning effects.³⁹ Additionally, it is better if the survey is done by the enumerators shortly after they have finished the training.

Training Content

Training should comprise three aspects: a) theoretical introduction and formation, b) a practical 'real-world' test that allows for a multifaceted learning experience, and c) a follow-up meeting to share experiences, compare results and make clarifications. Make sure to reserve sufficient time and not to rush the training. Some people are quick learners,

³⁹ Note: It is possible (yet not recommended for expanded surveys) to perform the instruction within one day. For example, theoretical instruction in the morning and a practical test and meeting again in the afternoon. This, however, strongly depends on the group size and existing knowledge of the enumerators, as well as on the instructing support, e.g. local health staff.

while others need more time, and some people have experience with surveys and /or are already familiar with new technologies, while others are not. Check the background of the enumerators, e.g. do they already have knowledge of health issues and WASH? Plan for a sufficient number of instructors and ensure that they are familiar with the content and the operating modes of FACET, and that adequate time and resources are allocated for the translation of materials, as well as for presentations and group discussions.

DAY 1	Activities	Tools	Responsible	Method
08h30 – 08h45	Introduction and presentation of the structure of the instruction day(s), introduction of responsible persons	PowerPoint Presentation (Projector)	Mr. / Ms. SAMPLE	Plenary
08h45 – 09h30	Presentation of the FACET context and origin	PowerPoint Presentation (Projector)	Mr. / Ms. SAMPLE	Plenary
09h30 – 09h45	Break			
09h45 – 10h15	Introduction to the general features and modes of action of the application	PowerPoint Presentation (Projector), Mobile devices	Mr. / Ms. SAMPLE	Plenary (practical exercise)
10h15 – 11h00	Review of the tool (questions & answers)	PowerPoint Presentation (Projector), Mobile devices	Mr. / Ms. SAMPLE	Plenary (practical exercise)
11h00 – 11h30	Coffee-break			
11h30 – 12h30	Continuation: Review of the tool (questions & answers)	PowerPoint Presentation (Projector), Mobile devices	Mr. / Ms. SAMPLE	Plenary (practical exercise)
12h30 – 14h00	Lunch break			
14h00 – 14h15	Summary of what was covered so far.		Mr. / Ms. SAMPLE	Plenary
14h15 – 15h15	Practical test in classroom; let the enumerators individually try out FACET and its features	Mobile devices	Mr. / Ms. SAMPLE	Plenary (practical exercise)
15h15 – 15h30	Break			
15h30 – 16h30	Discussion of new questions and of difficulties	Mobile devices	Mr. / Ms. SAMPLE	Plenary
16h30 – 17h00	Introduction and presentation of the structure of the practical instruction day(s)	PowerPoint Presentation (Projector),	Mr. / Ms. SAMPLE	Plenary (practical exercise)
Day 2	Activities	Tools	Responsible	Method
08h30 – 09h00	Presentation of the structure of the instruction day(s), introduction of responsible persons	PowerPoint Presentation (Projector)	Mr. / Ms. SAMPLE	Plenary
09h00 – 10h00	Relocation to school / health care facility #1 for practical test	Means of transport	Mr. / Ms. SAMPLE	
10h00 – 11h30	Practical test with FACET in school / health care facility #1	Mobile devices	Mr. / Ms. SAMPLE	Survey with Mobile devices in HCF
11h30 – 12h30	Lunch break			
12h30 – 13h15	Relocation to school / health care facility #2 for practical test	Means of transport	Mr. / Ms. SAMPLE	
13h15 – 14h30	Practical test with FACET in school / health care facility #2	Mobile devices	Mr. / Ms. SAMPLE	Survey with Mobile devices in HCF
14h30 – 15h30	Relocation to instruction facility for reassembling	Means of transport	Mr. / Ms. SAMPLE	
15h45 – 17h00	Discussion of new questions and difficulties. If possible, try to upload data and present a quick analysis (e.g. Kobo Toolbox)	Mobile devices	Mr. / Ms. SAMPLE	Plenary discussion

Table 4. Instruction days schedule (example)

It is important to create an environment that encourages the enumerators to ask questions. Even though discussions can be time consuming, they are an indispensable part of education and provide for allowing a better understanding of the various local circumstances. The better educated the enumerators are, the better the collected data. This will also facilitate the analysis of the data, since this is often performed by people not directly participating in the survey. Be aware that the enumerators often are confronted with information that is unfamiliar to them. Therefore, include short breaks to maintain motivation and attentiveness.

Recommendations for Trainers

As indicated above (cf. "Table 4" on instruction day's schedule), the training day(s) should encompass three phases:

(1) First, theoretical introduction of FACET, a general overview of its structure and the application. At best, all the enumerating teams would be equipped with a tablet or a smartphone so that they can simultaneously review the tool together in a plenary session. Go through the application question-by-question so that the enumerators thereby learn the application directly. Give them the possibility to ask questions to eliminate uncertainties and to become familiar with the correct use of the application. Try to go through all possible answer options. Some questions include a skip logic, which means that you will sometimes have to go back and forth to ensure that all possible options are discussed. Make certain that everyone is on the same page from time to time by repeating the questions and asking if there are any questions. Make sure that those people who are faster at learning do not hurry on ahead.

(2) Subsequently, a 'real-world test' is conducted. The enumerators should be divided into groups, and each group should visit a different HCF or school to simulate the situation in the field, while being accompanied by a supporting FACET expert who guarantees (technical) support. During these visits, each enumerator has to ask the questions and enter the answers. The participating FACET experts should only intervene if necessary, allowing the enumerators to make errors and face difficulties that can be discussed afterwards.

(3) Finally, as a follow up to the practical test, the teams should assemble again to discuss newly arisen questions and difficulties, as well as to compare the test results. In case the enumerators have difficulties, guarantee that (technical) support is at hand (e.g. give out the phone number of an expert who can be called).

4.4 On the day of the survey

Make sure that the interviewees are informed what day and time to arrive at the facility. It is important that, if existing, an annual or monthly report is at hand at the time of the survey to allow for the easy gathering of data on general information (i.e. number of staff and of male and female patients, etc.). Be sure to have informed the people in charge twice that the survey will take part. In the planning stage, ask the staff of the selected facilities if they are willing to participate in the survey and what day/time would be suitable for them. This enhances the possibility that the manager or another knowledgeable person is present when the survey takes place and that the monthly reports will be available. Because circumstances can change quickly, inform the facility staff again before the survey visit when it will take place to make sure the manager/knowledgeable person will be present at that time at the facility. Be sure to do this according to the country's practices; sometimes, it is necessary to inform the staff two or three days in advance, while in other countries more advance time is appropriate.

Arriving at a facility

When arriving at a facility, provide the following information to the interviewees:

- A short introduction of the enumerators
- Explain the context of the survey
- Inform the interviewees how much time the survey will take:
 - Basic : ca. 25mins
 - Expanded : ca. 45 – 60mins
- Ask for an annual or monthly report in order to gather data on general information (i.e. number of staff, number of patient consultations, school attendance, etc.)
- Start the survey
- As the enumerators gain experience, and if the teams are composed of two enumerators, the tasks can be split up. For example, one enumerator can start the survey, while the other walks through the facility to check on water supply services, the condition of toilets, handwashing facilities, etc.

5.1 Annex 1. Expanded questions – WASH in HCF

Expanded questions: Water

The expanded list of water questions comprises nine questions, some of which are divided into sub-questions. The questions will only appear if the Expanded survey mode is chosen by the FACET user in the beginning. The answers to these questions are not relevant for the final water score.

Secondary water source			
W.4.	If water is not available from the main source, is water available from an alternative source at this time?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Confirm that water is available from an alternative source at the time of the survey, e.g. check that taps or hand pumps deliver water. The availability of water from off-premise sources may be reported.
Water quality			
W.5.1.a.	Is the DRINKING WATER being treated onsite?	<ul style="list-style-type: none"> • Yes • No • Do not know 	
W.5.1.b.	What method is used to treat the DRINKING WATER onsite?	<ul style="list-style-type: none"> • By boiling • By chemical disinfection (e.g. chlorination) • By coarse filtration (ceramic or sand filter) • By membrane filtration (e.g. reverse osmosis) • By UV • Other 	 Select all answers that apply.
W.5.2.a.	Is the water used for MEDICAL ACTIVITIES being treated onsite?	<ul style="list-style-type: none"> • Yes • No • Do not know 	
W.5.2.b.	What method is used to treat the water used for MEDICAL activities onsite?	<ul style="list-style-type: none"> • By boiling • By chemical disinfection (e.g. chlorination) • By coarse filtration (ceramic or sand filter) • By membrane filtration (e.g. reverse osmosis) • By UV • Other 	 Select all answers that apply.
 If possible, ask the interviewee to show you the respective water treatment method.			
Seasonal water shortage			
W.6.	Is there routinely a TIME OF THE YEAR when the facility has a severe shortage or lack of water?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 A severe shortage is when there is no water available for more than one day in a row or several days in a month, e.g. during the dry season.



To be considered available, water must be available from a piped water system or safely stored in a covered container with a tap, and it must be available to staff, patients and caregivers EACH DAY OF THE YEAR.

Daily water shortage			
W.7.	Is there routinely a TIME OF THE DAY when the facility has a severe shortage or lack of water?	<ul style="list-style-type: none"> • Yes • No • Do not know 	A severe shortage is when there is no water available for several hours each day, e.g. due to load shedding, shortage of electricity, etc.



To be considered available, the water must also be available to staff, patients and caregivers anytime of the DAY.

Water storage capacity			
W.8. (Observation)	How much functional water storage capacity is available on the facility premises in litres? Enter the total volume (litres) :	(enter number)	Enter the combined total volume of all the functional water storage tanks on the site of the health facility. If there are no storage tanks, enter „0“. (Do not include non-functional storage tanks.) This includes water towers and storage tanks in various wards on the premises



If possible, check the functionality of the water tanks.

Water quantity			
W.9.	Is there sufficient water quantity: <ul style="list-style-type: none"> • For drinking? • For food preparation? • For personal hygiene (hand-washing & showering)? • For medical activities? • For cleaning? • For laundry? 	<ul style="list-style-type: none"> • Yes • No 	



This question is to be answered in a matrix format. Choose for each purpose/activity the corresponding answer (“Yes” or “No”).



If the facility does not provide any food preparation, choose “No” and pay attention to this when analysing the data.

Seasonal water shortage			
W.10.	Does the water quality meet WHO guideline values for residual chlorine presence?	<ul style="list-style-type: none"> • Yes (tested) • No (tested) • Tested, no results/results pending • Not tested • Don't know 	WHO guidelines for free chlorine residual in drinking water at point of delivery states a minimum of 0.2 mg/L and a maximum of 1.0 mg/L. The minimum value may be increased during emergencies (i.e. cholera outbreaks) to 0.5mg/L. Ask to see records of testing for purposes of quality assurance. If testing is done on site, take a sample at point of delivery ask staff to demonstrate how to measure chlorine.
W.10.a.	What is the result of the test for residual chlorine (if test performed) in mg/L?	(enter number)	Enter „9999“ for „unknown“

W.10.b.	Who conducted the water quality test for residual chlorine?	<ul style="list-style-type: none"> • Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other (Specify)
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W.10.c	Date of most recent test.	(enter date)
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 This section is concerned with water quality tests and the presence of residual chlorine, E.coli, and Arsenic. For each factor, a separate question is asked. You can speed up your survey by initially asking if there has ever been a water quality test, while then choosing the right answer for each factor.

 Verify that the enumerators choose the right answer. Field experience shows that often there exists a misunderstanding between “Not tested” and “No” (tested) (= Tested, but does NOT meet standard).

E.coli testing

W.11.	Does the water quality meet WHO guideline values for the presence of E.coli? (Not detectable in a 100 ml sample).	<ul style="list-style-type: none"> • Yes (tested) • No (tested) • Tested, no results/results pending • Not tested • Don't know 	 WHO guidelines recommend a standard of no detectable E.coli (or thermotolerant coliform) bacteria in any 100-mL sample of drinking water.
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 Verify that the enumerators choose the right answer. Field experience shows that often there exists a misunderstanding between “Not tested” and “No” (tested) (= Tested, but does NOT meet standard).

W.11.a.	What is the result of the test for E.coli (if test performed) in FCU/ml?	(enter number)	 Enter „9999” for „unknown”
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W.11.b.	Who conducted the water quality test for E.coli?	<ul style="list-style-type: none"> • Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other (Specify)
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W.11.c.	Date of most recent test.	(enter date)
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Arsenic testing

W.12.	Does the water quality meet WHO guideline values for the presence of Arsenic?	<ul style="list-style-type: none"> • Yes (tested) • No (tested) • Tested, no results/results pending • Not tested • Don't know 	 WHO guidelines on water quality recommend a standard of maximum arsenic level of 0.01mg/L. Ask to see the records for quality assurance.
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 Verify that the enumerators choose the right answer. Field-experience shows that often there exists a misunderstanding between “Not tested” and “No” (tested) (= Tested, but does NOT meet standard).

W.12.a.	What is the result of the test for Arsenic level (if test performed) in mg/l?	(enter number)	 Enter „9999” for „unknown”
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W.12.b.	Who conducted the water quality test for Arsenic?	<ul style="list-style-type: none"> • Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other (Specify)
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W.12.c.	Date of most recent test.	(enter date)
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Expanded questions: Sanitation

The expanded list of sanitation questions consists of 10 questions, which are divided into sub-questions. The questions will only appear if the Expanded survey mode is initially chosen by the FACET user. The answers to these questions have no influence on the final sanitation score.

Toilet cleanliness			
S.5. (Observation)	Are toilets visibly clean?	<ul style="list-style-type: none"> • Clean • Somewhat clean • Not clean 	 As possible, inspect several toilets. CLEAN: no faecal matter, blood or body substances that could pose a human health risk inside the toilet structure; no strong smell or significant presence of flies, mosquitoes, trash or dirt on the floor, walls, seat (or pan) or around the structure. SOMEWHAT CLEAN: some smell and/or trace signs of faecal matter in the toilet pan, minor presence of dirt inside the toilet structure. NOT CLEAN: there is presence of faecal matter, blood and or body fluids inside the toilet structure; a strong smell and/or presence of flies.

 Emphasize that the enumerators themselves are checking the state of the toilets through observation.

Toilet cleaning habit			
S.6.a.	How frequently are toilets cleaned?	<ul style="list-style-type: none"> • More than once a day • Once per day • Less than once per day • Never • Do not know 	
S.6.b	What is used to clean the toilets?	<ul style="list-style-type: none"> • Water and disinfectant • Water and detergent • Water, detergent and disinfectant • Water only • Sweeping only • Don't know 	

Toilet lighting			
S7. (Observation)	Do the toilets have adequate light, including at night?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 There should be sufficient general or overhead light to see all areas within the toilet stall at night, as well as in areas that users use to travel to and from the toilets, particularly if they are not located within the health facility (e.g. if outside the premises). Verify that the lighting is functional.

 Emphasize that the enumerators themselves are checking if the light is properly functioning.

Toilet distance to consultation			
S.8. (Observation)	Are toilets available no more than 30 metres from consultation rooms?	<ul style="list-style-type: none"> • Yes, no more than 30 metres from consultation rooms • No • Unable to observe / Do not know 	 This question refers to improved, usable toilets.

 The enumerators can check by taking approximately 30 steps.

Toilet types			
S.9.a	What type of faecal waste containment system exists?	<ul style="list-style-type: none"> • Sewerage • Septic tank • Double pit • Single pit • Ecosan / Composting • Other • Do not know • None 	 Select all answers that apply.
S.9.a.1	How is the faecal waste in the sewerage system managed?	<ul style="list-style-type: none"> • Sewerage system (Municipal) • Sewerage system (Small scale on-site sanitation system) • Other • Do not know 	 This question refers to improved toilets.
S.9.b.1 (Observation)	What is the condition of the faecal waste management sewerage system on the day of the survey?	<ul style="list-style-type: none"> • Functional sewerage system • Non-functional sewerage system • Other • Do not know 	 This question refers to improved toilets.
S.9.a.2	How is the faecal waste in the septic tank system managed?	<ul style="list-style-type: none"> • Septic tank: emptying with safely managed disposal technology / service / practice • Septic tank: emptying with unsafe / risky disposal technology / practice • Other • Do not know 	 This question refers to improved toilets. "Safely managed" includes safe emptying and burial and storage, and / or delivery to a managed treatment facility or disposal at wastewater treatment plant with secondary treatment.
S.9.b.2 (Observation)	What is the condition of the faecal waste management septic tank system on the day of the survey?	<ul style="list-style-type: none"> • Septic tank not yet full (> 0.5 m below the surface) • Septic tank contents are full (< 0.5 m below the surface) • Other • Do not know 	 This question refers to improved toilets. "Safely managed" includes safe emptying and burial and storage, and / or delivery to a managed treatment facility or disposal at wastewater treatment plant with secondary treatment
S.9.a.3	How is the faecal waste in the single pit system managed?	<ul style="list-style-type: none"> • Single pit: On-site storage in pit latrine and abandoned when full • Single pit: On-site storage in pit latrine with safely managed disposal technology / service / practice • Single pit: On-site storage in pit latrine and informal / unsafely managed emptying • Other • Do not know 	 This question refers to improved toilets. "Safely managed" includes safe emptying and burial and storage, and / or delivery to a managed treatment facility or disposal at wastewater treatment plant with secondary treatment.

S.9.b.3 (Observation)	What is the condition of the faecal waste management septic tank system on the day of the survey?	<ul style="list-style-type: none"> • Single pit not yet full (> 0.5 m below the surface) • Single pit contents are full (< 0.5 m below the surface) • Other • Do not know 	 This question refers to improved toilets. “Safely managed” includes safe emptying and burial and storage, and / or delivery to a managed treatment facility or disposal at wastewater treatment plant with secondary treatment.
S.9.a.4	How is the faecal waste in the double pit system managed?	<ul style="list-style-type: none"> • Double pit latrine: correct alternating practice and emptying and disposal after more than 24-month retention time • Double pit latrine: incorrect alternating practice and / or emptying and disposal after less than 24-month retention time • Other • Do not know 	 This question refers to improved toilets. “Correct alternating” of double pit latrine means that the hole of one pit is sealed (with cement). If both pits are open and / or in use, the practice is incorrect.
S.9.b.4 (Observation)	What is the condition of the faecal waste management double pit system on the day of the survey?	<ul style="list-style-type: none"> • Double Pit Latrine: correct alternating of pits and pit in use is not yet full (> 50cm below the surface) • Double Pit Latrine: incorrect alternating of pits and / or pit contents are full (< 50cm below the surface) • Other • Do not know 	 This question refers to improved toilets. “Correct alternating” of double pit latrine means that the hole of one pit is sealed (with cement). If both pits are open and / or in use, the practice is incorrect.
S.9.a.5	How is the faecal waste in the Ecosan / Composting system managed?	<ul style="list-style-type: none"> • Ecosan / composting latrine: correct alternating practice and emptying and disposal after more than 24-month retention time, no water in the pit and organic covering material present • Ecosan / composting latrine: incorrect alternating practice and / or emptying and disposal after less than 24-month retention time, water present in the pit and / or no organic covering material present • Other • Do not know 	 This question refers to improved toilets. “Correct alternating” of double pit latrine means that the hole of one pit is sealed (with cement). If both pits are open and / or in use, the practice is incorrect.
S.9.b.5 (Observation)	What is the condition of the faecal waste management in the Ecosan / Composting system on the day of the survey?	<ul style="list-style-type: none"> • Ecosan / composting latrine: correct alternating of pits and pit in use is not yet full (> 0.5 m below the surface) • Ecosan / composting latrine: incorrect alternating of pits and / or pit contents are full (< 0.5 m below the surface), water present in the pit and / or absence of organic covering material • Other • Do not know 	 This question refers to improved toilets. “Correct alternating” of double pit latrine means that the hole of one pit is sealed (with cement). If both pits are open and / or in use, the practice is incorrect.

S.9.a.6

How is the faecal waste in the other systems managed?

- Sewerage system (Municipal)
- Sewerage system (Small scale on-site sanitation system)
- Septic tank: emptying with safely managed disposal technology / service / practice
- Septic tank emptying with unsafe / risky disposal technology / practice
- Double pit latrine: correct alternating practice and emptying and disposal after more than 24-month retention time
- Double pit latrine: incorrect alternating practice and/or emptying and disposal after less than 24-month retention time
- Ecosan / composting latrine: correct alternating practice and emptying and disposal after more than 24-month retention time, no water in the pit and organic covering material present
- Ecosan / composting latrine: incorrect alternating practice and / or emptying and disposal after less than 24-month retention time, water present in the pit and / or no organic covering material present
- Single pit: On-site storage in pit latrine and abandoned when full
- Single pit: On-site storage in pit latrine with safely managed disposal technology / service / practice
- Single pit: On-site storage in pit latrine and informal / unsafely managed emptying
- Other
- Do not know



This question refers to improved toilets.

“Safely managed” includes safe emptying and burial and storage, and/or delivery to a managed treatment facility or disposal at wastewater treatment plant with secondary treatment.

S.9.b.6 (Observation)	What is the condition of the faecal waste management in other systems on the day of the survey?	<ul style="list-style-type: none"> • Functional sewerage system • Non-functional sewerage system • Septic tank not yet full (> 0.5 m below the surface) • Septic tank content full (< 0.5 m below the surface) • Single pit not yet full (> 0.5 m below the surface) • Single pit full (< 0.5 m below the surface) • Ecosan / composting latrine: correct alternating of pits and pit in use is not yet full (> 0.5 m below the surface) • Ecosan / composting latrine: incorrect alternating of pits and/or pit contents are full (< 0.5 m below the surface), water present in the pit and/or absence of organic covering material • Double Pit Latrine: correct alternating of pits and pit in use is not yet full (> 0.5 m below the surface), pit is dry and evidence of organic covering material • Double Pit Latrine: incorrect alternating of pits and/or pit contents are full (< 0.5 m below the surface) • Other • Do not know / impossible to observe 	 This question refers to improved toilets. “Correct alternating” of double pit latrine means that the hole of one pit is sealed (with cement). If both pits are open and / or in use the practice is incorrect.
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 Depending on the type of toilet chosen in the first question, a different set of two follow up questions will be asked.

 This question is a perfect example to demonstrate the skip logic inherent in FACET during instruction days. While training the enumerators, go back and forth in the questionnaire to show how different answer options are being displayed based on the respective answer previously chosen.

Stormwater			
S.10.a	Is the health facility in a flood prone area?	<ul style="list-style-type: none"> • Yes • No • Do not know 	
S.10.b.1	In the past year, has there been any flooding on the facility grounds?	<ul style="list-style-type: none"> • Yes • No • Do not know 	
S.10.b.2	Have past flooding events ever flooded the toilet blocks?	<ul style="list-style-type: none"> • Yes • No • Do not know 	
S.10.c.1 (Observation)	Does the facility have gutters (roof)?	<ul style="list-style-type: none"> • Yes • No • Do not know 	
S.10.c.2 (Observation)	Are the gutters (roof) functional?	<ul style="list-style-type: none"> • Yes • No • Do not know 	

S.10.c.3 (Observation)	Does the facility have drainage ditches for rainwater?	<ul style="list-style-type: none"> • Yes • No • Do not know 	
S.10.c.4 (Observation)	Are the drainage ditches for rain-water functional?	<ul style="list-style-type: none"> • Yes • No • Do not know 	

 Some areas are rather landslide areas. Make sure to adapt the survey to the predominating context.

Open defecation			
S.11. (Observation)	Is open defecation practiced in or near (within 15 meters) the health facility?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Tour the facility and verify that within the grounds and along the outer perimeter (15 meters around the facility) that there is no sign of open defecation-including flying toilets in plastic bags, or small mounds of earth covering an open defecation-site. If the facility perimeter has a wall, tour the inside grounds, and then walk around the outside of the wall (where feasible).

 Observation for this can start upon arriving at a HCF/school.

Toilet distance to ground water			
S.12. (Observation)	Is the distance between the toilets (and / or sanitation containment system) and a groundwater source at least 30m?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Careful: This concerns the distance between the sanitation installation and the drinking water point within the grounds of the health care facility, as well as other nearby water points – even outside the grounds of the facility.

 Be aware that this can vary accordingly from country to country. Make sure that the survey is being adapted appropriately.

Mosquito nets beds			
S.13. (Observation)	Are all beds in the health care facility equipped with mosquito nets?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Verify the beds in the Observation Ward.
Mosquito nets doors and windows			
S.14. (Observation)	Is the health facility equipped with mosquito netting on doors and windows?	<ul style="list-style-type: none"> • Yes, everywhere • Only some doors / windows have intact netting • No • Do not know 	

Expanded questions: Hand Hygiene

The expanded list of hand hygiene questions consists of six questions. The questions will only appear if the Expanded survey mode is initially chosen by the FACET user. The answer to these questions have no influence on the final hand hygiene score.

Regularity of cleaning floors and surfaces			
H.3.	How often are health care facility floors / surfaces cleaned?	<ul style="list-style-type: none"> • More than once a day • Once per day • Less than once per day • Do not know 	
Products for cleaning floors and surfaces			
H.4.	What is used to clean the floors / surfaces?	<ul style="list-style-type: none"> • Water and disinfectant • Water and detergent • Water only • Sweeping only • Do not know 	
<p> Ask if the interviewee / personal can show you the cleaning agents as well as tools, i.e. mops. Doing this might provide answers to the next questions (H.5. and H.6.) and they might not have to be asked.</p>			
Availability of cleaning products			
H.5. (Observation)	Are surface cleaning and disinfection products available (e.g. for floors, walls, equipment and beds)?	<ul style="list-style-type: none"> • Yes • Yes but not all • No • Do not know 	 Cleaning products are detergents; disinfection products are chlorine or crésyl.
<p> Ask if the interviewee / personnel can show you the cleaning agents when asking question H.4.</p> <p> Pay attention when visiting the toilets if cleaning agents and tools are visible.</p>			
Availability of cleaning tools			
H.6. (Observation)	Are surface cleaning and disinfection tools available?	<ul style="list-style-type: none"> • Yes • Yes but not all • No • Do not know 	 Cleaning tools: buckets, mops, brooms, toilet brushes and squeegees
<p> Ask if the interviewee / personal can show you the cleaning tools when asking question H.4.</p> <p> Pay attention when visiting the toilets if cleaning agents and tools are visible.</p>			

Cleanliness of treatment room			
H.7. (Observation)	Is the treatment room visibly clean?	<ul style="list-style-type: none"> • Clean • Somewhat clean • Not clean 	 "Clean" means with no excreta, bodily substances (blood, pus, vomit, etc.), or any other waste that could pose a human health risk.

 This does not concern the whole facility but only the treatment room!

Hygiene promotion			
H.8. (Observation)	Is there a hand hygiene promotion poster visible in the patient waiting area?	<ul style="list-style-type: none"> • Yes • No • Don't know 	
H.9.a.	Are all clinical staff trained in essential cleaning and infection prevention techniques?	<ul style="list-style-type: none"> • Yes • Yes but not all • No • Don't know 	 Clinical staff means all staff that is providing services directly to patients: nurse, midwife, doctor, etc.
H.9.b.	Are all non-clinical staff trained in essential cleaning and infection prevention techniques?	<ul style="list-style-type: none"> • Yes • Yes but not all • No • Don't know 	 Non-clinical staff means all staff that is indirectly providing services to patients: cleaners, cooks, etc.

Sterilisation apparatus			
H.10. (Observation)	Is there a functional sterilization apparatus?	<ul style="list-style-type: none"> • Yes, observed • Yes, reported but not observed • No • Don't know 	 Sterilization is a treatment process that completely eliminates all the microorganisms found on inanimate objects; e.g. an autoclave, chemical treatment, or a Poupinel dry heat sterilizer. If possible ask the staff to demonstrate that the sterilization apparatus is functional.

 If time allows, ask the staff for a quick demonstration.

Expanded questions: Health Care Waste

The expanded list of Health Care Waste questions consists of five questions. The questions will only appear if the Expanded survey mode is initially chosen by the FACET user. The answer to these questions have no influence on the final health care waste score.

State of incinerator			
M.3.b. (Observation)	Describe the state of the incinerators (simple or double chambered) on day of the visit:	<ul style="list-style-type: none"> • Functional, in good condition • Functional, small signs of normal wear and tear in the incinerator structure • Major signs of wear and tear or structural damage that compromises the functionality of the incinerator • Non functional • No Incinerator on premises • Do not know 	
Collection and transport of waste			
M.4.a. (Observation)	Is there a kit for collection and transporting wastes?	<ul style="list-style-type: none"> • Yes, complete kit • Yes, but incomplete kit • No • Do not know 	 A complete kit includes: 1) wheelbarrow, pull cart, or tricycle cart; and 2) the following tools: broom, pickaxe, rake and shovel.
M.4.b. (Observation)	Does at least one member of the staff have Personal Protection Equipment for collecting and transporting wastes?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 A complete Kit includes: overalls, gloves, mask, protective eye goggles, and boots.
Protected storage			
M.5	Are fenced and protected areas available for the storage of waste awaiting incineration and / or removal from the facility and for the disposal pits if applicable?	<ul style="list-style-type: none"> • Yes • No • Do not know 	
 Make sure that the enumerators have been taught what a well-protected storage area looks like during their training in order to ensure that they can answer this question properly.			
Littering			
M.6. (Observation)	Are the courtyard and the grounds of the health care facility free of trash on the ground?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Verify that the grounds within the perimeter of the facility are free of medical waste and trash.
General waste disposal			
M.7.	How is general (non-hazardous) waste treated or disposed of?	<ul style="list-style-type: none"> • Incinerated on site • Not treated, but buried in lined, protected pit • Not treated, but collected for waste disposal • Open burning • Open dumping • Other (specify) • Don't know 	

5.2 Annex 2. Expanded questions – WASH in Schools

Expanded questions: Water

The expanded list of water questions comprises nine questions, some of which are divided into sub-questions. The questions will only appear if the Expanded survey mode is chosen by the FACET user at the beginning. The answers to these questions are not relevant for the final water score.

Water availability			
XW.1.	In the previous two weeks, was drinking water from the main source available at the school throughout each school day?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Only respond „yes“ if water was available at all times during the school day for the previous two weeks. Respond „no“ if water was not available, at any time during any of the school days in the previous two weeks.
XW.2.	Is drinking water from the main source typically available throughout the school day?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Respond „no“ if the total time without water during the school year is more than 30 days.
Water accessibility			
XW.3.	Is drinking water accessible to those with limited mobility or vision?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 To be considered accessible, water can be accessed (directly from the source or from a storage container) via a clear path without stairs or steps that is free of obstructions and has age-appropriate handrails, the tap can be reached from a seated position, and the water source / dispenser can be opened / closed with minimal effort with one closed fist or feet.
XW.4.	Is drinking water accessible to the smallest children at the school?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 To be considered accessible, the water tap can be reached and easily opened / closed by the smallest children.
Number of drinking water points			
XW.5.	How many functional drinking water points (e.g. taps) are available at the school?	<ul style="list-style-type: none"> • (enter number) 	 Count the total number of drinking water points at the school for students that are functional at the time of the survey. This includes any point where children can get water to drink when needed. These could include, but are not limited to, piped taps, water fountains, jugs, water coolers, and buckets with taps, as well as protected wells or rainwater tanks if children get water directly from those sources. Please enter „9999“ for „Don't know“ and „0“ for none.

Water treatment			
XW.6.a.	Is the drinking water treated on-site?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 The water treatment equipment / supplies should be observed, if possible.
XW.6.b.	What treatment method is used?	<ul style="list-style-type: none"> • Filtration • Boiling • Chlorination • SODIS • Ultraviolet (UV) disinfection • Other 	
Water quality			
XW.7.	Does the water quality meet WHO guideline values for residual chlorine presence?	<ul style="list-style-type: none"> • Yes • Tested, no results • Not tested • No • Do not know 	 WHO guidelines for free chlorine residual in drinking water at point of delivery states a minimum of 0.2 mg/L and a maximum of 1.0 mg/L. The minimum value may be increased during emergencies (i.e. cholera outbreaks) to 0.5mg/L. Ask to see records of testing for purposes of quality assurance. If testing is done on site, take a sample at point of delivery ask staff to demonstrate how to measure chlorine.
XW.7.a.	What is the result of the test for residual chlorine (if test performed) in mg/L?	<ul style="list-style-type: none"> • (enter number) 	 Enter „9999“ for „unknown“.
XW.7.b.	Who conducted the water quality test for residual chlorine?	<ul style="list-style-type: none"> • Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other (Specify) 	
XW.7.c.	Date of most recent test.	(enter date)	
XW.8.	What is the result of the test for E. Coli (if test performed) in FCU/ml?	<ul style="list-style-type: none"> • Yes • Tested, no results • Not tested • No • Do not know 	 WHO guidelines recommend a standard of no detectable E.Coli (or thermotolerant coliform) bacteria in any 100-mL sample of drinking water.
XW.8.a.	What is the result of the test for E.Coli (if test performed) in FCU/ml?	<ul style="list-style-type: none"> • (enter number) 	Enter „9999“ for „unknown“
XW.8.b.	Who conducted the water quality test for E.Coli?	<ul style="list-style-type: none"> • Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other (Specify) 	

XW.8.c.	Date of most recent test.	<ul style="list-style-type: none"> • (enter date) 	 Enter „9999“ for „unknown“
XW.9.	Does the water quality meet WHO guideline values for the presence of Arsenic?	<ul style="list-style-type: none"> • Yes • Tested, no results • Not tested • No • Do not know 	 WHO guidelines on water quality recommend a standard of maximum Arsenic level of 0.01mg/L. Ask to see the records for quality assurance.
XW.9.a.	What is the result of the test for Arsenic level (if test performed) in mg/l?	<ul style="list-style-type: none"> • (enter number) 	 Enter „9999“ for „unknown“.
XW.9.b.	Who conducted the water quality test for Arsenic?	<ul style="list-style-type: none"> • Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other (Specify) 	
XW.9.c	Date of most recent test.	<ul style="list-style-type: none"> • (enter date) 	 Enter „9999“ for „unknown“
XW.10.	Does the water quality meet WHO guideline values for the presence of Lead?	<ul style="list-style-type: none"> • Yes • Tested, no results • Not tested • No • Do not know 	 WHO guidelines on water quality recommend a standard of maximum Lead level of 0.01mg/L. Ask to see the records for quality assurance.
XW.10.a.	What is the result of the test for Lead level (if test performed) in mg/l?	<ul style="list-style-type: none"> • (enter number) 	 Enter „9999“ for „unknown“
XW.10.b.	Who conducted the water quality test for Lead?	<ul style="list-style-type: none"> • Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other (Specify) 	
XW.10.c.	Date of most recent test.	<ul style="list-style-type: none"> • (enter date) 	 Enter „9999“ for „unknown“

Expanded questions: Sanitation

The expanded list of sanitation questions consists of twelve questions. The questions will only appear if the Expanded survey mode is initially chosen by the FACET user. The answers to these questions have no influence on the final sanitation score.

Hygiene equipment			
XS.1.	Is water and soap available in the girls' toilet cubicles for menstrual hygiene management (MHM)?	<ul style="list-style-type: none"> • Yes, water and soap • No, water only • No, no water 	 Check „yes“ if water and soap are available for: <ul style="list-style-type: none"> (i) discrete personal hygiene (hand and body washing), (ii) cleaning clothes / uniform, and (iii) washing reusable menstrual hygiene products (as applicable).
MHM waste			
XS.2.	Are there COVERED bins for disposal of menstrual hygiene materials in girls' toilets?	<ul style="list-style-type: none"> • Yes • No • Do not know 	
XS.3.	Are there disposal mechanisms for menstrual hygiene waste at the school?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Disposal mechanisms can include incineration or another safe method on-site, or safe storage and collection via a municipal waste system, as appropriate.“
Toilet cleaning & cleanliness			
XS.4.	How many times per week are the student toilets cleaned?	<ul style="list-style-type: none"> • At least once per day • 2 – 4 times a week • Once a week • Less than once per week 	
XS.5.	In general, how clean are the student toilets?	<ul style="list-style-type: none"> • Clean • Somewhat clean • Not clean 	 Visit as many of the student toilets as possible and then select the appropriate description based on your general impression and the following definitions. <p>CLEAN: all toilets are free of intense / strong smell or significant numbers of flies or mosquitos, and there are no visible faeces on the floor, walls, seat (or pan) or around the facility.</p> <p>SOMEWHAT CLEAN: there is some smell and / or some sign of faecal matter in some of the toilets.</p> <p>NOT CLEAN: there is a strong smell and / or presence of faecal matter in most toilets.</p>

Toilets & different user groups			
XS.6.	Is there at least one usable toilet / latrine that is accessible to the smallest children at the school?	<ul style="list-style-type: none"> • Yes, for all children (girls and boys if applicable) • Yes, but for boys only • Yes, but for girls only • No • Do not know 	 To be considered accessible, a toilet / latrine should be available and that can be used by the smallest children, which has a smaller toilet hole, a lower seat and a lower door handle.
XS.7.	Is there at least one usable toilet / latrine that is accessible to those with limited mobility or vision?	<ul style="list-style-type: none"> • Yes, for all children (girls and boys if applicable) • Yes, but for boys only • Yes, but for girls only • No • Do not know 	 To be considered accessible, the toilet / latrine should fulfill all the following conditions: <p>(i) it can be accessed via a clear path without stairs or steps that is free of obstructions and has age-appropriate handrails;</p> <p>(ii) there is enough space inside for a wheelchair user to enter, turn, close the door and park by the toilet (1.5 m²);</p> <p>(iii) the door is wide enough for a wheelchair (at least 80 cm) and opens outward with minimal or no difference in floor height between outside and inside;</p> <p>(iv) the door handle and seat are within reach of children using wheelchairs or crutches / sticks, including a fixed raised pan or movable raised toilet seat to accommodate children who may have difficulty squatting.</p>
Toilet locations			
XS.8.	Where are the student toilets located?	<ul style="list-style-type: none"> • Within school building • Outside building, but on -premise • Off-premise 	 If there are multiple locations, choose the most frequently used by students.
Toilet use habit			
XS.9.	How often are students permitted to use the school toilets / latrines?	<ul style="list-style-type: none"> • At all times during the school day • During specific times during the school day • There are no toilets available for use at school 	 If possible, ask this question directly to students.
Body cleansing material			
XS.10.	Are culturally appropriate anal cleansing materials currently available to all students?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Response should be based on the time of survey and should be observed if possible. In schools that have a multi-cultural student body, respond „yes“ only if materials are provided to suit the needs of all students.

Toilet lighting			
XS.11.	Is there functional lighting in the student toilets on the day of the survey/questionnaire?	<ul style="list-style-type: none"> • Functional lighting in all toilets • Functional lighting in some toilets (e.g. boys or girls toilets only if applicable) • None or not functional lighting only 	 Should be observed if possible.
XS.12.	Are latrines or septic tanks emptied (or safely covered) when full?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Respond „no“ if there are any latrines at the school that are currently too full to be used and the pit has not been emptied (or a new pit has not been dug and the full pit safely covered).

Expanded questions: Hand Hygiene and Hygiene

The expanded list of hand hygiene and hygiene questions consists of 12 questions, one of which is divided into sub-questions. The questions will only appear if the Expanded survey mode is initially chosen by the FACET user. The answers to these questions have no influence on the final hand hygiene score.

Handwashing			
XH.1.	Are there handwashing facilities accessible to those with limited mobility or vision?	<ul style="list-style-type: none"> • Yes, for all children (girls and boys if applicable) • Yes, but for boys only • Yes, but for girls only • No • Do not know 	 To be considered accessible, handwashing facilities can be accessed via a clear path without stairs or steps that is free of obstructions and has age-appropriate handrails, the tap and soap are reachable from a seated position and the tap can be operated by feet and/or one closed fist with minimal effort.
XH.2.	Are there handwashing facilities accessible to the smallest children in the school?	<ul style="list-style-type: none"> • Yes, for all children (girls and boys if applicable) • Yes, but for boys only • Yes, but for girls only • No • Do not know 	 To be considered accessible, the smallest children should be able to reach the tap and soap and be able to operate the tap on their own with minimal effort.
XH.3.	Where are handwashing facilities with water and soap located at the school?	<ul style="list-style-type: none"> • Toilets • Food preparation area • Food consumption area • Classrooms • School yard • Other 	 Mark all that apply. Only mark those areas where both water and soap are available at the time of the survey.
XH.4.a.	How many handwashing points are located at the school?	<ul style="list-style-type: none"> • (enter number) 	 Insert the total number of handwashing points (e.g. taps) that exist at the school at the time of the survey. Please enter „9999“ for „Do not know“ and „0“ for none

XH.4.b.	How many of those handwashing points are equipped with both soap AND water?	<ul style="list-style-type: none"> • (enter number) 	 Insert the total number of handwashing points (e.g. taps) that exist at the school at the time of the survey. Please enter „9999“ for „Don't know“ and „0“ for none.
XH.5.	How many times per week are group handwashing activities conducted for all students?	<ul style="list-style-type: none"> • At least once per day • 2 – 4 times a week • Once a week • Less than once per week • Semiannual / annual events only (e.g. World Handwashing Day) 	
MHM			
XH.6.	Which of the following provisions for menstrual hygiene management (MHM) are available at the school?	<ul style="list-style-type: none"> • Bathing areas • MHM materials (e.g. pads) • MHM education • None 	 Bathing areas are separate from latrines and toilets. They should at least: <p>(i) have water and soap;</p> <p>(ii) be private : have closable doors that lock from the inside and no holes, cracks, windows or low walls that would permit others to see in.</p> <p>Availability of MHM material may be via free distribution or for purchase.</p> <p>MHM education should be institutionalized (i.e. regularly taught in class or through a regular school program) to be considered as a response for this question.</p>
Waste management			
XH.7.	How is solid waste (garbage) from the school stored and collected?	<ul style="list-style-type: none"> • Collected by municipal waste system • Burned on premises • Buried and covered on premises • Openly dumped on premises • Techniques for recycling & reuse in practice 	
Bathing areas			
XHB.1.	How many bathing areas are available?	<ul style="list-style-type: none"> • (enter number) 	 To be considered available, water and soap must be currently available within bathing areas and the bathing areas should be private (i.e. have closable doors and no holes, cracks, windows or low walls that would permit others to see in). Please enter „9999“ for „Don't know“ and „0“ for none.

XHB.2.	Are there separate facilities or times for girls and boys to bathe?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 To be considered separate, the bathing areas should provide privacy from the opposite sex (i.e. have closable doors and no holes, cracks, windows or low walls that would permit others to see in).
XHB.3.	Are there separate facilities or times for students and residential staff to bathe?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 To be considered separate, the bathing areas should provide privacy from the opposite sex (i.e. have closable doors and no holes, cracks, windows or low walls that would permit others to see in).
XHB.4.	Are there at least one bathing area that is accessible for females with limited mobility and a separate one for males with limited mobility?	<ul style="list-style-type: none"> • Yes • No • Do not know 	 Answer „yes“ only if there are separate disability accessible bathing areas or times for males and females
Hot water (availability)			
XHB.5.	Is there hot water available in the student bathing areas?	<ul style="list-style-type: none"> • Always • Sometimes • Never 	

5.3 Annex 3. FACET Report Template

Title sheet (max. 1 page)

-- The title sheet contains: (1) the organisation's logo at the top, (2) the main title and a (3) sub-title indicating the scope of the study, i.e. the number of facilities surveyed as well as the country where the study was conducted, (4) the method / tool used to generate the findings, (5) a description in more detail of the regions/locations where the survey was done, and (6) state the month and year of the reports' submission. --

PAGEBREAK

Abstract (max. 1 page)

-- The abstract is a summary of the report. Its aim is to convey the most important features and findings of the study. It contains only general information, does not discuss the detailed results, and covers only material that is in the report.

Structure: The abstract: (1) introduces the report, the scope and the aim, as well as the participants of the study, (2) a short description of the FACET tool, its evaluation method and grading system, (3) a short presentation of the results regarding the global service level, and (4) the presentation of the results concerning the service levels of the different areas evaluated (water, sanitation, hygiene, and waste management). If abbreviations are used in the abstract, they initially have to be fully written out, and the abbreviations have to be indicated in brackets. Please indicate abbreviations in the abstract only if they are used more than once. --

PAGEBREAK

Table of content, list of figures and tables

-- This chapter contains a table of contents followed by a list of figures, as well as a list of tables. You can generate this list automatically using format specifications (see <https://support.office.com/en-us/article/Create-a-table-of-contents-5eaadd8f-efa5-4791-84ba-746383b97ecb> for instructions). --

PAGEBREAK

Abbreviations

-- This chapter contains a list of abbreviations used in the report. The first time an expression or a name is used it must be fully written out, and its abbreviation indicated in brackets. Subsequently, only abbreviations are to be used. Note that abbreviations used in the abstract have to be reintroduced the first time they are written in the report. --

PAGEBREAK

1 Introduction: Context & Objective(s) (max. 2 pages)

-- The introductory chapter gives an overview of the context in which the study was performed, as well as defines its general and specific objective(s). Usually, every main chapter has an introduction, a short explanation of the content and/or the structure to prepare the reader. The report is comprised of six main chapters: (1) Introduction, (2) Methodology, (3) Results, (4) Summary, (5) Recommendations, and (6) Annex. Always insert a page break for a new main chapter, as well as after the title sheet, the abstract, the lists of content and the abbreviation explanations (see 'page layout'). --

1.1 Context

-- This subchapter introduces the context in which the study takes place and the reasons for it, and its general activities. This might be complemented with information regarding the partnerships that are/were important for the survey and/or the organisation's work in general. In addition, the activities of the health team of the organisation is explained (health teams usually lead the FACET WIH surveys). This is followed by an explanation why and in what way WASH as a programme/strategy is in line with the strategy/goals of the organisation and of the health team, i.e. how WASH benefits their work. Then, information should be provided about how FACET supports the work of the health team and of the organisation. Try to be as short and as concise as possible. --

1.2 General objective(s)

-- This subchapter gives a quick overview of the main goals of the survey, i.e. to ascertain the presence and conditions of WASH delivery services. --

1.3 Specific objective(s)

-- This subchapter defines the specific goals of the survey. --

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2 Methodology (6 to 7 pages)

-- This chapter explains the methodology that led to the survey results, and should be instructive with respect to the general and specific objective(s) outlined above. --

2.1 Description of the « FACET WIH » evaluation tool

-- This subchapter explains the origin and the composition and mode of action of the survey tool applied for the quantitative study and how it calculates the service levels (FACET WIH). --

2.2 Scope of the study

-- This subchapter clarifies the scope of the study, i.e. elucidates where and in what type of facilities the study was conducted. --

2.3 Random sample methodology of the FACET survey in InsertTargetCountry

-- This subchapter explains the composition of the sample where the survey was conducted and on what basis the selection was made, e.g. explicates the random sample methodology/formula (in case only a selection of possible facilities has been made). It is completed with a clearly arranged table of the sample. --

Administrative level	Total amount of HCF	Amount of HCF surveyed	Of which are outpatient facilities	Of which are inpatient facilities	Amount of enumerators
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2.4 Course of action of the study

-- This subchapter contains a description of the different steps and mentions the responsible person(s) for each step, and the time frame and course of action of the study. It is completed with a clearly arranged table of the sample, as well as a graphic showing the locations of the facilities. --

2.5 Tools and technology used for data collection

-- This subchapter contains a description of the tools and technology used for the data collection. --

2.6 Recruitment and formation of the enumerators

-- This subchapter contains a description of how the enumerating staff is recruited, whether they had previous experience and how the training was structured. It is completed with a clearly arranged table of the structure of the composition of the enumerators (e.g. education, background knowledge on WASH issues,...). --

2.7 Organisation of the field work

-- This subchapter contains a description of how the field work was organised.--

2.8 Data processing and analysis

-- This subchapter contains a description of how the data was processed and subsequently analysed. --

2.9 Limitations of the study and difficulties encountered

-- This subchapter mentions possible study limitations and difficulties that were encountered during the planning and execution of the survey. --

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3 Results (8 to 10 pages, 2-3 pages for each subchapter)

-- This chapter presents the results for each domain evaluated (water, sanitation, hand hygiene, and solid waste management (HCF). It is introduced with a short general description of the chapters' as well as the sub-chapters' structures.

Be aware that presenting results usually is a tricky venture. Try to use varying but concise expressions and to avoid repetition in order to keep the readers' interest. Graphics can help people to understand the results and facilitate the reading flow. On the other hand, do not overload the report with too many graphics. Always insert the table how the service levels are weighted /calculated in sub-chapter (2) and the figure that shows the service level results in sub-chapter (3). Make sure that the graphics are identical in size and that the labels are readable, and try to avoid loud colours. If, for example, a particular indicator significantly affected the outcome of a service level and deserves special attention or additional information, it can be appropriate to add extra graphics to describe this.

Additionally, if, for example, the present survey has found striking differences between certain geographical regions or different types of HCF, you should think about creating different sub-chapters that allow you to separately describe the various results. To this end, it could be helpful to create separate graphics to visually underline striking differences. If there is not enough space, move the graphics to the annex and insert a cross-reference. --

The structure of the sub-chapters should be identical and organised as follows:

3.1 Water

(1) The introduction defines the content of the subchapter and on what basis the results were calculated, i.e. which indicators affected the calculation of the service levels.

3.2 Calculation of the water supply service level

(2) The first sub-chapter represents the theoretical foundation of the results and defines the indicators in detail as well as their weighting, i.e. explains how they affect the final calculation of the service levels (including a corresponding table).

3.3 Detailed results of the water supply service level

(3) The second sub-chapter presents the 'practical' results, i.e. the service level of the evaluated facilities for the domain assessed followed by a presentation of the results of each indicator affecting the calculation of the service levels.

3.4 Additional results of the water supply expanded section

(4) Subsequently, if the extended version of FACET WIH has been carried out, these results can be presented in a subchapter 'additional information'.

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4 Summary: Overall situation (max. 2 pages)

-- This summarises the results of the three (or four) domains evaluated and is structured chronologically according to the report's logic. Generally, the summary chapter repeats in brief the overall results of the different service levels, as well as of the essential indicators that affect their calculation (you can literally copy-paste the most important parts). In doing so, it points out the most significant findings of the study. Each section on a domain is introduced with a conclusive catchphrase, followed by the indicator's results that justify it. Extraordinary or meaningful results from the expanded section are only mentioned if they (strongly) relativize certain results when taken into consideration. The chapter closes with the results of the overall situation, i.e. the global service level. Aside from the global perspective, the summary does not contain any information that has not already been mentioned in the previous chapters. In doing so, a coherent basis is established for the last chapter, i.e. the recommendations. --

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5 Recommendations

-- The recommendations for further actions are based on the findings and conclusions. They should be arranged according to their priority. --

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6 Annex

-- The annex contains cross-referenced or additional information, such as supplementary facts and figures. The annex is also the place for graphs for different regions or health facilities and graphs that show results. --

FACET – WIH Aide-memoire: Definitions



An **improved water source** is defined as one that, by nature of its construction or through active intervention, is likely to be protected from outside contamination, in particular from contamination with faecal matter.

Improved water sources

Piped water into/onto facility premises
 Protected dug wells
 Protected springs
 Tube well/boreholes
 Bottled water
 Safe rainwater collection & storage

Unimproved water sources

Unprotected dug wells
 Unprotected springs
 Surface water (River, reservoir, lake, pond, stream, canal, irrigation channels)
 Unsafe rainwater collection & storage

→ Check out if the water source corresponds to an improved type and if the water source is available as well as the distribution systems are functional/properly working!



An **improved sanitation** facility is defined as one that hygienically separates human excreta from human contact and offers a private space with adequate hygienic conditions.

→ Check out if the toilets correspond to the types of improved facilities and if they are accessible (open) and the installations properly working as well as if they meet the requirements of the different groups (women, people with reduced mobility, staff).

Improved toilets are separately available for patients (separate toilets for women and men) and staff. The toilets for patients correspond to the needs of people with reduced mobility and those for women offer suitable installations and materials for menstrual hygiene management.

Improved toilets

Flush/Pour-flush toilets INTO sewer systems or septic tank
 Ventilated improved pit (VIP) latrines
 Pit latrines WITH slab
 Urine Diverting Dry Toilets (UDDT)
 Composting toilets (Ecosan)

Unimproved toilets

Flush/pour flush to elsewhere
 Hanging toilets/latrines
 Pit latrines WITHOUT slab
 Bucket latrines

The **facilities must be usable**: In order to be considered usable, a toilet must be **accessible, functional and should provide sufficient privacy** for the users.

In a **functional toilet** the hole or pit should not be blocked, water should be available for flush/pour flush toilets, and there should be no cracks, or leaks in the toilet structure.

In order to provide **sufficient privacy**, the toilet stall should have walls without major holes, a door which is unlocked when not in use (or for which a key is available at any time) and which can be locked from the inside during use.



A **basic hand hygiene service** is at hand if the equipment for adequate hand hygiene, i.e. **soap and water** with a basin/pan for washing hands or an alcohol-based hand rub are **available at the point of care and within 5m from the toilets**.

→ Check out if **water and soap (or alcohol-based solution)** are available at the point of care and **within 5m from the toilets** and if the **handwashing stations are properly working**.



A **safe waste management** is guaranteed if **at least three labelled** (written, signs, colours) **waste bins with lids** are available that are **appropriate to the type of waste** they contain and if the **waste is being separated accordingly** as well as if **infectious and sharps waste are being safely disposed**.

→ Check out if the bins are present and closable (lid)! Open the bins and check whether the waste is really being separated (only containing waste corresponding to its label) and are no more than 75% full! And check how the waste is finally disposed!

➤ At the end of each day:

- ✓ Make sure that the smartphone/tablet is being fully charged every day
- ✓ Upload the data as soon as an internet connection is available: (1) Open the application ODK Collect → (2) Click on 'Send Finalized Form' → (3) Choose 'Select All' → (4) Click on 'Send Selected'

⇒ Be aware that **GPS coordinates can only be accessed outside of a building and loading the GPS location can take a few minutes!**