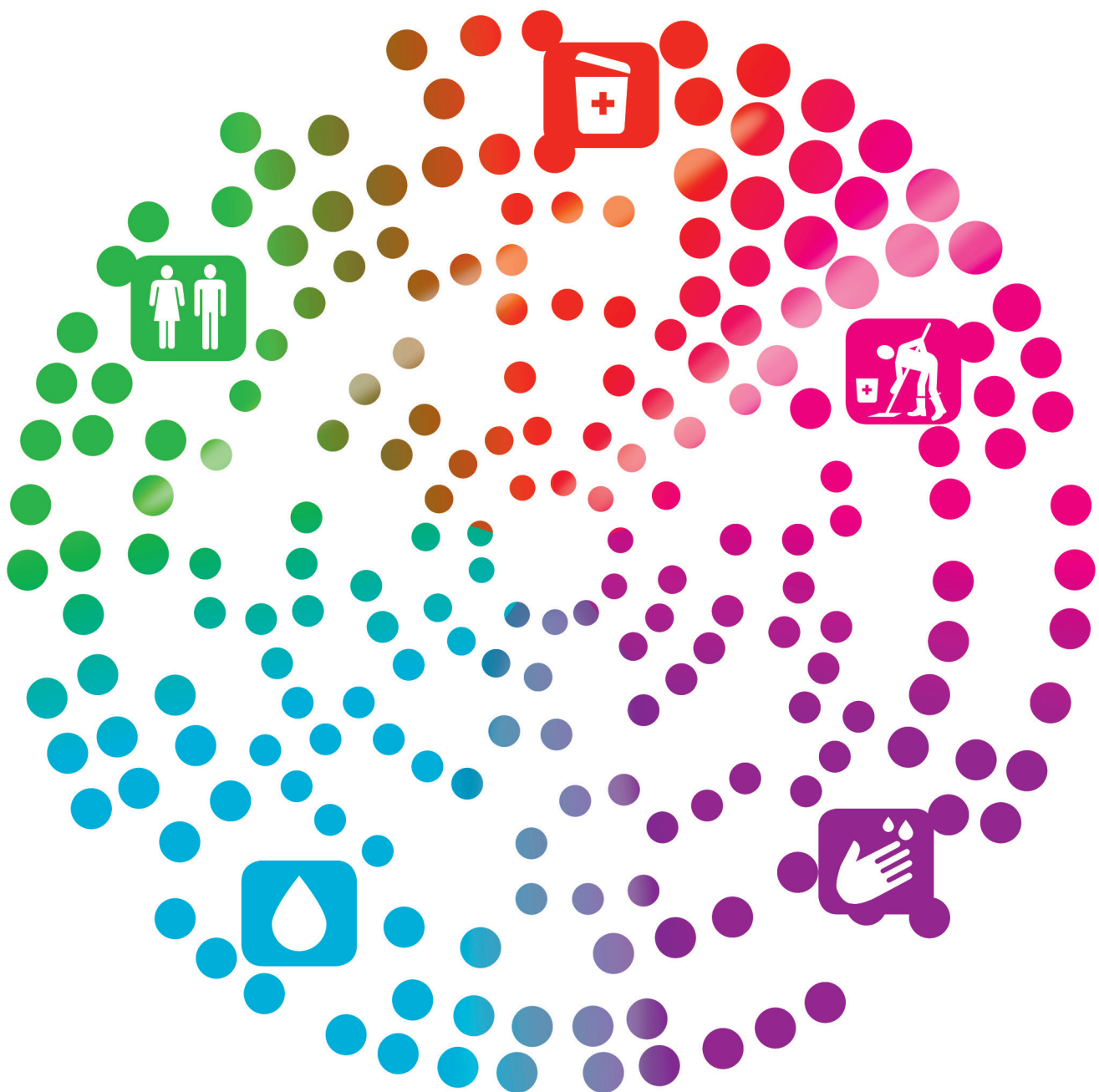# MANUAL

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

Acknowledgements

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List of Acronyms

ABHR	Alcohol-based hand rub
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
FCU	Faecal coliform units
GPS	Global Positioning System
GSA	General service area
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
PLM	People with limited mobility
PRM	People with reduced mobility
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
SODIS	Solar water disinfection
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
URL	Uniform Resource Locator
UV	Ultraviolet
VIP	Ventilated improved pit latrines
WASH	Water, sanitation & hygiene
WHO	World Health Organization
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 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) and the Swiss Agency for Development and Cooperation (SDC), 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

Sylvain Fournier
Directeur adjoint des Opérations en charge des Programmes
et de l'Expertise
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 three separate sub-chapters the predesigned content and operating principles of the core questions of the FACET survey for health care facilities (in general service areas and in delivery rooms) 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

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 recently published comprehensive reports by WHO and UNICEF gathered data on WASH in HCF and schools on a global level from national surveys. An estimated 896 million people use HCF with no water service and 1.5 billion use HCF with no sanitation service. It is likely that many more people are served by HCF lacking hand hygiene facilities and safe waste management. As a consequence, hundreds of millions of people face an increased risk of infection by seeking HCF that lack basic necessities, including water, sanitation, hygiene, health care waste management and cleaning services. Identified datasets for WASH in schools revealed that only 68 countries were able to generate national coverage estimates for all three types of basic WASH services in schools. At their schools, worldwide nearly 570 million children lack a basic drinking water service, over 620 million children lack basic sanitation and nearly 900 million children lack a basic hygiene service.

Knowledge of these shortcomings led to the inclusion of WASH in such institutional settings as schools and HCF in the monitoring framework for the targets of Sustainable Development Goal (SDG) 4a and 6. 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 available 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.
Suitable questions that deliver information on respective indicators for monitoring of WASH in HCF and schools have

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[1] WASH in health care facilities: Global Baseline Report 2019. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2019.

[2] Drinking water, sanitation and hygiene in schools: Global baseline report 2018. New York: United Nations Children's Fund (UNICEF) and World Health Organization, 2018.

been developed and tested since 2015 and were recently updated for schools (2018) and HCF (2019). The outcome is a set of core questions on water, sanitation, hand hygiene, health care waste and environmental cleaning 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 Federal Department of Foreign Affairs Switzerland acting through 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 XLSForm[4] 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 FACET[5]:

- **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).
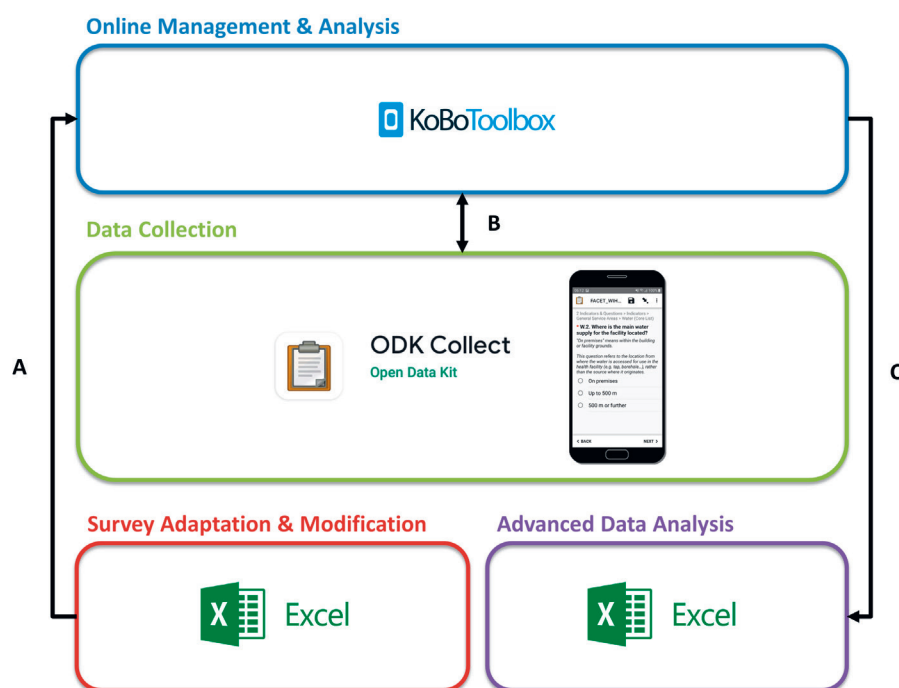
Figure 1: Relations between the different FACET tools and survey phases

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[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 countries[6]. 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://www.humanitarianresponse.info/en/applications/kobotoolbox
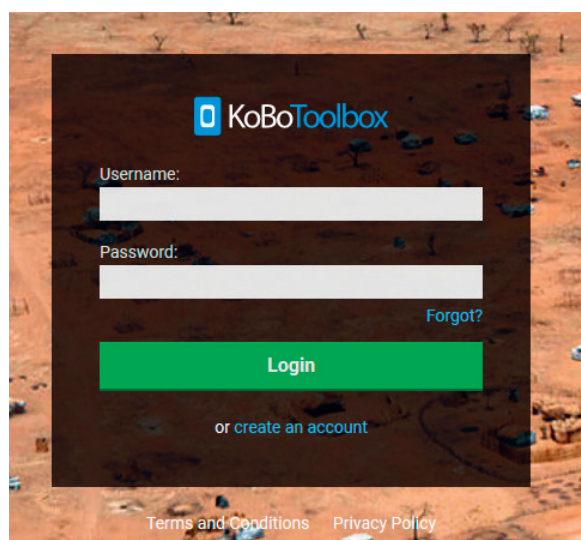
Figure 2: KoBo Toolbox login page

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.

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[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 connectivity [7]. 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 comple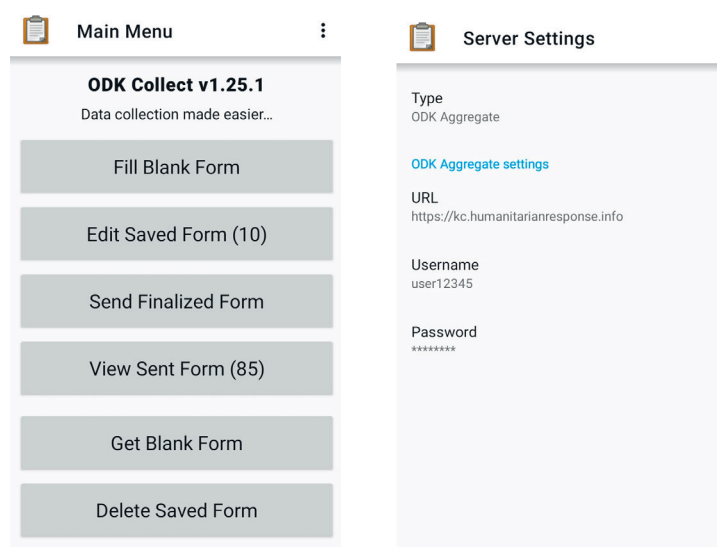ted. This is done by defining the URL of the account in the Main Menu of the ODK Collect application under General Settings in the upper right corner under Server Settings (Figure 3). There, three settings must be entered: the URL of the KoBo Toolbox server (https://kc.humanitarianresponse.info/ [8]), and the username and password of the created KoBo Toolbox account..

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, username and password of the KoBo account must 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.

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[7] More information on the following page: https://docs.opendatakit.org/collect-intro/

[8] This is the URL address of the server that is reserved for humanitarian organisations. If your account was created on the other KoBo Toolbox server for non-humanitarian actors, then you must enter the URL of that server: https://kf.kobotoolbox.org/

2.1.2.3. Fill a form

Once downloaded, the FACET form can be filled directly on the mobile device by clicking <u>Fill Blank Form</u> in the <u>Main Menu</u> 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 <u>General settings, User interface</u> and <u>Navigation</u>.

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 <u>Change Language</u> 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 <u>Mark form as finalized and Save Form and Exit</u>.

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. While details on XLSForm coding can be found online[9], 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 <u>choices</u> 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.	… in the choices worksheet. 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

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

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 <u>settings</u> 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 <u>survey</u>, <u>choices</u> and <u>settings</u> 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, p.19 on how to adapt constraints). Applicable in the <u>survey</u> worksheet.

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

❗ Elements in **bold** in the XLSForm should not be modified [10]. 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 school[11] : 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 structure [12]. 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/

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[10] With the exception of question labels or hints if required

[11] The list name is hcf in FACET WIH and school in FACET WINS

[12] 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 assessed[13]. 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.

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[13] 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 <u>choices</u> 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, go under Settings, then Media, click on <u>Add documents</u> 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 <u>survey</u> 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 <u>survey</u> 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 documentation[14] 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.

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[14] More information on the following page: <u>http://xlsform.org</u>

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 questions[15]. 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 <u>survey</u> 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 <u>settings</u> 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 going to the <u>Form</u> tab of your project, clicking the <u>Replace form</u> button at the top right (two arrows on a circle), and choosing <u>Upload an XLSForm</u>.

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[15]   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.

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 Instructions 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: In the Instructions tab of the Analyser, import the survey results by clicking on the **Import data (DATASET A)** button (Figure 5). A message indicating a successful import of the data should appear.

| **Import data (DATASET A)** | **Import data (DATASET B)** | **Reset** |

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 **Import data (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". and "District Y" (Figure 6).

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 two Core Indicators worksheets (red tabs).
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 button (Figure 7).
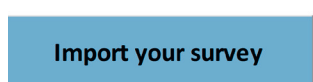
| **Import your survey** |

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 orange). For them to work properly, a few options in the "Config" tab (also in orange) 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. This selection is made with the button at the bottom of the Instructions tab (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

As soon as a first dataset is imported, the FACET Analyser generates two new worksheets where it displays the results of the survey: Core Indicators Recap and Core Indicators Facility.

2.2.3.1. Core Indicators Recap" tab

With the intention of making the analysis as easy as possible, predesigned [16] graphs and tables are automatically generated for JMP Core Indicators under the Core Indicators Recap worksheet (red) 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).
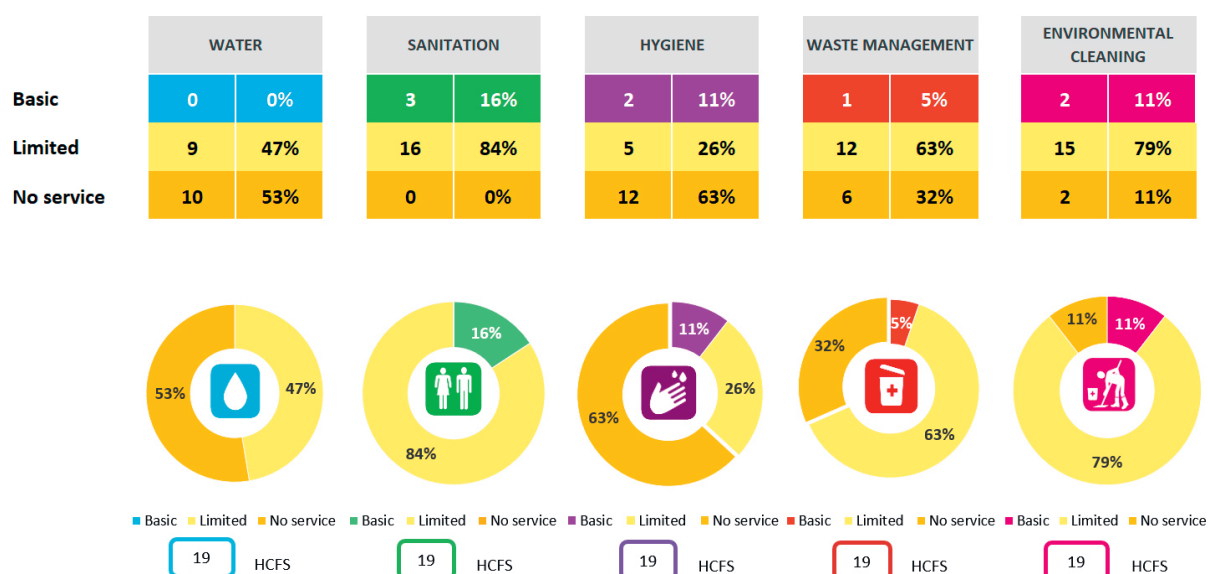
	WATER		SANITATION		HYGIENE		WASTE MANAGEMENT		ENVIRONMENTAL CLEANING	
Basic	0	0%	3	16%	2	11%	1	5%	2	11%
Limited	9	47%	16	84%	5	26%	12	63%	15	79%
No service	10	53%	0	0%	12	63%	6	32%	2	11%

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

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

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[16] Colours defined accordingly to the JMP format in WASH in health care facilities: Global Baseline Report 2019. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2019.
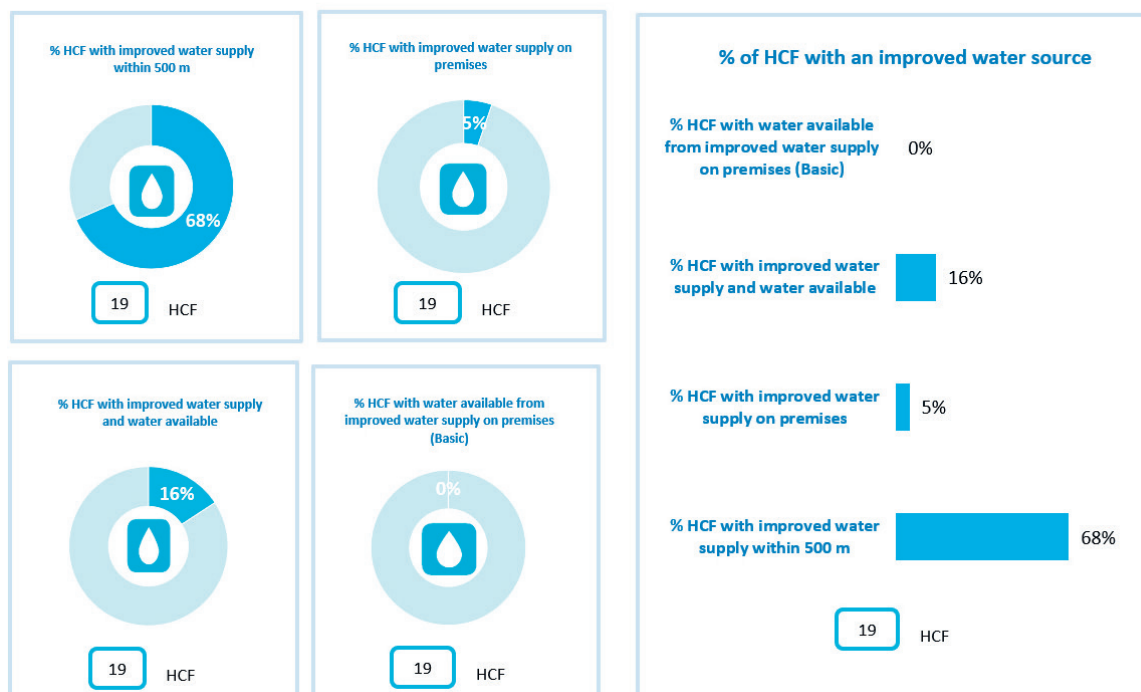
Figure 11: Example of results for the Water core indicators in General Service Areas (single dataset)

When only one dataset is imported, Pie Graphs are generated <u>both for the service levels and for each individual Core Indicator</u>, while Bar Graphs are generated when two datasets are imported (Figure 12).
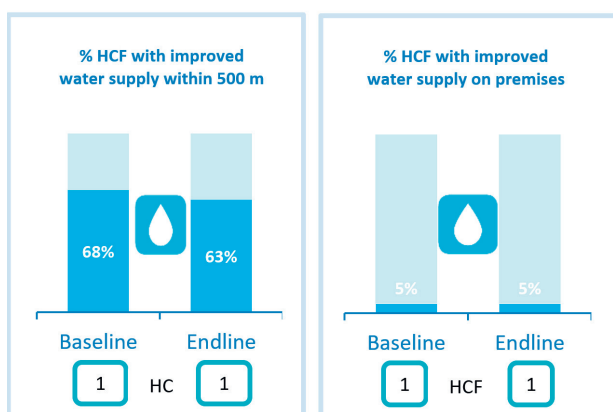

Figure 12: Example of results for a given core indicator (two datasets)

A simple copy-paste of the different elements is sufficient 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 <u>Picture (Enhanced Metafile)</u> (Alt+Ctrl+V).

At the top of the worksheet, a series of filters can be applied. This is useful, for example, in order to only display the results of the facilities belonging to a particular administrative level, or based on whether the facility has a delivery room or not.

2.2.3.2. „Core Indicators Facility" tab

The second worksheet created by the FACET Analyser consists in a table displaying, for each facility, the service level attained in every section, as well as almost all the answers to the core questions (some are combined answers). Scroll horizontally in order to make the complete rows visible;

Each horizontal entry corresponds to an assessed facility, with possibly two rows of data if two datasets have been imported. The first few columns of the table list the service levels for this facility, followed by the individual responses given to the core questions during the survey, in the same order.

Figure 13: Snippet of the "Core Indicators Facility" table for HCF

In addition, the values in the table are colour-coded using the same system as the service ladders. It is therefore easier to visually identify how well any facility is performing in each domain and to evaluate its strengths and weaknesses. Here as well, filters at the top of the worksheet make it possible to display only a selection of the data in the table.

> **!** **Note that only the facilities that were pre-coded in the corresponding list of choices („hcf" or „school") in the FACET XLSForm survey before the deployment can be displayed in this table. (See section 2.1.3.1 Adapting Response Choices.)** Any facility recorded as „Other" during data collection (then named using the free text field) will not be included. It is therefore important that the list of facilities is as complete as possible before deploying the survey.

2.2.4 Expanded Indicators Analysis

Unlike the fixed Core Indicators, indicators from the Expanded question section may vary from one FACET survey to another. In order to allow the analysis of any Expanded question, part of the Excel KoBo Analyzer tool [17] 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.

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[17] 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
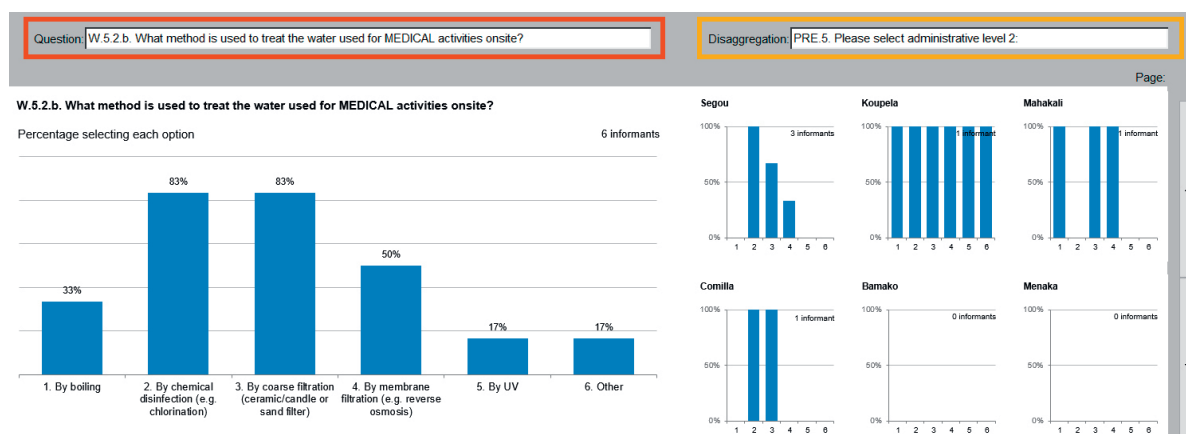
Figure 14: Analysis tool for expanded questions

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.

Figure 15: 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 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

3.1 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, waste management, and environmental cleaning in HCF (FACET WIH) and schools (FACET WINS). 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 FIT[18]) by WHO and UNICEF and the WASH Conditions Assessment Tool (WASHCon)[19] 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 Areas). A couple of years later, these questions were refined and completed, in particular with a module dedicated to delivery rooms. 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 (as well as health care waste management and environmental cleaning 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 laddered approach enables a higher resolution of the on-site situation. It shows the services that are lacking and helps authorities and experts of HCF 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.[20]

In this manual, the Core questions are presented according to the format in the table below, showing the question label, the question itself, the response type 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.

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

[19] http://washconhcf.org/research-tools/washcon/

[20] See the JMP Service Ladders for HCF (general service areas and delivery rooms) and Schools in Table 1 (Section 3.2), Table 2 (Section 0), and Table 3 (Section 3.4), 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 water supply for the facility?	• Piped supply inside the building • Piped supply outside the building • Tube well / Borehole • Protected dug well • Unprotected dug well • Protected spring • Unprotected spring • Rain water • Tanker truck • Surface water (river/dam/ lake/pond) • Other • Don't know • No water source available	💡 The question refers to the source of water for general purposes, including drinking, washing, and cleaning. If there is more than one source, the one used most frequently should be selected. If patients need to bring water from home because water is not available at the facility, „no water source available" should be selected.

> ✔️ The following water sources are considered to be improved: Piped supply inside the building, Piped supply outside the building, 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 different labels for the type followed by a number in order:
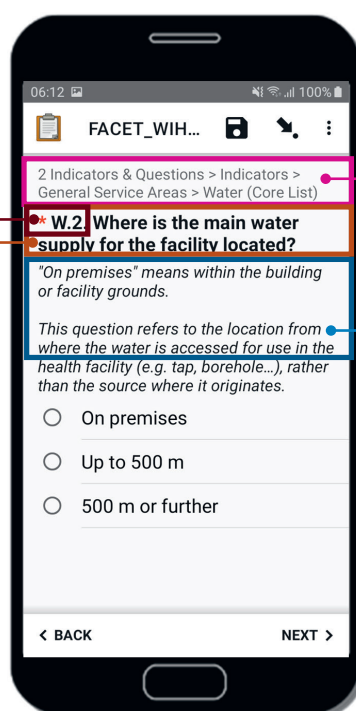
- PRE: Preliminary questions of the survey
- GI: General Information about the health care facility or the school
- W: Water supply questions
- S: Sanitation

- H: Hand Hygiene
- M: or WM: Health Care Waste Management only for HCF)
- C: Environmental Cleaning (only for HCF)
- D: Delivery room (followed by W, S, H, WM or C, as above)

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 34 Expanded questions for WINS are included in the annex (cf. section 5.3). A list of approximately 35 Expanded questions for HCF (cf. annex, sections 5.1 and 5.2) 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 general service areas of HCF that are calculated according to the Core questions for WASH in HCF. The Core questions for General Service Areas in HCF are preceded by 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.

For facilities with a maternity or a delivery room, an additional optional module covers the same five services (water, sanitation, hygiene, health care waste management, environmental cleaning) with Core questions specific to such settings. These are outlined in section 3.3.

Water	Sanitation	Hygiene	Health care waste management	Environmental cleaning
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	Advanced service To be defined at national level
Basic service Water is available from an improved source located 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 Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within 5 meters of toilets.	Basic service Waste is safely segregated into at least three bins and sharps and infectious waste are treated and disposed of safely.	Basic service Basic protocols for cleaning available, and staff with cleaning responsibilities have all received training.
Limited service An improved water source is within 500 meters of the facility, but not all requirements for basic service are met.	Limited service At least one improved sanitation facility, but not all requirements for basic service are met.	Limited service Functional hand hygiene facilities are available at either points of care or toilets, but not both.	Limited service There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met.	Limited service There are cleaning protocols, or at least some staff have received training on cleaning.
No service Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 m from the facility; or the facility has no water source.	No service Toilet facilities are unimproved (pit latrines without a slab or platform, hanging latrines and bucket latrines), or there are no toilets or latrines at the facility.	No service No functional hand hygiene facilities are available at either points of care or toilets.	No service There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of.	No service No cleaning protocols are available, and no staff have received training on cleaning.

Table 1. JMP service levels for monitoring WASH in general service areas of health care facilities [21]

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[21] Based on Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2018.

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
- 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. Which of the following services does this facility provide? (Maternity, inpatient care, nutritional feeding)
- PRE.8. Type of territorial setting

3.2.2 General information

There are up to 16 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:

- GI.4. Is a Patient Register available with information on the number of outpatient consultations per day and month?
- GI.5. Please select the month with the highest number of outpatient consultations
- GI.6. Number of consultations during the month with the highest number of outpatient consultations
- GI.7. How many days was the facility open during the month with the highest number of outpatient consultations?
- GI.8. Number of male outpatient consultations during the month with the highest number of outpatient consultations, including boys
- GI.9. Number of female outpatient consultations during the month with the highest number of outpatient consultations, including girls

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.

- GI.4. Number of male outpatient consultations during the previous month, including boys
- GI.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. These questions are only asked if „Inpatient care" was selected as a provided service in question PRE.7.

- GI.10. Number of male inpatients during the month with the highest number of outpatient consultations, including boys
- GI.11. Number of female inpatients during the month with the highest number of outpatient consultations, including girls

NUTRITION

These questions are only asked if „Nutritional feeding" was selected as a provided service in question PRE.7.
- GI.12. Number of child consultations in the dry feeding center during the month with the highest number of out-patient consultations: 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 thera peutic food (RUTF) to treat severe acute malnutrition (SAM)
- GI.13. Number of child consultations in the wet feeding center during the month with the highest number of out-patient consultations: as part of inpatient services for children with SAM

STAFF

Staff members active in the center, including doctors, nurses, paramedics, pharmacists, assistants, cleaners, etc.
- GI.14. Number of male staff
- GI.15. Number of female staff

DELIVERIES

This question is only asked if „Maternity / delivery room" was selected as a provided service in question PRE.7.
- GI.16. Number of deliveries (living and stillborn) in the month with the highest number of outpatient consultation

Type of Survey

Please select the type of survey you want to perform: „Core questions only" or „Core + expanded questions"
Attention: If the first option is selected, only the Core questions will appear, both in the „General service areas" survey and, if applicable, in the „Delivery room" survey. (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 supply:

Type of main water supply			
W.1.	What is the main water supply for the facility?	• Piped supply inside the building • Piped supply outside the building • Tube well / Borehole • Protected dug well • Unprotected dug well • Protected spring • Unprotected spring • Rain water • Tanker truck • Surface water (river/dam/ • lake/pond) • Other • Don't know • No water source available	💡 The question refers to the source of water for general purposes, including drinking, washing, and cleaning. If there is more than one source, the one used most frequently should be selected. If patients need to bring water from home because water is not available at the facility, „no water source available" should be selected.

✔ The following water sources are considered to be improved: Piped supply inside the building, Piped supply outside the building, 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 building 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 supply			
W.2.	Where is the main water supply for the facility located?	• On premises • Within 500 m • Further than 500 m	💡 „On premises" means within the building or facility grounds. This question refers to the location from where the water is accessed for use in the health facility (e.g. tap, borehole…), rather than the source where it originates.

> ✔️ If Piped supply inside the building was selected as the water source for question W.1., this question is skipped and the water source is automatically considered to be on premises in the final score calculation.

Availability of water			
W.3. (Observation)	Is water available from the main water supply at the time of the survey?	• Yes • No	💡 To be considered available, water should be available at the facility at the time of the survey or questionnaire. Where possible, the enumerator should confirm that water is available from this source, e.g. check that taps or hand pumps deliver water.

3.2.4 Core sanitation questions

The first questions concern the type of toilets present in the general service areas and whether at least one improved toilet is usable by patients. Follow-up questions deal with the needs for sex-separated toilets and menstrual hygiene management (MHM) and of staff and people with limited mobility (PLM). The questions are listed in the table below.

Improved sanitation facilities are those designed to hygienically separate excreta from human contact. Improved facilities include: flush/pour-flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit (VIP) latrines; pit latrines with slab; composting/urine diversion dehydration toilets.
Confirm through observation that the toilets are **usable**. To be considered usable, a toilet should be (1) available, (2) functional and (3) private at the time of the survey or questionnaire.
Toilets are **available** when on premises, doors are unlocked or with a key available at all times. To be functional, the hole or pit is not blocked, water is available for flush/pour-flush toilets, and there are no cracks or leaks in the toilet structure. To be considered private, the toilet stall has doors that can be locked from the inside and there are no large gaps or holes in the structure. If any of these criteria are not met, the toilet/latrine is not counted as usable.

Type of toilets			
S.1.a. (Observation)	What type of toilets/latrines are at the facility for PATIENTS?	• Flush / Pour-flush toilet to sewer connection • Flush / Pour-flush toilet to tank or pit • Ventilated improved pit latrine • Pit latrine with slab • Composting toilet • Urine Diversion Dehydration Toilet • Flush / Pour-flush toilet to open drain • Pit latrine without slab/open pit • Bucket • Hanging toilet/latrine • No toilet/latrine • Other	💡 If more than one type of toilet is used, the most common type of toilet/latrine in the service area should be selected.

✔️ The answer to this question will not directly impact the calculation of the sanitation service level (unless there is „No toilet"). By asking about the most common type of toilets, its goal is to give a global overview of the situation. On the other hand, the service level definition only requires the presence of at least one improved toilet, which is addressed in the next question.

S.1.b. (Observation)	Is there at least one IMPROVED toilet/latrine for PATIENTS?	• Yes • No • Do not know	💡 For the definition of „improved" facilities, refer to the note at the start of this Sanitation section.

✔️ This question will only be displayed if the type of the majority of toilets selected in question S.1. is unimproved (or „Other"). Its goal is to check whether, despite most toilets for patients being unimproved, there might still be at least one which is improved.

Usable patient toilet			
S.2. (Observation)	Is there at least one IMPROVED toilet for PATIENTS that is usable (available, functional, private)?	• Yes • No	💡 RFor the definition of „improved" facilities, refer to the note at the start of this Sanitation section. Usable means: (1) available, (2) functional, and (3) private. (1) available: on premises; doors are unlocked or a key is available at all times (2) functional: hole or pit is not blocked; water is available for flush/pour flush toilets; no cracks or leaks in the toilet structure (3) private: there are doors that can be locked from the inside; no large gaps or holes in the structure If any of these 3 criteria are not met, the toilet is not considered usable.

✔️ The numbering given in the hint should serve as a checklist in order to verify if all the requirements are met to choose "Yes".

✔️ This question will only be displayed if question S.1. (or S.1.b.) confirmed the presence of at least one improved toilet for patients. In turn, if the answer to S.2. is „No", the service level is „No service" and the rest of the sanitation core questions are automatically skipped.

Toilet for staff			
S.3. (Observation)	Is there at least one IMPROVED and USABLE toilet that is dedicated for STAFF?	• Yes • No	💡 Staff toilets should be for the exclusive use of staff.

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

Sex-separated toilet			
S.4. (Observation)	Is there at least one IMPROVED and USABLE toilet for PATIENTS that is in a sex-separated or gender-neutral room?	• Yes • No	💡 Toilets can be in a room with multiple stalls or in a private room with a single toilet. Toilets in rooms with multiple stalls should all be dedicated for use by either women or men. A gender-neutral room with a single toilet is also considered as sex-separated, as it allows women and men to use toilets separately.

✔️ Verify that the survey teams have understood that the toilet does not necessarily need to be women-only. The goal is that women can use the toilet separately from men, which is also possible with a single gender-neutral toilet.

Toilet with MHM			
S.5. (Observation)	Is there at least one IMPROVED and USABLE toilet for PATIENTS, in sex-separated or gender-neutral rooms, that has menstrual hygiene facilities?	• Yes • No	💡 A toilet can be considered to have menstrual hygiene facilities if it has: (i) a bin with a lid on it for disposal of used menstrual hygiene products, and (ii) water and soap available in a private space for washing.

✔️ Because the requirement for the basic service level is that a toilet with menstrual hygiene facilities must also be sex-separated, this question will automatically be skipped if the answer to question S.4. is „No".

Toilet for PLM			
S.6. (Observation)	Is there at least one IMPROVED and USABLE toilet for PATIENTS that is accessible for people with limited mobility?	• Yes • No	💡 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: (i) can be accessed without stairs or steps; (ii) handrails for support are attached either to the floor or sidewalls; (iii) the door is at least 80 cm wide; (iv) the door handle and seat are within reach of people using wheelchairs or crutches/sticks.

✔️ The numbering given in the hint should serve as a checklist in order to verify if all the requirements are met to choose "Yes".

3.2.5 Core hygiene questions

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

A functional hand hygiene facility is any device that enables staff, patients and visitors to clean their hands effectively. It may consist of soap and water with a basin/pan for washing hands, or alcohol-based hand rub (ABHR). If ABHR is used, health care staff may carry a dispenser around between points of care. Handwashing facilities at toilets must include water and soap, rather than ABHR alone, since ABHR does not remove faecal matter.

Chlorinated water (a prepared solution of chlorine suspended in water) is not considered an adequate substitute for soap and water or for ABHR.

Hygiene at points of care			
H.1. (Observation)	Is there a functional hand hygiene facility available at the selected POINT OF CARE on the day of the survey?	• Yes • No, there are hand hygiene facilities at points of care but not functional, or lacking soap and water or alcohol-based hand rub. • No, no hand hygiene facilities at points of care • No, no hand hygiene facilities at the health care facility	💡 If alcohol-based hand rub is used, healthcare staff may carry a dispenser around between points of care.

✅ Points of care are any location in the health care facility where care or treatment is delivered (e.g. consultation/exam rooms).

✅ For facilities with multiple consultation rooms or areas, select one at random and observe if a functional hand hygiene facility is present.

✅ Verify that the enumerators understand that the requirements are not met even if there is a hand-hygiene station just outside the consultation room.

Hygiene at toilets			
H.2. (Observation)	Is there a functional handwashing facility at one or more TOILETS on the day of the survey?	• Yes • No, there are handwashing facilities near the toilets but lacking soap and/or water • No, no handwashing facilities near toilets (within 5 meters)	💡 Handwashing facilities at toilets must include water and soap, rather than ABHR alone, since ABHR does not remove faecal matter. Answer YES if at least one toilet has a handwashing facility with soap and water within 5 m of the toilet.

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

3.2.6 Core health care waste management questions

Three questions concerning medical waste management 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 correctly segregated into at least three labelled bins in the consultation area?	• Yes, waste is segregated into three labelled bins • No, bins are present but do not meet all requirements or waste is not correctly segregated (see Notes) • No, bins are not present • Unable to observe / Don't know	💡 The bins should be (i) colour-coded and/or clearly labelled, (ii) no more than three quarters (75%) full, and (iii) 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. Bins for sharps waste and infectious waste should have lids.

✔️ For facilities with multiple consultation rooms, select one at random and observe whether (1) sharps waste, (2) infectious waste and (3) non-infectious general waste are segregated into three different bins.

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

Infectious waste treatment and disposal			
M.2.	How does this facility usually treat / dispose of INFECTIOUS waste?	• Autoclaved • Incinerated (two chamber, 850-1000 °C incinerator) • Incinerated (other) • Not treated, but buried in lined, protected pit • Not treated, but collected for medical waste disposal off-site • Burning in a protected pit • Open burning • Open dumping without treatment • Not treated and added to general waste • Other (specify) • Do not know	💡 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 or other); Not treated, but buried in lined, protected pit; and Not treated, but collected for medical waste disposal. Burning in a protected pit and open burning are not considered to be safe but offer a higher service level indicator calculation than the unsafe options.

Sharps waste treatment and disposal			
M.3.	How does this facility usually treat / dispose of SHARPS waste?	• Autoclaved • Incinerated (two chamber, 850-1000 °C incinerator) • Incinerated (other) • Not treated, but buried in lined, protected pit • Not treated, but collected for medical waste disposal off-site • Burning in a protected pit • Open burning • Open dumping without treatment • Not treated and added to general waste • Other (specify) • Do not know	If more than one response applies, please select the method most often used. Used or unused sharps include: hypodermic, intravenous or other needles; auto-disable syringes; syringes with attached needles; infusion sets; scalpels; pipettes; knives; blades; broken glass; etc.

✔ Safe treatment and disposal options are: Autoclaved; Incinerated (two chambers, 850 – 1000 °C incinerator or other); Not treated, but buried in lined, protected pit; and Not treated, but collected for medical waste disposal. Burning in a protected pit and open burning are not considered to be safe but offer a higher service level indicator calculation than the unsafe options.

3.2.7   Core environmental cleaning questions

The JMP Core list of questions for General Service Areas concludes with two questions concerning environmental cleaning of the facility. They ask about the existence of cleaning protocols and whether cleaning staff have received training.

Cleaning protocols should include:

(1)   step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, cleaning a spillage of blood or body fluids, and

(2)   a cleaning roster or schedule specifying responsibility for cleaning tasks and frequency at which they should be performed.

Cleaning protocols			
C.1.	Are cleaning protocols available?	• Yes • No	

✔ The term for protocols may differ according to local practice; they may be referred to as Standard Operating Procedures (SOPs), guidelines, instructions, etc.

✔ Where possible, protocols should be observed by the enumerator. However, protocols may or may not be written given cleaners may not be literate.

Training of cleaning staff			
C.2.	Have all staff responsible for cleaning received training?	• • Yes, all have been trained • No, some but not all have been trained • No, none have been trained • No, there are no staff responsible for cleaning	💡 I"Staff responsible for cleaning" refers to non-health care providers such as cleaners, orderlies or auxiliary staff, as well as health care providers who, in addition to their clinical and patient care duties, perform cleaning tasks as part of their role. Training refers to structured training plans or programs led by a trainer or appropriately qualified supervisor.

✔ The staff should be trained according to the protocols reported in question C.1, but it is possible that training may take place in the absence of any formal, written protocols.

3.2.8 WASH service level calculation for HCF in general service areas

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.

3.2.8.1 Water

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

Water	Calculation
Advanced service To be defined at national level	No calculation
Basic service Water is available from an improved source located on premises.	W.1. = Improved source [22] AND W.2. = On premises AND W.3. = Yes.
Limited service An improved water source is within 500 meters of the facility, but not all requirements for basic service are met.	IW.1. = Improved source [22] AND W.2. = Within 500 m OR W.1. = Improved source [22] AND W.2. = On premises AND W.3. = No
No service Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 m from the facility; or the facility has no water source..	W.1. = Unimproved source OR W.2. = More than 500 m away

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

3.2.8.2 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 with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.	S.2. = Yes AND S.3. = Yes AND S.4. = Yes AND S.5. = Yes AND S.6. = Yes
Limited service At least one improved sanitation facility, but not all requirements for basic service are met.	S.2. = Yes AND S.3. = No OR S.4. = No OR S.5. = No OR S.6. = No
No service Toilet facilities are unimproved (pit latrines without a slab or platform, hanging latrines and bucket latrines), or there are no toilets or latrines at the facility.	S.1. = No toilet OR S.1.b. = No [23] OR S.2. = No

[23] For the calculation, the answer "Unable to observe / Don't know" is considered as a "No".

3.2.8.3 Hygiene

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

Hygiene	Calculation
Advanced service To be defined at national level	No calculation
Basic service Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within 5 meters of toilets.	H.1. = Yes AND H.2. = Yes
Limited service Functional hand hygiene facilities are available at either points of care or toilets, but not both..	H.1. = Yes OR H.2. = Yes
No service No functional hand hygiene facilities are available at either points of care or toilets.	H.1. = No [27] AND H.2. = No

3.2.8.4 Health care waste management

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

Health care waste management	Calculation
Advanced service To be defined at national level	No calculation
Basic service Waste is safely segregated into at least three bins and sharps and infectious waste are treated and disposed of safely.	M.1. = Yes AND M.2. = Safe treatment/disposal [24] AND M.3. = Safe treatment/disposal [24]
Limited service There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met.	M.1. = No bins [28] AND M.2. = Safe or limited treatment/disposal [24, 26] AND M.3. = Safe or limited treatment/disposal [24, 26] OR M.1. = Yes or limited separation [27] AND M.2. = Limited or unsafe treatment/disposal [26, 28] OR M.3. = Limited or unsafe treatment/disposal [29, 28]
No service There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of.	M.1. = No bins [25] AND M.2. = Unsafe treatment/disposal [28] OR M.3. = Unsafe treatment/disposal [28]

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[24] Check questions M.2. and M.3. in section 3.2.6 for a list of safe treatment and disposal options.
[25] "Unable to observe/Do not know" is considered as "No bins" for the calculation.
[26] „Limited treatment/disposal" refers to answers „Burning in a protected pit" and „Open burning".
[27] „Limited separation" corresponds to the answer „No, bins are present but do not meet all requirements or waste is not correctly segregated „.
[28] Answers „Open dumping without treatment" and „Not treated and added to general waste" – as well as "Do not know" and "Other (specify)" – are considered as "Unsafe treatment/disposal" for the calculation.

3.2.8.5 Environmental cleaning

The service ladder for environmental cleaning is shown in the table below.

Environmental cleaning	Calculation
Advanced service To be defined at national level	No calculation
Basic service Basic protocols for cleaning available, and staff with cleaning responsibilities have all received training.	C.1. = Yes AND C.2. = Yes
Limited service There are cleaning protocols, or at least some staff have received training on cleaning.	C.1. = Yes OR C.2. = Yes or Some but not all
No service No cleaning protocols are available, and no staff have received training on cleaning.	C.1. = No AND C.2. = No [29]

[29] Answers „No, none have been trained" and „No, there are no staff responsible for cleaning" are both considered as „No" for the calculation.

3.3 WASH in HCF Delivery Rooms – Content Summary

In preliminary question PRE.7, the enumerator is asked whether certain services are provided by the facility. If „Maternity / delivery room" is selected at this stage, the main section of the survey about general service areas (GSA) will be followed by a similar section of a dozen core questions about the delivery room. The same five types of services as for GSAs are assessed, but with questions and indicators specially designed for the particular context of childbirth by the JMP [30]. Table 2 presents the definitions of the JMP service level ladders for delivery rooms.

Water	Sanitation	Hand hygiene	Health care waste management	Environmental cleaning
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	Advanced service To be defined at national level
Basic service Running water is available in the delivery room.	Basic service Usable (available, functional, private) and single-sex toilets are accessible to women.	Basic service Hand washing facilities (with water and soap) and equipment for clean births are available in the delivery room, and women have access to a bathing area.	Basic service Waste in the delivery room is correctly segregated into labelled bins for sharps, infectious and other waste, and placentas are disposed of safely.	Basic service Basic protocols exist for cleaning the delivery room, and staff with cleaning responsibilities have all received training.
Limited service Water is available in the delivery room in a storage container but without a tap.	Limited service There are toilets but not all requirements for basic service are met.	Limited service Hand washing facilities (with water and soap) or equipment for clean births or showers are not available in the delivery room	Limited service Either waste is not segregated or placentas are not disposed of safely.	Limited service Cleaning protocols are absent, or not all staff have received training.
No service No water available in the delivery room.	No service There are no toilets available for women in the delivery setting.	No service Hand washing facilities (with soap and water) are absent.	No service Bins are not used for waste segregation and placentas are not disposed of safely.	No service No protocols exist and no staff have received training.

Table 2. JMP service levels for monitoring WASH in delivery rooms

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[30] Monitoring water, sanitation and hygiene (WASH) and related infection prevention and control (IPC) in delivery rooms, Final draft, WHO/UNICEF Joint Monitoring Programme, September 2019

3.3.1   Core water questions

For delivery rooms, the service level evaluation is based on two questions about the availability of water.

Type of main water supply			
D-W.1.	Is there a water supply in the delivery room?	• Running water: piped with tap • Running water: storage container with tap • Storage container without a tap • No water supply in the delivery room • Other (Specify)	💡 If more than one type is used, select the main one.
Availability of water			
D-W.2. (Observation)	Is water available in the delivery room at the time of the survey?	• Yes • No • Do not know	

3.3.2   Core sanitation questions

The core questions for sanitation in the delivery room are similar to the ones for the general service areas, but they focus more on the accessibility to toilets for women in labour.

Improved sanitation facilities are those designed to hygienically separate excreta from human contact. Improved facilities include: flush/pour-flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit (VIP) latrines; pit latrines with slab; composting/urine diversion dehydration toilets.
Confirm through observation that the toilets are usable. To be considered **usable**, a toilet should be (1) available, (2) functional and (3) private at the time of the survey or questionnaire.
Toilets are **available** when on premises, doors are unlocked or with a key available at all times. To be functional, the hole or pit is not blocked, water is available for flush/pour-flush toilets, and there are no cracks or leaks in the toilet structure. To be considered **private**, the toilet stall has doors that can be locked from the inside and there are no large gaps or holes in the structure. If any of these criteria are not met, the toilet/latrine is not counted as usable.

Improved toilets			
D-S.1.	Is there at least one IMPROVED toilet in the area where maternal and newborn services are provided?	• Yes • No • Unable to observe / Don't know	💡 Toilets outside of the area where maternal and newborn services are provided should not be counted.

✅ If the answer to this question is „No" (or „Don't know"), the service level is „No service" and the rest of the sanitation core questions are automatically skipped.

Usable toilets			
D-S.2.	Is there at least one IMPROVED toilet in the area where maternal and newborn services are provided that is usable at the time of the survey (available, functional and private)?	• Yes • No • Don't know	💡 Usable means: (1) available, (2) functional, and (3) private. (1) available: on premises; doors are unlocked or a key is available at all times (2) functional: hole or pit is not blocked; water is available for flush/pour flush toilets; no cracks or leaks in the toilet structure (3) private: there are doors or screens that can be closed if needed; no large gaps or holes in the structure If any of these 3 criteria are not met, the toilet is not considered usable.

✅ The numbering given in the hint should serve as a checklist in order to verify if all the requirements are met to choose "Yes".

Accessible toilets			
D-S.3.	Is there at least one IMPROVED toilet in the area where maternal and newborn services are provided that is accessible to women in labour (no steps, handrails and space for assistance)?	• Yes • No • Do not know	💡 Women may have limited mobility during labour and after delivery. Therefore, for a toilet to be considered accessible, it should meet all the following additional conditions: (i) it can be accessed without stairs or steps; (ii) handrails for support are attached either to the floor or sidewalls; (iii) there is space for assistance to be provided to the woman in labour and during recovery immediately after labour if needed.

✅ The numbering given in the hint should serve as a checklist in order to verify if all the requirements are met to choose "Yes".

Single-sex toilet			
D-S.4.	Is there at least one IMPROVED toilet in the area where maternal and newborn services are provided that is single-sex?	• Yes • No • Don't know	💡 Toilets can be in a room with multiple stalls or in a private room with a single toilet. Toilets in rooms with multiple stalls should all be dedicated for use by women. A gender-neutral room with a single toilet is also considered as single-sex, as it allows women and men to use toilets separately.

✔ Verify that the survey teams have understood that the toilet does not necessarily need to be women-only. The goal is that women can use the toilet separately from men, which is also possible with a single gender-neutral toilet.

Basic service level toilet			
D-S.5.	Is there at least one IMPROVED toilet in the area where maternal and newborn services are provided that meets the 3 previous requirements (usable, accessible, single-sex)?	• Yes • No • Do not know	💡 In the case where there are multiple toilets, each one meeting different criteria but none meeting all 3 criteria, please select „No".

✔ This question is only asked if questions D-S2 to D-S4 were answered positively, otherwise, it is automatically skipped. Its goal is to ensure that at least one toilet complies with the 3 required criteria for basic service level.

3.3.3 Core hygiene questions

The hygiene core questions for the delivery room revolve around the presence of three things: a hand-washing facility, sterile material to be used during delivery, and a shower or bathing area for women.

Hand-washing facility			
D-H.1. (Observation)	Is there at least one functional hand washing facility (water and soap) in the delivery room?	• Yes • No hand washing facilities with both water AND soap, but alcohol-based hand rub is available • No, there are hand washing facilities but either water or soap are unavailable • No handwashing facilities or alcohol-based hand rub	💡 TA functional hand washing facility must include water and soap (in bar or liquid form). Alcohol based hand rub may also be available, but it is still a minimum requirement to have the ability to wash hands with soap and water in the delivery room/area.

✔ Verify that the enumerators understand the distinction between the second and third options.
- If there is no fully functional hand washing facility (i.e. either not at all or it is missing something, e.g. water or soap), but alcohol-based hand rub is available, they must select the second option.
- If there is a hand washing facility, but it is not fully functional and there is no ABHR, they must select the third option.

Clean material for delivery			
D-H.2.	Observe if the following materials are available in the delivery room.	• Sterile blade to cut the umbilical cord • Sterile cord tie • Clean surface for woman to deliver on (or clean material to put underneath the woman) • Disposable gloves • None of the above	✦ (See notes below, which are included in the electronic survey.)

✔ This is a multiple-choice question, where several options can be selected.

✔ If Clean Birth Kits are routinely provided to all women using the facility, select all options (except „None of the above").
If sterile blades and cord ties are disposable, they should be unused and in appropriate sterile packaging.
If sterile blades and cord ties are reusable, they must have been appropriately decontaminated (e.g. cleaned followed by sterilization using an autoclave) and stored in sterile packaging. Note, sterilization by chemical disinfection is not recommended. Refer to WHO (2016) „Decontamination and reprocessing of medical devices for health-care facilities."
Disposable gloves should be unused and in appropriate sterile packaging.
„Clean surface for woman to deliver on" refers to the surface on which the woman will give birth. This surface must be visibly clean and free from dust, soil, blood, body fluids, and signs of damage.

Bathing area			
D-H.3a.	In the area where maternal and newborn services are provided, is there a place for women to shower or bathe?	• Yes • No • Don't know	

✔ If the answer to this question is not „Yes", question D-H.3b. will be automatically skipped. If the answer is „Yes", the enumerator must then ask to see the shower or bathing area.

D-H.3b.	Observe the shower or bathing area to determine if:	• Water is currently available or delivered when needed • The area is free of obstacles • The area is large enough to allow a companion to assist a woman in bathing • The area provides for drainage of water • There are doors or screens to provide privacy so the woman cannot be viewed • None of the above	✦ Select all criteria that are met. If there is piped water in the bathing area, check that taps are working. If there is no piped water check that containers are available (or delivered to the bathing area when needed).

✔ This is a multiple-choice question, where several options can be selected.

3.3.4 Core health care waste management questions

The waste management section for delivery rooms focusses on two questions about the correct segregation of waste and the safe disposal of placentas.

Waste segregation			
D-WM.1. (Observation)	Is waste correctly segregated into at least three labelled bins in the delivery room?.	• Yes, waste is segregated into three labelled bins • No, bins are present but do not meet all requirements or waste is not correctly segregated (see Notes) • No, bins are not present • Unable to observe / Don't know	The bins should be (i) colour-coded and/or clearly labelled, (ii) no more than three quarters (75%) full, and (iii) 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. Bins for sharps waste and infectious waste should have lids.

✔ Observe whether (1) sharps waste, (2) infectious waste and (3) non-infectious general waste are segregated into three different bins.

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

Placentas disposal			
D-WM.2.	How does this facility usually dispose of placentas?	• With other infectious waste • With non-infectious general waste • Buried in placenta pit • Taken home by women and/or carers after disinfection • Taken home by women and/or carers without disinfection • Other • Don't know	If more than one applies, please select the method used most often.

✔ The only two options that are considered safe are „Buried in placenta pit" and „Taken home by women and/or carers after disinfection".

3.3.5 Core environmental cleaning questions

The environmental cleaning core section for the delivery room is almost the same as for the general service areas, except that it explores in detail the presence of cleaning protocols.

Cleaning protocols			
D-C.1.	Which of the following protocols are in place for the cleaning of the delivery room?	• Protocol for cleaning a delivery bed • Protocol for cleaning a floor • Protocol for cleaning a sink • Protocol for cleaning a spillage of blood or bodily fluids (urine, faeces, vomit) • Cleaning roster or schedule • Outline of roles and responsibilities • None of the above	💡 Specific protocols should be in place for cleaning the delivery room.

✔ This is a multiple-choice question, where several options can be selected.

✔ The term for protocols may differ according to local practice; they may be referred to as Standard Operating Procedures (SOPs), guidelines, instructions, etc.
Where possible, protocols should be observed by the enumerator. However, protocols may or may not be written given cleaners may not be literate.

Training of cleaning staff			
D-C.2.	Have all staff responsible for cleaning the delivery room received training?	• Yes, all have been trained • No, some but not all have been trained • No, none have been trained • No, there are no staff responsible for cleaning	💡 „Staff responsible for cleaning" refers to non-health care providers such as cleaners or auxiliary staff, as well as health care providers who, in addition to their clinical and patient care duties, perform cleaning tasks as part of their role. Training refers to structured teaching and instruction led by a trainer or appropriately qualified supervisor and can refer to training given during core nursing training or in-service/post-qualification.

✔ The staff should be trained according to the protocols reported in question D-C.1, but it is possible that training may take place in the absence of any formal, written protocols.

3.3.6 WASH service level calculation for HCF in delivery rooms

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.

3.3.6.1 Water

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

Water	Calculation
Advanced service To be defined at national level	No calculation
Basic service Running water is available in the delivery room	D-W.1. = Running water AND D-W.2. = Yes
Limited service Water is available in the delivery room in a storage container but without a tap.	D-W.1. = Container without tap or Other AND D-W.2. = Yes
No service No water available in the delivery room.	D-W.1. = No OR D-W.2. = No

3.3.6.2 Sanitation

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

Sanitation	Calculation
Advanced service To be defined at national level	No calculation
Basic service Usable (available, functional, private) and single-sex toilets are accessible to women.	D-S.5. = Yes [31]
Limited service There are toilets but not all requirements for basic service are met.	D-S.1. = Yes AND D-S.2. = No [32] OR D-S.3. = No [32] OR D-S.4. = No [32] OR D-S.5. = No [32]
No service There are no toilets available for women in the delivery setting.	D-S.1. = No [32]

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[31] Because of the logic in the survey questions, the compliance with all basic sanitation criteria is captured in a „Yes" answer to question D S.5. It implies that questions D S.1 to D S.4 have also been answered with „Yes".

[32] For the calculation, the answer "Unable to observe / Don't know" is considered as a "No".

3.3.6.3 Hygiene

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

Hygiene	Calculation
Advanced service To be defined at national level	No calculation
Basic service Hand washing facilities (with water and soap) and equipment for clean births are available in the delivery room, and women have access to a bathing area.	D-H.1. = Yes AND D-H.2. = All options selected AND D-H.3b. = All options selected
Limited service Hand washing facilities (with water and soap) or equipment for clean births or showers are not available in the delivery room	D-H.1. = Yes AND D-H.2. = Not all options selected OR D-H.3b. = Not all options selected OR D-H.1. = No but ABHR is available
No service Hand washing facilities (with soap and water) are absent.	D-H.1. = No [33]

3.3.6.4 Health care waste management

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

Health care waste management	Calculation
Advanced service To be defined at national level	No calculation
Basic service Waste in the delivery room is correctly segregated into labelled bins for sharps, infectious and other waste, and placentas are disposed of safely.	D-WM.1. = Yes AND D-WM.2. = Safe disposal [34]
Limited service Either waste is not segregated or placentas are not disposed of safely.	D-WM.1. = Yes or limited separation [35] OR D-WM.2. = Safe disposal [34]
No service Bins are not used for waste segregation and placentas are not disposed of safely	D-WM.1. = No bins [36] AND D-WM.2. = Unsafe disposal [34]

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[33] For the calculation, the answer "No, there are hand washing facilities but either water or soap are unavailable" (which implies that ABHR is not available either, as explained in section 3.3.3) is considered as a "No".

[34] The only two options that are considered safe are „Buried in placenta pit" and „Taken home by women and/or carers after disinfection". All other options, including "Do not know" and "Other (specify)" are considered as "Unsafe disposal" for the calculation.

[35] „Limited separation" corresponds to the answer „No, bins are present but do not meet all requirements or waste is not correctly segregated „.

[36] "Unable to observe/Do not know" is considered as "No bins" for the calculation.

3.3.6.5   Environmental cleaning

The service ladder for environmental cleaning in the delivery room is shown in the table below.

Environmental cleaning	Calculation
Advanced service To be defined at national level	No calculation
Basic service Basic protocols exist for cleaning the delivery room, and staff with cleaning responsibilities have all received training.	C.1. = All options selected AND C.2. = Yes
Limited service Cleaning protocols are absent, or not all staff have received training..	C.1. = At least one protocol OR C.2. = Yes or Some but not all
No service No protocols exist and no staff have received training.	C.1. = No option selected AND C.2. = No [37]

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[37] Answers „No, none have been trained" and „No, there are no staff responsible for cleaning" are both considered as „No" for the calculation.

3.4 WASH in Schools – General Service Areas Content Summary

FACET WINS can be applied in any school. Table 3 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 12 Core questions for General Service Areas in school facilities are preceded by 16 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**
Basic service Drinking water from an improved source and water is available at the school at the time of the survey	**Basic service** Improved sanitation facilities at the school that are single-sex and usable (available, functional and private) at the time of the survey	**Basic service** Handwashing facilities with water and soap available at the school at the time of the survey
Limited service Drinking water from an improved source but water is unavailable at the school at the time of the survey	**Limited service** Improved sanitation facilities at the school that are either not single-sex or not usable at the time of the survey	**Limited service** Handwashing facilities with water but no soap available at the school at the time of the survey
No service Drinking water from an unimproved source or no water source at the school	**No service** Unimproved sanitation facilities or no sanitation facilities at the school	**No service** No handwashing facilities available or no water available at the school

Table 3. JMP service levels for monitoring WASH in schools [38]

3.4.1 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. (And an optional question: PRE.7.a. Is the school a boarding school?)
- PRE.8. Is the school a double-shift school?

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[38] Core questions and indicators for monitoring WASH in Schools in the Sustainable Development Goals. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2018.

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:

- GI.1. Name of interviewed person.
- GI.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.
- GI.3. Phone number of the interviewed person (in case the need arises for further clarification).

CLASSROOMS
- GI.4. Total number of classrooms in the school.

HEAD COUNT
- GI.5. Number of girl students.
- GI.6. Number of boy students.

STAFF
- GI.7. Number of female staff.
- GI.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).

3.4.3 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?	• Piped water supply • Protected well / spring • Rain water • Unprotected well / spring • Packaged bottled water • Tanker truck or cart • 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?	• 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.

3.4.4 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?	• 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?	• (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.
Gender segregated toilets			
S.3.	Are the toilets/latrines separate for girls and boys?	• 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.

☑ 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.

☑ Verify that the enumerators are paying attention to the definition of "usable" (accessible, functional, and private).

S.3.c.	How many urinals are currently usable?	• (enter number)	💡 Only count urinals that are usable at the time of the survey. Please enter „9999" for „Do not know" and "0" for none.

☑ Verify that the enumerators are paying attention to the definition of "usable" (accessible, functional, and private).

3.4.5 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.	Are there handwashing facilities at the school?	• 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.	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.

3.4.6 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.

3.4.6.1 Water

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

Water	Calculation
Advanced service To be defined at national level	No calculation
Basic service Drinking water from an improved source and water is available at the school at the time of the survey	W.1. = Improved source AND W.2. = Yes
Limited service Drinking water from an improved source but water is unavailable at the school at the time of the survey	W.1. = Improved source AND W.2. = No [39]
No service Drinking water from an unimproved source or no water source at the school.	W.1. = Unimproved source or no drinking water source [40]

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

[40] The answer "Other" is considered as "Unimproved" for the calculation.

3.4.6.2 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 at the school that are single-sex and usable (available, functional and private) at the time of the survey	S.1. = Improved facilities AND S.2. $\geq$ 1 AND S.3. = Yes
Limited service Improved sanitation facilities at the school that are either not single-sex or not usable at the time of the survey	S.1. = Improved facilities AND S.2. = 0 OR S.1. = Improved facilities AND S.3. = No [41]
No service Unimproved sanitation facilities or no sanitation facilities at the school	S.1. = Unimproved [42] OR S.1. = No toilet [42]

3.4.6.3 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 facilities with water and soap available at the school at the time of the survey	H.1. = Yes AND H.2. = Yes, water and soap
Limited service Handwashing facilities with water but no soap available at the school at the time of the survey	H.1. = Yes AND H.2. = No, water only
No service No handwashing facilities available or no water available at the school	H.1. = No [43]

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

[40] The answer "Other" is considered as a "Unimproved" for the calculation.

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

FACET Preparation Guidance

<div style="text-align: right; font-size: 3em;">4</div>

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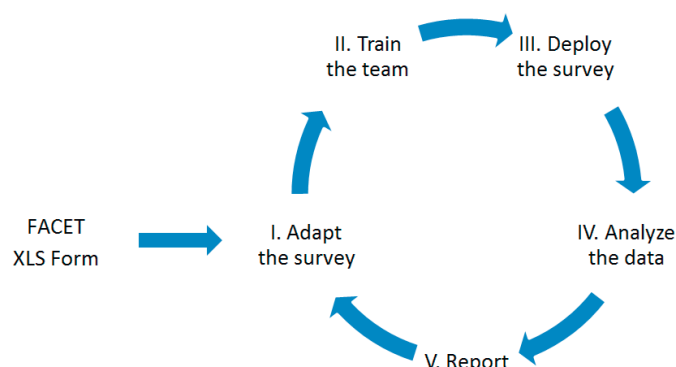
For each of the above steps, FACET provides specific documentation, tools and templates, i.e. a comprehensive "project-cycle" package.

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.[44]
- 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.

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[44] 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 (2020)	Responsible
Preparatory technical adaptation of FACET survey to local circumstances (contextualisation)	1st to 9th July	Mr. / Ms. SAMPLE
Preparatory technical meeting (generation of additional FACET experts within a delegation in order to establish support on training days)	10th and 11th July	Mr. / Ms. SAMPLE
Preparation of education materials for the FACET	12th to 16th July	Mr. / Ms. SAMPLE
FACET instruction of the enumerators (two days minimum)	18th to 19th July	Mr. / Ms. SAMPLE
Mobile data collection with FACET	20th to 21st July 24th and 25th July	Number of survey teams employed
On- / Offline data verification and correction	19th to 26th July	Mr. / Ms. SAMPLE
Data management and processing	26th to 28th July	Mr. / Ms. SAMPLE
Data analysis and interpretation, as well as creation of the final report	24th July to 4th August	Mr. / Ms. SAMPLE
Submission of final report and presentation of results	4th 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 contingencies not to too tightly timing and arrange the schedule so that you can accomplish the work according to 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 HCF 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.[45] 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, while others need more time, and some people have experience with surveys and / or are already familiar with new

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[45] 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.

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 – 1 4h15	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 schooll / 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.

Annex

5.1 Annex 1. Expanded questions – WASH in HCF General Service Areas

Expanded questions: Water

The expanded list of water questions comprises 11 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?	• Piped supply inside the building • Piped supply outside the building • Tube well / Borehole • Protected dug well • Unprotected dug well • Protected spring • Unprotected spring • Rain water • Tanker truck • Surface water (river/dam/ • lake/pond) • Other • Don't know • No water source available	💡 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.a.	Is the drinking water being treated onsite?	• Yes • No • Do not know	
W.5.b.	What method is used to treat drinking water onsite?	• 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?	• 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?	• 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: • For drinking? • For food preparation? • For personal hygiene (hand-washing & showering)? • For medical activities? • For cleaning? • For laundry?	• 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?	• 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.
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?	• Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other (Specify)	
W.10.c	Date of most recent test.	(enter date)	

✔ 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, 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).	• 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.

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

W.11.a.	What is the result of the test for E.coli (if test performed) in FCU/100ml?	(enter number)	💡 Enter „9999" for „unknown"
W.11.b.	Who conducted the water quality test for E.coli?	• Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other (Specify)	
W.11.c.	Date of most recent test.	(enter date)	

Arsenic testing

W.12.	Does the water quality meet WHO guideline values for the presence of Arsenic?	• 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.

✔ Verify that the enumerators choose the right answer. Field-experience shows that often there exists a misunderstanding between "Not tested" and "No" (= 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"
W.12.b.	Who conducted the water quality test for Arsenic?	• Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other (Specify)	

W.12.c.	Date of most recent test.	(enter date)	
Drinking water			
W.13. (Observation)	Is there at least one functional drinking water point within the outpatient area?	• Yes • No • Do not know	💡 The question refers to the source of water for general purposes, including drinking, washing, and cleaning. If there is more than one source, the one used most frequently should be selected. If patients need to bring water from home because water is not available at the facility, „no water source available" should be selected.
W.14. (Observation	Is there at least one functional drinking water point within the outpatient area accessible to people with limited mobility?	• Yes • No • Do not know	💡 To be considered accessible, water can be accessed via a clear path without stairs or steps that is free of obstructions and has 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.

✔ Emphasize that the enumerators themselves are checking if the drinking water point is properly functioning and accessible to people with limited mobility.

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.7. (Observation)	Are toilets visibly clean?	• 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.8.a.	How frequently are toilets cleaned with detergent or disinfectant?	• More than once a day • Once per day • Less than once per day • Never • Do not know	
S.8.b	What is used to clean the toilets?	• Do not know • Water and disinfectant • Water and detergent • Water, detergent and disinfectant • Water only • Sweeping only • Don't know	
Toilet lighting			
S9. (Observation)	Do the toilets have adequate light, including at night?	• 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.10. (Observation)	Are toilets available no more than 30 metres from consultation rooms?	• 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.11.a	What type of faecal waste containment system exists?	• Sewerage • Septic tank • Double pit • Single pit • Ecosan / Composting • Other • Do not know • None	Select all answers that apply.
S.11.a.1	How is the faecal waste in the sewerage system managed?	• Sewerage system (Municipal) • Sewerage system (Small scale on-site sanitation system) • Other • Do not know	This question refers to improved toilets.
S.11.b.1 (Observation)	What is the condition of the faecal waste management sewerage system on the day of the survey?	• Functional sewerage system • Non-functional sewerage system • Other • Do not know	This question refers to improved toilets.
S.11.a.2	How is the faecal waste in the septic tank system managed?	• 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.11.b.2 (Observation)	What is the condition of the faecal waste management septic tank system on the day of the survey?	• 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.11.a.3	How is the faecal waste in the single pit system managed?	• 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.11.b.3 (Observation)	What is the condition of the faecal waste management septic tank system on the day of the survey?	• 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.11.a.4	How is the faecal waste in the double pit system managed?	• 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.11.b.4 (Observation)	What is the condition of the faecal waste management double pit system on the day of the survey?	• 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.11.a.5	How is the faecal waste in the Ecosan / Composting system managed?	• 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.11.b.5 (Observation)	What is the condition of the faecal waste management in the Ecosan / Composting system on the day of the survey?	• 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.11.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.11.b.6 (Observation)	What is the condition of the faecal waste management in other systems on the day of the survey?	• 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.

✔ 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.12.a	Is the health facility in a flood prone area?	• Yes • No • Do not know	
S.12.b.1	In the past year, has there been any flooding on the facility grounds?	• Yes • No • No, but the facility is located in a flood zone. • Do not know	
S.12.b.2	Have past flooding events ever flooded the toilet blocks?	• Yes • No • Do not know	
S.12.c.1 (Observation)	Does the facility have gutters (roof)?	• Yes • No • Do not know	
S.12.c.2 (Observation)	Are the gutters (roof) functional?	• Yes • No • Do not know	

S.12.c.3 (Observation)	Does the facility have drainage ditches for rainwater?	• Yes • No • Do not know	
S.12.c.4 (Observation)	Are the drainage ditches for rain-water functional?	• Yes • No • Do not know	

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

Open defecation			
S.13 (Observation)	Is open defecation practiced in or near (within 15 meters) the health facility?	• 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.14. (Observation	Is the distance between the toilets (and / or sanitation containment system) and a groundwater source at least 30m?	• 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.15. (Observation)	Are all beds in the health care facility equipped with mosquito nets?	• Yes • No • Do not know • Not applicable	💡 Verify the beds in the Observation Ward.
Mosquito nets doors and windows			
S.16. (Observation)	Is the health facility equipped with mosquito netting on doors and windows?	• Yes, everywhere • Only some doors / windows have intact netting • No • Do not know	

Expanded questions: Hygiene

The expanded list of hand hygiene questions consists of 8 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.

Regularity of cleaning floors and surfaces			
H.3.	How often are health care facility floors / surfaces cleaned?	• More than once a day • Once per day • Less than once per day • Never • Do not know	
Products for cleaning floors and surfaces			
H.4.	What is used to clean the floors / surfaces?	• Water and disinfectant • Water and detergent • Water, detergent and disinfectant • Water only • Sweeping only • Do not know	

✅ 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.

Availability of cleaning products			
H.5. (Observation)	Are surface cleaning and disinfection products available (e.g. for floors, walls, equipment and beds)?	• Yes • Yes but not all • No • Do not know	💡 Cleaning products are detergents; disinfection products are chlorine or crésyl.

✅ Ask if the interviewee / personnel can show you the cleaning agents when asking question H.4.

✅ Pay attention when visiting the toilets if cleaning agents and tools are visible.

Availability of cleaning tools			
H.6. (Observation)	Are surface cleaning and disinfection tools available?	• Yes • Yes but not all • No • Do not know	💡 Cleaning tools: buckets, mops, brooms, toilet brushes and squeegees

✅ Ask if the interviewee / personal can show you the cleaning tools when asking question H.4.

✅ Pay attention when visiting the toilets if cleaning agents and tools are visible.

Cleanliness of treatment room			
H.7. (Observation)	Is the treatment room and/or the point of care visibly clean?	• Yes • No • Don't know	💡 "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?	• Yes • No	💡 Observe that the posters hung in the outpatient ward include procedures for: 1) hand-washing, 2) disinfection of drinking water, 3) preparation of decontamination and disinfection solutions and 4) segregation of waste.
H.9.a.	Are all clinical staff trained in essential cleaning and infection prevention techniques?	• 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?	• 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?	• 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 sterelization apparatus is functional.

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

Expanded questions: Health Care Waste Management

The expanded list of Health Care Waste Management questions consists of five questions. The questions will only appear if the <u>Expanded</u> 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:	• 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?	• 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?	• Yes, complete kit • Yes, but incomplete kit • 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?	• 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?	• Yes • No • Do not know	💡 Verify that the grounds within the perimeter of the facility are free of medical waste and trash.
General waste disposa			
M.7.	How is general (non-hazardous) waste treated or disposed of?	• 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 HCF Delivery Rooms

The expanded list of delivery room questions currently consists of only two questions: one in the Water section and one in the Environmental cleaning section. 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 score of their respective service levels.

Expanded questions: Water

Water availability			
D-W.3.	Does this facility expect pregnant women (or their families) to bring their own water, either for drinking or for washing, when they come to deliver?	• Yes • Sometimes • No • Don't know	

Expanded questions: Environmental cleaning

Cleaning material			
D-C.3. (Observation)	Which of the following are available in the area where maternal and newborn services are provided?	• Water • Disinfectant • Detergent • Mop / Broom • None • Unable to observe / Don't know	

✅ This is a multiple-choice question, where several options can be selected.

5.3 Annex 3. Expanded questions – WASH in Schools

Expanded questions: Water

The expanded list of water questions comprises 10 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?	• 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 year?	• Yes • Mostly • 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?	• 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?	• Yes • No • Do not know	To be considered accessible, the water tap can be reached and easily opened / closed by the smallest children. May not be applicable in secondary schools.
Number of drinking water points			
XW.5.	How many functional drinking water points (e.g. taps) are available at the school?	• (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?	• Yes • No • Do not know	💡 The water treatment equipment / supplies should be observed, if possible.
XW.6.b.	What treatment method is used?	• Filtration • Boiling • Chlorination • SODIS • Ultraviolet (UV) disinfection • Other	

Water quality			
XW.7.	Does the water quality meet WHO guideline values for residual chlorine presence?	• 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?	• (enter number)	💡 Enter „9999" for „unknown".
XW.7.b.	Who conducted the water quality test for residual chlorine?	• Government Agency • Private company • A facility staff member • Civil Society Actor (Tdh, other) • Municipality • Community • Other	
XW.7.c.	Date of most recent test.	• (Specify) (enter date)	
XW.8.	Does the water quality meet WHO guideline values for the presence of E.Coli?	• 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/100ml?	• (enter number)	Enter „9999" for „unknown"
XW.8.b.	Who conducted the water quality test for E.Coli?	• 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.	• (enter number)	💡 Enter „9999" for „unknown"
XW.9.	Does the water quality meet WHO guideline values for the presence of Arsenic?	• 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?	• (enter number)	💡 Enter „9999" for „unknown".
XW.9.b.	Who conducted the water quality test for Arsenic?	• 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.	• (enter date)	💡 Enter „9999" for „unknown"
XW.10.	Does the water quality meet WHO guideline values for the presence of Lead?	• 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?	• (enter number)	💡 Enter „9999" for „unknown"
XW.10.b.	Who conducted the water quality test for Lead?	• 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.	• (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)?	• Yes, water and soap • No, water only • No, no water	💡 Check „yes" if water and soap are available for: (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?	• Yes • No • Do not know	
XS.3.	Are there disposal mechanisms for menstrual hygiene waste at the school?	• 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?	• 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?	• 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. 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. SOMEWHAT CLEAN: there is some smell and / or some sign of feacal matter in some of the toilets. NOT CLEAN: there is a strong smell and / or presence of faecal matter in most toilets.

Toilets & different user groups			
XS.6.	Is there at least one usable toilet / latrine that is accessible to the smallest children at the school?	• 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?	• 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: (i) it can be accessed via a clear path without stairs or steps that is free of obstructions and has age-appropriate handrails; (ii) there is enough space inside for a wheelchair user to enter, turn, close the door and park by the toilet (1.5 m^2); (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; (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.
Toilet locations			
XS.8.	Where are the student toilets located?	• 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?	• 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?	• 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?	• 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?	• 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?	• 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?	• 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?	• Toilets • Food preparation are • 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?	• (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?	• (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?	• 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) • Never	
MHM			
XH.6.	Which of the following provisions for menstrual hygiene management (MHM) are available at the school?	• Bathing areas • MHM materials (e.g. pads) • MHM education • None	💡 Bathing areas are separate from latrines and toilets. They should at least: (i) have water and soap; (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. Availability of MHM material may be via free distribution or for purchase. 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.
Waste management			
XH.7.	How is solid waste (garbage) from the school stored and collected?	• 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?	• (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?	• 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?	• 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?	• 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?	• Always • Sometimes • Never	

5.4 Annex 4. 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. --

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. --

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). --

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. --

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 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. --

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). --

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

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. --

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'.

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. --

5 Recommendations

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

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. --

5.4 Annex 4. Survey Team Support Aide-memoire

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	Unimproved water sources
Piped water into/onto facility premises	
Protected dug wells	Unprotected dug wells
Protected springs	Unprotected springs
Tube well/boreholes	Surface water (River, reservoir, lake, pond, stream, canal, irrigation channels)
Bottled/package water	
Safe rainwater collection & storage	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.

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	Unimproved toilets
Flush/Pour-flush toilets INTO sewer systems or septic tank	Flush/pour flush to elsewhere
Ventilated improved pit (VIP) latrines	Hanging toilets/latrines
Pit latrines WITH slab	Pit latrines WITHOUT slab
Urine Diverting Dry Toilets (UDDT)	Bucket latrines
Composting toilets (Ecosan)	

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

The **facilities must be usable**: To be considered usable, a toilet **must be accessible, functional and provide sufficient privacy** for the users. In a **functional toilet** the hole or pit is not blocked, water is available for flush/pour flush toilets, and there are no cracks/leaks in the toilet structure. 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!**

Environmental cleaning is in place if protocols for cleaning are available, and staff with cleaning responsibilities have all received training.

→ **Check out if cleaning protocols include (1) step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, cleaning a spillage of blood or body fluids, and (2) a cleaning roster or schedule specifying responsibility for cleaning tasks and frequency at which they should be performed. Where possible, protocols should be observed by the enumerator. However, protocols may or may not be written given cleaners may not be literate.**

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!**