

Wash in HF Sphere BHA

DONOR REQUIREMENT: THE NUMBER OF INSTITUTIONS 'GAINING ACCESS' TO BASIC DRINKING WATER DUE TO USG ASSISTANCE, WHICH IS DEFINED AS NEWLY ESTABLISHED OR REHABILITATED FROM A NON-FUNCTIONAL STATE WATER SOURCE IF THE INSTITUTION DID NOT PREVIOUSLY HAVE ACCESS AND THE WATER IS AVAILABLE ON THE PREMISES OF THE INSTITUTION.

BASIC QUALITY CONCERN FOR DISEASE PREVENTION: HANDWASHING/SANITIZATION READILY AVAILABLE AND EASY TO DO FOR CLIENTS AND STAFF (IF HANDWASHING/SANITIZATION IS AVAILABLE WITH WATER AND SOAP, ETC. IN EACH ROOM OF THE FACILITY). IF NOT AVAILABLE, THEN WE SHOULD BE RESTOCKING WHAT ISN'T THERE (E.G. HANDWASHING STATION, SOAPS, SANITIZER) AND THIS SHOULD BE MAINTAINED ON A REGULAR BASIS.

LATRINES (DISEASE PREVENTION PERSPECTIVE) SHOULD MEET THE SPHERE STANDARDS . FROM A PROTECTION POINT OF VIEW, WE NEED TO GO A STEP BEYOND AND ENSURE THERE IS LATRINE BY GENDER, LIGHTING FOR SAFE ACCESS AT NIGHT IF THE FACILITY HAS IN-PATIENT, AND THERE IS HANDWASHING NEAR THE LATRINES.

DATE OF ACTIVITY *

yyyy-mm-dd

LOCATION *

- Bentiu IDP Camp
- Bentiu town
- Rubkona
- Rubkona
- Koch
- Fangak

NAME OF FACILITY

*

- New Fangak PHCC
- Pakan PHCC
- Nyadin PHCC
- Kuernyang PHCC
- Keew PHCC
- Juaibor PHCC
- Kuemdock PHCU
- Mandeng PHCU
- Kuantnyang PHCU
- Kuerpon PHCU
- Paguir PHCU
- Pulita PHCU
- Wicmoun PHCU
- Buom PHCU
- Tiep PHCU
- Toch PHCU
- Kuerdang PHCU

TYPE OF SITE *

- EHCC/PHCC
- EHCU/PHCU
- Stabilization Centre (SC)
- TSFP (nutrition site)
- OTP (nutrition site)
- Hospital
- Mobile clinic (nutrition and health integrated)

ASSESSOR *

Basic Hygiene

1. SAFE DRINKING WATER IS ACCESSIBLE IN MAIN WAITING AREAS, MATERNITY WARD AND NUTRITION SITE/SERVICE RECEIVING AREA *

*Minimum requirement of water quantities needed to survive (for drinking and food): 2.5–3 liters per person per day.
Note: Water needs can vary within the population on water use and consumption, particularly for persons with disabilities, and climate change trends.*

- Yes
- No

2. FACILITY HAS SOAP AND WATER FOR HAND HYGIENE STATIONS AT POINTS OF CARE (EXAMPLE: IN CONSULTATION ROOM, WARD, WASTE MANAGEMENT AREA ETC.,) AND NEXT TO THE LATRINES. *

For basis hand washing practices 2–6 liters of water per person per day is available. The quality of water needed depends on social and cultural norms.

- Yes
- No

3. ALL LATRINES HAVE FUNCTIONING HAND WASHING STATIONS WITH SOAP AND WATER *

Yes

No

4. HAND HYGIENE COMPLIANCE UNDERTAKEN REGULARLY *

Clinical staff, patients and visitor educated on importance of hand hygiene to better understand when and how it should be performed

Yes

No

5. WOMEN AND GIRLS OF MENSTRUATING AGE, AND FEMALES HAVE ACCESS TO DIGNITY KIT (MENSURAL HYGIENE KIT) *

MHM kit should include following key items according to WASH cluster standard

-sanitary pads: 2 X Reusable (maxi size), and/or 6 Sanitary Pads)

-6 x Women underwear (M size 3 pcs, S size 3 pcs);

-1 x soap bar of 800 gr (Multi-purpose soap)

Yes

No

6. WASH NFI KIT TO EACH SAM COUPLE "CARETAKER/CHILD". *

NUTRITION STAFF WILL TRAIN CAREGIVERS ON THE USE OF THE NFI KIT ITEMS AND PROMOTE BASIC HYGIENE PRACTICES (EG HAND HYGIENE AND HOUSEHOLD WATER TREATMENT AND SAFE STORAGE)

Applicable to SAM cases only

SAM cases should receive following WASH Kit according to WASH cluster standard:

-1 bucket with tap, 20l

-1 bucket without tap, 20l / or jerrycan (10 or 20 l)

-Chlorine tablets for 3 months (e.g. Aqua tabs 67 mg) – depending on NTU

-Sedimentation/Disinfection Powder for 3 months (e.g. PUR) – depending on NTU

-Filter clothes, 1 piece per household

-Soap, 250 grs per person per month, for 3 months

Yes

No

7. FOOD IS SAFELY PREPARED AND HANDLED (WITH CLEAN HANDS, ON CLEAN SURFACES AND WITH CLEAN UTENSILS) *

3-6 liters of water/person/day available for basic cooking. (applicable to SC site only)

Yes

No

Water

8. WATER AVAILABLE FOR BASIC COOKING AND WASHING NEEDS (SITES WITH IN PATIENT CARE ONLY: SC, EHCC/PHCC) *

Minimum requirement of water quantities: 3-6 liters per person per day (depends on food type, social and cultural norms)

Yes

No

9. WATER AVAILABLE AT HEALTH CENTRES, NUTRITION AND HOSPITAL *

*To calculate the facility's water requirements, add up the following as guided by the sphere standards.
 -5 liters per outpatient (PHCC, PHCU, SC, OTP and TSFP) 40-60 liters per in-patient per day (site with SC and EHCC) 100 liters per surgical intervention and maternity ward (delivery room). And additional quantities may be needed for laundry equipment, and toilets
 Viral hemorrhagic fever center: 300-400 liters per patient per day. Therapeutic feeding centers (nutrition sites only).
 -30 liters per in-patient per day
 -15 liters per carer per day. Cholera/outbreak ward : 60 liters of water per patient per day*

Yes

No

10. DURING HIGH REPORTED CASES OF ACUTE WATER DIARRHEA (AWD), WASH KIT ARE AVAILABLE (BEFORE DISTRIBUTION, PATIENT AND CARE GIVERS ARE TRAINED BY HHP/BHW AND WASH TEAM ON THE USE OF KIT ITEMS AND SENSITIZED ON BASIC HYGIENE PRACTICES) *

*Following WASH kit is available (according to WASH cluster standard)
 -soap hand washing (250g/person/month)
 -Bucket with lid and tap - 20 liters (for handwashing)
 -Aqua tabs - 15 liters per person per day [for underground water source]
 -PUR sachets - 10 liters / Filter cloth [turbid water source]
 -Pool tester and DPD1 tabs (free residual chlorine testing)*

Yes

No

11. WATER AVAILABLE AT MOBILE CLINIC WITH INFREQUENT PATIENT VISITS *

1 liter per patient per day

Yes

No

12. WATER AVAILABLE AT MOBILE CLINIC WITH FREQUENT PATIENT VISITS *

5 liters per patient per day

Yes

No

13. WATER AVAILABLE AT ORAL REHYDRATION POINTS (ORPS) *

10 liters per patient per day

Yes

No

14. WATER AVAILABLE DURING CLINIC OPERATING TIMES IN WAITING AREA *

15 liters per person per day if stay is more than one day, 3 liters per person per day if stay is limited to day-time

Yes

No

15. WATER AVAILABLE IN LATRINE IS IN SUFFICIENT QUANTITY TO CLEAN/FLUSH *

20-40 liters per user per day for conventional flushing toilets connected to a sewer (this depends on type of site with toilet) 3-5 liters per user per day for pour-flush toilets

Yes

No

16. WATER IS AVAILABLE FOR ANAL WASHING *

1-2 litres per person per day

Yes

No

17. DIRTY LAUNDRY IS WASHED WITH WATER AND DETERGENT/CHLORINE *

applicable in patient care sites only

Yes

No

Sanitation

MINIMUM NUMBERS OF TOILETS: COMMUNITY, WAITING AND INSTITUTIONS

18. LATRINES ARE AVAILABLE AND USABLE FOR STAFF, CAREGIVERS, PATIENT AND VISITOR *

Short term; 1 toilet for 20 beds or 50 outpatients. Longterm: 1 toilet for 10 beds or 20 outpatients. Latrine are separated/labelled for male and female and provides privacy for women and girls.

Yes

No

19. LATRINE IS AVAILABLE IN FEEDING CENTERS *

Short term; 1 toilet for 50 adults 1 toilet for 20 children. Longterm;1 toilet for 20 adults 1 toilet for 10 children

Yes

No

20. LATRINE IS AVAILABLE WAITING AREA *

1 toilet for 50 individuals, 3:1 female for male

Yes

No

21. LATRINE IS AVAILABLE IN GENERAL OFFICES *

1 toilet for 20 staff

Yes

No

22. LATRINES ARE REGULARLY CLEANED, DISINFECTED AND WELL MAINTAINED. STAFF HAVE THE INFORMATION, MEANS AND TOOLS TO CLEAN, REPAIR AND MAINTAIN THE LATRINES. *

Yes

No

23. SITES WITH IN PATIENT CARE ONLY; LIGHTS (OIL LAMP, CANDLE) ARE AVAILABLE AND FUNCTIONING AT NIGHT IN LATRINES AND DELIVERY ROOM AND OTHER WASH INFRASTRUCTURES. *

Room(s) and latrines has functioning lighting

Yes

No

Medical waste

24. WASTE COLLECTION CONTAINERS ARE AVAILABLE IN CLOSE PROXIMITY TO ALL WASTE GENERATION POINTS *

Health care waste contains infectious organisms such as HIV and hep B, which can contaminate soil and water sources. Three waste bin to collect and segregate waste are available

Yes

No

25. WASTE IN FACILITIES ARE PLACED IN DIFFERENT CONTAINERS (PLASTIC OR METAL) IN AT LEAST THREE BINS, ARE TREATED AND DISPOSED SAFELY *

*a waste bin for general (non-infectious) waste is available within the ward and clearly labeled such as paper
a waste bin for sharps, infectious waste (for example needle, scalpels, infusion sets, broken glass, empty vials) is available and clearly labeled*

a waste bin for non sharps hazardous, infectious (materials contaminated with body fluids such as swabs, dressings, sutures, lab cultures) is available within the ward and clearly labeled

Yes

No

26. SYRINGES AND NEEDLES ARE DISCARDED IN SHARP BOX (YELLOW CONTAINER LABELED SHARPE) AFTER SINGLE USE *

Yes

No

27. THERE ARE NO SHARPS ON THE FLOOR (NEEDLES, SCALPELS, AMPOULES, ETC.) *

Yes

No

28. PROTECTIVE EQUIPMENT IS AVAILABLE FOR STAFF HANDLING FOR WASTE TREATMENT AND DISPOSAL *

Protective equipment for staff handling waste includes: gloves, apron, mask, rubber boots.

Yes

No

29. STAFF ARE ORIENTED ON THE RATIONAL USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) *

Designated staff is wearing PPE (minimum: gloves and boots)when collecting, treating and disposing medical waste

Yes

No

30. A DEDICATED WASTE STORAGE AREA IS AVAILABLE. STORAGE AREA IS FENCED AND SECURED, AND HAS SUFFICIENT CAPACITY WHERE SHARPS, INFECTIOUS AND NON-INFECTIOUS WASTE ARE STORED SEPARATELY *

Dedicated and fenced waste storage area available, of sufficient capacity and waste stored separately. In cases of flooding, waste should be stored in elevated containers and/or transported off-site. Additional storage also available when additional waste generated during climate-events and /or emergencies. Fenced area should be protected from flooding, lined and covered. No unprotected health care waste should be visible.

Yes

No

31. INFECTIOUS WASTE IS STORED FOR LONGER THAN THE SAFE LIMIT TIME BEFORE THE TREATMENT/DISPOSAL *

Storage times for infectious waste followed(e.g. the time between generation and treatment) should not exceed the following periods: 48 hrs. during the cold season; 24 hrs. during the hot season.

Yes

No

32. BURIAL PIT IS AVAILABLE AND FUNCTIONAL FOR DISPOSAL OF NON-INFECTIOUS (NON-HAZARDOUS/GENERAL) WASTE. *

Burial pit was functioning in fenced area at the time of visit. Pit is covered to avoid flooding and not be overfilled.

Yes

No

33. WASTE PITS ARE BUILT TO WITHSTAND CLIMATE-RELATED EVENTS AND EMERGENCIES (E.G. FLOODING) AND/OR A BACKUP WASTE STORAGE SITE IS AVAILABLE *

Waste pits built to withstand flooding and an alternative is in place in times of emergencies. Waste pits should be constructed on elevated ground to prevent overflow during flooding. The bottom of the pit(s) should be at least 1.5 meters above the water table. If it is not possible to construct a pit on elevated ground, pits should have drainage channels built around them to direct water away. Waste pits should not be over-filled and the area around them kept free from waste

Yes

No

34. DEDICATED BURIAL PITS (FOR NON SHARP) COVERED WITH QUICKLIME FOR INFECTIOUS WASTE IS AVAILABLE *

Ash/Waste pit exists and is functional. Infectious waste is incinerated and buried in ash pit.

Yes

No

35. BURIAL PITS OR CREMATION SITE FOR PATHOLOGICAL WASTE (FOR EXAMPLE PLACENTA PIT) IS AVAILABLE. *

For PHCC site, placenta Pit is available and waste is disposed correctly. It should not be discarded in latrines. Placenta pit may be lined or unlined depending on the geology of the soil. It should include a slab. It should be locked or fenced to prevent unauthorized access.

Yes

No

36. THERE IS SYSTEM OF MANAGEMENT OF THE DISPOSAL OF CHEMICAL WASTE AND PHARMACEUTICAL WASTE FROM HEALTH FACILITIES TO BE COLLECTED REGULARLY BY STATE DEPARTMENT/CHD *

All pharmaceutical and chemical waste is treated and disposed safely according to national guidelines.

Yes

No

37. THERE IS AN INFECTION PREVENTION OR CLEANING PROTOCOL FOR THE FACILITY *

The infection prevention or cleaning protocol in place including the labor and delivery ward that involves guidance on the process for cleaning bodily fluid spills (blood, urine, amniotic fluid, etc.)

Yes

No

38. STAFFS ARE ADEQUATELY TRAINED FOR MANAGEMENT AND OVERSIGHT OF HEALTH CARE WASTE AND CARRIES OUT THEIR DUTIES TO THE APPROPRIATE PROFESSIONAL STANDARDS *

staffs are adequately trained and carries out duties correctly

Yes

No