

Developing a participatory management tool for user-friendly water sanitation and hygiene in healthcare facilities



Supporting a people-centred care approach

Cambodia
March 2018



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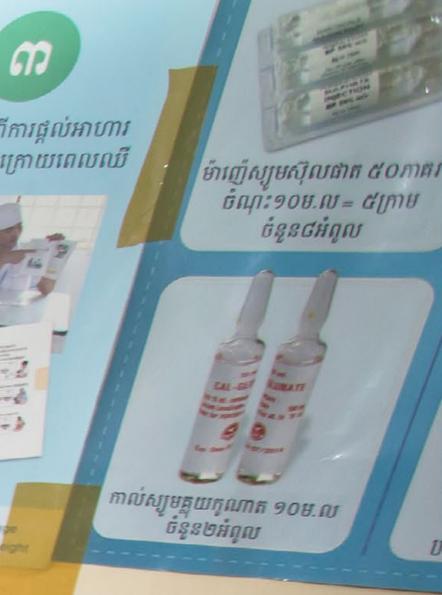
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បញ្ជូនទៅព្យាបាល SAM



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Abbreviations

FGDs	Focus Group Discussions
HMIS	Health Management Information System
JMP	Joint Monitoring Program
MHM	Menstrual Hygiene Management
NGO	Non-Government Organisation
SARA	Service Availability and Readiness Assessment
SDGs	Sustainable Development Goals
SDI	Service Delivery Indicator
SPA	Service Provision Assessment
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WASH FIT	Water and Sanitation for Health Facility Improvement Tool
WHO	World Health Organization

01

Introduction

Universal access to water and sanitation are global goals for the 2030 Sustainable Development agenda – enshrined in Goal 6 “ensure access to water and sanitation for all”. Achieving this requires an increased focus on water, sanitation and hygiene (WASH) in public settings, including WASH in healthcare facilities. Within healthcare facilities, access to safe WASH is vital for protecting human health and dignity, improving the quality of care, for infection prevention and control, safe delivery for mothers and newborns and to improve healthcare seeking behaviour¹.

Universal access requires services and facilities that meet the specific needs of all users. People in healthcare facilities are more likely to be experiencing

illness, pain, limited mobility, be heavily pregnant or have just given birth. WASH infrastructure in healthcare facilities such as squat toilets, the distance of toilets from the building and inaccessible pathways might be difficult for all patients and staff to use. Therefore, it is critical that efforts to address WASH in healthcare facilities adopt universal accessibility principles and designs, and a people-centred approach with ‘user-friendly’ services. From a human rights perspective, everyone, including vulnerable groups and those with specific requirements, have an equal right to WASH services and resources. Accordingly, barriers that prevent or hinder use must be removed to promote people’s full participation, access and dignity.

¹ World Health Organization (WHO) (2015) *Water, sanitation and hygiene in health care facilities. Status in low- and middle-income countries and way forward*. WHO. Geneva.



WaterAid/Tom Greenwood

Defining 'user-friendly' WASH in healthcare facilities

'User-friendly' WASH is people-centred, accessible and inclusive, encompassing physical accessibility as well as socio-cultural acceptability, provided through the security, privacy, independence and dignity afforded by the designs. The principles of accessibility and inclusion are about meeting the WASH needs of users of diverse genders, age, class, abilities and ethnicity and supporting their equal participation. The WASH rights and needs of people with disability; people who are injured or ill; older persons; immuno-compromised persons; menstruating, pregnant and perinatal women; and infants and children, must be met.

User-friendly WASH facilities and services are people-centred, safe and equitable, and therefore are vital for delivering quality of care to all in healthcare facilities. **For the purpose of this report, we adopt the term "user-friendly WASH" to encompass WASH services and facilities that are responsive to the needs of diverse healthcare facility users including patients, carers and staff. User friendly WASH services and facilities range from infrastructure and equipment to products and information.**



About this report

This report synthesises key learning on making WASH in healthcare facilities more user-friendly, accessible and inclusive. It captures the participatory, inclusive, collaborative and rigorous approach taken to develop a 'Participatory Management Tool' (the Tool), to support progress toward user-friendly WASH in healthcare facilities in Cambodia and beyond. Policy-makers and practitioners can use this case study of the Cambodian experience as a guide for user-friendly, accessible and inclusive WASH in healthcare facilities in other low and middle-income settings. It is anticipated that wide adoption of the Tool across Cambodia and elsewhere will create an accountability push for improved WASH accessibility and use in healthcare facilities. The global focus on increasing WASH availability, demanded by the Sustainable Development Goals (SDGs), is an important opportunity to also improve accessibility, to ensure universal access.



Background

WaterAid considers WASH in healthcare facilities to be a comprehensive package including safe, reliable and sufficient water supply; excreta disposal and management; drainage; health-care waste management; cleaning and laundry; food storage and preparation; control of vector-borne disease; and hygiene promotion².

WHO and UNICEF have developed a global action plan for WASH in healthcare facilities, with a vision to “provide WASH services in all facilities, in all settings by 2030, with special attention to the needs of women, girls and children”³. This momentum for WASH in healthcare facilities provides a critical time to sharpen how we account for the diversity of WASH needs among users – which are often not well documented or understood. Progress has been made over the past decade to provide guidelines and improve practices. WHO published the ‘Essential Environmental Health Standards in Healthcare’ in 2008, setting standards for WASH in healthcare facilities⁴. In 2017, WHO and UNICEF developed the Water and Sanitation for Health Facility Improvement Tool (WASH FIT), a continuous improvement framework to improve and sustainably maintain WASH services in healthcare facilities. WHO and UNICEF’s Joint Monitoring Programme (JMP), responsible for the monitoring of SDG 6, now incorporates checks for WASH accessibility in healthcare facilities into their survey tools. However, within these frameworks, WASH accessibility is largely limited to the physical accessibility of toilets and does not cover the full suite of WASH services⁵. Similarly, the main monitoring tools for healthcare facilities – such as the Service Delivery Indicator (SDI), Service Availability and Readiness Assessment (SARA) and Service Provision Assessment (SPA) - include some indicators for WASH, but do not consider the specific accessibility needs of different groups. Finally, although inclusive standards for WASH exist, these have primarily focused on community and school-based accessible WASH with a limited scope of ‘taps and toilets’⁶. WaterAid recognised that there is a demand for guidelines and tools to support improvements to user-friendly and accessible WASH in healthcare facilities in low and middle-income settings.

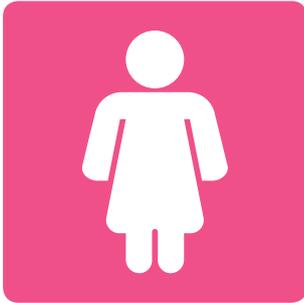
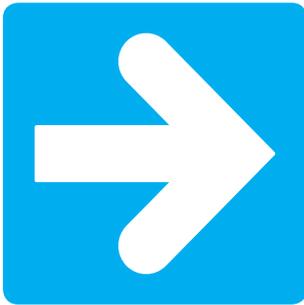
² World Health Organization (2008). *Essential environmental standards in health care*

³ WHO and UNICEF (2015) *Water, Sanitation and Hygiene in Healthcare Facilities Global Action Plan* [online], Available at: www.washinhealthcare.org/fileadmin/user_upload/documents/24-WASHinHCFGlobalActionPlanOct2015.pdf (accessed 20 Sep 2018)

⁴ Ibid

⁵ WHO and UNICEF (2016). *Meeting Report: Expert Group Meeting on Monitoring WASH in SDG*. Geneva, Switzerland: WHO/UNICEF Joint Monitoring Programme for water supply and sanitation.

⁶ Ibid



In Cambodia progress has been made to improve access to WASH services, although it must be noted that improvements have disproportionately benefitted wealthier, urban populations. Changes in the policy and legal environment have mandated that all public buildings should be accessible to people with disabilities implicitly including WASH services in healthcare facilities⁷. However work remains to translate standards such as this into practice and to mainstream inclusive principles. In Cambodia, WASH and disability are the responsibilities of different ministries and there appears to have been minimal collaboration on disability-inclusive WASH within government and between non-government organisations from the WASH, healthcare and disability sectors. The lack of collaboration between sectors has been identified as a main barrier to achieving inclusive WASH in Cambodia and indeed globally⁸.

WaterAid have undertaken considerable work in Cambodia in the areas of accessible community WASH and WASH in healthcare facilities. This research and tool brings together WaterAid's experience, technical knowledge and networks to drive learning in the converging area of user-friendly and accessible WASH in healthcare facilities, which has to date been a largely neglected research and practice area.

⁷ WaterAid and Australian Red Cross (2014). *Accessible WASH in Cambodia report*. WaterAid. Cambodia.

⁸ Ibid



Accessible WASH in Healthcare Facilities | Review by the Nossal Institute⁹

The Nossal institute, in partnership with WaterAid, conducted a scoping exercise to determine the current knowledge and standards of accessible WASH in healthcare facilities, globally and in Cambodia. Guided by the research question - *What encompasses accessible WASH in healthcare facilities in low-income settings?* - a literature review examined the WASH, healthcare facility and disability inclusion nexus. The review looked at practices in low-income settings more broadly, and at the Cambodian context specifically. It focused on, but was not limited to, accessibility for people with temporary or permanent limited mobility. There is limited literature available on the subject. In depth interviews with key stakeholders in Cambodia from the WASH, health and disability sectors were conducted to provide additional data to assist in filling the knowledge gaps.

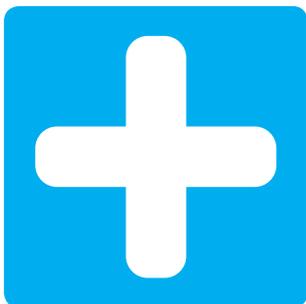
Key Findings

There is a pressing need for current WASH in healthcare facility standards and guidelines in low and middle-income settings, to integrate comprehensive accessibility requirements, to provide standardisation across sectors and, between organisations.

The WASH needs of people with mobility limitations and other healthcare facility users with specific WASH needs are poorly documented and are not well-understood or implemented in Cambodia. As detailed in the background section of the Nossal report, the current global standards and guidelines do not adequately cover accessible WASH in healthcare facilities in low-income settings.

In many instances, WASH availability in healthcare facilities in rural Cambodia is poor with: limited availability of safe drinking water, sanitation and bathing facilities; poorly maintained and unhygienic facilities; and, the absence of products such as soap or products for menstrual hygiene management (MHM) to support personal hygiene.

⁹ Butcher, N (2017) *Accessible WASH in Cambodian healthcare centres report*. The Nossal Institute for Global Health. Melbourne, Australia.



Addressing WASH accessibility in rural Cambodian healthcare facilities clearly necessitates addressing WASH availability. Many interviewees found it difficult to focus on accessibility while the basic availability of WASH services is still an issue. However, increasing WASH availability in healthcare facilities presents an important opportunity to do so with inclusivity and accessibility principles in mind to ensure universal access. Whether due to injury, illness, surgical interventions, ageing, congenital or acquired impairments, sickness or old age, most people experience mobility limitations and have the need for accessible and inclusive design at some point in their lives. Women too have specific WASH needs during menstruation, pregnancy, childbirth, and the post-birth period. Therefore, the benefits of accessible WASH are wide, and improving accessibility need not be a trade off with increasing availability.

Specific barriers to WASH accessibility exist in healthcare facility settings. Additional broader factors impact people reaching a healthcare facility in the first place such as prohibitive costs, transport and people's health-seeking behaviours. Specific barriers include: inaccessible infrastructure; WASH facilities' locations and proximity; a lack of assistive products (such as shower seats and wheelchairs); and negative socio-cultural beliefs and attitudes. Inadequate knowledge and skills of healthcare workers in providing services for people with specific WASH needs is also a critical barrier; which often results in the burden of care shifting on to family members and carers, disproportionately affecting women and girls whom typically assume the role of carer.

Women's and newborns' specific needs have been largely left out of developments in WASH in healthcare facilities leaving 'blind spots' in the evidence base for their specific WASH needs. WASH provisions for women in healthcare facilities need to go beyond current requirements for a separate, secure and well lit toilet with bins for MHM, to also include provisions for the supply and management of products for menstrual blood and post-partum bleeding, and the availability of secure, private and accessible places for washing or bathing. Birth is a time when women and infants are at a particularly high risk of infection and complications, hence ensuring access to safe water and sanitation is important for improving quality of care and ensuring safe delivery for mothers and babies. There are also gaps in knowledge, guidelines and resources related to healthcare facilities' management for the WASH needs of people with incontinence and those who are confined to bed, in a way that upholds their health and dignity.

Within the Cambodian context and elsewhere, greater collaboration between the WASH, health and disability sectors, at all levels, is required to enable accessible WASH in healthcare facilities that is responsive to the specific needs of different vulnerable groups. Presently, "things are very fragmented. WASH and disability are being addressed separately. We need to bring them together" (participant).

"When the family has a member who suffers [sic] from disability, it is a kind of family burden because it is needed to have the other family members to take care all the time"

WASH sector representative

"I need to have someone accompany me to the toilet so that I can access it."

Respondent with vision impairment



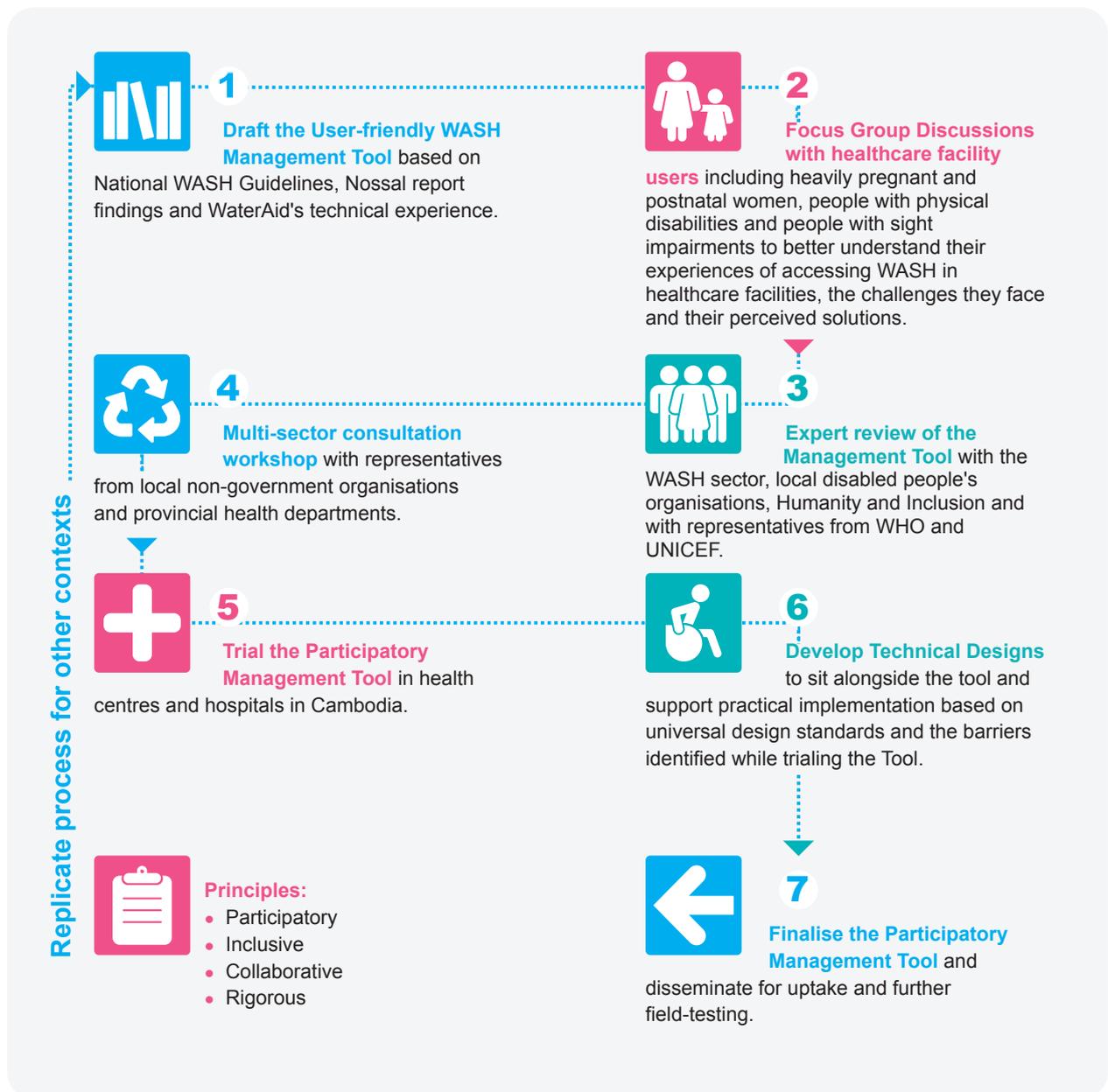
Nossal Report Recommendations

1. Identify and monitor accessibility and user-friendly gaps by modifying existing WASH in healthcare facilities monitoring tools.
2. Consult with users/potential users of healthcare facilities regarding their needs and experiences.
3. Collaboration between sectors and at all levels to develop standards and implement accessible WASH in healthcare facilities.
4. Continued awareness raising to address the healthcare requirements, including those related to WASH, for people with specific needs.
5. Address the unmet need for assistive products and hygiene supplies in healthcare facilities to enable service users to manage WASH tasks safely, with dignity and as independently as possible including the specific WASH needs of women.
6. Address broader factors influencing accessibility to healthcare including transport and cost.

04

Developing the Participatory Management Tool and Technical Designs For User-Friendly WASH in Healthcare Facilities

To address the recommendations of the scoping exercise, WaterAid has developed a Participatory Management Tool to diagnose the extent to which WASH in healthcare facilities is user-friendly and accessible. The process is documented below:





Key findings from Focus Group Discussions with healthcare facility users

Group A: 3 heavily pregnant women and 3 women who are postpartum.
Group B: 4 women and 5 men with physical disabilities or sight impairment.

- The availability and maintenance of WASH services in healthcare facilities are major challenges: users must often bring their own drinking water to healthcare facilities, it is not provided; there are too few sanitation and bathing facilities; the limited facilities are poorly maintained; and, products for personal hygiene management such as soap are unavailable. One woman said she always tries to wash her hands before breastfeeding but soap is unavailable.
- Accessibility issues include: the proximity of WASH services to treatment areas; inaccessible infrastructure such as stairs instead of ramps; narrow entrances to WASH facilities; no grab rails; and, the common provision of squat toilets rather than higher, seated toilets. One man with a disability said that he needed someone to take him to the toilet because his wheelchair could not fit through the doorway.
- WASH services in healthcare facilities do not afford privacy, independence and dignity. Accessing toilets and bathing facilities often requires assistance from families and women often do not have privacy for managing menstruation. Some women said they feel embarrassed because they have to change their pads at their beds in shared rooms.
- Suggestions from users included: making infrastructure more physically accessible; making products for personal hygiene available; private sanitation facilities in close proximity to the wards; and, the provision of hygiene education materials.



Benefit and purpose of the Tool

The Participatory Management Tool for user-friendly WASH in healthcare facilities can be used to:

- Examine the extent to which WASH facilities in health centres and hospitals are user-friendly.
- Gather user perspectives (clients and/or staff) on their WASH experiences in an empowering and participatory way.
- Use this information to make changes to WASH infrastructure, management and practices to meet the identified needs of users.

The Tool pays particular attention to the specific needs of different users. It is categorised into the different WASH elements: bathing; sanitation; products and equipment; caring for young children/infants; hand washing; and, drinking water. It allows the facilitator to assess the extent to which facilities meet, partially meet, or do not meet criteria for accessibility, usability, privacy and safety. Importantly, in addition to scoring against each target, the Tool provides the opportunity for user perspectives (client and/or staff) on each of the elements thereby triangulating observed results with user-experiences, and embedding participatory and people-centred practices into monitoring. It comprehensively examines 'accessibility' by considering the physical accessibility of infrastructure, the availability and usability of products and facilities for different groups, and the safety, privacy, independence and dignity afforded by the designs and services.

The Tool should be used to diagnose barriers in healthcare facilities that inhibit users from accessing and using WASH facilities or facilities that fail to meet users' specific needs and expectations. Strategies and planning for improving WASH accessibility in healthcare facilities can be guided by the Tool results, directing efforts and resourcing where targets are not met or are only partially met. The Tool can also be used to measure progress and the sustainability of improvements through ongoing monitoring. Wide adoption of the Tool will increase data availability and increase evidence for the need to improve WASH accessibility and therefore can be used to promote user-friendly and inclusive WASH in healthcare facilities universally.



Application of the Tool

The Tool can be conducted along with, or be adapted and incorporated into, existing monitoring mechanisms and service assessments.

It is designed to complement other quality improvement and adaptive management tools for WASH in healthcare facilities such as WHO/UNICEF's Water Sanitation for Health Facility Improvement Tool (WASH FIT)¹⁰. Using the Tool alongside or within WASH FIT and similar tools can evaluate whether quality improvements are inclusive, accessible and meeting the needs for all, and ensures this is validated by users' perspectives and experiences. WASH FIT provides step-by-step guidance to develop, monitor and continuously implement an improvement plan and prioritise specific actions when resources are limited. The cost to make WASH services accessible is often small and the benefit wide, therefore, building accessibility targets generated from this Tool into WASH FIT improvement cycles is not only equitable but also prudent.

The Tool could also be combined with existing healthcare facility monitoring tools including the Service Delivery Indicator (SDI), Service Availability and Readiness Assessment (SARA) and Service Provision Assessment (SPA). It should be noted that these monitoring tools are not currently used in Cambodia but are widely used elsewhere. The Tool may also complement data available through national mechanism such as Health Management Information Systems or Demographic and Health Surveys.

The long-term view is for user-friendly and accessible WASH indicators and targets to be embedded into mainstream quality assurance tools to ensure that accessibility principles and people-centred approaches are universally applied.



¹⁰ World Health Organization (2017). *Water and Sanitation for Health Facility Improvement Tool (WASH FIT)*. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.

Cambodia

The Participatory Management Tool was specifically developed for the Cambodian context. It was drafted based on the Cambodian National WASH Guidelines and it was developed through consultations with Cambodian healthcare facility users, government representatives and local NGOs. It is currently being field tested in healthcare facilities. Users of the Tool are encouraged to share their experiences and data in order to refine the tool and prepare it for scale across Cambodian healthcare facilities. Doing so will gather rich evidence of how WASH within healthcare facilities meets the needs of users including staff, patients and carers. This evidence can be used to improve accountability to inform policy change, greater cross sectoral collaboration and improvements in inclusive practice.

Globally

The Tool has been designed so that it can be adapted for use in other low and middle-income contexts globally to make small modifications to reflect national standards where they exist. Following a process similar to that which is laid out in Section 4 will allow stakeholders in other countries to develop tools that are context specific and can foster multi-sector collaboration and buy-in for accessible and inclusive WASH in those settings.

Improving the accessibility of WASH in healthcare facilities is critical for meeting several global targets. The need for user-friendly WASH in healthcare facilities is implicit in achieving SDG 3: 'Ensure healthy lives and promote wellbeing for all at all ages'. It is crucial for improving the quality of care in healthcare facilities through services that are safe, equitable and people-centred; for infection prevention and control; for the safe delivery of mothers and babies; and to improve healthcare seeking behaviour. Research has clearly demonstrated the association between access to safe water and sanitation and reduced maternal mortality¹¹. Indeed, user-friendly WASH in healthcare facilities that is responsive to the specific needs and vulnerabilities of pregnant women, perinatal women and neonates will be critical for achieving the maternal and child health targets in global programs such as USAID's Maternal and Child Survival Program. User-friendly and accessible WASH in healthcare facilities is also key to achieving SDG 6: 'Ensure availability and sustainable management of water and sanitation for all'. Yet despite the centrality of user-friendly WASH for achieving global targets, it is not being routinely monitored and consequently the lack of evidence has meant that it is rarely prioritised. Adaptation and adoption of the Tool in other low and middle-income countries will be an important first step in raising the profile of user-friendly, inclusive and accessible WASH in healthcare facilities. JMP will be releasing baseline estimates for WASH in healthcare facilities in 2019 providing service ladder data for water, sanitation, hygiene and waste management. Data collected using the Tool could complement JMP baseline data to give a more comprehensive picture of what WASH services are available and accessible, in what contexts and for whom, thereby strengthening the ability of governments to set priorities and direct resources to promote universal access.

¹¹ Kohler, P, Renggli, S and Luthi, C (2017) *WASH and gender in health care facilities: The uncharted territory*. Health Care for Women International, DOI: 10.1080/07399332.2017.1395440

07

Next Steps

This report presents a call to action across sector actors to comprehensively address user-friendly WASH in healthcare facilities with a set of critical steps:

1. Tool modification and field-testing

The Tool is ready for further field-testing in Cambodia; to date it has only been tested in a small sample of healthcare settings. In Cambodia and other contexts, the Tool can be modified to be appropriate for the specific setting in which it is being used. Adapting the Tool should involve multi-sectoral collaboration and engaging with healthcare facility users to ensure the tool is relevant and responsive to their needs.

2. Share evidence and learning from using the Tool

Users of the Tool are encouraged to share their experiences and data in order to refine the Tool and prepare it for scale. Sharing evidence from using the Tool can be leveraged to create an accountability push for improvements to WASH accessibility and usability in healthcare facilities. This report, alongside data collected through using the Tool, can be used as a platform to guide how to address and improve user-friendly WASH in healthcare facilities in Cambodia and in other low and middle-income countries.

3. Using the Tool as a stepping stone for mainstreaming accessibility and people-centred approaches

Introducing yet another monitoring mechanism can be challenging as they can increase workloads in settings that are often already resource constrained. The Tool is a stepping stone with the long-term goal to embed accessibility and people-centred approaches into mainstream healthcare facility and WASH monitoring mechanisms. To date, user-friendly WASH in healthcare facilities in low and middle-income settings has been largely overlooked, making this interim step crucial.



There is still much to be done to progress the six recommendations made in the Nossal scoping report to improve WASH accessibility in healthcare facilities. Focus should be on: raising awareness for user-friendly WASH in healthcare facilities; mainstreaming accessibility and people-centred principles in services and routine monitoring; continuing to strengthen collaboration and coordination between the sectors; and, addressing the unmet need for assistive products and the broader barriers inhibiting access to healthcare facilities.



Conclusion

User-friendly, accessible and inclusive WASH in healthcare facilities is vital for protecting human health and dignity, and particularly for addressing the specific and sometimes neglected needs of vulnerable populations. To date, the specific WASH needs of women and children in healthcare facilities have been largely overlooked. Likewise, other vulnerable groups such as older people, people with disabilities, injuries or illness, are not having their specific WASH needs met. The global SDGs cannot be achieved without an increased focus on user-friendly WASH in healthcare facilities. The Participatory Management Tool is a practical mechanism to raise the profile of user-friendly WASH in healthcare facilities. Through an audit of infrastructure and services coupled with user-perspectives, it enables the facilitator to identify the specific WASH needs of healthcare facility users and the barriers hindering their equitable use of services. Above all, people should be central to their own development solutions. While the Tool has been specifically developed for the Cambodian context, it can readily be adapted for other low and middle-income countries by modelling the process outlined in this report. The global focus on increasing WASH availability in healthcare facilities is an important opportunity to ensure services and facilities are also user-friendly, inclusive and accessible to promote equitable, universal access that 'leaves no one behind'.



WaterAid/ Laura Summerton

Final draft of Participatory Management Tool for User-Friendly WASH in healthcare facilities

The purpose of this user-friendly tool is to examine the WASH facilities in the healthcare setting (either a hospital or a facility). Type of healthcare facility: Hospital or Health center

Type of service (only for hospital setting): _____

***Note: Materials and equipments for audit: Note book, pen, tape measure, pencil, eraser and camera**

SECTION 1: BATHING	Meets target ***	Partially Meets target **	Doesn't meet target *	Score * ** ***	Note
1.1 AUDIT					
Clear and visible signage to direct users to the bathing area - Sign has words, pictures and braille	Yes, there is clear and visible signs with words, pictures and braille	Sign has words only, no pictures and/or no braille	No signage		
Pathway to bathing area: width is min 120cm. Pathway is flat and even (e.g concrete, not dirt) Pathway is dry and is clear of obstacles	Yes, pathway width 120cm and it is clear, flat and dry	Pathway is less than 120cm wide, but it is clear, flat, dry, even.	No pathway. Or pathway is uneven (e.g. dirt), blocked, wet and not flat.		
Bathroom entry has a ramp. Ramp has two levels of grab rails on each side: One at 70cm and one at 90cm. Ramp floor has a small edge on both sides: 5cm high	Bathroom has a ramp. Ramp grab rails on both sides at two levels: 70cm and 90cm. Ramp floor edge on both sides is 5cm high	Bathroom has a ramp. Ramp does not have grab rails on both sides. Or ramp does not have rails at two levels.	Bathroom does not have a ramp (e.g only steps)		
Bathroom ramp has a max. gradient of 1:20 (ramp is not too steep)	Yes, bathroom has a ramp, with a max gradient 1:20	Ramp gradient is lower than 1:20 (too steep)	Bathroom does not have a ramp (e.g only steps)		
Bathroom door (or shower/bathing area door) opens outwards Door width is minimum 90cm Door height is minimum 2m Door has a handrail	Shower/bathing door opens outwards Door width is min 90cm Door height min 2m Door has handrail	Door opens outwards Width is min 80cm Door height less 2m Door has handrail	Door width is less than 80cm Door height less 2m No handrail		

SECTION 1: BATHING		Meets target ***	Partially Meets target **	Doesn't meet target *	Score	Note
	The floor inside bathroom is made of non-slip material (for example non-slip tile for bathroom)	Floor of bathing area, shower and bathroom is made of non-slip material	Some floor of bathing area, shower or bathroom is made of non-slip material, but some is not	None of floor of bathing area, shower and bathroom is made of non-slip material		
	Shower or bathing area is minimum 150cmx150cm This allows space for maneuvering and/or an extra person (carer)	Yes, the bathing area is minimum 150cm x 150cm	Space is smaller than 150 x150cm but a small wheelchair can use	Space is smaller than 150 x 150cm but cannot use for any kind of wheelchair		
	Apron is minimum 150cm x 150cm	Apron is minimum 150cm x150cm	Apron is smaller than 150cm x 150cm	No apron		
	Height of shower tap 80cm Height of shower is maximum 150 cm	Height of shower tap 80cm. Height of shower is maximum 150 cm	Height of shower tap is above 80cm. Or Height of shower is above 150 cm	Both tap and shower head are above maximum heights		
	Shower has grab rails at height 70cm-80cm, attached to floor or sidewalls.	Shower has grab rails at height 70cm-80cm	Grab rails are higher than 80cm	No grab rails		
	Shower/bathing area has an optional seat Shower/bathing area has grab rails on both sides with 700mm long at a height of 700mm from floor level, and between 46cm-48cm from adjacent wall	Yes, shower has an optional seat and grab rails on both sides with 700mm long at a height of 700mm from floor level, and between 46cm-48cm from adjacent wall	Yes, shower has an optional seat but higher than 50cm and no grab rail on both sides	No seat available No grab rails available		
Privacy	Shower door has a working lock, and is lockable from the inside. Height of the lock is max. 70 cm There is no door lock outside Gap between door and floor is max 5cm. Gap between roof and wall is max 10cm. Ventilation/ air refresher No hole in wall and door	All criteria are met.	At least one criteria is not met.	No criteria are met.		
Safety	Shower is lit (including at day and night) and light switch height is maximum 120cm	Shower is lit (including at day and night) Light switch height is max 120cm	Electricity, but light sometimes not on. And/or Light switch height is between 120-130cm	No electricity/ no lighting. And/or Light switch height is above 130cm		

SECTION 1: BATHING		Meets target ***	Partially Meets target **	Doesn't meet target *	Score	Note
	Basin/water container is at least 3/4 full of water Basin/water container has a ladle	Yes, basin/water container is minimum 3/4 full. Basin/water container has a ladle	Basin/water container has 1/2 or less water. Or basin/water container is 3/4 full but there is no ladle.	No basin / water container available. No ladle available.		
	Basin/ water container height is max. 40cm	Yes,height of basin is 40cm	Height of basin is between 35cm - 45cm.	Height of basin is higher or lower than 35 - 45cm		
WASH	Shower with running water with available water 24 hours a day	Yes, shower has running water 24 hours	Shower with low volume or no water or in disrepair or running water less than 24 hours	No shower		

SCORE						
1.2 USER PERSPECTIVES (client and/or staff) (Notetaker writes responses)						
	Are there any separate bathing/shower for staff and clients?					
	Can you use the shower independently or do you require assistance? If required assistance, describe what assistance was provided (e.g. nurse, family member or equipment)?					
	Do you feel safe when using the shower? (If safe or not safe, please describe)					
	How well does the shower meet your needs? What would improve it?					

SECTION 2: SANITATION		Meets target ***	Partially Meets target **	Doesn't meet target *
2.1 AUDIT				
	Clear signage separating men, women and accessibility toilet in words, pictures and (braille for vision impaired). Sign at entrance on the wall at 140cm-160cm	Yes, clear signage for men and women and person with disability in words, pictures and (braille for disabled) Sign at entrance wall at 140cm-160cm	Sign for men and women and persons with disability in words, and/or and picture No braille. Below 140cm or above 160cm	No signage

SECTION 2: SANITATION		Meets target ***	Partially Meets target **	Doesn't meet target *
	Pathway to toilet area: width is min 120cm. Pathway is flat and even (e.g concrete, not dirt) Pathway is dry and is clear of obstacles	Yes, pathway width 120cm and it is clear, flat and dry	Pathway is less than 120cm wide, but it is clear, flat, dry, even.	No pathway. Or Pathway is uneven (e.g. dirt), blocked, wet and not flat.
	Toilet block entry has a ramp. Ramp has two levels of grab rails on both sides: One at 70cm and one at 90cm. Ramp floor has a small edge on both sides: 5cm high	"Bathroom has a ramp. Ramp grab rails on both sides at two levels: 70cm and 90cm. Ramp floor edge on bothside is 5cm high"	Bathroom has a ramp. Ramp does not have grab rails on both sides, or ramp does not have rails at two levels.	Bathroom does not have a ramp (e.g only steps)
	Toilet block ramp has a max. gradient of 1:20 (ramp is not too steep)	Yes, bathroom has a ramp, with a max gradient 1:20	Ramp gradient is lower than 1:20 (too steep)	Bathroom does not have a ramp (e.g only steps)
Privacy	Toilets are sex-segregated	Yes, toilets are separate for men and women	N/A	Toilets are not separate for men and women
	Toilet door (or toilet block door) opens outwards Door width is minimum 90cm Door height is minimum 2m Door has a handrail	Shower/bathing door opens outwards Door width is min 90cm Door height min 2m Door has handrail	Door opens outwards Width is min 80cm Door height less 2m Door has handrail	Door width is less than 80cm Door height less 2m No handrail
	Toilet door has a working lock, and is lockable from the inside. Height of the lock is max. 70 cm There is no door lock outside Gap between door and floor is max 5cm. Gap between roof and wall is max 10cm. Ventilation/ air refresher No hole in wall and door	All criteria are met.	At least one criteria is not met.	No criteria are met.
	Toilet is lit (including at day and night) and light switch height not above 120cm	Toilet is lit (including at day and night) Light switch height is not above 120cm	Electricity, but light sometimes not on. And/or Light switch height is between 120-130cm	No electricity/ no lighting. And/or Light switch height is above 130cm
	Centre line of the toilet: between 46cm to 48cm from the adjacent wall	yes, centre line of the toilet: between 46cm to 48cm from the adjacent wall	raised seat is attached with wall	squatting toilet

SECTION 2: SANITATION	Meets target ***	Partially Meets target **	Doesn't meet target *
Grab handrails (either vertical or horizontal) on each side of toilet: 65cm-70cm height from floor. Attached to floor or walls	Grab handrails (vertical or horizontal) on each side of toilet: 65cm-70cm height from floor. Attached to floor or walls	One grab handrail on each side of toilet. Or grab handrail is below 65cm or above 70cm.	No grab handrail
Toilet has continuous water supply for flushing If pour flush, the water container/basin height is max. 40 cm Ladle for scooping water.	Yes, water supply available for flushing Basin/water container height is 40cm Ladle available	Water supply is not continuous. Basin/water container is above 40cm	No water supply available
Anal and genital cleansing materials (toilet paper or water)	Yes, water or toilet paper are available for cleansing	N/A	No water or toilet paper is available for cleansing
The floor inside toilet block or toilet cubicle is made of non-slip material (examples?)	Floor of toilet area is made of non-slip material	Some toilet floor area is made of non-slip material, but not all	None of toilet floor is made of non-slip material
Toilet has a bin with lid and lined with a plastic bag for disposal of sanitary materials	Bin with lid lined with a plastic bag for disposal of sanitary materials	Bin, but either/ or no lid and no plastic bag for disposal of sanitary materials	No bin
Handwashing basin is 70cm height Soap is available, 70cm height	Handwashing basin is 70cm Soap is 70cm height	Handwashing basin is above 70cm But soap is available	No handwashing basin Or no soap

2.1 SCORE

2.2 USER PERSPECTIVES: (Notetaker writes responses)

Can you use the toilet independently or do you require assistance?			
Do you feel safe when using the toilet?			
How well does the toilet meet you needs? What could improve it?			

SECTION 3: PRODUCTS & EQUIPMENT

3.1 AUDIT

	Meets target ***	Partially Meets target **	Doesn't meet target *
Adult diapers and bed pans are available for continence management Other equipment is available for incontinent or immobile patients (for hospital) N/A for HC	Yes, availability of adult diapers, bed pans and other equipment for incontinent or immobile patients	Availability of bed pans and other equipment for incontinent or immobile patients but no adult diapers	Available of bed pans only. Or nothing available.

SECTION 3: PRODUCTS & EQUIPMENT	Meets target ***	Partially Meets target **	Doesn't meet target *
Sanitary pads are available for menstruating and post-birth women at hospital or healthcare facility	Yes, availability of sanitary pads for menstruating and women post-birth.	Yes, availability of sanitary pads for women post-birthing.	No sanitary pads available.
Wheelchairs, walking aid or crutches are available for patients to use to get to toilet/shower.	Yes, wheelchairs, walking aid or crutches are available for patients to use	Crutches are available, but no wheelchair.	None are available.

3.1 SCORE

3.2 USER PERSPECTIVES (Notetaker writes responses)

Did you require any products to manage personal hygiene, such as pads, anal cleansing materials, soap or nappies?			
If so, how did you get access to these?			
What improvements could be made to accessing materials or equipment?			

SECTION 4: HANDWASHING / DRINKING WATER	Meets target ***	Partially Meets target **	Doesn't meet target *
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4.1 AUDIT

Sign for drinking water station has words, pictures and braille Sign on wall is 140cm-160cm	Yes there is a sign with words, picture and braille for drinking water station	Yes there is a sign for drinking water station, but there is no picture or braille (words only)	No sign for drinking water station
Pathway to drinking water area: width is min 120cm. Pathway is flat and even (e.g concrete, not dirt) Pathway is dry and is clear of obstacles	Yes, pathway width 120cm and it is clear, flat and dry	Pathway is less than 120cm wide, but it is clear, flat, dry, even.	No pathway. Or Pathway is uneven (e.g. dirt), blocked, wet and not flat.
Drinking water station, tap or filter is available. Height: 75cm from the floor A cup is available to patients	Drinking water: station, tap or filter is 75cm from the floor Cups are available	Drinking water station, tap or filter is between 60cm-90cm height No cups	No drinking water
Handwashing sink: lever type handles for taps Sink has a grab rails on both sides	Lever handles for tap Sink has grab rail on both sides	Taps do not have lever type handles. Or there are no grab rails	No tap/tap is broken
Handwashing sink: has running water. Soap, tissue/clean clothes, Alcohol Hand rub (AHR) are easy to reach	Handwashing sink: has running water. Soap, tissue or AHR are easy to reach	Yes handwashing sink: water is available. No tissue/ soap/AHR	No water or no handwashing sink

SECTION 4: HANDWASHING / DRINKING WATER	Meets target ***	Partially Meets target **	Doesn't meet target *
Handwashing sink height is 75cm: for knee clearance:	Handwashing sink height is 75cm: knee clearance	yes handwashing sink: higher than 75cm or no gap for knee clearance	no hand washing sink

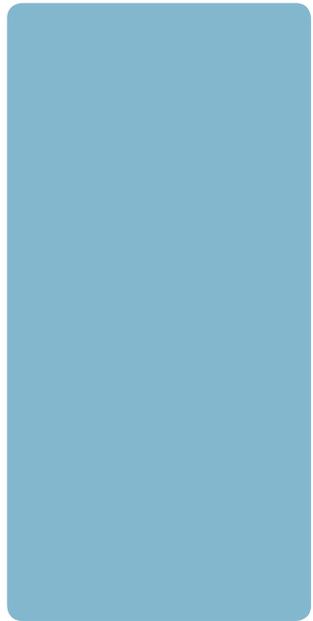
4.1 SCORE

4.2 USER PERSPECTIVES (Notetaker writes responses)

Were you able to wash your hands independently or did someone need to assist you?					
What improvements could be made to accessing handwashing station, water and soap?					
How did you access water for drinking as a patient in the healthcare facility (e.g. someone brought it)					

SECTION 5: CARING FOR YOUNG CHILDREN / INFANTS	Meets target ***	Partially Meets target **	Doesn't meet target *
Nappies for infants and small children are available at hospital or healthcare facility	Yes, availability of nappies for infants and small children	Sometime, availability of nappies for infants and small children	No, nappies for infants or small children are available
Changing tables are available for infant or young children's nappies to be changed easily and hygienically	Yes, availability of nappy changing tables	N/A	No availability of nappy changing tables
Bathing facilities are available for infants or young children, such as small baths	Yes, there are small baths to use for bathing infants and small children	N/A	No availability of small baths for bathing infants and small children

TOTAL SCORE	Meets target ***	Partially Meets target **	Doesn't meet target *
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