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Module B: A Scorecard for Monitoring and Evaluating Basic Water, Sanitation, Hygiene and Infection Prevention Standards in Labour & Delivery Rooms in Nigeria

Scorecard Purpose: Maintaining a basic level of cleanliness and infection prevention readiness is a pre-requisite to providing quality health care services. Newborns are especially vulnerable to infection during labour & delivery. This scorecard was developed using existing and emerging global and national standards for water, sanitation, hygiene (WASH) and infection prevention in health care environments. The scorecard is meant to serve as a quality improvement, monitoring and evaluation tool. The scorecard consolidates lengthy guidelines and condense them into one useful monitoring and evaluation tool for use among various stakeholders within the health system. The scorecard should be used for informal quarterly (or semi-annual) monitoring visits, annual evaluation/certification visits, and routine supportive supervision visits.

While this observational scorecard includes assessment information on the presence of critical WASH and infection prevention infrastructure and supplies within a labour & delivery rooms, it does not evaluate the proper management and use (behavior) of the infrastructure and supplies assessed. Therefore, it is recommended that this tool be used in conjunction with other interventions to ensure consistent compliance with proper WASH and infection prevention behaviors among health care facility staff (clinical and non-clinical), patients and visitors. Other interventions may include (but are not limited to):

- Making improvements to infrastructure access and placement
- Training health care facility staff (health workers and non-healthcare staff) on standards, roles and responsibilities
- Implementing systems of personal and collective responsibility and motivation
- Ensuring the presence of conveniently placed reminders to comply with proper hygiene and infection prevention procedures

Scorecard Content: This scorecard lists various WASH and infection prevention criteria needed to achieve and maintain a basic level of cleanliness & infection prevention for mothers and newborns. The scorecard is divided into four sections, totally 100 points:

1. Descriptive Questions
2. Labour (42 possible points)
3. Delivery (43 possible points)



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4. Cleaning & Administration for Labour and Delivery (15 possible points)

Scorecard criteria apply to any health care facility where labour and delivery occur, regardless of facility level (primary, secondary, tertiary) or facility type (public, private, mission, etc.).

Clean Clinic Certification Levels: Using the scorecard, local or state governments can assess facility infection prevention readiness in a standardized fashion. Facilities should always be assessed with unannounced visits. Health care facility can attain various “cleanliness” certifications. Each certification is valid for one year or until an official government, certification visit is conducted. The three levels of certification are:

- A facility achieving a score of 70 – 79 points achieves a **BRONZE** certification
- A facility achieving a score of 80-89 points achieves a **SILVER** certification
- A facility achieving a score of 90-100 points achieves a **GOLD** certification.

Recommended Scorecard Use for Various Health System Stakeholders:

- **Healthcare and non-healthcare facility staff:** This scorecard can be used by individual staff members within a health facility to understand the expectations of maintaining a basic level of infection prevention readiness within their ward. Staff members can use the scorecard to maintain awareness of their ward’s current infection prevention readiness status, identify needed improvements and prioritize improvements based on the weight of each criteria. Staff members can also use their familiarization with scorecard criteria to ensure compliance with basic WASH and infection prevention practices among themselves and their colleagues, as well as patients and visitors.
- **Ward supervisors, infection prevention and control committees, and Health Care Facility Administrators:** This scorecard can be used by health care facility leaders to continually monitor ward readiness status, identify gaps, prioritize improvements and shift or mobilize resources to improve and maintain a basic level of infection prevention readiness. The scorecards can also serve as a supporting tool in monitoring staff, patient and visitor compliance with basic hygiene and infection prevention practices.
- **Local, State and Federal governments:** This scorecard can be used by health system leaders to systematically collect consistent, useful data for decision-making. Using the scorecard on a routine (annual or semi-annual basis) allows



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health system leadership to assess facility IP readiness, reward high performing facilities and staff members, allocate resources to facilities in need and collect consistent data to assess risk in the event of a disease outbreak or natural disaster.

Scoring Overview: This Scorecard consists of four sections

1. Descriptive Questions
2. Labour (42 possible points)
3. Delivery (43 possible points)
4. Cleaning & Administration for Labour and Delivery (15 possible points)

Within each section is a list of basic WASH and infection prevention criteria. Each criteria is assigned a specific score. The scorecard criteria apply to any health care facility where labour and delivery occur, regardless of facility level (primary, secondary, tertiary) or facility type (public, private, mission, etc.).

This scorecard examines the spaces where labour & delivery occur. Sometimes labour & delivery occur in the same space/room, while in other health care facilities they occur in different spaces/rooms. If labour & delivery occur in separate spaces/rooms, please complete Section 1: Labour portion of the scorecard in the space/room where labour commonly occurs, and complete Section 2: Delivery in the space/room where delivery commonly occurs. If labour and delivery commonly occur in the same space/room, please assess the room/space twice – once using Section 1: Labour criteria and a second time using Section 2: Delivery criteria.

Scoring Instructions:

1. Read each criteria and mark the appropriate score by circling the score earned. If notes are provided for specific criteria, review the notes before marking the score.
2. If the criteria is met, the facility being assessed will be awarded the corresponding score (noted by circling the number in the "yes" column). If the criteria is not met, the ward being assessed will be awarded a score of "0" (noted by circling the number in the "no" column). No partial points are given.



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3. After Sections 1 and 2 are completed, please assess the labour & delivery room collectively using the Section 3: Cleaning and Administration for the Delivery Room.
4. Upon assessing all of the criteria within the scorecard, the evaluator should add up the points earned for all three sections and note the final score in the last row of the scorecard.

A Scorecard for Monitoring and Evaluating Basic Water, Sanitation, Hygiene and Infection Prevention Standards in Labour and Delivery Rooms

Section 1: Descriptive Questions:

Question #	Question:	Response:		
1.1	Date of Survey:			
1.2	Enumerator Name:			
1.3	Facility Name:			
1.4	Facility Level (primary, secondary or tertiary):	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary
1.5	Facility type (public, mission, private):	<input type="checkbox"/> Public	<input type="checkbox"/> Mission	<input type="checkbox"/> Private
1.6	State in which the health facility is located:	<input type="checkbox"/> Ebonyi State	<input type="checkbox"/> Kogi State	
1.7	Within this facility, labour and delivery commonly occur:	<input type="checkbox"/> Within the same room		<input type="checkbox"/> In separate rooms



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Section 2: Scorecard for Labour Room/Space

Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
2.1 Water				
2.1.1	Water is available within the labour ward at the time of visit, either through a piped system, or in the form of stored water with tap (like veronica bucket with tap)		0	3
2.2.2	Supplies needed to purify drinking water (either a certified filter, Water guard sachets, or boiling supplies) are available at the time of visit OR packaged water (bottled or sachet) is available in the ward at the time of visit	Note: water purification supplies are expected to be present regardless of whether an improved water source is on site (unless the facility receives municipal water that contains residual chlorine)	0	1
2.2 Sanitation				
2.2.1	The labour ward has an improved toilet or latrine that is functional at the time of the visit and dedicated for use only by women who are in labour	Improved Toilet Facilities include: <ul style="list-style-type: none">• Piped toilet systems• Septic tank systems• Pour-flush systems Latrine• Latrines with an impermeable, cleanable flooring surface (cement, tile, plastic)	0	3



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Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
2.2.2	The toilet facility commonly used by mothers (regardless of whether it is dedicated to labour & delivery ward) is accessible for women with limited mobility (such as women who are in labour or who recently gave birth)	Accessible: with sufficient area and adequate devices for support and mobilization and free from obstacles (if there are no toilet facilities, record a "0")	0	1
2.2.3	The toilet facility commonly used by mothers (regardless of whether it is dedicated to the labour & delivery) has a handwashing station with soap and water present at the time of survey.	(if there are no toilet facilities, record a "0"). The handwashing station should be located within the toilet stall or immediately outside the stall.	0	3
2.2.4	The toilet facility commonly used by mothers (regardless of whether it is dedicated to the labour & delivery ward) has a waste disposal bin in the toilet stall to manage menstrual hygiene and menstrual waste	(if there are no toilet facilities, record a "0")	0	1
2.2.5	The toilet facility common used by mothers (regardless of whether it is dedicated to labour & delivery room) is generally clean	Removed dust, dirt and no odors (if there are no toilet facilities, record a "0")	0	1
2.2.6	The toilet facility commonly used by mothers (regardless of whether it is dedicated to labour & delivery room) provides adequate privacy for the user, including functioning doors with functional locks and impermeable walls that provide privacy	(if there are no toilet facilities, record a "0")	0	1



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Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
2.3 Hygiene				
2.3.1	At least one sink (or handwashing station) with flowing water and soap (or alcohol-based hand sanitizer) is available within the labour room. The handwashing station has a water receptacle or drainage system to collect/drain flowing water.	Either a sink/handwashing station with soap & water must be present OR alcohol-based sanitizer (not stored on a person) must be present within the ward	0	5
2.3.2	A stock of <u>disposable</u> hand drying materials (towels or tissues) is available within each ward /space at the time of the survey		0	1
2.4 Infection Prevention				
2.4.1	Beds for patients are separated by a distance of 2 meters from the edge or one bed to the nearest point of the next bed	No two beds should be closer than 2 meters from one another. This criteria includes the space between beds (side by side) and the space from end to end (across the aisle)	0	1
2.4.2	If the space within the ward does not allow for 2m distance between beds/cots, a maximum amount of space between beds exists within the room.	Using a another bed in between	0	2
2.4.3	A stock of <u>sterile</u> gloves is available in the labour room at the time of the survey	To be considered sterile, gloves must be stored in original containers and packaging and labeled as sterile gloves	0	4



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Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
2.4.4	A stock of sterile or high-level disinfected gauze or (cotton/wool swab) is available in the room at the time of the survey	To be considered sterile, gauze must be stored in original packaging and labeled as sterile. To be considered disinfected, the gauze must have been autoclaved and be stored in a high-level disinfection container	0	2
2.4.5	The bed (or bed covers) are made of waterproof materials	Materials that are waterproof (such as vinyl, plastic, nylon, polyurethane) must be used as the mattress material or mattress cover material	0	2
2.4.6	The beds are visibly clean		0	1
2.5 Shower/bathing				
2.5.1	There is a functional shower or bathing area (with water)	Functional is defined as having flowing water available at the time of survey	0	2
2.5.2	The shower/bathing facility is a dedicated facility only for expecting mothers or those who recently delivered		0	1
2.5.3	Adequate drainage is available and no standing water is present within the shower/bathing area		0	1
2.5.4	The bathing area includes doors, partitions or screens, and functional locks for privacy		0	1



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Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
2.5.5	The path to the bathing area is easily accessible for people with limited mobility and free of obstacles	Path to the bathing area is without obstacles or elevation changes (stairs). The bathing stall door is at least 80 cm wide and there is enough space for a companion to provide assistance if necessary. The shower stalls are not used for storage and are free for bathing.	0	1
2.6 Health Care Waste				
2.6.1	The waste is segregated safely in at least three separate bins: one for general waste, one for infectious waste, and one for sharps waste		0	2
2.6.2	The waste containers are clearly labeled and/or color coded to communicate the type of waste they contain		0	1
2.6.3	Appropriate protective equipment (utility gloves, mask, goggles, rubber boots) is available for staff to use when transporting or disposing of hospital solid waste.	If not all equipment is present, assign a score of "0"	0	1
	Total Score for Labour Ward			____ / 42 points



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Section 3: Scorecard for Delivery Room/Space

3.1 Water in the delivery room/space				
3.1.1	Water is available within the delivery room at the time of visit, either through a piped system, or in the form of stored water with tap (like veronica bucket with tap)		0	5
3.2 Hygiene in the delivery room/space				
3.2.1	At least one sink (or handwashing station) with flowing water and soap and (or alcohol-based hand sanitizer) is available within the ward. The handwashing station has a water receptacle or drainage system to collect/drain flowing water.		0	5
3.2.2	A stock of <u>disposable</u> materials for hand drying (towels or tissues) is available within each ward /space at the time of the survey		0	1



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3.3 Infection Prevention

3.3.1	A stock of sterile or disinfected blades (or scissors) is available in the room at the time of the survey	To be awarded points, the observer must be able to verify that the blades are sterile or disinfected at time of survey. To be considered sterile, blades must be sealed in sterile packaging. For scissors and blades to be considered disinfected, they should have been disinfected using an autoclave or other means of disinfection. For disinfection, there must be a disinfection agent (like chlorine or alcohol) available within the ward at the time of survey	0	4
3.3.2	a stock of <u>sterile</u> cord clamps (or <u>sterile</u> cord ties) is available in the room at the time of the survey (note: to be awarded points, the observer must be able to verify that the clamps/ties are sterile at time of survey)	To be considered sterile, the cord clamps/ties must be sealed in sterile packaging or sterilized using autoclave or other means of sterilization	0	4
3.3.3	A stock of <u>sterile</u> gloves is available in the room at the time of the survey	To be considered sterile, gloves must be stored in original containers and packaging and labeled as sterile gloves	0	4



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3.3.4	A stock of high level <u>disinfected</u> elbow length gloves is available in the room at the time of the survey		0	2
3.3.5	A stock of sterile or high-level disinfected gauze (or cotton/wool swab) is available in the room at the time of the survey	To be considered sterile, gauze must be stored in original packaging and labeled as sterile. To be considered disinfected, the gauze must have been autoclaved and be stored in a high-level disinfection container	0	1
3.3.6	Chlorhexidine gel for use on the umbilical cord is available in the ward/room at the time of visit		0	4
3.3.7	The beds are made of waterproof and washable materials	Materials that are waterproof (such as vinyl, plastic, nylon, polyurethane) must be used as the mattress material or mattress cover material	0	2
3.3.8	The beds are visible clean		0	1
3.3.9	A <u>disinfected</u> clinical gown is available in the ward at the time of survey		0	1
3.3.10	A <u>disposable</u> mask and <u>disinfected</u> goggles are available in the room at the time of the survey		0	1



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3.4 Health Care Waste

3.4.1	The waste is segregated safely in at least three separate bins: one for general waste, one for infectious waste, and one for sharps waste		0	3
3.4.2	The waste containers are clearly labeled to communicate the type of waste they contain		0	2
3.4.3	Placentas are properly disposed of as infectious waste OR if placentas are taken home, they are first disinfected using chlorine solution and sealed in hazardous waste containers/bags for transport		0	2
3.4.4	Appropriate protective equipment (utility gloves, mask, goggles, rubber boots) is available for staff to use when transporting or disposing of hospital solid waste.	A score of "0" should be marked if not all of these materials are present at the time of survey	0	1
Total Score for Delivery Ward:				_____ / 43 points



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Section 4: Scorecard for Cleaning and Administration within the Labour & Delivery Room (Combined)

4.1 Cleaning and Administration					
4.1.1	The infection prevention or cleaning protocol in the labour and delivery ward includes guidance on the process and frequency for disinfecting a bed and cot (if applicable) and changing bed linen			0	2
4.1.2	The infection prevention or cleaning protocol in the labour and delivery ward includes guidance on a clear process and frequency for cleaning a sink and a floor			0	2
4.1.3	The infection prevention or cleaning protocol in the labour and delivery ward includes guidance on the process for cleaning bodily fluid spills (blood, urine, amniotic fluid (liquor), etc)			0	2
4.1.4	The labour & delivery room has a written cleaning schedule or calendar that is updated and tracked to indicate if scheduled cleaning has been completed.			0	2
4.1.5	The labour and delivery ward has a written summary of the roles and responsibilities of the staff for cleaning			0	2
4.1.6	All delivery room cleaning staff present at the time of survey report having received training on cleaning procedures in the last 24 months	Example trainings: professional seminars specific to IPC, WASH or cleaning, or formal, on the job training/coaching		0	2



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4.1.7	All delivery room clinical staff present at the time of survey report having received training on cleaning procedures in the last 24 months	Example trainings: Clinical seminars specific to IPC and WASH, formal, on the job training/coaching	0	2
4.1.8	Signs or posters are placed on walls or doors reminding health workers to wash their hands at critical times, and/or adhere to clean cord practices.		0	1
Total Score for Cleaning & Administration for Labour and Delivery			_____ / 15 points	

Total Score	_____ points
Total Points Possible	100 points
Official Certification Status (Circle Corresponding Status Level)	70-79 points (Bronze)
	80-89 points (Silver)
	90-100 points (Gold)

Recommendations for sharing annual certification results: It is important that certification results are shared with health care facility staff and the public in order to maintain collective accountability and provide data for more informed decision-making. Suggested communication platforms for sharing annual certification results include radio, television, social media, Ministry of Health webpages and/or annual certificates that are posted in the labour & delivery room.