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Module C: A Scorecard for Monitoring and Evaluating Basic Water, Sanitation, Hygiene and Infection Prevention Standards in Postnatal Care Settings 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. 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 postnatal care space, 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 in any postnatal care spaces. The scorecard totals 100 points: Scorecard criteria apply to any health care facility where postnatal care is offered, regardless of facility level (primary, secondary, tertiary) or facility type (public, private, mission, etc.).



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



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Scoring Overview: This Scorecard consists of seven sections:

1. Descriptive Questions
2. Water
3. Sanitation
4. Hygiene and Infection Prevention
5. Showering/bathing
6. Health Care Waste
7. Cleaning and Administration

Note: If a postnatal care space is partitioned into separate spaces (like a KMC space, intensive care space, etc), the enumerator should complete a separate scorecard for each partitioned space. If the postnatal care space being assessed is a specialty care unit (Kangaroo mother care, outborn unit, special newborn care, intensive care), then refer to the appropriate specialty care scorecard and refrain from using this scorecard – which is for routine newborn care wards only. If the postnatal care space being assessed is a specialty newborn care space, then the enumerator should also complete *Module D: Additional Water, Sanitation, Hygiene and Infection Prevention Criteria for use in Specialty Newborn Care Units in Nigeria*.

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.
3. 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.



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A Scorecard for Monitoring and Evaluating Basic Water, Sanitation, Hygiene and Infection Prevention Standards in Postnatal Care Settings

Section 1: Descriptive Questions:

Question #	Question:	Response:
1.1	Date of Assessment:	
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	Type of Postnatal Care Space being Assessed	<input type="checkbox"/> Routine Postnatal Care <input type="checkbox"/> Outborn Unit <input type="checkbox"/> Kangaroo Mother Care Unit <input type="checkbox"/> Sick Newborn Care Unit <input type="checkbox"/> Neonatal Intensive Care Unit



Sections 2 -7: WASH Criteria

Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
Section 2: Water				
2.1	Water is available within the postnatal 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	8
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	5
Section 3: Sanitation				
3.1	The postnatal ward has a dedicated improved toilet or latrine that is <u>functional</u> at the time of the visit	Improved Toilet Facilities include: Piped toilet systems Septic tank systems Latrines with an impermeable, cleanable flooring surface (cement, tile, plastic)	0	3
3.2	The toilet facility common used by mothers (regardless of whether it is dedicated to postnatal care ward) is accessible for people with limited mobility (such as women who recently gave birth)	Accessible: with sufficient area and adequate devices for support and mobilization. (if	0	2



Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
		there are no toilet facilities, record a "0")		
3.3	The toilet facility common used by mothers (regardless of whether it is dedicated to postnatal care ward) have a handwashing station with soap and water located within the toilet stall or immediately outside the stall	(if there are no toilet facilities, record a "0")	0	4
3.4	The toilet facility common used by mothers (regardless of whether it is dedicated to postnatal care 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	2
3.5	The toilet facility common used by mothers (regardless of whether it is dedicated to postnatal care ward) is generally clean at the time of visit	without dirt, standing water, odor, feces. (if there are no toilet facilities, record a "0")	0	2
3.6	The toilet facility common used by mothers (regardless of whether it is dedicated to postnatal care ward) provide adequate privacy for the user, including functioning doors with functional locks	(if there are no toilet facilities, record a "0")	0	1
Section 4: Hygiene and Infection Prevention				
4.1	at least one sink (handwashing station) with flowing water and liquid soap (or alcohol-based hand sanitizer) is available within the ward		0	8
4.2	A stock of <u>disposable</u> hand drying supplies (towels or tissues) is available within the postnatal ward at the time of the survey	Disposable means that the item is intended to be used once and disposed of in the trash	0	1



Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
4.3	Each bed/cot only has a maximum of one patient (or one mother-and-child pair)		0	2
4.4	Beds/cots 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	2
4.5	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.		0	1
4.6	A stock of <u>examination</u> (non-sterile) gloves is available in the room at the time of the survey		0	3
4.7	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 designated as sterile gloves	0	5
4.8	A stock of <u>sterile</u> gauze 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	0	2
4.9	Chlorhexidine gel is available within the ward in single packaging for individual use		0	6



Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
4.10	The beds are made of waterproof and washable materials	Materials that are waterproof (such as vinyl, plastic, nylon, polyurethane) must be used	0	3
4.11	All beds and cots are visibly clean		0	2
4.12	A mother admitted to the postnatal care room confirms that the staff instructed her to wash her hands with soap (before cord care, after nappie change, or using restroom)		0	3
4.13	A visitor / caregiver who visits the postnatal ward confirms that the staff indicated to wash their hands with water and soap (or alcohol base hand sanitizer) when entering the ward and before handling the baby		0	3
Section 5: Shower/bathing facilities				
5.1	There is a functional shower or bathing area, meaning that water and soap are available		0	2
5.2	The shower/bathing facility is a dedicated facility only for expecting mothers or those who recently delivered	(if there are no bathing facilities, record a "0")	0	2
5.3	the shower area / bathroom is ready to use and without obstacles (obstacles include the shower being used as a storage facility for cleaning materials or other supplies)	(if there are no bathing facilities, record a "0")	0	1
5.4	Adequate drainage is available and no standing water is present	(if there are no bathing facilities, record a "0")	0	1



Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
5.5	The bathing area includes doors, partitions or screens so that the woman cannot be seen while bathing	(if there are no bathing facilities, record a "0")	0	1
5.6	The bathing area is accessible: The path to the bathing area are easily accessible for people with limited mobility The bathing stall door is at least 80 cm wide and there is enough space for a companion to provide assistance if necessary.	Path to the bathing area is without obstacles and with non-slip floors. (if there are no bathing facilities, record a "0")	0	1
Section 6: Health Care Waste				
6.1	Health care 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
6.2	the containers are clearly labeled to observe the type of waste receptacle		0	2
6.3	Diapers/nappies with baby feces are deposited in the infectious waste bins		0	2
6.4	Appropriate protective equipment (utility gloves, mask, goggles, rubber boots) is available for staff to use when transporting or disposing of hospital solid waste.	All listed equipment must be present in order to receive the points available	0	2
Section 7: Cleaning and Administration				
7.1	The infection prevention or cleaning protocol for the postnatal ward includes guidance on the process and		0	2



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Criteria #	Criteria	Notes and Definitions	Score	
			No	Yes
	frequency for disinfecting a bed and cot (if applicable) and changing bed linen			
7.2	The infection prevention or cleaning protocol for the postnatal ward includes guidance on a clear process and frequency for cleaning a sink and a floor		0	1
7.3	The infection prevention or cleaning protocol for the postnatal ward includes guidance on the process for cleaning bodily fluid spills (blood, urine, lochia etc)		0	2
7.4	The infection prevention or cleaning protocol for the postnatal care ward has a written cleaning schedule or calendar that is updated and clearly used		0	2
7.5	The infection prevention or cleaning protocol for postnatal ward has a written summary of the roles and responsibilities of the staff for cleaning		0	2
7.6	The cleaning staff responsible for the postnatal care ward have received training on cleaning procedures in the last 24 months.		0	2
7.7	The postnatal ward clinical staff have received training on cleaning procedures in the last 24 months		0	2
7.8	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 care practices	Points are awarded as long as at least one sign or poster is present on hand hygiene OR clean cord care practices	0	2



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	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 health care facility.