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Assessment of Water, Sanitation, and Hygiene (WASH) and Infection Prevention

Control (IPC) practices, activities, and resources in primary healthcare facilities and hospitals in Jordan in the context of COVID-19

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List of Abbreviations

AMR
Antimicrobial resistance

COVID-19
2019 Novel Coronavirus Disease

DALY
Disability-adjusted life year

FIT
Facility Improvement Tool

HAI
Healthcare-associated infection

HAP
Hospital-acquired pneumonia

HCP
Healthcare provider

HIV
Human immunodeficiency virus

IPC
Infection prevention and control

IPCAF
Infection Prevention and Control Assessment Framework

MDRO
Multidrug-resistant organisms

MoH
Ministry of Health

SARS
Severe acute respiratory syndrome

SDG
Sustainable Development Goals

SIAPS
Systems for Improved Access to Pharmaceuticals and Services

SOP
Standard operating procedure

UNICEF
United Nations Children's Emergency Fund

WASH
Water, Sanitation, and Hygiene

WHO
World Health Organization

Preface

This assessment is one of several studies that have demonstrated the importance of Water, Sanitation and Hygiene (WASH) as well as Infection Prevention and Control (IPC) in the prevention and containment of pandemic outbreaks in all facilities.

Given the current COVD-19 pandemic, the role of effective infection prevention is receiving greater attention to reduce the transmission of COVD-19 through universal source control (e.g. covering the nose and mouth to contain respiratory secretions), early identification and isolation of patients suspected of having a disease, the use of appropriate personal protective equipment (PPE) when taking care of COVID-19 patients as well as environmental disinfection.

The national (IPC) program was developed to deal with COVID-19 pandemic. The outcomes of this assessment will enable the Government to improve the preparedness and readiness for IPC by conducting training programs for all health care workers to improve their IPC skills . In addition , to develop management , planning and leadership skills related to IPC services at the national level by MoH .

Finally, I would like to express my sincere thanks and gratitude to our colleagues in the United Nations Children`s Fund (UNICEF) and all who contributed to finalize this assessment.

Minister of Health

Prof. Feras Ibrahim Hawari

Summary

Many studies have proven the importance of Water, Sanitation, and Hygiene (WASH) and Infection prevention and control (IPC) in preventing and containing outbreaks of disease. Nowadays, infection prevention is getting more attention due to the COVID-19 pandemic and the assessment of WASH/IPC indicators in the health sector is a major step in the preparation and management of such a pandemic. A facility-wide WASH and IPC assessment is the cornerstone for designing, developing, and implemaenting specific WASH and IPC activities at healthcare facilities. This type of assessment helps identify and prioritize surveillance and prevention activities at the facility, provide healthcare policy makers at all levels with the evidence to strengthen WASH services and infection control policies, practices, and resources in health facilities and to motivate facilities to intensify efforts where needed to prevent, respond to, and control the spread of COVID-19.

The current assessment aims to identify the strengths and gaps in the WASH and IPC practices, activities, and resources in the primary healthcare facilities and hospitals in Jordan, in the context of COVID-19, and to identify areas for quality improvement.

This report demonstrates the results of a nationwide assessment of 33 healthcare centres and 23 hospitals in Jordan, including Ministry of Health (MoH), military, and private hospitals. The assessment included eight domains (areas) pertaining to WASH/IPC with more than 150 indicators. The assessment tools were developed and adapted from the Water and Sanitation for Health Facility Improvement Tool (WASH FIT), the Infection Prevention and Control (IPC) Assessment Framework (IPCAF), Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care, the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) tool, and COVID-19 Technical Guidance by WHO. Separate assessment tools were used for hospitals and healthcare centres.

Findings of the assessment revealed some deficiencies in basic WASH/IPC indicators and gaps such as a lack of clear guidelines that support the management of health centres and hospitals in planning and leadership, shortfalls in the budget needed to strengthen the infrastructure of WASH/IPC especially in the public sector, inconsistent or under-provisioned training and education programmes for the development of staff skills to lead, plan, manage, and improve any

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of the WASH/IPC areas at their facilities. Moreover, the report identifies the unmet WASH/IPC needs at hospitals and centres that should be addressed by policy makers and stakeholders as soon as possible for further steps of consideration in policy development. The report ends with specific recommendations to improve WASH/IPC services and practices. Key recommendations can be summarized as follows:

1. Develop a clear and detailed national WASH/IPC guideline that supports the management of health centres and hospitals in planning and leadership of WASH/IPC services.
2. Allocate a specific budget from the Ministry of Health and raise funds from stakeholders that are allocated exclusively to building and maintaining the infrastructure of WASH/IPC in all public hospitals and healthcare centres in the country.
3. Support training programmes to all healthcare staff to develop skills of management, planning and leadership related to WASH/IPC services. The Ministry of Health should establish a highly competent team that is responsible of managing and monitoring training and education.
4. Enhance healthcare providers' skills and knowledge on WASH and IPC policies via digital health solutions, the utility of which have been highlighted during the COVID-19 pandemic.

Introduction

BACKGROUND

Infection prevention and control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. In health facilities, IPC cannot be met without water, sanitation, and hygiene (WASH) services that provide the basis for adequate IPC. In the context of COVID-19, poor or inadequate WASH and IPC services and practices lead to transmission of the infection from healthcare facilities to communities and exacerbate the outbreak and spread of infections.

The World Health Organization (WHO) in collaboration with the United Nations Children's Fund (UNICEF) 2015 Report underlined the importance of adequate WASH in healthcare facilities for the prevention of infections and spread of disease and for protecting staff and patients' health, dignity, and privacy [1]. WASH services strengthen the resilience of healthcare systems to prevent disease outbreaks, allowing effective responses to emergencies (including natural disasters and outbreaks), and bringing emergencies under control when they occur.

INFECTION PREVENTION AND CONTROL

IPC has an immense role in reducing disease transmission generally and in healthcare facilities specifically; this fact has been well established in many studies. Madge et al. (1992) concluded that several IPC measures significantly reduced the incidence of nosocomial respiratory syncytial virus in the sample groups they observed [2]. According to Ershova et al. (2018), in middle-income countries, the employment of the IPC programme was highly effective in preventing nosocomial infection and in reducing antibiotic resistance [3]. Conducting evaluation studies for IPC in healthcare facilities helps find gaps and mistakes that should be corrected for the IPC programme to be more efficient and effective. In Jordan, this type of evaluation is seldom carried out. A survey of nosocomial IPC capacity among radiographers in Jordan reported moderate knowledge of IPC practices and that future training and improvement are needed [4]. Another study was conducted among nurses from 9 different hospitals in Jordan regarding safe injection handling. The study recommended focused and effective infection control educational programmes in Jordanian hospitals [5].

WATER, SANITATION, AND HYGIENE (WASH)

WASH is the acronym of Water, Sanitation, and Hygiene. It has a major impact on public health and its importance is recognised globally. In 2015 members of the United Nations agreed on 17 Sustainable Development Goals; these goals require urgent actions from all countries (developed and developing) [6]. The first two targets in SDG 6 (Ensure availability and sustainable management of water and sanitation for all) are focused on the availability of clean affordable water and proper conditions of sanitation and hygiene [7].

Proper WASH conditions are essential for the protection of human health during all types of disease outbreaks including the ongoing COVID-19 pandemic. According to WHO, routinely applied WASH and waste management in homes, communities, schools, marketplaces, and healthcare facilities help to prevent the viral transmission that causes COVID-19 [8]. Prüss et al. (2002) have estimated the global disease burden from water, sanitation, and hygiene to be 4.0 per cent of all deaths and 5.7 per cent of the total disease burden (in DALYs) [9].

According to Khader (2017), in the Jordanian healthcare setting, despite the major advancement Jordan has made in IPC by providing access to drinking water and improving sanitation and health waste management, several areas are yet to be improved. Also, it is advisable to establish and implement a WASH monitoring system for the healthcare system [10].

WATER

Water is essential to humans, not only for nourishment but also for better sanitation and hygiene. Each year, about 3,000 children under the age of 5 years old die from diarrhoeal disease resulting from lack of safe drinking water, hygiene, and sanitation; it also causes death to more than 829,000 humans each year [11]. The availability and quality of water are very strong factors in public health. According to the UNICEF, 663 million people don't have access to clean drinking water and nearly 60 million people use untreated water from unsafe sources like rivers [12, 13]. Jordan is ranked as the world's-second most-water scarce country with 100 m3 per person, 400 m3 less than the severe water scarcity threshold, and more than 50 per cent receive water once every week [12]. Regarding COVID-19, clean water is very crucial in controlling the pandemic as about 1.8 billion people globally use faecal contaminated water; this water can serve as an alternative route of infection [14]. The Hospital Water Supply as a Source of Nosocomial Infections study by Anaissie et al. (2002) mentioned that an estimated number of 1,400 annual deaths in the United States due to waterborne nosocomial lung infections caused by Pseudomonas aeruginosa alone [15]. A recently published article in Infection Control and Hospital Epidemiology by Stuckey et al. (2020) reviewed the National Health care Safety Network annual reports from 4929 hospitals in the United States. They reported that 1 in 10 hospitals did not have a water management programme and some hospitals did not include some basic practices like water temperature and disinfectant monitoring [16]. Hospitals in Low- and middle-income countries suffer from water shortage. Chawla et al. (2016) reported in their study, a systematic review that included 22 hospital in the LMICs area providing surgical services, that more than one-third of the hospital did not have a reliable water source. They recommended that both governments and non-governmental organizations should direct more effort to enhance the water infrastructure of hospitals [17].

MEDICAL WASTE AND SANITATION FACILITIES

Medical waste is a dangerous pollutant that may contain viruses, bacteria, chemical substances, and even radioactive waste. It must not be taken for granted as it can act as a source of infection and limit the efforts in controlling an outbreak, not to mention its environmental impact. Since the beginning of COVID-19 pandemic medical waste has increased significantly and managing it became more difficult [18]. It is important to evaluate waste management for an accurate infection prevention assessment. In Jordan, less than 78 per cent of sanitation systems are managed safely and one-third of schools have basic sanitation services [12]. Several studies found that viral materials of the SARS-COV2 virus (RNA) can be found in human waste like blood and stool [19-21]. A recent study by Chen et al. (2020) tested human waste for SARS-COV2 viral shedding and found that faecal samples of COVID-19 patients remained positive for the virus after the pharyngeal swaps turned negative; this means that a patient that tests negative might excrete the virus by faecal route. The study also suggests that the faecal-oral transmission may be another way for this virus to be transmitted. Wastewater epidemiology is a relatively new discipline and it was mainly used to detect drugs in wastewater to estimate drug use in a population. However, it is now applied to detect pathogens including SARS-COV2 as the first report of its detection in an Australian study by Ahmed et al. (2020) was followed by a number of studies that all recommended a safe wastewater management to help fighting the pandemic [22].

HYGIENE

Hygiene is a term used to describe the behaviours performed to achieve a level of cleanliness that can lead to good health and provide a range of infection prevention. It includes practices like hands and face washing, douching with water and soap, and other personal hygiene etiquettes. Good hygiene practices have an immense effect on public health. A simple act like hand washing can reduce the risk of foodborne diseases that spread by hand, and can reduce the mortality of diarrhoeal associated diseases by 50 per cent [23]. Hand hygiene has a great impact in preventing nosocomial infections especially multidrug-resistant infections. Yet, studies estimated global compliance with hand hygiene in healthcare to be only around 40 per cent [24]. Przekwas and Chen (2020) have mentioned that, besides hand washing, washing the face is also recommended to prevent COVID-19 transmission as they stated that the virus may accumulate in some areas of the face and can then be inhaled [25]. Using the WHO methodology, a recent study in Tanzania compared hospitals that received WASH training and hospitals that did not receive it. It was shown that the compliance rate of hand hygiene was significantly higher among hospitals with the WASH training programme [26].

ASSESSMENT TOOLS

Different studies have used different assessment tools. Recommendations on the suitability of different tools were made after the studies. A study was conducted by Tomczyk et al. (2020) to assess the WHO IPCAF at acute healthcare facilities in 46 counties. The study concluded that this is a necessary tool, and is effective for the improvement of IPC in health facilities [27]. Aghdassi et al. (2020) used the WHO IPCAF in their assessment and have stated in their paper that it was a useful tool that can detect shortfalls even in high-income settings at acute health facilities [28]. Maina et al. (2019) have reported in their paper, which examined WASH-FIT and WASH-FAST tools, that WASH-FIT is the tool of choice to assess WASH in smaller facilities. On the one hand, WASH-FAST is more suitable for hospitals at regional level [29]. On the other, a comprehensive study assessing different tools for WASH assessment has reported that none of the tools that they studied was comprehensive and concrete enough for assessing healthcare facility WASH activities [30].

SIGNIFICANCE OF THE STUDY

A facility-wide WASH and IPC assessment is the cornerstone for designing, developing, and implementing specific WASH and IPC activities at healthcare facilities. This type of assessment helps identify and prioritize surveillance and prevention activities at the facility, based on the risk of acquiring and transmitting infections in the facility [1, 23, 31].

This study will provide healthcare policy makers at the national, district, and facility levels with the evidence and the action plans needed to strengthen WASH services and infection control policies, practices, and resources in health facilities and to motivate facilities to intensify efforts where needed to prevent, respond to, and control the spread of COVID-19.

RESEARCH OBJECTIVES

a. Identify areas for quality improvement in primary healthcare facilities and hospitals, including strengthening WASH and IPC policies and standards that will lead to lower infection rates, better health outcomes for patients and improved safety and morale.

b. Identify the strengths and gaps in the WASH and IPC practices, activities, and resources in the primary healthcare facilities and hospitals in Jordan in the context of COVID-19.

c. Assess how health workers are compliant with the standard IPC and the new Infection Prevention and Control guidance on COVID-19 prevention and control.

d. Reach recommendations to improve and strengthen WASH and IPC practices, activities, and resources in healthcare facilities in Jordan.

Methods

STUDY DESIGN

A national assessment of WASH and IPC in hospitals and primary healthcare facilities, including primary health centres and comprehensive health centres, was conducted in Jordan during the period October–November 2020. Data were collected using two structured assessment tools; one for primary care facilities and one for hospitals.

SAMPLING HEALTHCARE FACILITIES

A multistage cluster-sampling technique proportional to the size of the facility was used for the selection of health centres and hospitals. A sampling frame of all MoH health centres was obtained from the MoH and stratified according to region (North, Middle, and South), facility type (primary health centres and comprehensive centres). Another sampling frame was developed to include all hospitals in different sectors, including MoH hospitals, private hospitals, and military hospitals. Hospitals were stratified according to the region, sector (MoH, private, and military), and facility size according to patient numbers (small, medium, and large). A random sample of health centres was selected from each stratum. A total of 11 primary healthcare centres and 22 comprehensive centres were selected. Similarly, a sample of hospitals was selected from each stratum in the sampling frame. In total, 23 hospitals were selected.

ASSESSMENT TOOLS AND STUDY QUESTIONNAIRES/ CHECKLISTS

Separate assessment tools were developed for healthcare centres and for hospitals (inpatient wards and outpatient clinics) (see Annex 1) based on the review and adaptation of several tools, mainly the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) [32].

WASH FIT covers four broad domains and comprises 65 indicators, aiming to achieve minimum standards for maintaining a safe and clean environment. WASH FIT is primarily designed for use in primary healthcare facilities that provide outpatient services. The indicators and standards were adapted to be applied to hospitals. The assessment tools developed included more indicators and standards from other tools such as: 'The Infection Prevention and Control Assessment Framework' (IPCAF) [33]; the Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care [34]; The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) tool, and the coronavirus disease (COVID-19) technical guidance by WHO [8].

The hospital and health centre assessment tools covered eight broad areas (Domains): (1) Water, (2) Medical waste and sanitation facilities, (3) Hygiene, (4) Management, (5) Infection prevention and control programme, (6) Training and education, (7) Evaluation and feedback, and (8) COVID-19 precautionary measures. The Hygiene domain covered areas related to hand hygiene and facility environment, cleanliness and disinfection. The Infection prevention and control programme area was divided into subareas including (a) Basic indicators, (b) Guidelines in IPC unit, (c) Training and education for the Infection Prevention and Control Unit, (d) Healthcare associated infection monitoring, (e) Monitoring/auditing of infection

control practices and outcomes, (f) Personal protective equipment, and (g) Availability of hygiene materials. Evaluation and feedback covered subareas including (a) Basic Indicators, (b) Respiratory safety, (c) Environmental cleaning, and (d) Sterilization of Reusable Devices.

Each area/subarea included indicators and targets for achieving minimum standards for maintaining a safe and clean environment. These standards are based on global standards as set out in the WHO Essential environmental health standards in health care [35] and the WHO Guidelines on core components of infection prevention and control programmes at the national and acute healthcare facility level [33]. The assessment tools included WASH-FIT indicators in addition to other indicators identified from available tools. Indicators were adapted to Jordan's needs and local priorities and/or national standards in order to meet quality improvement cycles and mechanisms implemented to improve quality of care. Indicators that are not relevant were removed. Additional indicators were added as necessary to represent levels of services.

ASSESSMENT TEAM

A committed team with leadership skills and who are familiar with and trained on WASH and IPC was formed. The assessment team was composed of 12 assessors who were divided into three teams; one team for each region. The team had support from the MoH leadership and from facility's administration. A training workshop was held to train the assessment team on the assessment process, data collection, and use of assessment tools. During the workshop, the assessment team members were made aware of the assessment tools and their roles and responsibilities.

ASSESSMENT PROCESS

The assessment teams planed their visits to the health centres and hospitals with the senior facility manager. During the facility visit, the assessment team worked the with facility team including those who have in-depth understanding and knowledge of WASH and IPC activities at the facility level to fill the assessment tool. If there were no professionals in charge of WASH and IPC or there was not yet an IPC programme established, the tool was completed by the team with the consultation with the senior facility manager. The IPC team consulted with other relevant teams in the facility to respond to questions accurately.

A comprehensive assessment of the facility was conducted using the agreed list of indicators and each indicator was recorded as whether it meets, partially meets, or does not meet, the minimum standards. The assessment forms were reviewed by supervisors to ensure all information is clear and correct and all members of the team agree on the findings of each assessment. As part of the assessment, hygiene promotion materials, WASH and IPC guidelines and budget were reviewed and observed.

ANALYSIS

The percentage of indicators, which meet or partially meet the standards, was calculated for each facility. The overall facility score (the percentage of all indicators meetings the standards) was calculated to make comparisons over time when future assessments are conducted. The mean percentages over all facilities were calculated. Data were described using means and percentages.

Results: Hospitals

A total of 23 hospitals distributed over the three regions of the country (13 in the middle, 11 in the north, and 3 in the south) were assessed. Of all hospitals, 7 were MoH hospitals, 9 were military hospitals, and 7 were private hospitals.

HOSPITAL CHARACTERISTICS

Table 1 shows the characteristics of the 23 hospitals assessed for WASH and IPC. The total number of beds in all hospitals ranged from 58 to 494 and the annual occupancy rate ranged from 30 per cent to 97 per cent, with a median of 67 per cent. The median number of ER beds and ICU beds were 55 and 50, respectively. The median number of ventilators in the hospitals was 49. The number of doctors ranged from 5 to 374 and the number of nurses ranged from 80 to 934. Some of the military settings included were tertiary health facilities. Thus, some of the facilities did not have ER beds, ICU beds, isolation rooms, and ventilators. Meanwhile, all hospitals in all sectors had laboratory and x-ray imagining facilities.

TABLE 1
The characteristics of 23 hospitals assessed for WASH and IPC indicators

Number	Type											
	MoH			Private			Military			Total		
	Range		M*	Range		M	Range		M	Range		M
Total beds	92	494	237	82	206	130	58	448	191	58	494	177
ER beds	6	55	29	6	27	11	0	29	12	0	55	17
ICU beds	5	50	17	6	45	10	0	50	14	0	50	11
Isolation rooms	3	46	25	0	40	16	0	53	20	0	53	21
Ventilators	10	49	17	6	24	7	0	32	17	0	49	13
Annual occupancy rate	40	97	67	30	78	53	48	79.8	76	30	97	67
Dialysis units	9	28	15	0	24	10	0	54	11	0	54	12
Doctors	43	374	235	5	139	22	33	272	118	5	374	72
Nurses	149	613	322	80	340	160	130	934	447	80	934	280
Lab technician	14	62	32	4	46	25	5	70	29	4	70	27
Radiology technician	9	52	21	6	18	10	1	46	21	1	52	17
Pharmacists	15	79	34	5	40	21	11	61	24	5	79	22
Ambulances	2	5	4	2	5	3	0	5	4	0	5	4
MoH health technicians/in spectors	1	5	2	0	2	0	0	8	3	0	8	1

*M: Median

WASH AND IPC INDICATORS

Table 2 shows the mean percentages of WASH and IPC indicators that met targets over all participating hospitals. Overall, 150 indicators were assessed for each facility. The mean percentage of the 150 indicators that met the standards was 83.2 per cent (72.6 per cent for MoH hospitals, 84.5 per cent for private hospitals, and 90.4 per cent for military hospitals). Excluding the COVID-19 precautionary measures domain, the percentage of indicators that met targets varied according to the assessed WASH and IPC domains, and ranged from 71.7 per cent to 100 per cent. Only 64.7 per cent of the indicators pertaining to the COVID-19 precautionary measures were met over all hospitals. The percentage of indicators that met the targets was higher in military hospitals in 14 out of 21 WASH/IPC areas than those in MoH and private hospitals. In addition, the military hospitals met all indicators (100 per cent) in seven areas. Only 35 per cent of basic evaluation and feedback indicators were met in MoH hospitals, while 78.6 per cent of these indicators were met in private hospitals and 100 per cent were met in military settings. Almost 94.4 per cent of training and education indicators were met in military settings, whereas only 57.1 per cent and 60.7 per cent of these indicators were met in MoH and private hospitals, respectively. Interestingly, all hospitals met all sterilization of reusable devices indicators.

TABLE 2
The mean percentages of WASH and IPC indicators that meet targets over all participating hospitals

Area	Number of indicators	Type						Total (N = 23)	
		MoHv (N = 7)		Private (N = 7)		Military (N = 9)			
		Mean (%)	SD	Mean (%)	SD	Mean (%)	SD	Mean (%)	SD
Water	16	83.9	10.7	92.0	8.6	84.7	11.3	86.7	10.5
Medical waste and sanitation facilities	21	74.1	13.1	84.4	14.5	86.8	5.7	82.2	12.1
Hygiene									
Hand hygiene	5	74.3	19.0	94.3	15.1	93.3	10.0	87.8	16.8
Facility environment, cleanliness and disinfection	13	76.9	14.0	95.6	8.7	83.8	13.6	85.3	14.1
Management	11	67.5	19.5	83.1	19.2	87.9	16.4	80.2	19.5
Infection prevention and control programme									
Basic indicators	7	89.8	10.8	87.8	22.5	100	0.0	93.2	14.2
Guidelines in IPC unit	16	98.2	4.7	84.8	37.5	99.3	2.1	94.6	20.8
Training and education for the Infection Prevention and Control Unit	4	67.9	23.8	64.3	37.8	80.6	24.3	71.7	28.5
Healthcare-associated infection monitoring	4	78.6	30.4	85.7	37.8	100	0.0	89.1	27.0
Monitoring / auditing of infection control practices and outcomes	8	83.9	17.3	91.1	18.7	100	0.0	92.4	15.0
Personal protective equipment	9	68.3	27.5	87.3	20.7	98.8	3.7	86.0	22.3
Availability of hygiene materials	5	48.6	32.4	85.7	22.3	93.3	10.0	77.4	29.1
Training and education	4	57.1	37.4	60.7	37.8	94.4	11.0	72.8	33.6
Evaluation and feedback									
Basic Indicators	2	35.7	47.6	78.6	39.3	100	0.0	73.9	42.3
Respiratory safety	5	45.7	41.2	77.1	37.3	100	0.0	76.5	37.0
Environmental cleaning	2	64.3	37.8	92.9	18.9	100	0.0	87.0	27.0
Sterilization of Reusable Devices	2	100	0.0	100	0.0	100	0.0	100	0.0
COVID-19 precautionary measures	16	44.6	30.9	69.6	36.5	76.4	14.6	64.7	29.9
	Total = 150	**Mean = 72.6%**		**Mean = 84.5%**		**Mean = 90.4%**		**Mean = 83.2%**	

WATER INDICATORS

A total of 16 'Water' indicators were assessed. Of all indicators, 86.7 per cent met the targets (83.9 per cent in MoH hospitals, 92.0 per cent in private hospitals, and 84.7 per cent in military hospitals). Most hospitals (more than 70 per cent) met most of the 'Water' indicators (Table 3). However, some indicators such as 'Improved drinking water supply is piped into the facility' and 'Clean drinking-water is available and accessible for staff, patients and healthcare providers at all times and in all locations/wards' were met in 69.9 per cent and 60.9 per cent of hospitals, respectively. Only 14.3 per cent of MoH hospitals had improved drinking water supply piped into the facility, and only 22.2 per cent of military hospitals always had clean water available, and in all locations/wards. On the other hand, meeting the target for indicators related to the storage, functionality and quality of water was high in all hospitals, reaching a 100 per cent in four indicators. All the private hospitals (100 per cent) fully met the targets of 10 out of 16 water indicators. However, only 42.9 per cent of private hospitals had an emergency water tank available.

TABLE 3
Percentage of hospitals that meet the target for each 'Water' indicator according to health sector

'Water' Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%	n	%	n	%
Improved drinking water supply is piped into the facility	1	14.3	6	85.7	9	100	16	69.6
Water services available at all times and of sufficient quantity for all uses	7	100	6	85.7	9	100	22	95.7
A clean drinking-water is available and accessible for staff, patients and healthcare providers at all times and in all locations/ wards	6	85.7	6	85.7	2	22.2	14	60.9
Drinking-water is safely stored in a clean bucket/tank with cover and tap	6	85.7	7	100	8	88.9	21	91.3
Water tanks are cleaned annually	7	100	7	100	9	100	23	100
Emergency water tank is available	6	85.7	3	42.9	9	100	18	78.3
All water end points (i.e., taps) in the hospital are connected to an available and functioning water	6	85.7	7	100	6	66.7	19	82.6
Water services are available throughout the year (i.e., not affected by seasonality, climate change-related extreme events or other constraints)	7	100	6	85.7	9	100	22	95.7
Water storage is sufficient to meet the needs of the hospital for two days	7	100	7	100	9	100	23	100
Water is treated and collected for drinking with standards that meet the WHO performance standards	6	85.7	7	100	4	44.4	17	73.9
Drinking-water has appropriate chlorine residual (0.2mg/L or 0.5mg/L in emergencies) or zero E. coli 100/ml, and is not turbid	7	100	7	100	8	88.9	22	95.7
The hospital water supply is regulated according to national water quality standards	7	100	7	100	9	100	23	100
Hot water is available in the hospital	4	57.1	7	100	8	88.9	19	82.6
Water heating indicator is available	4	57.1	7	100	6	66.7	17	73.9
At least one shower or bathing area is available per 40 patients and is functioning and accessible	7	100	7	100	9	100	23	100
Water is tested for chemical and biological contaminants by a certified laboratory	6	85.7	6	85.7	8	88.9	20	87.0

MEDICAL WASTE AND SANITATION FACILITIES

A total of 21 'Medical waste and sanitation facilities' indicators were assessed. Of all indicators, 82.2 per cent met the targets (74.1 per cent in MoH hospitals, 84.4 per cent in private hospitals, and 86.8 per cent in military hospitals). The targets of many indicators related to toilets and waste management were met by most hospitals (Table 4). More than two-thirds of the hospitals met 18 out of 21 indicators, and more than 95 per cent of the hospitals met eight indicators. For example, all hospitals (100 per cent) had adequately lit toilets and functional waste collection containers. However, only 43.5 per cent of all hospitals had kept a record of toilets cleaning; only one MoH hospital had such a record. Almost half of the hospitals did not have toilets that serve people with special needs, especially MoH hospitals (42.9 per cent) and military settings (44.4 per cent). In addition, less than one-third of the MoH hospitals had functioning hand-hygiene stations within 5 metres of the toilets, and only 14.3 per cent of private hospitals had a greywater (i.e., rainwater or wash water) drainage system.

TABLE 4
Percentage of hospitals that meet the targets for the 'Medical waste and sanitation facilities' indicators according to health sector

'Medical waste and sanitation facilities' Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
Number of available and usable toilets in the hospital for patients	7	100	6	85.7	5	55.6	18	78.3
Toilets are clearly separated for staff and patients	6	85.7	6	85.7	9	100	21	91.3
Toilets are clearly separated for male and female	6	85.7	7	100	9	100	22	95.7
At least one toilet provides the means to meet menstrual hygiene needs	4	57.1	6	85.7	9	100	19	82.6
At least one toilet meets the needs of people with special needs (reduced mobility)	3	42.9	6	85.7	4	44.4	13	56.5
Functioning hand-hygiene stations within 5 metres of the toilets	2	28.6	6	85.7	9	100	17	73.9
Record of toilet cleaning is visible and signed by the cleaners each day	1	14.3	5	71.4	4	44.4	10	43.5
Wastewater is safely managed through the use of on-site treatment (i.e., septic tank, followed by drainage pit) or sent to a functioning sewer system	6	85.7	7	100	9	100	22	95.7
Greywater (i.e., rainwater or wash water) drainage system is in place to divert water away from the facility (i.e., no standing water) and also protects nearby households	4	57.1	1	14.3	8	88.9	13	56.5
Toilets are adequately lit, including at night	7	100	7	100	9	100	23	100
A trained liaison officer is responsible for the management of healthcare waste in the hospital	4	57.1	6	85.7	8	88.9	18	78.3
There are functional waste collection containers in close proximity to all waste generation points	7	100	7	100	9	100	23	100
Wastes are correctly segregated at all waste generation points	3	42.9	7	100	9	100	19	82.6
Functional burial pit/fenced waste dump or municipal pick-up available for disposal of domestic waste	7	100	7	100	8	88.9	22	95.7
There is a record of the quantity of generated medical waste	7	100	6	85.7	9	100	22	95.7
Incinerator or alternative treatment technology for the treatment of infectious and sharp waste is functional and of a sufficient capacity	5	71.4	6	85.7	6	66.7	17	73.9
Hazardous and non-hazardous wastes are stored separately before being treated/disposed or moved off site	7	100	7	100	8	88.9	22	95.7
All infectious waste is stored in a protected area before treatment, for no longer than the default and safe time	6	85.7	6	85.7	8	88.9	20	87.0
Anatomical/pathological waste (e.g., placenta) is put in a dedicated pathological waste pit, burnt in a crematory, buried in a cemetery, or treated as instructed	5	71.4	3	42.9	6	66.7	14	60.9
Protocol or standard operating procedure (SOP) for safe management of healthcare waste clearly visible and legible	7	100	6	85.7	9	100	22	95.7
Appropriate protective equipment for all staff in charge of waste treatment and disposal	5	71.4	6	85.7	9	100	20	87.0

Hygiene

A total of 5 ‘Hand hygiene’ indicators were assessed. Of the five indicators, 87.8 per cent met the targets (74.3 per cent in MoH hospitals, 94.3 per cent in private hospitals, and 93.3 per cent in military hospitals).

HAND HYGIENE

Most hospitals had met indicators of hand hygiene (Table 5). Yet, only half of the MoH hospitals (57.1 per cent) were reported to have clearly displayed sign boards for hand hygiene (posters) and 66.7 per cent of military hospitals had functioning hand-hygiene stations that are adequately available at all care points (in wards and outpatient clinics).

TABLE 5
Percentage of hospitals that meet the targets for 'Hand hygiene' indicators according to health sector

'Hand hygiene' Indicator	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
Functioning hand-hygiene stations are adequately available at all care points (in wards and outpatient clinics	6	85.7	7	100	6	66.7	19	82.6
Functioning hand-hygiene stations are adequately available at all care points and supplied with water, liquid soap, or alcohol-based hand rub	5	71.4	7	100	9	100	21	91.3
There are sign boards for hand hygiene (posters) clearly displayed in an understandable manner in key areas	4	57.1	6	85.7	9	100	19	82.6
Functioning hand-hygiene stations are available in waste disposal areas	5	71.4	7	100	9	100	21	91.3
Hand-hygiene compliance activities are undertaken regularly	6	85.7	6	85.7	9	100	21	91.3

FACILITY ENVIRONMENT, CLEANLINESS AND DISINFECTION

A total of 13 ‘Facility environment, cleanliness and disinfection’ indicators were assessed. Of the 13 indicators, 85.3 per cent met the targets (76.9 per cent in MoH hospitals, 95.6 per cent in private hospitals, and 83.8 per cent in military hospitals). Table 6shows that the targets for many indicators for cleanliness and disinfection were met by the majority of hospitals in all sectors. All MoH hospitals met 6 out of 13 indicators, all military hospitals met five indicators, and all private hospitals met nine indicators. However, only 47.8 per cent of hospitals had records of cleaning that are visible and signed by the cleaners each day. Only 42.9 per cent of MoH hospitals provide at least two pairs of household cleaning gloves, one pair of overalls or apron, and boots for each cleaning and waste disposal staff member. Moreover, only 42.9 per cent of MoH hospitals had a mechanism to track the supply of IPC-related materials (such as gloves and protective equipment) to identify stock-outs.

TABLE 6
Percentage of hospitals that meet the targets for 'Facility environment, cleanliness and disinfection' indicators according to health sector

'Facility environment, cleanliness and disinfection' Indicator	MoH		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
The exterior of the facility is well-fenced, kept generally clean (free from solid waste, stagnant water, no animal and human faeces in or around the facility premises	5	71.4	7	100	7	77.8	19	82.6
There is a container assembly area managed by the municipality	7	100	7	100	5	55.6	19	82.6
General lighting sufficiently powered and adequate to ensure safe provision of healthcare including at night (mark if not applicable)	5	71.4	7	100	6	66.7	18	78.3
Floors and work surfaces are clean	7	100	7	100	7	77.8	21	91.3
Appropriate and well-maintained materials for cleaning (i.e., detergent, mops, buckets, etc.) are available	5	71.4	7	100	9	100	21	91.3
At least two pairs of household cleaning gloves, one pair of overalls or apron, and boots in a good state are available for each cleaning and waste disposal staff member	3	42.9	6	85.7	9	100	18	78.3
At least one member of staff can demonstrate the correct procedures for cleaning and disinfection and apply them as required to maintain clean and safe rooms	5	71.4	7	100	9	100	21	91.3
A mechanism exists to track supply of IPC-related materials (such as gloves and protective equipment) to identify stock-outs	3	42.9	6	85.7	9	100	18	78.3
Visible record of cleaning tasks completed, signed by the cleaners each day	2	28.6	5	71.4	4	44.4	11	47.8
Laundry facilities are available to wash linen from patient beds between each patient	7	100	7	100	8	88.9	22	95.7
The hospital has sufficient natural ventilation and, where the climate allows, large opening windows, skylights and other vents to optimize natural ventilation	7	100	7	100	8	88.9	22	95.7
Kitchen stores and stored food is protected from flies, other insects or rats	7	100	7	100	9	100	23	100
Beds for patients are separated by 1-metre distance and each bed has only one patient	7	100	7	100	8	88.9	22	95.7

MANAGEMENT

A total of 11 'Management' indicators were assessed. Of the 11 indicators, 80.2 per cent met the targets (67.5 per cent in MoH hospitals, 83.1 per cent in private hospitals, and 87.9 per cent in military hospitals). The target for indicators related to the management of WASH/IPC were met by the majority of hospitals, except for one indicator 'healthcare staff are trained on WASH/IPC each year'. Only 28.6 per cent of MoH hospital reported that healthcare staff receive training on WASH/IPC programmes every year. Less than half of the MoH hospital were committed to have an annual planned budget, a regular ward-based audit system, and a performance appraisal system to recognise and reward high-performing staff. Nonetheless, military settings met most of the management indicators.

TABLE 7
Percentage of hospitals that meet the targets for 'Management' indicators according to health sector

'Management' Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%	n	%	n	%
WASH FIT or other quality improvement/management plan for the facility is in place, implemented and regularly monitored	4	57.1	6	85.7	7	77.8	17	73.9
An annual planned budget for the facility is available and includes funding for WASH infrastructure, services, personnel and the continuous procurement of WASH items	3	42.9	7	100	7	77.8	17	73.9
An up-to-date diagram of the hospital management structure is clearly visible and legible	7	100	5	71.4	8	88.9	20	87.0
Adequate cleaning and WASH maintenance staff are available	5	71.4	7	100	5	55.6	17	73.9
There is a protocol for operation and maintenance, including procurement of WASH supplies, that is visible, legible and implemented	7	100	6	85.7	8	88.9	21	91.3
Regular ward-based audits are undertaken to assess the availability of hand rub, soap, single-use towels and other hygiene resources	3	42.9	6	85.7	9	100	18	78.3
New healthcare personnel receive IPC training as part of their orientation programme	5	71.4	5	71.4	9	100	19	82.6
Healthcare staff are trained on WASH/IPC each year	2	28.6	4	57.1	8	88.9	14	60.9
The hospital has a dedicated WASH or IPC coordinator	7	100	7	100	8	88.9	22	95.7
All staff have a job description written clearly and legibly, including WASH-related responsibilities, and are regularly appraised on their performance	6	85.7	5	71.4	9	100	20	87.0
High-performing staff are recognised and rewarded and those that do not perform are managed accordingly	3	42.9	6	85.7	9	100	18	78.3

Infection prevention

and control (IPC) programme

BASIC INDICATORS

Of the seven indicators, 93.2 per cent met the targets (89.8 per cent in MoH hospitals, 87.8 per cent in private hospitals, and 100 per cent in military hospitals). Interestingly, most hospitals in all sectors successfully met the 7 IPC programme basic indicators (Table 8). All military facilities met the seven indicators, and all MoH hospitals met four indicators. However, only 57.1 per cent of MoH hospitals have an early-detection system and deal with potentially contagious individuals at early meeting points.

TABLE 8
Percentage of hospitals that meet the targets for 'IPC programme basic indicators' according to health sector

IPC programme basic indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
Have IPC programme at the hospital	7	100	6	85.7	9	100	22	95.7
The hospital has an ICP team or a specialist	7	100	6	85.7	9	100	22	95.7
The IPC team or focal person have dedicated time for IPC activities	7	100	5	71.4	9	100	21	91.3
IPC objectives are clearly defined in the hospital	6	85.7	6	85.7	9	100	21	91.3
The senior leadership in the hospital shows clear commitment and support for the IPC programme	6	85.7	7	100	9	100	22	95.7
The hospital has microbiological laboratory support (either on or off site) for routine day-to-day use	7	100	7	100	9	100	23	100
The hospital has an early-detection system and deals with potentially contagious individuals at early meeting points	4	57.1	6	85.7	9	100	19	82.6

GUIDELINES IN IPC UNIT

A total of 16 indicators related to Guidelines in IPC unit were assessed. Of the 16 indicators, 94.6 per cent met the targets (98.2 per cent in MoH hospitals, 84.8 per cent in private hospitals, and 99.3 per cent in military hospitals). All indicators related to guidelines in IPC units were met by almost all hospitals from all sectors (Table 9). Almost all MoH and military settings achieved the target successfully (100 per cent).

TABLE 9
Percentage of hospitals that meet the target for 'Guidelines in IPC unit' according to health sector

'Guidelines in IPC unit' Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
The hospital has policies and procedures for standard precautions	7	100	6	85.7	9	100	22	95.7
The hospital has policies and procedures for hand-hygiene	7	100	6	85.7	9	100	22	95.7
The hospital has policies and procedures for transmission-based precautions	7	100	6	85.7	9	100	22	95.7
The hospital has policies and procedures for an outbreak management and preparedness system	6	85.7	6	85.7	9	100	21	91.3
The hospital has policies and procedures for the prevention of surgical site infection	7	100	6	85.7	9	100	22	95.7
The hospital has policies and procedures for the prevention of vascular catheter-associated bloodstream infections	7	100	6	85.7	9	100	22	95.7
The hospital has policies and procedures for the prevention of hospital-acquired pneumonia (HAP); all types of HAP, including (but not exclusively) ventilator-associated pneumonia	7	100	6	85.7	8	88.9	21	91.3
The hospital has policies and procedures for the prevention of catheter-associated urinary tract infections	7	100	6	85.7	9	100	22	95.7
The hospital has policies and procedures for the prevention of transmission of multidrug-resistant (MDR) pathogens	7	100	5	71.4	9	100	21	91.3
The hospital has policies and procedures for disinfection and sterilization	7	100	6	85.7	9	100	22	95.7
The hospital has policies and procedures for healthcare worker protection and safety	7	100	6	85.7	9	100	22	95.7
The hospital has policies and procedures for injection safety	7	100	6	85.7	9	100	22	95.7
The hospital has policies and procedures for waste management	7	100	6	85.7	9	100	22	95.7
The hospital has policies and procedures for antibiotic usage	6	85.7	6	85.7	9	100	21	91.3
Healthcare workers receive specific training related to new or updated IPC guidelines introduced in the hospital	7	100	6	85.7	9	100	22	95.7
The implementation of at least some of the IPC guidelines in the hospital are regularly monitored	7	100	6	85.7	9	100	22	95.7

TRAINING AND EDUCATION FOR THE INFECTION PREVENTION AND CONTROL UNIT

Of the four indicators, 71.7 per cent met the targets (67.9 per cent in MoH hospitals, 64.3 per cent in private hospitals, and 80.6 per cent in military hospitals). Although most hospitals (95.7 per cent) had an employee who lead the IPC training, only half of hospitals had healthcare workers and other personnel trained on IPC (Table 10). Interestingly, more than 91 per cent of the hospitals were reported to have regular and ongoing development/ education programmes offered for IPC staff.

TABLE 10
Percentage of hospitals that meet the target for 'Guidelines in IPC unit' according to health sector

'Training and education for the IPC unit' Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
There are personnel with the IPC expertise (in IPC and/or infectious diseases) who lead IPC training	7	100	6	85.7	9	100	22	95.7
The number of times healthcare workers receive training regarding IPC in the hospital	4	57.1	3	42.9	5	55.6	12	52.2
Number of times cleaners and other personnel directly involved in patient care receive training regarding IPC in the hospital	2	28.6	3	42.9	6	66.7	11	47.8
There are regular and ongoing development/education programmes offered for IPC staff (e.g., by regularly attending conferences, courses)	6	85.7	6	85.7	9	100	21	91.3

HEALTHCARE-ASSOCIATED INFECTION MONITORING

Of the four indicators, 89.1 per cent met the targets (78.6 per cent in MoH hospitals, 85.7 per cent in private hospitals, and 100 per cent in military hospitals). Healthcare-associated infection monitoring targets were met in most hospitals (Table 11). All military settings (100 per cent) and more than 85 per cent of private hospitals met the four monitoring indicators. Surveillance is conducted for epidemic-prone infections in almost 57.1 per cent of MoH hospitals only.

TABLE 11
Percentage of hospitals that meet the target for 'Healthcare-associated infection monitoring' indicators according to health sector

Healthcare-associated infection monitoring' Indicator	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
Surveillance is conducted for colonization or infections caused by multidrug-resistant pathogens based on the local epidemiological situation	5	71.4	6	85.7	9	100	20	87.0
Surveillance is conducted for epidemic-prone infections, e.g., norovirus, influenza, tuberculosis (TB), severe acute respiratory syndrome (SARS), and COVID-19	4	57.1	6	85.7	9	100	19	82.6
Surveillance is conducted for infections in vulnerable populations, e.g., neonatal, intensive care unit, immunocompromised, burn patients	7	100	6	85.7	9	100	22	95.7
Surveillance is conducted for infections that may affect healthcare workers in clinical, laboratory, or other settings, e.g., hepatitis B or C, human immunodeficiency virus (HIV), and influenza	6	85.7	6	85.7	9	100	21	91.3

MONITORING / AUDITING OF INFECTION CONTROL PRACTICES AND OUTCOMES

All indicators of the infection control practices and outcomes were met by the majority of hospitals. Of the eight indicators, 92.4 per cent met the targets (83.9 per cent in MoH hospitals, 91.1 per cent in private hospitals, and 100 per cent in military hospitals). All the military settings achieved the targets successfully, and all the private hospitals met half of the indicators. In addition, all hospitals in the three sectors (100 per cent) reported having made easily available, to all employees, an up-to-date list of reportable diseases. However, only 57 per cent of the MoH hospitals had a regular monitoring programme for transmission-based precautions and isolation to prevent the spread of multidrug-resistant organisms (MDRO).

TABLE 12
Percentage of hospitals that meet the targets for 'Monitoring / auditing of infection control practices and outcomes' indicators according to health sector

Monitoring / auditing of infection control practices and outcomes' Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
Hand-hygiene compliance (using the WHO hand-hygiene observation tool or equivalent) is monitored regularly	6	85.7	5	71.4	9	100	20	87.0
Transmission-based precautions and isolation to prevent the spread of multidrug-resistant organisms (MDRO) are monitored regularly	4	57.1	7	100	9	100	20	87.0
Cleaning of the ward environment is monitored regularly	5	71.4	7	100	9	100	21	91.3
Disinfection and sterilization of medical equipment/instruments are monitored regularly	7	100	6	85.7	9	100	22	95.7
Consumption/usage of alcohol-based hand rub or soap is monitored regularly	7	100	6	85.7	9	100	22	95.7
Waste management is monitored regularly	6	85.7	7	100	9	100	22	95.7
Monitoring and feedback of IPC processes and indicators are performed in a "blame-free" institutional culture aimed at improvement and behavioural change	5	71.4	6	85.7	9	100	20	87.0
For all employees, there is an easily available, up-to-date list of reportable diseases (to the MoE) in the hospital	7	100	7	100	9	100	23	100

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Of the nine indicators, 86.0 per cent met the targets (68.3 per cent in MoH hospitals, 87.3 per cent in private hospitals, and 98.8 per cent in military hospitals). Although most hospitals achieved the targets for 'personal protective equipment (PPE)' indicators, there was a considerable difference in most indicators between military settings and MoH hospitals (Table 13). A higher percentage of military and private facilities met the target compared to MoH hospitals for almost all indicators. All military settings (100 per cent) met all PPE indicators and all private hospitals met three out of nine indicators. In contrast, two indicators, namely, 'Compliance in using PPE is routinely reviewed and monitored' and 'HCP do not wear the same gown for the care of more than one patient' were met by only 42.9 per cent of MoH hospitals. Moreover, the two indicators 'HCP wear proper gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated' and 'HCP wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids' were met by only 54.1 per cent of MoH hospitals.

TABLE 13
Percentage of hospitals that meet the targets for 'Personal protective equipment' indicators according to health sector

'Personal protective equipment' Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
Healthcare providers (HCP) that use personal protective equipment (PPE) receive training on how to use them properly	7	100	6	85.7	9	100	22	95.7
Compliance in using PPE is routinely reviewed and monitored	3	42.9	5	71.4	9	100	17	73.9
Suitable and sufficient PPE is easily accessible by healthcare providers	5	71.4	7	100	9	100	21	91.3
HCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment	5	71.4	6	85.7	9	100	20	87.0
HCP do not wear the same pair of gloves for the care of more than one patient	6	85.7	7	100	9	100	22	95.7
HCP do not wash gloves for the purpose of reuse	6	85.7	7	100	9	100	22	95.7
HCP wear proper gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated	4	57.1	6	85.7	9	100	19	82.6
HCP do not wear the same gown for the care of more than one patient	3	42.9	5	71.4	9	100	17	73.9
HCP wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids	4	57.1	6	85.7	8	100	18	81.8

AVAILABILITY OF HYGIENE MATERIALS

Of the five indicators, 77.4 per cent met the targets (48.6 per cent in MoH hospitals, 85.7 per cent in private hospitals, and 93.3 per cent in military hospitals). The targets for 'hygiene materials' indicators were met by most hospitals, except for one indicator 'Single-use towels are available at each sink'. A higher percentage of military and private facilities met the targets compared to MoH hospitals for all the indicators. All military and private facilities (100 per cent) had the supplies needed for adherence to hand hygiene, while only 42.9 per cent of MoH hospitals had the same. Only one of the MoH hospitals (14.3 per cent) reported the availability of single-use towels at each sink (Table 14).

TABLE 14
Percentage of hospitals that meet the targets for 'Availability of hygiene materials' indicators according to health sector

'Availability of hygiene materials' Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
Alcohol-based hand rub is available in the hospital	3	42.9	5	71.4	9	100	17	73.9
Liquid soap is available at each sink	4	57.1	6	85.7	9	100	19	82.6
Single-use towels are available at each sink	1	14.3	5	71.4	7	77.8	13	56.5
There is a dedicated budget for the procurement of hand-hygiene products (e.g., alcohol-based hand rubs) or any other way to ensure its availability	6	85.7	7	100	8	88.9	21	91.3
Supplies needed for adherence to hand hygiene, (e.g., soap, water, paper towels, alcohol-based hand rubs) are readily available to healthcare providers in patient-care areas	3	42.9	7	100	9	100	19	82.6

TRAINING AND EDUCATION

The targets for all 'Training' indicators were met by more than two-thirds of the hospitals (Table 15). Of the four indicators, 72.8 per cent met the targets (57.1 per cent in MoH hospitals, 60.7 per cent in private hospitals, and 94.4 per cent in military hospitals). Notably, military settings achieved the highest percentage of all training and education indicators, whereas a smaller percentage of private hospitals met the targets for training indicators. The target for the indicator 'healthcare workers receive training regarding hand hygiene' was met by 57.1 per cent of MoH hospitals, and 42.9 per cent of private hospitals only. Similarly, the 'instructions on hand hygiene' indicator was met by 57.1 per cent of MoH or private hospitals.

TABLE 15
Percentage of hospitals that meet the target for 'Training and education' indicators according to health sector

Training and education Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
Healthcare workers receive training regarding hand hygiene in the hospital	4	57.1	3	42.9	9	100	16	69.6
Posters or instructions on hand-hygiene in health care are displayed to all healthcare workers	4	57.1	4	57.1	9	100	17	73.9
There is a system in place to train assessors to verify compliance with hand hygiene	5	71.4	6	85.7	7	77.8	18	78.3
Healthcare providers who prepare and/or administer parenteral drugs receive training in safe injection practices	3	42.9	4	57.1	9	100	16	69.6

Evaluation and feedback

Most hospitals met the target for evaluation and feedback basic indicators and respiratory safety indicators related to the evaluation and feedback domain (Table 16).

BASIC INDICATORS AND RESPIRATORY SAFETY

Of the two evaluation and feedback basic indicators, 73.9 per cent met the targets (35.7 per cent in MoH hospitals, 78.6 per cent in private hospitals, and 100 per cent in military hospitals). On the other hand, 76.5 per cent of respiratory safety indicators met the targets (45.7 per cent in MoH hospitals, 77.1 per cent in private hospitals, and 100 per cent in military hospitals). All military settings (100 per cent) met the seven evaluation and feedback indicators. A higher percentage of private hospitals met the target compared to MoH hospitals for all indicators. Less than half of MoH sector hospitals met the target for the evaluation and feedback indicators, except for 'signboards and posters are displayed on entrances with instructions', which was met by 71.4 per cent of private and MoH hospitals. Moreover, the targets for two evaluation and feedback indicators: 'at department level, regular reviews are conducted at least annually', and 'had face masks offered to cough patients and other people with symptoms upon admission' were met by almost one-quarter of MoH hospitals (28.6.3 per cent).

TABLE 16
Percentage of hospitals that meet the targets for 'Evaluation and feedback' Basic Indicators and Respiratory safety according to health sector

'Evaluation and feedback' Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%	n	%	n	%
Basic Indicators						0		
Hand hygiene is performed in the hospital correctly	3	42.9	6	85.7	9	100	18	78.3
At department level, regular reviews are conducted (at least annually) in order to assess the availability of soaps, hand sanitizers, single-use towels, and other hand-hygiene resources	2	28.6	5	71.4	9	100	16	69.6
Respiratory safety						0		
The hospital has policies and procedures for dealing with people who exhibit signs and symptoms of respiratory infections	3	42.9	6	85.7	9	100	18	78.3
Face masks are offered upon admission to the hospital to cough patients and other people with symptoms, at least, during periods of increased respiratory tract infection in the community	2	28.6	6	85.7	9	100	17	73.9
Space is provided in waiting rooms, and people with symptoms of respiratory infections are encouraged to sit as far away from others as possible	3	42.9	5	71.4	9	100	17	73.9
The hospital educates healthcare providers on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory diseases	3	42.9	5	71.4	9	100	17	73.9
Signboards and posters are displayed on entrances with instructions for patients with symptoms of respiratory infection in order to practice respiratory hygiene / cough etiquette (covering the mouth / nose when coughing or sneezing, using and disposing of tissues), and to perform hand hygiene	5	71.4	5	71.4	9	100	19	82.6

ENVIRONMENTAL CLEANING AND STERILIZATION OF REUSABLE DEVICES

Almost all hospitals (95.7 per cent) met the target for using disinfectants according to manufacturers' instructions, and 78.3 per cent met the target for wearing PPE by healthcare providers (Table 17). However, HCP engaged in cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals in only 42.9 per cent of MoH hospitals.

TABLE 17
Percentage of hospitals that meet the targets for 'Evaluation and feedback: Environmental cleaning' indicators according to health sector

Environmental cleaning Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%	n	%	n	%
Cleaners and disinfectants are used in accordance with manufacturers' instructions (e.g., dilution, storage, shelf-life, contact time)	6	85.7	7	100	9	100	22	95.7
HCP engaged in cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	3	42.9	6	85.7	9	100	18	78.3

STERILIZATION OF REUSABLE DEVICES

All hospitals met the targets for the two 'sterilization of reusable devices' indicators (Table 18).

TABLE 18
Percentage of hospitals that meet the targets for 'Evaluation and feedback: Sterilization of Reusable Devices' indicators according to health sector

Sterilization of Reusable Devices Indicators	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
Devices are thoroughly cleaned according to manufacturers' instructions and visually inspected for residual dirt prior to sterilization	7	100	7	100	9	100	23	100
After cleaning, the tools are packaged appropriately for sterilization	7	100	7	100	9	100	23	100
Sterilization of Reusable Devices	7	100	7	100	9	100	23	100

COVID-19 PRECAUTIONARY MEASURES

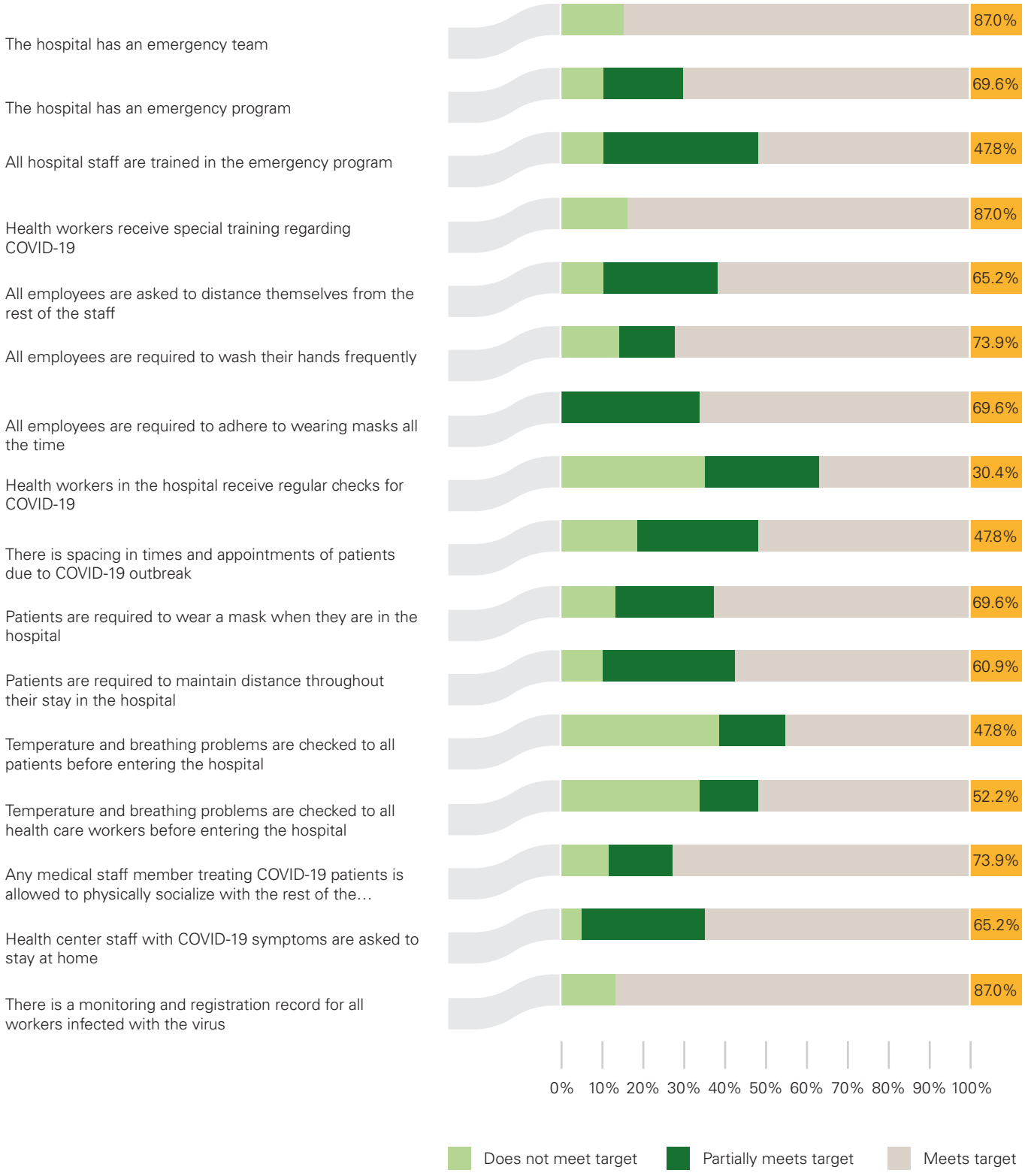
The average percentage of COVID-19 precautionary measures that met the targets over all hospitals was 64.7 per cent (44.6 per cent in MoH hospitals, 69.6 per cent in private hospitals, and 76.4 per cent in military hospitals). The percentage of hospitals that met the targets for COVID-19 precautionary measures varied widely according to indicators; while some indicators were met by a relatively low percentage of hospitals, other indicators were met by a high percentage of hospitals (Table 19). For example, only one-third of all hospitals (30.4 per cent) regularly test health workers for COVID-19. Less than half of hospitals (47.8 per cent) check the temperature and for breathing problems in patients before they are admitted to the hospital. Likewise, less than half of the hospitals (47.8 per cent) had staff trained in the emergency programme. Spacing the times and appointments of patients, as a response to COVID-19 outbreak, was practised in 47.8 per cent of hospitals.

Military settings performed better in most indicators of COVID-19 precautionary measures, yet health workers receiving regular tests for COVID-19 was reported in one military hospital only. In addition, private hospitals performed better in most indicators than MoH hospitals. For example, checking the temperature and for breathing difficulties in staff or patients before entering the hospital was reported and observed in one MoH hospital only.

TABLE 19
Percentage of hospitals that meet the targets for COVID-19 precautionary measures according to health sector

COVID-19 precautionary measures	MoH (N = 7)		Private (N = 7)		Military (N = 9)		Total (N = 23)	
	n	%	n	%		n	%	n
The hospital has an emergency team	5	71.4	6	85.7	9	100	20	87.0
The hospital has an emergency programme	4	57.1	5	71.4	7	77.8	16	69.6
All hospital staff are trained in the emergency programme	2	28.6	3	42.9	6	66.7	11	47.8
Health workers receive special training regarding COVID-19	6	85.7	6	85.7	8	88.9	20	87.0
All employees are asked to distance themselves from the rest of the staff, unless treating patients requires closer proximity	3	42.9	3	42.9	9	100	15	65.2
All employees are required to wash their hands frequently	4	57.1	5	71.4	8	88.9	17	73.9
All employees are required to adhere to wearing masks at all times	3	42.9	4	57.1	9	100	16	69.6
Health workers in the hospital receive regular tests for COVID-19	2	28.6	4	57.1	1	11.1	7	30.4
Patient appointment times are staggered and distances maintained, as a response to COVID-19 outbreak	2	28.6	5	71.4	4	44.4	11	47.8
Patients are required to wear a mask when they are in the hospital	3	42.9	5	71.4	8	88.9	16	69.6
Patients are required to maintain distance throughout their stay in the hospital	2	28.6	4	57.1	8	88.9	14	60.9
Temperature and breathing problems are checked for all patients before entering the hospital	1	14.3	5	71.4	5	55.6	11	47.8
Temperature and breathing problems are checked for all healthcare workers before entering the hospital	1	14.3	4	57.1	7	77.8	12	52.2
Medical staff treating COVID-19 permitted to socialize with the rest of the hospital staff	4	57.1	6	85.7	7	77.8	17	73.9
Instructions given to hospital staff with COVID-19 symptoms, like fever and coughing	3	42.9	7	100	5	55.6	15	65.2
There is a monitoring and registration record for all workers infected with the virus	5	71.4	6	85.7	9	100	20	87.0

FIGURE 1
The percentage of hospitals that met the target, partially met the target, or didn't meet the target for indicators related to COVID-19



Results: Health Centres

A total of 33 healthcare centres were assessed using WASH and IPC assessment tools. One-third of these centres (n=11, 33.3 per cent) were primary healthcare centres and 22 (66.7 per cent) were comprehensive health centres.

HEALTH CENTRES' CHARACTERISTICS

Of all assessed health centres, 39.4 per cent were in the North of Jordan, 33.3 per cent in the Middle and 27.3 per cent in the South of the country.

Table 20 shows the characteristics and capacity of the 33 assessed health centres in Jordan. Primary healthcare centres were more consistent in the number of the medical staff they have than comprehensive healthcare centres; the median number of medical staff in each category was two for most specialties, while the median number of medical staff in the comprehensive healthcare centres ranged from two to six.

TABLE 20
The characteristics and capacity of the 33 assessed health centres in Jordan

	Primary Healthcare Centre			Comprehensive Healthcare Centre			Total		
Number	Min.	Max.	Median	Min.	Max.	Median	Min.	Max.	Median
Doctors	1	6	2	2	25	6	1	25	5
Nurses	0	8	2	1	8	3	0	8	3
Midwifes	0	6	2	1	6	2	0	6	2
Lab technicians	0	4	1	1	11	3	0	11	2
Radiology technicians	0	0	0	0	5	2	0	5	1
Pharmacists	1	6	2	1	9	3	1	9	3
Ambulance	0	0	0	0	1	0	0	1	0
MoH health technicians/ inspectors	0	2	0	0	8	0.5	0	8	0

THE WASH AND IPC INDICATORS

Table 21 shows the mean percentage of WASH and IPC indicators over health centres that met the targets for each assessed area in both the primary and comprehensive healthcare centres. Each assessed area has a different number of indicators. The mean percentages of indicators that met the targets considerably varied among various WASH/IPC areas and type of health centres.

Almost 61.7 per cent of water indicators in all health centres (64.9 per cent in comprehensive health centres and 55.2 per cent in primary centres) met the targets. However, only half of the medical waste and sanitation indicators (49.1 per cent) met the target. Almost two-thirds of hand hygiene indicators (64.2 per cent) and environmental cleanliness and disinfection indicators (65.0 per cent) met the target. Only 41.8 per cent of management indicators (27.3 per cent in primary centres and 49.1 per cent in comprehensive centres) met the targets. While two-thirds of indicators pertaining to guidelines in IPC unit met the target, only 40.3 per cent of basic indicators of IPC programming, 38.4 per cent of indicators of the training and education for the Infection Prevention and Control Unit, and 43.4 per cent of the targets for healthcare-associated infection monitoring indicators were met. Moreover, 66.3 per cent of 'Monitoring / auditing of infection control practices and outcomes' indicators, 62.6 per cent of 'Personal protective equipment' indicators, 55.8 per cent of the 'Availability of hygiene materials' indicators, 44.7 per cent of the 'Training and education' indicators, 38.8 per cent of the 'Respiratory safety' indicators, and 48.5 per cent of the 'Environmental cleaning' indicators met the targets. The mean percentages of 'COVID-19 precautionary measures' indicators (49.7 per cent) that met the target were relatively low in both types of healthcare centres.

As expected, the mean percentages of indicators that had met the targets were higher for comprehensive healthcare centres than that for primary centres in all assessed WASH/IPC areas. For example, the mean percentage of 'respiratory safety' indicators in primary healthcare centres (14.5 per cent) was much lower than the mean percentage of 'respiratory safety' indicators in comprehensive healthcare centres (50.9 per cent).

TABLE 21
The mean percentage of indicators that met the targets in each assessed area

Area	Number o indicators assessed	Type of health centre				Total (N = 23)	
		Primary (N = 11)		Comprehensive (N = 22)			
		Mean (%)	SD	Mean (%)	SD	Mean (%)	SD
Water	14	55.2	15.7	64.9	20.2	61.7	19.1
Medical waste and sanitation	16	39.2	20.2	54.0	24.3	49.1	23.8
Hygiene							
Hand hygiene	5	54.5	37.0	69.1	27.4	64.2	31.1
Environmental cleanliness and disinfection	11	61.2	19.5	66.9	12.4	65.0	15.1
Management	10	27.3	28.0	49.1	31.3	41.8	31.6
Infection prevention and control programme							
Basic indicators	7	29.9	30.3	45.5	30.4	40.3	30.8
Guidelines in IPC unit	12	48.5	39.4	77.3	29.3	67.7	35.2
Training and education for the Infection Prevention and Control Unit	3	30.3	37.9	42.4	41.4	38.4	40.1
Healthcare-associated infection monitoring	3	24.2	36.8	53.0	33.6	43.4	36.8
Monitoring / auditing of infection control practices and outcomes	8	51.1	32.3	73.9	16.3	66.3	24.9
Personal protective equipment	9	46.5	24.8	70.7	21.3	62.6	25.0
Availability of hygiene materials	5	52.7	33.8	57.3	29.8	55.8	30.7
Training and education	4	34.1	35.8	50.0	40.1	44.7	38.9
Evaluation and feedback							
Basic indicators	2	63.6	45.2	77.3	33.5	72.7	37.7
Respiratory safety	5	14.5	20.2	50.9	34.2	38.8	34.6
Environmental cleaning	2	31.8	33.7	56.8	41.7	48.5	40.5
Sterilization of Reusable Devices	2	81.8	33.7	100	0.0	93.9	20.8
COVID-19 precautionary measures	17	42.8	23.1	53.2	19.9	49.7	21.3

WATER INDICATORS

The percentage of primary healthcare centres that met the target for most water indicators were lower than comprehensive care centres, except for a few indicators, as demonstrated in Table 22. The percentage of health centres that met water indicators varied between 21.2 per cent and 100 per cent. Improved drinking-water supply and the availability of hot water was weak in both primary and comprehensive healthcare centres. Less than two-thirds of centres had clean drinking-water available and accessible to all at all times and in all locations, had drinking-water safely stored in a clean bucket/tank with cover and tap, had water tanks cleaned annually, had an emergency water tank available, and had hot water available in the health centres. On the other hand, meeting the target for indicators related to the availability and functionality of water supply was high in both types of healthcare centres, and even higher in primary care centres, reaching 100 per cent. Fortunately, the percentage of healthcare centres that fully met the target was greater than the percentage of centres that partially met the target for almost all the indicators related to water.

TABLE 22
Percentage of health centres that meet the target for each indicator of 'Water' according to the type of health centre

Water	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Improved drinking water supply is piped into the health centre	2	18.2	1	9.1	4	18.2	6	27.3	6	18.2	7	21.2
Water services available at all times and of sufficient quantity for all uses	2	18.2	5	45.5	2	9.1	17	77.3	4	12.1	22	66.7
A clean drinking-water is available and accessible for staff, patients and healthcare providers at all times and in all locations/wards	2	18.2	5	45.5	6	27.3	14	63.6	8	24.2	19	57.6
Drinking-water is safely stored in a clean bucket/tank with cover and tap	5	45.5	5	45.5	7	31.8	14	63.6	12	36.4	19	57.6
Water tanks are cleaned annually	0	0.0	4	36.4	0	0.0	10	45.5	0	0.0	14	42.4
Emergency water tank is available	0	0.0	2	18.2	0	0.0	13	59.1	0	0.0	15	45.5
All water end points (i.e., taps) in the health centre are connected to an available and functioning water supply	0	0.0	10	90.9	5	22.7	17	77.3	5	15.2	27	81.8
Water services are available throughout the year (i.e., not affected by seasonality, climate change-related extreme events or other constraints)	0	0.0	11	100	0	0.0	22	100	0	0.0	33	100
Water storage is sufficient to meet the needs of the health centre for two days	0	0.0	11	100	0	0.0	21	95.5	0	0.0	32	97.0
Water is treated and collected for drinking with standards that meet WHO performance standards	0	0.0	8	72.7	3	13.6	15	68.2	3	9.1	23	69.7
Drinking-water has appropriate chlorine residual (0.2mg/L or 0.5mg/L in emergencies) or 0 E. coli/100 ml and is not turbid	0	0.0	7	63.6	3	13.6	17	77.3	3	9.1	24	72.7
The health centre water supply is regulated according to national water quality standards	0	0.0	9	81.8	0	0.0	21	95.5	0	0.0	30	90.9
Hot water is available in the health centre	4	36.4	3	27.3	13	59.1	4	18.2	17	51.5	7	21.2
Water heating indicator is available	0	0.0	4	36.4	0	0.0	9	40.9	0	0.0	13	39.4

MEDICAL WASTE AND SANITATION

The targets for many indicators related to toilet provision were met by very few primary healthcare centres and relatively few comprehensive healthcare centres. In addition to the low percentage of centres that met targets for indicators pertaining to the number, functionality, and monitoring of toilets, there were few, if any, toilets that serve people with special needs, or toilets designed to meet menstrual hygiene needs. The difference in the percentage of centres that met the targets for indicators pertaining to toilets was obvious between comprehensive and primary healthcare centres (Table 23).

Some targets were met by most primary and comprehensive healthcare centres, such as wastewater management (72.7 per cent and 77.3 per cent, respectively), and disposal of domestic waste (90.9 per cent and 100 per cent, respectively). However, the percentage of primary centres that met the target for indicators like sorting of waste and the availability of a trained liaison officer for waste management were higher than comprehensive healthcare centres.

TABLE 23
Percentage of health centres that meet the target for each indicator of 'medical waste and sanitation" according to the type of health centre

Water	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Number of available and usable toilets in the health centre for patients	1	9.1	5	45.5	2	9.1	16	72.7	3	9.1	21	63.6
Toilets are clearly separated for staff and patients	4	36.4	2	18.2	6	27.3	12	54.5	10	30.3	14	42.4
Toilets are clearly separated for male and female	2	18.2	1	9.1	3	13.6	14	63.6	5	15.2	15	45.5
At least one toilet provides the means to meet menstrual hygiene needs	1	9.1	3	27.3	2	9.1	11	50.0	3	9.1	14	42.4
At least one toilet meets the needs of peo-ple with special needs (reduced mobility)	0	0.0	0	0.0	2	9.1	10	45.5	2	6.1	10	30.3
Functioning hand-hygiene stations within 5 metres of the toilets	0	0.0	4	36.4	2	9.1	8	36.4	2	6.1	12	36.4
Record of toilet cleaning is visible and signed by the cleaners each day	5	45.5	1	9.1	6	27.3	6	27.3	11	33.3	7	21.2
Wastewater is safely managed through the use of on-site treatment (i.e., septic tank, fol-lowed by drainage pit) or sent to a functioning sewer system	1	9.1	8	72.7	1	4.5	17	77.3	2	6.1	25	75.8
Greywater (i.e., rainwater or wash water) drainage system is in place that diverts water away from the health centre (i.e., no standing water) and also protects nearby households	0	0.0	3	27.3	2	9.1	4	18.2	2	6.1	7	21.2
Toilets are adequately lit, including at night	2	18.2	7	63.6	5	22.7	15	68.2	7	21.2	22	66.7
A trained liaison officer is responsible for the management of healthcare waste in the health centre	2	18.2	6	54.5	7	31.8	10	45.5	9	27.3	16	48.5
There are functional waste collection containers in close proximity to all waste generation points for non-infectious (general) waste, infectious waste, and sharps waste	4	36.4	5	45.5	9	40.9	13	59.1	13	39.4	18	54.5
Wastes are correctly sorted at all waste generation points	1	9.1	9	81.8	5	22.7	14	63.6	6	18.2	23	69.7
Functional burial pit/fenced waste dump or municipal pick-up available for disposal domestic waste	0	0.0	10	90.9	0	0.0	22	100	0	0.0	32	97.0
Protocol or standard operating procedure (SOP) for safe management of healthcare waste clearly visible and legible	2	18.2	2	18.2	2	9.1	13	59.1	4	12.1	15	45.5
Appropriate protective equipment for all staff in charge of waste treatment and disposal	6	54.5	3	27.3	10	45.5	5	22.7	16	48.5	8	24.2

Hygiene

Hand hygiene indicators were generally good at both the primary and the comprehensive healthcare centres; there were more centres that fully met the target than centres that partially met the target (Table 24).

HAND HYGIENE

TABLE 24
Percentage of health centres that meet the target for each indicator of 'Hand hygiene' according to the type of health centre

Hand Hygiene	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Functioning hand-hygiene stations are adequately available at all care points	2	18.2	8	72.7	2	9.1	20	90.9	4	12.1	28	84.8
Functioning hand-hygiene stations are adequately available at all care points and supplied with water, liquid soap, or alcohol-based hand rub	1	9.1	8	72.7	4	18.2	18	81.8	5	15.2	26	78.8
There are sign boards for hand hygiene (posters) clearly displayed in an understandable manner in key areas	4	36.4	5	45.5	5	22.7	13	59.1	9	27.3	18	54.5
Functioning hand-hygiene stations are available in waste disposal areas	2	18.2	4	36.4	1	4.5	12	54.5	3	9.1	16	48.5
Hand-hygiene compliance activities are undertaken regularly	1	9.1	5	45.5	5	22.7	13	59.1	6	18.2	18	54.5

ENVIRONMENTAL CLEANLINESS AND DISINFECTION

The target for many indicators for cleanliness and disinfection were met by most healthcare centres (Table 25). The percentage of primary healthcare centres that met the target was close to the percentage for comprehensive healthcare centres, but were quite different for centres that partially met the target. Two indicators – 'record of cleaning' and 'laundry facilities' – were met by few centres only, and one-third of healthcare centres provide at least two pairs of gloves, apron, and boots for each cleaning and waste disposal staff member

TABLE 25
Percentage of health centres that meet the target for each indicator of 'Hand hygiene' according to the type of health centre

Environmental cleanliness and disinfection in the health centre	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
The exterior of the health centre is well-fenced, kept generally clean (free from solid waste, stagnant water, no animal and human faeces in or around the health centre premises, etc.)	2	18.2	8	72.7	0	0.0	21	95.5	2	6.1	29	87.9
There is a container assembly area managed by the municipality	0	0.0	10	90.9	0	0.0	19	86.4	0	0.0	29	87.9
General lighting sufficiently powered and adequate to ensure safe provision of health care including at night (mark if not applicable)	5	45.5	6	54.5	5	22.7	16	72.7	10	30.3	22	66.7
Floors and work surfaces are clean	1	9.1	10	90.9	1	4.5	20	90.9	2	6.1	30	90.9
Appropriate and well-maintained materials for cleaning (i.e., detergent, mops, buckets, etc.) are available	3	27.3	8	72.7	2	9.1	19	86.4	5	15.2	27	81.8
At least two pairs of household cleaning gloves, one pair of overalls or apron, and boots in a good state are available for each cleaning and waste disposal staff member	2	18.2	4	36.4	3	13.6	7	31.8	5	15.2	11	33.3
At least one member of staff can demonstrate the correct procedures for cleaning and disinfection and apply them as required to maintain clean and safe rooms	1	9.1	8	72.7	2	9.1	14	63.6	3	9.1	22	66.7
A mechanism exists to track supply of IPC-related materials (such as gloves and protective equipment) to identify stock-outs	1	9.1	7	63.6	1	4.5	15	68.2	2	6.1	22	66.7
Record of cleaning is visible and signed by the cleaners each day	1	9.1	1	9.1	2	9.1	5	22.7	3	9.1	6	18.2
Health centre's laundry is available to wash linen from patient beds between each patient	0	0.0	2	18.2	2	9.1	7	31.8	2	6.1	9	27.3
The health centre has sufficient natural ventilation and, where the climate allows, large opening windows, skylights and other vents to optimize natural ventilation	1	9.1	10	90.9	3	13.6	19	86.4	4	12.1	29	87.9

MANAGEMENT

Less than half of healthcare centres met the target for indicators related to the management of WASH, except for the availability of 'a dedicated WASH or IPC coordinator' and 'a written job description that is clear and legible for all staff' which were achieved by 57.6 per cent of centres. An annual planned budget for the centre that includes WASH infrastructure and service was available at 15.2 per cent of centres only, with none of the primary healthcare centres having completely met the target (Table 26). However, there was a higher percentage of healthcare centres that completely met the target than those that partially met the target, except for few indicators in the primary healthcare centres like the availability of an annual budget, a protocol for operation and maintenance, and the availability of cleaners and WASH maintenance staff (Table 26).

TABLE 26
Percentage of health centres that meet the target for each indicator of 'Management' according to the type of health centre

Management	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
WASH FIT or other quality improvement/management plan for the health centre is in place, implemented and regularly monitored	1	9.1	3	27.3	3	13.6	10	45.5	4	12.1	13	39.4
An annual planned budget for the centre is available and includes funding for WASH infrastructure, services, personnel and the continuous procurement of WASH items	2	18.2	0	0.0	4	18.2	5	22.7	6	18.2	5	15.2
An up-to-date diagram of the health centre management structure is clearly visible and legible	0	0.0	4	36.4	2	9.1	12	54.5	2	6.1	16	48.5
Adequate cleaning and WASH maintenance staff are available	7	63.6	3	27.3	9	40.9	12	54.5	16	48.5	15	45.5
There is a protocol for operation and maintenance, including procurement of WASH supplies, that is visible, legible and implemented	3	27.3	1	9.1	1	4.5	8	36.4	4	12.1	9	27.3
Regular department-based audits are undertaken to assess the availability of hand rub, soap, single-use towels and other hygiene resources	4	36.4	4	36.4	3	13.6	12	54.5	7	21.2	16	48.5
New healthcare personnel receive IPC training as part of their orientation programme	3	27.3	2	18.2	2	9.1	13	59.1	5	15.2	15	45.5
Healthcare staff are trained on WASH/IPC each year (at least)	2	18.2	2	18.2	4	18.2	9	40.9	6	18.2	11	33.3
The health centre has a dedicated WASH or IPC coordinator	0	0.0	6	54.5	0	0.0	13	59.1	0	0.0	19	57.6
All staff have a job description written clearly and legibly, including WASH-related responsibilities, and are regularly appraised on their performance	1	9.1	5	45.5	1	4.5	14	63.6	2	6.1	19	57.6

Infection prevention and control programme

One-third of primary healthcare centres (36.4 per cent) and two-thirds of comprehensive healthcare centres (63.6 per cent) have an IPC programme.

BASIC INDICATORS

Nonetheless, an IPC team or focal person was not available at most healthcare centres (Table 27). IPC objectives were clearly defined in 42.4 per cent of the health centres. Although the leadership in most healthcare centres shows full commitment to support the IPC programme in the centre, most centres lack the ability to support an appropriate IPC system, such as a microbiological laboratory (33.3 per cent) or an early-detection system (15.2 per cent).

TABLE 27
Percentage of health centres that meet the target for each indicator of 'Infection prevention and control programme: Basic indicators' according to the type of health centre

Hand Hygiene	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Have an IPC programme at the health centre	0	0.0	4	36.4	4	18.2	14	63.6	4	12.1	18	54.5
The health centre has a full-time ICP team or a specialist	3	27.3	3	27.3	10	45.5	7	31.8	13	39.4	10	30.3
IPC team or the focal person have dedicated time for IPC activities	1	9.1	2	18.2	8	36.4	10	45.5	9	27.3	12	36.4
IPC objectives are clearly defined in the health centre	2	18.2	2	18.2	6	27.3	12	54.5	8	24.2	14	42.4
Does the senior leadership team in the health centre show clear commitment and support for the IPC programme?	0	0.0	7	63.6	0	0.0	16	72.7	0	0.0	23	69.7
Does the health centre have microbiological laboratory support (either on or off site) for routine day-to-day use?	1	9.1	3	27.3	1	4.5	8	36.4	2	6.1	11	33.3
The health centre has an early-detection system and deals with potentially contagious individuals at early meeting points	0	0.0	2	18.2	0	0.0	3	13.6	0	0.0	5	15.2

GUIDELINES IN IPC UNIT

A higher percentage of comprehensive healthcare centres met the targets compared to primary healthcare centres for all indicators of the IPC guideline (Table 28). Almost 48.5 per cent of health centres have policies and procedures for disease outbreak management and a preparedness system, 45.5 per cent have policies and procedures for antibiotic usage, 48.5 per cent of health centres had trained healthcare workers on the new or updated IPC guidelines, and 57.6 per cent of health centres regularly monitor the implementation of at least some of the IPC guidelines in the health centre.

Further, there was a large difference between the percentage of primary healthcare centre and comprehensive healthcare centres that met the target for the following indicators: the availability of policies and procedures for transmission-based precautions (45.5 per cent versus 86.4 per cent), policies and procedures for prevention of infection during treatment (36.4 per cent versus 77.3 per cent), and monitoring the implementation of at least some of the IPC guidelines (27.3 per cent versus 72.7 per cent).

TABLE 28
Percentage of health centres that meet the target for each indicator of 'Guidelines in IPC unit' according to the type of health centre

Guidelines in IPC unit	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
The health centre has policies and procedures for standard precautions	0	0.0	7	63.6	0	0.0	19	86.4	0	0.0	26	78.8
The health centre has policies and procedures for hand hygiene	0	0.0	8	72.7	0	0.0	19	86.4	0	0.0	27	81.8
The health centre has policies and procedures for transmission-based precautions	0	0.0	5	45.5	0	0.0	19	86.4	0	0.0	24	72.7
The health centre has policies and procedures for outbreak management and preparedness system	0	0.0	4	36.4	0	0.0	12	54.5	0	0.0	16	48.5
The health centre has policies and procedures for prevention of infection during treatment	0	0.0	4	36.4	0	0.0	17	77.3	0	0.0	21	63.6
The health centre has policies and procedures for disinfection and sterilization	0	0.0	6	54.5	0	0.0	19	86.4	0	0.0	25	75.8
The health centre has policies and procedures for healthcare worker protection and safety	0	0.0	6	54.5	0	0.0	19	86.4	0	0.0	25	75.8
The health centre has policies and procedures for injection safety	0	0.0	8	72.7	0	0.0	20	90.9	0	0.0	28	84.8
The health centre has policies and procedures for waste management	0	0.0	7	63.6	0	0.0	19	86.4	0	0.0	26	78.8
The health centre has policies and procedures for antibiotic usage	0	0.0	3	27.3	0	0.0	12	54.5	0	0.0	15	45.5
Healthcare workers receive specific training related to new or updated IPC guidelines introduced in the health centre	0	0.0	3	27.3	0	0.0	13	59.1	0	0.0	16	48.5
The implementation of at least some of the IPC guidelines in the health centre are regularly monitored	0	0.0	3	27.3	0	0.0	16	72.7	0	0.0	19	57.6

TRAINING AND EDUCATION FOR THE INFECTION PREVENTION AND CONTROL UNIT

Although 60.6 per cent of health centres have an employee who leads the IPC training, healthcare workers, cleaners or other workers receiving training in IPC is reported by few centres (27.3 per cent); primary (18.2 per cent) or comprehensive (31.8 per cent). However, some centres were reported to have partially met the target; about one-third of centres met the target for receiving training regarding IPC for healthcare workers (39.4 per cent) and cleaners (33.3 per cent) (Table 29).

TABLE 29
Percentage of health centres that meet the target for each indicator of 'Training and education for the Infection Prevention and Control Unit' according to the type of health centre

Training and education for the Infection Prevention and Control Unit	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
There are personnel with the IPC expertise (in IPC and/or infectious diseases) who lead IPC training	0	0.0	6	54.5	0	0.0	14	63.6	0	0.0	20	60.6
The number of times healthcare workers receive training regarding IPC in the health centre	3	27.3	2	18.2	10	45.5	7	31.8	13	39.4	9	27.3
Number of times cleaners and other personnel directly involved in patient care receive training regarding IPC in the health centre	4	36.4	2	18.2	7	31.8	7	31.8	11	33.3	9	27.3

HEALTHCARE-ASSOCIATED INFECTION MONITORING

Surveillance was mainly conducted for epidemic-prone infections, as indicated by almost two-thirds of healthcare centres (60.6 per cent). Furthermore, surveillance for colonization or infections caused by multidrug-resistant pathogens was conducted by about one-fifth of healthcare centres (21.2 per cent), and about a half of them (48.5 per cent) conducted surveillance for infections that may affect healthcare workers in clinical, laboratory, or other settings, like the hepatitis virus (Table 30).

TABLE 30
Percentage of health centres that meet the target for each indicator of 'Training and education for the Infection Prevention and Control Unit' according to the type of health centre

Healthcare-associated infection monitoring	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Surveillance is conducted for colonization or infections caused by multidrug-resistant pathogens based on the local epidemiological situation	0	0.0	2	18.2	0	0.0	5	22.7	0	0.0	7	21.2
Surveillance is conducted for epidemic-prone infections, e.g., norovirus, influenza, tuberculosis (TB), severe acute respiratory syndrome (SARS), and COVID-19	0	0.0	4	36.4	0	0.0	16	72.7	0	0.0	20	60.6
Surveillance is conducted for infections that may affect healthcare workers in clinical, laboratory, or other settings, e.g., hepatitis B or C, human immunodeficiency virus (HIV), and influenza	0	0.0	2	18.2	0	0.0	14	63.6	0	0.0	16	48.5

MONITORING / AUDITING OF INFECTION CONTROL PRACTICES AND OUTCOMES

The targets for some infection control practices were well met by most comprehensive healthcare centres. For instance, monitoring of cleaning and disinfection was performed in 100 per cent of comprehensive healthcare centres and monitoring alcohol-based hand rub was performed in 95.5 per cent of them. In contrast, a low percentage of primary healthcare centres met the target for any indicator, except for disinfection and alcohol-based hand rub monitoring indicators, which were at 81.8 per cent each (Table 31).

Monitoring of transmission-based precautions to prevent the spread of multidrug-resistant organisms (MDRO) was conducted by about one-quarter of primary healthcare centres (27.3 per cent) and one-fifth of comprehensive healthcare centres (22.7 per cent).

TABLE 31
Percentage of health centres that meet the target for each indicator of 'Monitoring / auditing of infection control practices and outcomes' according to the type of health centre

Monitoring / auditing of infection control practices and outcomes	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Hand-hygiene compliance (using the WHO hand-hygiene observation tool or equivalent) is monitored regularly	0	0.0	2	18.2	0	0.0	12	54.5	0	0.0	14	42.4
Transmission-based precautions and isolation to prevent the spread of multidrug-resistant organisms (MDRO) are monitored regularly	0	0.0	3	27.3	0	0.0	5	22.7	0	0.0	8	24.2
Cleaning of the health centre is monitored regularly	0	0.0	7	63.6	0	0.0	22	100	0	0.0	29	87.9
Disinfection and sterilization of medical equipment/instruments are monitored regularly	0	0.0	9	81.8	0	0.0	22	100	0	0.0	31	93.9
Consumption/usage of alcohol-based hand rub or soap is monitored regularly	0	0.0	9	81.8	0	0.0	21	95.5	0	0.0	30	90.9
Waste management is monitored regularly in the health centre	0	0.0	6	54.5	0	0.0	18	81.8	0	0.0	24	72.7
Monitoring and feedback of IPC processes and indicators are performed in a "blame-free" institutional culture aimed at improvement and behavioural change	0	0.0	2	18.2	0	0.0	10	45.5	0	0.0	12	36.4
For all employees, there is an easily available, up-to-date list of reportable diseases (to the MoH)	0	0.0	7	63.6	0	0.0	20	90.9	0	0.0	27	81.8

PERSONAL PROTECTIVE EQUIPMENT

There was a considerable wide range of difference for PPE indicators in the percentage of healthcare centres that met the target. Some indicators such as 'HCP do not wear the same gown for the care of more than one patient' and 'wearing protection for the mouth, nose, and eyes during procedures that are likely to generate splashes or sprays of blood or other body fluids' were met by 36.4 per cent and 39.4 per cent of centres, respectively. Comparatively, other indicators, such as 'wearing gloves' and 'replacing gloves after each patient' were met by 90.9 per cent and 81.8 per cent of centres, respectively, as illustrated in Table 32. A higher percentage of comprehensive healthcare centres met the target compared to primary healthcare centres for all indicators.

TABLE 32
Percentage of health centres that meet the target for each indicator of 'Personal protective equipment' according to the type of health centre

Personal protective equipment	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Healthcare providers (HCP) that use personal protective equipment (PPE) receive training on how to use them properly	0	0.0	2	18.2	0	0.0	14	63.6	0	0.0	16	48.5
Compliance in using PPE is routinely reviewed and monitored	0	0.0	2	18.2	0	0.0	13	59.1	0	0.0	15	45.5
Suitable and sufficient PPE is easily accessible by healthcare providers	0	0.0	5	45.5	0	0.0	14	63.6	0	0.0	19	57.6
HCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment	0	0.0	9	81.8	0	0.0	21	95.5	0	0.0	30	90.9
HCP do not wear the same pair of gloves for the care of more than one patient	0	0.0	9	81.8	0	0.0	18	81.8	0	0.0	27	81.8
HCP wear proper gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated	0	0.0	6	54.5	0	0.0	19	86.4	0	0.0	25	75.8
HCP do not wear the same gown for the care of more than one patient	0	0.0	1	9.1	0	0.0	11	50.0	0	0.0	12	36.4
HCP wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids	0	0.0	4	36.4	0	0.0	9	40.9	0	0.0	13	39.4

AVAILABILITY OF HYGIENE MATERIALS

As seen in Table 33 only one-quarter of healthcare centres (24.2 per cent) reported the availability of a single-use towels at each sink. However, most healthcare centres of both types reported the availability of soap at each sink (81.8 per cent). Alcohol-based hand rub was available in 57.6 per cent of health centres. On the other hand, less than half of centres (42.4 per cent) have a dedicated budget for the procurement of hand-hygiene products (e.g., alcohol-based hand rubs) or any other way to ensure its availability.

TABLE 33
Percentage of health centres that meet the target for each indicator of 'Availability of hygiene materials' according to the type of health centre

Availability of hygiene materials	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol-based hand rub is available in the health centre	5	45.5	6	54.5	9	40.9	13	59.1	14	42.4	19	57.6
Liquid soap is available at each sink	2	18.2	9	81.8	3	13.6	18	81.8	5	15.2	27	81.8
Single-use towels are available at each sink	4	36.4	2	18.2	11	50.0	6	27.3	15	45.5	8	24.2
There is a dedicated budget for the procurement of hand-hygiene products (e.g., alcohol-based hand rubs) or any other way to ensure its availability	0	0.0	5	45.5	0	0.0	9	40.9	0	0.0	14	42.4
Supplies needed for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rubs) are readily available to healthcare providers in patient-care areas	0	0.0	7	63.6	0	0.0	17	77.3	0	0.0	24	72.7

AVAILABILITY OF HYGIENE MATERIALS

There was a considerable wide range of difference for PPE indicators in the percentage of healthcare centres that met the target. Some indicators such as 'HCP do not wear the same gown for the care of more than one patient' and 'wearing protection for the mouth, nose, and eyes during procedures that are likely to generate splashes or sprays of blood or other body fluids' were met by 36.4 per cent and 39.4 per cent of centres, respectively. Comparatively, other indicators, such as 'wearing gloves' and 'replacing gloves after each patient' were met by 90.9 per cent and 81.8 per cent of centres, respectively, as illustrated in Table 32. A higher percentage of comprehensive healthcare centres met the target compared to primary healthcare centres for all indicators.

TABLE 33
Percentage of health centres that meet the target for each indicator of 'Availability of hygiene materials' according to the type of health centre

Availability of hygiene materials	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol-based hand rub is available in the health centre	5	45.5	6	54.5	9	40.9	13	59.1	14	42.4	19	57.6
Liquid soap is available at each sink	2	18.2	9	81.8	3	13.6	18	81.8	5	15.2	27	81.8
Single-use towels are available at each sink	4	36.4	2	18.2	11	50.0	6	27.3	15	45.5	8	24.2
There is a dedicated budget for the procurement of hand-hygiene products (e.g., alcohol-based hand rubs) or any other way to ensure its availability	0	0.0	5	45.5	0	0.0	9	40.9	0	0.0	14	42.4
Supplies needed for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rubs) are readily available to healthcare providers in patient-care areas	0	0.0	7	63.6	0	0.0	17	77.3	0	0.0	24	72.7

TRAINING AND EDUCATION

The targets for two training indicators are met by one-third of healthcare centres (33.3 per cent): receiving 'training regarding hand hygiene' and 'training assessors to verify compliance with hand hygiene'. The target for the other two indicators are met by more than half of centres: 'instructions on hand hygiene' (54.5 per cent), and 'safe injection training' (57.6 per cent). In addition, comprehensive healthcare centres met the target at a higher percentage – partially or completely – than primary healthcare centres (Table 34).

TABLE 34
Percentage of health centres that meet the target for each indicator of Training and education' according to the type of health centre

Training and education	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Healthcare workers receive training regarding hand hygiene in the health centre	1	9.1	3	27.3	12	54.5	8	36.4	13	39.4	11	33.3
Posters or instructions on hand hygiene in health care are displayed to all healthcare workers	2	18.2	6	54.5	6	27.3	12	54.5	8	24.2	18	54.5
There is a system in place to train assessors to verify compliance with hand hygiene	1	9.1	2	18.2	6	27.3	9	40.9	7	21.2	11	33.3
Healthcare providers who prepare and/or administer parenteral drugs receive training in safe injection practices	1	9.1	4	36.4	4	18.2	15	68.2	5	15.2	19	57.6
Supplies needed for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rubs) are readily available to healthcare providers in patient-care areas	0	0.0	7	63.6	0	0.0	17	77.3	0	0.0	24	72.7

Evaluation and feedback

BASIC INDICATORS AND RESPIRATORY SAFETY

Most healthcare centres reported that hand hygiene is performed correctly (84.8 per cent) and regular reviews are done to assess the availability of hand-hygiene materials (60.6 per cent), as shown in Table 35. One-quarter of centres reported that they review the availability of hand-hygiene materials (24.2 per cent), but not regularly.

Less than half of healthcare centres met the target for indicators related to respiratory safety, except for educating healthcare providers on the importance of infection prevention measures, which was met by 54.5 per cent of the centres. This overall low percentage of meeting the target was attributed to the low percentage of primary healthcare centres that met the target, which was lower than 20 per cent for most indicators, as demonstrated in Table 35. It is noteworthy to mention that none of the primary healthcare centres met the target for providing space in waiting rooms or encourage people with symptoms of respiratory infections to sit apart from others. However, the target for this indicator was met by 63.6 per cent of comprehensive healthcare centres (Table 35).

TABLE 35
Percentage of health centres that meet the target for each indicator of 'Evaluation and feedback: Basic indicators and Respiratory safety' according to the type of health centre

Evaluation and feedback: Basic indicators and Respiratory safety	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Hand hygiene is performed in the health centre correctly	0	0.0	8	72.7	0	0.0	20	90.9	0	0.0	28	84.8
At department level, regular reviews are conducted (at least annually) in order to assess the availability of soaps, hand sanitizers, single-use towels, and other hand-hygiene resources	2	18.2	6	54.5	6	27.3	14	63.6	8	24.2	20	60.6
The health centre has policies and procedures for dealing with people who exhibit signs and symptoms of respiratory infections, starting from the point of admission to the health centre and continuing for the duration of the follow up	0	0.0	2	18.2	0	0.0	11	50.0	0	0.0	13	39.4
Face masks are offered upon admission to the health centre to cough patients and other people with symptoms, at least, during periods of increased respiratory tract infection in the community	0	0.0	1	9.1	0	0.0	5	22.7	0	0.0	6	18.2
Space is provided in waiting rooms, and people with symptoms of respiratory infections are encouraged to sit as far away from others as possible	0	0.0	0	0.0	0	0.0	14	63.6	0	0.0	14	42.4
The health centre educates healthcare providers on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory diseases	0	0.0	2	18.2	0	0.0	16	72.7	0	0.0	18	54.5
Signboards and posters are displayed on entrances with instructions for patients with symptoms of respiratory infection in order to practice respiratory hygiene / cough etiquette (covering the mouth / nose when coughing or sneezing, using and disposing of tissues), and perform hand hygiene	0	0.0	3	27.3	0	0.0	10	45.5	0	0.0	13	39.4

ENVIRONMENTAL CLEANING AND STERILIZATION OF REUSABLE DEVICES

About two-thirds of healthcare centres (63.6 per cent) met the target for using disinfectants according to manufacturer's instructions, and one-third (33.3 per cent) met the target for wearing PPE by staff involved in cleaning. However, cleaning of devices and packaging after cleaning were properly done by all comprehensive healthcare centre (100 per cent) and 81.8 per cent of primary healthcare centres (Table 36).

TABLE 36
Percentage of health centres that meet the target for each indicator of 'Evaluation and feedback: Environmental cleaning and Sterilization of Reusable Devices' according to the type of health centre

Evaluation and feedback: Environmental cleaning and Sterilization of Reusable Devices	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
Cleaners and disinfectants are used in accordance with manufacturers' instructions (e.g., dilution, storage, shelf-life, contact time)	0	0.0	6	54.5	0	0.0	15	68.2	0	0.0	21	63.6
HCP engaged in cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	0	0.0	1	9.1	0	0.0	10	45.5	0	0.0	11	33.3
Devices are thoroughly cleaned according to manufacturers' instructions and visually inspected for residual dirt prior to sterilization	0	0.0	9	81.8	0	0.0	22	100	0	0.0	31	93.9
After cleaning, the tools are packaged appropriately for sterilization	0	0.0	9	81.8	0	0.0	22	100	0	0.0	31	93.9
The health centre has an emergency team	2	18.2	3	27.3	6	27.3	6	27.3	8	24.2	9	27.3

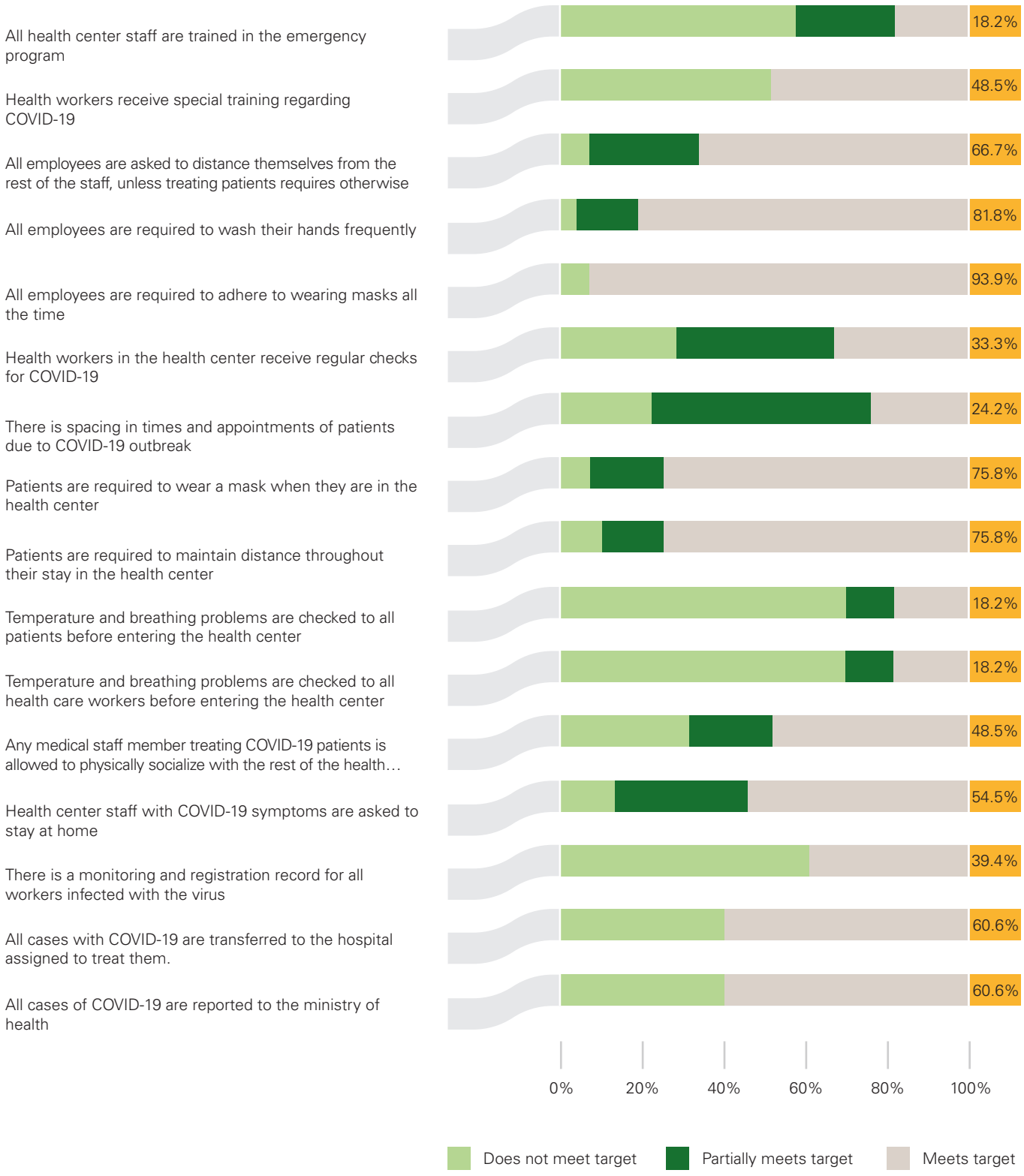
COVID-19 PRECAUTIONARY MEASURES

The percentage of healthcare centres that met the target, partially or completely, varied widely among the different COVID-19 precautionary measures (Table 37). A low percentage of centres met the targets for some indicators, like emergency training of staff, or checking the temperature and breathing of staff or patients before entering the centre (18.2 per cent, each). On the other hand, a high percentage of centres met the targets for other indicators, like the requirements of washing hands frequently (81.8 per cent) or wearing masks (93.9 per cent). More comprehensive healthcare centres, compared to primary centres, met the targets for all indicators of COVID-19 precautionary measures, except for regular testing for COVID-19 and distancing and spacing the timings of appointments. However, these two indicators were met by only one-third (33.3 per cent) and one-quarter of healthcare centres (24.2 per cent), respectively. Moreover, three out of four healthcare centres (75.8 per cent) reported asking patients to wear masks and maintain distances, as shown in Table 37. It is interesting that only 60.6 per cent of healthcare centres reported COVID-19 cases to the Ministry of Health.

TABLE 36
Percentage of health centres that meet the target for each indicator of 'COVID-19 precautionary measures' according to the type of health centre

COVID-19 precautionary measures	Primary centres N = 11				Comprehensive N = 22				Total N = 33			
	Partially meet target		Meet target		Partially meet target		Meet target		Partially meet target		Meet target	
	n	%	n	%	n	%	n	%	n	%	n	%
All health-centre staff are trained in the emergency programme	2	18.2	1	9.1	6	27.3	5	22.7	8	24.2	6	18.2
Health workers receive special training regarding COVID-19	0	0.0	4	36.4	0	0.0	12	54.5	0	0.0	16	48.5
All employees are asked to distance themselves from the rest of the staff, unless treating patients requires closer proximity	3	27.3	6	54.5	6	27.3	16	72.7	9	27.3	22	66.7
All employees are required to wash their hands frequently	3	27.3	7	63.6	2	9.1	20	90.9	5	15.2	27	81.8
All employees are required to adhere to wearing masks at all times	1	9.1	10	90.9	1	4.5	21	95.5	2	6.1	31	93.9
Health workers in the health centre receive regular tests for COVID-19	3	27.3	4	36.4	10	45.5	7	31.8	13	39.4	11	33.3
Patient appointment times are staggered and distances maintained, as a response to COVID-19 outbreak	5	45.5	3	27.3	13	59.1	5	22.7	18	54.5	8	24.2
Patients are required to wear a mask when they are in the health centre	2	18.2	7	63.6	4	18.2	18	81.8	6	18.2	25	75.8
Patients are required to maintain distance throughout their stay in the health centre	2	18.2	7	63.6	3	13.6	18	81.8	5	15.2	25	75.8
Temperature and breathing problems are checked for all patients before entering the health centre	1	9.1	3	27.3	3	13.6	3	13.6	4	12.1	6	18.2
Temperature and breathing problems are checked for all healthcare workers before entering the health centre	1	9.1	3	27.3	3	13.6	3	13.6	4	12.1	6	18.2
Medical staff treating COVID-19 permitted to socialize with the rest of the health-centre staff	1	9.1	4	36.4	6	27.3	12	54.5	7	21.2	16	48.5
Instructions given to health-centre staff with COVID-19 symptoms, like fever and coughing	4	36.4	6	54.5	7	31.8	12	54.5	11	33.3	18	54.5
There is a monitoring and registration record for all workers infected with the virus	0	0.0	4	36.4	0	0.0	9	40.9	0	0.0	13	39.4
All cases with COVID-19 are transferred to the hospital assigned to treat them.	0	0.0	4	36.4	0	0.0	16	72.7	0	0.0	20	60.6
All cases of COVID-19 are reported to the Ministry of Health	0	0.0	4	36.4	0	0.0	16	72.7	0	0.0	20	60.6

FIGURE 2
The percentage of Healthcare Centres that met the target, partially met the target, or didn't meet the target for indicators related to COVID-19



CONCLUSIONS

Based on the findings of this assessment, we could identify health facilities that fully met the targets and those that partially met or did not meet the targets. A wide range of performance was noted, and clear differences between facilities in meeting the targets were observed. Thus, healthcare policy makers are urged to develop WASH and IPC national policies and guidelines that set targets for all public and private healthcare facilities in the country. It is essential that healthcare providers in Jordan translate local and national IPC policies into their daily and regular practice. However, IPC policies should be enforced during the COVID-19 pandemic to control the spread of the virus. Developing and implementing a national IPC Action Plan (2021-2024) will assist the integration of IPC practices into the Jordanian healthcare system, which also identify, amend, and correct non-compliance practices with IPC standards. The action plan should be supervised by a national IPC unit, affiliated with, or as part of, the Ministry of Health.

Furthermore, stakeholders and policy makers are urged to institute a quality surveillance system through which standard precautions and transmission-based precautions can be implemented. This surveillance system assists healthcare facilities across Jordan to manage infections through early detection of patients with infectious diseases, immediate implementation of containment measures including the use of PPE and isolation; and measures required to control the spread of COVID-19.

The implementation of the surveillance system and WASH/IPC standards are possible only through capacity building with proper training that is carried out, based on international recommendations, like the WHO recommended procedures for PPE and WASH, for example.

Digital health solutions to enhance healthcare providers' skills and knowledge on WASH and IPC policies could be promising during the COVID-19 pandemic. Such digital health solutions can be designed to train healthcare providers in hospitals to demonstrate evidence-based practices of infection control and to promote hygiene messages among patients to protect themselves and their families. However, the optimum benefits of precautionary measures and the sustainability of WASH and IPC targets are not achieved without the serious commitments from leaders and managers from all levels (national, provincial, and organizational). Skilful health management is necessary to officially mandate WASH and IPC practices and to provide and maintain necessary human and financial resources to conduct IPC activities. Moreover, medical leadership are expected to show tangible support and act as role models to drive a patient-safety culture, supporting WASH and IPC and all relevant subsequent actions.

RECOMMENDATIONS

The survey results provide many useful insights about the success of past efforts and activities. However, there are many opportunities for improving and strengthening WASH and IPC services in healthcare facilities to reach national, regional and global commitments. Implementation strategies and enforcement mechanisms, policies, guidelines, and protocols should be improved to tackle the observed shortcomings. We proposed some recommendations to fill the gaps in areas that needs improvement. In addition, translating these recommendations into policies, actions and practices are essential to respond to the COVID-19 pandemic, and make healthcare more prepared to control the spread of the virus.

WATER

- Ensure clean water is always available in all health facilities. Only two-thirds of healthcare centres (66.7 per cent) and 22.2 per cent of military hospitals have running water always available and of adequate quantity for all uses. In addition, many healthcare centres and hospitals lack clean drinking water that is available and accessible for staff, patients and healthcare providers; only 22.2 per cent of military

hospitals and 57.6 per cent of healthcare centres reported the availability of clean drinking water at all times. The limit availability of water affects the important uses of water for treatment, cleaning, hygiene, sanitation, and drinking. Constant quality water supply is essential to ensure meeting IPC/WASH indicators at all times without jeopardizing the compliance with the standards set to meet the targets for indicators. The Ministry of Health should require a regulatory action that mandates water authorities in Jordan to provide running clean water constantly to all health facilities in the country with a hotline for any shortage or inconsistency in water supply.

- Support hospitals and healthcare centres in securing improved water in the facility and hot water at all times, especially during winter. Most health facilities lack hot water, which limits the use of water during winter by patients and makes it difficult for staff to use it for cleaning. Moreover, direct water provision from the water company is not available all the time and thus, water in healthcare facilities is stored in tanks. Water tanks installed for storage should have tight covers to prevent dust, animal droppings, and sunlight from entering, as these accelerate the growth of algae and other microorganisms. Routine emptying and cleaning of tanks is recommended, especially as many health facilities do not currently empty and clean their water tanks annually. Improved water that is filtered and refined is needed for certain medical uses. It is recommended, therefore, to increase the budget provided from the Ministry of Health to health facilities to include the provision of hot and improved water and increase their ability to provide quality water for various medical uses.

MEDICAL WASTE AND SANITATION FACILITIES

- Develop a comprehensive plan with appropriate budget to nationally improve toilets and their provision to patients. Toilets in hospitals and healthcare centres are poorly maintained and do not meet patients' needs, which could also lead to the spread of infections, or people withholding their needs, which could possibly cause incontinence and urinary tract infections. Most healthcare centres do not have separate toilets for both genders, separate toilets for staff, special toilets for women's needs, toilets for people with a disability, and a functioning hand-hygiene stations within 5 metres of the toilets. Almost half of the hospitals do not have toilets that serve people with special needs. A dedicated member of staff should be responsible for constantly monitoring the structural and sanitary conditions of toilets, and reporting needs for repair or replacement as soon as necessary. Monthly repairs and maintenance of toilets should be reported to the Ministry of Health, as sanitation and environmental cleanliness are major requirements for all health facilities.

- Educate patients about the importance of leaving toilets at the facility clean after use and to consider personal hygiene, especially hand hygiene. Although keeping the toilets clean after each patient could be difficult, especially during busy days with many visitors, posters could be placed at the entrance and inside toilets with clear instructions of hygiene practices. In addition, cleaners at the health facilities should be involved in the education process through delivering messages to patients.

- Develop a facility-specific policy for cleaning and disinfection, particularly toilets and environmental surfaces. A cleaning manual must be developed to provide detailed guidelines for procedures and practices, such as materials used to clean a surface that's contaminated with blood, or methods of cleaning a room used to treat a patient with a contagious disease.

- Improve the drainage system for greywater (i.e., rainwater or wash water) because most healthcare centres and private hospitals reported that their drainage system lacks the ability to divert water away from the facility; neighbouring buildings and surrounding households are thereby affected. There are various ways of reusing greywater, which can

incentivize the implementation of advanced systems that could effectively divert greywater. The Ministry of Health could work side-by-side with the Ministry of Public Works and Housing to implement and maintain the greywater drainage system.

- Enhance the availability and visibility of standard operating procedure (SOP) for safe management of wastes. The SOP should consider both short-term (emergency response plan) and long-term (recovery plan) actions. Proper training on implementing both actions is important to ensure that SOP is equally applied in health facilities and in a comprehensive manner.

HYGIENE

- Maintain a clear and detailed cleaning record that is checked regularly. Most hospitals and healthcare centres do not provide a visible cleaning record that is signed by the cleaning staff. Maintaining records of cleaning toilets that are visible and signed by the cleaners each day, and updating the daily and monthly cleaning schedule is important to ensure proper cleaning and to protect patients from contracting an infectious disease. It is not only that infectious diseases are transmitted in a contaminated environment, but an outbreak could decrease access to care and quality of service delivered. The record of cleaning should monitor the completion of tasks assigned to the cleaning staff, the name of the staff assigned, and whether cleaning strategies were followed as mandated by the health facility. These strategies should be fully developed, implemented and updated by the Ministry of Health with the assistance of the Ministry of the Environment.

- Enforce policies in health facilities that mandate the provision of protective equipment for cleaning and waste disposal. Almost two-thirds of healthcare centres and more than half of the public hospitals do not provide the necessary PPE for cleaning and disinfection, which might result in the non-observance of regular cleaning by staff or cleaning without wearing the complete set of PPE that is required to protect the staff from chemical splashes and biological germs. Shortage of PPE provision could lead to serious consequences for staff health and wellbeing, making them more prone to diseases and illnesses. Ensuring the availability of a budget for PPE needs is necessary to maintain the continuity of cleaning, in addition to meeting the requirements of IPC/WASH in the facility that secure the safety of the staff.

- Implement an approach that could effectively identify areas that require improvement in the quality of WASH/IPC infrastructure and services provided. The improvement includes areas of sanitation, environmental safety and cleanliness. Major advantages to such quality improvements are lower infection rates, better health outcomes for patients and improved staff safety and morale. The approach could be implemented by a team of experts from the Ministry of Health that train facility leadership teams on the methods of identification, detection, and action toward areas that need quality improvement.

MANAGEMENT

- Support programmes that train medical leadership teams in healthcare centres and hospitals on developing management plans to improve the infrastructure and services related to WASH/IPC at their facilities. Most healthcare centres, and almost half of the public hospitals lack a quality improvement/management plan for the facility. Further, a protocol for operation and maintenance is not visible or implemented in almost three-quarters of healthcare centres, indicating a huge gap in organizing WASH infrastructure and services that are necessary in every health facility. This could be attributed to the lack of a sufficient budget that covers the WASH management needs of the facilities, as only 15.2 per cent of healthcare centres and 42.9 per cent of the public hospitals indicated

the availability of an annual planned budget, including funding for WASH infrastructure, services, personnel and the continuous procurement of WASH items. WASH FIT should be widely used and implemented in the country, and meeting the criteria for WASH FIT should set the limit for the minimum budget requirement. Furthermore, most management indicators in healthcare centres are low, indicating poor management skills and the lack of continuous development. It is detrimental for WASH/IPC indicators to have poor management indicators, which could hinder improvements, even if financial support were available. The Ministry of Health could work closely with the WHO to develop skills of leadership and management, support health facilities, especially healthcare centres with improvement plans and to monitor their progress. Moreover, it is imperative to ensure that leaders in healthcare centres and hospitals comprehend the importance of including other staff members in improvements to WASH/IPC services through their participation in plan development, feedback provision, and training attendance.

- Adopt an incentive programme that recognises and rewards high-performing staff. This could be achieved through an audit system that periodically assesses competency and performance, particularly in the Ministry of Health facilities. Performance measures may need to be periodically reviewed, and a combination of penalties and incentives introduced, to facilitate progress towards meeting standards. Staff with high performance should receive incentives in the form of bonuses, recognition, or awards.

INFECTION PREVENTION AND CONTROL (IPC) PROGRAMME

- Establish a national risk-assessment strategy for infection control and prevention. The Ministry of Health with its regional directorates should discuss institutional risk assessment, risk management, and plans imposed on hospitals and healthcare centres. Regional officers should monitor the implementation of the risk-management plans at the lower levels of service delivery (i.e., local health facilities). It is imperative to cooperate with the Environment Directorate in the MoH when developing such a strategy as this directorate works closely with the Ministry of the Environment, hence it is the chain that directly links the two ministries together.

- Secure financial resources that support IPC detecting systems while emphasizing the provision of proper training to IPC teams. There is clearly a lack of basic tools for IPC at most healthcare centres, like an IPC team, focal person or lab settings. A facility-based budget should be developed for the purpose of sufficient and efficient coverage of IPC resources without delays. The secured budgets should include consumables like personal protective equipment and hygiene materials, which are particularly important during the COVID-19 pandemic. This in turn would increase the involvement of facility leadership teams and management in WASH and IPC practices.

- Enhance the number of infection control professionals and their career to ensure full adoption of HAI (Healthcare-associated infection) prevention bundles. One way to improve the availability of IPC basic needs at the centres is to prioritize the inclusion of WASH and IPC activities in the national annual budget and to specify a minimum amount annually for WASH/IPC expenditures. Furthermore, the Ministry of Health should consider the addition of microbiological labs with trained personnel who are able to detect the emergence of diseases, track changes in an existing disease, and provide feedback on inquires. An IPC focal person who is available at each directorate needs to be linked with nurses inside each health centre and focus more on continuous training to overcome high turnover

- Develop policies and procedures by each hospital and healthcare centre to reflect the national guidelines and ensure effective implementation.

- Standardize, monitor and evaluate the national HAI surveillance programme that monitors acquired infectious diseases and its reporting mechanisms at the national level.

- Secure adequate budget for implementing the antimicrobial resistance (AMR) national strategy goals and objectives to reduce the development and transmission of multidrug-resistant organisms (MDRO). All healthcare facilities are considered high-risk environments for the containment of MDRO. About 57 per cent of the public hospitals and only 24.2 per cent of healthcare centres regularly perform transmission-based precautions and isolation to prevent the spread of MDRO. Regular monitoring of IPC measures limits the chances for resistant pathogens to spread in healthcare facilities and plays a critical role in the containment of AMR.

- Adopt a mechanism at the facility level that tracks and manages the use of personal protective equipment (PPE) and other supplies such as soap, alcohol-based hand rub, and paper towels. Management of PPE and other supply materials includes the implementation of PPE guidelines, training on the proper use of PPE and supplies, and resource management, which includes stock management, securing different sizes and shapes of PPE, and accessibility to items and cleaning materials. To optimize the management process, regular inspections and routine review activities should determine if guidelines of using PPE and other supplies are followed, and if the required quantities of items are available at each health facility.

TRAINING AND EDUCATION

- Develop both a well-defined national training programme as well as a well-structured training programme at the facility level to ensure the sustainability and the effective implementation of the IPC standards. Training should focus on standards of risk reduction practices (e.g., safe injection practices, sharps management) and to engage healthcare providers with enough information and the skills required to ensure alignment with national quality initiatives, guidelines and planning processes. All programmes provided in health facilities should be endorsed with technical support.

- Introduce training sessions that develop existing ones without initiating new training programmes. The training of staff at their own facility allows for modifications and reflections on the indicators and other tools that are required for the specific context. In addition, training programmes should be designed and implemented according to the intended audience, in terms of education level and their role in the facility. For example, it is important to continuously train cleaning staff about cleaning procedures in specialized patient areas—particularly high-risk areas, such as intensive-care units and operating rooms. Further, cleaning staff (hygienists) should be trained in accordance with the WHO recommended procedures for donning/removing PPE and on decontamination practices. Although training should be prioritized for healthcare providers and other staff members in the healthcare centres and hospitals, allied professionals from national or regional governmental or non-governmental organizations working in areas related to IPC/WASH and have the potentiality for assistance, could be included in the training.

- Provide patients with educational materials and learning sessions to increase their level of awareness about infection control and prevention, personal protection, and home remedies for infectious diseases, especially during the current COVID-19 pandemic. In addition, eye-catching posters should be placed at the reception and in waiting rooms around clinics to convey health education. Certain clinics could perform casual education classes through role playing that specifically illustrate ways to prevent transmission of diseases and enhance personal hygiene.

- It is crucial, though, that those people conducting the training have both technical and practical skills, as well as sufficient experience to convey optimal training.

EVALUATION AND FEEDBACK: BASIC INDICATORS AND RESPIRATORY SAFETY

- Assess the improvement of health facilities in implementing WASH/IPC guidelines through regular visits, patient-exit surveys, staff surveys, and structured observations. Effective assessments are those that reflect the main behaviours related to WASH/IPC practices, reveal the budget expenditures, and evaluate the cost-effectiveness of actions applied. These annual assessments are needed to determine the long-term effects and sustainability of using WASH/IPC guidelines. In addition, it is better to assess indicators by service areas (e.g., toilets, clinics) rather than a domain. The evaluations are conducted and reviewed by evaluators with the relevant expertise from the Ministry of Health.

- Improve future assessments through the validation of the process used for weighting the indicators and via imposing evidence-based methods of evaluations that are tailored toward the needs of the health facility. It is also recommended that assessments be subjected to oversight, at least once a year, to ensure their validity and compatibility with national standards. Moreover, such evaluations should determine whether there are any political, economic, social or cultural factors that may help or hinder efforts.

COVID-19 PRECAUTIONARY MEASURES

- Enhance the role of the COVID-19 emergency team that is responsible for implementing policies related to preventing the spread of COVID-19 in health facilities, especially among healthcare providers and other staff members. Emergency programmes and trained emergency teams are not available in most healthcare centres and hospitals, which calls for an urgent need to train staff and form an emergency team to effectively deal with the COVID-19 pandemic in health facilities. The emergency team members should receive professional training on how to effectively control the spread of the virus, implement precautionary actions, monitor, report, and manage cases and incidences emerged from the pandemic, and apply protective policies. The emergency plan and tasks of the emergency team at the health facility should communicate directly with their focal point in the Ministry of Health.

- Enforce preventative policies and precautionary actions in all health facilities. Important protective actions include taking the temperature and checking for breathing difficulties of medical staff and patients once they enter the facility; providing enough spaces in waiting rooms; and isolating people with respiratory symptoms. A clear shortcoming, in almost all healthcare centres and half of the hospitals, is the lack of measurements for detecting and isolating patients and staff who are infected with COVID-19, allowing the potential for a quick and wide increase in transmission of the virus, which can adversely affect the services of the health facility. A trained staff nurse should be assigned to measuring the temperature and breathing of everyone who enters the facility, and another nurse should be assigned to manage distancing in waiting rooms. In suspected cases, direct isolation/separation of the individual should be applied, and a COVID-19 rapid test conducted to determine whether the individual is infected.

- Demand the full and constant use of masks by patients and the full set of personal protective equipment by the medical staff. Results showed that many healthcare centres and some hospitals don't meet the target for indicators related to the use of personal protective equipment. In addition, health facilities must apply spacing between patients' appointment times, maintain physical distancing, and the number of people who can have access to the building at any one time. Such measurements are key elements in controlling the spread of the COVID-19. The emergency team is responsible of implementing and monitoring the application of these measures. Any patient who doesn't abide by the abovementioned policies should have receipt of services suspended, and any staff member in the health facility who breaks any of the policies should be held accountable.

Prioritization of actions

A panel of experts from the Jordan MoH set the priority criteria and proposed actions. The following prioritization criteria were used:

FEASIBILITY AND AVAILABILITY OF ESOURCES:

The practical feasibility of implementing a particular need at national institutions. Specifically, it concerns the availability of staff, time, budget and equipment.

SCORE 3	High [Highly feasible and resources are available]
SCORE 2	Medium
SCORE 1	Low [Not feasible/resources are not available]

FEASIBILITY AND AVAILABILITY OF RESOURCES:

The practical feasibility of implementing a particular need at national institutions. Specifically, it concerns the availability of staff, time, budget and equipment.

SCORE 3	High [Highly feasible and resources are available]
SCORE 2	Medium
SCORE 1	Low [Not feasible/resources are not available]

URGENCY:

A measure of the short-term repercussions and consequences associated with a need.

SCORE 3	High
SCORE 2	Medium
SCORE 1	Low

TABLE 38
prioritized actions to be performed over a period of 18 months

	Feasibility and availability of resources	Impact	Urgency	Total score	Priority
Water					
Ensure clean water is always available in all health facilities. The Ministry of Health should require a regulatory action that mandates water authorities in Jordan to provide running clean water constantly to all health facilities in the country with a hotline for any shortage or inconsistency in water supply.	3	3	3	9	High
Support hospitals and healthcare centres in securing improved water in the facility and hot water at all times, especially during winter. Water tanks installed for storage should have tight covers to prevent dust, animal droppings, and sunlight from entering. Routine emptying and cleaning of tanks is recommended, especially as many health facilities do not currently empty and clean their water tanks annually.	2	3	2	7	Moderate

Medical waste and sanitation facilities					
Educate patients about the importance at the facility of leaving toilets clean after use and to consider personal hygiene, especially hand hygiene. Posters could be placed at the entrance and inside toilets with clear instructions for hygiene practices. In addition, cleaners at the health facilities should be involved in the education process through delivering messages to patients.	3	3	3	9	High
Enhance the availability and visibility of standard operating procedure (SOP) for the safe management of wastes. The SOP should consider both short-term (emergency response plan) and long-term (recovery plan) actions. Proper training on implementing both actions is important to ensure that SOP is equally applied in health facilities and in a comprehensive manner.	3	2	3	8	High
Develop a comprehensive plan with appropriate budget to nationally improve toilets and their provision to patients.	2	2	3	7	Moderate
A dedicated member of staff should be responsible for constantly monitoring the structural and sanitary conditions of toilets, and reporting needs for repair or replacement as soon as necessary.	2	2	3	7	Moderate
Monthly repairs and maintenance of toilets should be reported to the Ministry of Health, as sanitation and environmental cleanliness are major requirements for all health facilities.	2	2	3	7	Moderate
Improve the drainage system for greywater. The Ministry of Health could work side-by-side with the Ministry of Public Works and Housing to implement and maintain the greywater drainage system.	1	2	2	5	Moderate
Develop a facility-specific policy for cleaning and disinfection, particularly toilets and environmental surfaces. A cleaning manual must be developed to provide detailed guidelines for procedures and practices, such as materials used to clean a surface that is contaminated with blood, or methods of cleaning a room used to treat a patient with a contagious disease.	3	3	3	3	Low

Hygiene					
Maintain a clear and detailed cleaning record that is checked regularly. The record of cleaning should monitor the completion of tasks assigned to the cleaning staff, the name of the staff assigned, and whether cleaning strategies were followed as mandated by the health facility. Enforce policies in health facilities that mandate the provision of protective equipment for cleaning and waste disposal. Ensuring the availability of a budget for PPE needs is necessary to maintain the continuity of cleaning, in addition to meeting the requirements of IPC/WASH in the facility that secure the safety of the staff.	2	3	3	8	High
Management					
Support programmes that train medical leadership teams in healthcare centres and hospitals on developing management plans to improve the infrastructure and services related to WASH/IPC at their facilities	1	3	3	9	High
Adopt an incentive programme that recognises and rewards high-performing staff. This could be achieved through an audit system that periodically assesses competency and performance, particularly in the Ministry of Health facilities.	1	2	3	6	Moderate
Infection prevention and control (IPC) programme					
Develop policies and procedures by each hospital and healthcare centre to reflect the national guidelines and ensure effective implementation.	2	3	3	8	High
Adopt a mechanism at the facility level that tracks and manages the use of personal protective equipment (PPE) and other supplies such as soap, alcohol-based hand rub, and paper towels. To optimize the management process, regular inspections and routine review activities should determine if guidelines for using PPE and other supplies are followed and if the required quantities of items are available at each health facility.	2	3	3	8	High

Establish a national risk-assessment strategy for infection control and prevention. The Ministry of Health with its regional directorates should discuss institutional risk assessment, risk management, and plans imposed on hospitals and healthcare centres. It is imperative to cooperate with the Environment Directorate in the MoH when developing such a strategy as this directorate work closely with the Ministry of the Environment, hence it is the chain that directly links the two ministries together.	1	3	3	7	Moderate
Secure financial resources that support IPC detecting systems while emphasizing the provision of proper training to IPC teams. A facility-based budget should be developed for the purpose of sufficient and efficient coverage of IPC resources without delays. The secured budgets should include consumables like personal protective equipment and hygiene materials, which are particularly important during the COVID-19 pandemic. This in turn would increase the involvement of facility leadership teams and management in WASH and IPC practices.	1	3	3	7	Moderate
Enhance the number of infection control professionals and their career to ensure full adoption of HAI prevention bundles. An IPC focal person who is available at each directorate needs to be linked with nurses inside each health centre and focus more on continuous training to overcome high turnover	1	3	3	7	Moderate
Standardize, monitor and evaluate the national HAI surveillance programme that monitors acquired infectious diseases and its reporting mechanisms at the national level.	1	3	3	7	Moderate
Secure adequate budget for implementing the antimicrobial resistance (AMR) national strategy goals and objectives to reduce the development and transmission of multidrug-resistant organisms (MDRO).	1	3	3	7	Moderate
Training and education					
Introduce training sessions that develop existing ones without initiating new training programmes. The training of staff at their own facility allows for modifications and reflections on the indicators and other tools that are required for the specific context.	2	3	3	8	High

Develop both a well-defined national training programme as well as a well-structured training programme at the facility level to ensure the sustainability and the effective implementation of the IPC standards. Training should focus on standards of risk reduction practices (e.g., safe injection practices, sharps management) and to engage healthcare providers with enough information and the skills required to ensure alignment with national quality initiatives, guidelines and planning processes. All programmes provided in health facilities should be endorsed with technical support.	1	3	3	7	Moderate
Provide patients with educational materials and learning sessions to increase their level of awareness about infection control and prevention, personal protection, and home remedies for infectious diseases, especially during the current COVID-19 pandemic. In addition, eye-catching posters should be placed at the reception and in waiting rooms around clinics to convey health education. Certain clinics could perform casual education classes through role playing that specifically illustrate ways to prevent transmission of diseases and enhance personal hygiene.	1	3	3	7	Moderate
Evaluation and feedback: Basic indicators and Respiratory safety					
Assess the improvement of health facilities in implementing WASH/IPC guidelines through regular visits, patient-exit surveys, staff surveys, and structured observations.	1	2	3	7	Moderate
COVID-19 precautionary measures					
Demand the full and constant use of masks by patients and the full set of personal protective equipment by the medical staff.	3	3	3	9	High
Enforce preventative policies and precautionary actions in all health facilities	2	3	3	8	High
Enhance the role of the COVID-19 emergency team that is responsible for implementing policies related to preventing the spread of COVID-19 in health facilities, especially among healthcare providers and other staff members.	1	3	3	7	Moderate

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ANNEX 1
Assessment tools in English and Arabic

Assessment of Infection prevention and control (ICP) programme and WASH services in Hospitals

Assessment date:	**Assessors names:**

Hospital description

Hospital name:

City: **Governorate:**

Hospital capacity

Beds numbers	( )	Medical human resources	( )
Hospital beds capacity	( )	Doctors number	( )
Emergency room beds capacity	( )	Nurses number	( )
ICU beds capacity	( )	Lab technicians	( )
Isolation rooms beds capacity	( )	Radiology technicians number	( )
Ventilator devices	( )	Pharmacists number	( )
Annual occupancy rate	( )	Ambulances number	( )
Hemodialysis units	( )	Public health professional or supervisor	( )

Available operating facilities 1- Laboratory 2- X-Ray imaging

A	Water	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
1.	Improved drinking water supply is piped into the facility	Yes, improved water supply is within facility and available	Improved water supply on premises (outside of facility building) and available	No improved water source within facility grounds, or improved supply in place but not available	
2.	Water services available at all times and of sufficient quantity for all uses	Yes, every day and of sufficient quantity	More than five days per week or every day but not sufficient quantity	Fewer than five days per week	
3.	Clean drinking-water is available and accessible for staff, patients and healthcare providers at all times and in all locations/wards	Yes, every day and of sufficient quantity	Sometimes, in some areas, or not available for all users	Not available	
4.	Drinking-water is safely stored in a clean bucket/tank with cover and tap	Yes	All available drinking-water points are safely stored	Not safely stored in any water points or no drinking-water is available	
5.	Water tanks are cleaned annually	Yes		No	
6.	Emergency water tank is available	Yes		No	
7.	All water end points (i.e., taps) in the hospital are connected to an available and functioning water supply	Yes, all are working and usable	More than half of the taps are working and usable	No, less than half of the taps are working and usable	
8.	Water services are available throughout the year (i.e., not affected by seasonality, climate change-related extreme events or other constraints)	Yes, throughout the year (i.e., all the time)	Water shortage for a month or two	Water shortage for three months or more	
9.	Water storage is sufficient to meet the needs of the hospital for two days	Yes	More than 75% of needs met	Less than 75% of needs met	
10.	Water is treated and collected for drinking with standards that meet the WHO performance standards	Yes	Treated, but not based on the WHO standards	Water is not treated	
11.	Drinking-water has appropriate chlorine residual (0.2mg/L or 0.5mg/L in emergencies) or zero E. coli/100 ml and is not turbid	Yes	Chlorine residual exists but is <0.2mg/L	Not treated/do not know residual/do not have capacity to test residual/no drinking-water available	

A	Water	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
12.	The hospital water supply is regulated according to national water quality standards	Yes, and water meets national standards	Yes, regulated but water does not meet the standards	No regulation nor testing takes place, or no standards exist	
13.	Hot water is available in the hospital	Yes, always	Yes, but sometimes	Never	
14.	Water heating indicator is available	Yes		No	
15.	At least one shower or bathing area is available per 40 patients and is functioning and accessible	Yes	Showers available, but without water or in disrepair, or showers available but fewer than one per 40	No showers	
16.	Water is tested for chemical and biological contaminants by a certified laboratory	Yes, always and for all kinds of contaminants	Yes,but not for all contaminants	No	

B	Medical waste and sanitation facilities	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
1.	Number of available and usable toilets in the hospital for patients	Four or more (outpatients) and one per 20 users (inpatients)	Enough present but not all are functioning or the number is insufficient	Less than 50% of the required number of toilets is available and functioning	
2.	Toilets are clearly separated for staff and patients	Yes	Separated but not shown clearly	No separate toilets	
3.	Toilets are clearly separated for male and female	Yes	Separated but not shown clearly	No separate toilets	
4.	At least one toilet provides the means to meet menstrual hygiene needs	Yes	Yes, but toilet is not clean or is in disrepair	No	
5.	At least one toilet meets the needs of people with special needs (reduced mobility)	Yes	Yes, but toilet is not clean or is in disrepair	No toilets for people with special needs	
6.	Functioning hand-hygiene stations within 5 metres of the toilets	Yes	Present but not functioning or no sanitizer (i.e., empty)	Not available	
7.	Record of toilet cleaning is visible and signed by the cleaners each day	Yes	Toilets are cleaned but cleanings are not recorded	No records/toilets cleaned less than once a day	
8.	Wastewater is safely managed through the use of on-site treatment (i.e., septic tank, followed by drainage pit) or sent to a functioning sewer system	Yes	Present but not functioning	Not available	
9.	Greywater (i.e., rainwater or wash water) drainage system is in place that diverts water away from the facility (i.e., no standing water) and also protects nearby households	Yes	Yes, but not functioning and there are obvious pools of water	Not available	
10.	Toilets are adequately lit, including at night	Yes	Lighting infrastructure exists, but not functioning	Not adequately lit or no lighting infrastructure	
11.	A trained liaison officer is responsible for the management of healthcare waste in the hospital	Yes, assigned and adequately trained	Assigned but not trained	Not assigned	

B	Medical waste and sanitation facilities	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
12.	There are functional waste collection containers in close proximity to all waste generation points for: • non-infectious (general) waste • infectious waste • sharps waste	Yes	Separate bins present but lids missing or more than three-quarters full; only two bins (instead of three); or at some but not all waste generation points	No bins or separate sharps-disposal containers	
13.	Wastes are correctly segregated at all waste generation points	Yes	There is some sorting but not always correctly or not practised throughout the facility	No separate containers or sorting	
14.	Functional burial pit/fenced waste dump or municipal pick-up available for disposal domestic waste	Yes	There is a pit in the hospital but with insufficient dimensions; overfilled or not fenced and locked; irregular municipal waste pick-ups, etc.	No pit or other disposal method used	
15.	There is a record of the quantity of generated medical waste	Yes		No	
16.	Incinerator or alternative treatment technology for the treatment of infectious and sharp waste is functional and of a sufficient capacity	Yes	Present but not functional and/or is of insufficient capacity	Not available	
17.	Hazardous and non-hazardous wastes are stored separately before being treated/disposed or moved off site	Yes, separated storage areas available	Separated storage areas are available but with insufficient capacity or overfilled	No separated storage areas available	
18.	All infectious waste is stored in a protected area before treatment, for no longer than the default and safe time	Yes	Treated between 24–48 hours	Treated after 48 hours or not treated at all	
19.	Anatomical/pathological waste (e.g., placenta) is put in a dedicated pathological waste pit, burnt in a crematory, buried in a cemetery, or treated as instructed	Yes	Pit is present but not used or non-functional or overfilled or not fenced and locked	Not available	
20.	Protocol or standard operating procedure (SOP) for safe management of healthcare waste clearly visible and legible	Yes, visible and implemented	Written but not clear or implemented	No protocol or SOP	
21.	Appropriate protective equipment for all staff in charge of waste treatment and disposal	Yes	Some equipment available, but not for all staff, or available but damaged	Not available	

C	Hygiene	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(A): Hand hygiene					
1.	Functioning hand-hygiene stations are adequately available at all care points (in wards and outpatient clinics).	Yes	Not enough	Not available	
2.	Functioning hand-hygiene stations are adequately available at all care points and supplied with water, liquid soap, or alcohol-based hand rub	Yes	Stations present, but no water and/or soap or alcohol-based hand rub solution	Not available	
3.	There are sign boards for hand hygiene (posters) clearly displayed in an understandable manner in key areas	Yes	In some, but not all appropriate areas	Not available	
4.	Functioning hand-hygiene stations are available in waste disposal areas	Yes	Stations present, but no water and/or soap or alcohol-based hand rub solution	Not available	
5.	Hand-hygiene compliance activities are undertaken regularly	Yes	Compliance activities in policy, but not carried out	Not monitored nor is a policy available	
Part(B): Facility environment, cleanliness and disinfection					
6.	The exterior of the facility is well-fenced, kept generally clean (free from solid waste, stagnant water, no animal and human faeces in or around the facility premises, etc.)	Yes	Partly, but improvements could be made/yes, sometimes	Doesn't keep it clean at all	
7.	There is a container assembly area managed by the municipality	Yes		No	
8.	General lighting sufficiently powered and adequate to ensure safe provision of health care including at night (mark if not applicable)	Yes, always	Yes, sometimes	Never	
9.	Floors and work surfaces are clean	Yes	Some floors and work surfaces appear clean, but others do not	Most floors and surfaces are clearly dirty	
10.	Appropriate and well-maintained materials for cleaning (i.e., detergent, mops, buckets, etc.) are available	Yes	Yes, available but not well maintained	No materials available	

C	Hygiene	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
11.	At least two pairs of household cleaning gloves, one pair of overalls or apron, and boots in a good state are available for each cleaning and waste disposal staff member	Yes	Available but in poor condition	Not available	
12.	At least one member of staff can demonstrate the correct procedures for cleaning and disinfection and apply them as required to maintain clean and safe rooms	Yes	Procedure is known but not applied	Procedure not known or applied	
13.	A mechanism exists to track supply of IPC-related materials (such as gloves and protective equipment) to identify stock-outs	Yes	Mechanism exists but is not enforced	No mechanism exists	
14.	Record of cleaning is visible and signed by the cleaners each day	Yes	Record exists, but is not filled daily or is outdated	No record of floors and surfaces being cleaned	
15.	Laundry facilities are available to wash linen from patient beds between each patient	Yes	Facilities exist, but are not working or not being used	No facilities and/or no linen	
16.	The hospital has sufficient natural ventilation and, where the climate allows, large opening windows, skylights and other vents to optimize natural ventilation	Yes	Some ventilation but not well maintained or insufficient to produce natural ventilation	No	
17.	Kitchen stores and stored food is protected from flies, other insects or rats	Yes		No	
18.	Beds for patients are separated by a one-metre distance and each bed has only one patient	Yes, all beds meet this guidance	Some but not all beds fit this criterion	No beds meet this criterion	

D	Management	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
1.	WASH FIT or other quality improvement/ management plan for the facility is in place, implemented and regularly monitored	Yes	Complete but has not been implemented and/or is not monitored, or is incomplete	No plan	
2.	An annual planned budget for the facility is available and includes funding for WASH infrastructure, services, personnel and the continuous procurement of WASH items (hand-hygiene products, minor supplies to repair pipes, toilets, etc.) which is sufficient to meet the needs of the hospital	Yes	Yes, but budget is insufficient	No budget	
3.	An up-to-date diagram of the hospital management structure is clearly visible and legible	Yes	Yes, but not up to date	Not available	
4.	Adequate cleaning and WASH maintenance staff are available	Yes	Some available, but not adequate or lack skills and motivation	Not available	
5.	There is a protocol for operation and maintenance, including procurement of WASH supplies, that is visible, legible and implemented	Yes	Protocol exists but not implemented	No protocol	
6.	Regular ward-based audits are undertaken to assess the availability of hand rub, soap, single-use towels and other hygiene resources	Yes	Undertaken less than once a week or assessment is incomplete	Not undertaken	
7.	New healthcare personnel receive IPC training as part of their orientation programme	Yes	Some but not all staff	No training	
8.	Healthcare staff are trained on WASH/IPC each year	Yes	Staff are trained but not every year or only some staff are trained	No	
9.	The hospital has a dedicated WASH or IPC coordinator	Yes		No	
10.	All staff have a job description written clearly and legibly, including WASH-related responsibilities, and are regularly appraised on their performance	Yes	Some, but not all, staff have a job description, or their performance is not appraised	No written job description	
11.	High-performing staff are recognised and rewarded and those that do not perform are managed accordingly	Yes	Either high or low performers addressed but not both	No action or recognition of staff based on performance	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(A): Basic indicators					
1.	Do you have an IPC programme at the hospital	Yes, with clearly defined objectives and annual activity plan for ICP	Yes, but is not active, not monitored, incomplete, or without clearly defined objectives	No programme at all	
2.	The hospital has an ICP team or a specialist	Yes	Yes, but not a team, just ICP focal person	No team or specialist	
3.	Does the IPC team or focal person have dedicated time for IPC activities?	Yes	Yes, but the time is insufficient	No	
4.	IPC objectives are clearly defined in the hospital	Yes, IPC objectives and measurable outcome indicators (that is, adequate measures for improvement)	Yes, IPC objectives only	No	
5.	Does the senior leadership team in the hospital show clear commitment and support for the IPC programme?	Yes		No	
6.	Does the hospital have microbiological laboratory support (either on or off site) for routine day-to-day use?	Yes, and delivering results reliably (timely and of sufficient quality)	Yes, but not delivering results reliably (timely and of sufficient quality)	No	
7.	The hospital has an early-detection system and deals with potentially contagious individuals at early meeting points. Note: The system may include taking occupational and travel history as indicated, and elements of hygiene and coughing etiquette	Yes	Some but not all staff	No	
Part(B): Guidelines in IPC unit					
8.	The hospital has policies and procedures for standard precautions	Yes		No	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
9.	The hospital has policies and procedures for hand-hygiene	Yes		No	
10.	The hospital has policies and procedures for transmission-based precautions	Yes		No	
11.	The hospital has policies and procedures for an outbreak management and preparedness system	Yes		No	
12.	The hospital has policies and procedures for the prevention of surgical site infection	Yes		No	
13.	The hospital has policies and procedures for the prevention of vascular catheter-associated bloodstream infections	Yes		No	
14.	The hospital has policies and procedures for the prevention of hospital-acquired pneumonia (HAP); all types of HAP, including (but not exclusively) ventilator-associated pneumonia	Yes		No	
15.	The hospital has policies and procedures for the prevention of catheter-associated urinary tract infections	Yes		No	
16.	The hospital has policies and procedures for the prevention of transmission of multidrug-resistant (MDR) pathogens	Yes		No	
17.	The hospital has policies and procedures for disinfection and sterilization	Yes		No	
18.	The hospital has policies and procedures for healthcare worker protection and safety	Yes		No	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
19.	The hospital has policies and procedures for injection safety	Yes		No	
20.	The hospital has policies and procedures for waste management	Yes		No	
21.	The hospital has policies and procedures for antibiotic usage	Yes		No	
22.	Healthcare workers receive specific training related to new or updated IPC guidelines introduced in the hospital	Yes		No	
23.	The implementation of at least some of the IPC guidelines in the hospital are regularly monitored	Yes		No	
Part(C): Training and education for the Infection Prevention and Control Unit					
24.	There are personnel with the IPC expertise (in IPC and/or infectious diseases) who lead IPC training	Yes		No	
25.	The number of times healthcare workers receive training regarding IPC in the hospital	At least once a year and mandatory for healthcare workers	At least once a year but not mandatory, only new employees (during orientation)	Never or rarely	
26.	Number of times cleaners and other personnel directly involved in patient care receive training regarding IPC in the hospital	At least annually and mandatory for healthcare workers		Never or rarely	
27.	There are regular and ongoing development/education programmes offered for IPC staff (e.g., by regularly attending conferences, courses)	Yes	At least once a year but not mandatory, only new employees (during orientation)	No	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(D): Healthcare-associated infection monitoring					
28.	In the hospital, surveillance is conducted for colonization or infections caused by multidrug-resistant pathogens based on the local epidemiological situation	Yes		No	
29.	In the hospital, surveillance is conducted for epidemic-prone infections, e.g., norovirus, influenza, tuberculosis (TB), severe acute respiratory syndrome (SARS), and COVID-19	Yes		No	
30.	In the hospital, surveillance is conducted for infections in vulnerable populations, e.g., neonatal, intensive care unit, immunocompromised, burn patients	Yes		No	
31.	In the hospital, surveillance is conducted for infections that may affect healthcare workers in clinical, laboratory, or other settings, e.g., hepatitis B or C, human immunodeficiency virus (HIV), and influenza	Yes		No	
Part(E): Monitoring / auditing of infection control practices and outcomes					
32.	Hand-hygiene compliance (using the WHO hand-hygiene observation tool or equivalent) is monitored regularly	Yes		No	
33.	Transmission-based precautions and isolation to prevent the spread of multidrug-resistant organisms (MDRO) are monitored regularly	Yes		No	
34.	Cleaning of the ward environment is monitored regularly	Yes		No	
35.	Disinfection and sterilization of medical equipment/instruments are monitored regularly	Yes		No	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
36.	Consumption/usage of alcohol-based hand rub or soap is monitored regularly	Yes		No	
37.	Waste management is monitored regularly	Yes		No	
38.	Monitoring and feedback of IPC processes and indicators are performed in a "blame-free" institutional culture aimed at improvement and behavioural change	Yes		No	
39.	For all employees, there is an easily available, up-to-date list of reportable diseases (to the MoE) in the hospital	Yes		No	
Personal protective equipment					
40.	Healthcare providers (HCPs) that use personal protective equipment (PPE) receive training on how to use them properly	Yes		No	
41.	Compliance in using PPE is routinely reviewed and monitored	Yes		No	
42.	Suitable and sufficient PPE is easily accessible by healthcare providers	Yes		No	
43.	HCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment	Yes		No	
44.	HCP do not wear the same pair of gloves for the care of more than one patient	Yes		No	
45.	HCP do not wash gloves for the purpose of reuse	Yes		No	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
46.	HCP wear proper gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated	Yes		No	
47.	HCP do not wear the same gown for the care of more than one patient	Yes		No	
48.	HCP wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids	Yes		No	
Part(F): Availability of hygiene materials					
49.	Alcohol-based hand rub is available in the hospital	Constantly available everywhere in the hospital and at examination points	Available in some wards and not constantly	Not available	
50.	Liquid soap is available at each sink	Constantly available everywhere in the hospital and at examination points	Available in some wards and not constantly	Not available	
51.	Single-use towels are available at each sink	Constantly available everywhere in the hospital and at examination points	Available in some wards and not constantly	Not available	
52.	There is a dedicated budget for the procurement of hand-hygiene products (e.g., alcohol-based hand rubs) or any other way to ensure its availability	Yes		No	
53.	Supplies needed for adherence to hand-hygiene (e.g., soap, water, paper towels, alcohol-based hand rubs) are readily available to healthcare providers in patient-care areas	Yes		No	

F	Training and education	Meets target +++	Partially meets target ++	Does not meet target +	Does indicator meet the target? Mark+/++/+++
1.	Healthcare workers receive training regarding hand-hygiene in the hospital	Compulsory start-up training for all professional groups, then continuing regularly (at least annually)	Regular training for medical and nursing staff (at least annually)	Did not happen or it only happened once	
2.	Posters or instructions on hand-hygiene in health care are displayed to all healthcare workers	Yes, in all or most departments and treatment areas	Yes, but only in certain areas	No	
3.	There is a system in place to train assessors to verify compliance with hand hygiene	Yes	Yes, but not effective	Not available	
4.	Healthcare providers who prepare and/or administer parenteral drugs receive training in safe injection practices	Yes	Yes, but it is not mandatory	No	

G	Evaluation and feedback	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(A): Basic indicators					
1.	Hand-hygiene is performed in the hospital correctly (before contacting the patient and performing a sterile task), for example: administering an intravenous solution, preparing an injection, or administering eye drops), when contacting the patient, after touching objects in the immediate vicinity of the patient and after removing gloves	Yes		No	
2.	At department level, regular reviews are conducted (at least annually) in order to assess the availability of soaps, hand sanitizers, single-use towels, and other hand-hygiene resources	Yes, in all or most departments and areas of treatment	Yes, but only in certain areas	No	
Part(B): Respiratory safety					
3.	The hospital has policies and procedures for dealing with people who exhibit signs and symptoms of respiratory infections, starting from the point of admission to the hospital and continuing for the duration of the follow up	Yes		No	
4.	Face masks are offered upon admission to the hospital to cough patients and other people with symptoms, at least, during periods of increased respiratory tract infection in the community	Yes		No	
5.	Space is provided in waiting rooms, and people with symptoms of respiratory infections are encouraged to sit as far away from others as possible	Yes		No	
6.	The hospital educates healthcare providers on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory diseases	Yes		No	
7.	Signboards and posters are displayed on entrances with instructions for patients with symptoms of respiratory infection in order to practice respiratory hygiene / cough etiquette (covering the mouth / nose when coughing or sneezing, using and disposing of tissues), and to perform hand hygiene	Yes		No	

G	Evaluation and feedback	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(C): Environmental cleaning					
8.	Cleaners and disinfectants are used in accordance with manufacturers' instructions (e.g., dilution, storage, shelf-life, contact time)	Yes		No	
9.	At department level, regular reviews are conducted (at least annually) in order to assess the availability of soaps, hand sanitizers, single-use towels, and other hand-hygiene resources	Yes		No	
Part(D): Sterilization of Reusable Devices					
10.	Devices are thoroughly cleaned according to manufacturers' instructions and visually inspected for residual dirt prior to sterilization	Yes		No	
11.	After cleaning, the tools are packaged appropriately for sterilization	Yes		No	

H	COVID-19 precautionary measures	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
1.	The hospital has an emergency team	Yes		No	
2.	The hospital has an emergency programme	Yes	Yes, but not effective	Not available	
3.	All hospital staff are trained in the emergency programme	Yes, on a regular basis (at least annually)	Yes, but not on a regular basis	No	
4.	Health workers receive special training regarding COVID-19	Yes		No	
5.	All employees are asked to distance themselves from the rest of the staff, unless treating patients requires closer proximity	Yes	Yes, but not always	No	
6.	All employees are required to wash their hands frequently	Yes	Yes, but not always	No	
7.	All employees are required to adhere to wearing masks at all times	Yes	Yes, but not always	No	
8.	Health workers in the hospital receive regular tests for COVID-19	Yes	Happened only once	No	
9.	Patient appointment times are staggered and distances maintained, as a response to COVID-19 outbreak	Yes, and effectively	Yes, but not as required	No	
10.	Patients are required to wear a mask when they are in the hospital	Yes	Yes, but not always	No	
11.	Patients are required to maintain distance throughout their stay in the hospital	Yes	Yes, but not always	No	
12.	Temperature and breathing problems are checked for all patients before entering the hospital	Yes, always	Yes, but not always	No	
13.	Temperature and breathing problems are checked for all healthcare workers before entering the hospital	Yes, always	Yes, but not always	No	
14.	Medical staff members treating COVID-19 patients permitted to socialize with the rest of the hospital staff	Not allowed	Allowed, but with distancing and masks	Yes, allowed	
15.	Instructions given to hospital staff with COVID-19 symptoms, like fever and coughing	Stay at home and not go to work until recovery	Go to work, but with masks and spacing	Nothing	
16.	There is a monitoring and registration record for all workers infected with the virus	Yes		No	

تقييم برنامج منع وضبط العدوى في المستشفيات

وخدمات المياه وإدارة النفايات
الطبية والنظافة البيئة

أسماء المقيمين: **تاريخ التقييم:**

وصف المستشفى

اسم المستشفى:

المدينة: **المحافظة:**

سعة المستشفى

١. عدد الأسرّة ٢. الموارد البشرية من الكوادر الطبية

سعة المستشفى من الأسرّة	[ ]	[ ]	عدد الأطباء	[ ]	[ ]
سعة الأسرّة في غرفة الطوارئ	[ ]	[ ]	عدد الممرضين	[ ]	[ ]
سعة الأسرّة في العناية المركّزة	[ ]	[ ]	عدد فنيي المختبر	[ ]	[ ]
سعة الأسرّة في غرف العزل	[ ]	[ ]	عدد فنيي الأشعة	[ ]	[ ]
عدد أجهزة التنفس الاصطناعي	[ ]	[ ]	عدد الصيادلة	[ ]	[ ]
معدّل الاشغال السنوي	[ ]	[ ]	عدد سيارات الاسعاف	[ ]	[ ]
عدد وحدات غسيل الكلى	[ ]	[ ]	عدد فنيي/مراقبي الصحة العامة	[ ]	[ ]

نوع مرافق التشغيل المتاحة: **١. المختبر** **٢. التشخيص بالأشعة السينية**

A	المياه	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١.	يوجد إمدادات لتوصيل المياه بالأنابيب إلى المنشأة وهي متوفرة ومتاحه في المستشفى	نعم، إمدادات جيدة للمياه داخل المنشأة ومتوفرة	إمدادات جيدة للمياه في الموقع (خارج مبنى المنشأة) ومتوفرة	لا توجد إمدادات جيدة للمياه داخل أراضي المنشأة، أو توجد إمدادات جيدة للمياه ولكنها غير متوفرة	
٢.	تتوفر خدمات المياه في جميع الأوقات وبكمية كافية لجميع الاستخدامات	نعم، تتوفر كل يوم وبكمية كافية	أكثر من ٥ أيام في الأسبوع أو كل يوم ولكن ليس بكمية كافية	أقل من ٥ أيام في الأسبوع	
٣.	توجد محطة مياه شرب موثوقة ويسهل على الموظفين والمرضى ومقدمي الرعاية الوصول إليها في جميع الأوقات وفي جميع الأماكن/ الاقسام	نعم، في جميع الأوقات/ الاقسام ومتاحة للجميع	أحياناً، أو في بعض الأماكن فقط، أو لا تتوفر لجميع المستخدمين	غير متوفرة	
٤.	يتم تخزين مياه الشرب بأمان في خزان نظيف له غطاء وصنبور	نعم	تُخزّن المياه بجميع وحدات مياه الشرب المتوفرة بشكل آمن	لا تُخزّن المياه في أي من وحدات مياه الشرب أو لا تتوفر مياه الشرب	
٥.	يتم تنظيف خزان المياه مرة كل عام	نعم		لا	
٦.	يتوفر خزان ماء للطوارئ	نعم		لا	
٧.	ترتبط جميع النقاط الطرفية (الصنابير) بإمدادات مياه متوفرة وصالحة للاستخدام	نعم، كلها موصّلة وصالحة للاستخدام	أكثر من نصف النقاط الطرفية موصّلة وصالحة للاستخدام	لا، أقل من نصف النقاط الطرفية موصّلة وصالحة للاستخدام	
٨.	خدمات المياه متوفرة طوال العام	نعم، طوال العام	نقص في المياه لمدة شهر أو شهرين	نقص في المياه لمدة ٣ أشهر أو أكثر	
٩.	تخزين المياه يكفي لتلبية احتياجات المنشأة لمدة يومين	نعم	تُلبي أكثر من ٪ ٧٥ من لاحتياجات	تُلبي أقل من ٪ ٧٥ من الاحتياجات	
١٠.	تُجمع المياه وتعالَج للاستخدام للشرب بواسطة تقنية مُثبتة تستوفي معايير الأداء الخاصة بمنظمة الصحة العالمية	نعم	تعالَج ولكن ليس بشكل منتظم	لا تعالَج	
١١.	تحتوي مياه الشرب على كمية مقبولة من الكلور المتبقي (٠,٢ ميللي جرام/ لتر أو ٠,٥ ميللي جرام/ لتر في حالات الطوارئ) أو ٠ إي كولاي/ ١٠٠ميللي لتر، وهي ليست عكرة	نعم	يوجد كلور متبقي، ولكنه أقل من ٠,٢ ميللي جرام/ لتر	مياه غير معالجة/ لا نعرف كمية الكلور المتبقي/ لا تتوفر لدينا إمكانية اختبار كمية الكلور المتبقي/ مياه الشرب غير متوفرة	

A	المياه	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١٢.	يجري تنظيم إمدادات المياه وفقاً للمعايير الوطنية لجودة المياه	نعم، والمياه تستوفي المعايير الوطنية.	نعم يجري تنظيم إمدادات المياه، ولكن المياه لا تستوفي المعايير	لا يجري أي تنظيم أو اختبار أو لا توجد معايير	
١٣.	الطاقة متوفرة لتسخين المياه	نعم، دائماً	نعم،أحياناً	أبداً	
١٤.	يوجد مقياس لدرجة حرارة التسخين	نعم		لا	
١٥.	يتوفر على الأقل دش واحد أو منطقة للاستحمام لكل ٤٠ مريضًا في حالة المرافق التي يوجد بها مرضى مقيمون، وهو صالح للاستخدام ويمكن الوصول إليه	نعم	تتوفر وحدات دش ولكن لا توجد بها مياه أو أنها في حالة سيئة، أو متوفرة ولكن بمعدل أقل من دش لكل ٤٠ مريض	لا توجد وحدات دش	
١٦.	يتم فحص المياه للملوثات الكيميائية والبيولوجية من قبل مختبر معتمد	نعم، دائماً	نعم، ولكن ليس لكل انواع الملوثات المعروفة	لا	

B	النفايات الطبية ومرافق الصرف الصحي	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١.	عدد الحمامات المتوفرة أو الصالحة للاستخدام	أربعة أو أكثر (العيادات الخارجية) وواحد لكل ٢٠ مستخدم (المرضى المقيمين)	يوجد العدد الكافي ولكنليست كلها تعمل، أو العدد غير كاف	أقل من ٥٠ ٪ من العدد المطلوب من الحمامات متوفر وصالح للاستخدام	
٢.	حمامات الموظفين والمرضى منفصلة وذلك مبيّن بشكلٍ واضح	نعم	تتوفر حمامات منفصلة للموظفين والمرضى، ولكن ذلك غير مبيّن بشكلٍ واضح	لا تتوفر حمامات منفصلة	
٣.	الحمامات منفصلة للرجال والنساء وذلك مبيّن بشكلٍ واضح	نعم	تتوفر حمامات منفصلة للرجال والنساء، ولكن ذلك غير مبيّن بشكلٍ واضح	لا تتوفر حمامات منفصلة	
٤.	الحمامات يتوفر فيها الاحتياجات الاساسية من نظافة البيئة (الطمث ومخلفاتها، والفضلات)	نعم	نعم، ولكن الحمامات غير نظيف أو في حالة سيئة	لا	
٥.	يوجد حمام واحد على الأقل يلبي احتياجات الأشخاص ذوي الاحتياجات الخاصة في كل قسم وفي العيادات الخارجية	نعم	نعم، ولكن الحمام غير نظيف أو في حالة سيئة	لا توجد حمامات لاستخدام ذوي الاحتياجات الخاصة	
٦.	توجد وحدات صالحة للاستخدام نظافة اليدين في حدود ٥ أمتار من الحمامات	نعم	نعم، ولكنها غير صالحة للاستخدام أو لا يتوفر بها الماء أو الصابون	لا توجد	
٧.	سِجل تنظيف الحمامات واضح للعيان ويُوقّع عليه من قِبَل عمال النظافة كل يوم	نعم	الحمامات تُنظّف ولكن لا يتم تسجيل ذلك	لا يوجد سِجل بالتنظيف/الحمامات تُنظّف بمعدل أقل من مرة واحدة في اليوم	
٨.	يتم إدارة المياه العادمة بأمان من خلال نظام للمعالجة في الموقع (مثل خزان صرف صحي تتبعه حفرة صرف) أو إرسالها إلى نظام صرف صحي صالح للاستخدام	نعم	يوجد ولكنه غير صالح للاستخدام	لا يوجد	
٩.	يوجد نظام صرف للمياه الرمادية (أي مياه الأمطار أو مياه الغسيل) يحوّل المياه بعيداً عن المرفق (أي لا توجد مياه راكدة) كما يحمي الأسر التي تقطن بجوار المرفق	نعم	نعم، ولكنه لا يعمل وتوجد برك مياه واضحة	لا يوجد	
١٠.	تُضاء الحمامات بشكل كاف، بما في ذلك أثناء الليل	نعم	البنية الأساسية للإضاءة	لا تُضاء الحمامات بشكل كاف، أو البنية الأساسية للإضاءة غير موجودة	

B	النفايات الطبية ومرافق الصرف الصحي	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١١.	هناك ضابط ارتباط مدرّب مسؤول عن إدارة نفايات الرعاية الصحية في مرفق الرعاية الصحية	نعم، مُعيّن ومدرّب تدريباً كافياً	مُعيّن ولكنه غير مدرّب	غير مُعيّن	
١٢.	توجد حاويات صالحة للاستخدام لجمع النفايات على مقربة من جميع نقاط توليدها وذلك لجمع كلٍ من النفايات التالية: • النفايات المنزلية • النفايات المعدية • النفايات الحادة	نعم	توجد صناديق منفصلة ولكن تنقصها الأغطية، أو أنها ممتلئة لأكثر من ثلاثة أرباع سعتها؛ يوجد صندوقان فقط) بدلاً من ثلاثة صناديق(؛ أو توجد عند بعض نقاط توليد النفايات وليس كلها	لا توجد صناديق ولا حاوية مستقلة للتخلص من النفايات الحادة	
١٣.	يتم فرز النفايات بشكل صحيح في جميع نقاط توليد النفايات	نعم	يتم بعض الفرز ولكن ليس بشكل صحيح أو لا يُمارَس في جميع أنحاء المرفق	لا تتوفر حاويات منفصلة، ولا يتم الفرز	
١٤.	تتوفر حفرة دفن نفايات/ مكبّ نفايات صالح ومُسوّر، أو خدمة بلدية لجمع النفايات المنزلية.	نعم	توجد حفرة لدفن النفايات في المرفق ولكن الأبعاد غير كافية؛ مملوءة فوق طاقتها أو غير مُسوّرة ومقفلة؛ خدمة البلدية لجمع النفايات غير منتظمة، إلخ.	لا يوجد اي نوع من الطرق للتخلص من النفايات	
١٥.	يتوفر سجل لكمية النفايات الطبية المتولدة	نعم		لا	
١٦.	المحرقة أو التقنية البديلة لمعالجة النفايات المعدية والحادة صالحة للاستخدام وذات سعة كافية	نعم	موجودة ولكنها لا تعمل و/ أو ذات سعة غير كافية	غير موجودة	
١٧.	تُخزن النفايات الخطرة وغير الخطرة بشكل منفصل قبل معالجتها/ التخلص منها أو نقلها خارج الموقع	نعم، تتوفر مناطق تخزين منفصلة	تتوفر مناطق تخزين منفصلة ولكن بسعه غير كافية او مملوءة فوق طاقتها	لا تتوفر مناطق تخزين منفصلة	
١٨.	تُخزن جميع النفايات المعدية في منطقة محمية قبل معالجتها، وذلك لفترة لا تتجاوز المدة المفترضة والآمنة	نعم	تتم معالجتها في غضون ٢٤–٤٨ ساعة	تتم معالجتها بعد مرور ٤٨ ساعة أو لا تتم معالجتها	
١٩.	توضع النفايات التشريحية/ المَرَضية في حفرة مخصّصة للنفايات المرضية/ المشيمية، أو يتم حرقها في محرقة أو دفنها في مقبرة او تعالج حسب التعليمات المتبعة	نعم	الحفرة موجودة ولكنها غير مستخدمة أو غير صالحة للاستخدام أو مملوءة فوق طاقتها أو غير مُسوّرة ومقفلة	غير موجودة	
٢٠.	السياسات والاجراءات للإدارة الآمنة لنفايات متاحة للاطلاع بشكل واضح ومقروء	نعم، واضح ويتم تنفيذه	مكتوب ولكنه غير واضح ولا يتم تنفيذه	لا يوجد بروتوكول أو إجراءات تشغيل قياسية	
٢١.	تتوفر معدات الوقاية الشخصية المناسبة لكل الموظفين المسؤولين عن معالجة النفايات والتخلص منها	نعم	بعض المعدات متاحة، ولكن ليس لكل الموظفين، أو أنها متوفرة ولكنها تالفة	غير متوفرة	

C	النظافة	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
الجزء (أ) نظافة اليدين					
١.	تتوفر وحدات نظافة اليدين صالحة للاستخدام في نقاط تقديم الرعاية الصحية (في اقسام المرضى والعيادات الخارجية) و بشكل كافي	نعم	غير كافيه	لا توجد	
٢.	تتوفر وحدات نظافة اليدين صالحة للاستخدام في نقاط تقديم الرعاية	نعم	توجد وحدات، ولكن لا يتوفر بها الماء أو الصابون السائل أو مادة دلك الأيدي الكحولي	لا توجد	
٣.	تتوفر لوحات إرشادية خاصة بنظافة اليدين (بوستر) معروضة بوضوح وبطريقة مفهومة في الأماكن الرئيسية	نعم	في بعض الأماكن ولكن ليس كلها	لا توجد	
٤.	تتوفر وحدات صالحة للاستخدام خاصة نظافة اليدين في مناطق التخلص من النفايات	نعم	توجد وحدات، ولكن لا يتوفر بها الماء أو الصابون أو سائل أساسه الكحول لدعك الأيدي	لا توجد	
٥.	يتم تنفيذ أنشطة نسب الامتثال لنظافة اليدين بانتظام	نعم	أنشطة الامتثال لنظافة اليدين مدرجة في سياسة المنشأة، ولكنها لا تطبق بأي قدر من الانتظام	لا توجد أنشطة للامتثال لنظافة اليدين	
الجزء (ب) نظافة البيئة والتطهير في المنشأة					
٦.	تُحاط المنشأة بسور جيد، ويُحافَظ على المنطقة خارج السور نظيفة بشكل عام (خالية من النفايات الصلبة، والمياه الراكدة، وفضلات الحيوانات والبشر داخل المنشأة أو حولها، وما إلى ذلك)	نعم	جزئياً ولكن هناك مجال لإجراء تحسينات/ نعم، في بعض الأحيان	لا يحافَظ عليها نظيفة على الإطلاق	
٧.	يوجد تجمع حاويات مزودة من البلدية	نعم		لا	
٨.	الإضاءة العامة تتوفر لها السعة الكافية لضمان تقديم الرعاية الصحية بأمان، بما في ذلك في الليل	نعم، دائماً	نعم، أحياناً	أبداً	
٩.	الأرضيات وأسطح العمل الأفقية نظيفة	نعم	بعض الأرضيات وأسطح العمل تبدو نظيفة ولكن البعض الآخر لا	معظم الأرضيات وأسطح العمل متسخة بشكل واضح	
١٠.	تتوفر مواد وأدوات مناسبة للتنظيف وتُصان بشكل جيد (مثل المنظفات، والمماسح، والدلاء، وما إلى ذلك)	نعم	نعم، متوفرة ولكنها لا تُصان بشكل جيد	لا تتوفر المواد والأدوات	

C	النظافة	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١١.	يتوفر على الأقل زوجان من قفازات التنظيف المنزلية، وزوج واحد من زي العمل (الافرول) أو مريول وحذاء مطاطي طويل في حالة جيدة لكل عضو في فرق التنظيف والتخلص من النفايات.	نعم	متوفرة ولكن بحالة سيئة	غير متوفرة	
١٢.	يمكن أن يقوم عضو واحد على الأقل من الموظفين بإجراء بيان عملي للإجراءات الصحيحة للتنظيف والتطهير وتطبيقها على النحو المطلوب للحفاظ على غرف نظيفة وآمنة.	نعم	الإجراءات معروفة ولكنها لا تطبق	الإجراءات غير معروفة ولا تطبق	
١٣.	توجد آلية لتتبع المخزون من المواد ذات الصلة بإجراءات منع وضبط العدوى والسيطرة عليها (مثل القفازات ومعدات الوقاية الشخصية) لتحديد حالات نفاد المخزون	نعم	الآلية موجودة ولكنها لا تطبق	لا توجد آلية	
١٤.	سِجل التنظيف واضح للعيان ويُوقّع عليه من قِبل عمال النظافة كل يوم	نعم	السِجل موجود، ولكنه لا يُعبأ يومياً أو بياناته قديمة	لا يوجد سِجل بالأرضيات والأسطح التي يجري تنظيفها	
١٥.	تتوفر مرافق لغسيل الملابس لغسل أغطية الأسِرّة بعد الاستخدام بين كل مريض وآخر	نعم	المرافق موجودة، ولكنها لا تعمل أو لا يتم استخدامها	لا توجد مرافق و/ أو لا توجد أغطية للأسِرّة	
١٦.	يتوفر في المرفق تهوية طبيعية كافية وحيث يسمح المناخ بذلك (نوافذ كبيرة مفتوحة، ومناور، وفتحات تهوية أخرى لتحسين التهوية الطبيعية).	نعم	توجد بعض التهوية ولكن لا تتم صيانتها بشكل جيد أو أنها غير كافية لإنتاج تهوية طبيعية	لا	
١٧.	يتُوفّر الحماية لمخازن المطبخ والمواد الغذائية المحفوظة من الذباب والحشرات الأخرى أو الفئران	نعم		لا	
١٨.	يوجد فصل بين أسِرّة المرضى عن بعضها البعض بمسافة واحد متر بين السرير واخر، ويخصّص السرير لمريض واحد فقط	نعم	بعض الأسِرّة، وليس كلها، تستوفي هذا التوجيه	لا توجد أسِرّة تستوفي هذا التوجيه	

D	الادارة	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١.	توجد خطة قائمة لتحسين/ إدارة الجودة للمنشأة يجري تنفيذها ومراقبتها بانتظام	نعم	الخطة مكتملة ولكنها لم تنفذ و/أو لا يتم مراقبتها أو أنها غير مكتملة	لا توجد خطة	
٢.	توجد ميزانية سنوية مخططة للمرفق، وتشمل تمويل البنية الأساسية، والخدمات، والموظفين، والمشتريات المستمرة لمستلزمات المياه ومرافق الصرف الصحي والخدمة الصحية (منتجات النظافة اليدوية، والإمدادات البسيطة لإصلاح الأنابيب والحمامات، وما إلى ذلك) بما يكفي لتلبية احتياجات المنشأة	نعم	نعم، ولكن الميزانية غير كافية	لا توجد ميزانية	
٣.	يتوفر رسم تخطيطي مُحدّث للهيكل الإداري للمنشأة بشكل واضح ومقروء	نعم	نعم، ولكنه غير مُحدّث	غير متوفر	
٤.	يتوفر عمال نظافة وموظفو الصيانة بشكل كاف لخدمات المياه ومرافق الصرف الصحي ونظافة البيئة	نعم	يتوفر بعضهم، ولكن بأعداد غير كافية أو تنقصهم المهارات والدافعية	غير متوفرين	
٥.	يوجد بروتوكول للتشغيل والصيانة، بما في ذلك شراء مستلزمات المياه والصرف الصحي ونظافة البيئة، يكون واضحاً ومقروءاً ومُنفّذاً	نعم	يوجد بروتوكول ولكنه لا يُنفّذ	لا يوجد بروتوكول	
٦.	تُجرى عمليات تدقيق منتظمة على مستوى القسم في المنشأة لتقييم مدى توفر سوائل دعك الأيدي، والصابون، والمناشف التي تستعمل لمرة واحدة، ومستلزمات النظافة الأخرى	نعم	تُجرى بمعدل أقل من مرة كل أسبوع، أو أن عملية التقييم غير مكتملة	لا تُجرى	
٧.	يتلقّى العاملون الجدد في الرعاية الصحية تدريباً خاصاً بالوقاية من العدوى والسيطرة عليها كجزء من برنامج التوجيه الخاص بهم	نعم	نعم، ولكن بعض العاملين وليس كلهم	لا يوجد تدريب	
٨.	يتم تدريب العاملين في الرعاية الصحية على خدمات المياه والصرف الصحي ونظافة البيئة/ الوقاية من العدوى والسيطرة عليها كل عام	نعم	يتم تدريب العاملين ولكن ليس كل عام، أو يتم تدريب بعض العاملين فقط	لا	
٩.	المنشأة لديها منسق لخدمات المياه والصرف الصحي ونظافة البيئة أو الوقاية من العدوى والسيطرة عليها	نعم		لا	
١٠.	جميع الموظفين لهم وصف وظيفي مكتوب بشكل واضح ومقروء، بما في ذلك المسؤوليات المتعلقة بالمياه ومرافق الصرف الصحي ونظافة البيئة، ويتم تقييمهم بانتظام وفق أدائهم	نعم	بعض الموظفين، وليس كلهم، لهم توصيف وظيفي أو يتم تقييم أدائهم	لا يوجد توصيف وظيفي مكتوب	
١١.	يتم تقدير ومكافأة الموظفين ذوي الأداء العالي، ويتم التعامل مع أولئك الذين لا يؤدون وفقًا لذلك	نعم	يتم التعامل إما مع ذوي الأداء العالي أو ذوي الأداء المنخفض، ولكن ليس كليهما	لا يتم تقدير أو مكافأة الموظفين بناءً على أدائهم	

E	برنامج منع وضبط العدوى	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
المؤشرات الاساسية					
١.	يوجد لدى المنشأة الصحية برنامج منع وضبط العدوى	نعم، بأهداف واضحة وخطة أنشطة سنوية لمنع وضبط العدوى	يوجد برنامج ولكنه غير فعال و/ أو لا يتم مراقبته أو أنه غير مكتمل أو أهدافه غير واضحة	لا يوجد برنامج	
٢.	يوجد فريق أو مختص منع وضبط العدوى في المنشأة	نعم	نعم، ولكن ليس فريق، فقط شخص مسؤول عن منع وضبط العدوى	لا يوجد فريق أو مختص	
٣.	يخصص فريق منع وضبط العدوى أو مسؤول الأنشطة لديهم وقتاً لأنشطة مكافحة العدوى	نعم		لا	
٤.	أهداف منع وضبط العدوى محددة بوضوح في المنشأة الصحية	نعم، أهداف منع وضبط العدوى ومؤشرات نتائج قابلة للقياس) وهي تدابير مناسبة لقياس التحسين)	نعم، أهداف منع وضبط العدوى فقط	لا	
٥.	تظهر القيادة العليا في المنشأة التزامًا واضحًا ودعم لبرنامج منع وضبط العدوى	نعم		لا	
٦.	تمتلك المنشأة الصحية دعم مخبري ميكروبيولوجي سواء وجد في الموقع أو خارجه (للاستخدام اليومي الروتيني)	نعم، وتقدم نتائج موثوق به|	نعم ولكن لا تحقق نتائج موثوقة	لا	

E	برنامج منع وضبط العدوى	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
	المبادئ التوجيهية في وحدة منع وضبط العدوى				
٨.	تتوفر في المنشأة سياسات واجراءات للتدابير الوقائية	نعم		لا	
٩.	تتوفر في المنشأة سياسات واجراءات لنظافة اليدين	نعم		لا	
١٠.	تتوفر في المنشأة سياسات واجراءات للتدابير الوقائية التي تختصّ بانتقال الأمراض	نعم		لا	
١١.	تتوفر في المنشأة سياسات واجراءات لنظام إدارة والتأهب لتفشي الأمراض	نعم		لا	
١٢.	تتوفر في المنشأة سياسات واجراءات للوقاية من الإصابة بعدوى في مكان الجراحة	نعم		لا	
١٣.	تتوفر في المنشأة سياسات واجراءات للوقاية من التهابات مجرى الدم المرتبطة بالقسطرة الوعائية	نعم		لا	
١٤.	تتوفر في المنشأة سياسات واجراءات للتعامل مع جميع أنواع الالتهاب الرئوي المكتسب في المستشفيات، HAP والوقاية من الالتهاب الرئوي المكتسب من المستشفيات، بما في ذلك الالتهاب الرئوي المرتبط بجهاز التنفس الصناعي MDR	نعم		لا	
١٥.	تتوفر في المنشأة سياسات واجراءات للوقاية من التهابات المسالك البولية المرتبطة بالقسطرة	نعم		لا	
١٦.	تتوفر في المنشأة سياسات واجراءات للوقاية من انتقال مسببات الأمراض المقاومة للأدوية المتعددة (MDR)	نعم		لا	
١٧.	تتوفر في المنشأة سياسات واجراءات للتطهير والتعقيم	نعم		لا	
١٨.	تتوفر في المنشأة سياسات واجراءات لحماية العاملين في مجال الرعاية الصحية وسلامتهم	نعم		لا	
١٩.	تتوفر في المنشأة سياسات واجراءات لسلامة الحقن	نعم		لا	
٢٠.	تتوفر في المنشأة سياسات واجراءات لإدارة النفايات	نعم		لا	
٢١.	تتوفر في المنشأة سياسات واجراءات لإدارة استخدام المضادات الحيوية	نعم		لا	
٢٢.	يتلقى العاملون في مجال الرعاية الصحية تدريباً متخصصا في السياسات والاجراءات الجديدة أو المحدّدة لمنع وضبط العدوى في المنشأة	نعم		لا	
٢٣.	يتم مراقبة تنفيذ بعض السياسات والاجراءات لمنع وضبط العدوى بانتظام في المنشأة الصحيةة	نعم		لا	

E	برنامج منع وضبط العدوى	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
التدريب والتثقيف الخاص بوحدة منع وضبط العدوى					
٢٤.	يوجد موظفين لديهم خبرات في مجال منع وضبط العدوى و/ أو الأمراض المعدية لقيادة تدريب منع وضبط العدوى	نعم		لا	
٢٥.	عدد المرات التي يتلقى العاملون في مجال الرعاية الصحية داخل المنشأة الصحية تدريباً في منع وضبط العدوى	على الأقل مرة واحدة سنويا الزامياً للعاملين في مجال الرعاية الصحية	على الأقل مرة واحدة سنويا للعاملين في مجال الرعاية الصحية لكنه ليس الزامياً فقط الموظفين الجدد عند حضور محاضرات التوجيه للعاملين في مجال الرعاية الصحية	أبدا أو نادرا	
٢٦.	عدد المرات التي يتلقى فيها عمال النظافة وغيرهم من الأفراد المعنيين بشكل مباشر في رعاية المرضى تدريباً من وحدة منع وضبط العدوى في المنشأة الصحية	على الأقل مرة واحدة سنويا الزامياً للعاملين في مجال الرعاية الصحية	على الأقل مرة واحدة سنويا للعاملين في مجال الرعاية الصحية لكنه ليس الزامياً فقط الموظفين الجدد عند حضور محاضرات التوجيه للعاملين في مجال الرعاية الصحية	أبدا أو نادرا	
٢٧.	يتوفر لموظفي وحدة منع وضبط العدوى برامج التطوير/التثقيف المستمر على سبيل المثال، من خلال حضور المؤتمرات والدورات بشكل منتظم)؟	نعم		لا	
مراقبة العدوى المرتبطة بالرعاية الصحية					
٢٨.	في المنشأة الصحية يتم إجراء المراقبة على العدوى المستوطنة أو العدوى التي تسببها العوامل المقاومة للأدوية المتعددة وفقًا للوضع الوبائي المحلي	نعم		لا	
٢٩.	في المنشأة الصحية يتم إجراء المراقبة على العدوى القابلة للتفشي: على سبيل المثال، الأنفلونزا والسل والمتلازمة التنفسية الحادة الوخيمة [سارس] وكوفيد ١٩	نعم		لا	
٣٠.	في المنشأة الصحية يتم إجراء المراقبة على العدوى في الفئات الضعيفة على سبيل المثال، حديثي الولادة ووحدة العناية المركزة ومرضى نقص المناعة ومرضى الحروق؟	نعم		لا	
٣١.	في المنشأة الصحية يتم إجراء المراقبة على العدوى التي قد تؤثر على العاملين في مجال الرعاية الصحية في المواقع السريرية أو المختبرية مثل HIV فيروس نقص المناعة البشرية أو التهاب الكبد C أو B أو غيرها مثل الأنفلونزا	نعم		لا	

E	برنامج منع وضبط العدوى	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
المراقبة / التدقيق الخاص بممارسات ونتائج مكافحة العدوى					
٣٢.	في المنشأة الصحية يتم مراقبة الامتثال بتعقيم اليدين باستخدام أداة مراقبة نظافة اليدين الخاصة بمنظمة الصحة العالمية أو ما يشابهه	نعم		لا	
٣٣.	في المنشأة الصحية يتم مراقبة الاحتياطات والعزل القائم على منع انتشار العوامل المقاومة للأدوية المتعددة (MDR)	نعم		لا	
٣٤.	في المنشأة الصحية يتم مراقبة تنظيف أقسام المستشفى	نعم		لا	
٣٥.	في المنشأة الصحية يتم مراقبة تطهير وتعقيم المعدات/ الأدوات الطبية	نعم		لا	
٣٦.	في المنشأة الصحية يتم مراقبة استهلاك/ استخدام مطهر اليدين الكحولي أو الصابون السائل	نعم		لا	
٣٧.	في المنشأة الصحية يتم مراقبة إدارة النفايات	نعم		لا	
٣٨.	في المنشأة الصحية يتم القيام بمراقبة عمليات منع وضبط العدوى و كتابة الملاحظات بشأنها في ثقافة مؤسسية" خالية من اللوم" تهدف الى التحسين والتغيير السلوكي	نعم		لا	
٣٩.	في المنشأة الصحية تتوفر بسهولة قائمة محدثة بالأمراض التي يجب التبليغ عنها إلى وزارة الصحة لجميع الموظفين.	نعم		لا	
معدات الحماية الشخصية					
٤٠.	مقدمو الرعاية الصحية الذين يستخدمون معدات الوقاية الشخصية يتلقون التدريب على استخدام معدات الحماية الشخصية	نعم		لا	
٤١.	المنشأة تراجع بشكل روتيني (مراقبه وتوثيق) الالتزام والاستخدام المناسب لمعدات الحماية الشخصية.	نعم		لا	
٤٢	معدات الحماية الشخصية المناسبة والكافية متاحة ويمكن الوصول إليها بسهولة من قبل مقدم الرعاية الصحية.	نعم		لا	
٤٣	يرتدي مقدمو الرعاية الصحية قفازات للتلامس المحتمل مع الدم أو سوائل الجسم أو الأغشية المخاطية أو الجلد غير السليم أو المعدات الملوثة.	نعم		لا	

E	برنامج منع وضبط العدوى	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
٤٤.	لا يرتدي مقدمو الرعاية الصحية نفس القفازات لرعاية أكثر من مريض واحد	نعم		لا	
٤٥.	لا يغسل مقدمو الرعاية الصحية القفازات بغرض إعادة استخدامها.	نعم		لا	
٤٦.	يرتدي مقدمو الرعاية الصحية العباءات لحماية الجلد والملابس أثناء الإجراءات أو الأنشطة التي يُتوقع فيها ملامسة الدم أو سوائل الجسم.	نعم		لا	
٤٧.	لا يرتدي مقدمو الرعاية الصحية نفس العباءة لرعاية أكثر من مريض واحد.	نعم		لا	
٤٨.	يرتدي مقدمو الرعاية الصحية حماية الفم والأنف والعين خلال الإجراءات التي من المحتمل أن تؤدي الى تناثر الدم أو سوائل الجسم الأخرى	نعم		لا	
توفر المواد للنظافة					
٤٩.	يتوفر مطهر الايدي الكحولي في المرفق الصحي	متوفر في كل المنشأة وفي نقاط المعاينة وبشكل مستمر	متوفر فقط في بعض الأقسام او بشكل متقطع	ليس متوفر	
٥٠.	يتوفر الصابون في كل حوض غسيل	متوفر في كل المنشأة وفي نقاط المعاينة وبشكل مستمر	متوفر فقط في بعض الأقسام او بشكل متقطع	ليس متوفر	
٥١.	المحارم متوفرة عند كل حوض غسيل	متوفر في كل المنشأة وفي نقاط المعاينة وبشكل مستمر	متوفر فقط في بعض الأقسام او بشكل متقطع	ليس متوفر	
٥٢.	هناك ميزانيه مخصصة ومستمرة لشراء مطهرات الايدي (مثل مطهرات الايدي الكحولية) او اي طريقه لضمان توفرها	نعم		لا	
٥٣.	الإمدادات اللازمة للالتزام بنظافة اليدين (على سبيل المثال، الصابون، الماء ، المناشف الورقية ، فرك اليدين الكحولي) متاحة بسهولة لمقدمي الرعاية الصحية في مناطق رعاية المرضى.	نعم		لا	

F	التدريب والتعليم	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١.	يتلقى العاملين في الرعاية الصحية التدريب فيما يتعلق بنظافة اليدين في المؤسسة او المنشأة؟	تدريب إلزامي لجميع الفئات المهنية في بدء العمل، ثم مستمر بانتظام (على الأقل سنويًا)	التدريب منتظم للطاقم الطبي والتمريض (على الأقل سنويًا)	لا	
٢.	يتم عرض الملصقات او الإرشادات عن نظافة اليدين في الرعاية الصحية لجميع العاملين في مجال الرعاية الصحية	نعم وفي جميع او معظم الاقسام ومناطق العلاج	نعم، ولكن في اماكن معينة فقط	لا	
٣.	هناك نظام قائم لتدريب المراقبين على التحقق من الامتثال لنظافة اليدين	نعم	نعم، ولكنه غير فعال	لا	
٤.	يتلقى مقدمو الرعاية الصحية الذين يقومون بإعداد و / أو اعطاء الأدوية بالحقن التدريب على ممارسات الحقن الآمن	نعم	نعم، ولكنه غير الزامي	لا	

G	التقييم والملاحظات	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
المؤشرات الاساسية					
١.	يتم تنفيذ نظافة اليدين في المنشأة الصحية بشكل صحيح (قبل الاتصال بالمريض والقيام بمهمة معقمة (على سبيل المثال، إدخال محلول وريدي أو تحضير الحقن، أو إعطاء قطرات العين) وعند الاتصال بالمريض و بعد ملامسة الأشياء في المنطقة المجاورة مباشرة للمريض و بعد نزع القفازات	نعم		لا	
٢.	على مستوى القسم، يتم إجراء مراجعات منتظمة (على الأقل سنويًا) من أجل تقييم توفير الصابون ومطهرات اليدين، والمناشف ذات الاستخدام الواحد وغيرها من موارد نظافة اليدين؟	نعم وفي جميع او معظم الاقسام ومناطق العلاج	نعم، ولكن في اماكن معينة فقط	لا	
السلامة التنفسية					
٣.	لدى المنشأة سياسات وإجراءات للتعامل مع الأشخاص الذين تظهر عليهم علامات وأعراض التهابات الجهاز التنفسي، بدءًا من نقطة الدخول إلى المنشأة وتستمر طوال مدة المراجعة.	نعم		لا	
٤.	يتم تقديم أقنعة للوجه عند مرضى السعال وغيرهم من الأشخاص الذين يعانون من أعراض عند الدخول إلى المنشأة، على الأقل، خلال فترات زيادة نشاط التهابات الجهاز التنفسي في المجتمع.	نعم		لا	
٥.	يتم توفير مساحة في غرف الانتظار وتشجيع الأشخاص الذين يعانون من أعراض التهابات الجهاز التنفسي على الجلوس بعيدًا عن الآخرين قدر الإمكان	نعم		لا	
٦.	يقوم المرفق بتثقيف مقدمي الرعاية الصحية حول أهمية تدابير الوقاية من العدوى لاحتواء إفرازات الجهاز التنفسي لمنع انتشار مسببات الأمراض التنفسية.	نعم		لا	
٧.	تنتشر اللوحات الارشادية والملصقات على المداخل مع تعليمات للمرضى الذين يعانون من أعراض عدوى الجهاز التنفسي من أجل ممارسة نظافة الجهاز التنفسي/ آداب السعال (تغطية أفواههم / أنوفهم عند السعال أو العطس، واستخدام المناديل والتخلص منها، وإجراء نظافة اليدين	نعم		لا	

G	التقييم والملاحظات	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
التنظيف البيئي					
٨.	يتم استخدام المنظفات والمطهرات وفقًا لتعليمات الشركة المصنعة (على سبيل المثال، التخفيف، التخزين، العمر الافتراضي، وقت الاتصال).	نعم		لا	
٩.	يرتدي مقدمو الرعاية الصحية العاملون في التنظيف البيئي معدات الوقاية الشخصية المناسبة لمنع التعرض للعوامل أو المواد المعدية (يمكن أن تشمل معدات الوقاية الشخصية القفازات والأثواب والأقنعة وحماية العين).	نعم		لا	
تعقيم الأجهزة القابلة لإعادة الاستخدام					
١٠.	يتم تنظيف الأجهزة جيدًا وفقًا لتعليمات الشركة المصنعة ويتم فحصها بصريًا للأوساخ المتبقية قبل التعقيم.	نعم		لا	
١١.	بعد التنظيف، يتم تغليف الأدوات بشكل مناسب للتعقيم	نعم		لا	

H	الاجراءات الاحترازية لفايروس كورونا	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١.	يتوفر في المركز فريق عمل خاص بالطوارئ	نعم	نعم، ولكنه غير فعال	لا	
٢.	يتم تدريب جميع العاملين في المركز على برنامج الطوارئ	نعم وبشكل دوري منتظم (سنويا على الاقل)	نعم ولكن ليس بشكل منتظم	لا	
٣.	يتلقى العاملون الصحيون تدريبا خاصا فيما يتعلق بفايروس كورونا	نعم		لا	
٤.	يطلب من جميع الموظفين التباعد عن باقي الموظفين الا إذا تطلب علاج المرضى غير ذلك	نعم	نعم ولكن ليس دائما	لا	
٥.	يطلب من جميع الموظفين غسل اليدين بشكل مستمر	نعم	نعم ولكن ليس دائما	لا	
٦.	يطلب من جميع الموظفين الالتزام بالكمامات طوال الوقت	نعم	نعم ولكن ليس دائما	لا	
٧.	يتلقى العاملون الصحيون في المركز فحصا دوريا لفيروس كورونا	نعم	حدث مرة واحدة	لا	
٨.	هناك تباعد في أوقات ومواعيد المرضى بسبب تفشي فايروس كورونا	نعم وبشكل كبير وفعال	نعم ولكن ليس بالشكل المطلوب	لا	
٩.	يطلب من المرضى ارتداء الكمامة طوال تواجدهم في المركز الصحي.	نعم	نعم ولكن ليس دائما	لا	
١٠.	يطلب من المراجعين الحفاظ على التباعد طوال تواجدهم في المنشأة الصحية	نعم	نعم ولكن ليس دائما	لا	
١١.	يتم فحص الحرارة ومشاكل التنفس لجميع المرضى قبل دخولهم الى المركز	نعم دائما	نعم ولكن ليس دائما	لا	
١٢.	يتم فحص الحرارة ومشاكل التنفس لجميع العاملين الصحيين فور دخولهم الى المركز.	نعم دائما	نعم ولكن ليس دائما	لا	
١٣.	يسمح لأي من الطاقم الطبي المعالج لمرضى فايروس كورونا بالاختلاط مع باقي العاملين في المركز	نعم يسمح	يسمح ولكن مع لبس الكمامات والتباعد	لا يسمح	
١٤.	يطلب من الموظف في المركز الصحيالمصاب بأعراض مرضية كالحرارة والكحة ب	الالتزام بالمنزل وعدم القدوم للعمل حتى الشفاء	القدوم للعمل ولكن مع لبس الكمامات والتباعد	لا شيء	
١٥.	يوجد سجل مراقبة وتسجيل لكل العاملين المصابين بالفايروس	الالتزام بالمنزل وعدم القدوم للعمل حتى الشفاء	القدوم للعمل ولكن مع لبس الكمامات والتباعد	لا شيء	
١٦.	يتم تحويل جميع المصابين بفايروس كورونا الى المستشفى المحدد لاستقبالهم	نعم		لا	
١٧.	يتم الابلاغ عن جميع المصابين بفايروس كورونا الى وزارة الصحة	نعم		لا	

Assessment of Infection prevention

and control programme (ICP) and WASH services in Health centres

Assessment date:	**Assessors names:**

Hospital description

Hospital name:

Governorate: **City:**

Hospital capacity

Medical human resources

Doctors number	( )
Nurses numbers	( )
Associates	( )
Midwives	( )
Lab technicians	( )
Radiology technicians number	( )
Pharmacists number	( )
Ambulances number	( )
Public health technicians	( )

A	Water	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
1.	Improved drinking water supply is piped into the health centre	Yes, improved water supply within health centre and available	Improved water supply on premises (outside of health centre building) and available	No improved water source within health centre grounds, or improved supplyin place but not available	
2.	Water services available at all times and of sufficient quantity for all uses		More than five days per week or every day but not sufficient quantity	Fewer than five days per week	
3.	Clean drinking-water is available and accessible for staff, patients and healthcare providers at all times and in all locations/wards	Yes, every day and of sufficient quantity	Sometimes, in some areas, or not available for all users	Not available	
4.	Drinking-water is safely stored in a clean bucket/tank with cover and tap	Yes, every day and of sufficient quantity	All available drinking-water points are safely stored	Not safely stored in any water points or no drinking-water available	
5.	Water tanks are cleaned annually	Yes			
6.	Emergency water tank is available	Yes		No	
7.	All water end points (i.e., taps) in the health centre are connected to an available and functioning water supply	Yes		No	
8.	Water services are available throughout the year (i.e., not affected by seasonality, climate change-related extreme events or other constraints)	Yes, throughout the year	Water shortage for a month or two	Water shortage for three months or more	
9.	Water storage is sufficient to meet the needs of the health centre for two days	Yes	More than 75% of needs met	Less than 75% of needs met	
10.	Water is treated and collected for drinking with standards that meet WHO performance standards	Yes	Treated, but not by WHO standards	Water is not treated	

A	Water	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
11.	Drinking-water has appropriate chlorine residual (0.2mg/L or 0.5mg/L in emergencies) or 0 E. coli/100 ml and is not turbid	Yes	Chlorine residual exists but is <0.2mg/L	Not treated/do not know residual/do not have capacity to test residual/ no drinking-water available	
12.	The health centre water supply is regulated according to national water quality standards	Yes, and water meets national standards	Yes, regulated but water does not meet the standards	No regulation nor testing takes place, or no standards exist	
13.	Hot water is available in the health centre	Yes, always	Yes, sometimes	Never	
14.	Water heating indicator is available	Yes		No	

B	Medical waste and sanitation health centres	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
1.	Number of available and usable toilets in the health centre for patients	Sufficient number	Sufficient number present but not all functioning or insufficient number	Less than 50% of required number of toilets available and functioning	
2.	Toilets are clearly separated for staff and patients	Yes	Separated but not shown clearly	No separate toilets	
3.	Toilets are clearly separated for male and female	Yes	Separated but not shown clearly	No separate toilets	
4.	At least one toilet provides the means to meet menstrual hygiene needs	Yes	Yes, but toilet is not clean or is in disrepair	No	
5.	At least one toilet meets the needs of people with special needs (reduced mobility)	Yes	Yes, but toilet is not clean or is in disrepair	No toilets for people with special needs	
6.	Functioning hand-hygiene stations within 5 metres of the toilets	Yes	Present but not functioning or no sterilizer	Not available	
7.	Record of toilet cleaning is visible and signed by the cleaners each day	Yes	Toilets cleaned but cleanings are not recorded	No record/toilets cleaned less than once a day	
8.	Wastewater is safely managed through the use of on-site treatment (i.e., septic tank, followed by drainage pit) or sent to a functioning sewer system	Yes	Present but not functioning	Not available	
9.	Greywater (i.e., rainwater or wash water) drainage system is in place that diverts water away from the health centre (i.e., no standing water) and also protects nearby households	Yes	Yes, but not functioning and there are obvious pools of water	Not available	
10.	Toilets are adequately lit, including at night	Yes	Lighting infrastructure exists, but not functioning	Not adequately lit or no lighting infrastructure	
11.	A trained liaison officer is responsible for the management of healthcare waste in the health centre	Yes, assigned and adequately trained	Assigned but not trained	Not assigned	

B	Medical waste and sanitation health centres	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
12.	There are functional waste collection containers in close proximity to all waste generation points for: • non-infectious (general) waste • infectious waste • sharps waste	Yes	Separate bins present but lids missing or more than three-quarters full; only two bins (instead of three); or at some but not all waste generation points	No bins or separate sharps disposal containers	
13.	Wastes are correctly sorted at all waste generation points	Yes	There is some sorting but not always correctly or not practised throughout the health centre	No separate containers or sorting	
14.	Functional burial pit/fenced waste dump or municipal pick-up available for disposal domestic waste	Yes	There is a pit in the health centre but with insufficient dimensions; overfilled or not fenced and locked; irregular municipal waste pick-up, etc.	No pit or other disposal method used	
15.	Protocol or standard operating procedure (SOP) for safe management of healthcare waste clearly visible and legible	Yes, visible and implemented	Written but not clear or implemented	No protocol or SOP	
16.	Appropriate protective equipment for all staff in charge of waste treatment and disposal	Yes	Some equipment available, but not for all staff, or available but damaged	Not available	

C	Hygiene	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(A): Hand hygiene					
1.	Functioning hand-hygiene stations are adequately available at all care points	Yes	Not enough	Not available	
2.	Functioning hand-hygiene stations are adequately available at all care points and supplied with water, liquid soap, or alcohol-based hand rub	Yes	Stations present, but no water and/or soap or alcohol-based hand rub solution	Not available	
3.	There are sign boards for hand-hygiene (posters) clearly displayed in an understandable manner in key areas	Yes	In some, but not all appropriate areas	Not available	
4.	Functioning hand-hygiene stations are available in waste disposal areas	Yes	Stations present, but no water and/or soap or alcohol-based hand rub solution	Not available	
5	Hand-hygiene compliance activities are undertaken regularly	Yes	Compliance activities in policy, but not carried out	Not monitored nor is a policy available	
Part(B): Environmental cleanliness and disinfection in the health centre					
6.	The exterior of the health centre is well-fenced, kept generally clean (free from solid waste, stagnant water, no animal and human faeces in or around the health centre premises, etc.)	Yes	Partly, but improvements could be made/yes, sometimes	Doesn't keep it clean at all	
7.	There is a container assembly area managed by the municipality	Yes		No	
8.	General lighting sufficiently powered and adequate to ensure safe provision of health care including at night (mark if not applicable)	Yes, always	Yes, sometimes	Never	
9.	Floors and work surfaces are clean	Yes	Some floors and work surfaces appear clean, but others do not	Most floors and surfaces are clearly dirty	
10.	Appropriate and well-maintained materials for cleaning (i.e., detergent, mops, buckets, etc.) are available	Yes	Yes, available but not well maintained	No materials available	

C	Hygiene	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
1.	At least two pairs of household cleaning gloves, one pair of overalls or apron, and boots in a good state are available for each cleaning and waste disposal staff member	Yes	Available but in poor condition	Not available	
2.	At least one member of staff can demonstrate the correct procedures for cleaning and disinfection and apply them as required to maintain clean and safe rooms	Yes	Procedure is known but not applied	Procedure not known or applied	
3.	A mechanism exists to track supply of IPC-related materials (such as gloves and protective equipment) to identify stock-outs	Yes	Mechanism exists but is not enforced	No mechanism exists	
4.	Record of cleaning is visible and signed by the cleaners each day	Yes	Record exists, but is not filled daily or is outdated	No record of floors and surfaces being cleaned	
5	Health centre's laundry is available to wash linen from patient beds between each patient	Yes	Health centre laundries exist, but are not working or not being used	No health centre laundries and/or no linen	
6.	The health centre has sufficient natural ventilation and, where the climate allows, large opening windows, skylights and other vents to optimize natural ventilation	Yes	Some ventilation but not well maintained or is insufficient to produce natural ventilation	No	

D	Management	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
1.	WASH FIT or other quality improvement/ management plan for the health centre is in place, implemented and regularly monitored	Yes	Complete but has not been implemented and/or is not monitored, or incomplete	No plan	
2.	An annual planned budget for the centre is available and includes funding for WASH infrastructure, services, personnel and the continuous procurement of WASH items (hand-hygiene products, minor supplies to repair pipes, toilets, etc.) which is sufficient to meet the needs of the health centre	Yes	Yes, but budget is insufficient	No budget	
3.	An up-to-date diagram of the health centre management structure is clearly visible and legible	Yes	Yes, but not up-to-date	Not available	
4.	Adequate cleaning and WASH maintenance staff are available	Yes	Some available, but not adequate or lack skills and motivation	Not available	
5.	There is a protocol for operation and maintenance, including procurement of WASH supplies, that is visible, legible and implemented	Yes	Protocol exists but is not implemented	No protocol	
6.	Regular department-based audits are undertaken to assess the availability of hand rub, soap, single-use towels and other hygiene resources	Yes	Undertaken less than once a week or assessment is incomplete	Not undertaken	
7.	New healthcare personnel receive IPC training as part of their orientation programme	Yes	Some but not all staff	No training	
8.	Healthcare staff are trained on WASH/IPC each year (at least)	Yes	Staff are trained but not every year or only some staff are trained	No	
9.	The health centre has a dedicated WASH or IPC coordinator	Yes		No	
10.	All staff have a job description written clearly and legibly, including WASH-related responsibilities, and are regularly appraised on their performance	Yes	Some, but not all, staff have a job description, or their performance is not appraised	No written job description	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(A): Basic indicators					
1.	Do you have an IPC programme at the health centre?	Yes, with clearly defined objectives and annual activity plan for ICP	Yes, but is not active, not monitored, incomplete, or without clearly defined objectives	No programme at all	
2.	The health centre has a full-time ICP team or a specialist	Yes	Yes, but not a team, just ICP focal person	No team or specialist	
3.	IPC team or the focal person have dedicated time for IPC activities	Yes	Yes, but the time is not sufficient	No	
4.	IPC objectives are clearly defined in the health centre	Yes, IPC objectives and measurable outcome indicators (that is, adequate measures for improvement)	Yes, IPC objectives only	No	
5	Does the senior leadership team in the health centre show clear commitment and support for the IPC programme?	Yes		No	
6.	Does the health centre have microbiological laboratory support (either on or off site) for routine day-to-day use?	Yes, and delivering reliable results	Yes, but not delivering reliable results	No	
7.	The health centre has an early-detection system and deals with potentially contagious individuals at early meeting points Note: The system may include taking occupational and travel history as indicated, and elements of hygiene and coughing etiquette	Yes		No	
Part(B): Guidelines in IPC unit					
8.	The health centre has policies and procedures for standard precautions	Yes		No	
9.	The health centre has policies and procedures for hand hygiene	Yes		No	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
10.	The health centre has policies and procedures for transmission-based precautions	Yes		No	
11.	The health centre has policies and procedures for an outbreak management and preparedness system	Yes		No	
12.	The health centre has policies and procedures for prevention of infection during treatment	Yes		No	
13.	The health centre has policies and procedures for disinfection and sterilization	Yes		No	
14.	The health centre has policies and procedures for healthcare worker protection and safety	Yes		No	
15.	The health centre has policies and procedures for injection safety	Yes		No	
16.	The health centre has policies and procedures for waste management	Yes		No	
17.	The health centre has policies and procedures for antibiotic usage	Yes		No	
18.	Healthcare workers receive specific training related to new or updated IPC guidelines introduced in the health centre	Yes		No	
19.	The implementation of at least some of the IPC guidelines in the health centre are regularly monitored	Yes		No	
Part(C): Training and education for the Infection Prevention and Control Unit					
20.	The health centre has policies and procedures for prevention of infection during treatment	Yes		No	
21.	The health centre has policies and procedures for antibiotic usage	Yes		No	
22.	Healthcare workers receive specific training related to new or updated IPC guidelines introduced in the health centre	Yes		No	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(D): Healthcare-associated infection monitoring					
23.	In the health centre, surveillance is conducted for colonization or infections caused by multidrug-resistant pathogens based on the local epidemiological situation	Yes		No	
24.	In the health centre, surveillance is conducted for epidemic-prone infections, e.g., norovirus, influenza, tuberculosis (TB), severe acute respiratory syndrome (SARS), and COVID-19	Yes		No	
25.	In the health centre, surveillance is conducted for infections that may affect healthcare workers in clinical, laboratory, or other settings, e.g., hepatitis B or C, human immunodeficiency virus (HIV), and influenza	Yes		No	
Part(E): Monitoring / auditing of infection control practices and outcomes					
26.	Hand-hygiene compliance (using the WHO hand-hygiene observation tool or equivalent) is monitored regularly	Yes		No	
27.	Transmission-based precautions and isolation to prevent the spread of multidrug-resistant organisms (MDRO) are monitored regularly	Yes		No	
28.	Cleaning of the health centre is monitored regularly	Yes		No	
29.	Disinfection and sterilization of medical equipment/instruments are monitored regularly	Yes		No	
30.	Consumption/usage of alcohol-based hand rub or soap is monitored regularly	Yes		No	
31.	Waste management is monitored regularly in the health centre	Yes		No	
32.	Monitoring and feedback of IPC processes and indicators are performed in a "blame-free" institutional culture aimed at improvement and behavioural change	Yes		No	
33.	For all employees, there is an easily available, up-to-date list of reportable diseases (to the MoE)	Yes		No	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(F): Personal protective equipment					
34.	Healthcare providers (HCP) that use personal protective equipment (PPE) receive training on how to use them properly	Yes		No	
35.	Compliance in using PPE is routinely reviewed and monitored	Yes		No	
36.	Suitable and sufficient PPE is easily accessible by healthcare providers	Yes		No	
37.	HCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment	Yes		No	
38.	HCP do not wear the same pair of gloves for the care of more than one patient	Yes		No	
39.	HCP do not wash gloves for the purpose of reuse	Yes		No	
40.	HCP wear proper gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated	Yes		No	
41.	HCP do not wear the same gown for the care of more than one patient	Yes		No	
42.	HCP wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids	Yes		No	

E	Infection prevention and control programme	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(E): Monitoring / auditing of infection control practices and outcomes					
43.	Alcohol-based hand rub is available in the health centre	Constantly available everywhere in the health centre and at examination points	Available in some departments and not constantly	Not available	
44.	Liquid soap is available at each sink	Constantly available everywhere in the health centre and at examination points	Available in some departments and not constantly	Not available	
45.	Single-use towels are available at each sink	Constantly available everywhere in the health centre and at examination points	Available in some departments and not constantly	Not available	
46.	There is a dedicated budget for the procurement of hand-hygiene products (e.g., alcohol-based hand rubs) or any other way to ensure its availability	Yes		No	
47.	Supplies needed for adherence to hand-hygiene (e.g., soap, water, paper towels, alcohol-based hand rubs) are readily available to healthcare providers in patient-care areas	Yes		No	

F	Training and education	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
1.	Healthcare workers receive training regarding hand hygiene in the health centre	Compulsory start-up training for all professional groups, then continuing regularly (at least annually)	Regular training for medical and nursing staff (at least annually)	Did not happen or it only happened once	
2.	Posters or instructions on hand hygiene in health care are displayed to all healthcare workers	Yes, in all or most departments and treatment areas	Yes, but only in certain areas	No	
3.	There is a system in place to train assessors to verify compliance with hand hygiene	Yes	Yes, but not effective	Not available	
4.	Healthcare providers who prepare and/or administer parenteral drugs receive training in safe injection practices	Yes	Yes, but it is not mandatory	No	

G	Evaluation and feedback	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
Part(A): Basic indicators					
1.	Hand hygiene is performed in the health centre correctly	Yes		No	
2.	At department level, regular reviews are conducted (at least annually) in order to assess the availability of soaps, hand sanitizers, single-use towels, and other hand-hygiene resources	Yes, in all or most departments and areas of treatment	Yes, but only in certain areas	No	
Part(B): Respiratory safety					
3.	The health centre has policies and procedures for dealing with people who exhibit signs and symptoms of respiratory infections, starting from the point of admission to the health centre and continuing for the duration of the follow up	Yes		No	
4.	Face masks are offered upon admission to the health centre to cough patients and other people with symptoms, at least, during periods of increased respiratory tract infection in the community	Yes		No	
5.	Space is provided in waiting rooms, and people with symptoms of respiratory infections are encouraged to sit as far away from others as possible	Yes		No	
6.	The health centre educates healthcare providers on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory diseases	Yes		No	
7.	Consumption/usage of alcohol-based hand rub or soap is monitored regularly	Yes		No	
Part(C): Environmental cleaning					
8.	Cleaners and disinfectants are used in accordance with manufacturers' instructions (e.g., dilution, storage, shelf-life, contact time)	Yes		No	
9.	HCP engaged in cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	Yes		No	
Part(D): Sterilization of Reusable Devices					
10.	Devices are thoroughly cleaned according to manufacturers' instructions and visually inspected for residual dirt prior to sterilization	Yes		No	
11.	After cleaning, the tools are packaged appropriately for sterilization	Yes		No	

H	COVID-19 precautionary measures	Meets the target +++	Partially meets the target ++	Does not meet the target +	Does the indicator meet the target? Mark+/++/+++
1.	The health centre has an emergency team	Yes		No	
2.	All health-centre staff are trained in the emergency programme	Yes, on a regular basis (at least annually)	Yes, but not on a regular basis	No	
3.	Health workers receive special training regarding COVID-19	Yes		No	
4.	All employees are asked to distance themselves from the rest of the staff, unless treating patients requires closer proximity	Yes	Yes, but not always	No	
5.	All employees are required to wash their hands frequently	Yes	Yes, but not always	No	
6.	All employees are required to adhere to wearing masks at all times	Yes	Yes, but not always	No	
7.	Health workers in the health centre receive regular tests for COVID-19	Yes	Happened only once	No	
8.	Patient appointment times are staggered and distances maintained, as a response to COVID-19 outbreak	Yes, and effectively	Yes, but not as required	No	
9.	Patients are required to wear a mask when they are in the health centre	Yes	Yes, but not always	No	
10.	Patients are required to maintain distance throughout their stay in the health centre	Yes	Yes, but not always	No	
11.	Temperature and breathing problems are checked for all patients before entering the health centre	Yes, always	Yes, but not always	No	
12.	Temperature and breathing problems are checked for all healthcare workers before entering the health centre	Yes, always	Yes, but not always	No	
13.	Medical staff treating COVID-19 permitted to socialize with the rest of the health-centre staff	Not allowed	Allowed, but with distancing and masks	Yes, allowed	
14.	Instructions given to health-centre staff with COVID-19 symptoms, like fever and coughing	Stay at home and not go to work until recovery	Go to work, but with masks and spacing	Nothing	
15.	There is a monitoring and registration record for all workers infected with the virus	Yes		No	
16.	All cases with COVID-19 are transferred to the hospital assigned to treat them.	Yes		No	
17.	All cases of COVID-19 are reported to the Ministry of Health	Yes		No	

تقييم برنامج منع وضبط العدوى في المراكز

الصحية للرعاية الأولية وخدمات المياه وإدارة
النفايات الطبية والنظافة البيئة

أسماء المقيمين: **تاريخ التقييم:**

صف المركز الصحي

اسم المركز الصحي:

المحافظة: **المدينة:**

الموارد البشرية من الكوادر الطبية:

عدد الأطباء

عدد الممرضين / قانوني [ ]

مشارك [ ]

قابلات [ ]

عدد فنيي المختبر [ ]

عدد فنيي الأشعة [ ]

عدد الصيادلة [ ]

عدد سيارات الاسعاف [ ]

A	المياه	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١.	يوجد إمدادات لتوصيل المياه بالأنابيب إلى المنشأة وتكون /والمياه متوفرة ومتاحه في المركز الصحي	نعم، إمدادات جيدة للمياه داخل المنشأة ومتوفرة	إمدادات جيدة للمياه في الموقع (خارج مبنى المنشأة) ومتوفرة	لا توجد إمدادات جيدة للمياه داخل أراضي المنشأة، أو توجد إمدادات جيدة للمياه ولكنها /والمياه غير متوفرة	
٢.	تتوفر خدمات المياه في جميع الأوقات وبكمية كافية لجميع الاستخدامات	نعم، كل يوم وبكمية كافية	أكثر من ٥ أيام في الأسبوع أو كل يوم ولكن ليس بكمية كافية	أقل من ٥ أيام في الأسبوع	
٣.	توجد مياه شرب موثوقة ويسهل على الموظفين والمرضى ومقدمي الرعاية الوصول إليها في جميع الأوقات وفي جميع الأماكن/ الاقسام	نعم، في جميع الأوقات/ الاقسام ومتاحة للجميع	أحياناً، أو في بعض الأماكن فقط، أو لا تتوفر لجميع المستخدمين	غير متوفرة	
٤.	يتم تخزين مياه الشرب بأمان في خزان نظيف له غطاء وحنفيه	نعم	تُخزّن المياه بجميع وحدات مياه الشرب المتوفرة ولكن بشكلٍ غير آمن	لا تُخزّن المياه في أي من وحدات مياه الشرب أو لا تتوفر مياه الشرب	
٥.	يتم تنظيف خزان المياه مرة كل عام	نعم		لا	
٦.	ترتبط جميع النقاط الطرفية (حنفيات) بإمدادات مياه متوفرة وصالحة للاستخدام	نعم، كلها موصّلة وصالحة للاستخدام	أكثر من نصف النقاط الطرفية موصّلة وصالحة للاستخدام	لا، أقل من نصف النقاط الطرفية موصّلة وصالحة للاستخدام	
٧.	خدمات المياه متوفرة طوال العام	نعم، طوال العام	نقص في المياه لمدة شهر أو شهرين	نقص في المياه لمدة ٣ أشهر أو أكثر	
٨.	تخزين المياه يكفي لتلبية احتياجات المنشأة لمدة يومين	نعم	تُلبي أكثر من ٧٥ ٪ من لاحتياجات	تُلبي أقل من ٧٥ ٪ من الاحتياجات	
٩.	تُجمع المياه وتعالَج للاستخدام للشرب بواسطة تقنية مُثبتة تستوفي معايير الأداء الخاصة بمنظمة الصحة العالمية	نعم	تعالَج ولكن ليس بشكل منتظم	لا تعالَج	
١٠.	تحتوي مياه الشرب على كمية مقبولة من الكلور المتبقي (٠,٢ ميللي جرام/ لتر أو ٠,٥ ميللي جرام/ لتر في حالات الطوارئ) أو ٠ إي كولاي/ ١٠٠ ميللي لتر، وهي ليست عكرة	نعم	يوجد كلور متبقي، ولكنه أقل من ٠,٢ ميللي جرام/ لتر	مياه غير معالجة/ لا نعرف كمية الكلور المتبقي/ لا تتوفر لدينا إمكانية اختبار كمية الكلور المتبقي/ مياه الشرب غير متوفرة	
١١.	يجري تنظيم إمدادات المياه وفقاً للمعايير الوطنية لجودة المياه	نعم، والمياه تستوفي المعايير الوطنية.	نعم يجري تنظيم إمدادات المياه، ولكن المياه لا تستوفي المعايير	لا يجري أي تنظيم أو اختبار أو لا توجد معايير	
١٢.	الطاقة متوفرة لتسخين المياه	نعم، دائماً	نعم، أحياناً	أبداً	

B	النفايات الطبية ومرافق الصرف الصحي	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١.	عدد الحمامات المتوفرة أو الصالحة للاستخدام	العدد كاف	يوجد العدد الكافي ولكن ليست كلها تعمل، أو بعضها يصعب الوصول اليها	أقل من ٥٠ ٪ من العدد المطلوب من الحمامات متوفر وصالح للاستخدام	
٢.	حمامات الموظفين والمرضى منفصلة وذلك مبيّن بشكلٍ واضح	نعم	تتوفر حمامات منفصلة للموظفين والمرضى، ولكن ذلك غير مبيّن بشكلٍ واضح	لا تتوفر حمامات منفصلة	
٣.	الحمامات منفصلة للرجال والنساء وذلك مبيّن بشكلٍ واضح	نعم	تتوفر حمامات منفصلة للرجال والنساء، ولكن ذلك غير مبيّن بشكلٍ واضح	لا تتوفر حمامات منفصلة	
٤.	الحمامات يتوفر فيها الاحتياجات الاساسية من نظافة البيئة (الطمث ومخلفاتها، والفضلات)	نعم	نعم، ولكن الحمامات غير نظيفة أو في حالة سيئة	لا	
٥.	يوجد حمام واحد على الأقل يلبي احتياجات الأشخاص ذوي الاحتياجات الخاصة في كل قسم في المنشأة	نعم	نعم، ولكن الحمام غير نظيف أو في حالة سيئة	لا توجد حمامات لاستخدام ذوي الاحتياجات الخاصة	
٦.	توجد وحدات صالحة للاستخدام نظافة اليدين في حدود ٥ أمتار من الحمامات	نعم	نعم، ولكنها غير صالحة للاستخدام أو لا يتوفر بها الماء أو الصابون	لا توجد	
٧.	سِجِل تنظيف الحمامات واضح للعيان ويُوقّع عليه من قِبَل عمال النظافة كل يوم	نعم	الحمامات تُنظّف ولكن لا يتم تسجيل ذلك	لا يوجد سِجِل بالتنظيف/ الحمامات تُنظّف بمعدل أقل من مرة واحدة في اليوم	
٨.	تدار المياه العادمة بأمان من خلال نظام للمعالجة في الموقع (مثل خزان صرف صحي تتبعه حفرة صرف) أو إرسالها إلى نظام صرف صحي صالح للاستخدام	نعم	يوجد ولكنه غير صالح للاستخدام	لا يوجد	
٩.	يوجد نظام صرف للمياه الرمادية (أي مياه الأمطار أو مياه الغسيل) يحوّل المياه بعيداً عن المرفق (أي لا توجد مياه راكدة) كما يحمي الأسر التي تقطن بجوار المرفق	نعم	نعم، ولكنه لا يعمل وتوجد برك مياه واضحة	لا يوجد	
١٠.	تُضاء الحمامات بشكل كاف، بما في ذلك أثناء الليل	نعم	البنية الأساسية للإضاءة موجودة، ولكنها لا تعمل	لا تُضاء الحمامات بشكل كاف، أو البنية الأساسية للإضاءة غير موجودة	

B	النفايات الطبية ومرافق الصرف الصحي	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١١.	هناك ضابط ارتباط مدرّب مسؤول عن إدارة نفايات الرعاية الصحية في مرفق الرعاية الصحية	نعم، مُعيّن ومدرّب تدريباً كافياً	مُعيّن ولكنه غير مدرّب	غير مُعيّن	
١٢.	توجد حاويات صالحة للاستخدام لجمع النفايات على مقربة من جميع نقاط توليدها وذلك لجمع كلٍ من النفايات التالية: • النفايات المنزلية • النفايات / الطبية • النفايات الحادة	نعم	توجد صناديق منفصلة ولكن تنقصها الأغطية، أو أنها ممتلئة لأكثر من ثلاثة أرباع سعتها؛ يوجد صندوقان فقط)بدلاً من ثلاثة صناديق(؛ أو توجد عند بعض نقاط توليد النفايات وليس كلها	لا توجد صناديق ولا حاوية مستقلة للتخلص من النفايات الحادة	
١٣.	يتم فرز النفايات بشكل صحيح في جميع نقاط توليد النفايات	نعم	يتم بعض الفرز ولكن ليس بشكل صحيح أو لا يُمارَس في جميع أنحاء المرفق	لا تتوفر حاويات منفصلة، ولا يتم الفرز	
١٤.	يتم ارسال النفايات الى حفرة دفن نفايات/ مكبّ نفايات صالح ومُسوّر، أو خدمة بلدية لجمع النفايات المنزلية.	نعم	توجد حفرة لدفن النفايات في المرفق ولكن الأبعاد غير كافية؛ مملوءة فوق طاقتها أو غير مُسوّرة ومقفلة؛ خدمة البلدية لجمع النفايات غير منتظمة، إلخ.	لا يوجد اي نوع من الطرق للتخلص من النفايات	
١٥.	السياسات والاجراءات للإدارة الآمنة للنفايات متاحة للاطلاع بشكل واضح ومقروء	نعم، واضح ويتم تنفيذه	مكتوب ولكنه غير واضح ولا يتم تنفيذه	لا يوجد بروتوكول أو إجراءات تشغيل قياسية	
١٦.	تتوفر معدات الوقاية الشخصية المناسبة لكل الموظفين المسؤولين عن معالجة النفايات والتخلص منها	نعم	بعض المعدات متاحة، ولكن ليس لكل الموظفين، أو أنها متوفرة ولكنها تالفة	غير متوفرة	

C	النظافة	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
الجزء (أ) نظافة اليدين					
١.	تتوفر وحدات نظافة اليدين صالحة للاستخدام في نقاط تقديم الرعاية الصحية وبشكل كافي	نعم	غير كافيه	لا توجد	
٢.	تتوفر وحدات نظافة اليدين صالحة للاستخدام في نقاط تقديم الرعاية ويتوفر بها الماء أو الصابون السائل أو مادة دلك الأيدي الكحولي	نعم	توجد وحدات، ولكن لا يتوفر بها الماء أو الصابون السائل أو مادة دلك الأيدي الكحولي	لا توجد	
٣.	توفر لوحات إرشادية خاصة بنظافة اليدين (بوستر) معروضة بوضوح وبطريقة مفهومة في الأماكن الرئيسية	نعم	في بعض الأماكن ولكن ليس كلها	لا توجد	
٤.	تتوفر وحدات صالحة للاستخدام خاصة نظافة اليدين في مناطق التخلص من النفايات	نعم	توجد وحدات، ولكن لا يتوفر بها الماء أو الصابون أو سائل أساسه الكحول لدعك الأيدي	لا توجد	
٥.	يتم تنفيذ أنشطة نسب الامتثال لنظافة اليدين بانتظام	نعم	أنشطة الامتثال لنظافة اليدين مدرجة في سياسة المنشأة، ولكنها لا تطبق بأي قدر من الانتظام	لا توجد أنشطة للامتثال لنظافة اليدين	
ألجزء (ب) نظافة البيئة والتطهير في المنشأة					
٦.	تُحاط المنشأة بسور جيد، ويُحافَظ على المنطقة خارج السور نظيفة بشكل عام (خالية من النفايات الصلبة، والمياه الراكدة، وفضلات الحيوانات والبشر داخل المنشأة أو حولها، وما إلى ذلك)	نعم	جزئياً ولكن هناك مجال لإجراء تحسينات/ نعم، في بعض الأحيان	لا يحافَظ عليها نظيفة على الإطلاق	
٧.	الإضاءة العامة تتوفر لها السعة الكافية لضمان تقديم الرعاية الصحية بأمان، بما في ذلك في الليل	نعم، دائماً	نعم، أحياناً	أبداً	
٨.	الأرضيات وأسطح العمل الأفقية نظيفة	نعم	بعض الأرضيات وأسطح العمل تبدو نظيفة ولكن البعض الآخر لا	معظم الأرضيات وأسطح العمل متسخة بشكل واضح	
٩.	تتوفر مواد وأدوات مناسبة للتنظيف وتُصان بشكل جيد (مثل المنظفات، والمماسح، والدلاء، وما إلى ذلك)	نعم	نعم، متوفرة ولكنها لا تُصان بشكل جيد	لا تتوفر المواد والأدوات	
١٠.	يتوفر على الأقل زوجان من قفازات التنظيف المنزلية، وزوج واحد من زي العمل (الافرول) أو مريول وحذاء مطاطي طويل في حالة جيدة لكل عضو في فرق التنظيف والتخلص من النفايات.	نعم	متوفرة ولكن بحالة سيئة	غير متوفرة	

C	النظافة	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١١.	يمكن أن يقوم عضو واحد على الأقل من الموظفين بإجراء بيان عملي للإجراءات الصحيحة للتنظيف والتطهير وتطبيقها على النحو المطلوب للحفاظ على غرف نظيفة وآمنة.	نعم	الإجراءات معروفة ولكنها لا تطبق	الإجراءات غير معروفة ولا تطبق	
١٢.	توجد آلية لتتبع المخزون من المواد ذات الصلة بإجراءات منع وضبط العدوى والسيطرة عليها (مثل القفازات ومعدات الوقاية الشخصية) لتحديد حالات نفاد المخزون	نعم	الآلية موجودة ولكنها لا تطبق	لا توجد آلية	
١٣.	سِجل التنظيف واضح للعيان ويُوقّع عليه من قِبَل عمال النظافة كل يوم	نعم	السِجل موجود، ولكنه لا يُعبأ يومياً أو بياناته قديمة	لا يوجد سِجل بالأرضيات والأسطح التي يجري تنظيفها	
١٤.	تتوفر مرافق لغسيل الملابس و لغسل أغطية الأسِرّة بعد الاستخدام بين كل مريض وآخر	نعم	المرافق موجودة، ولكنها لا تعمل أو لا يتم استخدامها	لا توجد مرافق و/ أو لا توجد أغطية للأسِرّة	
١٥.	يتوفر في المرفق تهوية طبيعية كافية وحيث يسمح المناخ بذلك (نوافذ كبيرة مفتوحة، ومناور، وفتحات تهوية أخرى لتحسين التهوية الطبيعية).	نعم	توجد بعض التهوية ولكن لا تتم صيانتها بشكل جيد أو أنها غير كافية لإنتاج تهوية طبيعية	لا	

D	الاارة	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١.	توجد خطة قائمة لتحسين/ إدارة الجودة للمنشأة يجري تنفيذها ومراقبتها بانتظام	نعم	الخطة مكتملة ولكنها لم تنفذ و/ أو لا يتم مراقبتها أو أنها غير مكتملة	لا توجد خطة	
٢.	توجد ميزانية سنوية مخططة للمرفق، وتشمل تمويل البنية الأساسية، والخدمات، والموظفين، والمشتريات المستمرة لمستلزمات المياه ومرافق الصرف الصحي والخدمة الصحية (منتجات النظافة اليدوية، والإمدادات البسيطة لإصلاح الأنابيب والحمامات، وما إلى ذلك) بما يكفي لتلبية احتياجات المنشأة	نعم	نعم، ولكن الميزانية غير كافية	لا توجد ميزانية	
٣.	يتوفر رسم تخطيطي مُحدّث للهيكل الإداري للمنشأة بشكل واضح ومقروء	نعم	نعم، ولكنه غير مُحدّث	غير متوفر	
٤.	يتوفر عمال نظافة وموظفو الصيانة بشكل كافٍ لخدمات المياه ومرافق الصرف الصحي ونظافة البيئة	نعم	يتوفر بعضهم، ولكن بأعداد غير كافية أو تنقصهم المهارات والدافعية	غير متوفرين	
٥.	يوجد بروتوكول للتشغيل والصيانة، بما في ذلك شراء مستلزمات المياه والصرف الصحي ونظافة البيئة، يكون واضحا ومقروءا ومنفذا	نعم	يوجد بروتوكول ولكنه لا يُنفّذ	لا يوجد بروتوكول	
٦.	تُجرى عمليات تدقيق منتظمة على مستوى القسم في المنشأة لتقييم مدى توفر ماده دلك الأيدي الكحولي ، أو الصابون السائل، والمناشف التي تستعمل لمرة واحدة، ومستلزمات النظافة الأخرى	نعم	تُجرى بمعدل أقل من مرة كل أسبوع، أوأن عملية التقييم غير مكتملة	لا تُجرى	
٧.	يتلقّى العاملون الجدد في الرعاية الصحية تدريباً خاصاً بالوقاية من العدوى والسيطرة عليها كجزء من برنامج التوجيه الخاص بهم	نعم	نعم، ولكن بعض العاملين وليس كلهم	لا يوجد تدريب	
٨.	يتم تدريب العاملين في الرعاية الصحية على خدمات المياه والصرف الصحي ونظافة البيئة/ الوقاية من العدوى والسيطرة عليها كل عام مرة على الاقل	نعم	يتم تدريب العاملين ولكن ليس كل عام، أو يتم تدريب بعض العاملين فقط	لا	
٩.	المنشأة لديها ضابط ارتباط لخدمات المياه والصرف الصحي ونظافة البيئة أو الوقاية من العدوى والسيطرة عليها	نعم		لا	
١٠.	جميع الموظفين لهم وصف وظيفي مكتوب بشكل واضح ومقروء، بما في ذلك المسؤوليات المتعلقة بالمياه ومرافق الصرف الصحي ونظافة البيئة، ويتم تقييمهم بانتظام وفق أدائهم	نعم	بعض الموظفين، وليس كلهم، لهم توصيف وظيفي أو يتم تقييم أدائهم	لا يوجد وصف وظيفي مكتوب	

E	برنامج منع وضبط العدوى	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
الجزء (أ) نظافة اليدين					
١.	يوجد لدى المركز الصحي برنامج منع وضبط العدوى	نعم، بأهداف واضحة وخطة أنشطة سنوية لمنع وضبط العدوى	يوجد برنامج ولكنه غير فعال و/أو لا يتم مراقبته أو أنه غير مكتمل أو أهدافه غير واضحة	لا يوجد برنامج	
٢.	يوجد فريق أو مختص منع وضبط العدوى يزور المنشأة بشكل مستمر	نعم	نعم، ولكن ليس فريق، فقط شخص مسؤول عن منع وضبط العدوى	لا يوجد فريق أو مختص	
٣.	يخصص فريق منع وضبط العدوى أو مسؤول الأنشطة لديهم وقتاً لأنشطة مكافحة العدوى	نعم		لا	
٤.	أهداف منع وضبط العدوى محددة بوضوح في المنشأة الصحية	نعم، أهداف منع وضبط العدوى ومؤشرات نتائج قابلة للقياس) وهي تدابير مناسبة لقياس التحسين)	نعم، أهداف منع وضبط العدوى فقط	لا	
٥.	تظهر القيادة العليا في المنشأة التزامًا واضحًا ودعم لبرنامج منع وضبط العدوى	نعم		لا	
٦.	تمتلك المركز الصحي دعم مخبري ميكروبيولوجي سواء وجد في الموقع أو خارجه (للاستخدام اليومي الروتيني)	نعم، وتقدم نتائج موثوق بها	نعم ولكن لا تحقق نتائج موثوقة	لا	
٧.	القسم لديه نظام للكشف المبكر والتعامل مع الأشخاص الذين يحتمل أن يكونوا مصدر للعدوى في النقاط الأولية من لقاء المريض. ملاحظة: قد يشمل النظام أخذ تاريخ السفر والتاريخ المهني، حسب الاقتضاء، والعناصر الموصوفة تحت آداب النظافة/ والسعال.	نعم		لا	
ألجزء (ب) نظافة البيئة والتطهير في المنشأة					
٨.	الأرضيات وأسطح العمل الأفقية نظيفة	نعم	بعض الأرضيات وأسطح العمل تبدو نظيفة ولكن البعض الآخر لا	معظم الأرضيات وأسطح العمل متسخة بشكل واضح	
٩.	تتوفر مواد وأدوات مناسبة للتنظيف وتُصان بشكل جيد (مثل المنظفات، والمماسح، والدلاء، وما إلى ذلك)	نعم	نعم، متوفرة ولكنها لا تُصان بشكل جيد	لا تتوفر المواد والأدوات	
١٠.	يتوفر على الأقل زوجان من قفازات التنظيف المنزلية، وزوج واحد من زي العمل (الافرول) أو مريول وحذاء مطاطي طويل في حالة جيدة لكل عضو في فرق التنظيف والتخلص من النفايات.	نعم	متوفرة ولكن بحالة سيئة	غير متوفرة	

E	برنامج منع وضبط العدوى	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١١.	تتوفر في المنشأة سياسات واجراءات لنظام إدارة والتأهب لتفشي الأمراض	نعم		لا	
١٢.	تتوفر في المنشأة سياسات واجراءات للوقاية من الإصابة بعدوى اثناء تلقي العلاج	نعم		لا	
١٣.	تتوفر في المنشأة سياسات واجراءات للتطهير والتعقيم	نعم		لا	
١٤.	تتوفر في المنشأة سياسات واجراءات لحماية العاملين في مجال الرعاية الصحية وسلامتهم	نعم		لا	
١٥.	تتوفر في المنشأة سياسات واجراءات لسلامة الحقن	نعم		لا	
١٦.	تتوفر في المنشأة سياسات واجراءات لإدارة النفايات	نعم		لا	
١٧.	تتوفر في المنشأة سياسات واجراءات لإدارة استخدام المضادات الحيوية	نعم		لا	
١٨.	يتلقى العاملون في مجال الرعاية الصحية تدريباً متخصصا في السياسات والاجراءات الجديدة أو المحدّدة لمنع وضبط العدوى في المنشأة	نعم		لا	
١٩.	يتم مراقبة تنفيذ بعض السياسات والاجراءات لمنع وضبط العدوى بانتظام في المنشأة الصحية	نعم		لا	
التدريب والتثقيف الخاص بوحدة منع وضبط العدوى					
٢٠.	يقوم اخصائيون في مجال منع وضبط العدوى و/ أو الأمراض المعدية بتدريب الموظفين على منع وضبط العدوى	نعم		لا	
٢١.	عدد المرات التي يتلقى العاملون في مجال الرعاية الصحية داخل المركز الصحي تدريبا في منع وضبط العدوى	على الأقل مرة واحدة سنويا الزامياً للعاملين في مجال الرعاية الصحية	على الأقل مرة واحدة سنويا للعاملين في مجال الرعاية الصحية لكنه ليس الزامياً فقط الموظفين الجدد عند حضور محاضرات التوجيه للعاملين في مجال الرعاية الصحية	أبدا أو نادرا	
٢٢.	عدد المرات التي يتلقى فيها عمال النظافة وغيرهم من الأفراد المعنيين بشكل مباشر في رعاية المرضى تدريباً من أخصائي منع وضبط العدوى	على الأقل مرة واحدة سنويا الزامياً للعاملين في مجال الرعاية الصحية	على الأقل مرة واحدة سنويا للعاملين في مجال الرعاية الصحية لكنه ليس الزامياً فقط الموظفين الجدد عند حضور محاضرات التوجيه للعاملين في مجال الرعاية الصحية	أبدا أو نادرا	

E	برنامج منع وضبط العدوى	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
مراقبة العدوى المرتبطة بالرعاية الصحية					
٢٣.	في المركز الصحي يتم إجراء المراقبة على العدوى المستوطنة أو العدوى التي تسببها العوامل المقاومة للأدوية المتعددة وفقًا للوضع الوبائي المحلي	نعم		لا	
٢٤.	في المركز الصحي يتم إجراء المراقبة على العدوى القابلة للتفشي: على سبيل المثال، الأنفلونزا والسل والمتلازمة التنفسية الحادة الوخيمة [سارس] وكوفيد ١٩	نعم		لا	
٢٥.	في المركز الصحي يتم إجراء المراقبة على العدوى التي قد تؤثر على العاملين في مجال الرعاية الصحية في المواقع السريرية أو فيروس HIV – نقص المناعة البشرية C أو B المختبرية أو غيرها مثل التهاب الكبد والأنفلونزا	نعم		لا	
المراقبة / التدقيق الخاص بممارسات ونتائج مكافحة العدوى					
٢٦.	في المركز الصحي يتم مراقبة الامتثال بتعقيم اليدين باستخدام أداة مراقبة نظافة اليدين الخاصة بمنظمة الصحة العالمية أو ما يشابهه	نعم		لا	
٢٧.	في المركز الصحي يتم مراقبة الاحتياطات والعزل القائم على منع انتشار العوامل المقاومة للأدوية المتعددة (MDR)	نعم		لا	
٢٨.	يتم مراقبة تنظيف أقسام المركز الصحي	نعم		لا	
٢٩.	يتم مراقبة تطهير وتعقيم المعدات/ الأدوات الطبية	نعم		لا	
٣٠.	في المركز الصحي يتم مراقبة استهلاك/ استخدام مطهر اليدين الكحولي أو الصابون السائل	نعم		لا	
٣١.	في المركز الصحي يتم مراقبة إدارة النفايات	نعم		لا	
٣٢.	في المركز الصحي يتم القيام بمراقبة عمليات منع وضبط العدوى و كتابة الملاحظات بشأنها في ثقافة مؤسسية" خالية من اللوم" تهدف الى التحسين والتغيير السلوكي	نعم		لا	
٣٣.	في المركز الصحي تتوفر بسهولة قائمة محدثة بالأمراض التي يجب التبليغ عنها إلى وزارة الصحة لجميع الموظفين.	نعم		لا	

E	برنامج منع وضبط العدوى	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
معدات الحماية الشخصية					
٣٤.	مقدمو الرعاية الصحية الذين يستخدمون معدات الوقاية الشخصية يتلقون التدريب على استخدام معدات الحماية الشخصية	نعم		لا	
٣٥.	المنشأة تراجع بشكل روتيني (مراقبه وتوثيق) الالتزام والاستخدام المناسب لمعدات الحماية الشخصية.	نعم		لا	
٣٦.	معدات الحماية الشخصية المناسبة والكافية متاحة ويمكن الوصول إليها بسهولة من قبل مقدم الرعاية الصحية.	نعم		لا	
٣٧.	يرتدي مقدمو الرعاية الصحية قفازات للتلامس المحتمل مع الدم أو سوائل الجسم أو الأغشية المخاطية أو الجلد غير السليم أو المعدات الملوثة.	نعم		لا	
٣٨.	لا يرتدي مقدمو الرعاية الصحية نفس القفازات لرعاية أكثر من مريض واحد	نعم		لا	
٣٩.	لا يغسل مقدمو الرعاية الصحية القفازات بغرض إعادة استخدامها.	نعم		لا	
٤٠.	يرتدي مقدمو الرعاية الصحية العباءات/المريول لحماية الجلد والملابس أثناء الإجراءات أو الأنشطة التي يُتوقع فيها ملامسة الدم أو سوائل الجسم.	نعم		لا	
٤١.	لا يرتدي مقدمو الرعاية الصحية نفس العباءة لرعاية أكثر من مريض واحد.	نعم		لا	
٤٢.	يرتدي مقدمو الرعاية الصحية حماية الفم والأنف والعين خلال الإجراءات التي من المحتمل أن تؤدي الى تناثر الدم أو سوائل الجسم الأخرى	نعم		لا	
المراقبة / التدقيق الخاص بممارسات ونتائج مكافحة العدوى					
٤٣.	يتوفر مطهر الايدي الكحولي في المرفق الصحي	متوفر في كل المنشأة وفي نقاط المعاينة وبشكل مستمر	متوفر فقط في بعض الأقسام أو بشكل متقطع	ليس متوفر	
٤٤.	يتوفر الصابون في كل حوض غسيل	متوفر في كل المنشأة وفي نقاط المعاينة وبشكل مستمر	متوفر فقط في بعض الأقسام أو بشكل متقطع	ليس متوفر	
٤٥	المحارم الورقية متوفرة عند كل حوض غسيل	متوفر في كل المنشأة وفي نقاط المعاينة وبشكل مستمر			
٤٦	هناك ميزانيه مخصصة ومستمرة لشراء مطهرات الايدي (مثل مطهرات الايدي الكحولية) او اي طريقه لضمان توفرها	نعم			
٤٧	الإمدادات اللازمة للالتزام بنظافة اليدين (على سبيل المثال، الصابون، الماء ، المناشف الورقية ، فرك اليدين الكحولي) متاحة بسهولة لمقدمي الرعاية الصحية في مناطق رعاية المرضى.	نعم			

F	التدريب والتعليم	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١.	يتلقى العاملين في الرعاية الصحية التدريب فيما يتعلق بنظافة اليدين في المنشأة؟	تدريب إلزامي لجميع الفئات المهنية في بدء العمل، ثم مستمر بانتظام (على الأقل سنويًا)	التدريب منتظم للطاقم الطبي والتمريض (على الأقل سنويًا)	لم يحدث او انه حدث مرة واحدة فقط	
٢.	يتم عرض الملصقات او الإرشادات عن نظافة اليدين في الرعاية الصحية لجميع العاملين في مجال الرعاية الصحية	نعم وفي جميع او معظم الاقسام ومناطق العلاج	نعم، ولكن في اماكن معينة فقط	لا	
٣.	هناك نظام قائم لتدريب المراقبين على التحقق من الامتثال لنظافة اليدين	نعم	نعم، ولكنه غير فعال	غير متوفر	
٤.	يتلقى مقدمو الرعاية الصحية الذين يقومون بإعداد و / أو اعطاء الأدوية بالحقن التدريب على ممارسات الحقن الآمن	نعم	نعم، ولكنه غير الزامي	لا	

G	التقييم والملاحظات	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
المؤشرات الاساسية					
١.	يتم تنفيذ نظافة اليدين في المركز الصحي بشكل صحيح	نعم		لا	
٢.	على مستوى القسم، يتم إجراء مراجعات منتظمة (على الأقل سنويًا) من أجل تقييم توفير الصابون ومطهرات اليدين، والمناشف ذات الاستخدام الواحد وغيرها من موارد نظافة اليدين	نعم وفي جميع او معظم الاقسام ومناطق العلاج	نعم، ولكن في اماكن معينة فقط	لا	
المراقبة / التدقيق الخاص بممارسات ونتائج مكافحة العدوى					
٣.	لدى المنشأة سياسات وإجراءات للتعامل مع الأشخاص الذين تظهر عليهم علامات وأعراض التهابات الجهاز التنفسي، بدءًا من نقطة الدخول إلى المنشأة وتستمر طوال مدة المراجعة.	نعم		لا	
٤.	يتم تقديم أقنعة للوجه عند مرضى السعال وغيرهم من الأشخاص الذين يعانون من أعراض عند الدخول إلى المنشأة، على الأقل، خلال فترات زيادة نشاط التهابات الجهاز التنفسي في المجتمع.	نعم		لا	
٥.	يتم توفير مساحة في غرف الانتظار وتشجيع الأشخاص الذين يعانون من أعراض التهابات الجهاز التنفسي على الجلوس بعيدًا عن الآخرين قدر الإمكان	نعم		لا	
٦.	يقوم المرفق بتثقيف مقدمي الرعاية الصحية حول أهمية تدابير الوقاية من العدوى لاحتواء إفرازات الجهاز التنفسي لمنع انتشار مسببات الأمراض التنفسية.	نعم		لا	
٧.	تنتشر اللوحات الارشادية والملصقات على المداخل مع تعليمات للمرضى الذين يعانون من أعراض عدوى الجهاز التنفسي من أجل ممارسة نظافة الجهاز التنفسي/ آداب السعال (تغطية أفواههم / أنوفهم عند السعال أو العطس، واستخدام المناديل والتخلص منها، وإجراء نظافة اليدين	نعم		لا	
التنظيف البيئي					
٨.	يتم استخدام المنظفات والمطهرات وفقًا لتعليمات الشركة المصنعة (على سبيل المثال، التخفيف، التخزين، العمر الافتراضي، وقت الاتصال).	نعم		لا	
٩.	يرتدي مقدمو الرعاية الصحية العاملون في التنظيف البيئي معدات الوقاية الشخصية المناسبة لمنع التعرض للعوامل أو المواد المعدية (يمكن أن تشمل معدات الوقاية الشخصية القفازات والأثواب والأقنعة وحماية العين).	نعم		لا	
التنظيف البيئي					
١٠.	يتم تنظيف الأجهزة جيدًا وفقًا لتعليمات الشركة المصنعة ويتم فحصها بصريًا للأوساخ المتبقية قبل التعقيم.	نعم		لا	
١١.	بعد التنظيف، يتم تغليف / تغليف الأدوات بشكل مناسب للتعقيم	نعم		لا	

H	الاجراءات الاحترازية لفايروس كورونا	يحقق الهدف +++	يحقق الهدف جزئياً ++	لا يحقق الهدف +	هل المؤشر يحقق الهدف؟ أدخل العلامات +/++/+++
١.	يتوفر في المركز فريق عمل خاص بالطوارئ	نعم	نعم، ولكنه غير فعال	لا	
٢.	يتم تدريب جميع العاملين في المركز على برنامج الطوارئ	نعم وبشكل دوري منتظم (سنويا على الاقل)	نعم ولكن ليس بشكل منتظم	لا	
٣.	يتلقى العاملون الصحيون تدريبا خاصا فيما يتعلق بفايروس كورونا	نعم		لا	
٤.	يطلب من جميع الموظفين التباعد عن باقي الموظفين الا إذا تطلب علاج المرضى غير ذلك	نعم	نعم ولكن ليس دائما	لا	
٥.	يطلب من جميع الموظفين غسل اليدين بشكل مستمر	نعم	نعم ولكن ليس دائما	لا	
٦.	يطلب من جميع الموظفين الالتزام بالكمامات طوال الوقت	نعم	نعم ولكن ليس دائما	لا	
٧.	يتلقى العاملون الصحيون في المركز فحصا دوريا لفيروس كورونا	نعم	حدث مرة واحدة	لا	
٨.	هناك تباعد في أوقات ومواعيد المرضى بسبب تفشي فايروس كورونا	نعم وبشكل كبير وفعال	نعم ولكن ليس بالشكل المطلوب	لا	
٩.	يطلب من المرضى ارتداء الكمامة طوال تواجدهم في المركز الصحي.	نعم	نعم ولكن ليس دائما	لا	
١٠.	يطلب من المراجعين الحفاظ على التباعد طوال تواجدهم في المنشأة الصحية	نعم	نعم ولكن ليس دائما	لا	
١١.	يتم فحص الحرارة ومشاكل التنفس لجميع المرضى قبل دخولهم الى المركز	نعم دائما	نعم ولكن ليس دائما	لا	
١٢.	يتم فحص الحرارة ومشاكل التنفس لجميع العاملين الصحيين فور دخولهم الى المركز.	نعم دائما	نعم ولكن ليس دائما	لا	
١٣.	يسمح لأي من الطاقم الطبي المعالج لمرضى فايروس كورونا بالاختلاط مع باقي العاملين في المركز	نعم يسمح	يسمح ولكن مع لبس الكمامات والتباعد	لا يسمح	
١٤.	يطلب من الموظف في المركز الصحيالمصاب بأعراض مرضية كالحرارة والكحة ب	الالتزام بالمنزل وعدم القدوم للعمل حتى الشفاء	القدوم للعمل ولكن مع لبس الكمامات والتباعد	لا شيء	
١٥.	يوجد سجل مراقبة وتسجيل لكل العاملين المصابين بالفايروس	نعم		لا	
١٦.	يتم تحويل جميع المصابين بفايروس كورونا الى المستشفى المحدد لاستقبالهم	نعم		لا	
١٧.	ويتم الابلاغ عن جميع المصابين بفايروس كورونا الى وزارة الصحة	نعم		لا	

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