

Health-care waste management • Rapid assessment tool for country level

Content

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1. Introduction		Provides basic information on this Rapid assessment tool
2. Preparation		Checklist for chronological preparation of the assessment
3. Planning		Plan for a two week field assessment with a few hints of what to do when
4. Contacts		Contact list to help you keep track with all your main interlocutors
5. Terminology		Listing of all specific terms used
6. Tool A	<i>National</i>	Questionnaire to collect data from associations, NGOs and universities or other research in have had relevant activities in HCWM in different settings of the country.
7. Tool B	<i>National</i>	Questionnaire to collect data at Ministerial level
8. Tool C	<i>Local</i>	Questionnaire to collect data at Municipal Authority level
9. Tools D	<i>Local</i>	Questionnaires to collect data from personnel of health care facilities (HCF)
10. Tool E	<i>Local</i>	Personal observations made during visits of health care facilities
11. Tool F	<i>National</i>	Rating system for the HCWM situation assessed by main headings
12. Questions		Complete listing of all questions existing within the different tools.

> To access any of the above "chapters", click on the tabs below.

We are interested in your data

Thanks to send to WHO a computerised copy of the spreadsheets containing the data you will have collected with this

Contacts

Contact: World Health Organization: <http://www.healthcarewaste.org> / E-mail: hcwaste@who.int

Health-care waste management • Rapid assessment tool	
1 Introduction	
<ul style="list-style-type: none"> • In many (mainly low income) countries, improper management of wastes generated in health care facilities causes direct health impacts on the community, the personnel working in health care facilities, and on the environment. In addition, pollution due to inadequate treatment of waste can cause indirect health effects to the community. • Health-care wastes (HCW) include <i>sharps</i> (syringes, disposable scalpels, blades, etc.), <i>non-sharps</i> (swabs, bandages, disposable medical devices, etc.), <i>blood and anatomic waste</i> (blood bags, diagnostic samples, body parts, etc.), <i>chemicals</i> (solvents, disinfectants, etc.), <i>pharmaceuticals</i>, and others, and may be infectious, toxic, and flammable. • This rapid assessment tool is a part of an overall strategy developed by WHO which aims at reducing the disease burden caused by poor health care waste management (HCWM) through the promotion of best practices and the development of safety standards. 	
2 Basic assumptions and objectives	
<ul style="list-style-type: none"> • The basic assumption is that it is possible - in a short period of time (10-15 days), by questioning main stakeholders and by selecting a number of health care facilities representative of the country - to gather the essential data necessary to have a sufficient understanding of the situation regarding HCWM at a national level. • By analysing the role of each stakeholder along the HCWM stream it should be possible to identify where problems remain and what simple, practical actions should be undertaken to solve them. • The aim of this tool is to gather sufficient relevant information so as to provide decision makers/experts, etc. with the necessary data to help them elaborate a national action plan. An example of such a plan can be found at the following address: www.healthcarewaste.org 	
3 Who can/should use this rapid assessment questionnaire ?	
<ul style="list-style-type: none"> • <i>Senior management personnel</i> (or other trained personnel) responsible for the design, implementation, evaluation and update of national policy and plans for health care waste management constitute the primary audience of this rapid assessment toolbox. Assistance from appropriate national or international persons or group should be sought before conducting the proposed assessment if senior management staff do not have the required expertise and experience. • <i>International experts</i> will find this simple toolbox useful when being asked for assistance to conduct assessments or evaluations of waste management systems in countries where poor health-care waste management is suspected. • <i>National policy makers</i> may find this rapid assessment tool useful to better understand data for decision-making requirements in safe and appropriate waste management. 	
4 How to use this rapid assessment questionnaire ?	
<ul style="list-style-type: none"> • Assessment of health care waste management practices should follow 4 steps to ensure that the procedure will be useful, feasible, ethical and accurate. <ol style="list-style-type: none"> 1) <i>Engaging all relevant stakeholders</i> by using tools A, B 1-2, C, D 1-4. 2) <i>Describing the situation</i> by using tool E. 3) <i>Gathering credible evidence</i> of defined quality and quantity by filling in as precisely and completely as possible all questions in each tool. 4) <i>Justifying conclusions</i> in your final report by giving access to readers of field data collected with each tool. • To ensure that information collection is a process conducted and analysed appropriately, this toolbox has been organised in several parts which follow a logical and chronological frame which you are invited to follow. This frame goes from <i>national</i> (organisations, ministries...) to <i>local</i> (the health facilities) and from the <i>start</i> of the HCWM stream (waste generation) to the <i>end</i> (final disposal). • It is recommended that you start by going through each tool to make sure you understand the questions. Data collected should be as complete, short and precise as possible. It can be of several types: [C] multiple choice; [N] numerical (quantitative); [Q] qualitative (ranking from 1-5); Boolean [B] (yes/no) or [T] text. 	

5 Description of the tools	
<ul style="list-style-type: none"> The tools are all structured in the same way and the numbering of topics and questions are made in such a way that data can be easily retrieved and analysed. Each tool is described shortly below with its' <i>main stakeholder</i> and the kind of information which it is hoped they can provide you. 	
<p>A <i>Associations, NGOs, Universities</i>: these actors can provide interesting elements which can help you complete your understanding of how the system works linked to their practice of how HCWM is practised in places they have visited/worked in.</p> <p>B <i>Ministries (Health, Environment, Education)</i>: these key interlocutors should assist you and provide you with a complete picture of how the system (should) function on both a practical, technical, financial and legislative level.</p> <p>C <i>Municipal/local political authorities</i>: confronted on a daily basis with general waste management issues, they can provide good information about waste collection, transport and final disposal as well as eventual recycling habits, etc.</p>	
<p>D1 <i>Hospital managers</i>: often caught between several "conflicting" requests (national legislation / limited financial means at their disposal...), they are in a good position to give you an overall view of how the HCF functions and how HCWM is dealt with.</p> <p>D2 <i>Head nurse</i>: she will be in the best position to give information regarding waste generation and segregation.</p> <p>D3 <i>Person responsible for HCWM</i>: this person will be the best source of information regarding HCW collection, transport, treatment and final disposal.</p> <p>D4 <i>Person handling HCW</i>: these people will provide interesting information on actual practices regarding HCW collection, transport; treatment and final disposal (if done on-site).</p> <p>E <i>Personal observations</i>: so as to be able to cross-check information given by all health care facility personnel, your own observations and comments are necessary.</p> <p>F <i>Rating system</i>: this last tool is made to help you rate the HCWM situation by topic.</p>	
6 Identifying & engaging relevant stakeholders	
<ul style="list-style-type: none"> Most problems stem from and solutions are found at a human level. It is therefore essential to identify all relevant stakeholders, consult them and engage them by convincing them of the importance/interest of having a simple and efficient HCWM system. The existing tools deal with the major stakeholders. Nevertheless it may be possible that, for example other important injection providers outside health care establishments should be included in the analysis, etc. In such cases, we recommend you use the listing of all questions and choose those you believe are the most relevant. In certain (especially small) facilities, you may find out that the same person will have to be interviewed for several tools ! 	
7 Selection of health care facilities	
<ul style="list-style-type: none"> So as to be able to extrapolate collected data, a sufficient number of health care facilities representative of the country must be visited. To keep things simple, choose between one and two health care facilities per size and category of structure (private, public, religious), type of area (urban, peri-urban, rural) and by distinct ethnical and/or geographical area (topographic or climatic zone). This should normally lead you to visit between 6 and 12 health establishments. Specialised health care facilities such as psychiatric, geriatric institutes, etc. are not considered as important HCW producers and are therefore left out of this study. 	
8 Information & Contacts	
<ul style="list-style-type: none"> To comment on this tool, please contact WHO: hcwaste@who.int Potential partners with international or regional outreach who are interested in advancing the agenda of safe HCWM and wish to cooperate in the further development and implementation of activities can contact WHO [E-mail: hcwaste@who.int]. Visit our web site www.healthcarewaste.org or www.who.int/peh for additional information 	

Health care waste management • Rapid assessment tool				
weeks	time needed	action	done	rema
Before	count about 15-20 hours in total	<i>The success of your field assessment will depend greatly on how well it has been prepared beforehand. Having all meetings with key interlocutors agreed upon and authorisations from the ministry of Health provided or promised in a written form of time... and energy. The following points are not exhaustive, but give most of the main points.</i>		
8	3 hours	Go through the entire Rapid assessment tool (RAT) to make sure both its structure and content are clear for you.		If you hesitate
8 - 7	6 x 30 min.	Get in touch with the Ministry of Health (if not already done), so check when is the most appropriate period to perform the field assessment. Ask for their support in the preparation of this assessment: can they suggest a list of HCF (health care facilities) that you could visit...		
7	2 - 5 hours	Try and find a local counterpart both for the organisation of the logistics (driver, hotel, etc), assistance during the mission and follow up once it is finished (there are always some bits of information one would need and can only get if someone is on the spot.		
7	2 hours	Once you have a fair amount of information about where you will be going, try to make up a realistic plan according to distances to be driven, road status, size of HCF to be visited, etc.		
6	2 hours	Make a list of all the key interlocutors you should/must meet. Enter their coordinates in the contact sheet so as to have it at all times with you.		
6	2 hours	Request from the Ministry of Health that they provide you with a document giving you full access to all documentation you may need.		
1	1 hour	According to the number of HCFs you intend to visit, make the corresponding number of paper copies of the tools you will need (D1-D4), unless you are sure to be able to make photocopies on site.		
During	1-2 hours per day to sum up and prepare the next	<i>The success of your field assessment will depend greatly on how well it has been prepared. Having all logistical aspects agreed upon and authorisations from the ministry of Health will save you lots of time... and energy.</i>		
		At the end of each day, make a summary of the day and check your field notes. Prepare the plan of the next day according to data collected, planned meetings...		
		Confirm the meetings for the next day		
		Enter data collected on your computer on a daily basis. Sending this information on regularly by e-mail ensures data to be stored in an other place than your computer only (for security reasons).		
		2 days before the end of your field mission, go through the entire documentation you have managed to collect. Think about any information you believe would be important to have and try and get hold of it while you are in the country.		
After	count about 2-3 weeks of full time work	<i>The quality of your report and proposals depends on both the quality and amount of representative data you managed to collect as well as the possibility to get, via a local counter part, any further data needed.</i>		
1		Go through the entire documentation.		
1 - 2		Write the report. An example of such a report can be found at: www.healthcarewaste.org or www.who.int/peh under healthcare waste		
		Envisage organising a workshop 3-6 months after your field assessment so as to implement it. People convened to this reunion are both local (Ministry of Health + Environment; resp. of medical staff training; representatives of the medical staff...) and foreign (potential donors, cooperation agencies already working in the country...)		

Field assessment planning											(name of mission) • (year)	
Days		Participants										
n°	Date	xx	xx	xx	xx	xx	Locality	Objectives	h	Interlocutors	Remarks	
1								Final preparations & contacts				
								Announce the beginning of the mission and receive all necessary authorisations & documentation		Ministry of Health		
2								Collect general information about who deals with what i.e. try and find out who are the most relevant/important actors		Ministry of Environment		
								who can help you advance your agenda on HCWM.		Other official meetings		
3								Gather "independent" information about the country's practices. The aim is to start collecting HCF data with a good background of how the system works.		meeting with assoc. or NGO representatives		
								Visit of first health care facility				
4												
								Visit of health care facility				
5												
								Visit of health care facility				
6												
								Visit of health care facility				
7												

Field assessment planning											(name of mission) • (year)	
Days		Participants										
n°	Date	xx	xx	xx	xx	xx	Locality	Objectives	h	Interlocutors	Remarks	
8												
9								Visit of health care facility				
10								Visit of health care facility				
11								Visit of health care facility				
12								Visit of health care facility				
13								Visit of health care facility				
								Collection of eventual missing information				
14								Feedback on how the mission went to Ministry of Health + eventual request for assistance in gathering some more information		Ministry of Health		

Participants: xx (first letter of first and last name of participant); ...

Contacts (name												
n°	When		send report	person			Institution				tel	fax
	field	wshop		Title	Last name	First name	Name	Street	Zip	Locality		
1	x	x	x				Ministry of Health					
2	x	x	x				Ministry of Environment					
3												
4												
5												
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Health-care waste management • Rapid assessment tool

Glossary and abbreviations

n°	Term	Definition & [includes]
1	Anatomic waste	Consists of recognizable body parts.
2	Auto-disable Syringe	A specially modified disposable syringe with a fixed needle which is automatically disabled by plunger blocking after use.
3	Bloodborne pathogens	Infectious agents transmitted through exposure to blood or blood products.
4	Burden of disease	The health and socio-economic cost of a given medical condition on a society.
5	Chemical waste	Consists of/ or containing chemical substances. [Includes: laboratory chemicals; film developer; disinfectants expired or no longer needed; solvents, cleaning agents etc.]
6	Colour coding	Designates the use of different colours for the storage of various categories of HCW.
7	Container	Vessel in which waste is placed for handling, transportation, storage and/or eventual disposal. The waste container is the waste package.
8	Cytotoxic waste	Drugs possessing a specific destructive action on certain cells.
9	Disinfectant	Chemical agent that is able to reduce the viability of microorganisms.
10	Disposable syringe	An all-plastic syringe designed for a single use, with a separate, steel needle. Because there is no mechanism to prevent reuse, the syringe may be used more than once.
11	Disposal	Intentional burial, deposit, discharge, dumping, placing or release of any waste material into or on any air, land or water.
12	Handling	The functions associated with the movement of waste materials.
13	Health-care wastes with high content of heavy metals	Consists of materials and equipment which include heavy metals and derivatives in their structure. [Includes: batteries; broken thermometers; manometers].
14	Hepatitis B	Hepatitis caused by a virus and transmitted by exposure to blood or blood products or during sexual intercourse. It causes chronic hepatitis. Chronic hepatitis B can cause liver disease, cirrhosis, and liver cancer.
15	Hepatitis C	Hepatitis caused by a virus and transmitted by exposure to blood or blood products. Hepatitis C is usually chronic and can cause primary liver cancer.
16	HIV / AIDS	Human Immunodeficiency Virus, a virus transmitted through exposure to blood or blood products or during sexual intercourse. It causes the Acquired Immunodeficiency Syndrome (AIDS).
17	Incineration	The controlled burning of solid, liquid or gaseous wastes to produce gases and residues containing little or no combustible material.
18	Infection control	The activities aiming at the prevention of the spread of pathogens between patients, from healthcare workers to patients, and from patients to healthcare workers in the healthcare setting.
19	Infectious health-care waste	Discarded materials from health-care activities on humans or animals which have the potential of transmitting infection. These include discarded materials or equipment from the diagnosis, treatment and prevention of disease, assessment and identification purposes, that have been in contact with blood and its derivatives, tissues, tissue fluids, or wastes from laboratories. [Includes: cultures and stocks; tissues; dressings, swabs or other items soaked with blood; blood bags. Sharps, needles, scalpels, etc.]
20	Open dump	Characterized by the uncontrolled and scattered deposit of wastes.
21	Pharmaceutical waste	Consisting of/ or containing pharmaceuticals. [Includes: pharmaceuticals expired, no longer needed; their containers, items contaminated by or containing pharmaceuticals]
22	Pathogen	A microorganism capable of causing disease.

n°	Term	Definition & [includes]
23	Pressurized containers	Consists of containers (full or empty) with pressurized liquid, gas or powdered materials. [Includes: gas cylinders and cartridges; aerosol cans].
24	Radioactive health-care waste	Consisting of/or containing radioactive substances. [Includes: unused liquids from radiotherapy or laboratory research; contaminated glassware, packages or absorbent & excreta from patients treated or tested with unsealed radionuclides; sealed sources].
25	Recycling	A term embracing the recovery and reuse of scrap or waste material for manufacturing or other purposes.
26	Risk	Probability that a hazard will cause harm and the severity of that harm.
27	Safe injection	An injection that does not harm recipients neither exposes health workers to risks or results in waste that puts commu
28	Safety (sharps) box	A puncture proof/liquid proof container designed to hold used sharps safely during disposal and destruction.
29	Safety syringe	Modified, disposable plastic syringe designed for the HC worker to disable it in a way that the needle is protected & ca
30	Sanitary landfill	Characterized by the controlled and organized deposit of wastes which is then covered regularly (daily) by the staff pr Appropriate engineering preparations of the site and a favorable geological setting (providing an isolation of wastes fr
31	Segregation	The systematic separation of waste into designated categories.
32	Sharps	Sharps are a subcategory of infectious health care waste and include objects that are sharp and can cause injuries. [Includes: syringe needles, scalpels, infusion sets, knives, blades, broken glass].
33	Sterilisable syringe	Either all plastic or all glass syringe with steel needle. This type of syringe is designed for re-use after proper cleaning steam sterilizer or autoclave.
34	Storage	The placement of waste in a suitable location where isolation, environmental and health protection and human contro control, limitation of access) are provided. This is done with the intention that the waste will be subsequently retrieved conditioning and/or disposal (or clearance of radioactive waste).
35	Treatment	Any method, technique or process for altering the biological, chemical or physical characteristics or waste to reduce tl and facilitate, or reduce the costs of, disposal. The basic treatment objective include volume reduction, disinfection, n change of composition to reduce hazards, including removal or radionuclides from radioactive waste.
36	Waste management	All the activities - administrative and operational - involved in the handling, treatment, conditioning, storage, transport

Abbreviations

n°	abbreviation	definition
1	HCW	Health-care waste
2	HCWM	Health-care waste management
3	HCF	Health care facility
4	=	only necessary to ask question when HCW is segregated
5	<>	only necessary to ask question when HCW in taken off-site

Health-care waste management • Rapid assessment tool				(country)
Tool	B-1	Interview	person in charge of Ministry of Health	duration: 1h00
Ministry:		Department:		Address:
Name of interviewee:		Function:		Tel. n°:
Assessment made by:		Date of assessment:		

c	n°	topic	question	type	data	comments / multiple choice
1 geographical situation & population						
	104	population	could I get detailed demographic data of the country ?	B		
2 health care facility (HCF)						
	202	HCFs	could I obtain a list of all HCFs in the country ?	B		if possible by category & type (Nbr. of beds), by locality / district
3 staff						
	300	medical staff training	is training of med. staff available regarding HCWM ?	B		
	306	medical staff numbers	could I have a break down of the medical staff ?	B		
4 HCW generation						
	400	quantities of HCW produced	do you have any figures at the national/local level ?	B		
6 HCW storage containers						
=	603	colour coding	do you have a specific colour coding system ?	B		
<> 9 HCW off-site transport						
<>	900	transport services	are there any control measures ?	B		[0] none; [1] transport form; [2] other (specify)
<>	901	type of transport	who generally transports the HCW ?	C		[1] the HCF; [2] municipal service; [3] private company (name ?)
11 HCW final disposal						
			<i>ask to be allowed to take photos of the place !</i>			
	1101	type of disposal site	which kind of disposal site is used for the HCW ?	C		[1] open dump; [2] sanitary landfill; [3] small burial pit; [4] other
12 HCWM regulations (code of conduct; management plan, policy...)						
	1201	national HCWM regulations	can we have copies of existing (draft) documents ?	B		
	1202	national HCWM regulations	does their application cause any problems ?	T		
13 policy and budget						
	1300	health system	could you outline how it is organised ?	T		try to obtain a flowchart of the health system + responsibilities...
	1301	budget allocation for HCWM	do you think sufficient funds are allocated to HCWM ?	B		
	1302	budget allocation for HCWM	which % of the national health budget do you allocate ?	N		if there is no specific budget allocation, put 0.
	1304	purchase practises	is there a national policy for items used in HCWM ?	B		
	1305	relations with other ministries	with which ministry(ies) do you work on HCWM ?	T		
	1306	cooperation with agencies	with which bi(multi)lateral agencies do you cooperate ?	T		
	1308	annual report of activities	could I obtain a copy of your annual report(s) ?	B		try to obtain copies of the last 2-3 years

Explanations	Legend for [Q]
<ul style="list-style-type: none"> • Type: data is either <i>quantitative</i> [N] (enter a number or percentage); <i>qualitative</i> [Q] (see legend); <i>Boolean</i> [B] (yes/no); <i>multiple choice</i> [C] (write down one or several numbers which correspond to the answer) or <i>text</i> [T] (write essential relevant points told to you by the interviewee). 	excellent (high) = 5
<ul style="list-style-type: none"> • All the information noted down corresponds to what the interviewee tells you. Your personal comments are to be put separately in the box below ! 	good = 4
<ul style="list-style-type: none"> • Comments: enter any relevant comments made by the interviewee which can help better understand the problematic. 	satisfactory = 3
<ul style="list-style-type: none"> • Never leave a field empty ! If something doesn't exist or is not applicable, put a "0" (zero); if the interviewee doesn't know, put a "?". 	insufficient = 2
<ul style="list-style-type: none"> • c (code): questions only necessary to ask when: HCW is segregated (=); when HCW in taken off-site (↔). 	bad (low) = 1
	non-existent = 0

Health-care waste management • Rapid assessment tool			
Tool	B-2 (optional)	Interview	person in charge of Ministry of Environment
Ministry:		Department:	Address:
Name of interviewee:		Function:	Telephone:
Assessment made by:			Date of assessment:

c	n°	topic	question	type	data	comments / multiple choice
		4 HCW generation				
	400	quantities of HCW produced	do you have any figures at the national/local level ?	B		
		10 HCW treatment	<i>ask to be allowed to take photos of the system !</i>			
	1007	domestic waste	how is it generally treated ?	T		
		11 HCW final disposal	<i>ask to be allowed to take photos of the place !</i>			
	1103	domestic waste	where is it disposed of ?	T		
		12 HCWM regulations (code of conduct; management plan, policy...)				
	1200	hazardous waste regulations	can we have copies of existing (draft) doc. ?	B		
		13 policy and budget				
	1305	relations with other ministries	with which ministry(ies) do you work on HCWM ?	T		
	1306	cooperation with agencies	with which bi(multi)lateral agencies do you cooperate ?	T		
	1308	annual report of activities	could I obtain a copy of your annual report(s) ?	B		try to obtain copies of the last 2-3 years

Explanations
<ul style="list-style-type: none"> • Type: data is either <i>quantitative</i> [N] (enter a number or percentage); <i>qualitative</i> [Q] (see legend); <i>Boolean</i> [B] (yes/no); <i>multiple choice</i> [C] (write down one or several numbers which correspond to the answer) or <i>text</i> [T] (write essential relevant points told to you by the interviewee). • All the information noted down corresponds to what the interviewee tells you. Your personal comments are to be put separately in the box below ! • Comments: enter any relevant comments made by the interviewee which can help better understand the problematic. • Never leave a field empty ! If something doesn't exist or is not applicable, put a "0" (zero); if the interviewee doesn't know, put a "?". • c (code): questions only necessary to ask when: HCW is segregated (=); when HCW is taken off-site (<>).

Personal comments/remarks of the interviewer

Health-care waste management • Rapid assessment tool				(country)
Tool	D-1	Interview	Manager or deputy of health care facility	Duration: 30"
Health care facility:		Address:		District:
Name of interviewee:		Function:		Tel. n°:
Assessment made by:			Date of assessment:	

c	n°	topic	question	type	data	comments / multiple choice
2 health care facility (HCF)						
	200	HCF	which category is it ?	C		[1] ambulant service; [2] (sub-)district hospital; [3] large hospital
	201	HCF	which type is it ?	C		[1] public; [2] private
	203	services	which services do you have in your HCF	C		[1] medicine; [2] gynaecology; [3] surgery; [4] children services [5] emergencies; [6] radiology; [7] laboratory; [8] other (specify)
	204	bed capacity	how many beds do you have in total ?	N		
3 staff						
	300	medical staff training	is training of med. staff available regarding HCWM ?	B		
	301	medical staff training	if yes, what kind of training is given ?	T		
	302	staff for HCWM	who is in charge of HCWM in your facility ?	T		
	303	training of responsible of HCWM	what kind of training has this person followed ?	T		
	306	medical staff numbers	could I have a break down of the medical staff ?	B		
<> 9 HCW off-site transport						
<>	900	transport services	are there any control measures ?	B		[0] none; [1] transport form; [2] other (specify)
<>	901	type of transport	who does generally transport the HCW ?	C		[1] the HCF; [2] municipal service; [3] private company (name ?)
10 HCW treatment						
	1000	HCW treatment	ask to be allowed to take photos of the system ! is it treated on-site or off-site ?	C		[1] on-site; [2] off-site
<>	1001	off-site HCW treatment	who's in charge with the off-site treatment ?	T		
<>	1002	off-site HCW treatment	does this organisation offer satisfactory options ?	B		
12 HCWM regulations (code of conduct; management plan, policy...)						
	1203	HCF HCWM regulations	can we have copies of existing (in preparation) doc.	B		
13 policy and budget						
	1301	budget allocation for HCWM	do you think sufficient funds are allocated to HCWM	B		
	1303	budget allocation for HCWM	which % of the HCF budget do you allocate ?	N		
	1308	annual report of activities	could I obtain a copy of your annual report(s) ?	B		try to obtain copies of the last 2-3 years

Health-care waste management • Rapid assessment tool			(country)
Tool D-2	Interview	Head nurse	Duration: 20"
Health care facility:		Address:	District:
Name of interviewee:		Function:	Tel. n°:
Assessment made by:		Date of assessment:	

c	n°	topic	question	type	data	comments / multiple choice
2 health care facility (HCF)						
	205	occupancy	how many beds are currently occupied ?	N		
	206	occupancy	what is the average bed occupancy ?	N		
	207	outpatients	how many outpatients come each day on average	N		
3 staff						
	305	hepatitis B and tetanus	do you vaccinate your personnel against them ?	B		
4 HCW generation						
	408	number of injections performed	how many are done in average per day ?	N		
5 HCW segregation & handling						
	500	segregation categories	into which categories are HCW separated ?	C		[0] no segregation; [1] sharps; [2] infectious (non-sharp) waste; [3] anatomic waste; [4] pharmaceutical waste; [5] chemicals (liquid and solid); [7] radioactive waste; [8] other (specify)
	501	needle stick injuries	how many cases reported in the past 12 months ?	N		
	502	needle stick injuries	if yes, what measures do you take when it happens	T		
	503	needle handling	if needles are taken off syringes, where do they go	T		
	504	type of syringes used	what type of syringes do you use ?	C		[1] disposable; [2] sterilisable; [3] auto-disable; [4] safety syringe
6 HCW storage containers						
	600	infectious waste containers	what kind of containers do you use ?	C		[0] no specific container; [1] plastic; [2] metallic; [3] cardboard; [4] bag; [5] box; [6] other
=	601	sharp containers	what kind of containers do you use ?	C		[0] no specific container; [1] puncture-proof; [2] not puncture-proof [3] single use; [4] multiple use
=	602	shortage of sharps containers	for what reasons are there shortages, if any ?	C		[0] no shortages; [1] budget; [2] logistical; [3] other (specify)
=	603	colour coding	do you have a specific colour coding system ?	B		
12 HCWM regulations (code of conduct; management plan, policy...)						
	1204	HCF HCWM regulations	are there displayed written instructions ?	B		

Cell: F17

Comment: [0] no segregation
[1] sharps
[2] infectious (non-sharp) waste
[3] anatomic waste
[4] pharmaceutical waste
[5] chemicals (liquid and solid)
[7] radioactive waste
[8] other (specify)

Cell: F21

Comment: [1] disposable
[2] sterilisable
[3] auto-disable
[4] safety syringes

Cell: F23

Comment: [0] no specific container
[1] plastic
[2] metallic
[3] cardboard
[4] bag
[5] box
[6] other (specify)

Cell: F24

Comment: [0] no specific container
[1] puncture-proof
[2] not puncture-proof
[3] single use
[4] multiple use

Cell: F25

Comment: [0] no shortages
[1] budget
[2] logistical
[3] other (specify)

Cell: F26

Comment: if yes, note which colours are used for each waste category.

Health-care waste management • Rapid assessment tool

Tool	D-3	Interview	Person responsible for HCWM
Health care facility:		Address:	
Name of interviewee:		Function:	
Assessment made by:		Date of assessm	

c	n°	topic	question	type	data	comments / multiple choice
		3 staff				
	304	staff for HCW awareness	awareness of risks of person(s) handling HCW ?	Q		
		4 HCW generation				
	401	domestic waste	quantity produced/day (estimated, in kg or litres)	N		
=	402	sharp	quantity prod/day (in kg or number of sharps boxes)	N		
=	403	infectious (non-sharp) waste	quantity produced/day (estimated, in kg or litres)	N		
	404	anatomic waste	quantity produced/day (estimated, in kg or litres)	N		
=	405	pharmaceutical waste	quantity produced/day (estimated, in kg or litres)	N		
=	406	chemicals (liquid and solid)	quantity produced/day (estimated, in litres)	N		
	407	radioactive waste	quantity produced/day (estimated, in kg or litres)	N		
		5 HCW segregation & handling				
	505	protective equipment	which equipment the staff handling waste has ?	C		[0] none; [1] gloves; [2] boots; [3] ap
		7 HCW storage area	<i>ask to be allowed to take photos of the place !</i>			
	700	storage area	do you have a specific area for HCW ?	B		
	701	storage area access	is the area secured ?	B		
	702	storage area organisation	are waste stored according to specific rules ?	B		
		8 HCW collection & on-site transport				
	800	HCW on-site transport	what kind of means do you use ?	C		[1] open device; [2] closed device; [3]
	802	injuries/accidents	any reported cases in the past 12 months ?	B		
		10 HCW treatment	<i>ask to be allowed to take photos of the system !</i>			
	1003	type of HCW treatment system	which kind of system is used ?	C		[0] none; [1] open fire; [2] incinerator
	1004	capacity of HCW treatment syst.	what is the current capacity of the system(s) ?	N		in kg/day and how often treatment is
	1005	operation of HCW treatment syst.	any operation problems; if so for what reasons ?	C		[0] none; [1] money; [2] maintenanc
	1006	failure of HCW treatment system	what do you do when it doesn't function ?	T		
	1007	domestic waste	how is it generally treated ?	T		
=	1008	sharp	how are they treated ?	T		
=	1009	infectious (non-sharp) waste	how is it treated ?	T		

Health-care waste management • Rapid assessment tool

Tool E

Personal observations

Health care facility:

Address:

distr

Assessment made by:

date of assessment

c	n°	topic	question	type	data	comments / multiple choice
		1 geographical situation & population				
	100	area type	in which area is the facility located ?	C		[1] urban, [2] peri-urban, [3] rural
	101	area geography	in which area is the facility located ?	T		climatic, topographical specifications
	102	cultural practices	are there any that must be taken into consideration	T		
		6 HCW storage containers				
		7 HCW storage area				
			<i>ask to be allowed to take photos of the place !</i>			
		8 HCW collection & on-site transport				
		10 HCW treatment				
			<i>ask to be allowed to take photos of the system !</i>			
<>	1002	off-site HCW treatment	does this organisation offer satisfactory options ?	B		
		11 HCW final disposal				
			<i>ask to be allowed to take photos of the place !</i>			
	1102	protection of disposal site	is the area secured ?	B		
	1105	syringes present on site	is there evidence of partially treated syringes ?	B		
	1106	infectious waste present on site	is there evidence of partially treated inf. HCW ?	B		

Explanations

- **Type:** data is either *quantitative* [N] (enter a number or percentage); *qualitative* [Q] (see legend); *Boolean* [B] (yes/no); *multiple choice* [C] (write down one or several numbers which correspond to the answer) or *text* [T] (write essential relevant points told to you by the interviewee).
- All the information noted down corresponds to what the interviewee tells you. **Your personal comments** are to be put separately in the box below !
- **Comments:** enter any relevant comments made by the interviewee which can help better understand the problematic.
- **Never leave a field empty !** If something doesn't exist or is not applicable, put a "0" (zero); if the interviewee doesn't know, put a "?".
- **c (code):** questions only necessary to ask when: HCW is segregated (=); when HCW is taken off-site (<>).

Personal comments/remarks of the interviewer

Health-care waste management • Rapid assessment tool		(country)
Tool	F	Rating at national level
Rating made by:		date of rating:

Explanations
<ul style="list-style-type: none"> This rating system is here to give you a set of indicators of how good/bad is the situation regarding HCWM <i>per topic</i> (staff, HCW generation, segregation, etc.) for <i>health care facilities according to their size</i> (big, medium and small) as well as at <i>national level</i> (to be read in the last column "total"). The column "national level" is there to take into account what exists or doesn't exist in terms of technical support, monitoring capacities and regulatory framework at national level. For example, if there is no staff working specifically on HCWM issues at national level within the Ministry of Health or Environment, put a "1". Health care facilities are divided into three size categories (see question n° 200): large hospitals (big); (sub-)district hospitals (medium); ambulant services (small). For each question, add up per HCF category size the number of points you have "assessed" during your field visits and enter the figure in the appropriate column. The figures you will enter are then automatically summed (<i>total points</i>) and calculated according to the percentage of HCFs visited to give an equivalent number of points at national level (<i>national equivalent points</i>). The <i>national equivalent percentage</i> is calculated as follows: "national equivalent points" / (total number of HCFs for each size category * number of questions in the topic). This produces a result in percentage that can be read as follows: 0-10% (excellent situation); 11-30% (good situation); 31-60% (satisfactory situation); 61-80% (problematic situation); At the bottom of the page a summary per topic can be found. This evaluation is based on key issues that need to be fulfilled to ensure a safe management of HCW.

Data entry table					national level	HCFs visited			total
n°	topic	question	answer	point		big	medium	small	
0 HCFs general information									
	HCFs by category	number visited							0
	HCFs by category	total number in country	total						0
		percentage visited				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		percentage of total HCFs				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
3 awareness and training of staff									
302	staff for HCWM	who is in charge of HCWM in your facility ?	if nobody	1					0
303	training of responsible of HCWM	what kind of training has this person followed ?	if none	1					0
304	staff for HCW awareness	awareness of risks of person(s) handling HCW ?	if the value of Q ≤ 2	1					0
305	hepatitis B and tetanus	do you vaccinate your personnel against them ?	no	1					0
		total points			0	0	0	0	0
		national equivalent points			0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		national equivalent %				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
5 HCW segregation & handling									
500	segregation categories	into which categories is HCW separated ?	no segregation	1					0
505	protective equipment	which equipment does the staff handling waste have	if none	1					0
		total points				0	0	0	0
		national equivalent points				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		national equivalent %				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Data entry table					national level	HCFs visited			total
n°	topic	question	answer	point		big	medium	small	
6 HCW storage containers									
600	infectious waste containers	what kind of containers do you use ?	if no specific container	1					0
601	sharp containers	what kind of containers do you use ?	if no rigid container	1					0
602	shortage of sharps containers	for what reasons are there shortages, if any ?	if any shortages	1					0
			total points			0	0	0	0
			national equivalent points			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			national equivalent %			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
7 HCW storage area									
701	storage area access	is area secured (only accessible for authorised pers.)	no	1					0
			total points			0	0	0	0
			national equivalent points			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			national equivalent %			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
8 HCW collection & on-site transport									
801	HCW collection & on-site transpo	do you think current practices offer sufficient security	no	1					0
			total points		0	0	0	0	0
			national equivalent points		0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			national equivalent %			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Data entry table					national level	HCFs visited			total
n°	topic	question	answer	point		big	medium	small	
9 HCW off-site transport									
900	transport services	are there any control measures ?	no	1					0
			total points		0	0	0	0	0
			national equivalent points		0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			national equivalent %			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
10 HCW treatment									
1002	off-site HCW treatment	does this organisation offer satisfactory options ?	no	1					0
1008	sharps	how are they treated ?	if no treatment	1					0
1009	infectious (non-sharp) waste	how is it treated ?	if no treatment	1					0
1011	pharmaceutical waste	how is it treated ?	if no treatment	1					0
			total points			0	0	0	0
			national equivalent points			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			national equivalent %			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
11 HCW final disposal									
1101	type of disposal site	which kind of disposal site is used for the HCW ?	if [1]	1					0
1105	syringes present on site	is there evidence of partially treated syringes ?	yes	1					0
1106	infectious waste present on site	is there evidence of partially treated inf. HCW ?	yes	1					0
			total points			0	0	0	0
			national equivalent points			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			national equivalent %			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12 HCWM regulations (code of conduct; management plan, policy...)									
1201	national HCWM regulations	can we have copies of existing (draft) documents ?	no documents existing	1					0
1203	HCF HCWM regulations	can we have copies of existing (in preparation) doc.	no documents existing	1					0
1204	HCF HCWM regulations	are there displayed written instructions ?	no	1					0
			total points		0	0	0	0	0
			national equivalent points		0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			national equivalent %			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Data entry table					national level	HCFs visited			total
n°	topic	question	answer	point		big	medium	small	
13 policy and budget									
1301	budget allocation for HCWM	do you think sufficient funds are allocated to HCWM	no	1					0
			total points		0	0	0	0	0
			national equivalent points		0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			national equivalent %			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
14 sanitation & wastewater									
1401	use of toilets	do all patients use the toilets in the HCF ?	no	1					0
1402	sewer connection	where does the sewerage system lead to ?	if [2] or [3]	1					0
			total points			0	0	0	0
			national equivalent points			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			national equivalent %			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
overall situation at national level									
			total points		0	0	0	0	0
			national equivalent points		5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			national equivalent %		0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Data entry table					national level	HCFs visited			total
n°	topic	question	answer	point		big	medium	small	
Summary table									
n°	topic	level / category		situation	comments / suggestions				
3	staff (and training)	at national level		#DIV/0!					
		big = large hospitals		#DIV/0!					
		medium = (sub-)district hospitals		#DIV/0!					
		small = ambulant services		#DIV/0!					
5	HCW segregation & handling	at national level		#DIV/0!					
		big = large hospitals		#DIV/0!					
		medium = (sub-)district hospitals		#DIV/0!					
		small = ambulant services		#DIV/0!					
6	HCW storage containers	at national level		#DIV/0!					
		big = large hospitals		#DIV/0!					
		medium = (sub-)district hospitals		#DIV/0!					
		small = ambulant services		#DIV/0!					
7	HCW storage area	at national level		#DIV/0!					
		big = large hospitals		#DIV/0!					
		medium = (sub-)district hospitals		#DIV/0!					
		small = ambulant services		#DIV/0!					
8	HCW collect. & on-site transp.	at national level		#DIV/0!					
		big = large hospitals		#DIV/0!					
		medium = (sub-)district hospitals		#DIV/0!					
		small = ambulant services		#DIV/0!					
9	HCW off-site transport	at national level		#DIV/0!					
		big = large hospitals		#DIV/0!					
		medium = (sub-)district hospitals		#DIV/0!					
		small = ambulant services		#DIV/0!					

Data entry table				national level	HCFs visited			total
n°	topic	question	answer		point	big	medium	
10	HCW treatment	at national level	#DIV/0!					
		big = large hospitals	#DIV/0!					
		medium = (sub-)district hospitals	#DIV/0!					
		small = ambulant services	#DIV/0!					
11	HCW final disposal	at national level	#DIV/0!					
		big = large hospitals	#DIV/0!					
		medium = (sub-)district hospitals	#DIV/0!					
		small = ambulant services	#DIV/0!					
12	HCWM regulations (code of conduct; management plan, policy...)	at national level	#DIV/0!					
		big = large hospitals	#DIV/0!					
		medium = (sub-)district hospitals	#DIV/0!					
		small = ambulant services	#DIV/0!					
13	policy and budget	at national level	#DIV/0!					
		big = large hospitals	#DIV/0!					
		medium = (sub-)district hospitals	#DIV/0!					
		small = ambulant services	#DIV/0!					
14	sanitation & wastewater	at national level	#DIV/0!					
		big = large hospitals	#DIV/0!					
		medium = (sub-)district hospitals	#DIV/0!					
		small = ambulant services	#DIV/0!					
	overall situation at national level	at national level	#DIV/0!					
		big = large hospitals	#DIV/0!					
		medium = (sub-)district hospitals	#DIV/0!					
		small = ambulant services	#DIV/0!					
Personal comments/remarks of the interviewer								

Data entry table					national	HCFs visited			total
n°	topic	question	answer	point		big	medium	small	

Health care waste management • data collection		
Inventory of all questions		

c	n°	topic	question	type	data	comments / multiple choice
1 geographical situation & population						
	100	area type	in which area is the facility located ?	C		[1] urban, [2] peri-urban, [3] rural
	101	area geography	in which area is the facility located ?	T		climatic, topographical specifications if relevant
	102	cultural practices	are there any that must be taken in consideration?	T		
	103	population	how many people live in your locality ?	N		
	104	population	could I get detailed demographic data / country?	B		
2 health care facility (HCF)						
	200	HCF	which category is it (are they) ?	C		[1] ambulant service; [2] (sub-)district hospital;
	201	HCF	which type is it (are they) ?	C		[1] public; [2] private
	202	HCFs	could I obtain a list of all HCFs in the country ?	B		if possible by category & type (Nbr. bed), by lo
	203	services	which services do you have in your HCF	C		[1] medicine; [2] gynaecology; [3] surgery; [4] c [5] emergencies; [6] radiology; [7] laboratory; [i
	204	bed capacity	how many beds do you have in total ?	N		
	205	occupancy	how many beds are currently occupied ?	N		
	206	occupancy	what is the average bed occupancy ?	N		
	207	outpatients	how many outpatients come each day on average?	N		
3 staff						
	300	medical staff training	is training of med. staff available regarding HCWM ?	B		
	301	medical staff training	if yes, what kind of training is given ?	T		
	302	staff for HCWM	who is in charge of HCWM in your facility ?	T		
	303	training responsible of HCWM	what kind of training has this person followed ?	T		
	304	staff for HCW awareness	awareness of risks of person(s) handling HCW ?	Q		
	305	hepatitis B and tetanus	do you vaccinate your personnel against them ?	B		
	306	medical staff numbers	could I have a break down of the medical staff ?	B		
4 HCW generation						
	400	quantities of HCW produced	do you have any figures at the national/local level?	B		
	401	domestic waste	quantity produced/day (estimated, in kg or litres)	N		
=	402	sharp	quantity prod/day (in kg or nbr. of sharps boxes)	N		
=	403	infectious (non-sharp) waste	quantity produced/day (estimated, in kg or litres)	N		
	404	anatomic waste	quantity produced/day (estimated, in kg or litres)	N		
=	405	pharmaceutical waste	quantity produced/day (estimated, in kg)	N		
=	406	chemicals (liquid and solid)	quantity produced/day (estimated, in litres)	N		
	407	radioactive waste	quantity produced/day (estimated, in kg)	N		

c	n°	topic	question	type	data	comments / multiple choice
	408	number of injections performed	how many are done in average per day ?	N		
		5 HCW segregation & handling				
	500	segregation categories	into which categories are HCW separated ?	C		[0] no segregation; [1] sharps; [2] infectious (non-sharp) waste; [3] [4] pharmaceutical waste; [5] chemicals (liquid [7] radioactive waste; [8] other (specify)
	501	needle stick injuries	how many cases reported in the past 12 months ?	N		
	502	needle stick injuries	if yes, what measure do you take when it happens?	T		
	503	needle handling	if needles are taken off syringes, where do they go?	T		
	504	type of syringes used	what type of syringes do you use?	C		[1] disposable; [2] sterilisable; [3] auto-disable;
	505	protective equipment	which equipment does the staff handling waste has?	C		[0] none; [1] gloves; [2] boots; [3] apron; [4] tro
		6 HCW storage containers				
	600	infectious waste containers	what kind of specific containers do you use ?	C		[0] no specific container; [1] plastic; [2] metallic; [3] cardboard; [4] bag; [
=	601	sharp containers	what kind of specific containers do you use ?	C		[0] no specific container; [1] puncture-proof; [2] not puncture-proof [3] single use; [4] multiple use
=	602	shortage of sharps containers	for what reasons are there shortages, if any ?	C		[0] no shortages; [1] budget; [2] logistical; [3] o
=	603	colour coding	do you have a specific colour coding system ?	B		
		7 HCW storage area				
		<i>ask to be allowed to take photos of the place !</i>				
	700	storage area	do you have a specific area for HCW ?	B		
	701	storage area access	is the area only accessible for authorised pers.	B		
	702	storage area organisation	are waste stored according to specific rules ?	B		
		8 HCW collection & on-site transport				
	800	HCW on-site transport	what kind of means do you use ?	C		[1] open device; [2] closed device; [3] other (sp
	801	HCW collection & on-site trans.	do you think current practices offer enough security?	B		
	802	injuries/accidents	any reported cases in the past 12 months ?	B		
<>		9 HCW off-site transport				
<>	900	transport services	are there any control measures ?	B		[0] none; [1] transport form; [2] other (specify)
<>	901	type of transport	who generally transports the HCW ?	C		[1] the HCF; [2] municipal service; [3] private c
		10 HCW treatment				
		<i>ask to be allowed to take photos of the system !</i>				
	1000	HCW treatment	is it treated on-site or off-site ?	C		[1] on-site; [2] off-site
<>	1001	off-site HCW treatment	who's in charge with the off-site treatment ?	T		
<>	1002	off-site HCW treatment	does this organisation offer satisfactory options ?	B		
	1003	type of HCW treatment syst.	which kind of system is used ?	C		[0] none; [1] open fire; [2] incinerator; [3] chem
	1004	capacity of HCW treatment syst.	what is the current capacity of the system(s) ?	N		in kg/day
	1005	operation HCW treatment syst.	any operation problems; if so for what reasons ?	C		[0] none; [1] money; [2] maintenance; [3] spare
	1006	failure of HCW treatment syst.	what do you do when it doesn't function ?	T		

c	n°	topic	question	type	data	comments / multiple choice
	1007	domestic waste	how is it generally treated ?	T		
=	1008	sharp	how are they treated ?	T		
=	1009	infectious (non-sharp) waste	how is it treated ?	T		
=	1010	anatomic waste	how is it treated ?	T		
=	1011	pharmaceutical waste	how is it treated ?	T		
=	1012	chemicals (liquid and solid)	how are they treated ?	T		
	1013	waste recycling	can you list any HCW recycled (by whom & how)?	T		
	11 HCW final disposal		<i>ask to be allowed to take photos of the place !</i>			
	1100	HCW final disposal site	is it on or off-site ?	C		[1] on-site; [2] off-site
	1101	type of disposal site	which kind of disposal site is used for the HCW ?	C		[1] open dump; [2] sanitary landfill; [3] small bu
	1102	protection of disposal site	is the area secured ?	B		
	1103	domestic waste	where is it disposed off?	T		
=	1104	segregated HCW disposal	where are the different types of HCW disposed of ?	T		
	1105	syringes present on site	is there evidence of partially treated syringes ?	B		
	1106	infectious waste present on site	is there evidence of partially treated inf. HCW ?	B		
	12 HCWM regulations (code of conduct; management plan, policy...)					
	1200	hazardous waste regulations	can we have copies of existing (draft) documents?	B		
	1201	national HCWM regulations	can we have copies of existing (draft) documents?	B		
	1202	national HCWM regulations	does their application cause any problems ?	T		
	1203	HCF HCWM regulations	can we have copies of existing, in preparation doc.?	B		
	1204	HCF HCWM regulations	are there displayed written instructions ?	B		
	13 policy and budget					
	1300	health system	could you outline how it is organised ?	T		try to obtain a flowchart of the health system +
	1301	budget allocation for HCWM	do you think sufficient funds are allocated to HCWM?	B		
	1302	budget allocation for HCWM	which % of national health budget do you allocate?	N		if there is no specific budget allocation, put 0.
	1303	budget allocation for HCWM	which % of the HCF budget do you allocate ?	N		
	1304	purchase practises	is there a national policy for items used in HCWM ?	B		
	1305	relations with other ministries	with which ministry(ies) do you work on HCWM ?	T		
	1306	cooperation with agencies	with which bi(multi)lateral agency do you cooperate?	T		
	1307	hazardous waste management	which national agencies work on this topic ?	T		
	1308	annual report of activities	could I obtain a copy of your annual report(s) ?	B		try to obtain copies of the last 2-3 years
	14 sanitation & wastewater					
	1400	use of toilets	do all patients have access/use toilets in the HCF?	C		[0] no facility available; [1] yes; [2] no
	1401	WC connection	if it's a WC, to what is it connected ?	C		[1] sewer; [2] septic tank; [3] open water source
	1402	sewer connection	where does the sewerage system lead to ?	C		[1] wastewater treatment plant; [2] open water