Frequent and proper hand hygiene is one of the most important measures that can be used to prevent infection with the COVID-19 virus.

There are two main routes of transmission of the COVID-19 virus: respiratory and poor hygiene.

The COVID-19 virus has not been detected in drinking-water supplies, and based on current evidence, the risk to water supplies is low.

Currently, there is no evidence about the survival of the COVID-19 virus in drinking-water or sewage.

Conventional, centralized water treatment methods that use filtration and disinfection should inactivate the COVID-19 virus.

In South Asia, washing hands with soap and water receives too low a priority at home and in schools despite the availability of basic water services.

Availability of basic water services does not seem to be the limiting factor for having a hand washing facility with soap and water at home.

**SDG standards for basic WASH services at households, schools and health care facilities**

1. Improved water sources are those which by nature of their design and construction have the potential to deliver safe water. These include piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater and, packaged or delivered water.

2. Improved sanitation facilities are those designed to hygienically separate human excreta from human contact. These include flush and pour flush toilets connecting to sewers, septic tanks or pit latrines – and dry sanitation technologies – such as dry pit latrines with slabs, and composting toilets.

3. Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within 5 metres of toilets.

4. Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.

5. Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training.

**Source:** WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)
Almost two out of five people in South Asia do not have a handwashing facility with soap and water on premises.

776 million people in South Asia do not have basic handwashing facilities with soap and water at home.

There are large disparities in the availability of handwashing facilities at home between the poorest and richest in South Asia.

Handwashing facilities with soap and water are more prevalent in urban than in rural areas of South Asia.

Large disparities in basic hand washing facilities with soap and water within Pakistan and South Asia.

“We must work to prevent the spread of disease. Improved water, sanitation and hygiene in health facilities is critical to this effort.”

Remarks by the United National Secretary-General upon issuing a Global Call to Action for WASH in Health Facilities, March 2018.
Hand hygiene in health care facilities in the Maldives well adhered to despite lower access to basic water services

<table>
<thead>
<tr>
<th>Country</th>
<th>Afghanistan</th>
<th>Bangladesh</th>
<th>Nepal</th>
<th>Maldives</th>
<th>Sri Lanka</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of drinking water at school (%)</td>
<td>22</td>
<td>70</td>
<td>54</td>
<td>86</td>
<td>91</td>
</tr>
<tr>
<td>Availability of a handwashing station (%)</td>
<td>28</td>
<td>48</td>
<td>55</td>
<td>88</td>
<td>99</td>
</tr>
<tr>
<td>Availability of water and soap at handwashing station (%)</td>
<td>43</td>
<td>55</td>
<td>71</td>
<td>86</td>
<td>99</td>
</tr>
</tbody>
</table>

Source: Knowledge, Attitude and Practice (KAP) Study on handwashing among school children in Bhutan, Ministry of Education in collaboration with UNICEF Bhutan, 2018

Almost half of schools in Bangladesh and India don't have facilities for washing hands with soap and water present

<table>
<thead>
<tr>
<th>Country</th>
<th>Bangladesh</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary schools (%)</td>
<td>48</td>
<td>3</td>
</tr>
<tr>
<td>Secondary schools (%)</td>
<td>58</td>
<td>15</td>
</tr>
<tr>
<td>National average (%)</td>
<td>44</td>
<td>54</td>
</tr>
</tbody>
</table>

Coverage with hand hygiene facilities in schools, primary- and secondary schools in Bangladesh and India, 2016

Hand hygiene compliance in hospitals in Bangladesh (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Before clean/aseptic procedures</th>
<th>Before touching patients</th>
<th>After touching patients’ wounds</th>
<th>After touching patients’ surroundings</th>
<th>After bodily fluid exposure or using the toilet</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>91</td>
<td>89</td>
<td>71</td>
<td>21</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: Bangladesh National Hygiene Baseline Survey, 2014

Hand hygiene in health care facilities

<table>
<thead>
<tr>
<th>Country</th>
<th>National</th>
<th>Rural</th>
<th>Urban</th>
<th>Year</th>
<th>Primary</th>
<th>Secondary</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>2017</td>
<td>28</td>
<td>34</td>
<td>2016</td>
<td>-</td>
<td>-</td>
<td>2013</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2017</td>
<td>35</td>
<td>54</td>
<td>2016</td>
<td>44</td>
<td>11</td>
<td>2016</td>
</tr>
<tr>
<td>Nepal</td>
<td>2017</td>
<td>55</td>
<td>12</td>
<td>2016</td>
<td>70</td>
<td>15</td>
<td>2016</td>
</tr>
<tr>
<td>Maldives</td>
<td>2017</td>
<td>60</td>
<td>54</td>
<td>2016</td>
<td>54</td>
<td>15</td>
<td>2016</td>
</tr>
</tbody>
</table>

Sources: Population data on Hygiene: Progress on household drinking water, sanitation and hygiene 2000-2017; Special focus on inequalities, JMP, 2019; WASH in Schools data: Drinking Water, Sanitation and Hygiene in Schools - Global baseline report 2018, JMP, 2018; WASH in Health Care Facilities data: WASH in Health Care Facilities; global baseline report, JMP, 2019

**Hygiene Baselines pre-COVID-19**

Schools and Health Care Facilities

www.washdata.org

This Technical Brief supplements existing Infection, Prevention and Control (IPC) documents by referring to and summarizing WHO guidance on water, sanitation, and health care waste which is relevant for viruses (including coronaviruses).

UNICEF Hygiene Programming Guidance Note COVID-19 Emergency Response

This Note is intended for WASH and CDD officers working together on the COVID-19 outbreak preparedness and response. It provides guidance on which aspects to consider when planning and implementing a hygiene promotion campaign as part of a broader risk communication & community engagement strategy. The content is based on lessons learnt regarding gaps in hygiene promotion during past public health emergencies and general programming.


Check for new updates from: https://washdata.org-monitoring/hygiene

JMP Core Questions to Strengthen National Monitoring of SDG 6.1 and 6.2 on Water, Sanitation and Hygiene through Household Surveys and Censuses, Education Monitoring Information Systems (EMIS) and Health Management Information Systems (HMIS)

**JMP core questions on water, sanitation and hygiene for household surveys**

During the MDG period the JMP partnered with major international survey programmes to develop and standardize core questions and indicators for use in national household surveys and censuses which were the prime data sources for the JMP. Since publication of the JMP core questions in 2006, international survey programmes have aligned their questionnaires and the core questions have been used extensively in national surveys and censuses around the world, leading to increased harmonization of national WASH data. The indicators selected for monitoring the SDG WASH targets build on the established improved/unimproved facility type classification and introduce additional criteria, derived from the human rights to safe drinking water and sanitation, relating to the level of service provided. Since 2012, the JMP has been collaborating with the UNICEF Multiple Indicator Cluster Survey programme and other inter-national survey programmes to develop and test new questions that address the SDG criteria for service levels, including an innovative new module for water quality testing in household surveys.

**Harmonizing approaches to monitoring WASH in Schools**

International consultations between 2011 and 2013 identified schools as a priority setting for global WASH monitoring post-2015. A preliminary UNICEF review identified 149 countries with existing national data on WASH in primary schools but, found indicator definitions were often missing and varied widely between national data sources, limiting the potential for cross-country comparison. The WHO/UNICEF JMP subsequently convened a global task team of WASH and education experts to review global norms and standards and develop a harmonized set of core indicators and questions for monitoring basic drinking water, sanitation and hygiene services in schools. The official global indicator for SDG target 4.a refers to these harmonized definitions for WASH in schools (‘as per WASH definitions’) and the core questions and indicators are increasingly being incorporated into national Education Information Management Systems (EMIS) and major school surveys around the world. Continued collaboration between WASH and education stakeholders will be important to support the progressive standardization of data collection and analysis for national and global reporting of WASH in schools.

**Harmonizing approaches to monitoring WASH in Health Care Facilities**

The core indicators and questions in this guide were developed by the Global Task Team for Monitoring WASH in Health Care Facilities (HCF), convened by the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), and working under the auspices of the Global Action Plan on WASH in HCF. They are derived from current global normative documents, national standards and regulations, questions that have been used in facility assessment surveys and censuses, and the normative criteria of the human rights to water and sanitation: accessibility, availability, quality and acceptability.

National estimates can be derived from facility-based surveys that collect data via interviews and observations by trained enumerators, as well as routine administrative reporting systems filled out by health care workers and managers (e.g. Health Management Information Systems [HMIS]). The core questions are intended to be:

1. Applicable for use in different types of data collection mechanisms
2. Relevant in all countries and settings
3. Focused on the minimum criteria for provision of basic WASH services in HCF.

For countries where the minimum criteria for basic WASH services are not aspirational and monitoring systems have the capacity for additional questions, the core questions can be supplemented with additional questions from a list of possible topics provided in Annex A of the guide. This document:

- Describes why it is important to adopt a harmonized set of core questions for monitoring WASH in HCF;
- Presents core indicator definitions for “basic” WASH services in HCF and associated service ladders;
- Introduces core questions to support harmonized data collection to monitor WASH in HCF;
- Provides an example of incorporating the core questions in national questionnaires (e.g. HMIS);
- Presents examples of data analysis and tabulation to calculate coverage of “basic” WASH services in HCF; and
- Suggests topics that could be used in detailed assessments that go beyond the minimum set of basic service indicators.

Download these and other JMP reports from: www.washdata.org/reports