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.

We do not know how many health care facilities in the Middle East and North Africa region have functional handwashing facilities with soap and water or hand sanitizer.

In the Middle East and North Africa region, two out of ten households do not have a dedicated place for washing hands with soap and water on premises.

Almost half of the schools in the Middle East and North Africa region do not have hand-washing facilities with soap and water available to students.

In countries in the Middle East and North Africa, washing hands with soap and water on premises is not a priority at home and in schools despite the availability of basic water services.

Access to at least basic WASH services in the Middle East and North Africa, 2017 (households), 2016 (schools and health care facilities).

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.

Access to at least basic water services and hygiene services at home for countries in Middle East and North Africa, with available nationally representative data, 2017.

| SDG standards for basic WASH services at households, schools and health care facilities |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Water                                        | Sanitation                                    | Hygiene                                      | Waste Management                              | Environmental Cleaning                        |
| Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing | Use of improved facilities which are not shared with other households | Availability of a handwashing facility on premises with soap and water | Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely | Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training |
| Drinking water from an improved source is available at the school | Improved facilities, which are single-sex and usable at the school | Handwashing facilities at school, which have water and soap available | “SDG 6.1 and 6.2 on water, sanitation and hygiene call for the provision of WASH Services to Schools and Health Care Facilities” |
| Water is available from an improved source on the premises. | Improved sanitation facilities are usable with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility | 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 | | |

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 wet sanitation technologies – such as 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.

Over one in four people in the Middle East and North Africa do not have a handwashing facility with soap and water on premises

![Handwashing facilities with soap and water](image)

Middle East and North Africa, regional, urban and rural hygiene ladders, 2017

There are large disparities in the availability of handwashing facilities at home between the poorest and richest in the Middle East and North Africa

![Inequalities in the proportion of population with handwashing facilities with soap and water by wealth quintiles, countries in Middle East and North Africa, 2017 (%)](image)

There are large disparities in the availability of handwashing facilities at home between the poorest and richest in the Middle East and North Africa. Inequalities in the proportion of population with handwashing facilities with soap and water by wealth quintiles, countries in Middle East and North Africa, 2017 (%).

Handwashing facilities with soap and water are more prevalent in urban than in rural areas of the Middle East and North Africa

![Handwashing facilities with soap and water](image)

Handwashing facilities with soap and water are more prevalent in urban than in rural areas of the Middle East and North Africa. Inequalities in the proportion of population with handwashing facilities with soap and water by urban and rural areas, countries in Middle East and North Africa, 2017 (%).

Regularly washing hands with soap and water is a behaviour that is difficult to measure at the population level. Asking people if, or when, they WASH their hands usually does not result in reliable answers as most people will be over-reporting their own “good” behaviour. The presence in a household, school or health care facility of a dedicated place or facility for washing hands and the presence of soap and water at that facility, has shown to be a good predictor for people regularly washing their hands with soap and water. A global expert panel suggested that this indicator be used to estimate actual hand washing behavior among a population. This then became the indicator for the monitoring of the SDG hygiene targets.

For more information see: Practical Guide for Measuring Handwashing Behavior

Large disparities in basic hand washing facilities with soap and water within Iraq and the Middle East and North Africa Region

![Distribution of population without basic hygiene at the household, Middle East and North Africa countries, 2017](image)

Population with basic hygiene facilities disaggregated by UNICEF regions, countries and Iraq, provinces, urban-rural & wealth quintiles (%); Sources: JMP 2019 and Iraq MICS 2017

“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
Only 9 of 20 countries in the Middle East and North Africa have comprehensive data about hygiene facilities with soap and water in schools.

**Hygiene Baselines pre-COVID-19**

**Schools and Health Care Facilities**

**Coverage of hand hygiene facilities at points of care and toilets in health care facilities, Egypt, 2016**

Of all countries in the Middle East and North Africa region only Egypt has nationally representative data about handwashing facilities with soap and water at points of care and toilets in both hospitals and non-hospitals.

Why are there no regional averages for Middle East and North Africa for health care facilities?

In order to calculate regional estimates for proportion of health care facilities with basic hygiene, the JMP needs data that cover at least 30 per cent of the regional population. For the Middle East and North Africa region the JMP only holds comprehensive data on health care facilities from Egypt and some data from Djibouti, Lebanon, Kuwait and Tunisia. As a result the JMP is unable to calculate regional averages for basic hygiene services at health care facilities.

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### Hygiene Baselines pre-COVID-19

**Schools and Health Care Facilities**

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**Population data on Hygiene: Progress on household drinking water, sanitation and hygiene 2000-2017**

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**Source:** 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.
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.