Hygiene Baselines pre-COVID-19

www.washdata.org

WHO Regional Office for the Americas

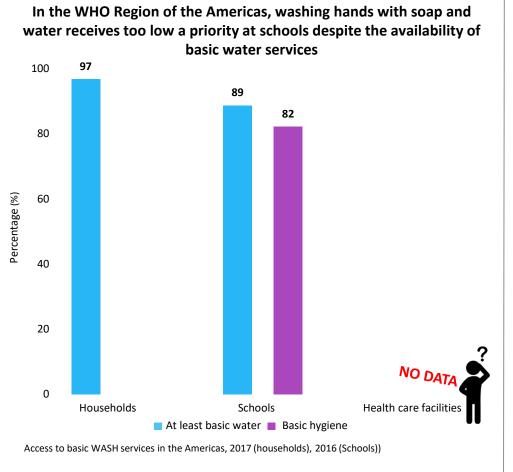
We do not know how many people in the WHO Region of the Americas do not have a handwashing facility with soap and water on premises

2 out of 10 schools in the WHO Region of the Americas do not have handwashing facilities with soap and water available to students

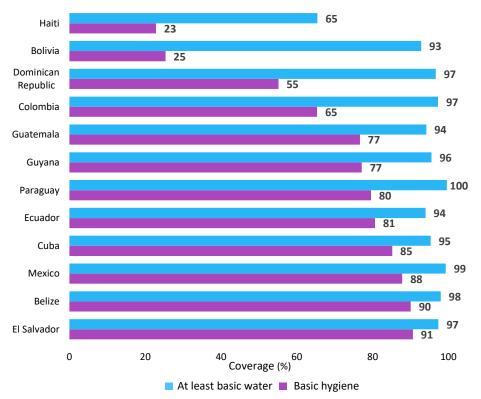
We do not know the proportion of health care facilities in the Americas that have functional hand hygiene facilities with soap and water or hand sanitizer

- 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

Source: Water, sanitation, hygiene, and waste management for the COVID-19 virus – Interim Guidance 23 April 2020, WHO and UNICEF



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 with available nationally representative data, the Americas, 2017.

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

	Water	Sanitation	Hygiene		Waste Management	Environmental Cleaning
Home	Drinking water from an improved source ¹ , provided collection time is not more than 30 minutes for a roundtrip including queuing	Use of improved facilities ² which are not shared with other households	Availability of a handwashing facility on premises with soap and water	"SDG 6.1 and 6.2 on water, sanitation an hygiene call for the provision of WASH		provision of WASH
Schools	Drinking water from an improved source is available at the school	Improved facilities, which are single-sex and usable at the school	ch are Handwashing facilities at school, Service			's and Health Care ities"
Health 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.	leas infe	ste is safely segregated into at t three bins, and sharps and ctious waste are treated and losed of safely	Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training

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.



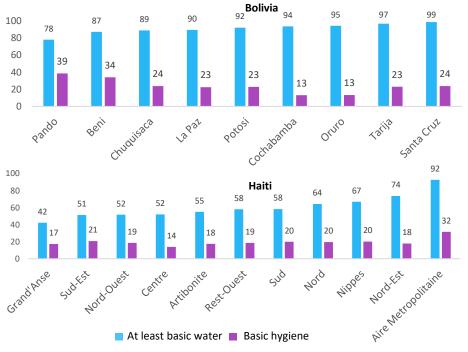
Source: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)





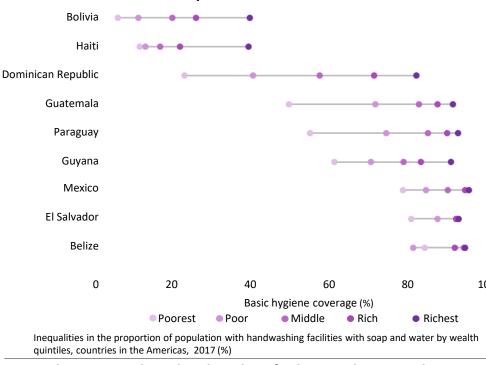
Hygiene Baselines pre-COVID-19 Household and population data

Use of handwashing facilities with soap and water at sub-national level doesn't seem dependent on availability of basic water services

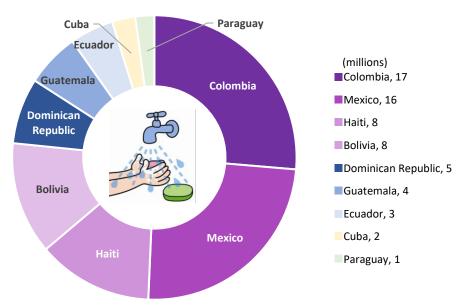


Basic water and basic sanitation at household level, sub-national regions of Bolivia and Haiti Source: Bolivia EDS 2016 and Haiti DHS 2017

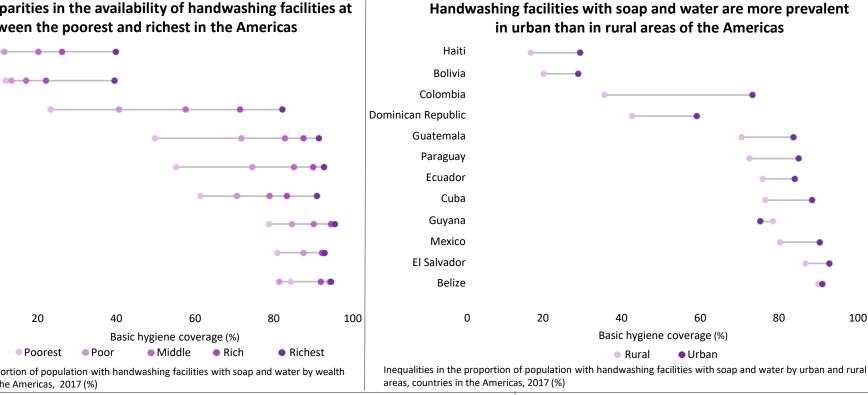
There are large disparities in the availability of handwashing facilities at home between the poorest and richest in the Americas

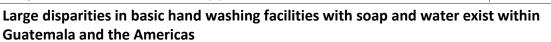


Millions of people in the WHO Region of the Americas are still without basic handwashing facilities with soap and water at home



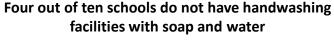
Distribution of population without basic hygiene at the household: countries in the Americas with available estimates and more than 1 million people without basic hygiene, 2017



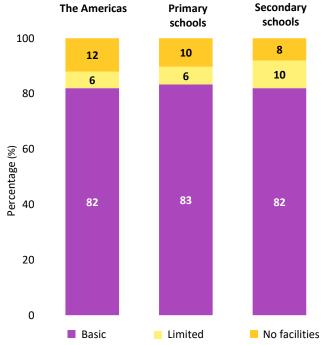




Population with basic hygiene facilities disaggregated by WHO regions, countries and Guatemala, provinces, urban-rural & wealth quintiles, (%); Sources: JMP 2019 and Guatemala DHS 2015



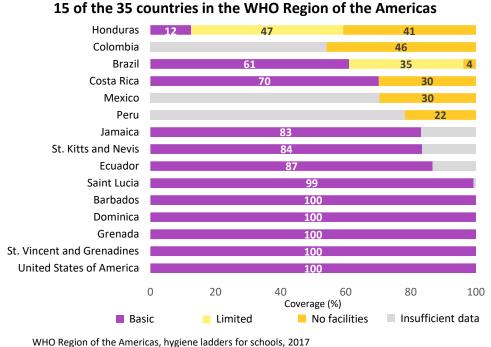
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The Americas, hygiene ladders, national, primary- and secondary schools 2017

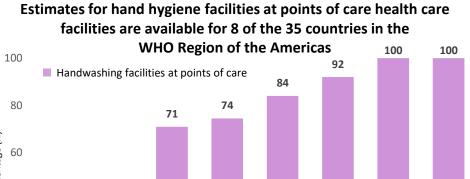
Hygiene Baselines pre-COVID-19 Schools and Health Care Facilities

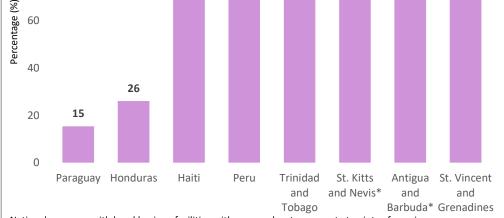
Estimates for hygiene facilities at schools are available for



MP

WHO UNICEF





National coverage with hand hygiene facilities with soap and water present at points of care in health care facilities, Countries in the WHO Region of the Americas, 2016 and * 2010

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 https://www.wsp.org/sites/wsp/files/publications/WSP-Practical-Guidance-Measuring-Handwashing-Behavior-2013-Update.pdf

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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

Resources

WHO/UNICEF Technical Brief: Water, Sanitation, Hygiene and Waste Management for COVID-19

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This Technical Brief This Technical Brief is supplements existing written in particular for Infection, Prevention and water and sanitation Control (IPC) documents practitioners and proby referring to and sumviders and is regularly marizing WHO guidance updated. on water, sanitation and health care waste which is relevant for viruses (including coronaviruses).

Check for new updates from:

https://www.who.int/publications-detail/water-sanitation-hygieneand-waste-management-for-the-covid-19-virus-interim-guidance

UNICEF Hygiene Programming Guidance Note COVID-19 Emergency Response

10 March 2020	canicost 400 The summer print
COVID-19 Emergency Response	
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Please refer to asperate documents for guiden	ce on Covid-19 IPC programming in activate and HCF
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This Note is intended for WASH and C4D 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.