

Only 24 percent of households in Eastern and Southern Africa have a dedicated place for washing hands with soap and water on premises

Only 20 percent of schools in Eastern and Southern Africa have hand-washing facilities with soap and water available to students

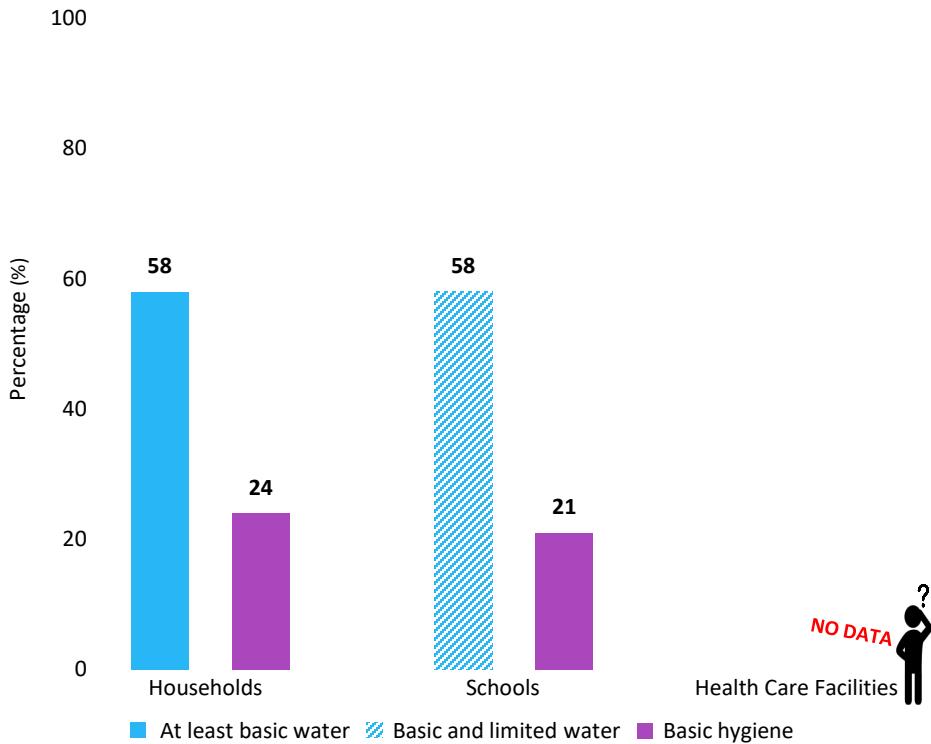
We do not know the proportion of health care facilities in Eastern and Southern Africa that have functional handwashing facilities with soap and water or hand sanitizer



- 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

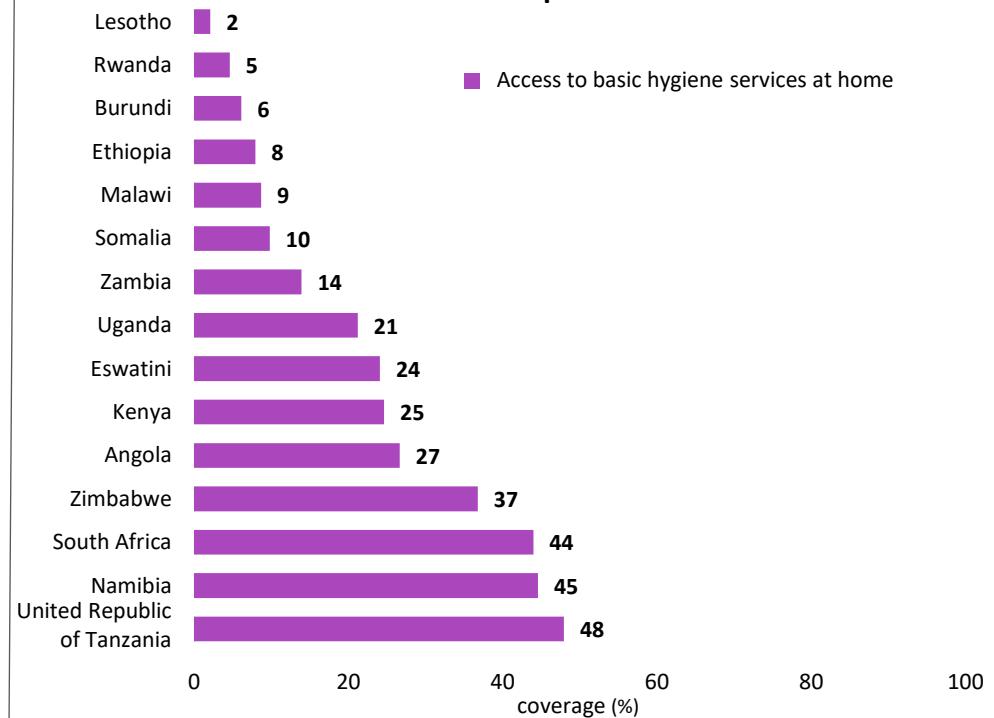
Source: *Water, sanitation, hygiene, and waste management for the COVID-19 virus – Interim Guidance 19 March 2020, WHO and UNICEF*

Washing hands with soap and water receives too low a priority at home and in schools despite the availability of basic water services



Access to basic water and hygiene services in Eastern and Southern Africa, 2017 (households), 2016 (Schools and Health Care Facilities)

Most countries in Eastern and Southern Africa have national data about the availability of handwashing facilities on premises with soap and water present



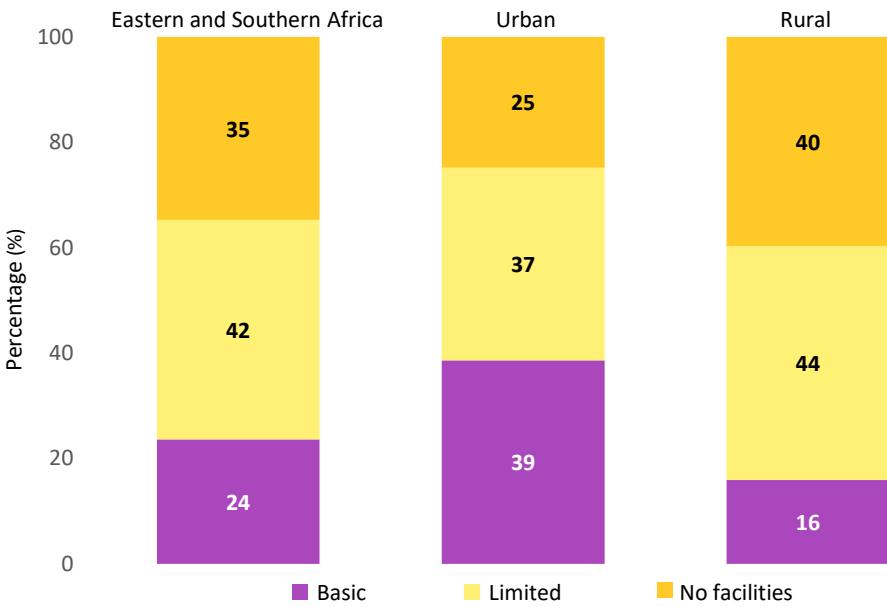
Access to basic hygiene services at household level for countries in Eastern and Southern Africa, 2017

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	<p><i>“SDG 6.1 and 6.2 on water, sanitation and hygiene call for the provision of WASH Services to Schools and Health Care Facilities”</i></p>	
Schools	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		
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.	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

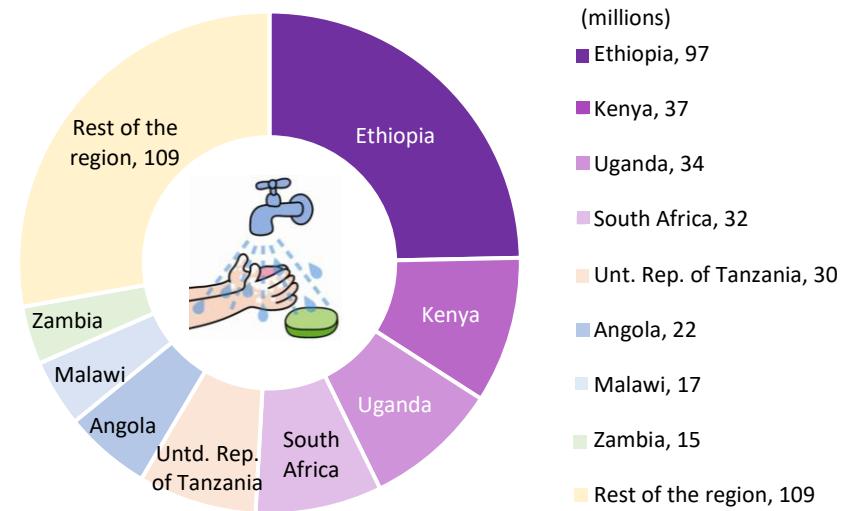
¹ Improved water sources are those which by nature of their design and construction have the potential to deliver safe water. These include piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater and, packaged or delivered water. ² Improved sanitation facilities are those 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.

Only a quarter of the people in Eastern and Southern Africa have a handwashing facility with soap and water on premises



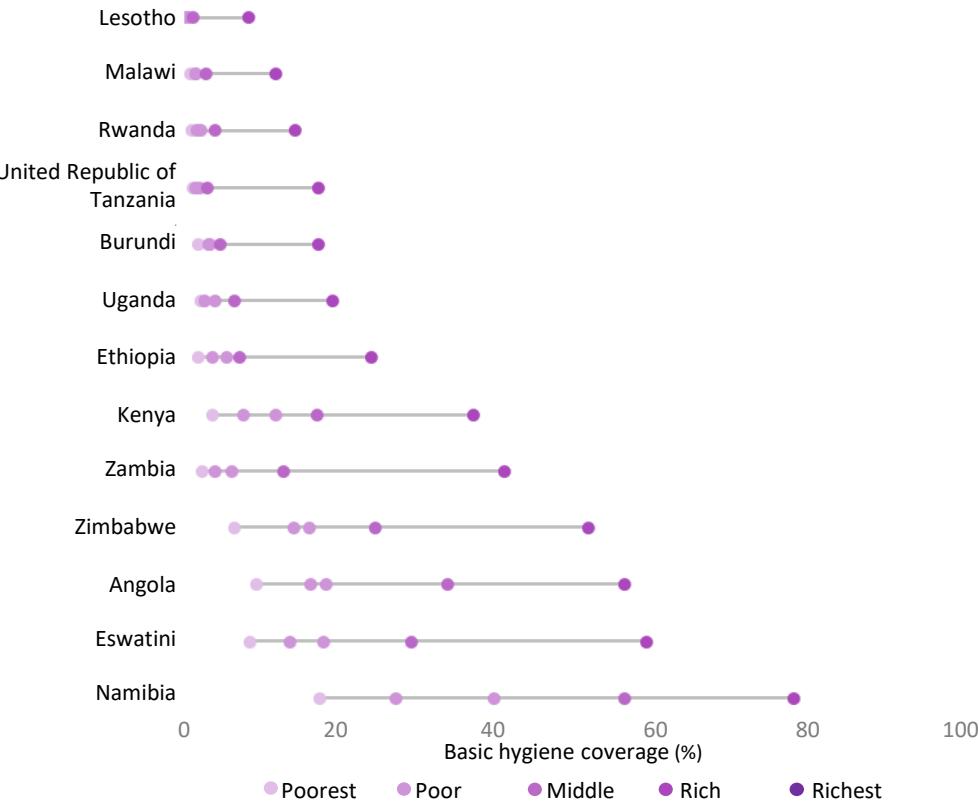
Eastern and Southern Africa, regional, urban and rural hygiene ladders, 2017

393 million people in Eastern and Southern Africa do not have basic handwashing facilities with soap and water at home



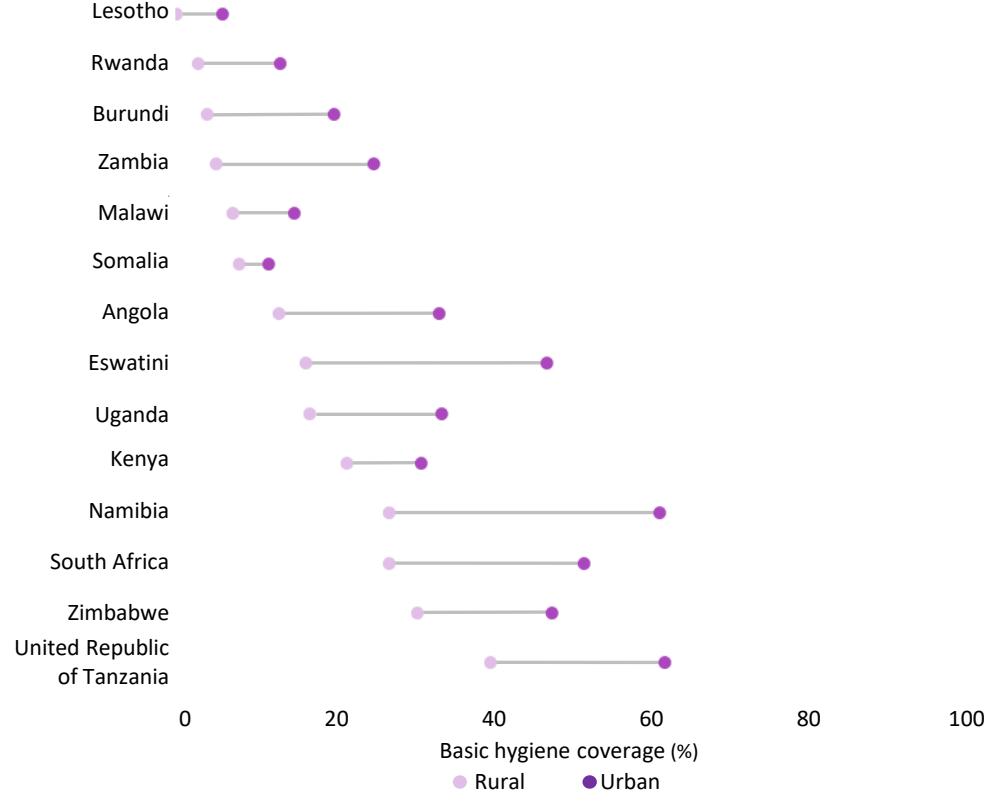
Distribution of population without basic hygiene, Eastern and Southern African countries, 2017

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



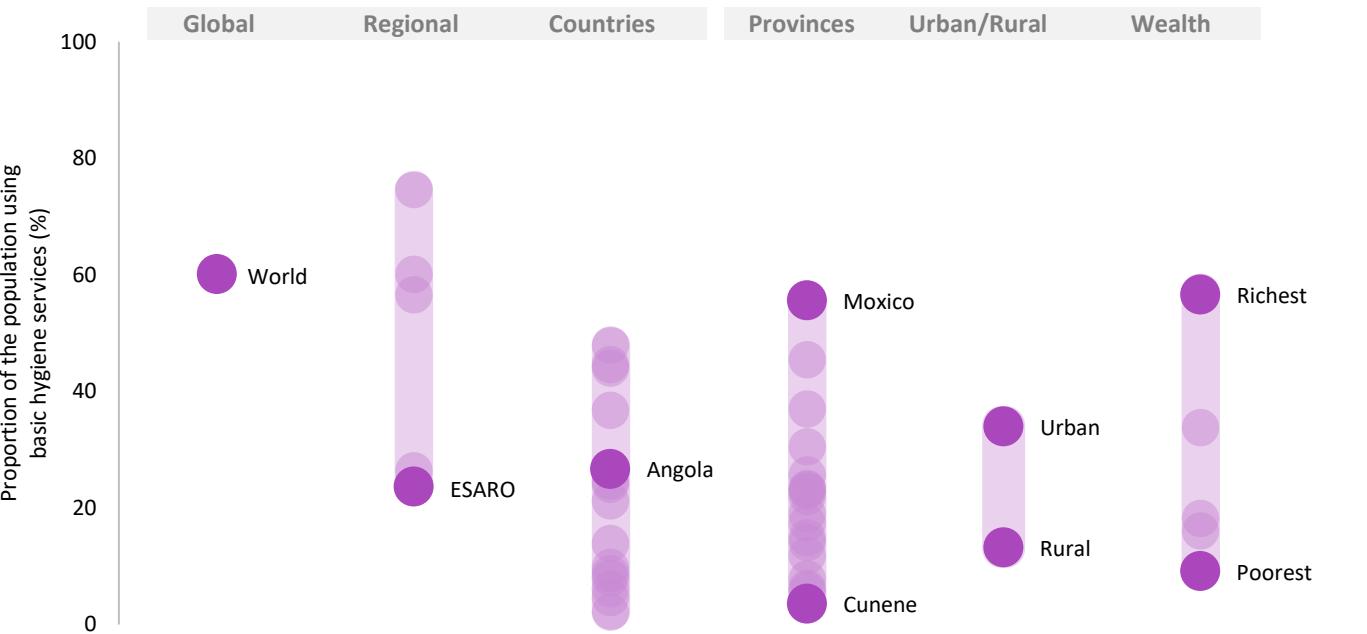
Inequalities in the proportion of population with handwashing facilities with soap and water by wealth quintiles, 2017 (%)

Handwashing with soap and water is more prevalent in urban than in rural areas of Eastern and Southern Africa



Inequalities in the proportion of population with handwashing facilities with soap and water by urban and rural areas, 2017 (%)

Large disparities in basic hand washing facilities with soap and water in Angola and Eastern and Southern Africa

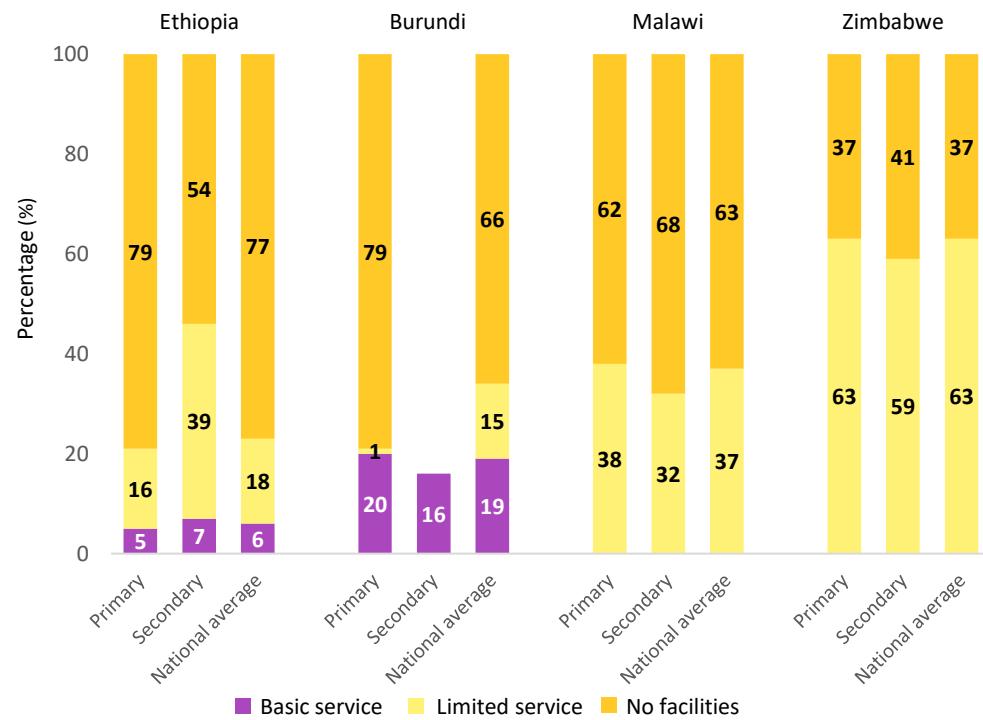


Population with basic hygiene facilities disaggregated by UNICEF regions, countries and Angola provinces, urban-rural & wealth quintiles (%)
Sources: JMP 2019 and Angola MICS 2018

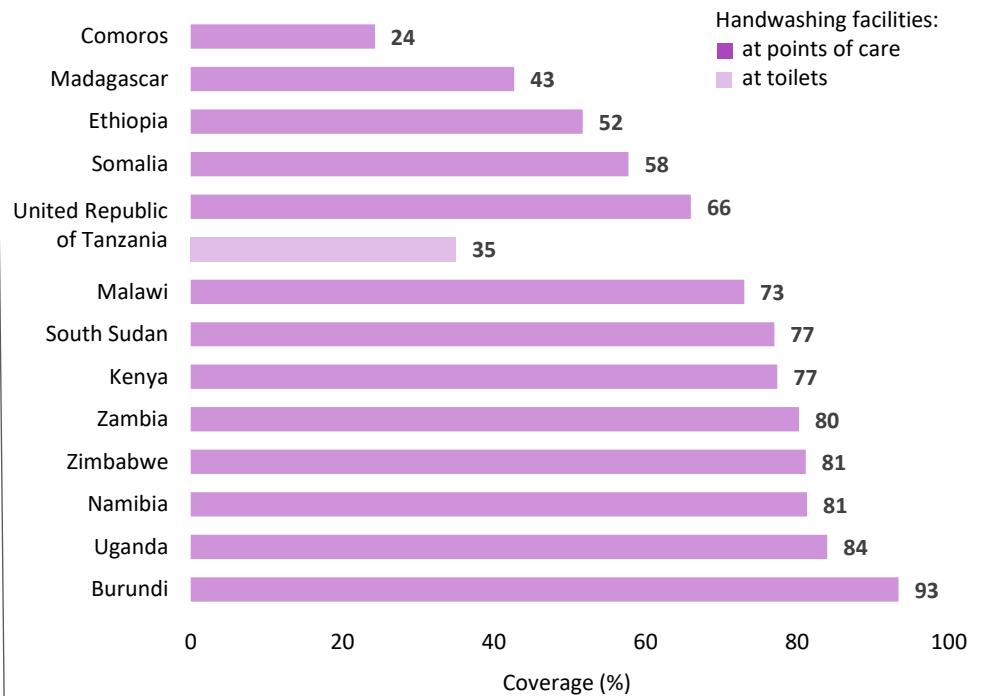
“We must work to prevent the spread of disease. Improved water, sanitation and hygiene in health facilities is critical to this effort”

Remarks by the United National Secretary-General upon issuing a Global Call to Action for WASH in Health Facilities, March 2018

Few countries in Eastern and Southern Africa have comprehensive data about hygiene facilities in schools



Many countries in Eastern and Southern Africa have data about handwashing facilities with soap and water at points of care



Coverage with hand hygiene facilities at schools, national, primary- and secondary schools in countries of Eastern and Southern Africa with nationally representative hygiene data for primary and secondary schools

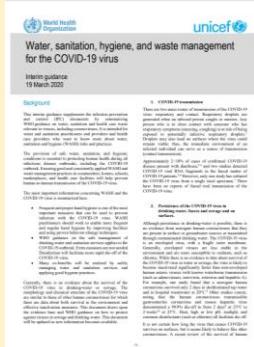
Coverage with hand hygiene facilities at points of care (and toilets – United Republic of Tanzania) in health care facilities of countries in Eastern and Southern Africa with nationally representative data

Questions and scores for Planning, Monitoring and Review taken from the Regional WASH in Health Care Facilities enabling environment scorecard for countries in Eastern and Southern Africa	Angola	Burundi	Comoros	Eritrea	Eswatini	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mozambique	Namibia	Rwanda	Somalia	South Sudan	Uganda	United Rep. of Tanzania	Zambia	Zimbabwe
Is WASH in Health Care Facilities (WinHCFs) monitored at national level?	Red	Green	Red	Yellow	Green	Yellow	Yellow	Yellow	Green	Green	Red	Green	Yellow	Yellow	Red	Yellow	Green	Yellow	Yellow
Are there dedicated institutional arrangements in place for monitoring WinHCFs at the national and sub-national levels?	Red	Green	Red	Red	Green	Yellow	Yellow	Yellow	Green	Green	Red	Green	Yellow	Yellow	Red	Yellow	Green	Yellow	Green
Are core SDG questions/indicators integrated into the national Health Management and Information Systems (HMIS)?	Red	Yellow	Red	Red	Red	Yellow	Yellow	Red	Green	Yellow	Red	Red	Yellow	Yellow	Red	Yellow	Red	Yellow	Red
Does the HMIS include indicators addressing the usage and functionality of WASH infrastructure in health care facilities?	Grey	Red	Red	Red	Red	Red	Red	Red	Yellow	Yellow	Red	Red	Yellow	Yellow	Red	Yellow	Red	Red	Red
Does your country conduct periodic Service Availability and Readiness Assessments (SARA)?	Grey	Green	Red	Red	Green	Green	Green	Green	Yellow	Grey	Green	Red	Green	Yellow	Red	Yellow	Green	Red	Green
Does your country conduct periodic Service Provision Assessments (SPA)?	Red	Red	Red	Red	Green	Green	Green	Red	Yellow	Yellow	Red	Red	Red	Grey	Red	Yellow	Green	Red	Red
Are the findings of the HMIS, SARA or SPA used to support reporting, programming and resource mobilization for WinHCFs?	Red	Green	Red	Red	Green	Yellow	Green	Yellow	Yellow	Yellow	Red	Red	Yellow	Yellow	Red	Yellow	Yellow	Yellow	Yellow

Country	Year	Households									Schools									Health Care Facilities													
		National			Rural			Urban			National			Primary			Secondary			National					Hospitals			Non-Hospitals					
		Basic	Limited (without water or soap)	No facility	Basic	Limited (without water or soap)	No facility	Basic	Limited (without water or soap)	No facility	Basic hygiene services	Limited hygiene services	No hygiene services	Basic hygiene services	Limited hygiene services	No hygiene services	Basic hygiene services	Limited hygiene services	No hygiene services	Basic hygiene services	Limited hygiene services	No hygiene services	Handwashing facilities at points of care	Handwashing facilities at toilets	Basic hygiene services	Limited hygiene services	No hygiene services	Basic hygiene services	Limited hygiene services	No hygiene services			
Angola	2017	27	15	58	13	14	73	34	16	50	2016	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	-
Botswana	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-
Burundi	2017	6	93	1	4	95	1	20	79	1	2016	19	15	66	20	1	79	16	-	-	-	2016	-	-	-	93	-	-	-	-	-	-	
Comoros	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	24	-	-	-	-	-	-	
Eritrea	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	
Eswatini	2017	24	31	44	17	33	50	48	27	26	2016	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	
Ethiopia	2017	8	51	41	4	50	46	23	57	19	2016	6	18	77	5	16	79	7	39	54	2016	-	-	2	52	-	-	-	1	-	-	2	
Kenya	2017	25	35	40	22	34	44	32	40	29	2016	-	-	-	-	-	-	-	-	-	-	2016	-	-	0	77	-	-	-	0	-	-	1
Lesotho	2017	2	3	95	1	2	98	6	5	89	2016	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	
Madagascar	2017	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	43	-	-	-	-	-	-	
Malawi	2017	9	76	16	7	75	17	15	77	7	2016	-	37	63	-	38	62	-	32	68	2016	-	-	-	73	-	-	-	-	-	-		
Mauritius	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	
Mozambique	-	-	-	-	-	-	-	-	-	-	2016	15	-	-	15	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	
Namibia	2017	45	43	12	27	58	15	62	28	9	2016	20	16	64	-	-	-	-	-	-	2016	-	-	-	81	-	-	-	-	-	-		
Rwanda	2017	5	10	86	3	10	87	13	8	79	2016	48	-	-	45	-	-	51	-	-	2016	-	-	-	-	-	-	-	-	-	-		
Seychelles	-	-	-	-	-	-	-	-	-	-	2016	100	0	0	100	0	0	100	0	0	2016	-	-	-	-	-	-	-	-	-	-	-	
Somalia	2017	10	34	56	8	35	57	12	34	54	2016	-	-	-	-	-	-	-	-	-	2016	-	-	-	58	-	-	-	-	-	-		
South Africa	2017	44	44	12	27	55	18	53	38	10	2016	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-		
South Sudan	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	77	-	-	-	-	-	-	
Uganda	2017	21	32	47	17	33	50	34	27	39	2016	37	25	39	-	-	-	-	-	-	2016	-	-	1	84	-	-	-	0	-	-	1	
United Rep. of Tanzania	2017	48	35	17	40	40	19	63	25	12	2016	23	-	-	23	-	-	-	-	-	2016	35	-	-	66	35	58	-	-	33	-	-	
Zambia	2017	14	28	58	5	24	71	26	33	41	2016	54	-	-	52	-	-	63	-	-	2016	-	-	-	80	-	-	-	-	-	-		
Zimbabwe	2017	37	61	2	31	67	2	49	49	3	2016	-	63	37	-	63	37	59	41	2016	58	32	10	81	-	56	35	9	59	32	10		
Eastern and Southern Africa	2017	24	42	35	16	44	40	39	37	25	2016	21	15	64	18	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-		

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

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



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).

This Technical Brief is written in particular for water and sanitation practitioners and providers and is regularly updated.

UNICEF Hygiene Programming Guidance Note COVID-19 Emergency Response



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

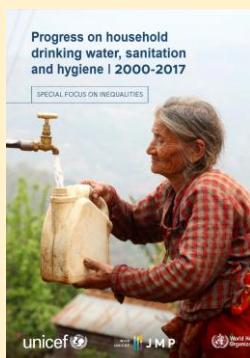
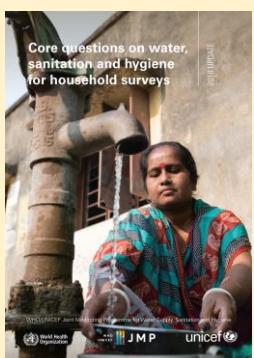
of a broader risk communication & community engagement strategy. The content is based on lessons learnt regarding gaps in hygiene promotion during past public health emergencies and general programming.

Check for new updates from: <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>

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.

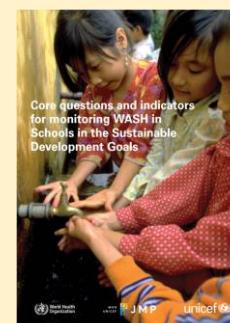
The indicators selected for monitoring the SDG WASH targets build on the established improved/unimproved facility type classification and introduce additional criteria, derived from the human rights to safe drinking water and sanitation, relating to the level of service provided. Since 2012, the JMP 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.

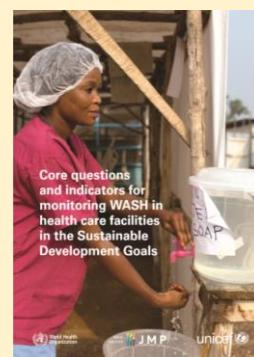
Harmonizing approaches to monitoring WASH in Schools

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.

