GUIDANCE NOTE TO FACILITATE COUNTRY CONSULTATION ON JMP ESTIMATES

FOR WASH IN HEALTH CARE FACILITIES

February 2020

INTRODUCTION

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) was established in 1990 and has been instrumental in developing global norms and standards to enable benchmarking of progress on drinking water, sanitation and hygiene (WASH). The JMP publishes comparable estimates of progress at country, regional and global levels based on official national data. More information on the JMP is available at www.washdata.org.

This guidance document is designed to support the 2020 country consultation on estimates produced by the JMP on water, sanitation, hygiene, health care waste management, and environmental cleaning in health care facilities (WASH in HCF).

With support from WHO and UNICEF regional and country offices, the JMP team has compiled national data sources from >100 countries, areas and territories. National data have been classified using a standard format to generate internationally comparable estimates which are presented in Excel Country Files, described in detail below.

The WHO/UNICEF JMP is committed to consulting national authorities on the estimates generated from national data sources. The country consultation process is facilitated by WHO and UNICEF country offices and aims to engage national statistical offices and other relevant national stakeholders to review the draft estimates and provide technical feedback to the JMP team which will finalize the estimates and publish them in a report in late 2020. This update will supersede the 2019 global baseline report.

In order to review the draft estimates, the following steps are recommended to understand how the draft estimates have been produced:

- On the **Ladders** sheet, see the different service level estimates, presented in bar charts and tables.
- On the **Charts** sheet, see the data points that were used to produce the estimates.
- On the **Data Summary** sheet, see the data sources that were used to compile data points.
- On the individual Data sheets (**Water Data, Sanitation Data, Hygiene Data, Waste Management Data, Cleaning Data**) see the detailed information and data points compiled from individual national data sources.

In reviewing the country files, those engaged in the consultation should focus on **three main questions**:

1. *Is the country file missing any relevant national sources of data on water, sanitation, hygiene, health care waste management, or environmental cleaning in health care facilities?*
2. *Are the data sources listed considered reliable and suitable for use as official national statistics?*

3. *Is the JMP interpretation and classification of the data extracted from national sources accurate?*

Results of the consultation should be shared with WHO regional offices, and copied to info@washdata.org. Please note that the final deadline for feedback from JMP country consultations is **31 March 2020.** Feedback after this time is also welcome, but it may not be possible to incorporate such feedback into the current updates.

COUNTRY CONSULTATION

Following agreement of the 2030 Sustainable Development Agenda by UN member states, the Inter-Agency & Expert Group on SDG Indicators nominated WHO and UNICEF to serve as the custodian agencies responsible for compilation and reporting of the official global indicators for Sustainable Development Goal targets for drinking water (6.1), sanitation and hygiene (6.2). This responsibility is implemented through the WHO/UNICEF JMP.

The JMP regularly produces reports which present estimates of access to WASH services in households. Within the context of "universal access to safe water and sanitation", JMP reporting has also been expanded to include schools and health care facilities. Estimates are presented for global, regional, and country levels, and are disaggregated to the extent possible (e.g. by urban and rural area).

An important part of the preparation of JMP reports is a country consultation. The purpose of this consultation is not to compare JMP and national estimates of WASH coverage but rather to review the comprehensiveness of the datasets in the JMP country file and to verify the interpretation of national data in JMP estimates. The consultation should focus on the three main questions listed in the preceding summary. In order to address these three questions partners are encouraged to refer to the Country Files.

It has been agreed that WHO Country Offices will lead the country consultation on WASH in health care facilities and coordinate with counterparts at UNICEF. Country Offices are not expected to undertake complex analysis, or to review the estimation methodology, but simply to support national authorities to identify any missing data sets and to provide feedback on the interpretation and classification of existing data. Country Offices are best placed to know which sectoral ministries should be consulted (e.g. water, sanitation, health, environment) but in all cases Country Offices are encouraged to engage with the National Statistics Office which will be primarily responsible for SDG reporting, and to involve both WHO and UNICEF offices.

DEFINITIONS OF WASH SERVICES IN HEALTH CARE FACILITIES

In support of SDG monitoring and to allow for comparable data to be generated within and between countries, the JMP has supported the development of a core set of harmonized indicators (and associated questions) that address basic WASH services in health care facilities that will be applicable in all contexts.

The core indicators define "basic" service levels for water, sanitation, hand hygiene, health care waste management and environmental cleaning in health care facilities. These indicators do not fully capture the normative ideal service levels, but represent an approximation of the normative ideal which can be readily measured. These can be applied in all types and sizes of facilities (from primary to tertiary). The indicators are generally applicable at the level of the facility as a whole, rather than a particular location within a facility.

As with JMP monitoring of household WASH and WASH in schools, service ladders are used for monitoring WASH in health care facilities. The multi-level service ladders allow for progressive realization of the SDG criteria, enabling countries at different stages of development to track and compare progress. Separate ladders are proposed for each indicator. The core service ladders include three levels: no service, limited service and basic service. Each level is defined in Figure 1. In countries where basic service is already the norm, countries may define

an advanced level of service beyond basic, as appropriate.

Water	Sanitation	Hand hygiene	Health care waste	Environmental cleaning
Advanced service To be defined at national level	**Advanced service** To be defined at national level	**Advanced service** To be defined at national level	**Advanced service** To be defined at national level	**Advanced service** To be defined at national level
Basic service Water is available from an improved source located on premises.	**Basic service** 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.	**Basic service** Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within 5 meters of toilets.	**Basic service** Waste is safely segregated into at least three bins and sharps and infectious waste are treated and disposed of safely.	**Basic service** Basic protocols for cleaning available, and staff with cleaning responsibilities have all received training.
Limited service An improved water source is within 500 meters of the facility, but not all requirements for basic service are met.	**Limited service** At least one improved sanitation facility, but not all requirements for basic service are met.	**Limited service** Functional hand hygiene facilities are available at either points of care or toilets, but not both.	**Limited service** There is limited separation and/ or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met.	**Limited service** There are cleaning protocols, or at least some staff have received training on cleaning.
No service Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 m from the facility; or the facility has no water source.	**No service** Toilet facilities are unimproved (pit latrines without a slab or platform, hanging latrines and bucket latrines), or there are no toilets or latrines at the facility.	**No service** No functional hand hygiene facilities are available at either points of care or toilets.	**No service** There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of.	**No service** No cleaning protocols are available, and no staff have received training on cleaning.

Figure 1. JMP service ladders for monitoring WASH in HCF in the SDGs

The service levels, and the core questions recommended for use in data collection, are described in detail in the report "Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals".

STRUCTURE OF JMP COUNTRY FILES

The MS Excel Country Files contain all of the national data on WASH in health care facilities currently available in the JMP global database, and show how these data have been classified and used to generate internationally comparable estimates. They include a number of different worksheets. The last five worksheets include all of the relevant data that the JMP was able to gather from different data sources. These data are summarized in the Data Summary worksheet, and serve as inputs to a simple regression model which produces estimates for multiple

years, which are shown in the Estimates sheet. The Estimates are then summarized in the Ladders and Charts sheets (the Charts sheet also shows graphically the data points used to produce the estimates). Additional explanation is provided below for each sheet.

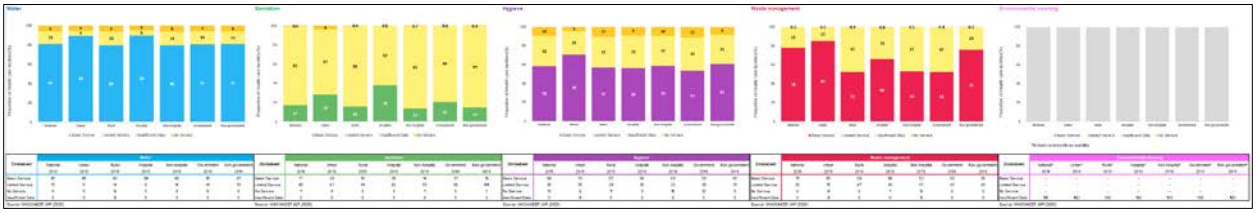
INTRODUCTION

The Introduction sheet is a convenient way to navigate the country file, as it provides shortcuts to all of the worksheets of interest.

LADDERS

This sheet displays the service ladders used by the JMP for global monitoring. The ladders show the service level estimates for the year 2019. This is a good place to start viewing the Country File, to quickly see which parameters have estimates and which ones don't. Note that in some cases the information available only allowed estimation of the *no services* level of the ladder, or only the *basic services* level, or no service levels at all could be estimated. In such cases the ladders are coloured grey to indicate that insufficient information was available. The estimates shown in the ladders are also displayed in the tables below the ladders, along with the reference year.

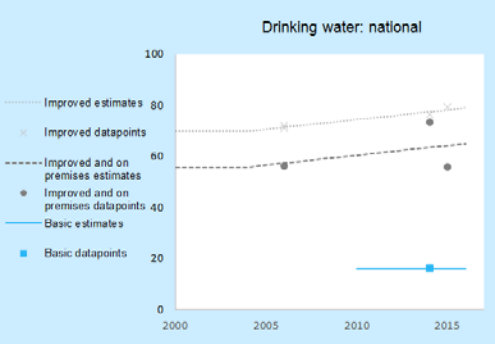
Make sure to scroll to the right to see the different service ladders on this page. Each ladder is shown for different domains: national, urban, rural, hospital, non-hospital, government, and non-government.



CHARTS

This worksheet shows the data that were used to produce the estimates (as markers) and the resulting estimates (as lines). Data are shown for the basic service level using the corresponding colour (e.g. blue for water services). In addition, two of the elements necessary for calculation of the basic service level are shown with grey lines and markers.

Note that not all of the data used in calculations can be shown on the Charts: for example, to calculate the basic drinking water services level, data are needed on (1) improved water facilities which are (2) located on premises, and from which (3) water is available. The Charts show only the data and estimates for the first two of these elements. In the example below, there is a positive trend for both improved water (dotted line, four data points) and improved water located on premises (dashed line, three data points), with estimates around 80% and 65%, respectively, in 2019. However, in this example water availability (available from one data point) is much lower and causes the estimate of basic services to be around 16% in 2019.

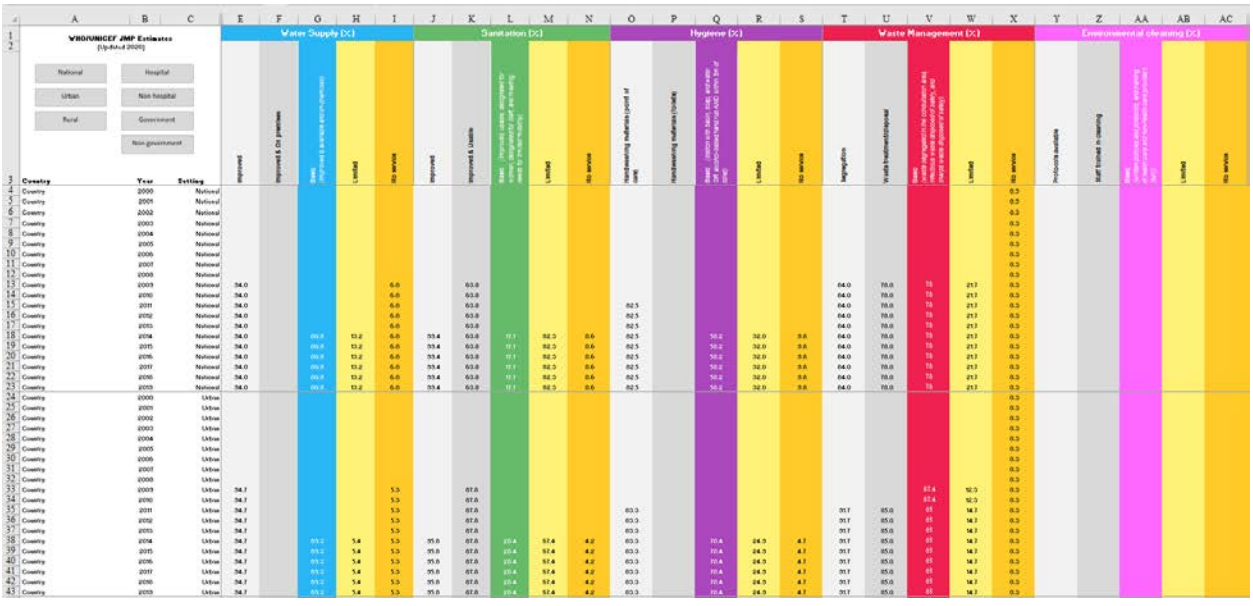


ESTIMATES

Drawing on the data summarized in the Data Summary worksheet, service level estimates are produced, where data allow, from 2000-2019, and are separately shown for different groupings of health care facilities:

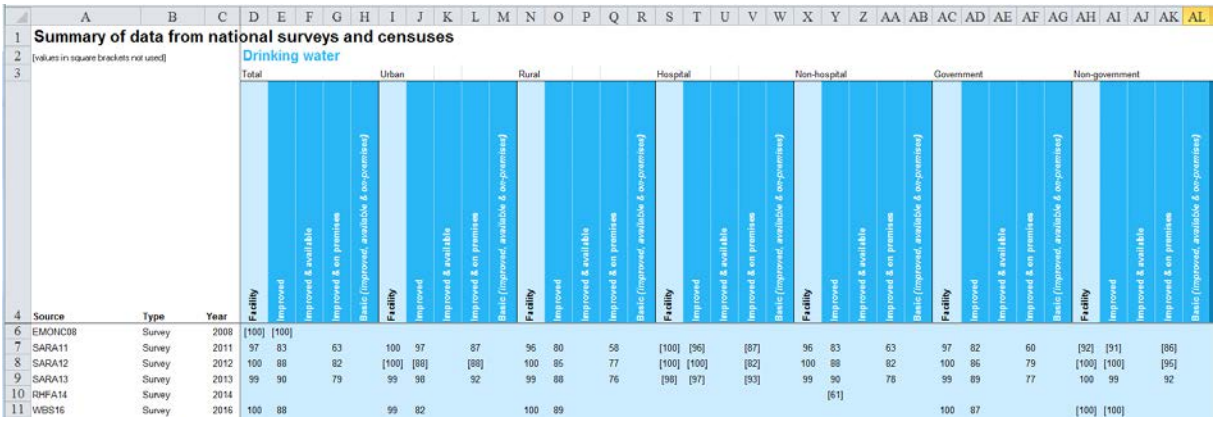
- National
- Urban
- Rural
- Hospital
- Non-hospital
- Government
- Non-government

For each type of service, the service levels (basic, limited and no service) are shown with their corresponding colours. In addition, two other relevant variables, which contribute to the basic service level, are shown in grey. A summary of how estimates are produced is provided in the JMP Estimation Methods section in this document.



DATA SUMMARY

The Data Summary sheet lists all of the data sources used in the Country File, and is a convenient way to quickly see which data sources have been used (and to identify any key data sets which are missing).



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL
1	**Summary of data from national surveys and censuses**																																					
2	[values in square brackets not used]			Drinking water																																		
3				Total					Urban					Rural					Hospital					Non-hospital					Government					Non-government				
4	Source	Type	Year	Facility	Improved	Improved & available	Improved & on premises	Basic (improved, available & on-premises)	Facility	Improved	Improved & available	Improved & on premises	Basic (improved, available & on-premises)	Facility	Improved	Improved & available	Improved & on premises	Basic (improved, available & on-premises)	Facility	Improved	Improved & available	Improved & on premises	Basic (improved, available & on-premises)	Facility	Improved	Improved & available	Improved & on premises	Basic (improved, available & on-premises)	Facility	Improved	Improved & available	Improved & on premises	Basic (improved, available & on-premises)	Facility	Improved	Improved & available	Improved & on premises	Basic (improved, available & on-premises)
6	EMONC08	Survey	2008	[100]	[100]																																	
7	SARA11	Survey	2011	97	83	63			100	97	87			96	80	58			[100]	[96]	[87]			96	83	63			97	82	60			[92]	[91]	[86]		
8	SARA12	Survey	2012	100	88	82			[100]	[88]	[88]			100	86	77			[100]	[100]	[82]			100	88	82			100	86	79			[100]	[100]	[95]		
9	SARA13	Survey	2013	99	90	79			99	98	92			99	88	76			[98]	[97]	[93]			99	90	78			99	89	77			100	99	92		
10	RHFA14	Survey	2014																						[61]													
11	WBS16	Survey	2016	100	88				99	82				100	89														100	87				[100]	[100]			

All numbers represent proportions of different groups of health care facilities meeting the conditions for the different indicators. Some numbers are shown in square brackets, e.g. [100]. This indicates that data points were calculated from a data source but were not used to produce estimates. The reasons that data were not used are recorded in the Notes section of the corresponding data sheets.

DATA SHEETS

The last five worksheets include all of the relevant data that the JMP was able to gather from different national data sources for each of the five service ladders:

- Water Data
- Sanitation Data
- Hygiene Data
- Waste Management Data
- Cleaning Data

Each Data Sheet records information from a single national data source in nine columns, and information from each data source is divided horizontally into three sections:

- An upper section, where key indicators are summarized for the six groupings of health care facilities.
- A middle section, showing the original indicator definitions, and how these correspond with the international standardized classification used by JMP. This section includes a Notes field where specific information about the data source is recorded.
- A lower section, where it is recorded whether or not each indicator in the upper section is used for estimation. This section also records the number of health care facilities in each group assessed and, if available, the total number of health care facilities in the country.

Data may be included in the Country File but not used for estimates for a number of reasons:

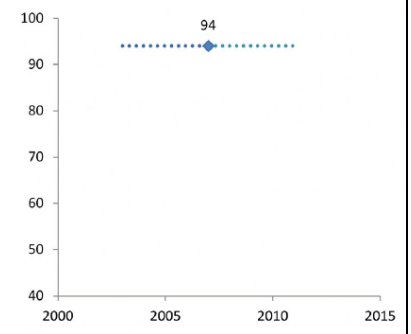
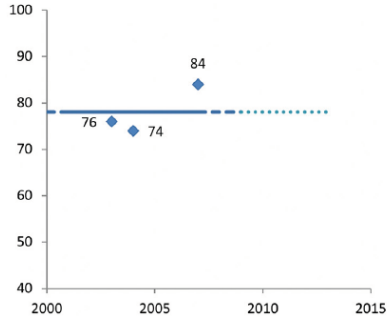
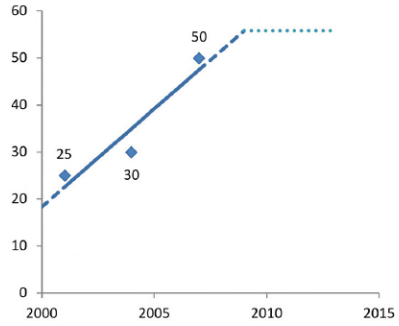
- The data may not be representative of the group of health care facilities (e.g. a survey focused only in a few districts of a country). The JMP will use data if they are representative of at least 80% of a group.
- The data set may be too small. The JMP will use data if they are drawn from at least 50 facilities in a group, or at least 30% of all the facilities in that group.
- The data may have been collected with questions that don't match well to the global indicators.

- The data may be inconsistent with other data sources from the same country which are considered to be more reliable or more representative.

JMP ESTIMATION METHODS

The JMP uses simple linear regression among all available data points to produce estimates. The regression model is done outside the Country File, using a standard statistical software package (Stata 14).

If all data points are within four years of each other, an average is taken instead of using a regression. Regressions are extrapolated by two years, and the resulting estimates are extended for up to four years. The set of regression rules is very similar to that used by the JMP for producing household estimates, which is described in detail in this Methodological Note. By using linear regression, estimates can be produced for years in which no data source is available, and information from different data sources can be combined and integrated to produce composite indicators such as the basic service levels.

		
Only one data point is available	Multiple data points are available, but within four years of each other	Multiple data points are available, covering at least five years

ACTIONS TO TAKE DURING THE CONSULTATION

The country consultation should focus on the Data Summary tab which lists those sources of data on water, sanitation, hygiene, waste management, and cleaning which have been collected to date. **If the country file is missing any relevant sources of data (or more detailed data from a source listed), the JMP team will be grateful to receive these data and include them to update the estimates.**

If any of the data sources listed in the Data Summary tab are not considered to be reliable and suitable for use in calculating the SDG indicators, please inform the JMP team. Data points can be excluded for global estimates if they are unsuitable, unreliable or simply incorrect.

Finally, **if the data extracted from the listed sources (shown in detail in the last five 'data' sheets) has not been accurately extracted or interpreted, please inform the JMP team.** In some cases data extracted might have been misinterpreted or misclassified by the JMP team, and therefore will require correction.

Note that the Country Files contain formulas and links. Feedback should accordingly be made outside of the Excel files, e.g. in Word files or separate Excel files. Results of the consultation should be emailed to info@washdata.org.

Please note that the final deadline for feedback is 31 March 2020.