

# Monitoring WASH in Health Care Facilities

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## *FINAL Core indicators and questions (revised November 25<sup>th</sup>, 2016)*

The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) has convened a series of working groups and experts to review and harmonize questions and indicators used for monitoring of water, sanitation and hygiene (WASH) in health care facilities (HCF). This document summarizes the final harmonized set of core indicators and questions. A longer set of expanded questions is being developed to address aspects of service not covered in this core set.

## **Normative definitions of core indicators for “basic” services in health care facilities**

Four core indicators define “basic” water, sanitation, hand hygiene and healthcare waste management facilities in HCF.

### **1: The proportion of health care facilities with basic water supply**

Facilities where the main source of water is an improved source (**W1**), located on premises (**W2**), from which water is available at the time of the survey (**W3**).

### **2: The proportion of health care facilities with basic sanitation**

Facilities with improved toilets or latrines for patients located on premises (**S1**), that are functional at the time of visit, with at least one toilet designated for women/girls with facilities to manage menstrual hygiene needs (**S2**), at least one separated for staff (**S3**), and at least one meeting the needs of people with limited mobility (**S4**).

### **3: The proportion of health care facilities with basic hand hygiene**

Facilities with hand hygiene stations including a basin with water and soap, or alcohol-based hand rub, present at critical points of care (**H1**) and water and soap within 5 m of toilets (**H2**).

### **4: The proportion of health care facilities practicing basic healthcare waste management**

Facilities where waste is safely segregated in the consultation area (**M1**) and infectious (**M2**) and sharps wastes (**M3**) are treated and disposed of safely.

## Recommended service ladders

Similar to JMP monitoring of household WASH and proposed monitoring of WASH in schools, service ladders are proposed 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 in reducing inequalities. Separate ladders are proposed for water, sanitation, hand hygiene, and health care waste management. Within each category, the *core* service ladders include three levels: no service, limited service, and basic service. For countries where “basic” service is not an ambitious aim, an additional “advanced” service level is suggested. Countries are encouraged to define and quantify specific elements, as appropriate.

Globally comparable data required to monitor the *core* indicators for “basic” service are currently scarce; the first priority for monitoring will therefore be to collect information on “basic” water, sanitation, hand hygiene and healthcare waste management, as guided by the core question set.

Water	Sanitation	Hand hygiene	Health care waste
<b>Advanced service</b> <i>To be defined at national level</i>	<b>Advanced service</b> <i>To be defined at national level</i>	<b>Advanced service</b> <i>To be defined at national level</i>	<b>Advanced service</b> <i>To be defined at national level</i>
<b>Basic service</b> Water from an improved source <sup>1</sup> is available on premises.	<b>Basic service</b> Improved sanitation facilities <sup>2</sup> are usable, separated for patients and staff, separated for women and allowing menstrual hygiene management, and meeting the needs of people with limited mobility.	<b>Basic service</b> Hand hygiene materials, either a basin with water and soap or alcohol hand rub, are available at points of care and toilets.	<b>Basic service</b> Waste is safely segregated into at least three bins in the consultation area and sharps and infectious wastes are treated and disposed of safely.
<b>Limited service</b> Water from an improved source is available off-premises or an improved water source is on site but water is not available.	<b>Limited service</b> Improved sanitation facilities are present but are not usable, or do not meet the needs of specific groups (staff, women, people with limited mobility).	<b>Limited service</b> Hand hygiene station at either point of care or toilet, but not both.	<b>Limited service</b> Waste is segregated but not disposed of safely, or bins are in place but not used effectively.
<b>No service</b> Unprotected dug well or spring, surface water source; or there is no water source at the facility.	<b>No service</b> Pit latrines without a slab or platform, hanging latrines and bucket latrines, or there are no toilets or latrines at the facility.	<b>No service</b> Hand hygiene stations are absent or present but without soap or water.	<b>No service</b> Waste is not segregated or safely treated and disposed.

**Figure 1.** JMP service ladders for monitoring WASH in health care facilities

<sup>1</sup> Improved water sources in healthcare settings include piped water, boreholes/tubewells, protected wells, protected springs, rainwater, and packaged or delivered water.

<sup>2</sup> Improved sanitation facilities in healthcare settings include flush/pour flush toilets connected to a piped sewer system, septic tank or pit latrine; pit latrines with slab; ventilated improved pit latrines; and composting toilets. For the purpose of this document “toilets” is taken to mean any of these improved facilities.

## Recommended Core Questions

A set of core questions are recommended that are sufficient to generate data for the core indicators. These questions are the *minimum* needed to monitor WASH in health care facilities as part of the SDGs and are drawn from applicable standards, predominantly the 2008 WHO Essential Environmental Health Standards in Health Care<sup>3</sup>, and relevant questions from existing survey instruments. The core indicators focus on a basic level of service which is universally applicable and relevant for national monitoring and international comparisons. Questions will be promoted for use in enumerator-collected surveys as well as questionnaires filled out by health care workers, such as health management information systems (HMIS) and annual facility inventory questionnaires managed by national governments. Questions should be suitable for use in both formats, where possible, but in some cases, different options may be necessary for enumerator surveys and for administrative questionnaires.

Formatting (**bold**, *italics*) within question responses indicate the level of service. Responses in **bold** correspond to a basic service, no formatting represents a limited service, and *italics* indicate no service.

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<sup>3</sup> WHO (2008) Essential environmental health standards in health care. Geneva: World Health Organization.

## Water

<b>W1</b>	<b>What is the main water supply for the facility?</b>
<b>Responses</b>	<b>Piped supply inside the building (if yes, skip to W3)</b> <b>Piped supply outside the building</b> <b>Tube well</b> <b>Borehole</b> <b>Protected dug well</b> <i>Unprotected dug well</i> <b>Protected spring</b> <i>Unprotected spring</i> <b>Rain water</b> <b>Tanker truck</b> <i>Surface water (river/dam/lake/pond)</i> Other _____ (Specify) Don't know <i>No water source</i>
<b>Notes</b>	The question refers to the source of water for general purposes, including drinking, washing, and cleaning. In case of water being available from multiple sources, record the main source used in the outpatient area.
<b>W2</b>	<b>Where is the main water supply for the facility located?</b>
<b>Responses</b>	<b>On premises</b> Within 500 m Further than 500 m <i>No water source available</i>
<b>Notes</b>	On premises means within the facility grounds. This question refers to the location from where the water is accessed for use in the health facility (e.g. tap, borehole...).
<b>W3</b>	<b>Is water available from the main supply at the time of the survey?</b>
<b>Responses</b>	<b>Yes, observed</b> Yes, reported but not observed No
<b>Notes</b>	Confirm that water is available from this source, e.g. check that taps or hand pumps deliver water.

## Sanitation

<b>S1</b>	<b>Is there at least one usable improved toilet available for outpatients at the facility?</b>
<b>Responses</b>	<b>Yes, at least one usable improved toilet</b> No, improved toilets are present but not usable <i>No, unimproved or no toilets at the facility</i>
<b>Observation</b>	Confirm that the toilets (or latrines) are usable.
<b>Notes</b>	Improved sanitation facilities include flush toilets, ventilated improved pit (VIP) latrines, pit latrines with slab, and composting toilets. For questions S1-S4 “toilets” is taken to mean any of these improved facilities. Usable means accessible, functional, and private.  To be included in an accompanying instruction manual: To be considered <b>usable</b> , a toilet should be accessible, functional and should provide sufficient privacy for users. In a functional toilet the hole or pit should not be blocked, water should be available

for flush/pour flush toilets, and there should be no cracks, or leaks in the toilet structure. In order to provide sufficient privacy, the toilet stall should have walls without major holes, and a door which is unlocked when not in use (or for which a key is available at any time) and which can be locked from the inside during use.

As an alternative to this question, see expanded question S1a and S1b which ask separately about usable and improved.

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**S2** **Is there at least one usable improved toilet designated for women and girls, which provides facilities to manage menstrual hygiene needs?**

**Responses** **Yes**  
No, female-only toilets do not have menstrual hygiene facilities  
No, there are no female-only toilets

**Note** Refer to definition of usable improved toilets in S1. This refers to either staff or patient toilets.  
A toilet can be considered to meet the needs of menstrual hygiene management if it meets both of the following conditions:

- a bin with a lid on it within the cubicle
- water and soap available in a private space for washing

As an alternative to this question, see expanded question S2a and S2b which ask separately about usable and improved.

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**S3** **Is there at least one usable improved toilet designated for staff?**

**Responses** **Yes**  
No

**Note** Refer to definition of usable improved toilets in S1.

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**S4** **Is there at least one usable improved toilet that meets the needs of people with reduced mobility?**

**Responses** **Yes**  
No

**Note** Refer to definition of usable improved toilets in S1. This refers to either staff or patient toilets.  
A toilet can be considered accessible if it meets relevant national or local standards. In the absence of such standards, it should meet the following conditions:

- can be accessed without stairs or steps,
- handrails for support are attached either to the floor or sidewalls,
- the door is at least 80 cm wide, and
- the door handle and seat are within reach of people using wheelchairs or crutches/sticks<sup>4</sup>

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## Hand hygiene

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**H1** **Are there functional hand hygiene stations available at the selected point of care on the day of the survey?**

**Responses** **Yes**  
No, hand hygiene stations are available but not functional, or lacking materials  
*No, no hand hygiene stations are available*

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<sup>4</sup> Jones, H. (2013) Mainstreaming disability and ageing in water, sanitation and hygiene programs. WaterAid and WEDC.

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**Note** Points of care are any location in the outpatient setting where care or treatment is delivered (i.e. consultation/exam rooms). Select a point of care from the area where most general outpatient services occur to check for hand hygiene stations.

A functional hand hygiene station may consist of soap and water with a basin/pan for washing hands, or alcohol-based hand rub. If alcohol-based hand rub is used, healthcare staff may carry a dispenser around between points of care.

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**H2** **Are handwashing facilities with soap and water available at toilets on the day of the survey?**

**Responses** **Yes**  
No, handwashing facilities are available but lacking soap and/or water  
*No, no handwashing facilities are available*

**Note** Answer **Yes** if at least one toilet for outpatients has handwashing facilities with soap and water within 5 m of the toilet.

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## Health care waste management

<b>M1</b>	<b>Is waste safely segregated into at least three labelled bins in the consultation area?</b>
<b>Responses</b>	<p><b>Yes</b> Bins are present but don't meet all requirements</p> <p><i>No</i></p>
<b>Notes</b>	<p>For facilities with multiple consultation rooms, select one at random from the area where most general outpatient services occur and observe whether at least three bins are in place to separate (1) sharps waste, (2) infectious waste, and (3) non-infectious general waste.</p> <p>The bins should be colour-coded and/or clearly labelled, no more than three quarters (75%) full, and each bin should not contain waste other than that corresponding to its label. Bins should be appropriate to the type of waste they are to contain; sharps containers should be puncture-proof and others should be leak-proof.</p>
<b>M2</b>	<b>How does this facility usually treat/dispose of sharps waste?</b>
<b>Responses</b>	<p><b>Autoclaved</b></p> <p><b>Incinerated (two chamber, 850-1000C incinerator)</b> Incinerated (brick incinerator) <i>Open burning</i> <i>Open dumping without treatment</i> <i>Chemical disinfection (e.g. with hypochlorite)</i></p> <p><b>Not treated, but buried in lined, protected pit</b> <i>Not treated and added to general waste</i></p> <p><b>Not treated, but collected for medical waste disposal</b> Other (specify)</p>
<b>Note</b>	If more than one applies, please select the method used most often.
<b>M3</b>	<b>How does this facility usually treat / dispose of infectious waste?</b>
<b>Responses</b>	<p><b>Autoclaved</b></p> <p><b>Incinerated (two chamber, 850-1000C incinerator)</b> Incinerated (brick incinerator) <i>Open burning</i> <i>Open dumping without treatment</i> <i>Chemical disinfection with hypochlorite</i></p> <p><b>Not treated, but buried in lined, protected pit</b> <i>Not treated and added to general waste</i></p> <p><b>Not treated, but collected for medical waste disposal</b> Other (specify)</p>
<b>Note</b>	If more than one applies, please select the method used most often.

## Mapping core questions to the service ladders

Responses from the core questions can be mapped to the proposed ladders as shown in the following table. Responses in **bold** correspond to a basic service, no formatting represents a limited service, and *italics* indicate no service.

The “Advanced Service” level is to be defined at national level and is excluded from the table.

Service level	W1	W2	W3	S1	S2	S3	S4
<b>Basic Service</b>	Improved source	On premises	Available from main source at time of survey (W3)	Improved facilities for patients located on premises and usable at time of visit	Sex-separated and have facilities to manage menstrual needs	At least one toilet designated for staff	At least one toilet meets the needs of people with limited mobility
<b>Limited service</b>	Improved water source	A “No” response for either W2 or W3		Improved facilities but not usable	A “No” response for ANY (S2, S3, S4)		
<b>No service</b>	An unimproved or no water source (W1) OR An improved water source (W1) that is more than 500m from the facility (W2)			Unimproved or no facilities	N/A	N/A	N/A

Service level	H1	H2	M1	M2	M3
<b>Basic Service</b>	Hand hygiene stations (water and soap or alcohol based hand rub) at points of care	Hand washing stations with water and soap available within 5m of toilets	Waste safely segregated in consultation room	Infectious waste treated and disposed of safely	Sharps waste treated and disposed of safely
<b>Limited service</b>	Hand hygiene stations at either points of care (H1) or toilets (H2), but not both		Any response	Either infectious or sharps waste is disposed of safely	
<b>No service</b>	No hand hygiene stations available or available without soap or water or alcohol based hand rub		Any response	Neither infectious nor sharps waste is disposed of safely	

Figure 2: Mapping core questions to the service ladders