

Two out of five people in the world do not have a handwashing facility with soap and water on premises

Almost half of the schools in the world do not have handwashing facilities with soap and water available to students

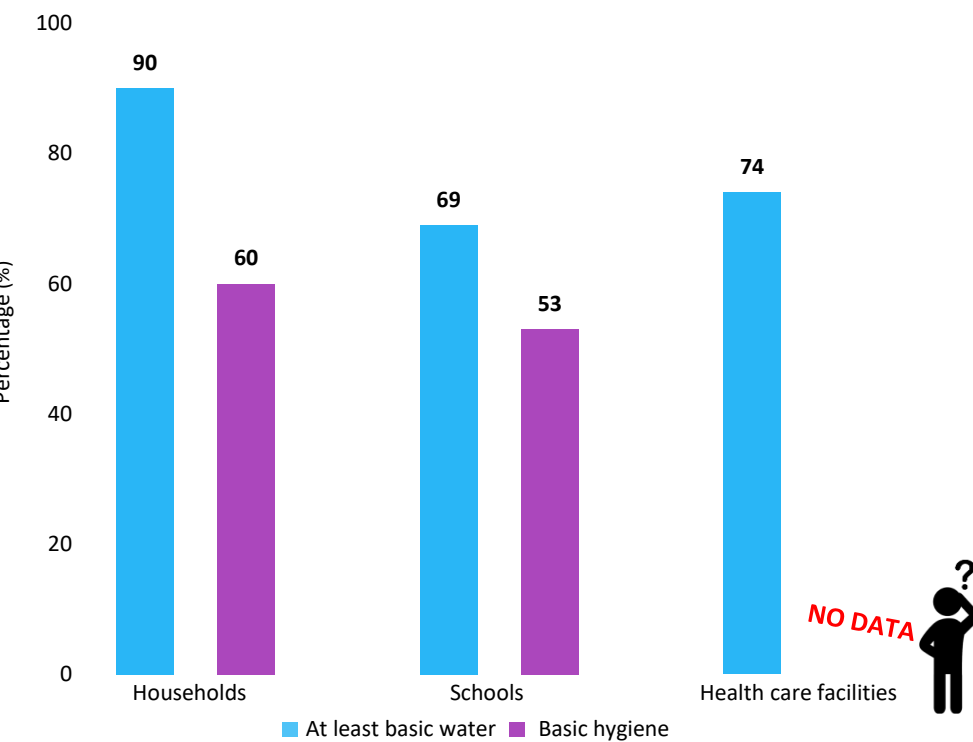
We do not know the proportion of health care facilities in the world that have functional hand hygiene facilities with soap and water or hand sanitizer



- 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

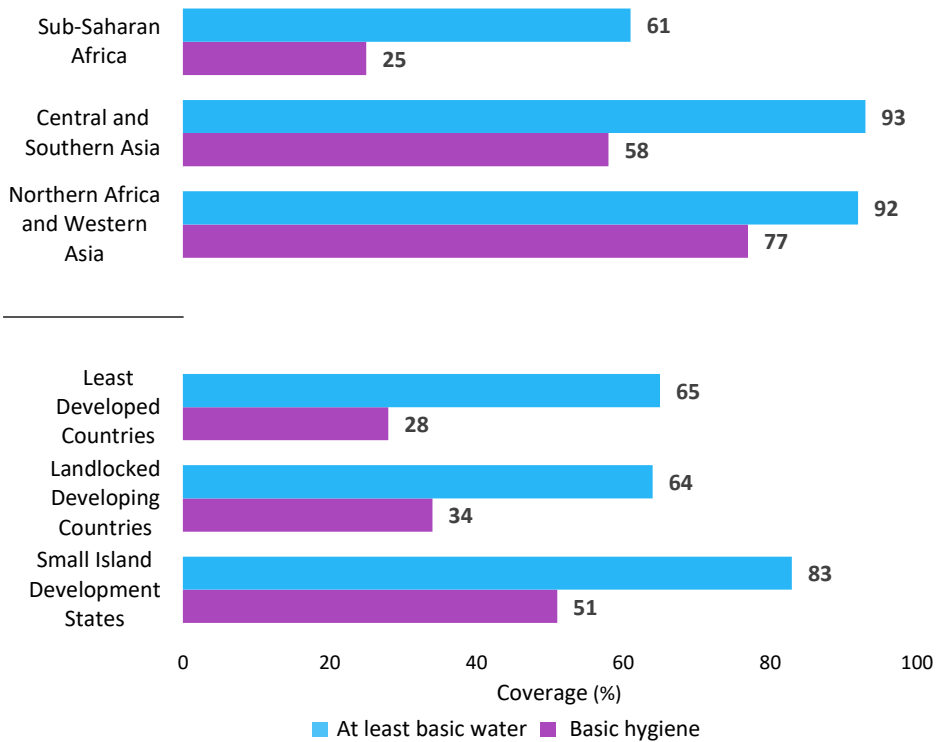
Source: Water, sanitation, hygiene, and waste management for the COVID-19 virus – Interim Guidance 23 April 2020, WHO and UNICEF

There are no comprehensive data about global access to hand hygiene facilities with soap and water in health care facilities



Global access to at least basic water services and basic hygiene, 2017 (households), 2016 (Schools)

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



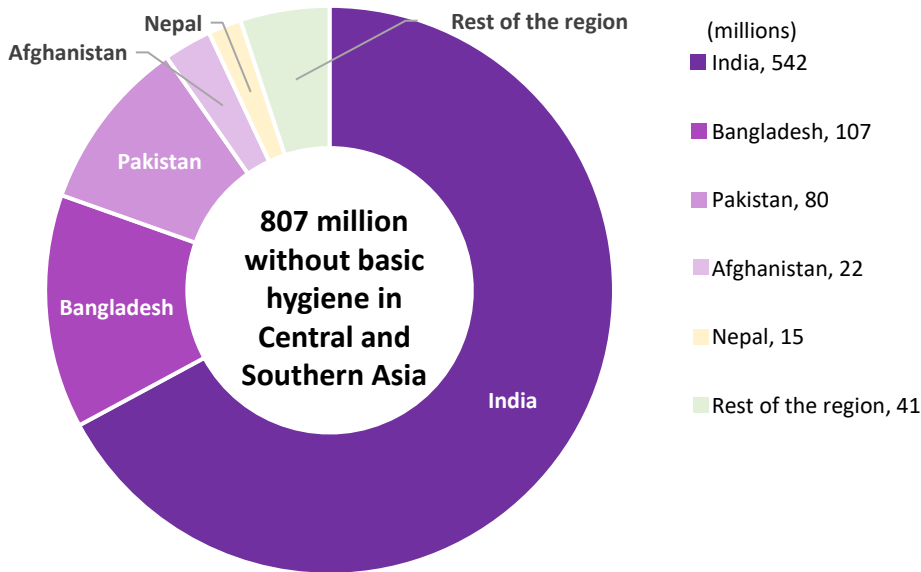
Access to at least basic water services and hygiene services at home for regions with available nationally representative data, SDG regions and other regional groupings 2017.

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 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.		

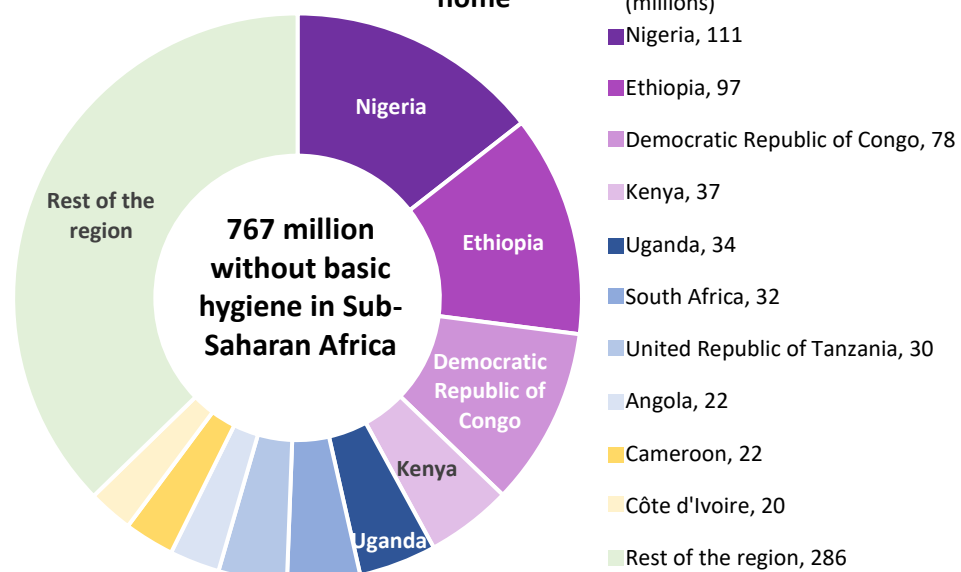
¹ Improved water sources are those which by nature of their design and construction have the potential to deliver safe water. These include piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater and, packaged or delivered water. ² Improved sanitation facilities are those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

In Central and Southern Asia, two thirds of the population without a basic handwashing facility with soap and water at home live in India



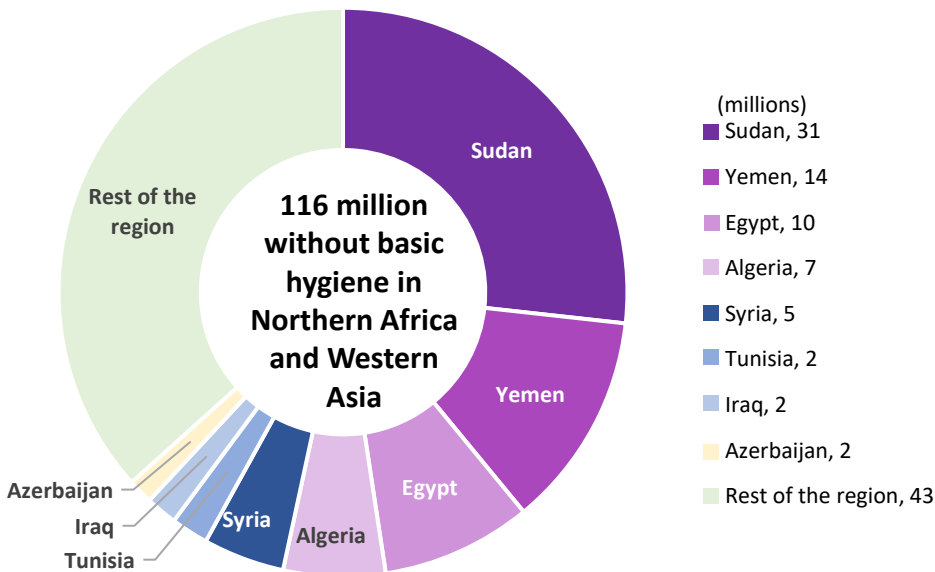
Distribution of population without basic hygiene facilities at home, Central and Southern Asia, 2017

Nigeria, Ethiopia and DR Congo account for one-third of the population of sub-Saharan without a basic handwashing facility with soap and water at home



Distribution of population without basic hygiene facilities at home, Sub-Saharan Africa, 2017

116 million people in the Northern Africa and Western Asia region do not have basic handwashing facilities with soap and water at home



Distribution of population without basic hygiene facilities at home, Northern Africa and Western Asia, 2017

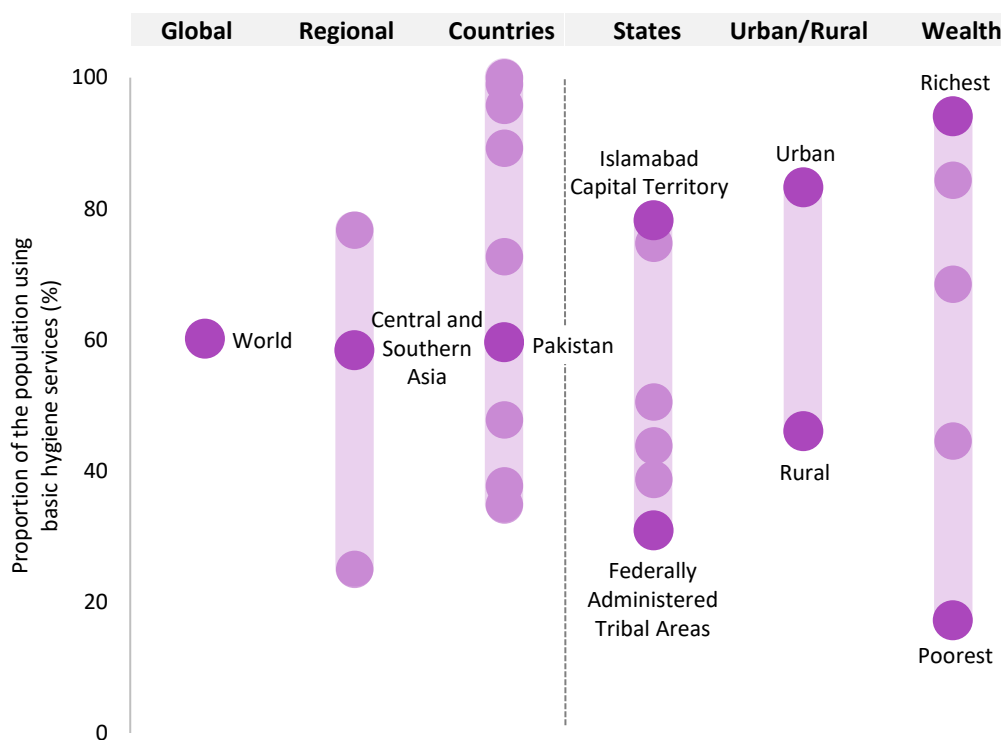
Why are there no regional averages for other regions?

In order to calculate regional estimates for the population with basic hygiene services, the WHO/UNICEF JMP needs data that cover at least 50 per cent of a regional population (30 per cent for schools and health care facilities). For only three of the SDG regions the JMP holds enough data on basic hygiene coverage in households. For basic hygiene services in schools it has enough data for 7 SDG regions and for hand hygiene facilities in health care facilities it only holds data for 1 region.

Data Availability: Basic hygiene at home

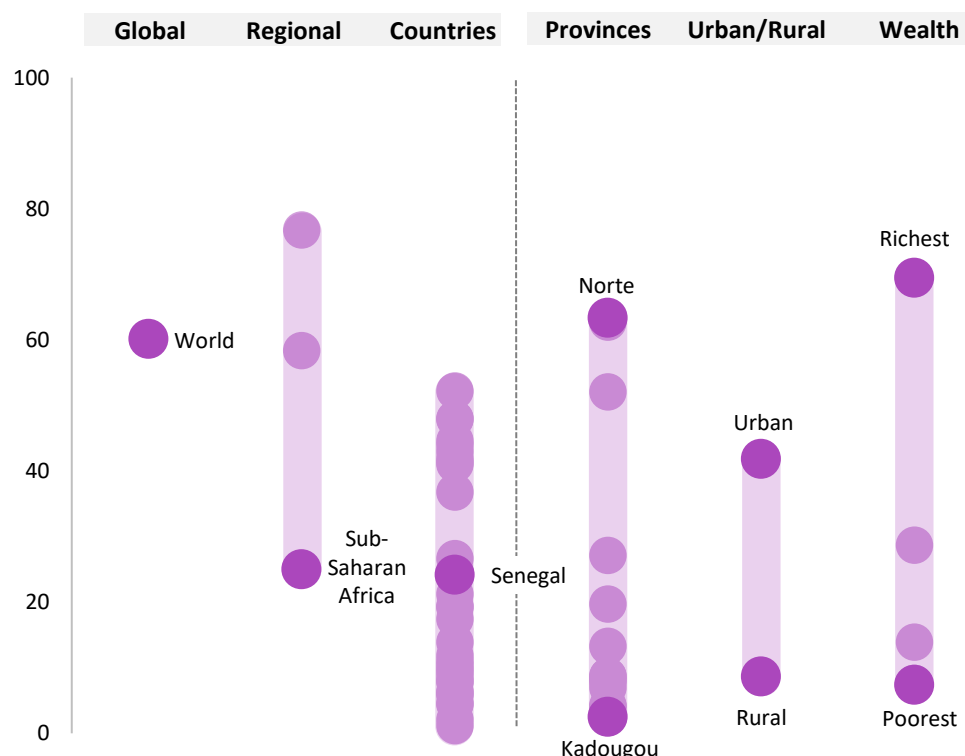
78 countries have sufficient data to estimate coverage of basic hygiene at home, that is a handwashing facility on premises with soap and water available

Large disparities in basic hand washing facilities with soap and water within Pakistan and Central and Southern Asia



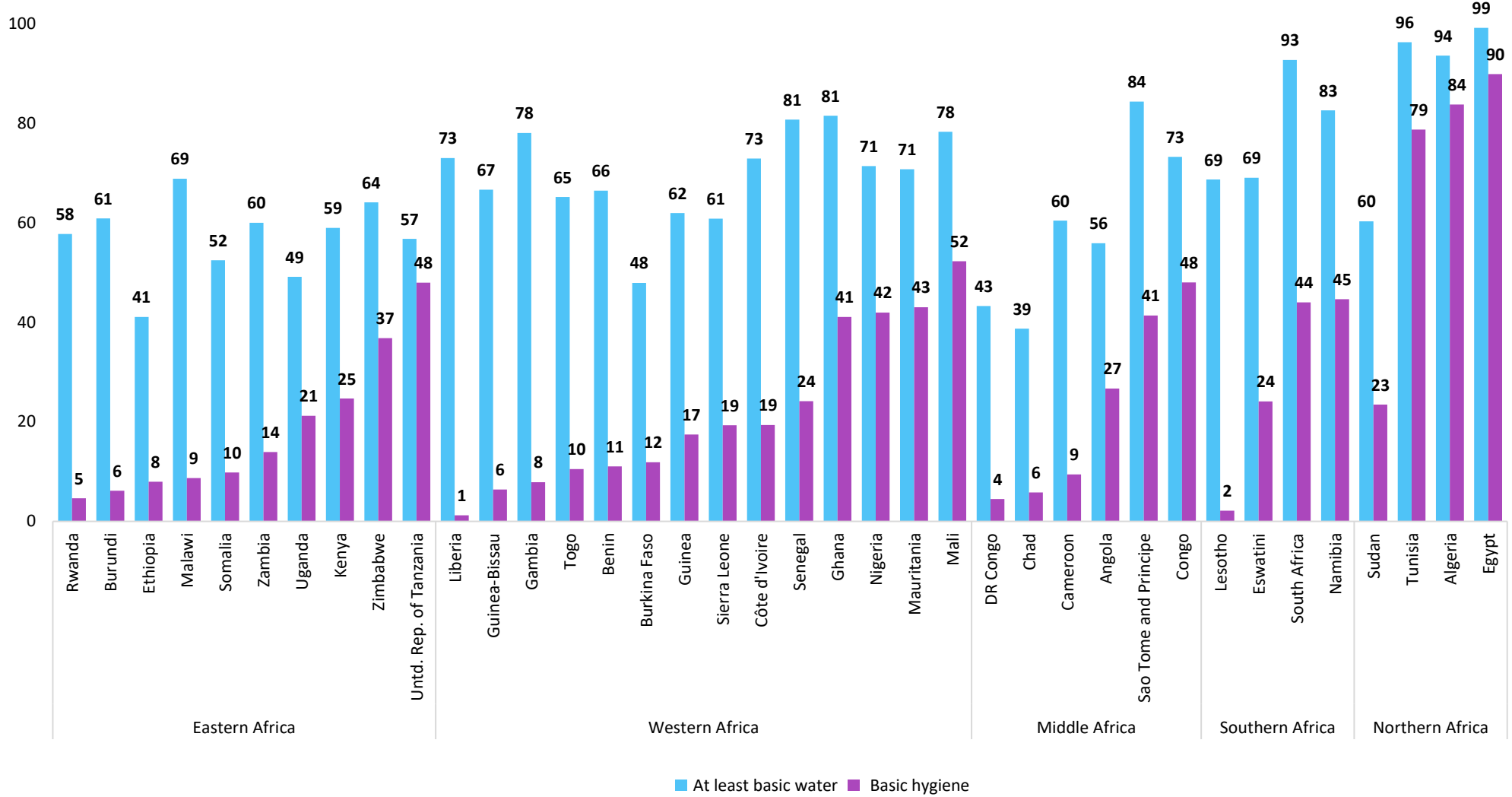
Population with basic hygiene facilities disaggregated by SDG regions, countries and Pakistan States and provinces, urban-rural & wealth quintiles (%); Sources: JMP 2019 and Pakistan DHS 2018

Large disparities in basic hand washing facilities with soap and water within Senegal and sub-Saharan Africa



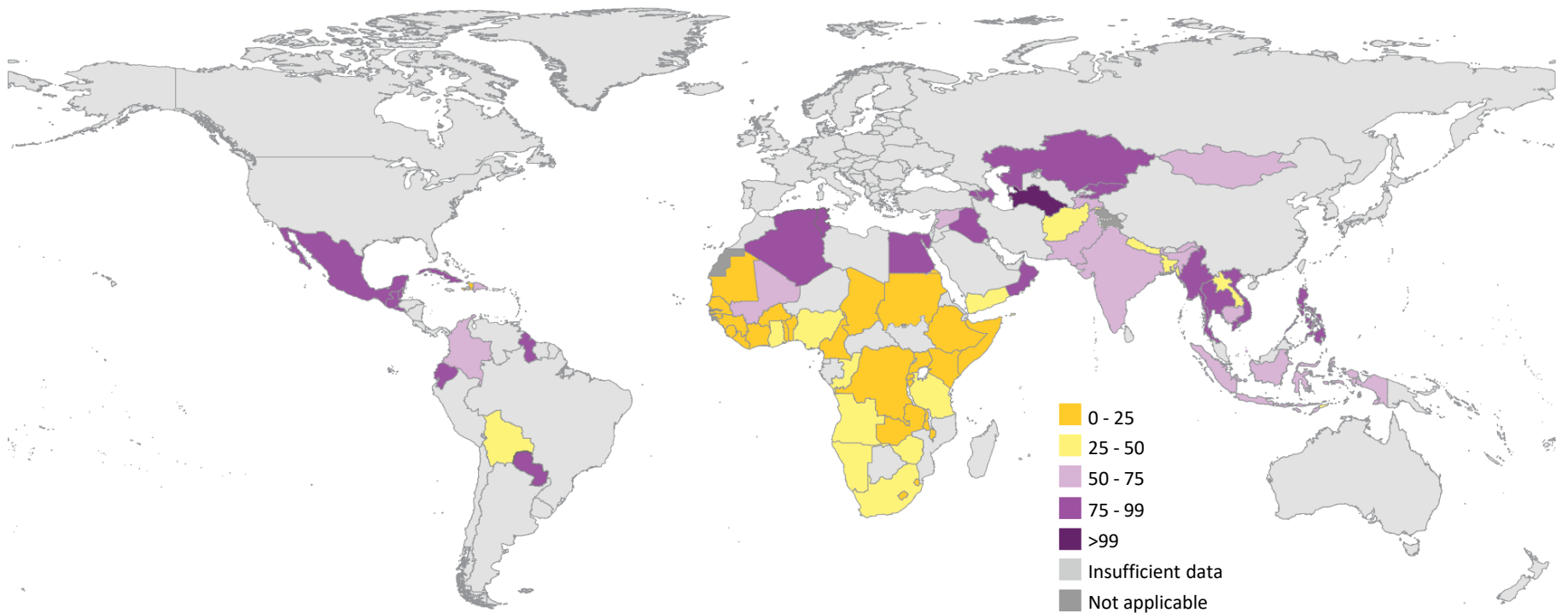
Population with basic hygiene facilities disaggregated by SDG regions, countries and Senegal provinces, urban-rural & wealth quintiles (%); Sources: JMP 2019 and Senegal DHS 2018

In Africa, coverage of basic water services does not seem to be the limiting factor for having a basic handwashing facility at home



Access to at least basic water services and hygiene services at home for countries in Africa with available nationally representative data, 2017 (%).

In 2017, 78 countries had estimates for basic handwashing facilities



Proportion of population with basic handwashing facilities at home, 2017 (%)

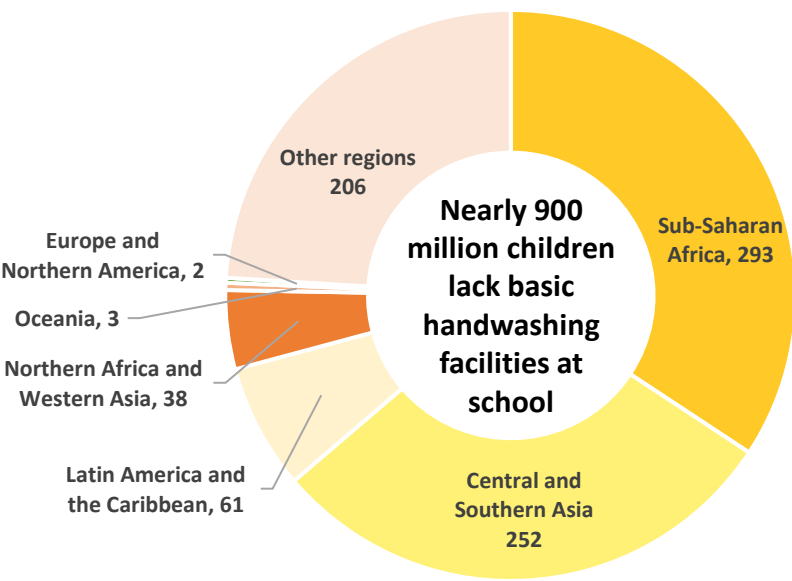
Why doesn't the WHO/UNICEF JMP report on the proportion of the population regularly washing their hands with soap and water?

Frequent and proper handwashing 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 over-report their own "good" behaviour. The presence in a household, school or health care facility of a dedicated facility for washing hands and the presence of soap and water at that facility, has shown to be a good predictor of actual handwashing behaviour. A global expert panel recommended that this indicator be used to monitor national, regional and global progress on hygiene under SDG 6.2.

For more information see: *Practical Guide for Measuring Handwashing Behaviour*

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

One-third of all school-age children who lack basic handwashing facilities at school live in Sub-Saharan Africa



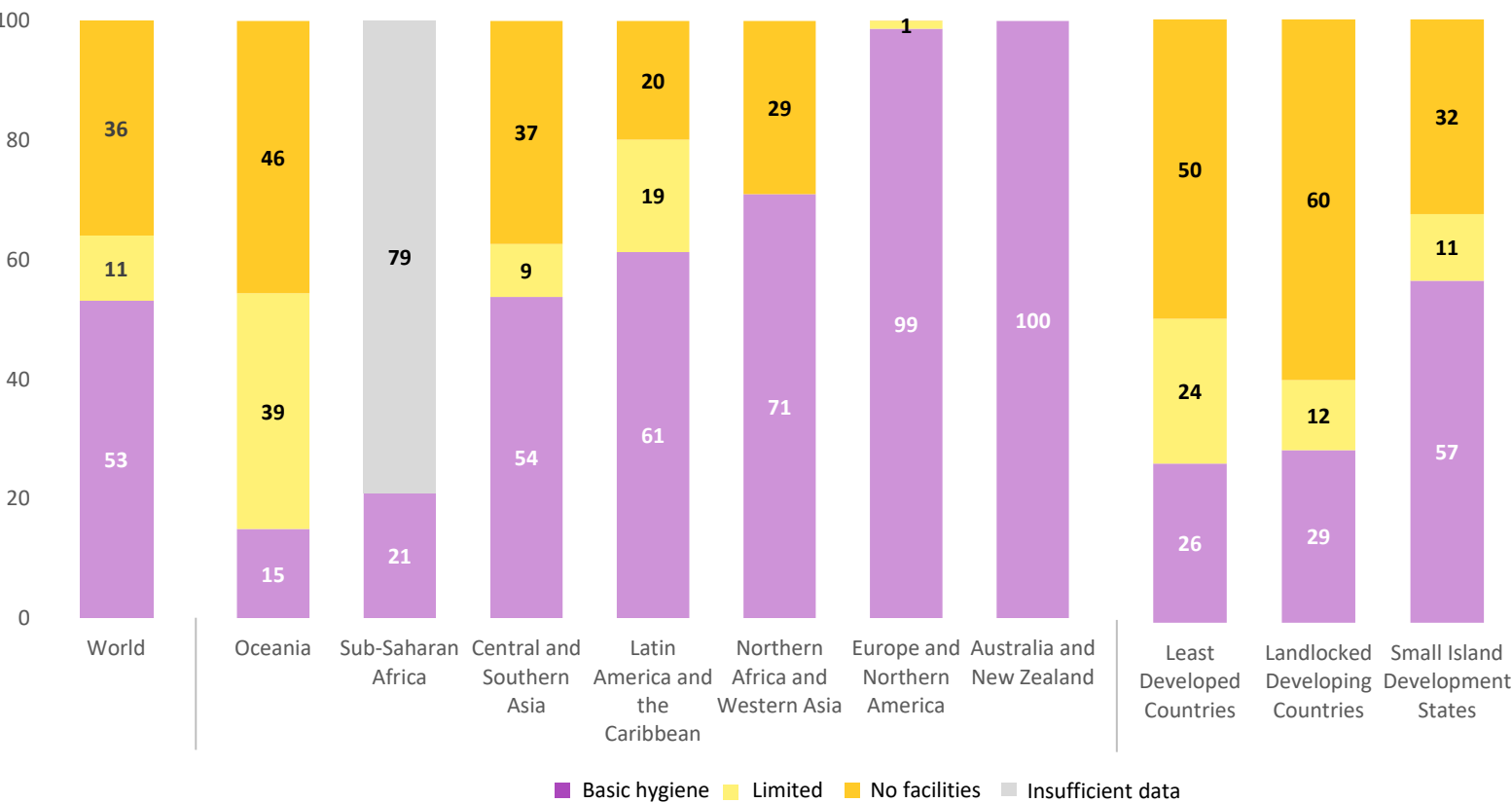
Distribution of school-age children without basic hygiene facilities at school, SDG Regions, 2016 (millions)

Just over four out of ten schools in Indonesia have basic handwashing facilities with water and soap at school



Proportion of schools with basic hygiene facilities disaggregated by SDG regions, countries and Indonesia Provinces and primary and secondary schools (%); Sources: JMP 2019 and Indonesia EMIS 2015.

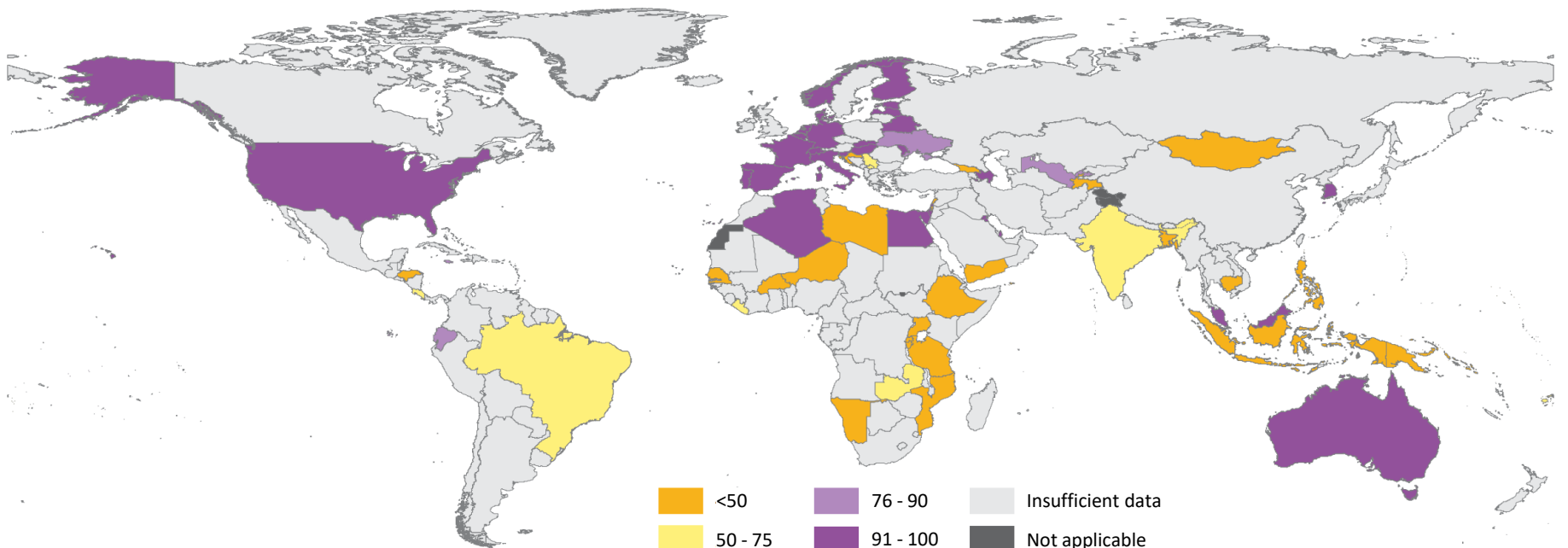
In Least Developed Countries only one in four schools have basic hygiene facilities



Data Availability: Basic hygiene at schools 81 countries have sufficient data to estimate coverage of basic hygiene at schools, that is handwashing facilities with soap and water available at schools

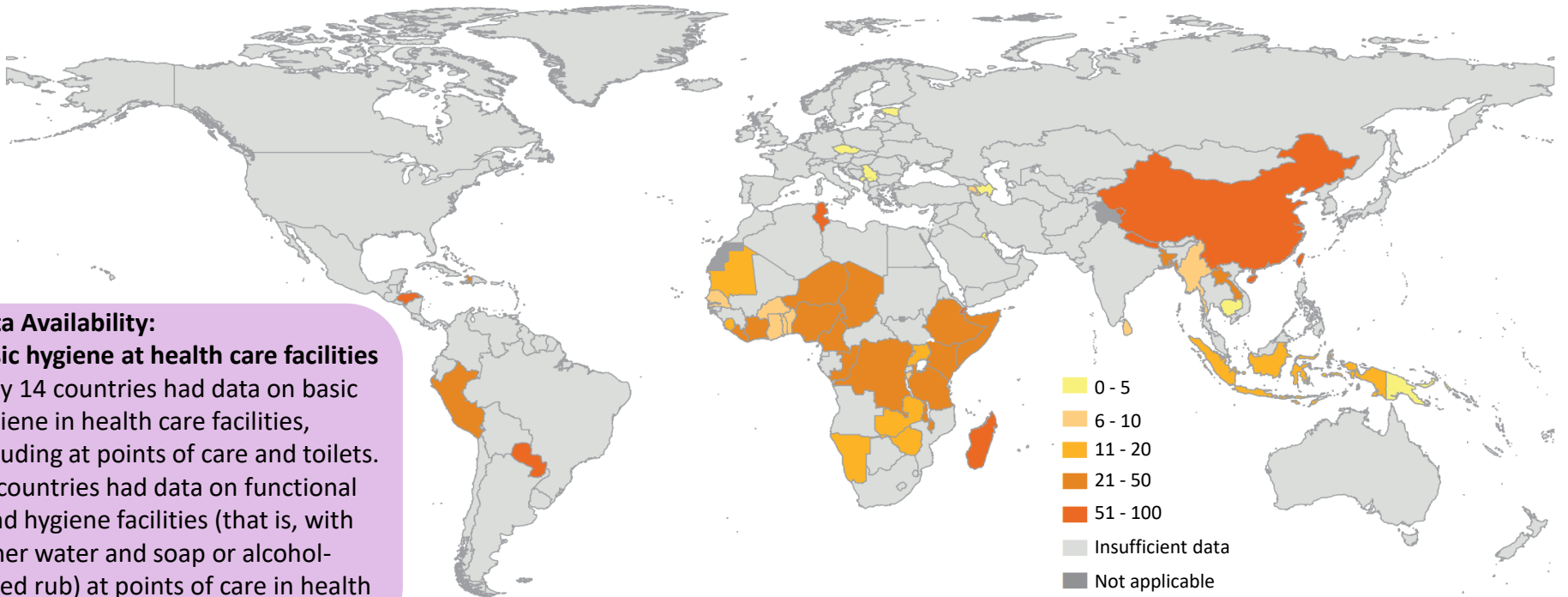
Global and regional school hygiene coverage, 2016 (%)

48 out of 81 countries had >75% coverage of basic hygiene services in schools in 2016



Proportion of schools with a basic hygiene service, 2016 (%)

In 8 out of 55 countries with data available, more than half of health care facilities lacked handwashing facilities at points of care in 2016



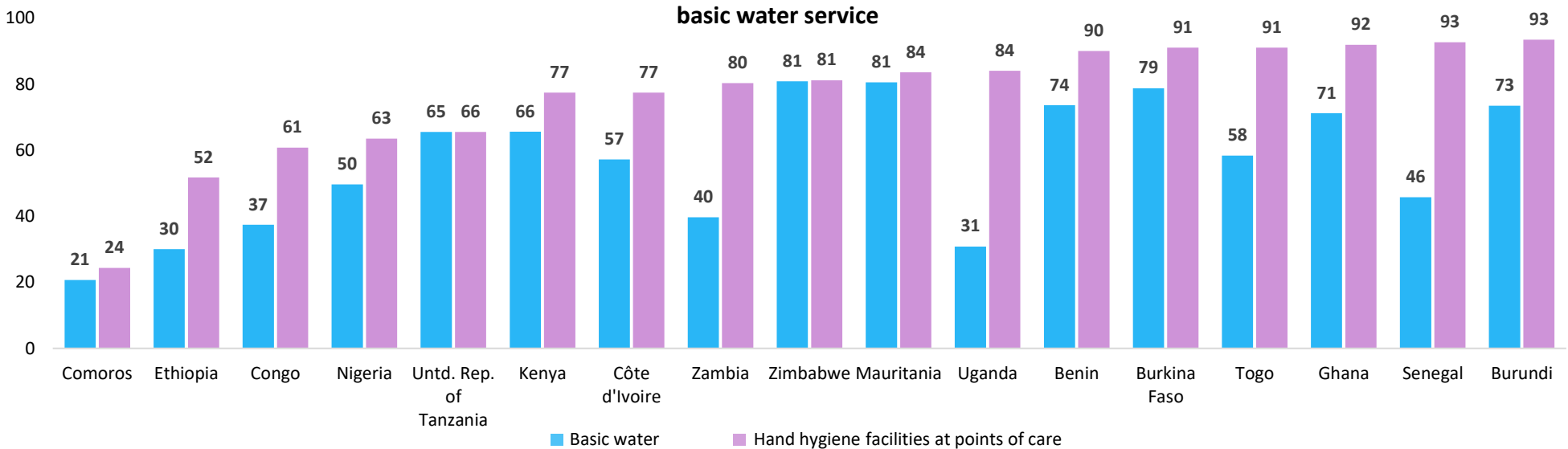
Data Availability:

Basic hygiene at health care facilities

Only 14 countries had data on basic hygiene in health care facilities, including at points of care and toilets. 55 countries had data on functional hand hygiene facilities (that is, with either water and soap or alcohol-based rub) at points of care in health care facilities.

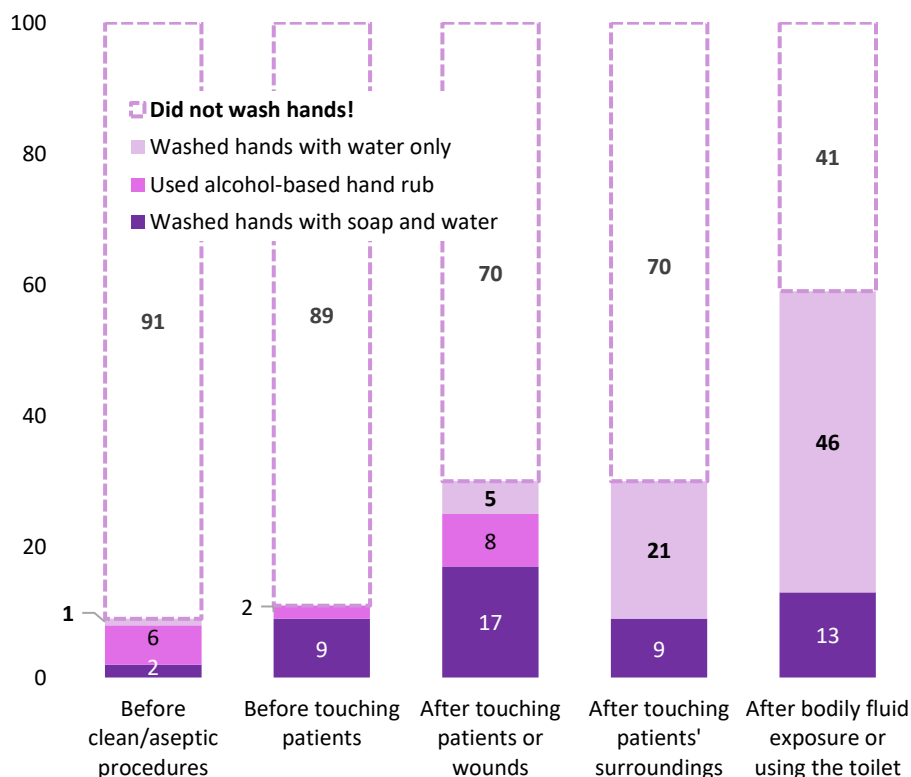
Proportion of health care facilities lacking hand hygiene facilities at points of care, 2016 (%)

In Africa, washing hands with soap and water or an alcohol-based rub at points of care is prioritised in health care facilities even when they lack a basic water service



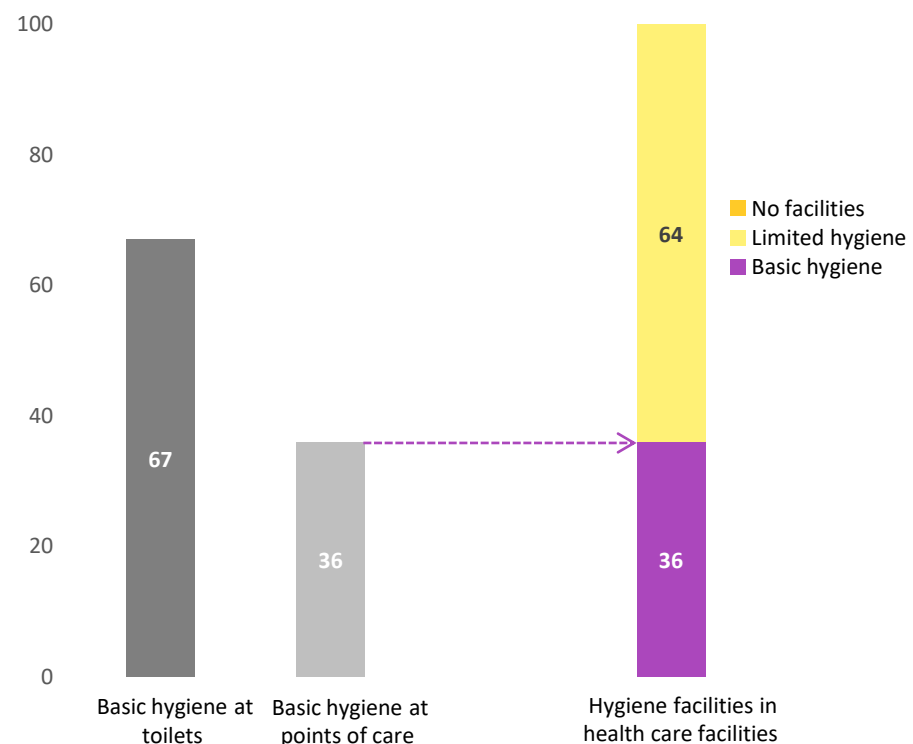
Access to basic water services and availability of hand hygiene facilities at points of care in health care facilities for countries in Africa with available nationally representative data, 2016 (%).

A study from Bangladesh shows that improvements are required in hand hygiene practices at five critical moments of care



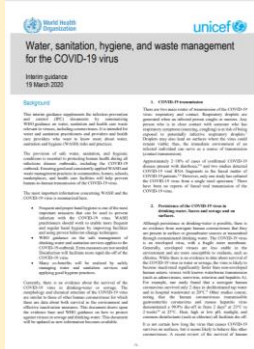
Hand hygiene compliance in hospitals in Bangladesh (%)
Source: Bangladesh National Hygiene Baseline Survey, 2014

Of all countries in the Eastern and South-Eastern Asia region only China has nationally representative data about hand hygiene facilities at points of care and toilets in health care facilities



Coverage of hand hygiene facilities at points of care and toilets in health care facilities, China, 2016 (%)

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).

Check for new updates from:

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

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

UNICEF Hygiene Programming Guidance Note COVID-19 Emergency Response



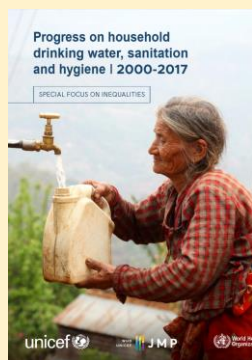
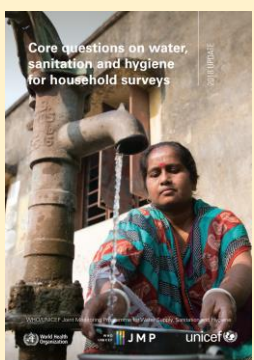
This Note is intended for WASH and C4D officers working together on the COVID-19 outbreak preparedness and response. It provides guidance on which aspects to consider when planning and implementing a hygiene promotion campaign as part

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://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.

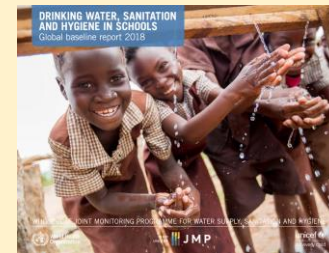
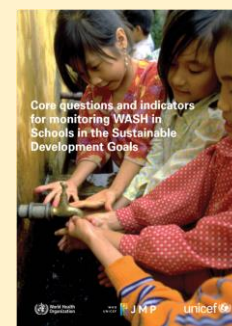
The indicators selected for monitoring the SDG WASH targets build on the established improved/unimproved facility type classification and introduce additional criteria, derived from the human rights to safe drinking water and sanitation, relating to the level of service provided. Since 2012, the JMP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

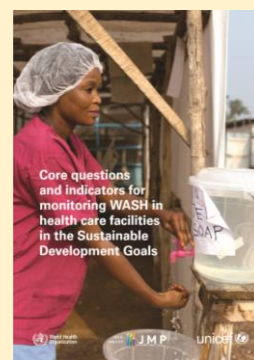
Harmonizing approaches to monitoring WASH in Schools

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.