Hygiene Baselines pre-COVID-19

www.washdata.org

WHO Regional Office for Africa

7 in 10 households in Africa do not have a handwashing facility with soap and water on premises

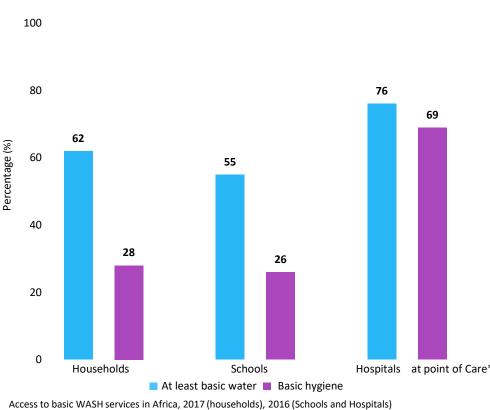
UNICEF

3 out of 4 schools in Africa do not have handwashing facilities with soap and water available to students

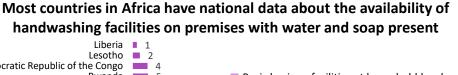
We do not know the proportion of health care facilities in Africa that have functional hand hygiene facilities with soap and water or hand sanitizer

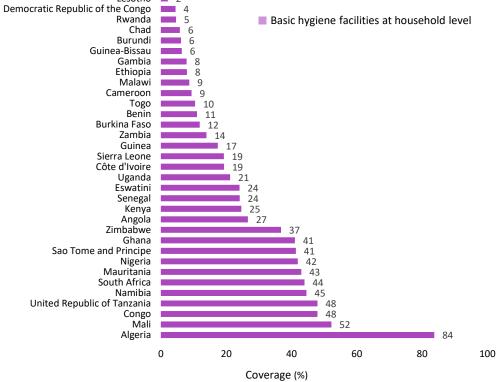
- Frequent and proper hand hygiene is one of the most important measures that can be used to prevent infection with the COVID-19 virus
- There are two main routes of transmission of the COVID-19 virus: respiratory and poor hygiene
- The COVID-19 virus has not been detected in drinking-water supplies, 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

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



Regional estimates are only available for hospitals and hygiene facilities at points of care not for all





Access to basic hygiene services for countries in Africa, 2017 (households), 2016 (Schools and Health Care Facilities) for African countries with available nationally representative data.

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 w hygiene call for the p	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	Handwashing facilities at school, which have water and soap available	Services to Schools Facilit	
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.	least three bins, and sharps and infectious waste are treated and	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.

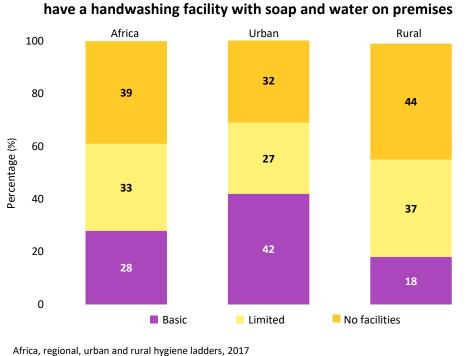


Health Care Facilities

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



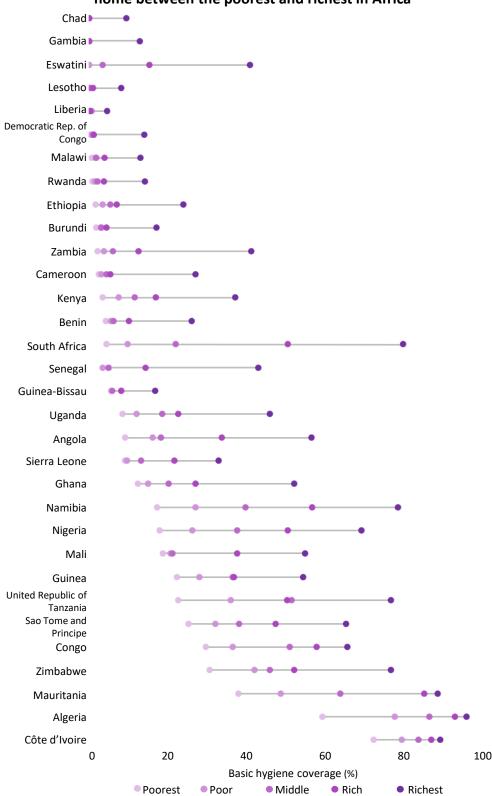
Less than a third of the people in the WHO Africa Region



MP

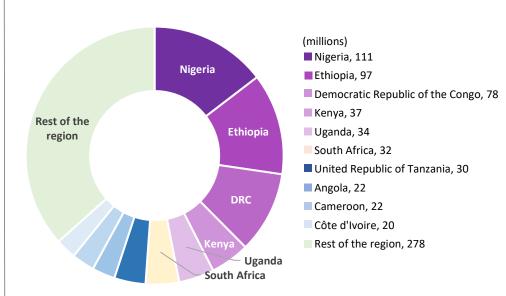
WHO UNICEF

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



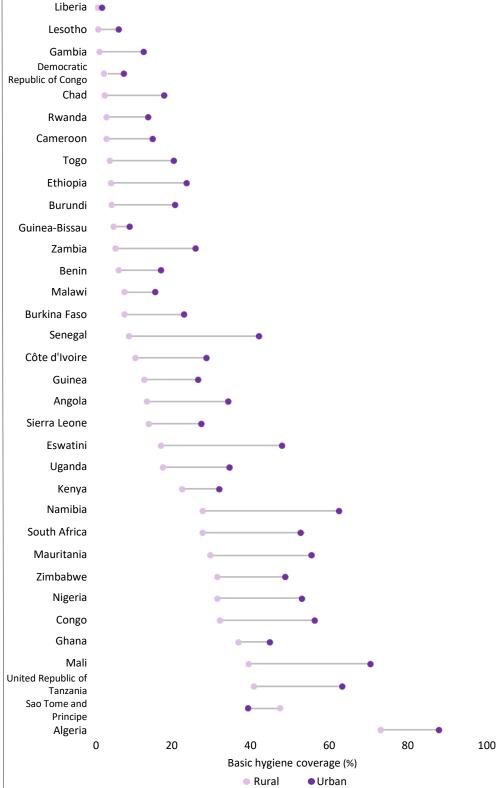
Inequalities in the proportion of population with handwashing facilities with soap and water by wealth quintiles, countries in Africa, 2017 (%)

759 million people in the WHO Africa do not have basic handwashing facilities with soap and water at home



Distribution of population without basic hygiene at the household, African countries, 2017

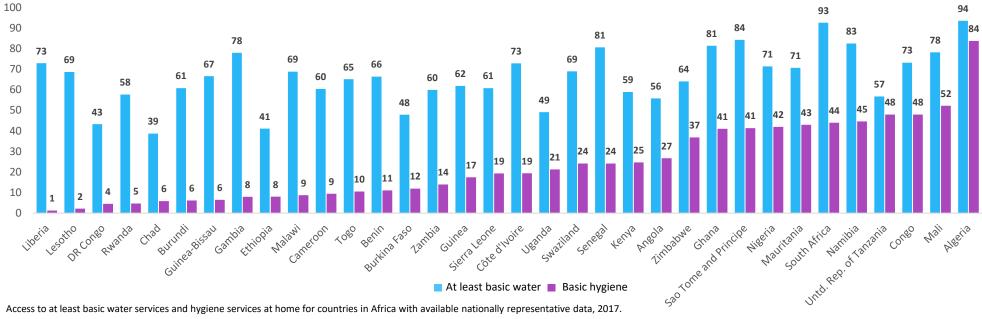
Handwashing facilities with soap and water are more prevalent in urban than in rural areas of Africa



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

Hygiene Baselines pre-COVID-19 Household and population

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



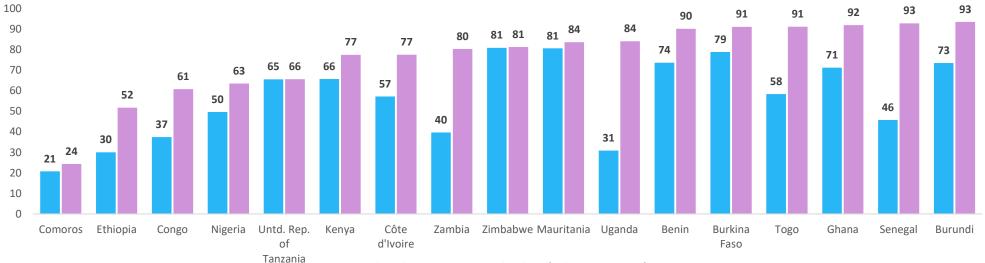


Population with basic hygiene facilities disaggregated by WHO regions, countries and Senegal provinces, urban-rural & wealth quintiles (%) Sources: JMP 2019 and Senegal DHS 2017

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

Washing hands with soap and water at points of care in health care facilities is prioritized even when there is no full access to a basic water service



At least basic water Handwashing facilities at points of care

Access to at least basic water services and hygiene services at health care facilities and availability of hand hygiene facilities at points of care for countries in Africa with available nationally representative data. 2017.

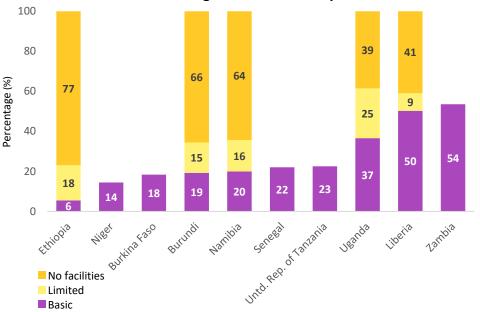
Schools and Health Care Facilities

Hygiene Baselines pre-COVID-19

Less than a third of the countries in the WHO Africa Region have national data on handwashing facilities with soap and water at schools

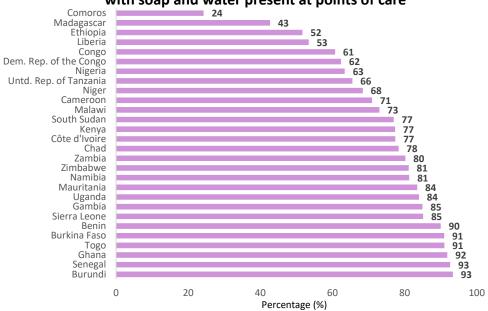
MP

WHO UNICEF



National and regional coverage with basic hygiene facilities at schools, African countries 2016

Most health care facilities in Africa have facilities for washing hands with soap and water present at points of care



National and regional coverage with basic hand washing facilities with soap and water present at points of care in health care facilities, African countries, 2017

	Households										Schools									Health Care Facilities										
		National Rural					1	Urban			National		Primary		Se	Secondary			National				Hospitals			Non-Hospitals				
Country	Year	Basic	Limited (without water or soap)	to facility	asic	Limited (without water or soap)		Basic	Limited (without water or soap)	v facility	لے Basic hygiene services	Limited hygiene services	lo hygiene services	Basic hygiene services	Limited hygiene services		Basic hygiene services	Limited hygiene services	lo hygiene services	Basic hvoriene services	Limited hygiene services	to hygiene services	Handwashing facilities at points of care	Handwashing facilities at toilets	Basic hygiene services	Limited hygiene services		Basic hygiene services	Limited hygiene services	lo hygiene services
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Angola	2017	27	15	58	13	14	73	34	16	50 201		-	-	-	-	-	-	-	- 20		-	-	-	-	-	-	-	-	-	-
Benin	2017	11	16	73	6	17	77	17	15	68 201		-	-	-	-	-	-	-	- 20		-	-	90	-	-	-	-	-	-	-
Botswana Burkina Faso	- 2017	- 12	42	- 46	- 8	- 41	- 51	- 23	- 44	- 201 33 201		-	-	- 18	-	-	-	-	- 20		-	0	91	-	-	-	-	-	-	0
Burundi	2017	6	93	40	4	95	1	20	79	1 201		15	66	20	1	79	16	-	- 20		-	-	93	-	-	-	-	-	-	-
Cabo Verde	-	-	-	-	-	-	-	-	-	- 201		-	-	-	-	-	-	-	- 20		-	-	-	-	-	-	-	-	-	-
Cameroon	2017	9	5	85	3	6	91	15	5	81 201	5 -	-	-	-	-	-	-	-	- 20	16 -	-	-	71	-	-	-	-	-	-	-
Central African Republic	= -	-	-	-	-	-	-	-	-	- 201	5 -	-	-	-	-	-	-	-	- 20	16 -	-	-	-	-	-	-	-	-	-	-
Chad	2017	6	18	76	2	18	79	18	19	63 201		-	-	-	-	-	-	-	- 20		-	-	78	-	-	-	-	-	-	-
Comoros	-	-	-	-	-	-	- 25	- FC	-	- 201		-	-	-	-	-	-	-	- 20		-	-	24	-	-	-	-	-	-	-
Congo Côte d'Ivoire	2017 2017	48 19	34 34	18 47	32 10	43 37	25 53	56 28	29 30	14 201 42 201		- 27	- 73	-	- 24	76	-	-	- 20		-	2	61	-	-	-	-	-	-	4
Democratic Republic of				ĺ		i i						27	/ / /		27	/0				-		1	İ							-
the Congo	2017	4	11	84	2	11	87	7	12	81 201	5 -	-	-	-	-	-	-	-	- 20	16 -	-	-	62	-	-	-	-	-	-	-
Equatorial Guinea	-	-	-	-	-	-	-	-	-	- 201	; -	-	-	-	-	-	-	-	- 20	16 -	-	-	-	-	-	-	-	-	-	-
Eritrea	-	-	-	-	-	-	-	-	-	- 201		-	-	-	-	-	-	-	- 20		-	-	-	-	-	-	-	-	-	-
Eswatini	2017	24	31	44	17	33	50	48	27	26 201		-	-	-	-	-	-	-	- 20		-	-	-	-	-	-	-	-	-	-
Ethiopia	2017	8	51	41	4	50	46	23	57	19 201		18	77	5	16	79	7	39	54 20		-	2	52	-	-	-	1	-	-	2
Gabon Gambia	- 2017	- 8	- 15	77	- 1	13	- 85	- 12	- 16	- 201 72 201			-	-	-	-	-	-	- 20		-	-	- 85	-	-	-	-	-	-	-
Ghana	2017	41	42	17	37	43	20	45	41	14 201		-	-	-	-	-	-	-	- 20		-	0	92	-	-	-	0	-	-	0
Guinea	2017	17	31	52	13	33	55	26	27	47 201		29	71	-	29	71	-	-	- 20		-	-	-	-	-	-	-	-	-	-
Guinea-Bissau	2017	6	5	89	5	4	92	9	6	85 201	-	-	-	-	-	-	-	-	- 20	16 -	-	-	-	57	-	-	-	-	-	-
Kenya	2017	25	35	40	22	34	44	32	40	29 201		-	-	-	-	-	-	-	- 20		-	0	77	-	-	-	0	-	-	1
Lesotho	2017	2	3	95	1	2	98	6	5	89 201		-	-	-	-	-	-	-	- 20		-	-	-	-	-	-	-	-	-	-
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Malawi Mali	2017	52	25	23	39	31	30	70	16	13 201		- 37	- 03	-	- 50	62	-	- 32	- 20			-	/3	-	-	-	- No			-
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Mauritius	-	-	-	-	-	-	-	-	-	- 201		-	-	-	-	-	-	-	- 20		-	-	-	-	-	-	-	-		-
Mozambique	-	-	-	-	-	-	-	-	-	- 201	15	-	-	15	-	-	-	-	- 20	16 -	-	-	-	-	-	-	-	-	IL	-
Namibia	2017	45	43	12	27	58	15	62	28	9 201		16	64		-	-	-	-	- 20		-	-	81	-	-	-	-	-	-	-
Niger	-	-	-	-	-	-	-	-	-	- 201		-	-	14	-	-	-	-	- 20		-	0	68	-	-	-	-	-	-	0
Nigeria Bwanda	2017	42	33	25 86	31	40	28 97	53	25 °	23 201		-	-	- 4E	-	-	- E1	-	- 20			13	63	43	-	-	1	-	-	1
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Senegal	2017	24	22	54	9	23	68	42	21	37 201		-	- 10	25	-	-	10	100	20		_	-	93	-	-	-	_	-	-	-
Seychelles	-	-	-	-	-	-	-	-	-	- 201		0	0	100	0	0	100	0	0 20		-	-		-	-	-	-	-	-	-
Sierra Leone	2017	19	22	58	14	22	64	27	23	50 201		36	64	-	-	-	-	-	- 20		-	-	85	-	-	-	-	-	-	-
South Africa	2017	44	44	12	27	55	18	53	38	10 201		-	-	-	-	-	-	-	- 20	16 -	-	-	-	-	-	-	-	-	-	-
South Sudan	-	-	-	-	-	-	-	-	-	- 201		-	-	-	-	-	-	-	- 20		-	-	77	-	-	-	-	-	-	-
Togo	2017	10	12	78	4	11	85	20	13	66 201		- 25	-	-	-	-	-	-	- 20		-	-	91	-	-	-	-	-	-	-
Uganda United Republic of	2017	21	32	47	17	33	50	34	27	39 201	37	25	39	-	-	-	-	-	- 20	16 -	-	1	84	-	-	-	0	-	-	1
Tanzania	2017	48	35	17	40	40	19	63	25	12 201		-	-	23	-	-	-	-	- 20	16 3	-	-	66	35	58	-	-	33	-	-
Zambia Zimbabwe	2017 2017	14 37	28 61	58 2	5 31	24 67	71 2	26 49	33 49	41 201 3 201		- 63	- 37	52 -	- 63	- 37	63 -	- 59	- 20 41 20		- 32	- 10	80 81	-	- 56	- 35	- 9	- 59	- 32	- 10
WHO Africa Region	2017	28	33	39	18	37	44	42	27	32 201	26	-	-	24	-	-	-	-	- 20	16 -	-	6	69	-	-	-	1	-	-	1

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

Hygiene Baselines pre-COVID-19

Resources

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

(A) Weatd Heatth Organization	unicef
Water, sanitation, hygiene, for the COVID-19 virus Interin guidance 19 March 2020	and waste management
Background	1. CMB-Presentation
This lateral guidance sugglimme he televisite prevention and protect (PC) documents has advantation WHO positions are not sensition and table are non- related transmission and the sensitivity of the sensitivity were real another protections and provides and before anti-place and trajectory of the sensitivity of the protection of the sensitivity of the protection. The protection of the sensitivity of the protection of hegican sensitivity of the sensitivity of the protection.	There are two pairs state of hearmost of the TOVED view, expected with a state hearmost despite generated when as solving stress ranges a means. I preven who is to clear cates with screener with experiment verspect-conversity, explaining and of the experiment verspect conversity, are spling as to do the experiment verspect conversity, are spling as to do the experiment verspect of the screener with the two or reveal varies. One, the transition conversion of all individual individual view or a neuron of transmiss located individual view or as a neuron of transmiss located individual view or and the screeners of the screeners.
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Thy post inportent information concerning WASH and the COAD-OF case is monumerical here.	Corpensation
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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	Lanical (40) to ware place
COVID-19 Emergency Response	
UNICET Hypierse Programity Guidance	Nole
Union following Mygnerie printedline in the same	et all the COMD 15 outpress
promotion campaign as part of a broader risk net means to provide a campinheesiae guide prompto and questions to their about when o behavior change interventions in the contact	It is consider when planning and implementing a hyper communication & community empagement strategy. It is designing a behavior change compaging, but rethin regigning with local governments and CAD colleagues of if this new virus. The content is based on leasons lease to place head wrentpencies and general programming is place. Inedia wrentpencies.
10 cobreak preparedness and response. The involved in hyperic promotion activities varies (INCEF CaD and WIGH cobregam; (2) bit existence of material charrents, care headbhardtenielocation promotion) in any to	efficient all country efficient working together on the Count is extent in which III MIREET WINEE and CRE officient are by country and supersition on (11) preservor and capacity englis of government systems: capacitally initiated to its superior and preservors excludes to gas, waters preserve. (IV-RCET WIREE) provide terminical input g of indexial hygiene provides terminical result g of indexial hygiene provides terminical results.
Please refer to asperate documents for guiden	or on Coxid-19 IPC programming in actools and MCZ
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Important resources to rest	
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and some	

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.