Hygiene Baselines pre-COVID-19

UNICEF Regional Office for East Asia and Pacific

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3 out of 10 households in East Asia and Pacific* do not have a dedicated place for washing hands with soap and water on premises

More than half of the schools in East Asia and the Pacific* do not have hand-washing facilities with soap and water available to students

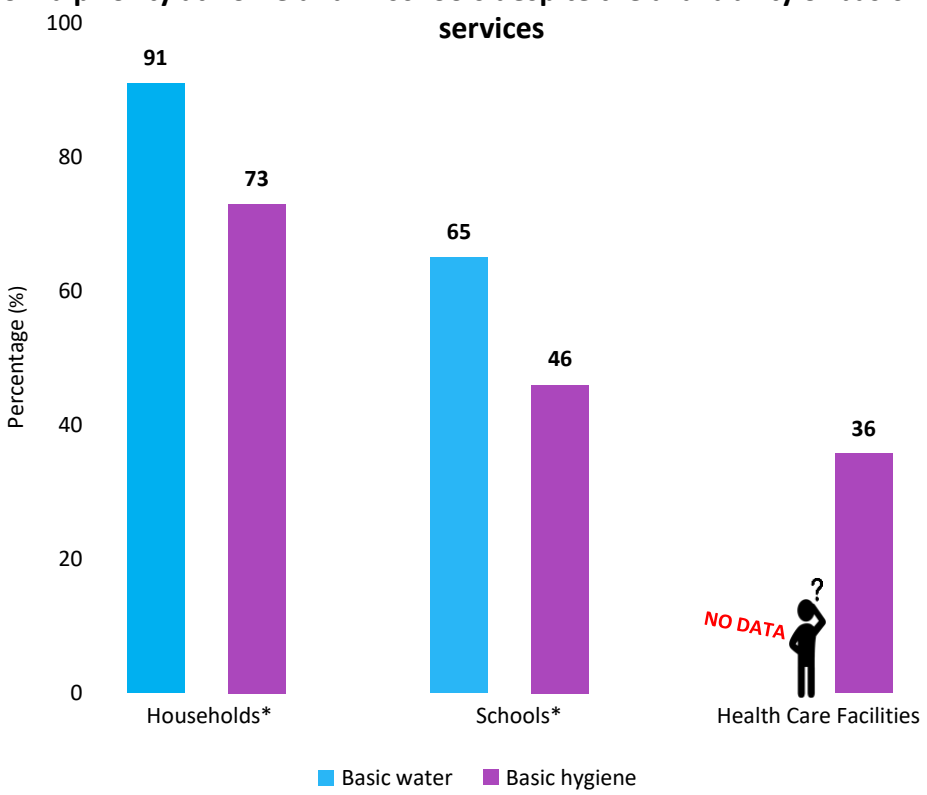
More than 6 out of 10 health care facilities in East Asia and Pacific have functional handwashing facilities with soap and water or hand sanitizer

* Regional estimates exclude China, for which no nationally representative data are available for households and schools

- 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

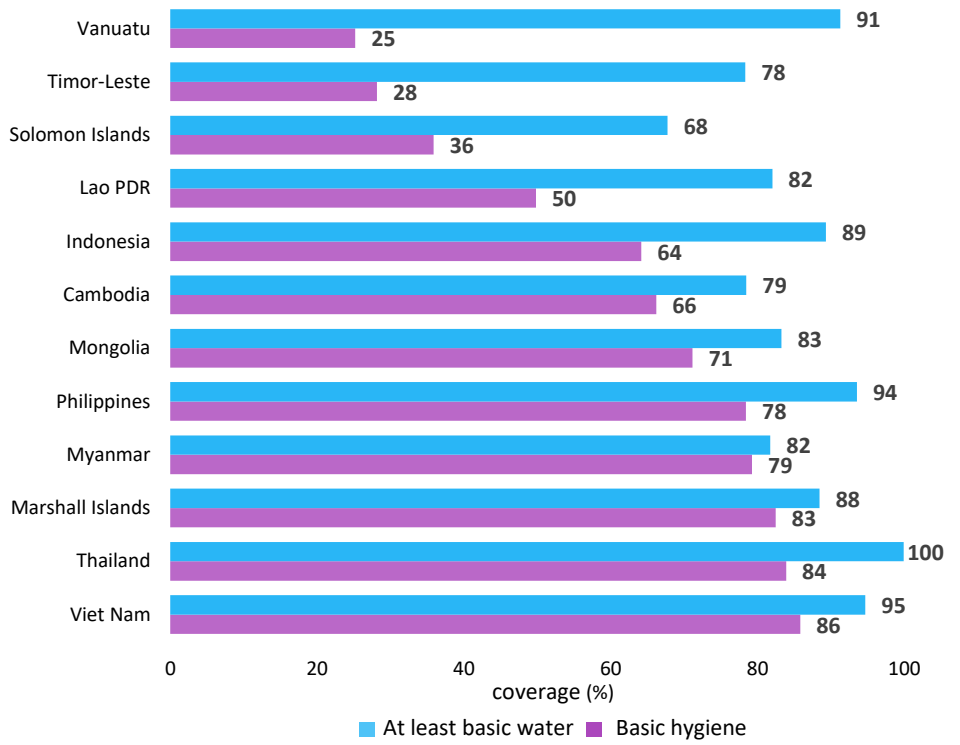
Source: Water, sanitation, hygiene, and waste management for the COVID-19 virus – Interim Guidance 19 March 2020, WHO and UNICEF

In East Asia and Pacific* 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 WASH services in East Asia and Pacific, 2017 (households), 2016 (Schools and Health Care Facilities)
* Regional estimates exclude China, for which no nationally representative data are available

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 countries in East Asia and Pacific, with available nationally representative data, 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	*"SDG 6.1 and 6.2 on water, sanitation and hygiene call for the provision of WASH Services to Schools and Health Care Facilities"*	
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.

World Health Organization

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

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Hygiene Baselines pre-COVID-19

Household and population data

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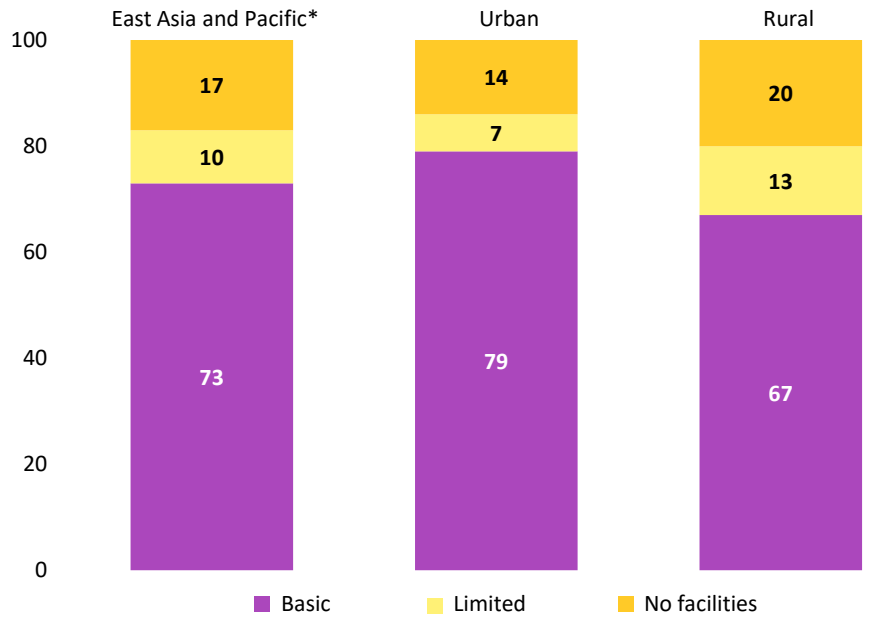
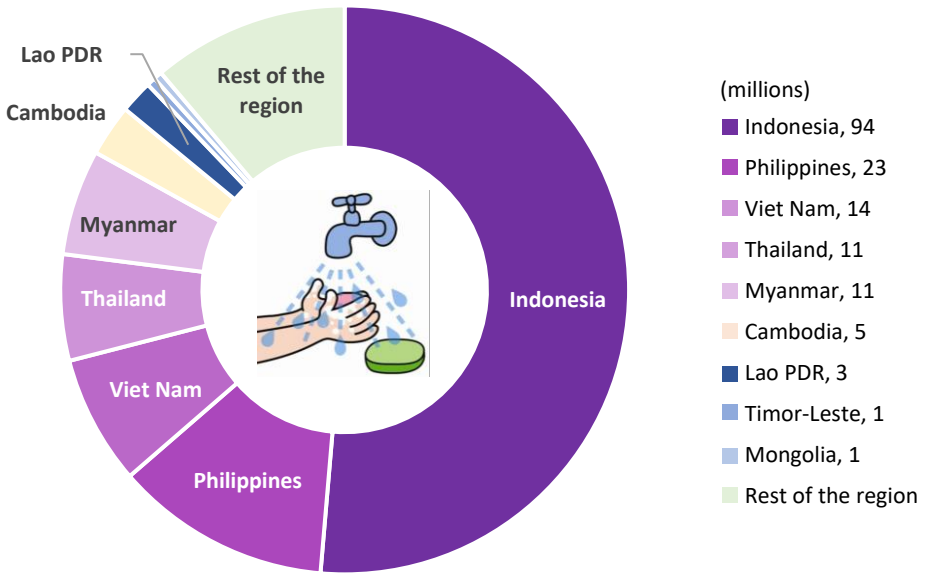
Over one in four people in East Asia and Pacific* do not have a handwashing facility with soap and water on premises



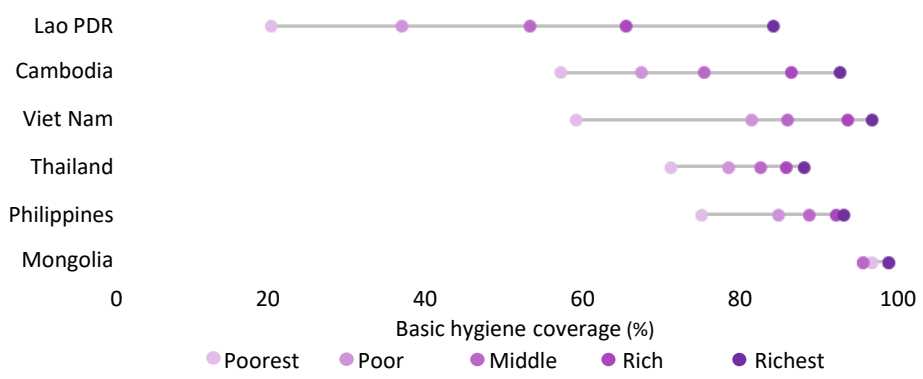
East Asia and Pacific, regional, urban and rural hygiene ladders, 2017
* Regional estimates exclude China, for which no nationally representative data are available

184 million people in East Asia and Pacific* do not have basic handwashing facilities with soap and water at home



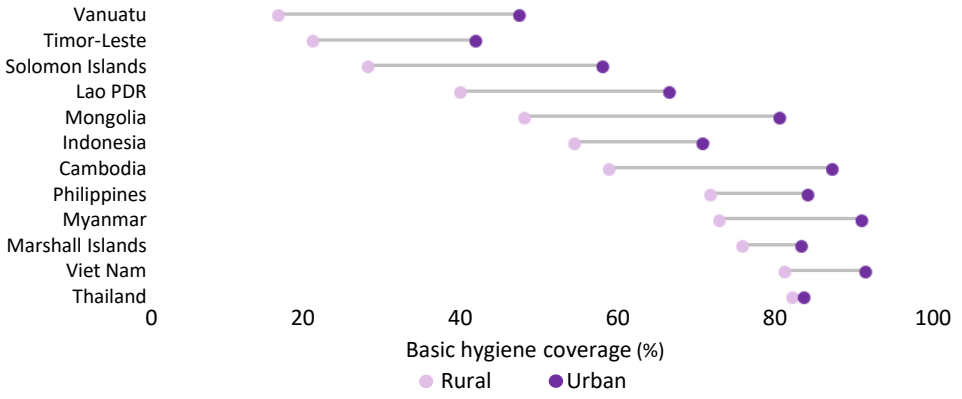
Distribution of population without basic hygiene at the household, East Asia and Pacific countries, 2017
* Regional estimates exclude China, for which no nationally representative data are available

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



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

Handwashing facilities with soap and water are more prevalent in urban than in rural areas of East Asia and Pacific

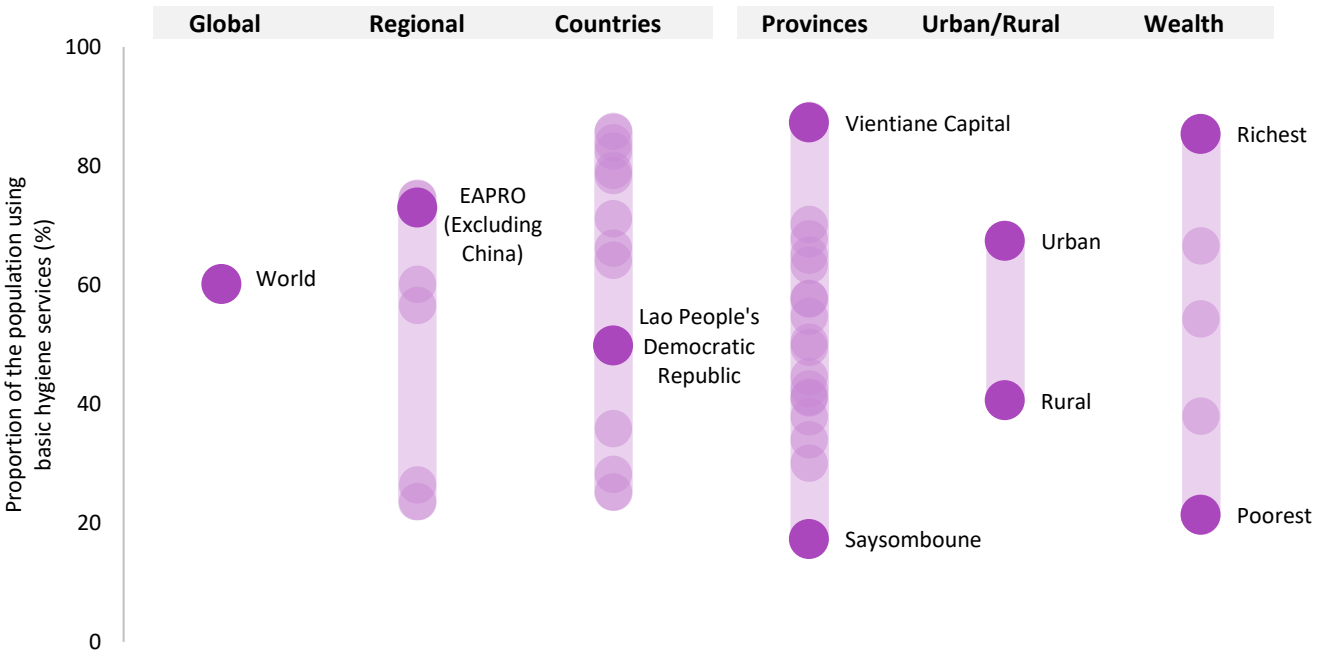


Inequalities in the proportion of population with handwashing facilities with soap and water by urban and rural areas, countries in East Asia and Pacific, 2017 (%)

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

Large disparities in basic hand washing facilities with soap and water within the Lao People's Democratic Republic



Population with basic hygiene facilities disaggregated by UNICEF regions, countries and Lao People's Democratic Republic provinces, urban-rural & wealth quintiles (%); Sources: JMP 2019 and Lao People's Democratic Republic, 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

Hygiene Baselines pre-COVID-19

Schools and Health Care Facilities

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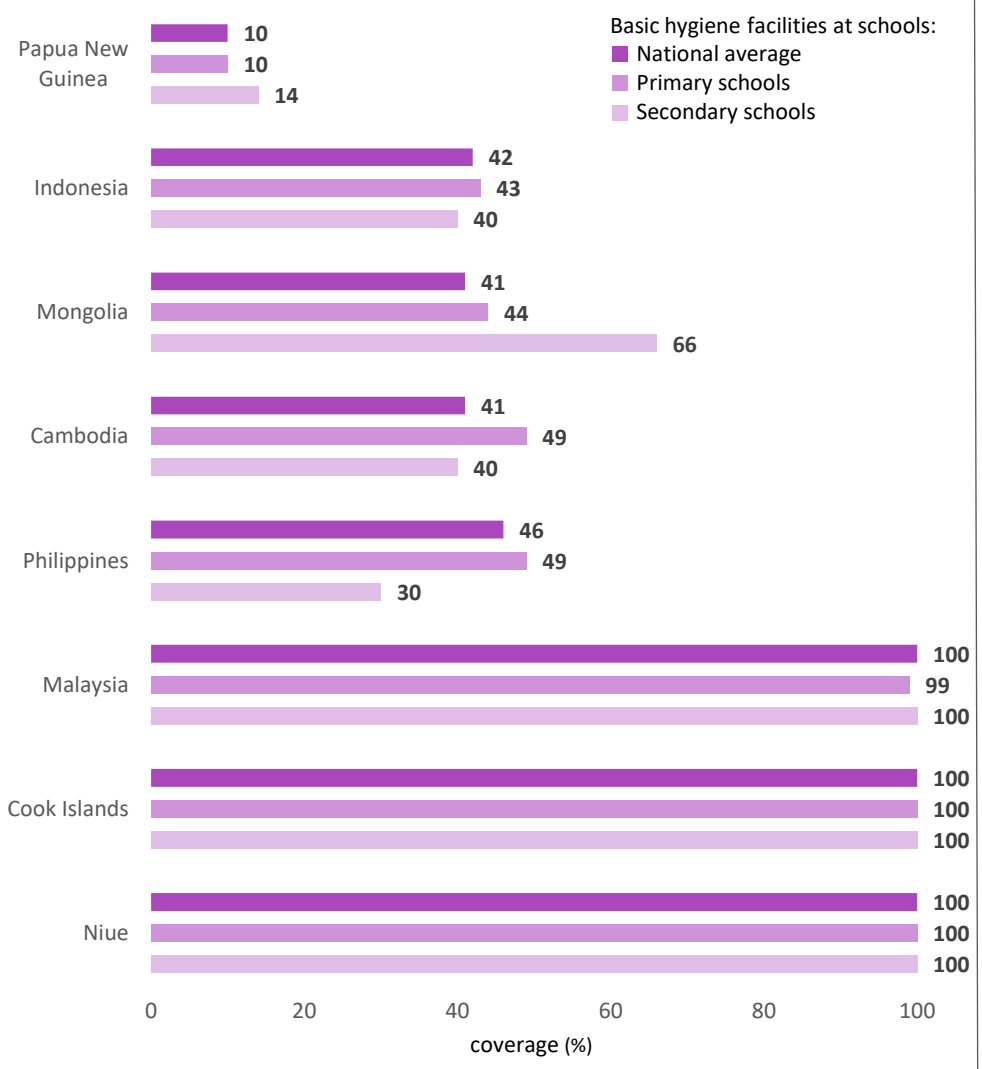
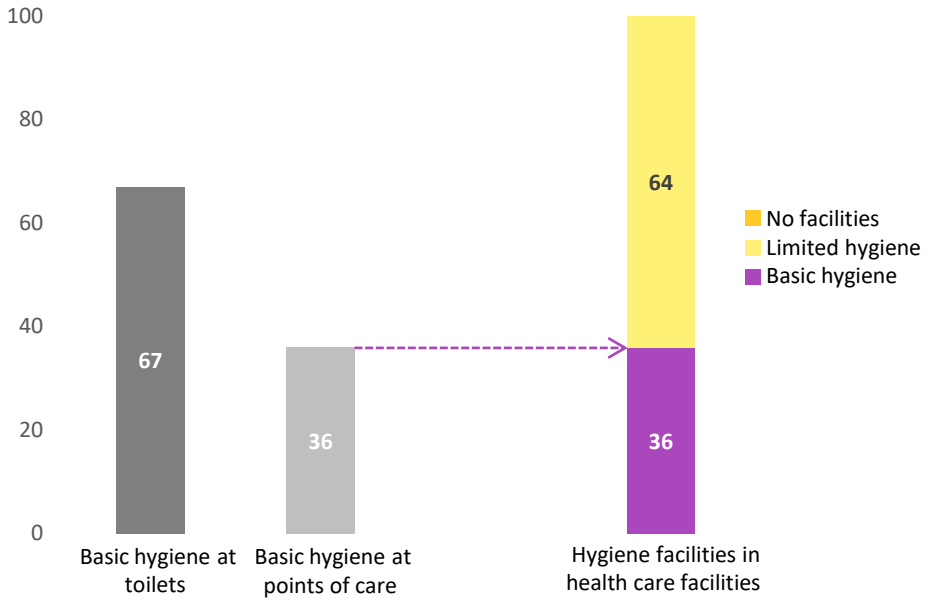
Several countries in East Asia and Pacific have comprehensive data about hygiene facilities with soap and water in schools



Coverage with hand hygiene facilities at schools, national, primary- and secondary schools in countries of East Asia and Pacific with nationally representative hygiene data for primary and secondary schools

Of all countries in the East Asia and Pacific region only China has nationally representative data about handwashing facilities with soap and water 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

Why are there no regional averages for East Asia and Pacific ?
In order to calculate regional household estimates, the JMP needs data that cover at least 50 per cent of the regional population and 30 per cent of the population for schools and health care facilities. One or more of the most populous countries of a region often make up more than 50 per cent of a regional population, like China in the case of East Asia and Pacific. For China, the JMP only holds nationally representative data on hygiene in health care facilities and as a result the JMP is unable to calculate regional averages for hygiene at the household level and schools.

	Households										Schools										Health Care Facilities													
		National			Rural			Urban				National			Primary			Secondary				National						Hospitals			Non-Hospitals		
Country	Year	Basic	Limited (without water or soap)	No facility	Basic	Limited (without water or soap)	No facility	Basic	Limited (without water or soap)	No facility	Year	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	Year	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
Brunei Darussalam	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cambodia	2017	66	13	21	60	15	26	88	5	7	2016	41	2	57	49	2	49	40	2	58	2016	-	-	-	100	-	-	-	-	-	-	-	-
China	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	2016	36	64	0	36	67	-	-	-	36	64	0
Cook Islands	-	-	-	-	-	-	-	-	-	-	2016	100	0	0	100	0	0	100	0	0	-	-	-	-	-	-	-	-	-	-	-	-
DPR Korea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fiji	-	-	-	-	-	-	-	-	-	-	2016	61	27	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Indonesia	2017	64	6	29	55	6	38	72	6	22	2016	42	23	35	43	22	35	40	23	36	2016	-	-	1	80	-	-	-	1	-	-	1
Kiribati	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lao PDR	2017	50	40	10	41	48	11	67	25	8	2016	-	-	-	-	-	-	-	-	-	2016	-	-	-	79	-	-	-	-	-	-	-
Malaysia	-	-	-	-	-	-	-	-	-	-	2016	100	-	-	99	-	-	100	0	0	-	-	-	-	-	-	-	-	-	-	-	-
Marshall Islands	2017	83	15	2	77	19	4	84	14	2	2016	36	-	-	36	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Micronesia (Federated States of)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	2017	71	7	22	49	10	41	81	6	12	2016	41	36	23	44	36	20	66	10	24	-	-	-	-	-	-	-	-	-	-	-	-
Myanmar	2017	79	15	6	74	19	7	92	5	3	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	91	-	-	-	-	-	-	-
Nauru	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Niue	-	-	-	-	-	-	-	-	-	-	2016	100	0	0	100	0	0	100	0	0	-	-	-	-	-	-	-	-	-	-	-	-
Palau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Papua New Guinea	-	-	-	-	-	-	-	-	-	-	2016	10	43	47	10	43	47	14	41	45	2016	-	-	-	98	-	-	-	-	-	-	-
Philippines	2017	78	12	10	73	14	13	85	9	6	2016	46	14	40	49	10	40	30	33	37	-	-	-	-	-	-	-	-	-	-	-	-
Republic of Korea	-	-	-	-	-	-	-	-	-	-	2016	100	0	0	100	0	0	100	0	0	-	-	-	-	-	-	-	-	-	-	-	-
Samoa	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Singapore	-	-	-	-	-	-	-	-	-	-	2016	100	0	0	100	0	0	100	0	0	-	-	-	-	-	-	-	-	-	-	-	-
Solomon Islands	2017	36	36	28	29	40	31	59	24	17	2016	17	17	66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Thailand	2017	84	8	8	83	10	7	85	6	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Timor-Leste	2017	28	65	7	22	69	9	43	54	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vanuatu	2017	25	43	32	17	46	36	48	33	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Asia and Pacific	**2017**	-	-	-	-	-	-	-	-	-	**2016**	-	-	-	-	-	-	-	-	-	**2016**	**36**	-	-	-	-	-	-	-	-	-	-

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

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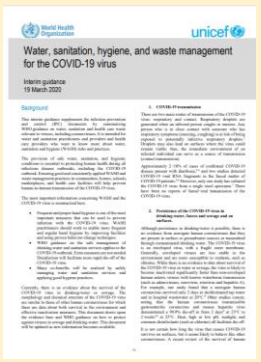
WHO/UNICEF Technical Brief: Water, Sanitation, Hygiene and Waste Management for COVID-19



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.

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

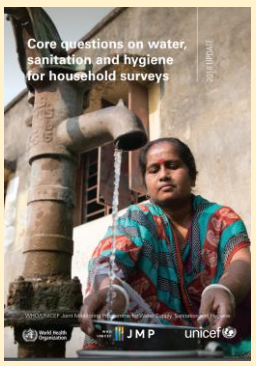
UNICEF Hygiene Programming Guidance Note COVID-19 Emergency Response

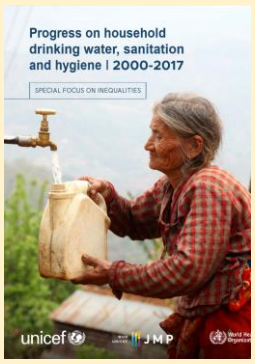
This Note is intended for WASH and C4D officers working together on the COVID-19 outbreak preparedness and response. It provides guidance on which aspects to consider when planning and implementing a hygiene promotion campaign as part of a broader risk communication & community engagement strategy. The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





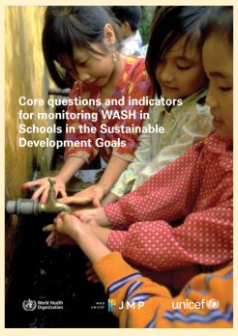
During the MDG period the JMP partnered with major international survey programmes to develop and standardize core questions and indicators for use in national household surveys and censuses which were the prime data sources for the JMP.

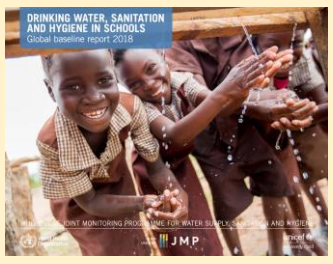
Since publication of the JMP core questions in 2006, international survey programmes have aligned their questionnaires and the core questions have been used extensively in national surveys and censuses around the world, leading to increased harmonization of national WASH data.

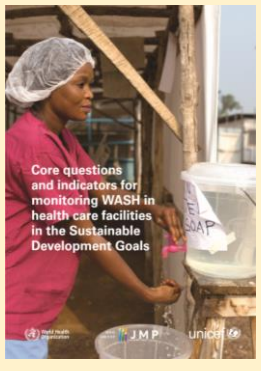
The indicators selected for monitoring the SDG WASH targets build on the established improved/unimproved facility type classification and introduce additional criteria, derived from the human rights to safe drinking water and sanitation, relating to the level of service provided.
Since 2012, the JMP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

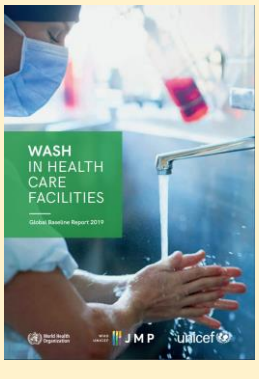
Harmonizing approaches to monitoring WASH in Schools

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.

Download these and other JMP reports from : www.washdata.org/reports