UNICEF JMP

UNICEF Regional Office for Middle East and North Africa

2 out of 10 households in the Middle East and North Africa region do not have a dedicated place for washing hands with soap and water on premises

Almost half of the schools in the Middle East and North Africa region do not have hand-washing facilities with soap and water available to students

We do not know how many health care facilities in the Middle East and North Africa region have functional handwashing facilities with soap and water or hand



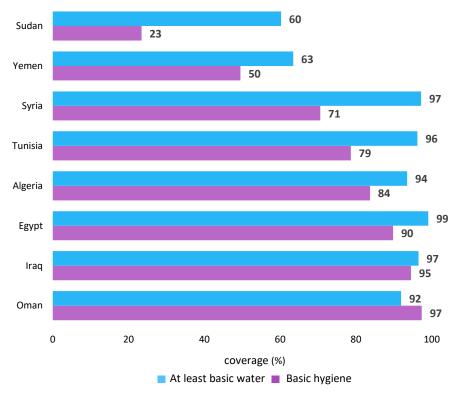
- Frequent and proper hand hygiene is one of the most important measures that can be used to prevent infection with the COVID-19 virus
- There are two main routes of transmission of the COVID-19 virus: respiratory and poor hygiene
- The COVID-19 virus has not been detected in drinking-water supplies, 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 the Middle East and North Africa washing hands with soap and water receives too low a priority at home and in schools despite the availability 100 94 84 80 60 69 69 100 Households Schools Health Care Facilities At least basic water Basic hygiene

Access to at least basic WASH services in Middle East and North Africa, 2017 (households), 2016 (Schools and Health Care Facilities)

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 Middle East and North Africa, with available nationally representative data, 2017.

SDG standards for basic WASH services at households, schools and health care	: facilities
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00	3DG standards for basic wash services at households, serious and health care facilities												
$\hat{\mathcal{Q}}$	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	hygiene call for the	•									
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			ols and Health Care lities"							
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.	lea inf	aste is safely segregated into at ast three bins, and sharps and ectious waste are treated and eposed 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.



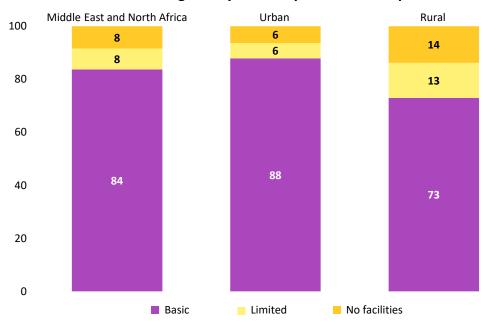




Hygiene Baselines pre-COVID-19

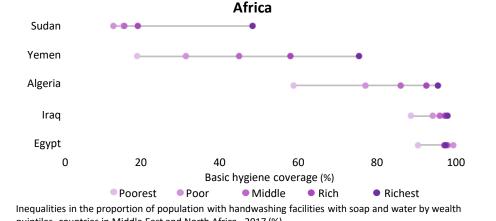
Household and population data

Over one in four people in the Middle East and North Africa do not have a handwashing facility with soap and water on premises

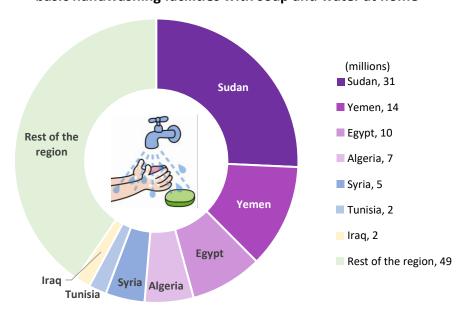


Middle East and North Africa, regional, urban and rural hygiene ladders, 2017

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

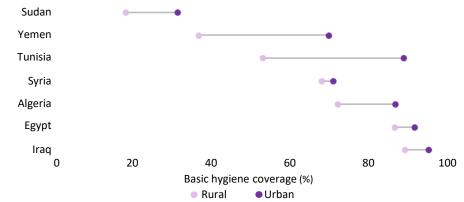


121 million people in the Middle East and North Africa do not have basic handwashing facilities with soap and water at home



Distribution of population without basic hygiene at the household, Middle East and North Africa countries,

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



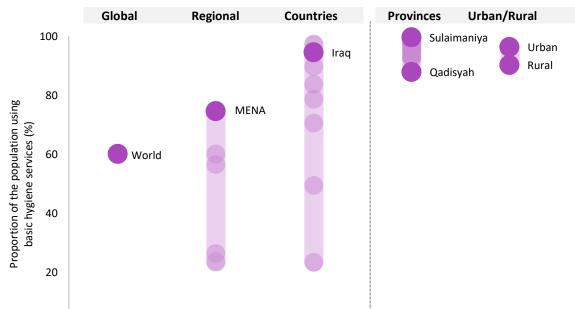
Inequalities in the proportion of population with handwashing facilities with soap and water by urban and rural

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 Iraq and the Middle East and North Africa Region



Richest Poorest

> "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

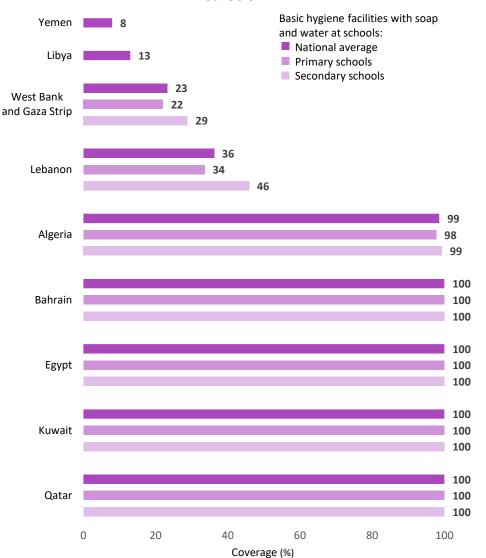
Population with basic hygiene facilities disaggregated by UNICEF regions, countries and Iraq, provinces, urban-rural & wealth quintiles (%): Sources: JMP 2019 and Iraq MICS 2017



Hygiene Baselines pre-COVID-19

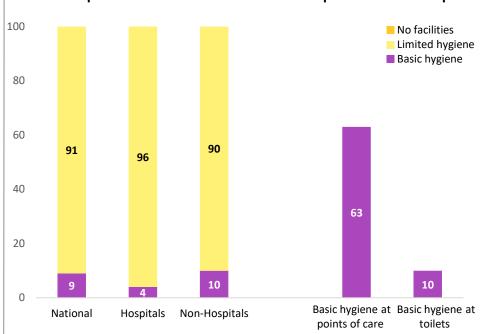
Schools and Health Care Facilities

Only 9 of 20 countries in the Middle East and North Africa 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 Middle East and North Africa with nationally representative hygiene data for primary and secondary schools

Of all countries in the Middle East and North Africa region only Egypt has nationally representative data about handwashing facilities with soap and water at points of care and toilets in both hospitals and non-hospitals



Coverage of hand hygiene facilities at points of care and toilets in health care facilities, Egypt, 2016

Why are there no regional averages for Middle East and North Africa for health care facilities?

In order to calculate regional estimates for proportion of health care facilities with basic hygiene, the JMP needs data that cover at least 30 per cent of the regional population. For the Middle East and North Africa region the JMP only holds comprehensive data on health care facilities from Egypt and some data from Djibouti, Lebanon, Kuwait and Tunisia. As a result the JMP is unable to calculate regional averages for basic hygiene services at health care facilities

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	Households										Schools											Health Care Facilities												
	National					Rural			Urban			National			Primary			Secondary				National					Н	ospita	ls	Non- Hospitals				
Country	Year	Basic	Limited (without water or soap)		Basic	Limited (without water or soap)		Basic	Limited (without water or soap)		Year	Basic hygiene services	Limited hygiene services		Basic hygiene services	Limited hygiene services		Basic hygiene services	Limited hygiene services		Year	Basic hygiene services	Limited hygiene services		Handwashing facilities at points of care	Handwashing facilities at toilets	Basic hygiene services	Limited hygiene services		Basic hygiene services	Limited hygiene services	No hygiene services		
Algeria	2017	84	8	8	73	13	14	88	6	6	2016	99			98			99			2016	-	-	-	-	-	-	-	-	-	-	-		
Bahrain	-	-	-	-	-	-	-	-	-	-	2016	100	0	0	100	0	0	100	0	0	2016	-	-	-	-	-	-	-	-	-	-	-		
Djibouti	-	-	-	-	-	-	-	-	-	-	2016										2016	-	-	-	35	-	-	-	-	-	-	-		
Egypt	2017	90	10	1	88	12	0	93	6	2	2016	100	0	0	100	0	0	100	0	0	2010	9	91	0	63	10	4	96	0	10	90	0		
Iran (Islamic Republic of)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	-		
Iraq	2017	95	4	2	90	7	3	96	3	1	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	-		
Jordan	-	-	-	-	-	-	-	-	-	-	2016										2016	-	-	-	-	-	-	-	-	-	-	-		
Kuwait	-	-	-	-	-	-	-	-	-	-	2016	100	0	0	100	0	0	100	0	0	2016	100	0	0	100	100	-	-	-	-	-	-		
Lebanon	-	-	-	-	-	-	-	-	-	-	2016	36	60	4	34	62	5	46	51	3	2016	-	-	1	-	93	-	-	-	-	-	-		
Libya	-	-	-	-	-	-	-	-	-	-	2016	13	82	5							2016	-	-	-	-	-	-	-	-	-	-	-		
Morocco	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	-		
Oman	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	-		
Qatar	-	-	-	-	-	-	-	-	-	-	2016	100	0	0	100	0	0	100	0	0	2016	-	-	-	-	-	-	-	-	-	-	-		
Saudi Arabia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	-		
Sudan	2017	23	19	57	19	21	60	32	16	52	2016	-	25	75							2016	-	-	-	-	-	-	-	-	-	-	-		
Syrian Arab Republic	2017	71	21	9	69	20	11	72	21	7	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	?	-		
Tunisia	2017	79	5	16	54	10	36	90	3	7	2016	-	88	12	-	88	12	-	-	-	2016	-	-	-	46	-	-	-	No	DATA	>	-		
United Arab Emirates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	7	-		
West Bank and											2045	22						20		4.0	2045													
Gaza Strip	-	-	-	-	-	-	-	-	-	-	2016	23	70	6	22	70	8	29	58	13	2016	-	-	-	-	-	-	-	-	-	-	-		
Yemen	2017	50	26	25	38	29	33	71	20	9	2016	8	8	84	-	-	-	-	-	-	2016	-	-	-	-	-	-	-	-	-	-	-		
Middle East and North Africa	2017	75	14	11	62	20	18				2016	69	0	31	95	-	-	94	-	-	2016	-	-	-	-	-	-	-	-	-	-	-		



Hygiene Baselines pre-COVID-19

Resources

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

Water, sanilation, hygiene, and waste management for the COVID-19 vivus

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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



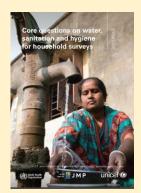
This Note is intended for WASH and C4D officers working together on the COVID-19 outbreak preparedness and response. It provides guidance on which aspects to consider when planning and implementing a hygiene promotion campaign as part

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

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.

collaborating with the UNICEF Multiple

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.

