

A woman wearing a pink uniform and a white hairnet is shown in profile, washing her hands at a water station. She is holding a pink faucet handle, and water is flowing into a clear plastic bucket below. The water station is a large white plastic container with a pink faucet, and a piece of paper with the word 'SOAP' is attached to it. The background shows a wooden structure and a clear sky.

# Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals

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Core questions and  
indicators for monitoring  
WASH in health care  
facilities in the Sustainable  
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# Preface

Sustainable water, sanitation and hygiene (WASH) services in health care facilities (HCF) are critical for providing safe, quality health care. There is increasing recognition that many health care facilities, especially in low- and middle-income countries, lack even the most basic water, sanitation and hygiene services. This lack of services compromises the ability to provide basic, routine services and the ability to prevent and control infections. Without WASH services in HCF, the global community will not reach the goal of universal access to WASH, or achieve a number of the health-related Sustainable Development Goals (SDGs), including universal health coverage, ending preventable newborn deaths and reducing maternal mortality.

There are many reasons to improve WASH in HCF: higher quality of care, fewer health care-associated infections, greater uptake of health services and improvements in staff morale. Improving services will require leadership from the health sector, technical inputs from the WASH sector and political commitment from governments and non-government partners dedicated to better health for all.

The increased focus on WASH in HCF in support of the 2030 Agenda, and in particular targets 3.1, 3.2 and 3.8, helps to raise the profile of this issue and necessitates the development of national, regional and global estimates of WASH in HCF coverage to track progress over time. Very few data are currently available to estimate global coverage of WASH in HCF. A 2015 WHO and UNICEF landscaping report<sup>1</sup> – the first comprehensive, multi-country analysis conducted – found data were available for 54, 36 and 35 low- and middle-income countries for water, sanitation and hygiene, respectively. Nearly 40% of HCF did not have a water supply within 500 m, 19% did not have access to improved sanitation and 35% had no facilities for hand washing. Only 20 of the assessments included were nationally representative, and many of the general definitions of WASH in HCF used by the assessment fell short of WHO minimum standards<sup>2</sup>. Countries in Africa were the most represented while those in Asia were least represented. The majority of low- and middle-income countries have not undertaken national assessments, and hence lack information to raise awareness and

set targets in pursuit of achieving universal access to WASH in HCF.

This document presents recommended core indicators to support harmonized monitoring of WASH in HCF in support of the 2030 Agenda. The indicators include definitions for “basic” water, sanitation, hygiene, health care waste management and environmental cleaning. Each indicator is supported with a set of recommended questions for use in data collection, which allow classification of facilities in relation to “service ladders” that can be used to monitor progress. If national data collection instruments adopt these core questions and response categories, the resulting data will be increasingly harmonized and will allow better comparison of survey results over time and between countries, as well as facilitate global analysis of WASH in HCF in the context of the 2030 Agenda.

The core indicators and questions in this guide were developed by the Global Task Team for Monitoring WASH in 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.<sup>3</sup> 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*.<sup>4</sup>

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, and
- (3) focused on the *minimum* criteria for provision of basic WASH services in HCF.

1 WHO and UNICEF. Water, sanitation and hygiene in health care facilities. Status in low- and middle-income countries and way forward. World Health Organization, Geneva, 2015.

2 WHO. Essential environmental health standards in health care. World Health Organization, Geneva, 2008.

3 The task team was an open membership group, consisting of approximately 20 WASH in HCF experts, who conducted a series of webinars in 2015 and 2016. Agreement on the indicators was reached at an Expert Group Meeting hosted by the JMP on 22-23 June 2016.

4 While affordability is also a normative criterion of the human rights to water and sanitation, the costs of accessing WASH in HCF cannot be disaggregated from the overall costs of accessing health care facilities.

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.

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.



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