**Programmatic steering**

**Indicator Reference Sheet**

**[Health]** program

**[Outcome]** O3: Strengthened essential environmental health standards in PHC facilities.

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| Indicator Title | 3.3. The proportion of health care facilities with basic hand hygiene.  “Health care facilities with basic hand hygiene” |
| Definition | Proportion of heath care facilities with a handwashing facility with soap and water or alcohol-based hand rubs in or near sanitation facilities and patient care areas.  According to the Joint Monitoring Program (JMP), the UN system’s monitoring mechanism for water supply and sanitation, facilities with hand hygiene stations include a basin with water and soap, or alcohol-based hand rub, present at critical points of care and within 5 m of toilets. If alcohol-based hand rub is used, healthcare staff may carry a dispenser around between points of care. |
| What does the indicator measure exactly | This is one of the Core indicators for WASH in institutions (within Sustainable Development Goal 6) used by the Joint Monitoring Programme (WHO, UNICEF) to determine if the SDG 6 water and sanitation targets are being met. It is the indicator of “basic” hand hygiene service in health care facilities.  A worldwide systematic review found that the incidence of healthcare-associated infections ranged from 1.7 to 23.6 per 100 patients (Pfoh, 2013). Hand hygiene is the primary measure proven to be effective in preventing healthcare-associated infections and the spread of antimicrobial resistance. The proxy proposed in this document is considered reliable and valid based on the assumption that the presence of the supplies (soap and water or alcohol-based hand rubs) is a necessary condition for the practice of hand washing to occur. |
| Unit and disaggregation | Unit: Percentage.  Disaggregation: by district (or administrative unit) |
| Calculation modalities | Number heath care facilities with a handwashing facility with soap and water or alcohol-based hand rub present at critical points of care and within 5 m of toilets x 100/ Number of health facilities surveyed |
| Baseline |  |
| Data collection, sources and methods | Health facility survey |
| Health facility survey using Facility Evaluation Tool (FACET) for WASH in Health |
| Data collection & processing : M&E assistants with support of M&E officers and project managers Data analysis & interpretation : project manager, M&E officers with support of health coordinators, regional WASH or M&E advisors |
| Frequency and timing | Every semester |
| Data quality issues | This is a proxy indicator to track hand washing interventions accepted by the M&E Working Group of the Global Handwashing Partnership.  For record to be a reliable data source, staff must fill the record out consistently and accurately. Ideally, the recording form will specify the standards, will facilitate accurate charting, and will stimulate appropriate actions. |
| Analysis & Interpretation | Ideally, actual handwashing practices should be observed, but this is often not practical during health facility surveys. Analysis and interpretation should follow the JMP recommended ladders for monitoring WASH in health care facilities and can be used to track trend in improvement over time. Since the first priority for monitoring will be to collect information on “basic” service, information on facilities with limited or unimproved/no services should be given as indicated by the FACET survey. |
| Resources | Under the technical assistance of HQ, Tdh M&E and operational teams in each delegation should work closely with health authorities to collect and interpret the data.  Funding needed: routine monitoring, delegation M&E staff and HQ technical support |
| Other | Any other  question / comments |