**Programmatic steering**

**Indicator Reference Sheet**

**[Health]** program

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

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| Indicator Title | 3.2. The proportion of health care facilities with basic sanitation.  “Health care facilities with basic sanitation” |
| Definition | Proportion of heath care facilities with improved toilets or latrines for patients located on premises, that are functional at the time of visit, with at least one toilet designated for women/girls with facilities to manage menstrual hygiene needs, at least one separated for staff, and at least one meeting the needs of people with limited mobility.  According to the JMP (joint monitoring program) improved sanitation facilities in healthcare settings is defined as flush/pour flush toilets connected to a piped sewer system, septic tank or pit latrine; pit latrines with slab; ventilated improved pit latrines; and composting toilets.  For the purpose of this document “toilets” is taken to mean any of these improved facilities for the disposal of human excreta. |
| 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” sanitation service in health care facilities. |
| Unit and disaggregation | Unit: Percentage.  Disaggregation: by district (or administrative unit) |
| Calculation modalities | Number of health facilities with improved toilets or latrines for patients located on premises, that are functional at the time of visit, with at least one toilet designated for women/girls with facilities to manage menstrual hygiene needs, at least one separated for staff, and at least one meeting the needs of people with limited mobility at the time of the survey x 100/ Number of health facilities surveyed |
| Baseline |  |
| Data collection, sources and methods | Health facility evaluation/assessment |
| 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 | The definition of improved sanitation facilities does not take into account the treatment of effluents to prevent pollution and public health risks downstream (i.e “safely managed” sanitation). Project designs and deliverables should strive to achieve this where possible.  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 | Analysis and interpretation should follow the JMP recommended ladders to monitor the Core indicators for WASH in health care facilities and can be used to track trends 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, baseline and endline studies, delegation M&E staff and HQ technical support |
| Other |  |