

# 2016 IPC & WASH COMMON INDICATORS

**Supporting Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) in Guinea, Liberia and Sierra Leone within the context of Early Recovery**

Final version  
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**Indicators section only**

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The current version of the IPC/WASH Common Indicators document is based on: 1) the draft consensus list of indicators agreed during the inaugural Three Country IPC/WASH Meeting, in July 2015; 2) subsequent discussions with IPC and Water, Sanitation, Hygiene and Health Unit (WASH) teams at WHO headquarters and national level and the Center for Disease Control, Atlanta (CDC); and 3) a multi-country, multi-partner feedback exercise which took place during the second Three-Country IPC/WASH Meeting, in February 2016. It aims to present a core set of indicators, in line with and complementary to existing in-country key performance indicators.

This report has been prepared by the Ebola team of WHO's Global Unit on Infection Prevention and Control (Department of Service Delivery and Safety, Health Systems and Innovation Cluster, Geneva) in close collaboration with WHO Country Offices in Guinea, Liberia and Sierra Leone, as well as CDC. Technical review and input were also provided by the WASH Unit at WHO. Special acknowledgement is given to all of the attendees of the two Monrovia meetings.

This document is also available in French.

## Abbreviations

CDC	Centers for Disease Control and Prevention
DPS	Direction Préfectorale de la Santé / Prefectural Health Directorate, Guinea
EEHS	Essential environmental health standards
EVD	Ebola virus disease
HCF	Health care facility
HCW	Health care worker
HMIS	Health management information system
HQ	Headquarters
IPC	Infection prevention and control
MoH	Ministry of Health
PHC	Peripheral health centre
PHU	Peripheral health unit
PPE	Personal protective equipment
SARA	Service availability and readiness assessment
SDG	Sustainable development goals
SOP	Standard operating procedures
WASH	Water, sanitation and hygiene
WCO	WHO Country Office
WHO	World Health Organization

## Glossary of terms

Alcohol-based handrub	An alcohol-containing preparation (liquid, gel or foam) designed for application to the hands to reduce the growth of microorganisms. Such preparations may contain one or more types of alcohol with excipients, other active ingredients and humectants.
Basic sanitation facilities	Basic sanitation facilities ensure hygienic separation of human excreta and human contact and include flush/pour flush to sewers, septic tanks or pit latrines, ventilated pit latrines, pit latrines with slab or composting toilets. They are also usable and provide for the needs of all users (i.e. staff and patients, women and people with disabilities). To be considered <b>usable</b> , a facility should have a door which is unlocked when not in use (or for which a key is available at any time) and can be locked from the inside during use, there should be no major holes in the structure, the hole or pit should not be blocked, water should be available for flush/pour flush toilets, and there should be no cracks, or leaks in the toilet structure. There should be adequate light, including at night.
Basic water supply	Basic water supply is a supply that comes from an improved source (e.g. safely managed piped water, standpipe, tubewell/borehole, protected dug well or protected spring or rainwater), which is located at the health care facility and regularly provides water at all times.
Dedicated focal person	An individual with assigned time to fulfill their role e.g. the coordinator of the IPC committee. This can also include an individual(s) with a remit for quality management. In terms of smaller health units e.g. PHUs or clinics – a dedicated person may have responsibility for more than one unit.
Functional hand hygiene station	Functional: 1) sink with clean, running water or systems for clean water collection, and equipped with soap and single use towels; and/or 2) filled alcohol-based handrub dispensers
Functional IPC/WASH Committee	A committee that meets at least once every three months and for which there is a record of activity, TORs and follow-up actions available. Smaller facilities e.g. PHUs/PHCS may have community health committees that are responsible for oversight of the facility. Adding IPC to their responsibilities may be appropriate. For hospitals and large health centres, a separate IPC Committee is more appropriate. In some instances the IPC/WASH committee will be included within the quality management team.
Hand hygiene	A general term referring to any action of hand cleansing.
Hand hygiene compliance monitoring	A method to assess baseline compliance by health care workers which provides feedback on both defective practices and improvement to enable evaluation of the impact of promotion interventions. The international (WHO) gold standard is unobtrusive direct observation by a trained observer.
Hand hygiene station	A dedicated location with the necessary resources to enable hand hygiene to take place.
Handwashing	Washing hands with plain or antimicrobial soap and water.
Health care facilities	Health care facilities include all facilities caring for patients.
Health care waste	Health care waste is all waste generated within health care facilities, including general non-hazardous and hazardous waste (infectious and sharps waste).
Point of care	The place where three elements come together: the patient, the health care worker and care or treatment involving contact with the patient or his/her surroundings (within the patient zone). The concept embraces the need to perform hand hygiene at recommended moments exactly where care delivery takes place. This requires that a hand hygiene product (e.g. alcohol-based handrub, if available) be easily accessible and as close as possible – within arm's reach of where patient care or treatment is taking place. Point-of-care products should be accessible without having to leave the patient zone. The WHO Guidelines on Hand Hygiene in Health Care state that the minimum sink to bed ratio should be 1:10 and 1:1 in isolation rooms.
Safe and timely treatment and disposal of all health care waste	Safe in this instance refers to the requirements of the best available technologies (BAT) in accordance with the Stockholm Convention. For more information on these techniques see the Technical Guidelines on the Environmentally Sound Management of Biomedical and Health-Care Waste (Basel Convention Secretariat, 2002). Timely in this instance refers to not storing infectious waste for more than 24 hours and the safe disposal of infectious and sharps waste within 24 hours after safe treatment. This may include storage and transport as determined by each country.
Stock-out	The complete absence of a supply.
Sufficient water	Includes water for drinking, food preparation, personal hygiene, medical activities, cleaning and laundry. Water quantity needs depend on the type of facility and services provided. Refer to the aforementioned 2008 WHO Essential environmental health standards in health care guidance for more details.

## Background

The development of common IPC and WASH indicators was initiated in July 2015 during the inaugural Three-Country Meeting on IPC and WASH that took place in Monrovia, Liberia, on 22 July 2015<sup>1</sup>. Based on the six recommendations emerging from the meeting a set of 31 draft indicators was developed.

These indicators underwent further analysis, revision and validation during the second Three Country Meeting, (19-21 February 2016), to take account of global norms and country perspectives.

The background, rationale, process and criteria for selection and exclusion and previous versions of the indicators can be found in the document *'IPC/WASH common indicators in the context of early recovery: Draft indicators Supporting IPC and WASH in Guinea, Liberia and Sierra Leone'* available from the WHO IPC Unit.

## Scope

A revised list of 28 indicators has now been agreed and are presented within this report. The indicators represent a set of common indicators prioritized by each of the three countries to enhance ongoing national monitoring and assist with implementation and quality improvement in the field of IPC and WASH. The list is not intended to be exhaustive, but is designed to act as a core set of indicators that countries can use to support their ongoing early recovery and resilience efforts.

## Purpose

A key aim of the IPC and WASH common indicators is to streamline reporting and ensure that data can be compared and easily analysed within countries, to direct resources to where needs are greatest. In addition, the indicators are intended to enable progress to be measured regionally and globally and therefore assist with ongoing advocacy efforts and resource mobilization – making available uniform and relevant data to present to development partners. The common indicators are further intended to act as an alert system to provide information on trends that are of relevance internationally.

In the context of existing reporting mechanisms, these indicators provide a valuable opportunity to strengthen the IPC and WASH component of the WHO Service Availability and Readiness Assessment (SARA) methodology, with the potential of feeding in to existing health management and information systems (HMIS).

The indicator development does not replicate existing activity at country level but rather draws on existing, available information and monitoring tools, including WHO standards and guidelines relating to WASH and IPC (see references) and the aim is for data to be collected using existing IT systems, or those under development.

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<sup>1</sup> <http://www.who.int/csr/disease/ebola/ipc-meeting-liberia/en/>

## The 28 comprehensive IPC and WASH indicators

### Notes:

1. Health care facilities mentioned within the indicators, refer to all public facilities admitting in-patients. However, there is consensus that the same indicators can be used for private facilities and PHUs/PCU, as well as outpatients.
2. Indicators highlighted in yellow are the prioritized 14 IPC/WASH indicators as agreed by Liberia, Sierra Leone and Guinea (see next section for a 'standalone' list of the 14 priority indicators).

DOMAIN: Organization and management (Administrative)					
Sub-domain: human resources, governance & technical guidelines					
Comprehensive indicator(s)	No.	%	Basis/Data source	Criteria	Score
1a. Number and % of HCFs with dedicated IPC focal person in place			<b>Data source:</b> Existing IPC HCF audits; <b>Basis:</b> IPC Core Components 2008 (under revision) Essential environmental health standards in health care	All 6 indicators achieve a score >85%	Green
1b. Number and % of HCFs with dedicated WASH focal person in place					
2a. Number and % of HCFs with a functional IPC committee				At least 1-6 indicator(s) achieve a score of ≥70% but ≤85%	Orange
2b. Number and % of HCFs with a functional WASH committee					
3a. Number and % of HCFs that have national IPC standards and guidelines					
3b. Number and % of HCFs that have national WASH standards and guidelines				All 6 indicators achieve a score <70%	Red
<b>NOTES:</b> The international accepted standard ratio of IPC practitioner to in-patient beds is: 1:250 (recently validated through new evidence and consensus based Core Components for IPC Programs.)					
DOMAIN: Training					
Comprehensive indicator(s)	No.	%	Basis/Data source	Criteria	Score
4. Proportion of existing health care personnel trained on IPC/WASH within the previous year			<b>Data source:</b> WCO IPC/MoH Team training database <b>Basis:</b> IPC Core Components 2008 (under revision)	All 3 indicators achieve a score >85%	Green
				At least 1-3 indicator(s) achieve a score of ≥70% but ≤85%	Orange
				All 3 indicators achieving a score <70%	Red
5. Proportion of new health care personnel who receive IPC training as part of orientation programme					
6. Number and % of HCFs who have at least one clinician trained and active in an IPC/WASH role					
<b>NOTES:</b> The international accepted standard is: continuous training programme for new staff and at least annual in-service training and updates.					

DOMAIN: Infrastructure					
Sub-domain: Water supply					
Comprehensive indicator(s)	No.	%	Basis/Data source	Criteria	Score
7. Number and % of HCFs with improved water supply facilities located on premises and from which water is available <sup>2</sup>			<b>Data source:</b> Guinea: DPS/ reports from joint-supervision IPC persons in prefectures/regions. Existing WASH audit tools <b>Basis:</b> Essential Environmental health standards in health care (WHO, 2008) Core indicators for WASH in health care facilities (WHO/UNICEF, 2015) Liberia basic WASH package for health care facilities (2015)	All 3 indicators achieve a score >85%	
8. Number and % of HCFs with sufficient water supply to meet daily needs of facility				At least 1-3 indicator(s) achieve a score of ≥70% but ≤85%	
9. Number and % of HCFs with adequate water storage available (regularly filled water tank(s) which provide(s) storage of up to 48 hours of water needs)				All 3 indicators achieve a score <70%	
Sub-domain: Sanitation <sup>3</sup>					
Comprehensive indicator(s)	No.	%	Basis/Data source	Criteria	Score
10. Number, and % of HCFs with improved sanitation facilities located on premises and which are usable <sup>4</sup>			<b>Data source:</b> Existing WASH audits <b>Basis:</b> WHO 2008 Environmental health standards; 2016 WHO/ UNICEF Core indicators for WASH in health care facilities	All 5 indicators achieve a score >85%	
11. Number and % of HCFs with sanitation facilities clearly separated for staff, and patients/visitors and for male and female				At least 1-5 indicator(s) achieve a score of ≥70% but ≤85%	
12. Number and % of HCFs with at least one of the available toilets accessible to people with disabilities <sup>5</sup>				All 5 indicators achieve a score <70%	
13. Number and % of HCFs with at least one toilet which provides facilities to manage menstrual hygiene needs <sup>6</sup>					
14. Number and % of HCFs with functional <sup>4</sup> hand hygiene stations <sup>7</sup> in or near the toilets (within 5 metres)					

<sup>2</sup> This is a core WASH indicator. Water should be available from the water supply on the day that the data is collected. Water supply should be sustainable (i.e. from a source and/or with extraction methods that provide water throughout the day and all year round).

<sup>3</sup> 9-13 are all core global WASH indicators

<sup>4</sup> To be considered **usable**, a toilet should have a door which is unlocked when not in use (or for which a key is available at any time) and can be locked from the inside during use. There should be no major holes in the structure, the hole or pit should not be blocked, water should be available for flush/pour flush toilets, and there should be no cracks, or leaks in the toilet structure. There should be adequate light, including at night.

<sup>5</sup> A toilet can be considered accessible if it meets the following conditions: can be reached without the use of stairs or steps, handrails for support are attached either to the floor or sidewalls, the door is at least 80 cm wide, and the door handle and seat are within reach for people using wheelchairs or crutches/sticks

<sup>6</sup> Guidance note: A toilet can be considered to meet the needs of menstrual hygiene management if it satisfies at least one of the following conditions: has a bin with a lid on it within the cubicle; has water available in a private space for washing.

<sup>7</sup> Hand hygiene stations by toilets should have soap and water, with or without alcohol-based handrub.

**Notes:** it is acknowledged that for many HCFs achieving gender separation will be a long-term endeavour, however since this is a core WASH-related indicator, the indicators working group support its inclusion within the current list of indicators

## DOMAIN: Practice

### Sub-domain: Hand hygiene

Comprehensive indicator(s)	No.	%	Basis/Data source	Criteria	Score
15. Number and % of HCFs with functional hand hygiene stations at all points of care			<b>Data source:</b> In-country audit tools; SARA and supervision visits. <b>Basis:</b> WHO Guidelines on Hand Hygiene in Health Care (2009) WHO 2008 Environmental Health Standards.	Both indicators achieve a score >85%	
16. Number and % of HCFs that undertake hand hygiene compliance monitoring				At least 1-2 indicator(s) achieve a score of ≥70% but ≤85%	
				Both indicators achieving a score <70%	

### Sub-domain: Waste management

Comprehensive indicator(s)	No.	%	Basis/Data source	Criteria	Score
17. Number and % of HCFs with leak-proof, covered and labeled waste bins for infectious & general waste within close proximity of all points of care			<b>Data source:</b> Existing audits and/or site visits <b>Basis:</b> WHO 2008 Environmental health standards; WHO 2014 Safe management of waste from health-care activities	All 4 indicators achieve a score >85%	
18. Number and % of HCFs with impermeable sharps containers available within close proximity of all points of care				At least 1-4 indicator(s) achieve a score of ≥70% but ≤85%	
19. Number and % of HCFs storing infectious waste for not more than 24 hours before it is treated					
20. Number and % of HCFs that safely treat and dispose of infectious and sharps waste <sup>8</sup> within 24 hours				All 4 indicators achieve a score <70%	

## DOMAIN: Supplies

### Sub-domain: PPE & decontamination supplies

Comprehensive indicator(s)	No.	%	Basis/Data source	Criteria	Score
21. Number and % of HCFs where there is a mechanism (e.g. national tracking) to track supply of IPC-related materials to identify stock-outs			<b>Data source:</b> Existing audits/indicators; Central supplies/pharmacy and site visits <b>Basis:</b> National standards	Both indicators achieve a score >85%	
22. Number and % of HCFs with zero stock-outs of the following items in the previous 3 months: Examination gloves; Face shields/goggles; Face masks; Gowns; Environmental detergents and disinfectants; Soap; Alcohol-based handrub				At least 1-2 indicator(s) achieve a score of ≥70% but ≤85%	
				Both indicators achieve a score <70%	

## DOMAIN: Patient placement

### Sub-domain: Screening & isolation

Comprehensive indicator(s)	No.	%	Basis/Data source	Criteria	Score
23. Number and % of HCFs undertaking screening of patients			<b>Data source:</b> Existing	Both indicators achieve a score	

<sup>8</sup> Safe treatment includes double chamber incineration or alternative treatment technologies like autoclaving. Other types of treatment such as burning in a pit may be used if other options are not available. The ash of burned waste needs to be disposed of in an ash pit.

according to MoH-mandated protocols <sup>9</sup>			audits/indicators; site visits	>85%	
24. Number and % of HCFs with isolation capacity which meets national minimum standards according to HCF type i.e. the facilities have the capacity to isolate patients with transmissible diseases			<b>Basis</b> National standards	At least 1-2 indicator(s) achieve a score of ≥70% but ≤85%	
				Both indicators achieve a score <70%	
<b>DOMAIN: Occupational health &amp; safety</b>					
<b>Comprehensive indicator(s)</b>	<b>No.</b>	<b>%</b>	<b>Basis/Data source</b>	<b>Criteria</b>	<b>Score</b>
25. Number and % of HCFs with occupational health and safety standards and guidelines present within the facility			<b>Data source</b> Existing audits/ indicators;	All 4 indicators achieve a score >85%	
26. Number and % of HCFs implementing management systems for health care worker exposures to blood/body fluid e.g. Number of health care worker needle-stick injuries tracked			<b>Basis</b> HealthWise		
27. Number and % of HCFs with access to occupational health and safety personnel				At least 1-4 indicator(s) achieve a score of ≥70% but ≤85%	
28. Number and % of HCWs vaccinated against Hepatitis B				All 4 indicators achieve a score <70%	

<sup>9</sup> National IPC policies will recommend screening of patients for certain infectious conditions. These conditions should be defined on a country-by-country basis and incorporated within this indicator.