



**THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH**



**2018 HMIS REVIEW REPORT FOR HARMONISATION OF  
WASH INDICATORS INTO THE NATIONAL HMIS**

**28<sup>th</sup> - 29<sup>th</sup> March, 2018**

**Colline Hotel, Mukono District**

## **1. Introduction**

After every 5 years, the Ministry of Health Division of Health Information is required to revise its Health Management Information System (HMIS) data collection and reporting tools to cater for the ever changing data demands to enhance evidence based decision making for better health services delivery and informed health care interventions. The last HMIS review was a midterm review of the one done in 2010, and was driven by the requirement to promote a single Monitoring & Evaluation System for the Health Sector where health indicators were to be monitored using a harmonized Information System. This was done in the Financial year 2013/14, and implementation started in mid-2015. Towards the end of the year 2017, the Ministry of Health through the Division of Health Information (DHI) started engaging the various technical programs and departments to review their respective data collection and reporting tools and make necessary recommendations towards a comprehensive and joint national HMIS review process to start in 2018. This was partly due to the many demands by technical programs to create reporting addendums to the existing HMIS reports, due to changes in diseases trends, reporting requirements, and interventions.

With support from Health Development Partners (UNICEF, PEPFAR (SITES & METS), WaterAid), the Ministry of Health is implementing the National HMIS Review for the year 2018 , in line with the Mid Term Review of the Health Sector Development Plan. Programmatic Stakeholder meetings are being convened (a process that started on 19<sup>th</sup> February, at Colline Hotel Mukono), where each technical program shares their data requirements for the next strategic period with the HMIS Review Secretariat for conceptualization and understanding of the rationale for the review based on the policies and priorities of the Health Sector, data collection tools developed, and the process documented. An HMIS Review Calendar was developed to cater for all Technical Programs and Stakeholders in the Health Sector.

This report presents proceedings during the HMIS Review from 28<sup>th</sup> March to 29<sup>th</sup> March 2018, where the Environmental Health Program technical personnel together with the WASH technical officers presented their data needs and proposed HMIS changes to the HMIS Review Secretariat team.

## **2. Objective of HMIS Review**

### **Major Objective of the HMIS Review**

To review the HMIS to ensure that it can effectively monitor and evaluate the Health Sector Development Plan performance.

### **Specific Objectives of the HMIS Review**

1. To assess the existing HMIS System and propose changes.
2. To incorporate the proposed changes in the existing HMIS tools.
3. Develop SOPs for data management for all program areas in the HMIS
4. The review the existing HMIS electronic system/databases and make recommendations for their updates.
5. To sensitize and train stakeholders at all levels (National, Regional, District, Health-Sub-District and Health Facility levels) on the revised HMIS System.
6. To quantify, print and distribute the revised HMIS tools.
7. To follow-up staff who have been trained in the revised HMIS System.

### **2.1 Key Activities**

The HMIS review encompasses a number of activities, and these include;

1. Holding various meetings with the sector stakeholders to discuss the existing tools and proposed modifications. The meetings covered here include:
  - a. Meetings with individual MoH Programs and related national institutions
  - b. Stakeholders meeting to present and discuss the existing HMIS tools and propose changes
  - c. Stakeholders meeting to present the revised HMIS tools including revised HMIS manuals, reports and databases and obtain final input.
2. Secretariat meetings (retreats) to incorporate the proposed changes into the existing tools.
3. Up-dating the HMIS tools (HMIS tools to be updated include: HMIS manuals, forms/reports, and databases).

### **3. Stakeholders Meeting to Integrate WASH Indicators in the HMIS**

#### **3.1 Remarks**

##### **Mr. Kimbugwe Caesar: Water Aid Representative**

Mr. Kimbugwe thanked the Ministry of Health for coordinating the meeting. He noted that measurement of service levels is important and that WASH indicators in HMIS were insufficient and not up to standard as revealed in 2016. He added that there was therefore need to be up to speed with WASH dynamics through alignment and update of the HMIS tools to cater for what was lacking as per the WHO standards.

##### **Remarks by Mr. Mpiima Jamiru: Ministry of Health HMIS Review Secretariat**

A background of HMIS review and highlights of what had been covered so far with the different health departments was presented to the participants. He emphasized that each program/department or institution was expected to present their data requirements as per the mandate of their organizations. These included indicators to be addressed, the data elements, and also the justification why they are needed.

##### **Remarks by Mr. Aliti: Assistant Commissioner Policy and Planning Remarks on behalf of MoH Management**

The Assistant commissioner welcomed the participants to the meeting. He thanked Water Aid and other implementing partners for supporting the meeting and hoped that all invited parties turned up so that their needs are not left out. He said that WASH is a key aspect for prevention of disease and that it plays a big role in reducing the burden of disease. He emphasized that all key indicators be integrated within HMIS tools since without standard data, there is never evidence for planning.

The Asst. Commissioner also acknowledged that the way forward was “Result Based Financing” and therefore called for proper documenting for WASH. He further acknowledged that the WASH sub sector is of great value as it is the foundation for monitoring and evaluation (M&E) by providing evidence of progress on disease management. Consequently, there is a goal to improve quality of the data collected and each participant was encouraged to be passionate with their job to produce proper data that makes sense.

For the case of forms that are under used or not used at all, participants were reminded that each form was important and should be used as required with utmost urgency. The participants were also encouraged to have the data collected, interpreted and used so that the relevance of WASH in HMIS is perceived. A reminder to have accurate, consistent and timely reports was also made along with proper data storage practices, that is to say, if data is not in electronic form, it should be filed and kept away in a safe place and in an organized manner.

Sharing of data with appropriate stakeholders was emphasized to facilitate working better from an informed point of view. It was also noted that the objectives and expectations had been outlined and therefore the Assistant Commissioner hoped that by end of the meeting all objectives would be achieved. He declared the meeting open and wished the participants a fruitful meeting with maximum interaction not forgetting the aim to reduce the disease burden and ultimately have a healthy population.

#### **Remarks from the Ms Namwebe Mary: UNICEF Representative**

She stated that in 2017, a study was conducted on WASH in Karamoja and it was alarming to find out that some Health Facilities had no latrines. She further stated that UNICEF and WHO are supporting SDG indicators to facilitate collection of meaningful data for planning and budgeting. She therefore thanked Water Aid and Ministry of Health for organizing the meeting and enabling WASH data needs to be incorporated in and hoped that the data that will be collected will be used. She concluded by affirming that the outcome of the meeting would provide evidence for planning.

#### **Highlights of Environmental Health Division by Mr. Kalyebi Peter on behalf of the Commissioner**

The presentation comprised the mandate of the division which is to oversee and ensure quality Environmental Health service delivery in the country, as part of the National Primary Health Care (PHC) package; key interventions (Policy development, review and dissemination; Capacity building of EHD staff and Local Governments staff; Support research, knowledge management & advocacy for EH service delivery; Coordination and networking with stakeholders; Monitoring and evaluation ) , key projects, studies assessment and evaluations done, key activities within the projects, interventions and outputs of all the aforementioned. It

was also noted that a Uganda Rural Sanitation and Hygiene Investment Plan has been developed and is being presented to Ministry of Management.

### **Reactions to Presentation**

- There was a sharp drop in latrine coverage between 1960-1980 what could have led to that?
  - Latrine coverage was high in the colonial days and the health assistants were well motivated with allowances. In the turmoil of war during change of government, the latrines were demolished.
- What parameters are used to define open defecation and open defecation free (OPF) status?
  - There are usually gazetted areas for excretion. The OPF status is defined as blocking human waste transmission. e. g If there is no hand washing area or no toilet cover, it is termed as open defecation. As long as flies go in and out of the latrine or toilet it is defined as open defecation

### **Remarks from Mr. Kaweesi James: Commissioner planning: Ministry of Water and Environment.**

He welcomed colleagues, thanked the meeting organizers and mentioned that he was humbled to address the participants. He noted that he had picked interest in the open defecation issue that had resulted into a heated-up discussion. He further noted that there was a water week meeting where all answers to the discussion were answered. He clarified to the participants that they were invited to discuss WASH KPIs and incorporate them in the HMIS. “It is not only the mandate for Ministry of Water (responsible for sanitation in all communities) but also Ministry of Health (responsible for sanitation at health facilities) and the Ministry of Education (responsible for sanitation in schools) to ensure sanitation is maintained in their catchment areas”, said the Commissioner. He urged the participants to take it critical to take part and come up with conclusive indicators that would be used to assess performance and further develop the HMIS. Each institution was encouraged to integrate the indicators agreed upon in the development plans of each of their institutions. The participants were informed to ensure an action plan was developed at the end of the meeting that would inform an implementation plan. “This should be replicated in all other concerned Ministries to have them up to date and at an appropriate time, progress should be assessed in a joint sector review”, said the commissioner.

## **Remarks from Ms. Carol Kyoziira – Head of Health Information Management Division and HMIS secretariat -MoH**

Ms Carol welcomed all participants and added that the discussions on the indicators required for the meeting have been underway with various stakeholders. She made remarks saying that there were some implementing partners who wanted to work fast ahead of Ministry of Health by developing tools to add changes and make updates discussed during the various stakeholders' meetings. She however warned these partners not to attempt working ahead of MoH despite the delayed effect of changes according to partners' timing. She appreciated Water Aid for supporting WASH and emphasized that reporting WASH in health be done from an agreed point of view with the help of the meeting, that is, the methodology, objectives and data collection should be agreed upon with all indicator definitions delineated (know what they exactly mean and how they should be interpreted) in a harmonized manner.

### **4. Discussion of the WASH Indicators**

It was mentioned that the draft was aimed to achieve service quality and not just the numbers. The presenter also noted that numbers do not usually give the actual picture of the situation being dealt with. The HMIS was observed to be lacking some of the WASH indicators. Initially, water, hygiene, sanitation was included but waste management was omitted. A tool was therefore developed for collection. The indicators had been discussed prior by the various stakeholders.

Core indicators were outlined to be;

1. Proportion of health care facilities with basic water supply;
2. Basic sanitation- male and women alone, for women, menstrual waste management is a must, differentiation of places of convenience for staff and people with limited mobility;
3. Basic hand hygiene- hand washing facilities with water and soap; and
4. Practicing basic health care waste management- segregate the different bins for managing waste(rubbish).

## Discussion: Reactions and Actions

Reaction	Action Point
<ul style="list-style-type: none"> <li>All indicators should be aligned with SDGs &amp; NDP II and show objectives being addressed with each indicator.</li> </ul>	<ul style="list-style-type: none"> <li>Alignment of indicators with SDGs and NDPs with objectives outlined will be good enough justification</li> </ul>
<ul style="list-style-type: none"> <li>All aspects under waste management should be specific e. g infectious waste management.</li> </ul>	
<ul style="list-style-type: none"> <li>Health care generates a lot of waste. There should be an outlined waste management procedure.</li> </ul>	
<ul style="list-style-type: none"> <li>Some health facilities have boreholes far for patients.</li> </ul>	<ul style="list-style-type: none"> <li>The interest for data collection is in the need to know if the water source is available.</li> </ul>
<ul style="list-style-type: none"> <li>For some hand washing facilities with no soap; soap is availed but it is picked by clients. This is not sustainable. Other facilities have liquid soap which is put in the water but the clients end up not rinsing.</li> </ul>	<ul style="list-style-type: none"> <li>Sensitization for behaviour change was recommended.</li> <li>The mishaps that happen at the health facilities should not stop data collection. This data collected will inform the challenges and a working solution will be devised to address them.</li> </ul>
<ul style="list-style-type: none"> <li>How can plastic waste management be managed?</li> </ul>	<ul style="list-style-type: none"> <li>It is recommended to advocate for waste separation using the different color-coded bins at health facilities.</li> </ul>
<ul style="list-style-type: none"> <li>Is there another way of capturing usage of the hand washing facilities?</li> <li>Some water facilities are too dirty. Why isn't alcohol used more?</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol is emphasized by WHO however it is expensive. So, hand washing will be encouraged more as the a much more sustainable measure.</li> </ul>

<ul style="list-style-type: none"> <li>• Water indicators, how is access to water within 24hrs going to be monitored. Who and how will this data be collected?</li> </ul>	<ul style="list-style-type: none"> <li>○ The number of water access points that are reliable is one of the ways access to water within 24hrs will be collected.</li> <li>○ Level 1 indicators are currently being monitored, which is; the availability of services. However utilization can still be monitored with routine supervision.</li> </ul>
---	--

## GROUP WORK

Participants were divided into groups four groups, that is, Water, Hygiene, Sanitation and Waste Management to develop working indicators, their corresponding data elements, discuss the frequency with which these data elements will be reported on and how the data elements will suitably be fitted into the existing HMIS tools. JMP data.org was used to guide the groups on the standards to be included for the indicators. The final harmonised indicators have been included in the appendix.

## WATER

The water team presented their indicators that were subjected to reactions from the rest of the participants.

### Reactions

Reaction	Action Point
<ul style="list-style-type: none"> <li>• How do spot checks feed into HMIS?</li> <li>• Does MoH environmental health do spot checks?</li> <li>• How can data on access to a water point be collected?</li> </ul>	<ul style="list-style-type: none"> <li>○ Area that is served by a water access point should be defined. For example, within a radius of 100m</li> <li>○ Spot checks to be left to Ministry of Water and Environment</li> </ul>
<ul style="list-style-type: none"> <li>• The work flow people collecting the data should be defined</li> </ul>	<ul style="list-style-type: none"> <li>○ The group should go back to the drawing table to discuss the necessary work flows</li> </ul>
<ul style="list-style-type: none"> <li>• Note which indicators are going to be</li> </ul>	<ul style="list-style-type: none"> <li>○ MoW has the mandate to report on water</li> </ul>

<p>collected routinely an outline those collected by MoH and those collected by Ministry of Water and Environment (MoW)</p>	<p>access. However, MoH can capture data and pass it on to MoW for use.</p> <ul style="list-style-type: none"> <li>○ MoH Environment division should have information on health facility hygiene and make it accessible to all stakeholders</li> </ul>
---	--

The discussion was concluded by notifying participants that Ministry of Water, Ministry of Health and Ministry of Education all compile data in their catchment areas to populate the country’s annual sanitation report.

## SANITATION

Group sanitation presented their indicators and reactions that arose from the presentation were as follows;

### Reactions

<b>Reaction</b>	<b>Action Point</b>
<ul style="list-style-type: none"> <li>• The separation of clients into inpatient and outpatient should be removed because they all use the same places of convenience as the bare minimum.</li> </ul>	<ul style="list-style-type: none"> <li>○ 2016 MoH guidelines are set to have stance ratio for inpatient and not outpatient.</li> </ul>
<ul style="list-style-type: none"> <li>• Ration for stance used to patients changed to 1:20</li> </ul>	<ul style="list-style-type: none"> <li>○ WHO standards declared the stance to patient ratio as 1:25</li> </ul>
<ul style="list-style-type: none"> <li>• Menstrual hygiene should be specified and clearly outline what is meant by improved sanitation in the description column so that there is uniform understanding.</li> </ul>	<ul style="list-style-type: none"> <li>○ The definitions are described in the JMP document.</li> </ul>
<ul style="list-style-type: none"> <li>• Stance to Gender disability ratio to be defined</li> </ul>	<ul style="list-style-type: none"> <li>○ Environmental health division of MoH to standardize and harmonize with the</li> </ul>

	concerned ministries.
<ul style="list-style-type: none"> <li>• How will stance ratio be measured at health facilities in a typical Ugandan setting?</li> </ul>	<ul style="list-style-type: none"> <li>○ Stance ratio got by calculating population on a busy day visa vie the number of stances available</li> </ul>
<ul style="list-style-type: none"> <li>• There is need to split functional toilets into flush toilets, latrines and others for specification purposes</li> </ul>	
<ul style="list-style-type: none"> <li>• The quarterly and annual collection of data defined in the presentation may not be feasible</li> </ul>	<ul style="list-style-type: none"> <li>○ The routine in which the data is collected should depend on how often we expect changes in this data to occur.</li> <li>○ Infrastructural items are best collected annually unless the need arises</li> </ul>
<ul style="list-style-type: none"> <li>• How is the firmness of the floor(slab) in a pit latrine assessed?</li> </ul>	<ul style="list-style-type: none"> <li>○ There is need to define the quality of the slab with measurable features, for example, it should not have cracks</li> </ul>

## HYGIENE

The group that undertook the hygiene indicators made their presentation and the reaction to the presentation was that when defining hand washing, it should include use of clean flowing water with soap. It was noted that anything that does not include the above mentioned is not considered as hand washing.

## WASTE MANAGEMENT

Finally, the waste management group presented what had been discussed in their group and the reactions to the presentation were;

- Under destroying of waste, the indicator needs to be refined with all acceptable waste destruction methods outlined in the description;
- Data elements for the indicators need to be defined;

- The work flow and where the data elements feed into the HMIS need to be clear;

The group therefore returned to correct the gaps identified and suggested creation of another sub section under section 2 (section 2.3) that will document waste management in HMIS Form 101 (that is an annual report).

### **WAY FORWARD**

1. There is currently no standard for health facility number of latrines per catchment area. However, the stance ratio of 1:25 can be adopted since it is a WHO standard.
2. Environmental health division should set a standard for stance to patient ratio per health unit level. For example, HC III should have at least this number of toilets as it is a very important indicator. The environmental division should further unpack the standard for inpatients and set clear sanitation guidelines per health facility level for either inpatient and outpatient.
3. The rationale of HMIS should be maintained while developing data elements. HMIS should hold data that is going to be utilized from the point of data collection and at national level.

### **CONCLUSION**

The meeting was successfully held and concluded with all groups submitting the refined indicators, their corresponding data elements and work flows that include how the data elements will be collected, where they will be fed into HMIS and the frequency of reporting to the HMIS secretariat.

The Environmental Health Department was also tasked to work with infrastructure department to set the guidelines for stance ratios ranging from staff, patients and people with limited mobility as harmonized with the by levels of the health facilities. The Division of Environmental Health was further tasked to share the agreed standards with stakeholders for adoption. The standards would help in developing data requirements and also help the division to be able to analyse the proposed indicators meaningfully.

Appendix: WASH Harmonised indicators

Theme	Indicator addressed	Frequency	Numerator	Denominator	Data elements	Data elements definition	Report source	Rationale
Sanitation and Water	Percentage of HFCs with at least one usable toilet for women and girls with privacy	Annual	No. of usable toilet/Latrines for women and girls with privacy	Total No. of usable toilet/Latrines stances allocated for women and girls with privacy at the facility	Privacy	lockable door	HMIS 101 Annual Report (HEALTH UNIT PHYSICAL INVENTORY )	Aligning to the JMP, SDG, NDP2 HSDP
					No. of stances usable for women	Clean and intact slab		
					Availability of bin/s for menstrual hygiene	Is there a bin/s for menstrual hygiene		
					No of Accessible toilets/ latrines for women	located within 30m /100ft		
	Percentage of usable improved toilets/latrines available at the facility	Annual	No. of usable improved toilets/latrines at the facility	Total number of toilets/latrines at the facility	No. of accessible toilet/latrine	Located on premises within 100ft/30m;	HMIS 101 Annual Report (HEALTH UNIT PHYSICAL INVENTORY )	Aligning to the JMP, SDG, NDP2 HSDP
					No. of functional toilets	Water running; clean toilet		
					No. of functional Latrines	Clean Latrine, Firm structure		
					No. of toilets/latrines with privacy	Lockable doors		
					No. of VIP latrines	Have intact standing VIP pipes with a cover		
					No. of flashing Toilets	running water, and flushable		
					No. of pit latrines with slab	Firm floor (without any cracks)		

					Adequate toilet facilities	No. of Health facilities with toilet stance of Ration of 1:25		
	Percentage of usable improved toilets/latrines that meets the needs of people with disability	Annual	No. of usable improved toilets/latrines that meet the needs of people with disability	Total number of toilets/latrines at the facility	No. of Toilets/latrines with rumps for Females	Rump /slanted path for wheel chairs for disabled persons.	HMIS 101 Annual Report (HEALTH UNIT PHYSICAL INVENTORY )	Aligning to the JMP, SDG, NDP2 HSDP
No. of Toilets/latrines with rumps for Female staff								
No. of Toilets/latrines with rumps for Male staff								
No. of Toilets/latrines with rumps for Males								
<b>Hygiene</b>	Percentage of HCFs having a functional hand washing facility with soap and water in or next to sanitation facility.	Quarterly	Number of health units reported having a functional hand washing facility with soap and water in or next to sanitation facility.	Total number of health units in the country	Number of functional hand washing facilities	A Functional hand washing facility is a device that has flowing water and soap to facilitate hand-washing, it may be fixed or mobile.	HMIS 106a Quarterly report	Aligning to the JMP, SDG, NDP2 HSDP

	Percentage of HCFs having a functional hand washing facility with soap and water where patients are examined and treated.	Quarterly	Number of health units reported having a functional hand washing facility with soap and water where patients are examined and treated.	Total number of health units in the country.		A hand washing facility is a device that contains, transports or regulates the flow of water to facilitate hand-washing, it may be fixed or mobile with soap.	QA and QI reports	Aligning to the JMP, SDG, NDP2, HSDP
	Percentage of HCFs having a <i>functional</i> hand washing facility with soap and water at points where food is handled	Quarterly	Number of health units having a functional hand washing facility with soap and water at points where food is handled	Total number of health units in the country		A hand washing facility is a device that contains, transports or regulates the flow of water to facilitate hand-washing, it may be fixed or mobile with soap.	QA and QI reports	Aligning to the JMP, SDG, NDP2, HSDP

	Percentage of HCFs with <i>functional</i> menstrual hygiene management facilities		Number of health units with functional menstrual hygiene management facilities	Total number of health units in the country		Provide privacy for changing materials, and washing hands, private parts, clothes with soap and water. Adequate privacy for washing stains from clothes, drying re-usable menstrual materials.	QA and QI reports	Aligning to the JMP, SDG, NDP2, HSDP
	Percentage of HCFs providing menstrual hygiene management facilities for health workers.		Number of health units providing menstrual hygiene management facilities for health workers.	Total number of health units in the country		Provide privacy for changing materials, and washing hands, private parts, clothes with soap and water. Adequate privacy for washing stains from clothes, drying re-usable menstrual materials. Availability of containers for disposal of sanitary materials	QA and QI reports	
	Percentage of HCF with a final disposal unit/system for menstrual waste.		Number of health units with a final disposal unit/system for menstrual waste.	Total number of health units in the country		Provide privacy for changing materials, and washing hands, private parts, clothes with soap and water. Adequate privacy for washing stains from clothes, drying re-usable menstrual materials.	QA and QI reports	

<b>Water</b>	Percentage of health facilities with improved water sources that are accessible	Annual	No. of facilities with improved water sources that are accessible	Total number of health facilities	Number of accessible improved water sources	Water source: Protected Spring, Borehole, Piped water, Rainwater harvesting tank	HMIS 101 Annual Report (HEALTH UNIT PHYSICAL INVENTORY )	
	Proportion of facilities with improved functional water sources (Annually)	Annual	Number of facilities with improved functional water sources	Total number of health facilities	Number of functional water sources	An improved water source is one that by nature of construction or through active intervention is protected from outside contamination with faecal matter. e.g. 1. Piped water 2. Tube well 3. Borehole 4. Protected dug well -Functional: sources with satisfactory/ sufficient water quantity, quality and reliability (sufficiency, adequacy and reliable)	HMIS 101 Annual Report (HEALTH UNIT PHYSICAL INVENTORY )	Aligning to the JMP, SDGs, NDP2, HSDP
<b>Health Care Waste Management</b>	Proportion of Health Facilities Segregating Healthcare waste	Annual	No. of facilities segregating waste	Total No. of facilities	Create a new data element: "Waste Segregation in major points of care" (HMIS 101:2:2.3)	Health Facility segregates waste Using at least three colour coded/ labelled bins i.e. (1) sharps (2) infectious and (3) non-infectious /general waste.	HMIS 101 Annual Report (HEALTH UNIT PHYSICAL INVENTORY )	Aligning to the JMP, SDGs, NDP2, HSDP

	Proportion of health facilities safely disposing Infectious Waste	Annual	No. of facilities safely disposing sharps	Total No. of facilities	<p>HMIS 101, Sec 2, Subsec-2.2.6 Change "Incinerator" to "Functional Incinerator"</p> <p>HMIS 101, Sec 2, Subsec-2.2 Add a sub variable to cater for Safe Sharps Temporary Collection/ storage or facilities without Incinerators.</p>	<p>Infectious waste includes; Sharps, Used Supplies, Chemical Waste, Pharmaceutical, Anatomical parts</p> <p>Safe disposal involves pre-treatment of this waste then Disposed by incineration/burying on site as per standards</p> <p>Facilities should have in place Incinerators for HC-IVs and above. For HC-IIIs &amp; IIIs lacking incinerator should have a temporary collection/storage for safe medical waste disposal provided on-site.</p>	HMIS 101 Annual Report (HEALTH UNIT PHYSICAL INVENTORY )	Aligning to the JMP, SDG, NDP2 HSDP
--	---	--------	---	-------------------------	--	--	--	-------------------------------------

	Proportion of health facilities Safely disposing non-Infectious Waste		No. of facilities safely disposing non-infectious waste	Total No. of facilities	Maintained under HMIS:101 Sec-2.2,	Non-Infectious waste includes; Kitchen waste, Papers, Polyethene & Plastics  Safe Disposal involves; Compositing biodegradable, Sorting and Placement in receptacles for temporary Collection prior to final disposal of Non-bio-degradable waste.	HMIS 101 Annual Report (HEALTH UNIT PHYSICAL INVENTORY )	Aligning to the JMP, SDG, NDP2 HSDP
--	---	--	---	-------------------------	------------------------------------	--	--	-------------------------------------