REPUBLIC OF GHANA

MINISTRY OF SANITATION AND WATER RESOURCES

unicef for every child

Hand Hygiene for All (HH4A) Initiative – Ghana

HH4A MINIMUM STANDARDS

OCTOBER 2023

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The Hand Hygiene for All (HH4A) Minimum Standards is a result of sector-wide collaborative effort and a multi-stakeholder consultation among relevant Ministries, Departments and Agencies (MDAs), Metropolitan, Municipal and District Assemblies (MMDAs), Development Partners (DPs), Non-Governmental Organizations (NGOs), Civil Society Organisations (CSOs) and private companies.

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ABBREVIATIONS & ACRONYMS

ANC	Antenatal clinic
BaSIS	Basic Sanitation Information System
CBS	Community-Based Surveillance
CDC	Centre for Disease Control and Prevention
CHPS	Community Health Planning System
CLTS	Community-Led Total Sanitation
COM	Community Ownership and Management
CONIWAS	Coalition of NGOs in Water and Sanitation
COVID-19	Corona Virus Disease 2019
CSO	Civil Society Organisation
CTV	Community Technical Volunteer
CWC	Child Welfare Clinic
CWSA	Community Water and Sanitation Agency
CYA4WASH	Children and Youth Ambassadors for Water, Sanitation and Hygiene
DACF	District Assembly Common Fund
DDF	District Development Fund
DHIMS	District Health Information Management System
DHS	Demographic and Health Survey
DICCS	District Inter-agency Co-ordinating Committee on Sanitation
DLT	District League Table
DoCD	Department of Community Development
DP	Development Partner
EAMT	Electoral Area Management Team
EHA	Environmental Health Assistant
EHO	Environmental Health Officer
EHSD	Environmental Health and Sanitation Directorate
EMIS	Education Management Information System

ABBREVIATIONS & ACRONYMS cont'd

FDA	Food and Drugs Authority
FF	Field Facilitator
GEA	Ghana Enterprise Agency
GES	Ghana Education Service
GHD	Global Handwashing Day
GHS	Ghana Health Service
GLAAS	Global Analysis and Assessment of Sanitation and drinking water
GoG	Government of Ghana
GSS	Ghana Statistical Service
GTA	Ghana Tourism Authority
HeFRA	Health Facilities Regulatory Agency
HH4A	Hand Hygiene for All
HHTWG	Hand Hygiene Technical Working Group
HWF	Handwashing facility
HWWS	Handwashing with soap
IDP	Internally Displaced Person
IGF	Internally-Generated Funds
INSET	In-Service Training
IPC	Infection Prevention and Control
JHS	Junior High School
JMP	Joint Monitoring Programme
KII	Key Informant Interview
LMIC	Lower Middle Income Country
MDA	Ministry, Department and Agency
MICS	Multiple Indicator Cluster Survey
MLGDRD	Ministry of Local Government, Decentralisation and Rural Development

ABBREVIATIONS & ACRONYMS cont'd

MMDA	Metropolitan, Municipal and District Assembly
MoE	Ministry of Education
MoF	Ministry of Finance
MS	Minimum Standards
MSWR	Ministry of Sanitation and Water Resources
MTDP	Medium-Term Development Plan
MWRWH	Ministry of Water Resources, Works and Housing
NaLLAP	National Level Learning Alliance Platform
NDPC	National Development Planning Commission
NGO	Non-Governmental Organisation
NL	Natural Leader
NSF	National Sanitation Fund
NTU	Nephelometric Turbidity Unit
NTWGS	National Technical Working Group on Sanitation
O&M	Operation and Maintenance
ODF	Open Defecation Free
OPD	Out-Patient Department
PHC	Population and Housing Census
PRESET	Pre-Service Training
QA	Quality Assurance
R&D	Research and Development
RCC	Regional Co-ordinating Council
RCCE	Risk Communication and Community Engagement
RICCS	Regional Inter-agency Co-ordinating Committee on Sanitation
SbHC	School-based Health Co-ordinator

ABBREVIATIONS & ACRONYMS cont'd

SDG	Sustainable Development Goals
SHC	School Health Club
SHEP	School Health Education Programme
SHS	Senior High School
SMC	School Management Committee
SRF	Sanitation Revolving Fund
TVET	Technical and Vocational Training and Education
UGMC	University of Ghana Medical Centre
UNICEF	United Nations Children's Fund
VSLA	Village Savings and Loans Association
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WSSDP	Water Sector Strategic Development Plan
WTD	World Toilet Day

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EXECUTIVE SUMMARY

In the wake of the global COVID-19 pandemic, the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF), in collaboration with other global partners, launched the Hand Hygiene for All (HH4A) Initiative in June 2020. The Initiative, which aligns with Sustainable Development Goal (SDG) 6.2, is a call to action for ALL of society to achieve universal access to hand hygiene. It has a three-tier approach as follows:

R_1: Respond (**short-term**, focusing on controlling COVID-19);

R_2: Rebuild (**medium-term**, focusing on building back better); and

R_3: Reimagine (**long-term**, focusing on achieving a culture of hand hygiene).

Ghana is one of nine countries selected by UNICEF to pilot the HH4A Initiative. Following this, the Ministry of Sanitation and Water Resources (MSWR) constituted a Hand Hygiene Technical Working Group (HHTWG), comprising MSWR, the Ministry of Health, the Ghana Health Service, Ghana Education Service, the Ghana Enterprises Agency, Office of the Head of Local Government Service, Department of Community Development, Community Water and Sanitation Agency, UNICEF, World Health Organisation (WHO), the World Bank, Catholic Relief Services, WaterAid Ghana, the Coalition of NGOs in Water and Sanitation, World Vision Ghana, Global Communities, Plan Ghana, WASH Health Solutions and Kings Hall Media. Under the leadership of two designated focal persons from MSWR, the HHTWG operated as a sub-group of the National Technical Working Group on Sanitation (NTWGS) and provided oversight for implementation. Stakeholder engagements were undertaken at national, regional, district, electoral area, community, institutional and individual levels to solicit input that enriched the process followed in developing these Minimum Standards.

With technical and financial support from UNICEF and in collaboration with other sector players, the MSWR led the development of the HH4A Minimum Standards as one of several key accompaniments to the already developed HH4A Strategy. Subsequent to the Minimum Standards, HH4A Operational Guidelines have also been developed, covering five sectors/areas – sanitation, education, health, private sector and emergencies – as part of the HH4A Initiative in Ghana. Additionally, a Communications Strategy has been developed to guide hand hygiene promotion. All these constitute a comprehensive systems strengthening mechanism for accelerated and sustainable hand hygiene delivery and uptake in the country. It falls in line with the second tier approach of the HH4A Initiative and would ultimately feed into the third tier.

The Minimum Standards are premised on two cyclically inter-linked pillars – information for awareness and action, and facilities and supplies for practice – both aiming at behaviour change. The Standards cover a total of 12 identified settings. These are homes/households, schools, healthcare facilities, workplaces, markets, transport, eateries, worship and religious centres, events and recreational centres, childcare homes, correctional centres and refugee and internally-displaced persons' camps. There is also a section on emergency context considerations and adaptation. The HH4A Minimum Standards come with a quality assurance framework and protocol to facilitate compliance.

The HH4A Minimum Standards represent yet another milestone in Ghana's quest to achieving universal access to hand hygiene by 2030 as envisaged by the SDGs, for which Ghana is a signatory and a co-chair. It is hoped that policymakers, programme managers, end-users and indeed, all stakeholders (public and private), would play their part to making hand hygiene a culture in Ghana.

PART I: BACKGROUND

1.1 COUNTRY BRIEF

Ghana is in the west coast of Africa, bordering the Gulf of Guinea to the south, Burkina Faso to the north, Togo to the east and Cot d'Ivoire to the west. The Figure below is the country's map, showing regional demarcations and their respective capitals, while the Text Box provides basic demographic and economic information about the country according to Ghana Statistical Service (2021), unless otherwise stated:

Map of Ghana - Regions & Capitals

Basic Information about Ghana

• *Official name:*	Republic of Ghana
• *Capital:*	Accra
• *Population:*	30.8 million Male: 15.2m (49%) & Female: 15.6m (51%) Urban: 57% & Rural: 43%
• *Land mass:*	238,533 sq. km
• *Population Density:*	129.3 per sq. km
• *Official language:*	English
• *Number of regions:*	16
• *Number of districts:*	261
• *Number of households:*	8,365,174
• *Average household size:*	3.6
• *Gross Domestic Product:*	US$77.59 billion (World Bank, 2021)
• *Per capita income:*	US$2,445.00
• *Classification:*	Lower Middle Income Country (LMIC)
• *Currency:*	Ghana cedi (GH₵)

Source: https://ontheworldmap.com/ghana/

1.2 THE PLACE OF HAND HYGIENE IN NATIONAL AND INTERNATIONAL COMMITMENTS

The Government of Ghana (GoG)'s vision of Water, Sanitation and Hygiene (WASH) is ***"sustainable water and basic sanitation for all by 2025"*** according to the Water Sector Strategic Development Plan (WSSDP): 2012-20251 developed by the then Ministry of Water Resources, Works and Housing (MWRWH) and now Ministry of Sanitation and Water Resources (MSWR). This vision, for practical purposes, means ***"all people living in Ghana have adequate, safe, affordable and reliable access to a basic level of water service, practice safe sanitation and hygiene and that water resources are sustainably managed."*** The WSSDP's overall goal is ***"improved living standards of Ghanaians through increased access to and use of safe water, sanitation and hygiene and sustainable management of water resources."***

1 https://www.washghana.net/sites/default/files/water_sector_strategic_development__plan.pdf

Ghana has signed up to the Sustainable Development Goals (SDG), which among others, seek to ***"Ensure availability and sustainable management of water and sanitation for all"*** – SDG 6. In specific terms, SDG 6.2 (target) reads, in part, ***"By 2030, achieve access to adequate and equitable sanitation and hygiene for all …"***[2], while SDG 6.2.1 (indicator) seeks to measure ***"Proportion of population with basic handwashing facility on premises".***

From the foregoing, universal access to hand hygiene by 2030 (at the latest) is, thus, Ghana's commitment, and this underscores the importance of hand hygiene in national development. Available evidence suggests that it (hand hygiene) has both health and economic impacts. According to Curtis and Cairncross (2003), ***"washing hands with soap can reduce the risk of diarrhoeal diseases by 42-47%"*** and can also reduce the risk of severe intestinal infection by 48%. Handwashing with soap (HWWS) is reputed as the single most effective health intervention available to avert contracting and spreading infections (CDC, 2021 and Ministry of Health, 2015), which ultimately impacts significantly on productivity and national development.

1.3 PAST (AND ON-GOING) EFFORT, PROGRESS AND GAPS

Handwashing with soap (HWWS) has been promoted in Ghana as an integral part of Water, Sanitation and Hygiene (WASH) programming with support from Development Partners (DPs). In 2001, the World Bank sponsored a nation-wide campaign through Community Water and Sanitation Agency (CWSA) that can be said to have popularised HWWS in the country. A decade later, 2011, a National Handwashing Strategy was developed to drive the effort. The United Nations Children's Fund (UNICEF) has since 2012 adopted and maintained HWWS as a key thematic area of focus in her overall support to the country, investing significantly in that regard. Other notable players of mention are WaterAid, World Vision, Plan, Catholic Relief Services, Global Communities and the several members of the Coalition of NGOs in Water and Sanitation (CONIWAS) spread across the country. There has been increased advocacy through the annual commemoration of the Global Handwashing Day (GHD) on October 15and more recently the World Hand Hygiene Day on May 05.

The cumulative effect of all the above is the posting of some considerable level of success. This is evidenced by national data that shows four-fold increase in handwashing access/practice in less than a decade, i.e. from 12% in 2011 to 48% in 2017/18 (Ghana Statistical Service, 2011 and 2017/18).

The effort and progress has, however, been observed to be limited in scope as the focus has mainly been on homes, schools and to some extent, healthcare facilities. With the outbreak of the global Corona Virus Disease 2019 (COVID-19) pandemic, also known as Severe Acute Respiratory Syndrome Coronavirus II (SARS-COV-2), the need to expand the scope to cover other settings such as workplaces, markets and transport terminals has been widely acknowledged. While HWWS remains the most potent measure recommended against the spread of infections according to the Centre for Disease Control and Prevention (CDC) (2021), it is also important to look beyond handwashing to other intermittent measures/actions such as hand sanitizing that can be taken to keep hands clean at all times to limit, stop and prevent altogether the spread of infections. This is particularly necessary in places/locations and during times that running water and soap are not immediately available for handwashing. Hand sanitising is, thus, recommended as a complementary measure and not a replacement for handwashing. This informs the expanded focus on hand hygiene rather than handwashing only.

2 https://sdgs.un.org/goals/goal6

1.4 THE HH4A INITIATIVE

In the wake of the COVID-19 pandemic, the World Health Organisation and United Nations Children's Fund (WHO/UNICEF) launched a global Hand Hygiene for All (HH4A) Initiative and Ghana is one of nine countries selected to pilot the Initiative. The HH4A Initiative targets universal access to hand hygiene across all settings and contexts by the year 2030, in alignment with SDG 6.2. The thrust of the HH4A Initiative is a call to action and has a three-phase (3Rs) approach, namely:

R_1: Respond (**short-term**, focusing on controlling COVID-19);

R_2: Rebuild (**medium-term**, focusing on building back better); and

R_3: Reimagine (**long-term**, focusing on achieving a culture of hand hygiene).

To provide a reference point (benchmark) and to facilitate a co-ordinated approach to rolling out HH4A in Ghana, the Ministry of Sanitation and Water Resources (MSWR), together with other key stakeholders, and with technical and financial support from UNICEF, has developed minimum standards for hand hygiene in the country. This comes alongside the revision of the Handwashing Strategy to a National HH4A Costed Strategy and subsequently, the development of operational guidelines to facilitate implementation. All these have been made possible under the auspices of the HH4A Initiative.

PART II: ABOUT THE HH4A MINIMUM STANDARDS

2.1 STRUCTURE OF THE HH4A MINIMUM STANDARDS' DOCUMENT

This HH4A Minimum Standards' document has four parts and 16 sections. Part I provides context (background) to the document and covers Sections 1.1 – 1.4. Part II covers Sections 2.1 – 2.7 and describes how the HH4A Minimum Standards came about – process, principles, purpose and pillars, among others. Part III, which covers Sections 3.1 – 3.3 elaborates the specific hand hygiene standards to be observed, providing for general specifications across settings and setting-specific specifications as well as emergency considerations. The fourth and final part covers Sections 4.1 and 4.2, providing a framework for quality assurance and operationalisation of the Minimum Standards and a protocol for ensuring compliance.

2.2 THE DEVELOPMENT PROCESS OF THE HH4A MINIMUM STANDARDS

The Ministry of Sanitation and Water Resources (MSWR) provided leadership and oversight in the development of the HH4A Minimum Standards. This was done through the Hand Hygiene Technical Working Group (HHTWG) and two designated focal persons for hand hygiene. The HHTWG operated as a sub-group of the National Technical Working Group on Sanitation (NTWGS) and comprised MSWR, the Ministry of Health (MoH), the Ghana Health Service (GHS), Ghana Education Service (GES), the Ghana Enterprises Agency (GEA), Office of the Head of Local Government Service (OHLGS), Department of Community Development (DoCD), Community Water and Sanitation Agency (CWSA), UNICEF, World Health Organisation (WHO), the World Bank, Catholic Relief Services (CRS), WaterAid Ghana, the Coalition of NGOs in Water and Sanitation (CONIWAS), World Vision Ghana, Global Communities, Plan Ghana, WASH Health Solutions and Kings Hall Media.

The process involved extensive deskwork, stakeholder and technical expert consultations, site visits, field-testing and validation. The deskwork provided useful insights for contextualization and inferences, while the stakeholder engagements and site visits gathered relevant primary data to inform the Minimum Standards for hand hygiene in Ghana. Drafts were developed, shared for review and field-tested at 31 pilot sites (electoral areas) across the country through which feedback was received and relevant lessons learnt for improvement. A validation meeting, involving district, regional and national stakeholders, was convened to discuss the improved draft, leading to the eventual final product.

UNICEF supported the process with a Consultant and funding. Members of the HHTWG played critical roles (including rollout design, review of drafts, providing expert inputs, etc) in the development process of the HH4A Minimum Standards. In particular, UNICEF, World Vision, Global Communities and WaterAid supported field-testing of the HH4A model in specific pilot sites (electoral areas).

2.3 THE UNDERPINNING PRINCIPLES TO THE HH4A MINIMUM STANDARDS

The HH4A Minimum Standards are underpinned by the following key principles:

Universality: In developing/setting the minimum standards for hand hygiene in Ghana, universality was kept in focus to ensure that no one is left behind. That is, covering all settings such that the 'All' in the Hand Hygiene for All Initiative is realized. It also meant taking into account the location (rural, peri-urban or urban), age (child or adult), gender (male or female), status (poor or rich) and context (regular or emergency programming).

Inclusivity: In recommending which minimum standards to set, gender-sensitivity (male or female), generational considerations (children, young adult and the aged), socio-economic status (literate or illiterate, rich or poor, etc), disability-friendliness and cultural compliance were taken into account, all in a bid to ensuring inclusivity, i.e. no one is left behind.

Simplicity: This is about clarity in messaging and doable requirements, and takes into account the very essence of this document – minimum standards. That is, the proposals herein are the least or bottom-line actions required.

Feasibility: The fundamental question addressed by this principle is 'can it be done?' when subjected to a set of multi-dimensional considerations, namely: financial feasibility (ability to pay), institutional feasibility (co-ordination, integration, responsibility), environmental feasibility (measures and practices that are not detrimental to the environment), technological feasibility (capacity to produce, easy to install and maintain technology options, user-friendly technologies, robust facilities) and cultural feasibility (alignment with existing systems, sensitivity to particular segments of society). Admittedly, these have linkage with the next principle, sustainability.

Sustainability: Continuous demand creation and corresponding supply, strong operation and maintenance (O&M) systems, availability of spare parts and artisans, after sales or post-installation support, effective co-ordination and feedback mechanism, and strong research and development (R&D) that encourages and supports innovation are critical sustainability considerations.

2.4 PURPOSE OF THE HH4A MINIMUM STANDARDS

The purpose of the HH4A Minimum Standards is to provide for or define the minimum conditions that should be upheld across all settings and contexts in Ghana with respect to hand hygiene. They are to facilitate and/or influence hand hygiene policy, programming, investment and practice choices.

The HH4A Minimum Standards are to serve as benchmarking (reference point) for:

a. Situational analysis;

b. Planning and implementing improvements; and

c. Measuring and sustaining progress.

Ultimately, the aim is to ensure harmony and coherence across all stakeholders, settings and contexts in the national hand hygiene agenda and drive in the country.

2.5 USERS OF THE HH4A MINIMUM STANDARDS

The HH4A Minimum Standards are meant for use by a wide range of stakeholders in the WASH and allied sectors. These include policymakers, management decision-makers (e.g. decisions regarding resource allocation, etc), field facilitators, service providers (e.g. handwashing device fabricators, soap makers, hand sanitiser producers, etc) and end-users of hand hygiene products and services (e.g. households, schools, etc). It can also be used by development partners in determining levels of their technical assistance, civil society organisations and non-governmental organisations (CSOs/NGOs) in advocacy and the private sector in their investments decisions and innovations.

2.6 HH4A SETTINGS, TARGET AUDIENCE AND POSSIBLE ENTRY POINTS

A setting, within the context of HH4A, is an identifiable place or area where segments of the population congregate or can be found and organised for hand hygiene promotion and practice. In simple terms, it where the 'ALL' in HH4A can be found. Thus far, 12 settings have been identified for the HH4A Minimum Standards.

The various settings and their corresponding target audiences and possible entry points identified for the promotion and practice of hand hygiene are as follows:

Setting 1 **Homes or Households**	**Target Audience:** The aged (male and female), adult male, adult female, young men, young women, boy children, girl children, under-5 children, landlord/lady, tenants, family members, household workers and visitors.
Possible Entry Points: Already, households are the target for Community-Led Total Sanitation (CLTS) and latrine uptake. Currently, presence of handwashing facility by the household toilet is a criterion for declaring a community open defecation free (ODF). In addition to home visits (household sessions), households constitute community sessions for WASH engagements (CLTS, hygiene promotion, facility management systems, etc). They also play hosts to other development extension workers, particularly health workers through whom information exchange on hand hygiene can occur. All the above present very good entry points for hand hygiene promotion and uptake at the household or home level.	
Setting 2 **Schools**	**Target Audience:** Teachers, other staff, learners/students, vendors, School Management Committees (SMCs), parents and visitors.
Possible Entry Points: Schools are places of concentrated populations. Handwashing is an integral part of Ghana's WinS guidelines. In particular, schools establish school health clubs (SHC) who hold sessions to educate themselves and their peers as well as conduct outreach to the wider community. At least, one teacher is designated School-based Health Co-ordinator (SbHC) in each school to lead WASH education and serve as patron to the SHC as well. Schools have engaged in handwashing campaigns such as tippy-tap competitions to not only whip up interest in handwashing, but also adopt the practice and advocate same. Additionally, the school is a good place for disrupting old habits/behaviours and establishing new ones. Thus, these present a strong basis for the hand hygiene agenda to thrive in a school setting. The concentrated school population would serve as a critical mass for behaviour change and a strong mobilisation for a cause.	
Setting 3 **Healthcare Facilities**	**Target Audience:** Health workers, other workers, patients, caregivers, vendors and visitors.
Possible Entry Points: Healthcare facilities attract a wide range of attendees in droves, from children through adolescents and young adults to the aged. Health promotion in general and WASH IPC (infection prevention and control) are key components of Ghana's health delivery system. This is done at both the facility level (antenatal clinic, child welfare sessions (including weighing sessions), consulting room counseling, etc) and during outreach (weighing sessions, immunization campaigns, home visits, etc). These are critical avenues for sharing hand hygiene lessons that can greatly facilitate the realization of the HH4A objective.	

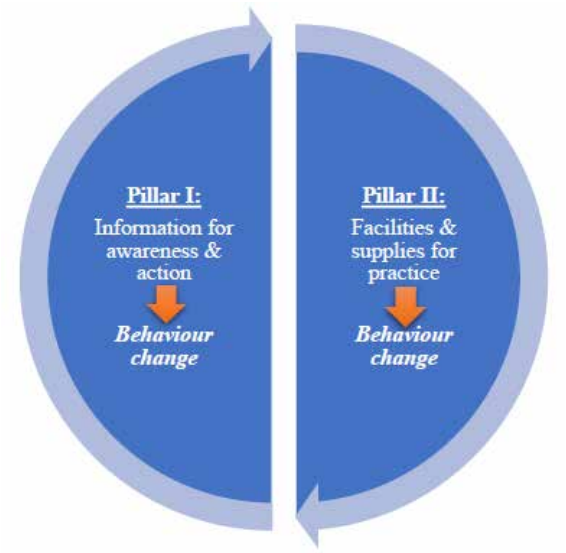
Setting 4 Workplaces	**Target Audience:** Heads, staff, vendors and visitors.
Possible Entry Points: The safety and wellbeing of workers is critical for productivity and national development. Therefore, targeting workplaces to protect workers and their associates from hand hygiene related infections or diseases could not have been a better HH4A setting. Staff durbars or retreats, notice boards, office entrances, etc are good entry points to sensitising the office community about hand hygiene.	
Setting 5 **Markets**	**Target Audience:** Managers, sellers, buyers and visitors.
Possible Entry Points: Across the country are physical markets of various sizes that support the livelihoods and local economies of the population. In these markets are large numbers of petty traders and 'big' business persons who market or display their wares to attract equally large numbers of buyers. Lots of contact occur in the process. The level of concentration of persons in a market makes it prone to wide infection spread, if nothing is done to check the situation. There is also the critical need for food safety as hands are often used in touching food stuffs in the selling and buying process, raising food safety concerns if those hands are not clean. It is for these reasons that markets have been identified as a setting in the HH4A Initiative. In the market itself, there are eateries, lorry stations etc and sometimes cross border entries (vehicles transporting goods from within and outside the country), shopping centres and malls and forex bureaus where money changes hands, making it extremely critical for hand hygiene promotion and practice. Working with market queens, pasting posters at vantage points, stickers, playback of recorded messages on loud-speakers at the market squares and periodic inspections, among others, are entry points for reaching market populations with hand hygiene information, products and services.	
Setting 6 **Transport (Terminal & Travel)**	**Target Audience:** Managers, drivers/pilots, passengers, vendors and visitors.
Possible Entry Points: Road transport is, by far, the widely used means of travel in Ghana. However, there is also air transport, rail transport and water transport. Many converge on a daily basis at transport terminals (lorry stations, airports, railway/train stations, seaports and landing beeches) either to depart on a journey or arrive from a journey. Like the market situation, lots of contact occur in the process at these transport terminals too. Beyond the terminal, there is also some contact during travel (i.e. the journey itself). Thus, the managers, drivers/pilots and their patrons (passengers) require hand hygiene information and facilities to keep safe, hence the inclusion of transport as a setting for HH4A. Posters, stickers, playback of pre-recorded messages on loud- speakers at the station and in the means of transport (vehicle, 'yellow yellow', airplane, ferry, ship), scheduled engagements and periodic inspections, among others, are entry points for reaching transport populations with hand hygiene information, products and services.	
Setting 7 **Eateries**	**Target Audience:** Managers, cooks, servers (waiters and waitresses), patrons and visitors.
Possible Entry Points: 'Before food' (preparation, eating and feeding a baby) is a critical time for handwashing. Since eateries are centres of cooked food production and places where many converge to eat, it goes without saying that it is appropriate to be listed as a setting for HH4A. Use of advertising posters, one-on-one engagement and periodic inspection are among avenues or entry points for hand hygiene promotion and practice.	

Setting 8 Worship or Religious centres	**Target Audience:** Leaders, members, vendors and visitors.
Possible Entry Points: Religious centres, in their various forms (churches, mosques, prayer camps, retreat/convention centres, crusade venues, etc), are by and large places of congregation of multitudes. Thus, they provide opportunity for wider reach for hand hygiene. Religious leaders are respected in society and therefore could make greater impact if they were encouraged and supported to incorporate hand hygiene messages into their sermons. Their teaming members could also learn and take to soap making as a main or supplementary income source, while at the same time advancing the HH4A agenda.	
Setting 9 **Events and recreational centres**	**Target Audience:** Facility managers, organisers, participants/ patrons, revelers, vendors and visitors
Possible Entry Points: Events are occasions that gather people in large numbers. In Ghana, key events that attract high patronage include festivals, funerals, community durbars, marriage ceremonies, outdooring of newly born baby(ies), trainee pass-outs (graduation), sports, campaign rallies, entertainment/concerts, picnics, workshops/conferences, etc. Another related area of concern is recreational centres such as drinking bars, pubs, beaches, resorts (including hotels and guest houses with relaxation sites, e.g. public swimming pools, etc), stadia, funeral homes and community centres. Even though events and visits to recreational centres are usually shorter in duration, they can be super-spreaders of infection because of the numbers involved. So critical are events and recreational centres in either aiding or stopping infection spread that at the height of the COVID-19 pandemic in Ghana, they were banned from operations. Against this background, it is important to target them in the HH4A package. Engagement with the Ghana Tourism Authority (GTA) and other collaborating agencies are some entry points through which these events/recreational centres can be reached.	
Setting 10 **Childcare, Special Needs Children and Rehabilitation Homes**	**Target Audience:** Managers, attendants, nursery and special needs children and visitors.
Possible Entry Points: Childcare homes are places where nursery and special needs children are taken care of. They cover daycare centres, special schools (schools for the deaf, blind and mentally retarded), recognised residential homes for children (licensed orphanages) and Borstal institutes. They represent a critical group whose hand hygiene needs must be addressed, hence their inclusion in the HH4A settings. Through their specially trained attendants, they can be reached with hand hygiene information, products and services.	

Setting 11 Correctional centres	**Target Audience:** Officers, inmates and visitors.
Possible Entry Points: Correctional centres such as prisons are meant to rehabilitate or reform their inmates. Due to a combination of plausible reasons (increase in crime, limited space, etc), the facilities are overstretched, creating a crowded or congested situation. This is recipe for spread of infection. Access to hand hygiene information and facilities would not only help the immediate inmates, their attendants (prison officers) and all others connected with the centre, but also go a long way to produce change agents for the promotion of improved hand hygiene behaviour in society as a whole when they are out of incarceration. Additionally, skills training is part of the rehabilitation/reformation process. Soap making and fabrication (welding) of handwashing devices are skill development opportunities that HH4A presents, and the inmates could take advantage of this to better their lot. These make correctional centres appropriate settings for hand hygiene promotion and practice.	
Setting 12 **Internally Displaced Person (IDP) and Refugee Camps**	**Target Audience:** Camp managers, attendants, displaced persons, vendors and visitors.
Possible Entry Points: An IDP and/or Refugee Camp is a physical place of abode or refuge for displaced persons under emergency circumstances. It (camp) comes about as a result of people (locals/IDPs or foreigners/refugees) fleeing a humanitarian or an emergency situation. These emergencies include conflicts, disease outbreaks (epidemics, pandemics) and disasters such as flood, drought, fire and explosion. Whenever these occur, the provision of WASH facilities and services has always been key in ameliorating the difficulties of the people and, thus, becomes a natural point of entry for hand hygiene promotion and practice. This is in line with the emergency context espoused/advocated by the HH4A Initiative.	

2.7 THE PILLARS AND PATTERN (LAYOUT) OF THE HH4A MINIMUM STANDARDS

The HH4A Minimum Standards are modelled on two cyclically inter-related pillars as illustrated below, both geared towards behaviour change:



As a pattern or layout, the HH4A Minimum Standards for each of the 12 settings reflect the two pillars above. There are indicators and guidance notes accompanying the standards, taking inspiration from WHO & UNICEF (2009).

The ***standard*** is the desired condition or state and therefore presented in the form of a result to be aimed at and maintained.

The ***indicators*** take on two main characters – ***user-based*** and ***behavioural***. By user-based, it means measurement of the indicators would be based on end-user perspectives rather than service provider claims. For example, a service provider may report supply of 100 handwashing facilities to 10 schools. While this may, indeed, has been done, emphasis would rather be placed on what the 10 schools report that they actually received. The idea here is not to doubt, contest or question the authenticity of the service provider's report, but to ensure that actuals are being reported as breakages may have occurred along the supply chain and not all 100 handwashing facilities would have reached the schools. In this case, rather than state the indicator as ***'number of handwashing facilities supplied'***, it would rather be ***'number of handwashing facilities received'***. Behavioural implies action to substantiate knowledge. So, for example, instead of saying ***'number of school health clubs trained in the importance hand hygiene'***, it would rather be ***'number of school health clubs that explain the importance of hand hygiene'***. Thus, their ability to explain would be used to measure/gauge whether or not they were trained and the quality thereof.

The ***guidance notes*** define limits and provide clarity on the standard and indicators. From the outset, it is important to emphasise and to keep in mind that every note is within the context of hand hygiene. Thus, the definitions provided are operational in nature (within the context of hand hygiene) and not for general application.

PART III: THE STANDARDS

3.1 GENERAL DEFINITIONS AND SPECIFICATIONS ACROSS ALL SETTINGS

This section sets out definitions and specifications that would apply across all 12 settings. These are presented under each of the two pillars, which, in essence, are the two standards.

Standard 1 (pillar I - information):
All segments of *[insert setting]* population have basic hand hygiene information and practice improved hand hygiene behaviours.

I. INDICATORS:

1. Proportion of [insert setting] population able to:
   a. define hand hygiene (handwashing and hand sanitising);
   b. explain the importance of hand hygiene (handwashing and hand sanitising);
   c. identify when to practice hand hygiene (handwashing and hand sanitising); and
   d. demonstrate proper practice of hand hygiene (handwashing and hand sanitising).
2. Proportion of [insert setting] population randomly observed practicing handwashing and hand sanitising at critical times.
3. Proportion of [insert setting] that have and implement O&M plans.

II. GUIDANCE NOTES:

- Basic hand hygiene information includes WHAT hand hygiene is (definition), WHY hand hygiene (importance), WHEN hand hygiene (critical times) and HOW hand hygiene (steps in proper handwashing and hand sanitising).
- Definition of hand hygiene – **WHAT**
  "A general term referring to any action of hand cleansing," WHO (2009)[3]
  "A general term that applies to either handwashing, antiseptic handwash, antiseptic hand rub, or surgical hand antisepsis," CDC (2002).[4]
  "Hand hygiene is a way of cleaning one's hands that substantially reduces potential pathogens (harmful microorganisms) on the hands." CDC (2016)[5]

3 WHO Guidelines on Hand Hygiene in Health Care, pg2
4 CDC Guideline for Hand Hygiene in Health-Care Settings, pg3
5 CDC FAQ on Hand Hygiene (https://www.cdc.gov/oralhealth/infectioncontrol/faqs/hand-hygiene.html)

In essence, hand hygiene refers to the two practices of handwashing with soap under running water and hand sanitising with the aim of inactivating potential germs or bacteria in the hands.

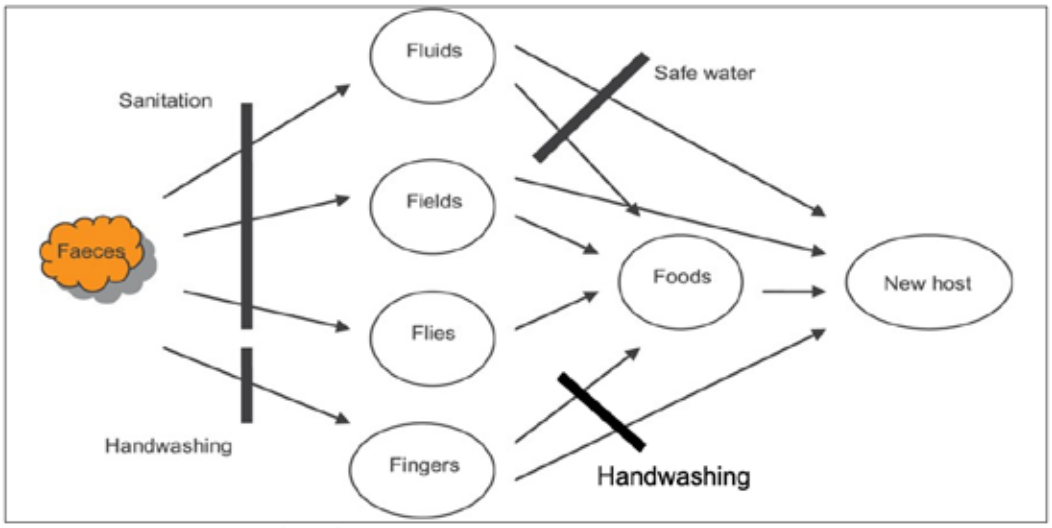
- Handwashing means:

"Washing hands with plain (i.e. non-antimicrobial) soap and water" (CDC, 2002)[6]; OR
"Washing hands with plain or antimicrobial soap and water" (WHO, 2009)[7]

Putting the above together, handwashing is washing hands with soap under running water.

- Hand sanitising means application of an alcohol-based preparation such as handrub to the hands to inactivate micro-organisms and/or temporarily suppress their growth (WHO, 2009)[8] This is complementary to handwashing and not a replacement.
- Importance of hand hygiene – **WHY**
  1. Makes hands clean
  2. Removes germs from the hands
  3. Promotes good health (avoid sickness)
  4. Prevents spread of infections
  5. Cost-effective (not as expensive as treatment and other forms of healthcare)
  6. Makes neat and nice personality
  7. Enhances dignity (dignifying)

The F-Diagram below is a useful tool in illustrating the importance of hand hygiene:



Source: Routray, 2017 (adapted)

6 CDC Guideline for Hand Hygiene in Health-Care Settings, pg3

7 WHO Guidelines on Hand Hygiene in Health Care, pg2

8 WHO Guidelines on Hand Hygiene in Health Care, pg2

- Critical times for hand hygiene (usually **AFTER** or **BEFORE** an activity: **A**+**B**) – **WHEN**

  a) Handwashing [adapted from CDC, 2021]:

  1) After using the toilet.
  2) After changing a baby's diaper or helping a child use the toilet.
  3) After returning from work or a socio-cultural gathering (e.g. farm, office, market, funeral, marriage ceremony, etc).
  4) After sweeping.
  5) After cleaning animal pen or hen kook
  6) After visiting a public place (including transport station, market, place of worship, etc).
  7) Before preparing food.
  8) Before eating.
  9) Before feeding a baby/child.
  10) Before and after changing menstrual pad.
  11) Anytime hands are visibly dirty or soiled

  b) Hand sanitising [adapted from CDC, 2021]:

  1) After touching animals and pets.
  2) After coughing or sneezing.
  3) After touching surfaces (especially outside the home, e.g. door knobs, guard rail, money, etc).
  4) After touching animals or pets
  5) After handshakes
  6) Before and after caring for (or attending to) a sick person.

[NOTE: The above are for general application. However, specific critical times for handwashing and hand sanitising have been identified for the various settings, taking into consideration their individual unique contexts.]

- Steps in hand hygiene – ***HOW***

  a) *Handwashing* [adapted from WHO, 2009 and CDC, 2022]:

  Step 1: Wet hands with clean running water.
  Step 2: Apply soap.
  Step 3: Scrub all surfaces of the hands, including palms, back of hands, between fingers thumbs, wrists and under nails.
  Step 4: Rinse thoroughly with clean running water.
  Step 5: Dry hands with a single-use hand towel or air dry.

b) Hand sanitising [adapted from CDC, 2021]:

Step 1: Dispense 3-5ml (usually 3 nozzle pumps) of hand sanitiser into a cupped palm.

Step 2: Put clasped fingers into sanitiser in the cupped palm and do rotational rubbing, and vice versa.

Step 3: Rub hands palm to palm with fingers interlaced.

Step 4: Rub one palm over the back of the other with interlaced fingers, and vice versa.

Step 5: Clasp one palm around the thumb of the other hand and do rotational rubbing, and vice versa.

Step 6: Keep rubbing until hands are thoroughly dry.

- Practice improved hand hygiene behaviours refers to:

a) washing hands with soap under running water at critical times; and/or

b) rubbing hands with alcohol-based hand sanitiser at critical times.

c) installing, operating and maintaining a standard hand hygiene facility at all times.

Standard 2 (pillar II – facilities & supplies):
All *[insert setting]* have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.

i. INDICATORS

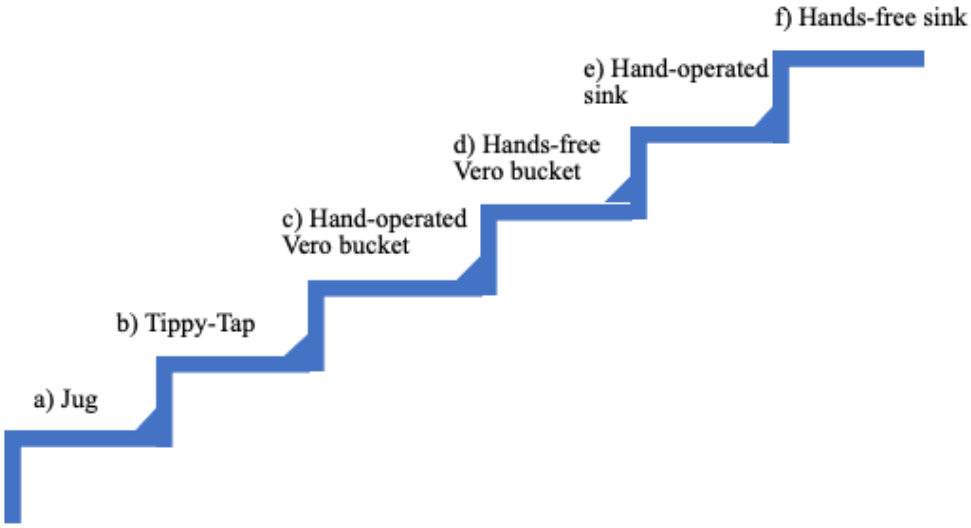
Proportion of ***[insert setting]*** that have:

1) Presence of handwashing facility at all setting-specific defined minimum locations.
2) Availability of water in the handwashing facility at all the defined minimum locations per setting.
3) Presence of soap by the handwashing facility at all the defined minimum locations per setting.
4) Availability of hand sanitiser at all setting-specific defined locations.
5) Functioning hand hygiene (handwashing and hand sanitising) stations at all the defined minimum locations per setting.
6) O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

ii. GUIDANCE NOTES

- A hand hygiene station refers to a handwashing station and/or hand sanitiser.
- A handwashing station refers to a facility that makes it possible to carry out the activity or practice of handwashing with soap under running water. Key elements of a complete handwashing station, therefore, are the handwashing device, soap and water.
- A handwashing device is any of the following as illustrated in the ladder below (WHO/ UNICEF, 2019)[9]:

THE HANDWASHING LADDER



NOTE: Each of the above should always have water and soap to qualify as a handwashing station.

- Any of the above can be designed as a fixed or mobile facility for either individual or group use at home, in institutions and at public places (WHO/UNICEF, 2019).[10]
- For a group facility, there should be the mandatory minimum one meter (1m) distance (arm's length) between spouts for social distancing (UNICEF, 202011 and WaterAid, 2020). This also applies when queuing to use a hand hygiene facility.
- Design of group facility should allow for one person's use, when required, to avoid water wastage (WaterAid, 2020).
- The handwashing facility (especially the water storage container and washbasin) should be regularly (daily) and thoroughly cleaned using soap, water and/or disinfectant (WaterAid, 2020).

9 JMP (www.washdata.org).

10 JMP (www.washdata.org).

11 UNICEF Fact Sheet: Handwashing Stations and Supplies for the COVID-19 response, pg1

- For settings within urban areas in particular, the Veronica bucket is recommended/ encouraged as the starting point on the handwashing ladder.
- Soap can be plain or antimicrobial (WHO, 2009) and comes in the form of liquid, bar or powder[12].
  - » **Plain soap:** Detergents that contain no added antimicrobial agents, or may contain these solely as preservatives.
  - » **Antimicrobial (medicated) soap:** Soap (detergent) containing an antiseptic agent at a concentration sufficient to inactivate micro-organisms and/or temporarily suppress their growth.
  - » **Detergent (surfactant):** Compounds that possess a cleaning action.
  - » **Soap** for handwashing should possess basic qualities of lathering and non-adverse effect on the skin or hand (e.g. itching).
- *Water quality* for handwashing should be clear (ideally <20 NTU), free of faecal contaminants and without any offensive odour or colour (UNICEF, 2020 and WaterAid, 2020).
- Additionally, *water quality* can be guaranteed by ensuring that the water does not stay in the storage container for more than 24 hours (WaterAid, 2020). That is, storage water for handwashing should be replaced daily unless a centralised system (pipe network or a higher-up large elevated water tank) is being used.
- Water quality can further be enhanced or achieved by ensuring that the water storage container is always covered.
- Estimated *water quantity* for handwashing per person per day is 4.5 litres, calculated using a projected 10 washings per day at an average of 0.45 litre, which is based on UNICEF (2020)'s recommended range of 0.3-0.6 litre per washing13. The projected washings per day are an average of 3 eating times (breakfast, lunch and supper), 2 toilet use, 1 return from outside location (e.g. home) and 1 miscellaneous, making it 7 in all. However, the 3 eating times would go with handwashing after eating for obvious reasons. This brings the total to the 10 washings per day.Multiplying 10 washings by 0.45 litre gives the 4.5 litres estimated quantity of water for handwashing per day.
  - » Thus, for example, for a handwashing facility designed to serve the national average household size of 3.6, the quantity of water required is 16.2 litres per day, 10 people is 45 litres, 20 people is 90 litres, 50 people is 225 litres, 100 people is 450 litres and so on.

12 WHO Guidelines on Hand Hygiene in Health Care, pg2

13 UNICEF Fact Sheet: Handwashing Stations and Supplies for the COVID-19 response, pg4

[***NOTE:*** The above is for general application and should serve as a guide in determining the design capacity of handwashing facilities for specific settings depending on the number of expected users. In these standards, water quantity estimates have been made for the various settings, taking into consideration their individual unique contexts.]

- *Hand Sanitiser* is ***"an alcohol-containing preparation (liquid, gel or foam) designed for application to the hands to inactivate micro-organisms and/or temporarily suppress their growth"*** (WHO, 2009)[14]. In Ghana, the Food and Drugs Authority (FDA) requires that hand sanitisers have a minimum of 70% ethyl alcohol content.
- There should be appropriate signage/signposting or behavioral nudges to provide visual cues about the hand hygiene station.
- Hand hygiene station should be generally attractive to the user to motivate/inspire use.
- *Adequate* means that, at least, there are handwashing stations (device, water and soap) and hand sanitisers at all defined minimum locations that meet the needs of all categories of persons per setting. It should be within 5m to the reference location and in line of sight (WaterAid, 2020).
- *Adequate* further means that users, at any point in time, do not exceed seven (7) per hand hygiene facility or spout (if designed for group use). This is based on a maximum tolerable waiting period of three (3) minutes, using an estimated washing duration of halve (½) a minute per person (WHO, 2009 and CDC, 2022). This is to serve as a guide in determining the quantity of hand hygiene facilities to be deployed for specific settings depending on the number of expected users at their peak period(s).
- *Age-appropriate* means, as a general rule, that the height from ground level to the spout of the hand hygiene facility is within the range of the mid-thigh to the navel of the user. Specific recommended measurements are as follows:
  - » Children: 500-700mm high from ground level to spout[15]
  - » Adult: 700-1,200mm high from ground level to spout
  - » Wheelchair users: ≤ 850mm high from ground level to spout[16]
  - » Wheelchair users: ≥ 900mm door width (if in a room or in an enclosed area). The door should be opening to the inside (i.e. push to open and not pull).
  - » Visually impaired: fixed or consistency in position[17]
- *Disability,* within the context of access to hand hygiene facilities, refers to the physically challenged, the visually impaired and the aged, and for access to information, refers to persons with hearing and speech impairment.
  - » The physically challenged are those who walk with the aid of crutches or move on a wheelchair because they are unsteady on their feet. It also includes persons with hand deformity.

14 WHO Guidelines on Hand Hygiene in Health Care, pg2

15 UNICEF Fact Sheet: Handwashing Stations and Supplies for the COVID-19 response, pg5

16 UNICEF Fact Sheet: Handwashing Stations and Supplies for the COVID-19 response, pg5

17 UNICEF Fact Sheet: Handwashing Stations and Supplies for the COVID-19 response, pg5

» The visually impaired are those whose sense of sight is supported by a guiding stick ('white cane') and/or a guardrail/handrail.

» The aged are those advanced in age and look physically weak or frail in their body.

» Persons with hearing and speech impairment are those whose communication is through sign language and/or supported by a hearing aid.

- *Disability-friendly hand hygiene facility* means as follows (WaterAid, 2020):

  » that the tap head has a long lever that can be hit or moved by a physically challenged person to open and close the tap;

  » that the physically challenged and the aged do not have to lean too far forward to reach the soap, washbasin and hand sanitiser or push too hard to access the soap or hand sanitiser.

  » that the route to the facility/station is free of impediments, i.e. it is ramped (no steps) to allow for free movement physically challenged and the aged;

  » that the area around the basin is flat and has non-slippery surface;

  » that the door width (if facility is in an enclosed area) is ≥900mm to allow for access by wheelchair users;

  » that there is a guardrail or handrail to facilitate access to the facility by the visually impaired;

  » that there is consistency in positioning or placement of device (facility) and supplies (soap, hand towel)[18] to assist intuitive recognition by the visually impaired; and

  » that hand hygiene information is translated into braille and sign language to facilitate access by the visually impaired and persons with hearing and speech impairment respectively.

- *Robust hand hygiene facility* is one that has the following (UNICEF, 2020[19] and WaterAid, 2020):

  » Material make is iron/metallic, plastic, wood, ceramic or a combination as the dominant material.

  i) Iron/metallic material should be stainless to avoid rust.

  i) Plastic material (containers) should be ultraviolet (UV)- or algae-resistant to avoid spirogyra growth. Plain transparent material should not be used if location of the facility is continually exposed to sunshine.

  iii) Wood should be treated against rotting.

  » Tap head should be well-fastened, without leakage and reasonably withstand pressure against breakage.

18 UNICEF Fact Sheet: Handwashing Stations and Supplies for the COVID-19 response, pg5

19 UNICEF Fact Sheet: Handwashing Stations and Supplies for the COVID-19 response, pg3&4

» Low flow rate taps are recommended to reduce water consumption as well as avoid splashing during handwashing.

» All fittings should be of good quality to prevent leaks.

» Water storage container should be easy to re-fill (i.e. not too large and too high).

» Wastewater should be properly drained off into a soakaway or mains or collected and safely disposed off. The recommended size of the drainage pipe is 32mm or 40mm to properly convey and discharge effluent without getting blocked by dirt or scum.

» The wastewater receptacle should be wide and deep enough to avoid splashing.

» The entire hand hygiene station and especially the water storage container should be secured to avoid theft or being knocked down by wind when empty.

» There should be appropriate signage/signposting or behavioral nudges to provide visual cues about the hand hygiene station.

» Supplier contact should be embossed (or provided) for after sales support services and post-installation feedback.

- *Sustainable hand hygiene station* means that there is an O&M system in place for supplies/refills (water, soap, hand towels, sanitiser), repairs and replacements. It should also be easy to repair (WaterAid, 2020).
- *Hand drying methods* can be manual, mechanical or natural.
  - » **Manual hand drying** involves using a *single-use biodegradable absorbent paper towel or single-use re-usable cotton hand towel*. This should be used by one person only at a time. Hand drying material can be dropped into a litter bin after use and eventually buried, put into a pit or incinerated. Re-usable materials should be thoroughly washed, properly dried and/or sanitised/sterilised before re-use.
  - » **Mechanical hand drying** is drying hands with the aid of a hand drying machine.
  - » **Natural hand drying** refers to open air drying.

3.2 SETTING-SPECIFIC DEFINITIONS AND SPECIFICATIONS

This section provides setting-specific HH4A Minimum Standards. Each standard is presented along with indicators and guidance notes.

3.2.1 HOME OR HOUSEHOLD

STANDARD 1:	STANDARD 2:
All segments of household population have basic hand hygiene information and practice improved hand hygiene behaviours.	**All households have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS:	**INDICATORS:**
1) Proportion of household population able to: • define hand hygiene (handwashing and hand sanitising); • explain the importance of hand hygiene (handwashing and hand sanitising); • identify when to practice hand hygiene (handwashing and hand sanitising); and • demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 2) Proportion of household population randomly observed practicing handwashing and hand sanitising at critical times. 3) Proportion of households that have and implement O&M plans.	Proportion of households that have: 1) Presence of handwashing facility at all defined minimum locations in the household. 2) Availability of water in the handwashing facility at all defined minimum locations in the household. 3) Presence of soap by the handwashing facility at all the defined minimum locations in the household. 4) Availability of hand sanitiser at all defined minimum locations in the household. 5) Functioning hand hygiene (handwashing and hand sanitising) stations at all the defined minimum locations in the household. 6) O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

3.2.1 HOME OR HOUSEHOLD

GUIDANCE NOTES:

In addition to the general provisions outlined in Section 3.1, the following are household-specific notes to consider:

- *Household* refers to *"a person or a group of two or more persons (related or unrelated) who live together, share housekeeping arrangements (eating and sleeping) and recognise one person as the head"* according to Ghana Statistical Service (GSS), 2021. Householders live in a home and thus, the terms household and home are used inter-changeably for the purpose of this document.
- *All segments of household population* refer to the aged (adult male or adult female), young men, young women, boy children, girl children and under-5 children, all of whom live and/or do business within the household in their capacities as landlord/lady, tenants, family members, household workers (e.g. house helps, gardener, security, etc) and visitors.
- *Critical times for hand hygiene* (within the context of a household) are as follows:

a) Handwashing

1. After using the toilet
2. After changing a baby's diaper or helping a child use the toilet
3. After returning from work or a socio-cultural gathering (farm, office, market, funeral, marriage ceremony, etc)
4. After sweeping
5. After visiting a public space, including public transportation, markets and places of worship
6. After touching animals or pets
7. After cleaning animal pen and hen kook
8. Before preparing food
9. Before eating
10. Before feeding a baby/child
11. Before and after changing menstrual pad
12. Before and after caring for or attending to a sick person in the house
13. Anytime hands are visibly dirty or soiled

3.2.1 HOME OR HOUSEHOLD

b) Hand sanitising

1. After touching animals and pets
2. After coughing or sneezing
3. After touching surfaces (especially outside the home, e.g. door knobs, railing, money, etc)
4. After touching animals or pets
5. After handshakes
6. Before and after caring for (or attending to) a sick person

- Defined minimum locations for hand hygiene stations/facilities (within the context of a household) are as follows:

a) Handwashing facility

1. In the compound as appropriate to the household
2. At the washroom of the household
3. At the entrance of a gated community

b) Hand sanitiser

1. In the compound

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per day in a household setting is 5.4 litres, calculated using a projected 12 washings per day. The projected washings per day are an average of 3 eating times (breakfast, lunch and supper), 2 toilet use, 2 sweeping times (morning and evening), 1 return from outside home and 1 miscellaneous, making 9 in all. However, the 3 eating times would go with handwashing after eating for obvious reasons. This brings the total to the 12 washings per day.
    - » Thus, using the national average household size of 3.6, the quantity of water required for handwashing in a household is 16.2 litres per day. This can be adjusted to suit whatever number of persons there are in a particular household.

3.2.2 SCHOOL

STANDARD 1: **All segments of school population have basic hand hygiene information and practice improved hand hygiene behaviours.**	STANDARD 2: **All schools have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: 1) Proportion of school population able to: a. define hand hygiene (handwashing and hand sanitising); b. explain the importance of hand hygiene (handwashing and hand sanitising); c. identify when to practice hand hygiene (handwashing and hand sanitising); and d. demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 2) Proportion of school population randomly observed practicing handwashing and hand sanitising at critical times. 3) Proportion of schools that have and implement O&M plans.	**INDICATORS:** Proportion of schools that have: 1. Presence of handwashing facility at all defined minimum locations in the school. 2. Availability of water in the handwashing facility at all defined minimum locations in the school. 3. Presence of soap by the handwashing facility at all the defined minimum locations in the school. 4. Availability of hand sanitiser at all defined minimum locations in the school. 5. Functioning hand hygiene (handwashing and hand sanitising) stations at all the defined minimum locations in the school. 6. O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

GUIDANCE NOTES:

In addition to the general provisions outlined in Section 3.1, the following are school-specific notes to consider:

- School refers to any institution of learning as defined by the Ministry of Education (MoE). This covers pre-school, primary school, Junior High School (JHS), Senior High School (SHS), Technical and Vocational Education and Training (TVET) school and tertiary institutions (colleges, polytechnics, universities), whether they be public or private, day or boarding and rural, peri-urban or urban schools.
- All segments of school population refer to teachers, other workers (e.g. cooks, security persons, drivers, cleaners etc), learners/pupils/students, food vendors, School Management Committee (SMC), parents, residents on school campus and visitors.
- Critical times for hand hygiene (within the context of a school) are as follows:

a) Handwashing

1. After using the toilet
2. After sweeping or cleaning and/or collecting refuse
3. After returning from playing, break and physical education (PE) session
4. After teaching and handling books (e.g. marking class exercise/homework)
5. Before entry into and exit from the school (including students returning from exeat and vacation for boarding schools)
6. Before preparing food (for school kitchen staff and students who choose to cook)
7. Before serving or dishing out food at dining and for food vendors
8. Before eating and handling any food including fruits and vegetables
9. Before and after changing menstrual pad
10. Anytime hands are visibly dirty or soiled

b) Hand sanitising

1. After coughing or sneezing
2. After touching surfaces
3. After handling books
4. Before entering office/classroom

- *Defined minimum locations* for hand hygiene stations/facilities (within the context of a school) are as follows:

a) Handwashing facility

1. At school gate or entrance
2. In front of classroom
3. At the kitchen
4. At the canteen or dining hall
5. At the food vending area
6. At the entrance of the dormitory (for boarding schools)
7. At the washroom (toilet and urinal)
8. At the playgrounds or area
9. At the entrance to the assembly ground or hall
10. At the entrance to the school administration
11. At the entrance to the library and laboratory
12. At the entrance to the infirmary
13. At the entrance to the worship centre
14. At teachers' quarters (staff bungalows)

b) Hand sanitiser

1. In the office or administration
2. In the staff common room
3. In the library
4. At the infirmary
5. In the worship centre(s)
6. In classrooms
7. In the dormitory

- Based on the general provision of seven (7) users per hand hygiene station at peak periods (refer Section 3.1), the following has been developed as a guide for various school levels:

No.	School Level	Standard Class Size	Number of Learners	Number of Teachers	Others	Total Population	Individual or Group HWFs Required	
							Individual HWFs	Group HWF
1	Pre-school	20	40	4	2	46	7	1
2	Lower primary	35	105	3	2	110	16	1
3	Upper primary	35	105	3		108	15	1
4	JHS	40	120	9	2	131	19	1

NOTE:

- » The estimate for number of group handwashing facilities (HWF) required is based on a design capacity of 20 persons at a time per facility.
- » The above is up to JHS level. For secondary and tertiary levels, a general rule of 20 persons per group handwashing facility would apply.
- » For a school setting, group handwashing facility is encouraged/recommended to avoid time wastage, especially during breaks when all are expected to wash their hands before eating and/or after playing. There would, however, still be individual facilities at places such as the toilet and office since not the entire population would visit such places at the same time.

- Recommended measurements for age-appropriate hand hygiene stations in schools are as follows:
  - » Pre-school children: 500 – 700mm from ground level to spout
  - » Lower primary school children: 500 – 800mm from ground level to spout
  - » pper primary school children: 700 – 1000mm from ground level to spout
  - » JHS children: 700 – 1000mm from ground level to spout
  - » SHS children: 700 – 1200mm from ground level to spout
  - » Tertiary students: 700 – 1200mm from ground level to spout
  - » Workers (teachers, cleaners, security, etc): 700 – 1200mm from ground level to spout
  - » Wheelchair users: ≤850mm
  - » Visually impaired: fixed and consistency in position of soap and hand towel

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per day in a school setting is 4.95 litres, calculated using a projected 11 washings per school day. The projected washings per school day are an average of 1 entry, 1 sweeping, 2 eating times (1st and 2nd break), 1 toilet use, 2 return from play, 1 exit and 1 miscellaneous, making 9 in all. However, the 2 eating times would go with handwashing after eating for obvious reasons. This brings the total to the 11 washings per school day.
  - » Thus, the following provides for the quantity of water required for handwashing per school day:

No.	School Level	Standard Class Size	Number of Learners	Number of Teachers	Others	Total Population	Water Requirement per School Day (in litres)	
							Per Capita	Entire School Population
1	Pre-school	20	40	4	2	46	4.95	228
2	Lower primary	35	105	3	2	110	4.95	545
3	Upper primary	35	105	3		108	4.95	535
4	JHS	40	120	9	2	131	4.95	648

NOTE: The above can be adjusted to cover secondary and tertiary institutions as well once relevant information is available.

3.2.3 HEALTHCARE FACILITY

STANDARD 1: **All segments of healthcare facility population have basic hand hygiene information and practice improved hand hygiene behaviours.**	STANDARD 2: **All healthcare facilities have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: 1) Proportion of healthcare facility population able to: • define hand hygiene (handwashing and hand sanitising); • explain the importance of hand hygiene (handwashing and hand sanitising); • identify when to practice hand hygiene (handwashing and hand sanitising); and • demonstrate proper practice of hand hygiene (handwashing and hand sanitising). Proportion of healthcare facility population randomly observed practicing handwashing and hand sanitising at critical times. Proportion of healthcare facilities that have and implement O&M plans.	**INDICATORS:** Proportion of healthcare facilities that have: 1. Presence of handwashing facility at all defined minimum locations in the healthcare facility. 2. Availability of water in the handwashing facility at all the defined minimum locations in the healthcare facility. 3. Presence of soap by the handwashing facility at all the defined minimum locations in the healthcare facility. 4. Availability of hand sanitiser at all defined minimum locations in the healthcare facility. 5. Functioning hand hygiene (handwashing and hand sanitising) stations at all the defined minimum locations in the healthcare facility. 6. O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

GUIDANCE NOTES:

In addition to the general provisions outlined in Section 3.1, the following are healthcare facility-specific notes to consider:

- *Healthcare facility* is ***"Any of the categories of hospitals, clinics, health centres, CHPS compounds, residential nursing home/care settings, outreaches, emergency services, dental units, and all other healthcare service delivery points"*** (Ministry of Health, 2015). This covers the range of primary, secondary, tertiary and quaternary healthcare facilities in Ghana as classified by the Health Facilities Regulatory Agency (HeFRA). These include i) Primary Healthcare Facilities: maternity homes, Community Health Planning and Services (CHPS) compounds, health centres, clinics, polyclinics and district hospitals; ii) Secondary Healthcare Facilities: regional hospitals; iii) Tertiary Healthcare Facilities: teaching hospitals; and iv) Quaternary Healthcare Facility: the University of Ghana Medical Centre (UGMC).

- *All segments of healthcare facility population* refer to clinical health workers (doctors, nurses, lab technicians, etc), non-clinical health workers (administrator, cooks, security persons, drivers, cleaners, etc), out-patients, in-patients, caregivers, residents on healthcare facility premises, vendors and visitors.

- *Critical times for hand hygiene* (within the context of a healthcare facility) are as follows [adapted from Ministry of Health, 2015]:

a) Handwashing

1. After using the toilet [all]
2. After changing a baby's diaper or helping a child use the toilet [caregiver]
3. After sweeping [cleaners]
4. After risk of body fluid exposure [health worker]
5. After visiting the mortuary [all]
6. After consistently hand sanitising for five times [health worker]
7. Before entry into and exit from the healthcare facility [all]
8. Before and after making contact with a patient [health workers and caregivers]
9. Before donning gloves and wearing personal protective equipment (PPE) [health workers]
10. Before a clean/aseptic procedure [health workers]
11. Before preparing and serving food [hospital kitchen staff and food vendors]
12. Before eating [all]
13. Before feeding a baby/child [caregivers]
14. On entry into isolation room/area, e.g. theatre, etc [health workers]
15. Anytime hands are visibly dirty or soiled [all]

b) Hand sanitising

1. After touching, attending to or examining a patient [health workers]
2. After touching a patient's surroundings, including door knobs/handles, beds, etc [health workers and caregivers]
3. After coughing or sneezing [all]
4. After removal of PPE upon leaving the care area [health workers]
5. Before a clean/aseptic procedure [health workers]
6. Before dispensing medicine [health workers]
7. Before taking medication [patient] or administering medication [health worker]
8. Before and after taking laboratory sample [health worker]
9. Before and after caring for a sick person [all]

- Defined minimum locations for hand hygiene stations/facilities (within the context of a healthcare facility) are as follows [adapted from WaterAid, 2020]:

a) Handwashing facility

1. At the gate or entrance (entry and exit points)
2. At the washroom (toilet/urinal) within 5 meters
3. At all points of care (OPD, consulting room, laboratory, x-ray, ward, dispensary, ANC, CWC, labour or delivery room, theatre, ultrasound, etc)
4. At the administration
5. At the waiting room or area
6. At the kitchen
7. At the canteen, cafeteria or dining hall
8. At the food vending area
9. At where PPE is being put on and taken off
10. At where healthcare waste is handled
11. At the mortuary

b) Hand sanitiser

1. In the office or administration
2. At all points of care (OPD, consulting room, laboratory, x-ray, ward, dispensary, ANC, CWC, labour or delivery room, theatre, ultrasound, etc)
3. Mortuary

- Based on the general provision of seven (7) users per hand hygiene station (refer to Section 3.1), the following has been developed as a guide for various healthcare facilities, using 2021 out-patient department (OPD) attendance sourced from the District Health Information Management System (DHIMS):

No.	HCF Level or Type	2021 Total Annual OPD Attendance (country-wide)	2021 Daily Average OPD Attendance (country-wide)	Number of HCFS	2021 Daily Average OPD Attendance per HCF	Individual or Group HWFs Reqired	
						Individual HWFs	Group HWF
1	CHIPS	3,844,940	10,534	3,065	3	1	0
2	Health Centre	6,097,094	16,704	1,013	16	2	0
3	Clinic	625,585	1,714	202	8	1	0
3	Poly Clinic	1,344,234	3,683	64	58	8	1
5	District Hospital	7,256,006	19,879	139	143	20	2
6	Regional Hospital	1,182,405	3,239	10	324	46	5
7	Teaching Hospital	821,404	2,250	4	563	80	9
8	Quaternary (UGMC)	28,121	77	1	77	11	1
9	Quasi-gov't	1,455,151	3,987	63	63	9	1
10	CHAG	5,907,201	16,184	293	55	8	1
11	Maternity Home	412,475	1,130	343	3	1	0

NOTE:

- » The estimate for number of group handwashing facilities (HWF) is based on a design capacity of 20 persons at a time per facility.
- » For OPD, group handwashing facility is encouraged/recommended to avoid time wastage since they are generally the densely populated area within the healthcare facility setting. There would, however, still be individual facilities at places such as the consulting room, ward, units and toilet since not the entire population would visit such places at the same time.

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per day in a healthcare facility setting is 3.15 litres, calculated using a projected 7 washings per healthcare day. The projected washings per healthcare day are an average of 1 entry, 1 eating time, 1 use of toilet, 1 taking of medication, 1 exit and 1 miscellaneous, making 6 in all. However, the 1 eating time would go with handwashing after eating for obvious reasons. This brings the total to the 7 washings per healthcare day.
  - » Thus, the following provides for the quantity of water required for handwashing per healthcare day for the various healthcare facilities:

No.	HCF Level or Type	2021 Total Annual OPD Attendance (country-wide)	2021 Daily Average OPD Attendance (country-wide)	Number of HCFS	2021 Daily Average OPD Attendance per HCF	Water Requirement per Health Day (in litres)	
						Per Capita	Entire HCF Population
1	CHIPS	3,844,940	10,534	3,065	3	3.15	11
2	Health Centre	6,097,094	16,704	1,013	16	3.15	52
3	Clinic	625,585	1,714	202	8	3.15	27
3	Poly Clinic	1,344,234	3,683	64	58	3.15	181
5	District Hospital	7,256,006	19,879	139	143	3.15	451
6	Regional Hospital	1,182,405	3,239	10	324	3.15	1,020
7	Teaching Hospital	821,404	2,250	4	563	3.15	1,772
8	Quaternary (UGMC)	28,121	77	1	77	3.15	243
9	Quasi-gov't	1,455,151	3,987	63	63	3.15	199
10	CHAG	5,907,201	16,184	293	55	3.15	174
11	Maternity Home	412,475	1,130	343	3	3.15	10

3.2.4 WORKPLACE

STANDARD 1:	STANDARD 2:
All segments of workplace population have basic hand hygiene information and practice improved hand hygiene behaviours.	**All workplaces have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: 1) Proportion of workplace population able to: • define hand hygiene (handwashing and hand sanitising); • explain the importance of hand hygiene (handwashing and hand sanitising); • identify when to practice hand hygiene (handwashing and hand sanitising); and • demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 1) Proportion of workplace population randomly observed practicing handwashing and hand sanitising at critical times. 2) Proportion of workplaces that have and implement O&M plans.	**INDICATORS:** Proportion of workplaces that have: 1. Presence of handwashing facility at all defined minimum locations in the workplace. 2. Availability of water in the handwashing facility at all the defined minimum locations in the workplace. 3. Presence of soap by the handwashing facility at all the defined minimum locations in the workplace. 4. Availability of hand sanitiser at all defined minimum locations in the workplace. 5. Functioning hand hygiene (handwashing and hand sanitising) stations at all the defined minimum locations in the workplace. 6. O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

GUIDANCE NOTES:

- A ***workplace*** is a physical location (building/site) where people converge regularly to transact official business in the production, distribution and/or provision of goods and services. This covers all offices, public or private whether they are for-profit or not-for-profit entities/organisations. It also covers all shops and sites that engage in producing, distributing or providing goods and services of one kind or the other (e.g. barbering shop, fashion/dressmaking centre, hairdressing saloon, construction site, welding shop, carpentry shop, etc). Additionally, workplaces cover financial institutions (banks, savings and loans companies, mobile money vendors/operators, etc).
- ***All segments of workplace/office population*** refer to staff (employees of all categories management, senior staff and junior staff), vendors (suppliers who provide services on the on the premises of the workplace, e.g. cleaners, food sellers, etc) and visitors (partners, stakeholders, customers, families and/or friends who visit to transact business on the premises of the workplace or for welfare purposes).
- Critical times for hand hygiene (within the context of a workplace) are as follows:

a) Handwashing [adapted from International Labour Organisation (ILO), 2020]

Before	After
Before starting work	After using the toilet or urinal
Before eating or drinking	After exposure to human excreta from cleaning or accidents, or from changing diapers
Before handling or serving food or drink	After exposure to human biological liquids, such as nasal discharges while sneezing
Be Before starting a new work activity or task where clean hands are important (i.e. handling patients in a health-care setting)	After exposure to dangerous materials, including animal waste, pesticides and toxic solvents
Before going home	After caring for infected or sick (or potentially infected or sick) persons or their contaminated materials
Anytime hands are visibly dirty or soiled	

b) Hand sanitising

1. After handling or touching documents, computer, tools, money, etc
2. After coughing or sneezing
3. After touching surfaces and doorknobs
4. After shaking hands with colleagues and guests
5. Before taking snack (and eating 'small chops')

- *Defined minimum locations* for hand hygiene stations/facilities (within the context of a workplace) are as follows:

  a) Handwashing facility [adapted from ILO, 2020]

  1. At the gate (entry and exit point)
  2. At the washroom (toilet/urinal)
  3. At canteen/cafeteria
  4. At the kitchen (cooking facility or area)
  5. At the conference hall
  6. At the food vending area
  7. At workplace accommodation
  8. On various floors in the case of a storey building

  b) Hand sanitiser

  1. At the front desk (office)
  2. In the offices (work stations)
  3. In the conference hall
  4. At teller stations
  5. At Automatic Teller Machines (ATMs)
  6. On the corridors

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per day in a Workplace setting is 4.05 litres, calculated using a projected 9 washings per work day. The projected washings per work day are an average of 1 entry, 2 eating times (snack and lunch), 2 use of washroom, 1 exit and 1 miscellaneous, making 7 in all. However, the 2 eating times would go with handwashing after eating for obvious reasons. This brings the total to the 9 washings per work day.

  » Thus, the above should serve as a guide in determining the quantity of water required for handwashing in specific workplaces depending on the number of expected users. For example, if a particular workplace population is 10, then the quantity of water required for handwashing is 40.5 litres per work day.

3.2.5 MARKET

STANDARD 1:	STANDARD 2:
All segments of market population have basic hand hygiene information and practice improved hand hygiene behaviours.	**All markets have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: 1) Proportion of market population able to: • define hand hygiene (handwashing and hand sanitising); • explain the importance of hand hygiene (handwashing and hand sanitising); • identify when to practice hand hygiene (handwashing and hand sanitising); and • demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 2) Proportion of market population randomly observed practicing handwashing and hand sanitising at critical times. 3) Proportion of markets that have and implement O&M plans.	**INDICATORS:** Proportion of markets that have: 1) Presence of handwashing facility at all defined minimum locations in the market. 2) Availability of water in the handwashing facility at all minimum locations in the market. 3) Presence of soap by the handwashing facility at all the defined minimum locations in the market. 4) Availability of hand sanitiser at all defined minimum locations in the market. 5) Functioning hand hygiene (handwashing and hand sanitising) stations at all the defined minimum locations in the market. 6) O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

Guidance Notes

In addition to the general provisions outlined in Section 3.1, the following are market-specific notes to consider:

- A market is a physical location where people gather regularly for producing, selling and buying of goods and services. This includes on-the-ground display of wares, table-top operators, shops and supermarkets. It also includes malls and large-scale shopping centres.
- All segments of market population refer to producers, distributors/sellers, buyers and visitors.
- Critical times for hand hygiene (within the context of a market) are as follows:

a) Handwashing

1. After using the toilet
2. After sweeping/cleaning
3. After exiting a shop/supermarket
4. Before entry into and exit from the market
5. Before entering a shop/supermarket
6. Anytime hands are visibly dirty or soiled

b) Hand sanitising

1. After coughing or sneezing
2. After touching surfaces and items (wares)
3. After handling money and groceries
4. After exiting a shop/supermarket

Defined minimum locations for hand hygiene stations/facilities (within the context of a market) are as follows:

a) Handwashing facility

1. At the entry and exit points of the market
2. In front of supermarkets or shops (including meat shops)
3. At the washroom (toilet/urinal)
4. At identifiable or vantage points (e.g. yam sellers corner, animal market, etc)
5. At densely populated areas in the market

b) Hand sanitiser

1. At the checkout counter/payment point of supermarkets and shops
2. At places where not-processed-before-eating food is sold, e.g. 'gari', etc

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per day in a Market setting is 3.15 litres, calculated using a projected 7 washings per market day. The projected washings per market day are an average of 1 entry, 1 sweeping, 1 eating time, 1 use of washroom, 1 exit and 1 miscellaneous, making 6 in all. However, the 1 eating time would go with handwashing after eating for obvious reasons. This brings the total to the 7 washings per market day.
  - » Thus, the above should serve as a guide in determining the quantity of water required for handwashing in specific markets depending on the number of expected users. For example, if a particular market has a population of 100, then the quantity of water required for handwashing is 315 litres per market day.

3.2.6 TRANSPORT (Terminal & Travel)

STANDARD 1: **All segments of transport population have basic hand hygiene information and practice improved hand hygiene behaviours.**	STANDARD 2: **All transports (and terminals) have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: 1) Proportion of transport population able to: • define hand hygiene (handwashing and hand sanitising); • explain the importance of hand hygiene (handwashing and hand sanitising); • identify when to practice hand hygiene (handwashing and hand sanitising); and • demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 2) Proportion of transport population randomly observed practicing handwashing and hand sanitising at critical times. 3) Proportion of transports (and terminals) that have and implement O&M plans.	**INDICATORS:** Proportion of transports (and terminals) that have: 1) Presence of handwashing facility at all defined minimum locations in the transport terminal. 2) Availability of water in the handwashing facility at all the defined minimum locations in the transport terminal. 3) Presence of soap by the handwashing facility at all the defined minimum locations in the transport terminal. 4) Availability of hand sanitiser at all defined minimum locations in the transport (and terminal). 5) Functioning hand hygiene (handwashing and hand sanitising) stations at all the defined minimum locations in the transport terminal. 6) O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

GUIDANCE NOTES:

In addition to the general provisions outlined in Section 3.1, the following are transport-specific notes to consider:

- Transport is any means of transportation from one point to another, and covers all those that ply on road (e.g. vehicles), in the air (e.g. aircrafts, etc), on water (e.g. ferry, etc) and on rail (e.g. train).

- A *transport terminal* is a physical location for regular passenger on-boarding and off-boarding of transport to and from various destinations. This covers lorry stations – taxi ranks, intra-city lorry ('trotro') stations, inter-city bus terminals, bus stops along highways, in-land ports and lately in Ghana, tricycle (i.e. 'yellow yellow'/'pragia') stations. It also covers airports, seaports or landing beeches and railway/train stations.
- *Segments of transport population* are station managers and staff, drivers, drivers' mates, passengers, pilots, cabin crew members, vendors and visitors.
- *Critical times for hand hygiene* (within the context of transport) are as follows:

  a) Handwashing

  1. After using the toilet (washroom)
  2. After sweeping/cleaning
  3. At the end of a trip or after a round/return trip (if there's no break) [for driver and mate]
  4. Before entry into and exit from the transport terminal
  5. After loading or removing luggage
  6. Anytime hands are visibly dirty or soiled

  b) Hand sanitising

  1. Before boarding
  2. After alighting
  3. After coughing or sneezing
  4. After touching surfaces
  5. After handling money, ticket and/or boarding pass

- *Defined minimum locations* for hand hygiene stations/facilities (within the context of transport) are as follows:

  a) Handwashing facility

  1. At entry and exit points
  2. At the waiting area
  3. At the food vending area
  4. At the washroom (toilet and urinal)
  5. At identifiable or vantage points (e.g. various destination stations, etc)

  b) Hand sanitiser

  1. At the ticketing and/or waiting area
  2. At the boarding point or area
  3. In every public transport – taxi (including tricycles- 'yellow-yellow'); ride sharing arrangements such as uber and bolt; intra-city buses known as 'trotro'; inter-city bus; truck; ambulance; aerophane (airplane); train; water transport (ship, boat, ferry); etc

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per day in a transport terminal setting is 2.7 litres, calculated using a projected 6 washings per day. The projected washings per day are an average of 1 entry, 1 eating time, 1 use of washroom, 1 exit and 1 miscellaneous, making 5 in all. However, the 1 eating time would go with handwashing after eating for obvious reasons. This brings the total to the 6 washings per day.
    - » Thus, the above should serve as a guide in determining the quantity of water required for handwashing in specific transport terminals depending on the number of expected users. For example, if a particular transport terminal has a population of 100, then the quantity of water required for handwashing is 270 litres per day.

3.2.7 EATERY

STANDARD 1: **All segments of eatery population have basic hand hygiene information and practice improved hand hygiene behaviours.**	**STANDARD 2:** **All eateries have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: 1) Proportion of eatery population able to: • define hand hygiene (handwashing and hand sanitising); • explain the importance of hand hygiene (handwashing and hand sanitising); • identify when to practice hand hygiene (handwashing and hand sanitising); and • demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 2) Proportion of eatery population randomly observed practicing handwashing and hand sanitising at critical times. 3) Proportion of eateries that have and implement O&M plans.	**INDICATORS:** Proportion of eateries that have: 1) Presence of handwashing facility at all defined minimum locations in the eatery. 2) Availability of water in the handwashing facility at all the defined minimum locations in the eatery. 3) Presence of soap by the handwashing facility at all the defined minimum locations in the eatery. 4) Availability of hand sanitiser at all defined minimum locations in the eatery. 5) Functioning hand hygiene (handwashing and hand sanitising) locations in the eatery. 6) O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

GUIDANCE NOTES:

In addition to the general provisions outlined in Section 3.1, the following are eatery-specific notes to consider:

- An *eatery i*s any cooked food vending facility or centre. This covers chop bars, fast food joints and restaurants.
- *Segments of eatery population* refer to managers/owners of the eatery facility, cooks, servers (waiters and waitresses), patrons and visitors.
- *Critical times for hand hygiene* (within the context of an eatery) are as follows:

a) Handwashing

1. After using the toilet
2. After sweeping / cleaning / collecting refuse / refuse disposal
3. Before entry
4. Before preparing food (for kitchen staff)
5. Before dishing food
6. Before eating
7. Before feeding a baby or child
8. Anytime hands are visibly dirty or soiled

b) Hand sanitising

1. After coughing or sneezing
2. After touching surfaces / menu cards
3. After handling money
4. After shaking hands
5. When leaving the eatery

- *Defined minimum locations* for hand hygiene stations/facilities (within the context of an eatery) are as follows:

a) Handwashing facility

1. At the eatery entrance and exit points
2. At the eating area
3. At the kitchen
4. At the dishing point/area
5. At the washroom (toilet)

b) Hand sanitiser

1. At the dishing point or area
2. On the eating table
3. At the checkout counter or point of payment

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per day in an Eatery setting is 3.6 litres, calculated using a projected 8 washings per day. The projected washings per day are an average of 1 entry, 2 sweeping, 1 eating, 1 use of washroom, 1 exit and 1 miscellaneous, making 7 in all. However, the 1 eating time would go with handwashing after eating for obvious reasons. This brings the total to the 8 washings per day.
    - » Thus, the above should serve as a guide in determining the quantity of water required for handwashing in specific Eateries depending on the number of expected users. For example, if a particular Eatery has a population of 100, then the quantity of water required for handwashing is 360 litres per day.

3.2.8 WORSHIP AND RELIGIOUS CENTRE

STANDARD 1:	STANDARD 2:
All segments of Worship and Religious Centre population have basic hand hygiene information and practice improved hand hygiene behaviours.	**All Worship and Religious Centres have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: 1) Proportion of Worship and Religious Centre population able to: • define hand hygiene (handwashing and hand sanitising); • explain the importance of hand hygiene (handwashing and hand sanitising); • identify when to practice hand hygiene (handwashing and hand sanitising); and • demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 2) Proportion of Worship and Religious Centre population randomly observed practicing handwashing and hand sanitising at critical times. 3) Proportion of Worship and Religious Centres that have and implement O&M plans.	**INDICATORS:** Proportion of Worship and Religious Centres that have: 1) Presence of handwashing facility at all defined minimum locations in the Worship and Religious Centre. 2) Availability of water in the handwashing facility at all the defined minimum locations in the Worship and Religious Centre. 3) Presence of soap by the handwashing facility at all the defined minimum locations in the Worship and Religious Centre. 4) Availability of hand sanitiser at all defined minimum locations in the Worship and Religious Centre. 5) Functioning hand hygiene (handwashing and hand sanitising) stations at all the defined minimum locations in the Worship and Religious Centre. 6) O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

GUIDANCE NOTES:

In addition to the general provisions outlined in Section 3.1, the following are Worship and Religious Centre-specific notes to consider:

- A Worship and Religious Centre is a physical place where people regularly gather for worship and/or performance of religious rites. This covers churches (chapels), mosques, prayer camps, retreat/convention centres, crusade venues and other places of religious activities.

- *Segments of Worship and Religious Centre population* include leaders of such centres, members, vendors and visitors.
- Critical times for hand hygiene (within the context of a Worship and Religious Centre) are as follows:

a) **Handwashing**

1. After visiting the washroom
2. After changing a baby's diaper
3. After sweeping / cleaning / collecting refuse / disposing off refuse
4. After performance of traditional rites or rituals at the shrine
5. Before entry into and exit from worship or religious centres
6. Before performing 'ablution' (for Muslims)
7. Anytime hands are visibly dirty or soiled

b) Hand sanitising

1. After holding/using microphone and other musical instruments
2. After touching pulpit
3. After singing/praying/dancing
4. After touching pews
5. After coughing or sneezing
6. After touching surfaces and doorknobs
7. After handshakes following benediction in a Muslim congregational prayer
8. After counting offering
9. Before offering or receiving holy communion (for Christians)

- *Defined minimum locations* for hand hygiene stations/facilities (within the context of Worship and Religious Centre) are as follows:

a) Handwashing facility

1. At the entry and exit points of the worship house (church, mosque, shrine, etc)
2. In front of all halls of meeting (including children and adult worship auditoria)
3. At the washroom (toilet and urinal)
4. On the compound

b) Hand sanitiser

1. On the pulpit or altar
2. At vantage points in the pew (worshippers)
3. In offices

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per worship day in a Worship and Religious Centre setting is 1.8 litres, calculated using a projected 4 washings per worship day. The projected washings per worship day are an average of 1 entry, 1 use of washroom, 1 exit and 1 miscellaneous, making a total of the 4 washings per worship day.
    - » Thus, the above should serve as a guide in determining the quantity of water required for handwashing in specific Worship and Religious Centres depending on the number of expected users. For example, if a particular Worship and Religious Centre has an expected attendance of 100, then the quantity of water required for handwashing is 180 litres per worship day.

3.2.9 EVENTS AND RECREATIONAL CENTRE

STANDARD 1: **All segments of Events and Recreational Centre population have basic hand hygiene information and practice improved hand hygiene behaviours.**	STANDARD 2: **All Events and Recreational Centres have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: 1) Proportion of Events and Recreational Centre population able to: • define hand hygiene (handwashing and hand sanitising); • explain the importance of hand hygiene (handwashing and hand sanitising); • identify when to practice hand hygiene (handwashing and hand sanitising); and • demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 2) Proportion of Events and Recreational Centre population randomly observed practicing handwashing and hand sanitising at critical times. 3) Proportion of Events and Recreational Centres that have and implement O&M plans.	**INDICATORS:** Proportion of Events and Recreational Centres that have: 1) Presence of handwashing facility at all defined minimum locations in the Events and Recreational Centre. 2) Availability of water in the handwashing facility at all the defined minimum locations in the Events and Recreational Centre. 3) Presence of soap by the minimum locations in the Events and Recreational Centre. 4) Availability of hand sanitiser at all defined minimum locations in the Events and Recreational Centre. 5) Functioning hand hygiene (handwashing and hand sanitising) stations at all the defined minimum locations in the Events and Recreational Centre. 6) O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

GUIDANCE NOTES:

In addition to the general provisions outlined in Section 3.1, the following are Events and Recreational Centre-specific notes to consider:

- ***Events*** refer to festivals, funerals, marriage ceremonies, new born (baby) outdooring, trainee pass-outs (graduation), concerts, sports/games, workshops/conferences, etc, while *recreational centres* include pubs, beaches, resorts (including hotels and guest houses with relaxation sites, e.g. public swimming pools, etc), stadia, funeral homes and community centres.
- *All segments of population at events and recreational centres* refer to their owners, employees or workers (managers and attendants), organisers (those who have occasioned the event), participants/patrons/revelers (attendees of the events and/or users of the recreational centres), vendors (those who do business at such events and recreational centres by taking advantage of the crowd gathered to sell their wares) and visitors (partners, stakeholders, families and/or friends who visit for official business or welfare purposes).
- *Critical times for hand hygiene* (within the context of an Events and Recreational Centre) are as follows:

a) Handwashing

1. After visiting the washroom (toilet and urinal) of the event/recreational centre.
2. After sweeping/cleaning/disposing off refuse
3. After attending an event (e.g. festival, funeral, durbar, sporting activity, campaign rally, entertainment, etc)
4. Before entry into and exit from the event or recreational centre
5. Before cooking
6. Before serving food and drinks
7. Before eating and/or drinking
8. Anytime hands are visibly dirty or soiled

b) Hand sanitising

1. After coughing or sneezing
2. After touching surfaces
3. After shaking hands or embracing
4. After dancing
5. After handling microphone and/or other musical instruments
6. After handling money

- *Defined minimum locations* for hand hygiene stations/facilities (within the context of Events and Recreational Centre) are as follows:

a) Handwashing facility

1. At the entry and exit point(s)
2. Around and/or on the compound of the event venue
3. At the kitchen of the event or recreational centre
4. At the eating and drinking area
5. At the washroom (toilet/urinal)
6. At the playground/play area
7. At the administration/office of the event/recreational centre
8. Next to mobile toilet booth(s)

b) Hand sanitiser

1. At the entry and exit point(s)
2. In the office(s) of the event/recreational centre
3. Around and/or on the compound of the event venue
4. At the pay point and checkout counter

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per day in an Events and Recreational Centre setting is 2.7 litres, calculated using a projected 6 washings per day. The projected washings per day are an average of 1 entry, 1 eating time, 1 use of washroom, 1 sweeping and 1 miscellaneous, making 5 in all. However, the 1 eating time would go with handwashing after eating for obvious reasons. This brings the total to the 6 washings per day.
  - » Thus, the above should serve as a guide in determining the quantity of water required for handwashing in specific Events and Recreational Centres depending on the number of expected users. For example, if a particular event or a recreational centre has an expected attendance of 100, then the quantity of water required for handwashing is 270 litres per day.

3.2.10 CHILDCARE, SPECIAL NEEDS CHILDREN AND REHABILITATION HOME

STANDARD 1: **All segments of population in a Childcare, Special Needs Children and Rehabilitation Home have basic hand hygiene information and practice improved hand hygiene behaviours.**	STANDARD 2: **All Childcare, Special Needs Children and Rehabilitation Homes have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: Proportion of population in Childcare, Special Needs Children and Rehabilitation Homes able to: • define hand hygiene (handwashing and hand sanitising); • explain the importance of hand hygiene (handwashing and hand sanitising); • identify when to practice hand hygiene (handwashing and hand sanitising); and • demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 1) Proportion of population in Childcare, Special Needs Children and Rehabilitation Homes randomly observed practicing handwashing and hand sanitising at critical times. 2) Proportion in Childcare, Special Needs Children and Rehabilitation Homes that have and implement O&M plans.	**INDICATORS:** Proportion of Childcare, Special Needs Children and Rehabilitation Homes that have: 1) Presence of handwashing facility at all defined minimum locations in the Childcare, Special Needs Children and Rehabilitation Home. 2) Availability of water in the handwashing facility at all the defined minimum locations in the Childcare, Special Needs Children and Rehabilitation Home. 3) Presence of soap by the handwashing facility at all the defined minimum locations in the Childcare, Special Needs Children and Rehabilitation Home. 4) Availability of hand sanitiser at all defined minimum locations in the Childcare, Special Needs Children and Rehabilitation Home. 5) Functioning hand hygiene stations at all the defined minimum locations in the Childcare, Special Needs Children and Rehabilitation Home. 5) O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.

GUIDANCE NOTES:

In addition to the general provisions outlined in Section 3.1, the following are Childcare, Special Needs Children and Rehabilitation Home-specific notes to consider:

- *Childcare, Special Needs Children and Rehabilitation Homes* are places where nursery, special needs and disadvantaged children are taken care of. They cover daycare centres, special schools (schools for the deaf, blind and mentally retarded), recognised residential homes for children (licensed orphanages) and Borstal institutes.
- *All segments of population in Childcare, Special Needs Children and Rehabilitation Homes* refer to employees or workers at the home (managers who ensure resource availability and allocation and attendants who teach and attend to the children), nursery children (under-5s), special needs children (include those with hearing impairment, speech impairment, sight impairment, the physically challenged, the mentally retarded, the malnourished, etc), disadvantaged children (e.g. children in contact with the law) and visitors (partners, stakeholders, families and/or friends who visit for official business or welfare purposes).
- *Critical times for hand hygiene* (within the context of a Childcare, Special Needs Children and Rehabilitation Home) are as follows:

a) Handwashing

1. After visiting the washroom (toilet/urinal)
2. After attending to a child or assisting same to use the toilet
3. After sweeping/cleaning
4. After playing or visiting the playgrounds
5. Before entry into and exit from the childcare home
6. Before preparing food
7. Before eating [and after eating particularly for those with intellectual development disorders (IDDs)]
8. Before feeding
9. Before, during and after caring for a sick child
10. Anytime hands are visibly dirty or soiled

b) Hand sanitising

1. After coughing or sneezing
2. After touching surfaces and doorknobs
3. After an embrace

- *Defined minimum locations* for hand hygiene stations/facilities (within the context of a Childcare, Special Needs Children and Rehabilitation Home) are as follows:

a) Handwashing facility

1. At the entry and exit points
2. On the compound
3. At the kitchen
4. At the eating area or dining hall
5. At the washroom (toilet and urinal)
6. By the classroom
7. In the assembly hall
8. At the infirmary
9. At the playground / area
10. At the administration
11. At the teachers' quarters/bungalow
12. At the worship centre
13. In front of dormitories

b) Hand sanitiser

1. In the office
2. In the class
3. At the infirmary
4. At the worship centre
5. In the dormitories

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated ***quantity of water*** for handwashing per person per day in a Childcare, Special Needs Children and Rehabilitation Home setting is 4.5 litres, calculated using a projected 10 washings per day. The projected washings per day are an average of 1 entry, 2 eating times (during 1st and 2nd break), 2 toilet use, 1 sweeping, 1 exit and 1 miscellaneous, making 8 in all. However, the 2 eating times would go with handwashing after eating for obvious reasons. This brings the total to the 10 washings per day.
  - » Thus, the above should serve as a guide in determining the quantity of water required for handwashing in specific Childcare, Special Needs Children and Rehabilitation Homes depending on the number of expected users. For example, if a Childcare, Special Needs Children and Rehabilitation Home has a population of 100, then the quantity of water required for handwashing is 450 litres per day.

3.2.11 CORRECTIONAL CENTRE

STANDARD 1: **All segments of population in a Correctional Centre have basic hand hygiene information and practice improved hand hygiene behaviours.**	STANDARD 2: **All Correctional Centres have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: 1) Proportion of population in Correctional Centres able to: • define hand hygiene (handwashing and hand sanitising); • explain the importance of hand hygiene (handwashing and hand sanitising); • identify when to practice hand hygiene (handwashing and hand sanitising); and • demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 2) Proportion of population in Correctional Centres randomly observed practicing handwashing and hand sanitising at critical times. 3) Proportion in Correctional Centres that have and implement O&M plans.	**INDICATORS:** Proportion of Correctional Centres that have: 1. Presence of handwashing facility at all defined minimum locations in the Correctional Centre. 2. Availability of water in the handwashing facility at all the defined minimum locations in the Correctional Centre. 3. Presence of soap by the handwashing facility at all the defined minimum locations in the defined minimum locations in the 4. Availability of hand sanitiser at all defined minimum locations in the Correctional Centre. 5. Functioning hand hygiene (handwashing and hand sanitising) stations at all the defined minimum locations in the Correctional Centre. 6. O&M plans for hand hygiene (handwashing and hand sanitising) stations in place.
GUIDANCE NOTES: In addition to the general provisions outlined in Section 3.1, the following are Correctional Centre-specific notes to consider: • A correctional centre is a physical location (building) of incarceration/confinement meant to rehabilitate and/or reform lifestyles. These include police cells, prisons and other security detention centres, and cover both male and female inmates of adult and juvenal categories.	

- *All segments of population in correctional centres* refer staff (employees of the correctional centre), inmates (those incarcerated – men, women, boys and girls) and visitors (family members and/or friends of the inmates as well as partners/stakeholders of the correctional centre who visit for welfare and business purposes respectively).
- *Critical times for hand hygiene* (within the context of a Correctional Centre) are as follows:

  a) Handwashing

  1. After visiting the washroom
  2. After morning unlock
  3. After sweeping/cleaning
  4. After outside labour
  5. Before entry into and exit from the correctional centre
  6. Before preparing food
  7. Before serving food
  8. Before eating or taking ration
  9. Before administering and taking medication
  10. Before final lock-up
  11. Anytime hands are visibly dirty or soiled

  b) Hand sanitising

  1. After coughing or sneezing
  2. After touching surfaces and doorknobs
  3. After receiving visitors
  4. Before administering and taking medication

- Defined minimum locations for hand hygiene stations/facilities (within the context of a Correctional Centre) are as follows:

  a) Handwashing facility

  1. At the gate or entrance
  2. At the washroom
  3. At the four corners of prison yard
  4. At the kitchen
  5. In the cells
  6. At the canteen or cafeteria
  7. At the infirmary
  8. At the workshop
  9. At the labour site (outside the premises)

b) Hand sanitiser

1. At the front desk (reception)
2. In the offices
3. In the cells
4. At the infirmary

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per day in a Correctional Centre setting is 5.4 litres, calculated using a projected 12 washings per day. The projected washings per day are an average of 1 morning unlock, 1 sweeping, 3 eating times (breakfast, lunch and supper), 2 toilet use, 1 final lock-up and 1 miscellaneous, making 9 in all. However, the 3 eating times would go with handwashing after eating for obvious reasons. This brings the total to the 12 washings per day.

    » Thus, the above should serve as a guide in determining the quantity of water required for handwashing in specific Correctional Centres depending on the number of expected users. For example, if a Correctional Centre has a population of 100, then the quantity of water required for handwashing is 540 litres per day.

3.2.12 INTERNALLY DISPLACED PERSONS (IDP) AND REFUGEE CAMP

STANDARD 1: **All segments of the population in an IDP and/or Refugee Camp have basic hand hygiene information and practice improved hand hygiene behaviours.**	**STANDARD 2:** **All IDP and/or Refugee Camps have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.**
INDICATORS: 1. Proportion of population in IDP and/or Refugee Camps able to: a) define hand hygiene (handwashing and hand sanitising); b) explain the importance of hand hygiene (handwashing and hand sanitising); c) identify when to practice hand hygiene (handwashing and hand sanitising); and d) demonstrate proper practice of hand hygiene (handwashing and hand sanitising). 1. Proportion of population in IDP and/or Refugee Camp randomly observed practicing handwashing and hand sanitising at critical times. 2. Proportion in IDP and/or Refugee Camps that have and implement O&M plans.	**INDICATORS:** Proportion of IDP and/or Refugee Camps that have: 1) Presence of handwashing facility at all defined minimum locations in the IDP and/or Refugee Camp. 2) Availability of water in the minimum locations in the IDP and/or Refugee Camp. 3) Presence of soap by the handwashing facility at all the defined minimum locations in the IDP and/or Refugee Camp. 4) Availability of hand sanitiser at all defined minimum locations in the IDP and/or Refugee Camp. 5) Functioning hand hygiene (handwashing and hand sanitising) locations in the IDP and/or Refugee Camp. 6) O&M plans for hand hygiene handwashing and hand sanitising) (stations in place.

GUIDANCE NOTES:

In addition to the general provisions outlined in Section 3.1, the following are IDP and/or Refugee Camp-specific notes to consider:

- An *IDP and/or Refugee Camp* is a physical place of abode or refuge for displaced persons under emergency circumstances. It (camp) comes about as a result of people (locals/IDPs or foreigners/refugees) fleeing a humanitarian or an emergency situation.

- These emergencies include conflicts (chieftaincy, land dispute, civil war), disease outbreaks (epidemics, pandemics) and disasters such as flood, drought, fire and explosion.
- *All segments of the population in IDP and Refugee Camps* refer to employees or workers at the camp (managers and attendants), displaced persons (those officially recognised and declared as IDPs or refugees by the appropriate authority), vendors (suppliers who provide services on the premises of the camp, e.g. sellers of food, provisions, toiletries, etc) and visitors (partners, stakeholders, families and/or friends who visit for official business or for welfare purposes).
- *Critical times for hand hygiene* (within the context of an IDP and/or Refugee Camp) are as follows:

a) Handwashing

1. After visiting the washroom (toilet/urinal)
2. After attending to a baby or changing baby diaper
3. After sweeping/cleaning/collecting refuse/disposing off refuse
4. After using the playgrounds/social events
5. After distributing relief items (mattresses, blankets, etc)
6. Before entry into and exit from the camp
7. Before preparing food
8. Before eating
9. Before feeding a baby
10. Before distributing food rations
11. Before and after changing menstrual pad
12. Before and after caring for or attending to a sick person
13. Anytime hands are visibly dirty or soiled

b) Hand sanitising

1. After handling documents, etc
2. After coughing or sneezing
3. After touching surfaces and doorknobs
4. After shaking hands
5. Before and after distributing food rations

- Defined minimum locations for hand hygiene stations/facilities (within the context of an IDP and/or Refugee Camp) are as follows:

a) Handwashing facility

1. At the entry and exit points
2. On the compound
3. At the kitchen
4. At the vending area
5. At the vending area
6. At the washroom (toilet and urinal)
7. By the tents of families
8. At the distribution point or area
9. At playgrounds and social gathering points
10. By the camp infirmary, school, etc

b) Hand sanitiser

1. In the tents
2. At vantage points in the compound
3. By the camp infirmary, school, etc

- Based on Section 3.1, Standard 2, Guidance Notes bullet 9, the estimated quantity of water for handwashing per person per day in an IDP and/or Refugee Camp setting is 4.95 litres, calculated using a projected 11 washings per day. The projected washings per day are an average of 3 eating times (breakfast, lunch and supper), 2 toilet use, 2 sweeping times (morning and evening) and 1 miscellaneous, making 8 in all. However, the 3 eating times would go with handwashing after eating for obvious reasons. This brings the total to the 11 washings per day.
- Thus, the above should serve as a guide in determining the quantity of water required for handwashing in specific IDP and/or Refugee Camps depending on the number of expected users. For example, if the Camp population is 100, then the quantity of water required for handwashing is 495 litres per day.

3.3 EMERGENCY CONTEXT CONSIDERATIONS AND ADAPTATION

A key trigger for the development of these HH4A Minimum Standards is the outbreak of COVID-19, an emergency that plagued the entire globe. Emergency context or situation can arise from disease outbreak (either of epidemic or pandemic proportions), disaster (floods, drought, fire, etc) and conflict (ethnic, chieftaincy, land dispute, etc). Thus, HH4A is designed to include emergency context. This section outlines specific considerations and adaptations for COVID-19 in particular and emergencies in general

No.	Area	Emergency Consideration/Adaptation
1	Expanded settings	Beyond the regular households, schools and on a limited scale, healthcare facilities, nine other settings have been identified to be reached with hand hygiene in a very intentional manner. Of particular mention is IDP/Refugee Camps. This is to ensure that no one is left behind such that even in emergencies all would remain conscious about hand hygiene.
2 Expanded setting-specific critical times for hand hygiene		In addition to the regular ***after visiting the toilet*** and ***before food*** considerations, other setting-specific critical times have been highlighted in the minimum standards. These include after touching surfaces, after coughing or sneezing, after cleaning animal pen or hen kook, after attending events, anytime are dirty or visibly soiled, etc, all of which are superspreaders of infections, especially during emergencies.
3	Expanded setting-specific minimum locations for hand hygiene stations	A painstaking effort has been made to identify all possible setting-specific risk areas or locations that must have hand hygiene stations. This detailed list is to ensure that even in emergencies, hand hygiene is enforced.
4	Intensification of hand sanitising	Even though hand sanitising has always been around, especially in the health sector, it is safe to say that COVID popularised the practice of hand sanitising. This has duly been recognised and integrated/included in the minimum standards as complementary to handwashing. By this, where water and soap for handwashing are not immediately available, hand sanitising can be a viable alternative (if hands are not visibly soiled).
5	Promotion of hands-free devices	This allows for contactless use of devices achieved through automatic sensors or foot operation. Another innovation in this regard is the use of long-lever arm taps that can be opened and closed using the forearm. These are measures that limit the risk of spread of infections and can be particularly helpful during emergencies.
6	Observation of social distancing in group handwashing and during waiting queues.	The HH4A Minimum Standards particularly upholds the mandatory minimum 1m (arm's length) distance between users of group hand hygiene facilities and/or during queuing to use a hand hygiene facility. This is to ensure that social distancing is achieved or observed in especially times of emergencies.

No.	Area	Emergency Consideration/Adaptation
7	Risk Communication and Community Engagement (RCCE)	RCCE is the exchange of real-time information in a collaborative process that involves community members (in this case, setting members) in order to identify, understand and undertake appropriate action(s) to prevent, control or avert the occurrence of a likely danger. The need for timely, accurate, up-to-date and trusted information on hand hygiene during emergencies cannot be overemphasised. The HH4A Minimum Standards does recognise this and provides for IDP/Refugee Camp settings that would be directly targeted during emergencies as well as reaching out to the larger populace through RCCE.

PART IV: QUALITY ASSURANCE & CERTIFICATION

Literally, quality assurance is doing things to standard and certification is affirming that something is what it is. It is an accountability mechanism for guaranteeing adherence. This section outlines the proposed quality assurance and certification protocol for ensuring that the HH4A Minimum Standards are adhered to.

4.1 HH4A MINIMUM STANDARDS' QUALITY ASSURANCE FRAMEWORK

The table below presents a framework for quality assuring the two HH4A Minimum Standards at various levels:

HH4A Quality Assurance Framework (Proposed QA Actions or Considerations)				
HH4A MS 1: All segments of *[insert setting]* population have basic hand hygiene information and practice improved hand hygiene behaviours.				
National Level	**Regional Level**	**District Level**	**Electoral Area Level**	**Setting Level**
MSWR designates hand hygiene QA 'overseer' at senior management level	RCC designates hand hygiene QA 'overseer' at senior management level	MMDAs designate hand hygiene QA 'overseer' at senior management level and/or independent QA Team (including CSO/NGO)	EAMT leader designated hand hygiene QA 'overseer'	Head of setting (e.g. school head teacher, etc) designated hand hygiene QA 'overseer'
Dissemination (standalone and through existing platforms, e.g. Mole Conference, NaLLAP, etc). It also includes sharing hard prints with all stakeholders as well as posting on sector websites and social media handles.	1. Dissemination (standalone and through existing platforms, e.g. RICCS meetings, ReLLAP, etc) 2. RCCs have hard prints of HH4A MS	1. Dissemination (setting-specific engagements and through existing platforms, e.g. MMDA General Assembly sessions, etc) 2. MMDAs have hard prints of HH4A MS	1. Dissemination (setting-by-setting engagements and through existing platforms, e.g. durbars, festivals, CLTS Natural Leaders Network meetings, etc) 2. Hard prints of HH4A MS available at EA level	1. Dissemination (engagements with specific target audience), e.g. home visits, intermittent announcements at events and gatherings at public places, etc 2. Setting-specific hard print of the HH4A MS available
Capacity gap assessment	Capacity gap assessment	Capacity gap assessment	Capacity gap assessment	Capacity gap assessment
Training - both pre-service training (PRESET) and in-service training (INSET)	Training (INSET)			
Recruitment (e.g. posting of SoH graduates)	Recruitment (e.g. equitable distribution of SoH graduates)		Establishment of Electoral Area Management Team (EAMT)	Designation of hand hygiene focal person (may be same as HH4A QA 'overseer')
Resource allocation (through national budget, DACF, DP support, yet-to-be established NSF and others)	Resource allocation (through national budget vote, DACF, DP support and others)	Resource allocation (through IGF, DACF, DP support, DSF and others)		Resource allocation (e.g. capitation grant in the case of a school, IGF in the case of a HCF, etc)
Sustain HHTWG	Strengthen RICCS	Strengthen DICCS	Strengthen EAMT	Strengthen HH4A QA 'Overseer' or focal person

KINDLY SEND TABLE

National Level	Regional Level	District Level	Electoral Area Level	Setting Level
Reflect HH4A in national plans, databases (BaSIS, EMIS, DHIMS, etc) and reports	Reflect HH4A in regional plans, databases (BaSIS, EMIS, DHIMS, etc) and reports	Reflect HH4A MS in MTDPs, ODF Plans, databases (BaSIS, EMIS, DHIMS, etc) and reports		Reflect HH4A MS in strategic/work plans, databases (BaSIS, EMIS, DHIMS, etc)
Relevant MDAs (e.g. Ghana Tourism Authority, HeFRA, NHIA, GES, etc) should make HH4A MS part of permitting criteria for establishing services and renewing operating licenses, e.g. eatery, saloons, school, clinic, hotel/guest house, etc		MMDAs (and their relevant decentralised departments), together with traditional authority and religious leaders should make HH4A MS part of permitting criteria for establishing services and renewing operating licenses, e.g. eatery, saloons, school, clinic, hotel/guest house, etc		Make HH4A MS part of permitting criteria for establishing services and renewing operating licenses, e.g. food vending in schools, markets, HCFs, workplaces, transport terminals, etc
Monitoring - compliance, reporting, etc: 1. Review current urban sanitation and CLTS verification protocols to include HH4A MS 2. Conduct field spot checks 3. Feature HH4A in regular sector review meetings to appraise implementation progress	Monitoring and verification: 1. Integrate into ODF monitoring and verification by RICCS 2. Feature HH4A in regular review meetings to appraise implementation progress	Monitoring and verification: 1. Integrate into ODF monitoring and verification by DICCS as well as routine premises inspection by EHOs 2. Feature HH4A in regular review meetings to appraise implementation progress	Verification: 1. Model ODF self-assessment, community peer review and routine premises inspection by EHOs 2. Feature HH4A in EAMT review meetings to appraise implementation progress	Verification: 1. Model ODF self-assessment 2. Feature HH4A in setting review meetings to appraise implementation progress
Engage NDPC to include HH4A MS in criteria for annual District League Table	Ranking (modelling ODF league table)			
Naming (recognition), praising (awards) and/or shaming (sanction) during commemoration of GHD (modeling ODF awards scheme during WTD)				Naming, praising and/or shaming (modeling ODF awards scheme and CYA4WASH concept)
Engage GSS to include HH4A MS in national assessments/surveys (PHC, MICS, DHS)	Reflect HH4A in regional profiles, BaSIS, EMIS, DHIMS, etc	Reflect HH4A in district profiles, BaSIS, EMIS, DHIMS, etc	Reflect HH4A in Area profile	Reflect HH4A in Setting reports and databases (EMIS, DHIMS, etc)
Engage MLGDRD and the DACF Secretariat to make progress in HH4A a criterion for accessing District Development Fund (DDF)				
CSOs (CONIWAS) should familiarise themselves with HH4A MS and integrate/incorporate into their dissemination and advocacy programmes				
Prepare and share knowledgement management products on HH4A (policy briefs, technical briefs, human interest stories, etc)				
Work with influencers (celebrities, etc) as ambassadors for the HH4A drive or agenda				

KINDLY SEND TABLE

HH4A Quality Assurance Framework (Proposed QA Actions or Considerations)				
HH4A MS 2: All [insert setting] have and use adequate, age-appropriate, disability-friendly, robust and sustainable hand hygiene stations.				
National Level	**Regional Level**	**District Level**	**Electoral Area Level**	**Setting Level**
Facilitate supplier proficiency and compliance by developing and disseminating or sharing basic Standard Operating Procedures (SOPs) on hand hygiene device fabrication, soap making and hand sanitiser preparation.	Apply basic SOPs on hand hygiene device fabrication, soap making and sanitiser preparation.			
Monitor compliance	RICCS/QA 'Overseer' spot-checks	DICCS/QA 'Overseer' spot-checks	EAMT/QA 'Overseer' spot-checks	Head/QA 'overseer' spot-checks
Provide certification through relevant authorities, e.g. FDA certification of soaps and hand sanitisers, etc	Certificate of attestation or participation in proficiency training by RCC/RICCS	Provide local (interim) certification, using objectively verifiable criteria. E.g. for soap, key questions to consider include a) does it lather? b) Does it have adverse effect on the skin? Etc	Work with certified persons and/or products	
		Conduct DICCS' pre, during and post-installation inspections, encouraging infusion of local content (local capacity building), e.g. train Community Technical Volunteers (CTVs) on installationa and basic repairs, etc.		
		Insist on supplier contact for after-sales support services and feedback.		
Develop, share, assess and apply model management systems for hand hygiene stations, especially at public places and institutions. Options include wholly state-managed, private sector led, public-private partnership (PPP) arrangement and community ownership and management (COM).				

National Level	Regional Level	District Level	Electoral Area Level	Setting Level
Include hand hygiene in yet to be established National Sanitation Fund (NSF).		Establish hand hygiene support fund by drawing from Sanitation Revolving Fund (SRF), DACF, DP support, etc		
Incorporate HH4A MS into environmental health assessments by key state agencies i.e. MMDAs, GTA, GSS, Registrar General etc.				
Address water availability challenge in parts of the country, especially in last mile communities.				
All hand hygiene programmes/projects should have clearly defined exit strategy to ensure sustainability.				
Others: 1. MSWR should provide an abridged version of the HH4A MS 2. All WASH sector policy reviews should take into consideration the HH4A MS 3. MSWR should consider codifying HH4A MS 4. Government should create a Hygiene Directorate at MSWR		Incorporate HH4A MS into MMDA by-laws		

4.2 HH4A MINIMUM STANDARDS' QUALITY ASSURANCE PROTOCOL

A detailed protocol on how to conduct quality assurance has been developed and annexed. It discusses the establishment of a Quality Assurance (QA) Team and identifies all stakeholders involved in the QA process and their respective roles.

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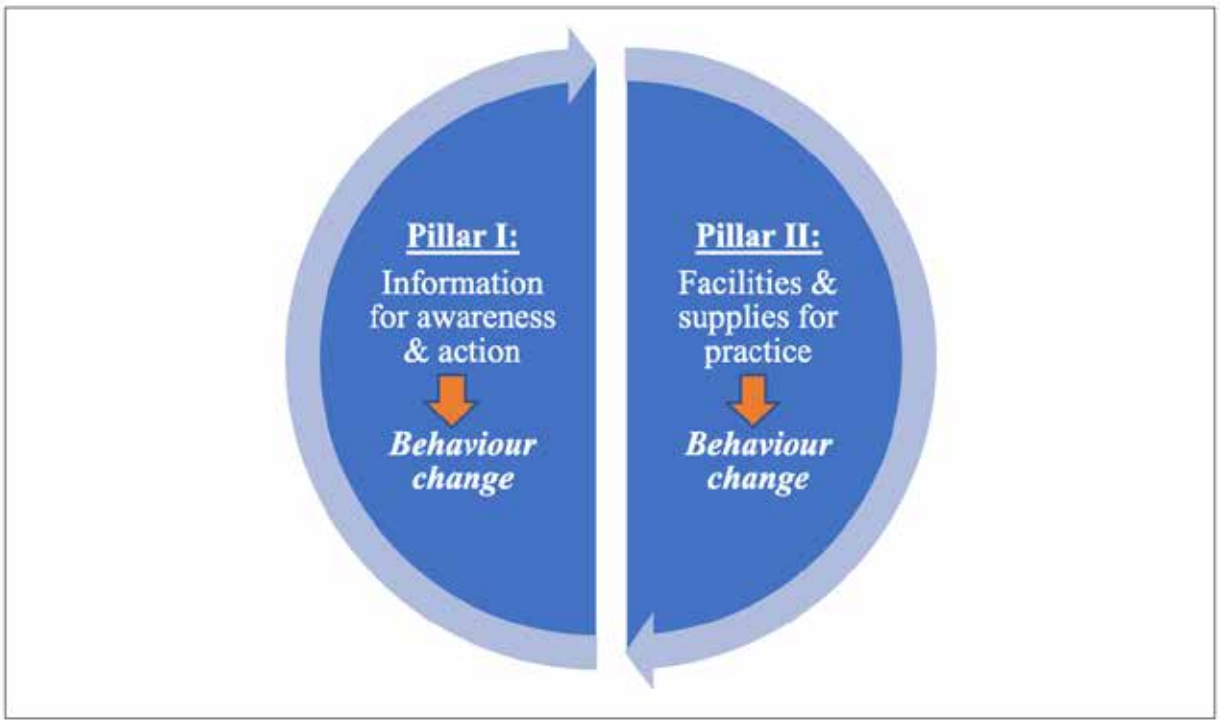
ANNEX:

QUALITY ASSURANCE PROTOCOL

A. INTRODUCTION

Quality Assurance (QA) is premised on a desired standard and ensuring a level of excellence that meets or complies with that standard. To this end, the operational guidelines on hand hygiene quality assurance would focus on the two broad pillars of the HH4A Minimum Standards as shown below:



The procedure for maintaining quality hand hygiene promotion, products and services are herein described.

B. THE QUALITY ASSURANCE TEAM

The District Environmental Health Officer (**DEHO**), the District Works Engineer (**DWE**) and a Civil Society Organisation/Non-Governmental Organisation (**CSO/NGO**) person would constitute the District QA Team given their expertise in hand hygiene information sharing, supplies and practice. Technically, the DEHO is the expert in hand hygiene 'software' activities in the district, the DWE represents same in hand hygiene 'hardware' products and the CSO/NGO person is expected to provide counter-balance in terms of independence and alternative perspective.

The team's specific tasks are as follows:

a. Inculcate quality consciousness across all stakeholders and ensure the mainstreaming of same in all hand hygiene service delivery and product development.

b. Facilitate the capacity building (training) of stakeholders in the hand hygiene quality assurance process.

c. Review inspection reports of community and electoral area QA teams.

d. Verify the quality (or otherwise) of hand hygiene services and products. This shall cover all stages of the delivery process – from sensitisation sessions through site selection and construction to use/utilisation.

e. Provide feedback to hand hygiene service providers on QA findings.

f. Recommend to DICCS hand hygiene service providers, services and products that should be certified.

g. Conduct spot-checks to ensure standards are continuously upheld.

h. Submit quarterly reports on hand hygiene QA activities to DICCS. Among others, the report should cover capacity building carried out, verification exercises undertaken, feedback provided and recommendations.

C. KEY STAKEHOLDERS IN HAND HYGIENE QUALITY ASSURANCE AND THEIR ROLES

The following are stakeholders that would play various roles in ensuring compliance with the HH4A Minimum Standards (and Operational Guidelines):

1. District Inter-Agency Co-ordinating Committee on Sanitation (DICCS)
2. The District Environmental Health Officer (DEHO)
3. The District Works Engineer (DWE)
4. Field Facilitators (FFs)
5. Civil Society Organisations/Non-Governmental Organisations (CSOs/NGOs)
6. Hand hygiene suppliers (fabricators, artisans/installers, soap makers and hand sanitiser producers)
7. Community Technical Volunteers (CTVs)
8. End-user (household, school, healthcare facility, workplaces, market, etc)

The **DICCS** shall have overall responsibility and oversight for hand hygiene QA in the district. In specific terms, the DICCS would carry out the following:

a. Monitor and supervise community sensitisation and supplier proficiency training sessions.

b. Review reports of the QA Team as part of its regular meetings.

c. Approve recommendations (or otherwise) of the QA Team.

d. Provide certificate of attestation to service providers.

e. Disseminate information to the general public.

The **DEHO** is the head of the Environmental Health and Sanitation Unit (EHSU) in the district and among others, supervises, supports and monitors implementation of hand hygiene.

The **DWE** is the head of Works Department in the district and has oversight on all structural services in the district, including hand hygiene devices.

CSOs/NGOs are a critical part of development as they demonstrate best practices for scale-up through advocacy, capacity building and monitoring, all of which are critical for hand hygiene to thrive.

FFs operate at electoral area and community levels and would constitute the hand hygiene QA team at those levels. Their duties include the following:

a. Sensitise end-users on hand hygiene QA considerations.

b. Participate in supplier proficiency training sessions.

c. Conduct pre-installation, installation and post-installation inspections.

d. Submit inspection reports to the district QA team (i.e. DEHO and DWE).

e. Facilitate the work of hand hygiene service providers at the community level (including technical support for CTVs).

Hand hygiene **suppliers** include fabricators of hand hygiene devices, installers (artisans), soap makers and hand sanitiser producers. These shall have the following responsibilities:

a. Contribute to the QA process by providing relevant information, suggestions, and/or recommendations for quality improvement.

b. Provide quality products and services.

c. Submit to the QA process.

d. Receive and act on feedback.

CTVs are community members who have volunteered and acquired basic skills to provide technical support for households (and possibly other settings) in the installation and maintenance of hand hygiene stations. Their responsibilities in the QA process are as follows:

a. Keep up-to-date record of hand hygiene status of the community (number installed and those under installation, yet to install, broken down and in use).

b. Assist households to install quality hand hygiene stations.

c. Address post-installation technical challenges (e.g. repairs, etc).

End-users refer to the target audience in the various settings identified for hand hygiene, namely: households, schools, healthcare facilities, workplaces, markets, transport terminals, eateries, religious centres, internally displaced persons (IDPs)/Refugee camps, childcare homes, events/recreational centres and correctional centres. Their role in the QA process includes the following:

a. Avail themselves of sensitisation and/or training opportunities to build their capacity or improve their knowledge of the hand hygiene standards.

b. Take active interest in the installation process and report any concerns to the FF for appropriate action.

c. Provide post-installation feedback.

d. Establish and apply an O&M system for supplies, repairs and replacements.

e. Advocate for sustainability of HH4A process

D. THE HAND HYGIENE QUALITY ASSURANCE PROCESS

The hand hygiene QA process would be broken into three stages, namely:

I. Pre-event stage;

II. During event stage; and

III. Post-event stage.

Event, as used in this QA guideline, refers to the following:

- 'Information sharing' or 'software' activities (engagement – sensitisation, training, meeting and follow-up visits); and
- 'Facilities/supplies' or 'hardware' activities (installation).

These two would be quality assured at all the three stages to ensure that the eventual product meets the desired quality standard(s). Appendices I and II below are proposed QA templates to be used:

APPENDIX I

QA CHECKLIST FOR INFORMATION SHARING/SOFTWARE ACTIVITIES (ENGAGEMENT)

Setting: _____ ***Community:*** _____ ***Electoral Area:*** _____ ***District:*** _____

Type of Activity/Engagement: Sensitisation /Training / Meeting / Follow-up visit **[please tick]**

No.	QA to be conducted [tick/write as appropriate] Stage/Checklist	Yes or No [√ or X]	Remark
A	**Pre-engagement (sensitisation, training, meeting):**		Observation(s): 1._____ 2._____ 3._____ 4._____ 5._____ Recommendation(s): 1._____ 2._____ 3._____ 4._____ 5._____
1	All participants (target audience) identified		
2	All participants (target audience) informed		
3	Venue secured		
4	Date and time agreed upon		
5	All necessary materials and logistics arranged (markers, flipchart, flipchart paper, projector, fuel, food, hand sanitiser, etc)		
6	Agenda developed		
7	Roles shared		
8	Other (please specify): ……		
B	**During engagement (sensitisation, training, meeting):**		Observation(s): 1._____ 2._____ 3._____ 4._____ 5._____ Recommendation(s): 1._____ 2._____ 3._____ 4._____ 5._____
1	All invited/expected participants present		
2	Venue conducive		
3	Timing appropriate		
4	All necessary materials and logistics available		
5	Agenda being followed		
6	Session delivery participatory or engaging		
7	Content relevant		
8	Appropriate response elicited (contributions, decisions and action points/plan)		
9	Way forward agreed or next steps outlined		
10	Other (please specify): ……		

No.	QA to be conducted [tick/write as appropriate] Stage/Checklist	Yes or No [√ or X]	Remark
C	**Post-engagement (sensitisation, training, meeting):**		Observation(s): 1._____ 2._____ 3._____ Recommendation(s): 1._____ 2._____ 3._____
1	Action points/plan being followed		
2	Improved behaviour(s)/innovation(s) noticed		
3	Other (please specify):		

QA Team:

Name	Designation	Contact	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date: _____

APPENDIX II

QA CHECKLIST FOR FACILITIES/HARDWARE ACTIVITIES (INSTALLATION)

Setting: _____ ***Community:*** _____ ***Electoral Area:*** _____ ***District:*** _____

Type of hand hygiene facility: _____

No.	QA to be conducted [tick/write as appropriate] Stage/Checklist	Yes or No [√ or X]	Remark
A	**Pre-installation:**		
1	Is the proposed location for the HWF conspicuous (i.e. in the line of sight and that it is not in a hidden or an obscure location)?		Observation(s): 1._____ 2._____ 3._____ 4._____ 5._____ Recommendation(s): 1._____ 2._____ 3._____ 4._____ 5._____
2	Is the area for the HWF upland (i.e. not prone to flooding)?		
3	Is the position point ≤5m to the reference point (i.e. toilet, compound, school block, etc)?		
4	Is the route leading to the facility clear of weeds and other impediments?		
5	Is there consensus on where to site the HWF? Were all views sought (including children, PDAs,)?		
6	Is the iron/metallic material to be used stainless?		
7	Is the water to be used of drinking water quality (at least, clear and has no offensive odour)?		

No.	QA to be conducted [tick/write as appropriate] Stage/Checklist	Yes or No [√ or X]	Remark
8	Is the water sufficient to provide/supply: 5.4 litres per person per day in a household setting? 4.95 litres per person per school day in a school setting? 3.15 litres per person per healthcare day in a healthcare facility setting? 4.05 litres per person per work day in a workplace setting? 3.15 litres per person per market day in a market setting? 2.7 litres per person per day in a transport setting? 3.6 litres per person per day in an eatery setting? 1.8 litres per person per day in a worship and religious centre setting? 2.7 litres per person per day in an events/ recreational centre setting? 4.5 litres per person per day in a childcare, special needs children and rehabilitation home setting? 5.4 litres per person per day in a correctional centre setting? 4.95 litres per person per day in an IDP/ Refugee Camp setting?		
9	Is the wood to be used treated against rotting?		
10	Is the artisan certified?		
11	Is there hand sanitiser?		
12	Other (please specify):		

No.	QA to be conducted [tick/write as appropriate] Stage/Checklist	Yes or No [√ or X]	Remark
B	***During installation:***		Observation(s): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Recommendation(s) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
1	Is the HWF age-appropriate? Children: 500-700mm high from ground level to the spout Adult: 700-1,200mm high from ground level to the spout		
2	Is the HWF disability-friendly? Wheelchair users: ≤900mm door width and opening to the inside (i.e. push to open and not pull) Visually impaired: fixed and consistency in position of soap (and hand towel)		
3	Is the tap head well fastened?		
4	Is wastewater properly drained off? …into a soakaway? OR …into the main drainage system? OR …into a storm drain? OR …collected into a receptacle and safely disposed of?		
5	Is supplier contact embossed (or provided) for after sales support services and post-installation feedback?		
6	Is there hand sanitiser?		
7	Is there an O&M system in place for supplies (water, soap, sanitiser), repairs and replacement?		
8	Other (please specify): ……		

No.	QA to be conducted [tick/write as appropriate] Stage/Checklist	Yes or No [√ or X]	Remark
C	***Post-installation:***		Observation(s): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Recommendation(s) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
1	Is HWF in place at the time of visit		
2	Is there water?		
3	Is the water of drinking water quality (at least, clear and has no offensive odour)?		
4	Is there soap?		
5	Does the soap lather?		
6	Does the soap produce any adverse effect on the skin (e.g. itching, burns, etc)?		
7	Is the tap head well fastened?		
8	Is wastewater properly drained off? …into a soakaway? OR …into the main drainage system? OR …into a storm drain? OR …collected into a receptacle and safely disposed of?		
9	Is hand towel single-use?		
10	Is hand towel biodegradable?		
11	Is there a litter bin for immediate disposal of used hand towel?		
12	Are used hand towels finally buried, put into a pit or incinerated?		
13	Is air drying of wet hands being practiced?		
14	Is there hand sanitiser		
15	Is the O&M system for supplies (water, soap, sanitiser), repairs and replacements being applied?		
16	Is there an assigned person(s) to regularly wash water-holding container and ensure availability of supplies?		
17	Other (please specify): ……		

QA Team:

Name	Designation	Contact	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Date: _____

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MINISTRY OF SANITATION AND WATER RESOURCES

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Hand Hygiene for All (HH4A) Initiative – Ghana

HH4A MINIMUM STANDARDS