



MINISTRY OF
SANITATION AND
WATER RESOURCES



Hand Hygiene for All (HH4A) Initiative – Ghana

HH4A OPERATIONAL GUIDELINES

for Accelerating Hand Hygiene through Integration
into HEALTH PROGRAMMES

OCTOBER 2023

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ACKNOWLEDGEMENTS

The Hand Hygiene for All (HH4A) Operational Guidelines 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
CBS	Community-Based Surveillance
CHAG	Christian Health Association of Ghana
CHPS	Community Health Planning System
CONIWAS	Coalition of NGOs in Water and Sanitation
COVID-19	Corona Virus Disease 2019
CSO	Civil Society Organisation
CWC	Child Welfare Clinic
DP	Development Partner
GEA	Ghana Enterprise Agency
GHS	Ghana Health Service
HCF	Healthcare facility
HeFRA	Health Facilities Regulatory Agency
HH4A	Hand Hygiene for All
HHTWG	Hand Hygiene Technical Working Group
HWWS	Handwashing with soap
IPC	Infection Prevention and Control
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MSWR	Ministry of Sanitation and Water Resources
NGO	Non-Governmental Organisation
NTWGS	National Technical Working Group on Sanitation
OPD	Out-Patient Department
PA	Public Address
PDA	Persons Differently Able
QA	Quality Assurance
SARS-COV-2	Severe Acute Respiratory Syndrome Coronavirus II
SDG	Sustainable Development Goal
SPHP	Society of Private Health Providers
TAMD	Traditional and Alternative Medicine Directorate
UGMC	University of Ghana Medical Centre
UNICEF	United Nations Children’s Fund
WASH	Water, Sanitation and Hygiene
WASHFIT	Water and Sanitation for Health Facility Improvement Tool
WHHD	World Health Hand Hygiene Day
WHO	World Health Organisation

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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:

R₁: *Respond* (**short-term**, focusing on controlling COVID-19);

R₂: *Rebuild* (**medium-term**, focusing on building back better); and

R₃: *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 Group, 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 Operational Guidelines.

With technical and financial support from UNICEF and in collaboration with other sector players, the MSWR led the development of the HH4A Operational Guidelines as one of three key accompaniments to the already developed HH4A Strategy. The other two are the HH4A Minimum Standards to serve as benchmark for performance and a Communications Strategy 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 Operational Guidelines emphasise **integration** of hand hygiene through existing sectoral programmes. To this end, Health has been identified as one of five sectors/areas for the purpose. The others are environmental health and sanitation, school health education, private sector and emergencies. The Guidelines identify the lead and collaborating partners/stakeholders of the specific sector/area under consideration, its existing activities or programmes and proposes how hand hygiene can be integrated and accelerated through same. A quality assurance protocol and other templates have been developed and annexed to the Guidelines to facilitate implementation.

The HH4A Operational Guidelines 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, field facilitators, end-users and indeed, all stakeholders (public and private), would play their part to making hand hygiene a culture in Ghana.

1. BACKGROUND

Following the outbreak of the global Severe Acute Respiratory Syndrome Coronavirus II (SARS-COV-2), otherwise known as Corona Virus Disease 2019 (COVID-19) pandemic, which re-affirmed and emphasised the critical role hand hygiene plays in preventing the spread of infectious diseases, the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) launched a global Hand Hygiene for All (HH4A) Initiative. Ghana is one of nine countries selected by UNICEF to implement the Initiative, which targets universal access to hand hygiene by the year 2030. This aligns with Sustainable Development Goal (SDG) 6.2. The HH4A Initiative covers all settings and contexts.

To ensure a co-ordinated, comprehensive and harmonious 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 led the development of an HH4A Strategy and a setting-by-setting HH4A Minimum Standards for the country. Further to this, the Ministry has produced these HH4A Operational Guidelines for the integration of hand hygiene into sectoral programmes in order to accelerate the uptake of hand hygiene products and services across all settings and contexts in the country. Thus, Health has been identified as one such key sector through which to roll out HH4A. Ghana's handwashing with soap (HWWS) access rate is 48% according to the 2017/18 Multiple Indicator Cluster Survey (MICS-2017/18) and it is anticipated that this integrated approach would make a significant contribution to the quest for universal access to hand hygiene by the year 2030.

2. PURPOSE OF THE HH4A OPERATIONAL GUIDELINES

The main purpose of the HH4A Operational Guidelines is to provide partners, sector practitioners and end-users with a capacity enhancement tool to facilitate **sustained** hand hygiene promotion, uptake and practice in Ghana. The guidelines are meant to guide overall hand hygiene programming (content and delivery) as well as ensure harmony and coherence across the country and among partners/players in the health sector.

3. PROCESS IN DEVELOPING THE HH4A OPERATIONAL GUIDELINES

Government provided leadership by designating a focal person and a deputy at the MSWR. It also established the Hand Hygiene Technical Working Group (HHTWG) to oversee the process. Existing documentation on hand hygiene and related subjects was reviewed and that provided useful learning, especially regarding content and structure. Stakeholders at national, regional, district and community levels were consulted for their input through engagement sessions and site visits. An initial draft (bullets) was produced, field-tested and fine-tuned into a final draft. There was a stakeholder validation session, which provided feedback and culminating into this final product, the HH4A Operational Guidelines for Integrating and Accelerating Hand Hygiene through Health Programmes.

4. PRINCIPLES UNDERPINNING THE HH4A OPERATIONAL GUIDELINES

Key principles taken into consideration in developing the HH4A Operational Guidelines include the following:

- a. Integration:** This is, perhaps, the most critical or cardinal principle. It is about exploring, as far as practicable, entry points into on-going or existing programmes for the promotion, uptake and practice of hand hygiene as opposed to a stand-alone approach. This is to ensure that hand hygiene interventions are sustained and that financial cost and time constraint do not become serious inhibiting factors to the hand hygiene drive. This principle of integration does not, however, negate the need for dedicated resource allocation to hand hygiene.
- b. Simple:** This is about clarity in language that makes the operational guidelines easy-to-use (i.e. user-friendly).
- c. Practical:** This focuses on the use of, as much as practicable, everyday life examples or illustrations that sector and/or setting-specific users of the operational guidelines can relate to.
- d. Inclusive:** This is ensuring that different segments of the population within a setting are all covered, e.g. males and females, adult and children, literates and illiterates, abled-bodied and persons differently abled (PDAs), etc.
- e. Universal in application:** The HH4A Initiative provided the platform or opportunity for the development of the operational guidelines, but their application cuts across all hand hygiene programmes and projects in Ghana. Thus, the guidelines are designed such that they can be universally applied.

5. USERS OF THE HH4A OPERATIONAL GUIDELINES

The HH4A Operational Guidelines are designed for use by **programme managers** in their programming decisions such as team composition and resource allocation (time, money and material), **programme officers** in their day-to-day work and **quality assurance/control officers** in their compliance monitoring. These cover both state and non-state actors. In Annex are various templates to aid the use of the Guidelines.

6. INTEGRATING & ACCELERATING HAND HYGIENE THROUGH HEALTH PROGRAMMES

a. Context/Rationale:

The health sector attracts attendees in droves at its healthcare facilities (HCF). These range from children through adolescents and young adults to the aged. Health promotion in general and WASH IPC (infection prevention and control) in particular are key components of Ghana's health delivery system. This is done at both the facility level (antenatal clinic, child welfare 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. This section provides operational guidelines on how to integrate hand hygiene into health programmes in order to accelerate the uptake of hand hygiene products and services by all in the health sector in particular and the country as whole.

b. Partners & Stakeholders:

Ghana's healthcare delivery system is categorised into primary, secondary, tertiary and quaternary as defined by the Health Facilities Regulatory Agency (HeFRA). These include maternity homes, Community Health Planning and Services (CHPS) compounds, health centres, clinics, polyclinics

and district hospitals for primary; regional hospitals for secondary; teaching hospitals for tertiary; and the University of Ghana Medical Centre (UGMC) for quaternary. The Ghana Health Service (GHS) oversees primary and secondary levels, while the tertiary and quaternary level facilities are directly operated by their respective managements. Other healthcare providers are the Society of Private Health Practitioners (SPHP), Christian Health Association of Ghana (CHAG), Coalition of NGOs in Health and the Traditional and Alternative Medicine Directorate (TAMD) of the Ministry of Health (MoH). The National Health Insurance Authority is responsible for facilitating healthcare financing in the country. The supervising ministry for all the health sector agencies is the MoH. Key stakeholders of interest are clinical staff (doctors, nurses, laboratory technicians, etc.), non-clinical staff (administrators, cooks, security persons, drivers, cleaners, etc), out-patients, in-patients, caregivers, residents on healthcare facility premises, vendors and visitors.

c. Programmes/Activities:

- i. Clinical services
- ii. Information services (desk)
- iii. Antenatal and Child Welfare Clinic (ANC+CWC)
- iv. Incorporation of WASH-IPC (hand hygiene) into health corners of healthcare facilities (HCF) whether public or private
- v. Community health outreach [weighing sessions & home visits]
- vi. Community-based surveillance (CBS)
- vii. Vaccinations and/or Immunisations
- viii. Commemoration of World Hand Hygiene Day (WHHD) on May 05
- ix. Regulation
- x. Reporting

d. Approach:

The table below provides details on how the health sector can ensure integration and/or acceleration of hand hygiene among the different categories of target audiences identified:

Activity	Integrating and Accelerating Hand Hygiene		
	Clinical staff	Patients /Clients	Others (non-clinical staff, residents & visitors)
Clinical services	<ul style="list-style-type: none"> • Comply with policy requirement of designating a WASH-IPC focal person per HCF (public or private) • Designate WASH-IPC champions per unit in the HCF (public or private) • Utilise weekly unit heads meetings, monthly clinical meetings and occasional staff durbars to raise awareness about and increase capacity in hand hygiene, especially the five moments of hand hygiene and other protocols. • Strictly adhere to the five moments of hand hygiene, namely: <ol style="list-style-type: none"> 1. Before touching a patient; 2. Before clean/aseptic procedure; 3. After body fluid exposure risk; 4. After touching a patient; and 5. After touching patient surrounding. • Utilise management circulars, memos, notices and signposts for information sharing on hand hygiene. 	<ul style="list-style-type: none"> • Unit WASH-IPC champions carry out mass dissemination or education or engagement during/ while waiting at the OPD, laboratory, wards and dispensary. • Show hand hygiene videos on installed TVs at waiting areas of the OPD, laboratory and dispensary. • Post posters, signposts, signage, murals on hand hygiene at vantage points within the healthcare facilities. 	<ul style="list-style-type: none"> • Promote hand hygiene during staff durbars • Post posters, signposts, signage, murals on hand hygiene at vantage points within the healthcare facilities.
Information services (desk)	<ul style="list-style-type: none"> • Intermittent information sharing on hand hygiene with entire HCF population via inter-connected public address (PA) system • Disseminate information on hand hygiene using flyers etc. 		

Activity	Integrating and Accelerating Hand Hygiene		
	Clinical staff	Patients /Clients	Others (non-clinical staff, residents & visitors)
Antenatal and Child Welfare Clinic (AN-C+CWC) days	<ul style="list-style-type: none"> • Use pre-clinic planning and post-clinic review meetings to discuss and enforce hand hygiene lessons and protocols • Develop and apply structured content (topics, messages, tools, approaches, job aid) for engagement with clients 	<ul style="list-style-type: none"> • Make hand hygiene a standing agenda item and/or action point in the weekly engagement with mothers who attend the antenatal and child welfare sessions • Use the Maternal and Child Health (MCH) records book to reinforce hand hygiene messaging. 	-
Health-Corners of HCF (public or private)	Incorporate hand hygiene in particular and WASH-IPC in general into existing <i>Health Corners</i> in the HCF (public or private)		
Community health outreach [weighing sessions & home visits]	<ul style="list-style-type: none"> • Include hand hygiene in the checklist of Community Health Nurses' home visits and community weighing sessions • Revise reporting template for home visits and weighing sessions to capture hand hygiene as well • Include hand hygiene in messages during key health campaigns, e.g. polio immunizations. 	<ul style="list-style-type: none"> • Dedicate time to discuss and report on hand hygiene during home visits, community weighing sessions and campaigns 	-
Community-based surveillance (CBS)	<ul style="list-style-type: none"> • Train the HCF's CBS focal person in WASH-IPC 	<ul style="list-style-type: none"> • CBS volunteers engage community members on hand hygiene at community and/or household sessions 	<ul style="list-style-type: none"> • Include hand hygiene in CBS volunteers' training • Include hand hygiene in CBS volunteers' records book/template

Activity	Integrating and Accelerating Hand Hygiene		
	Clinical staff	Patients /Clients	Others (non-clinical staff, residents & visitors)
Vaccinations and/or Immunisations	<ul style="list-style-type: none"> • Consciously include hand hygiene in pre-vaccination/ immunisation briefing (if any) • Observe hand hygiene (handwashing) before placing or positioning vaccines, syringe, etc into vaccination/ immunisation tray. • Observe hand hygiene (hand sanitising) before touching client (child or adult). • Observe hand hygiene after administering vaccine. 	<ul style="list-style-type: none"> • Urge client to observe hand hygiene before and after vaccination/ immunisation 	<ul style="list-style-type: none"> • Ensure assistant(s), standers-by, etc observe hand hygiene should the need arise for them to touch any item or the client.
Commemoration of World Hand Hygiene Day (WHHD) on every 5th May	<ul style="list-style-type: none"> • Use occasions to raise awareness and capacity among health workers on hand hygiene, especially the 5 moments of hand hygiene and other protocols • Advocacy for increased resource allocation for hand hygiene (e.g. supplies such as hand drying materials, soap and hand sanitiser). This also includes availability of water. • Develop and disseminate promotional materials/tools on hand hygiene • Discuss ownership and sustainability of interventions • Name and praise (reward) outstanding performance of HCFs during commemoration of WHHD. 	<ul style="list-style-type: none"> • Organise campaigns on hand hygiene, including discussions on radio, television and social media (Facebook live, WhatsApp platforms, etc). 	<ul style="list-style-type: none"> • Hold durbar on hand hygiene

Activity	Integrating and Accelerating Hand Hygiene		
	Clinical staff	Patients /Clients	Others (non-clinical staff, residents & visitors)
Regulation	<ul style="list-style-type: none"> • Make presence of hand hygiene facilities part of the permitting criteria for establishment of new HCF (public or private) • Provide a moratorium for existing HCFs (public or private) to comply with the HH4A Minimum Standards on provision of hand hygiene facilities in HCF • Apply agreed/approved sanctions against non-compliance. 	<ul style="list-style-type: none"> • Ensure compliance with the HH4A Minimum Standards by all clients who visit the HCF. 	<ul style="list-style-type: none"> • Make knowledge of hand hygiene part of the basis for setting up food vending spots in HCFs (public or private). • Make presence of hand hygiene facilities part of the permitting criteria for food vending in HCFs (public or private). • Apply agreed/ approved sanctions against non-compliance. • Name and praise (reward) outstanding performance during commemoration of WHHD.
Reporting	<ul style="list-style-type: none"> • WASH-IPC Focal Person maintains monthly up-to-date record of hand hygiene situation in the HCF (public or private) and submits same as part of health sector reporting system • Include updates on hand hygiene in quarterly presentations • Include hand hygiene indicators in DHIMS • Incorporate hand hygiene into Water and Sanitation for Health Facility Improvement Tool (WASHFIT) 	<ul style="list-style-type: none"> • HCF (public or private) patient records book (folder, Maternal and Child Health, etc.) captures participation/ engagement in hand hygiene sessions 	<ul style="list-style-type: none"> • Report on hygiene related engagements with other categories of health workers.

ANNEX I

MODEL CONTENT AND PROCESS FOR HAND HYGIENE PROMOTION

A: MODEL CONTENT FOR A HAND HYGIENE SESSION

[NOTE: Facilitator should not present, but lead a discussion to bring out the points. S/he may add on as his/her contribution to the discussion if any of the below points is not mentioned by the participants]

WHAT hand hygiene is (definition)

A combination of all three below fully describes what hand hygiene is:

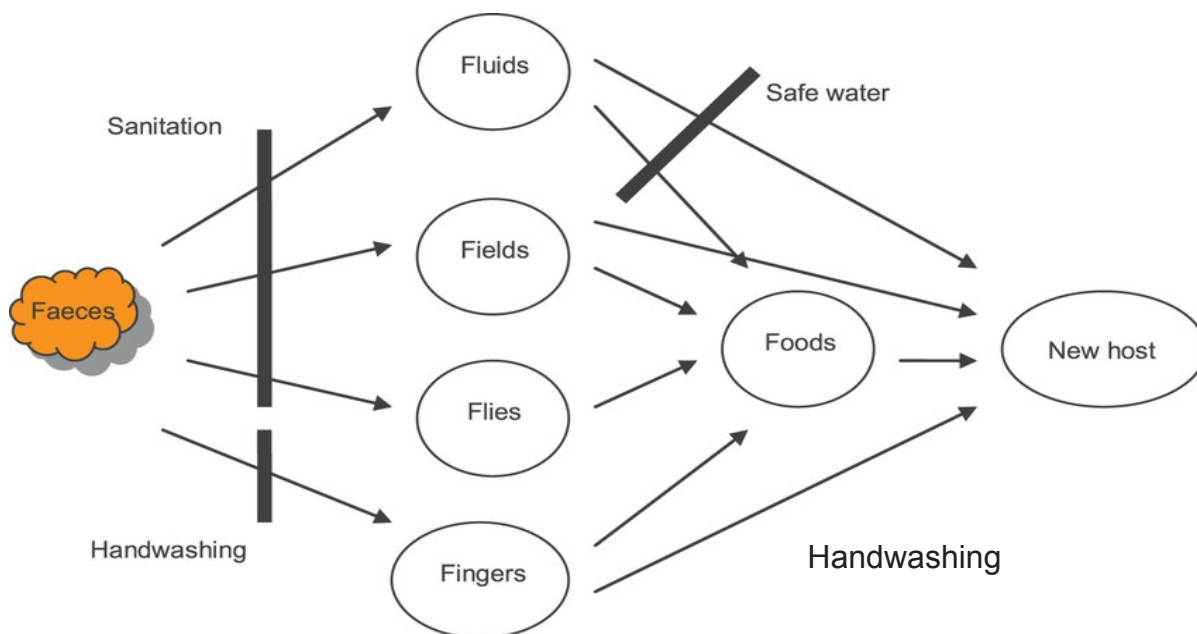
- a. washing hands with soap under running water at critical times;
- b. rubbing hands with alcohol-based hand sanitiser at critical times; and
- c. installing, operating and maintaining a standard hand hygiene facility at all times.

WHY hand hygiene (importance)

- a. Makes hands clean
- b. Removes germs from the hands
- c. Promotes good health (avoid sickness)
- d. Prevents spread of infections
- e. Cost-effective (not as expensive as treatment and other forms of healthcare)
- f. Makes neat and nice personality
- g. Enhances dignity (dignifying)

The F-Diagram¹ below is a useful tool in illustrating the importance of hand hygiene:

¹ This is adapted from Routray, Parimita. (2017). Latrine adoption and use in rural Odisha, India: Constraints and challenges, a PhD Thesis submitted to the London School of Hygiene and Tropical Medicine, University of London.



Source: Routray, 2017 (adapted)

WHEN & WHERE hand hygiene (critical times & minimum locations)

Generally, hand hygiene should be observed or practiced before preparing and/or eating food and after visiting the washroom (i.e. toilet and urinal). Specifically, refer to section B for list of setting-specific critical times (CT) for hand hygiene (WHEN) and minimum locations (ML) to place hand hygiene facilities (WHERE), pulled out from the HH4A Minimum Standards.

HOW hand hygiene (steps)

Handwashing	Hand sanitising
Step 1: Wet hands with clean running water.	Step 1: Dispense 3-5ml (3 nozzle pumps) of sanitiser into a cupped palm.
Step 2: Apply soap.	Step 2: Put clasped fingers into sanitiser in the cupped palm and do rotational rubbing, and vice versa.
Step 3: Scrub all surfaces of the hands, including palms, back of hands, between fingers, thumbs, wrists and under nails.	Step 3: Rub hands palm to palm with fingers interlaced.
Step 4: Rinse thoroughly with clean, running water.	Step 4: Rub one palm over the back of the other with interlaced fingers, and vice versa.
Step 5: Dry hands with a single-use hand towel or air dry.	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.

B: HH4A MINIMUM STANDARDS – CRITICALTIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
1	Households or Homes	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. In the compound as appropriate to the household 2. At the washroom of the household 3. At the entrance of a gated community 	In the compound

B: HH4A MINIMUM STANDARDS – CRITICAL TIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
2	Schools	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. After coughing or sneezing 2. After touching surfaces 3. After handling books 4. Before entering office/classroom 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 1. In the office or administration 2. In the staff common room 3. In the library 4. At the infirmary 5. In the workshop centre(s) 6. In classrooms 7. In the dormitory

B: HH4A MINIMUM STANDARDS – CRITICAL TIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
3	Healthcare Facilities	<ol style="list-style-type: none"> After using the toilet [all] After changing a baby's diaper or helping a child use the toilet [caregiver] After sweeping [cleaners] After risk of body fluid exposure [health worker] After visiting the mortuary [all] After consistently hand sanitising for five times [health worker] Before entry into and exit from the healthcare facility [all] Before and after making contact with a patient [health workers and caregivers] Before donning gloves and wearing personal protective equipment (PPE) [health workers] Before a clean/aseptic procedure [health workers] Before preparing and serving food [hospital kitchen staff and food vendors] Before eating [all] Before feeding a baby/child [caregivers] On entry into isolation room/area, e.g. theatre, etc [health workers] Anytime hands are visibly dirty or soiled [all] 	<ol style="list-style-type: none"> After touching, attending to or examining a patient [health workers] After touching a patient's surroundings, including door knobs/handles, beds, etc [health workers and caregivers] After coughing or sneezing [all] After removal of PPE upon leaving the care area [health workers] Before a clean/aseptic procedure [health workers] Before dispensing medicine [health workers] Before taking medication [patient] or administering medication [health worker] Before and after taking laboratory sample [health worker] Before and after caring for a sick person [all] 	<ol style="list-style-type: none"> At the gate or entrance (entry and exit points) At the washroom (toilet/urinal) within 5 meters At all points of care (OPD, consulting room, laboratory, x-ray, ward, dispensary, ANC, CWC, labour or delivery room, theatre, ultrasound, etc) At the administration At the waiting room or area At the kitchen At the canteen, cafeteria or dining hall At the food vending area At where PPE is being put on and taken off At where health-care waste is handled At the mortuary 	<ol style="list-style-type: none"> In the office or administration At all points of care (OPD, consulting room, laboratory, x-ray, ward, dispensary, ANC, CWC, labour or delivery room, theatre, ultrasound, etc) At the mortuary

B: HH4A MINIMUM STANDARDS – CRITICAL TIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
4	Workplaces	<ol style="list-style-type: none"> 1. After using the toilet or urinal 2. After exposure to human excreta from cleaning or accidents, or from changing diapers 3. After exposure to human biological liquids, such as nasal discharges while sneezing 4. After exposure to dangerous materials, including animal waste, pesticides and toxic solvents 5. After caring for infected or sick (or potentially infected or sick) persons or their contaminated materials 6. Before starting work 7. Before eating or drinking 8. Before handling or serving food or drink 9. Before starting a new work activity or task where clean hands are important (i.e. handling patients in a health-care setting) 10. Before going home 11. Anytime hands are visibly dirty or soiled 	<ol style="list-style-type: none"> 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') 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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

B: HH4A MINIMUM STANDARDS – CRITICAL TIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
5	Markets	<ol style="list-style-type: none"> 1. After using the toilet 2. After sweeping/cleaning 3. After exiting a shop/super-market 4. Before entry into and exit from the market 5. Before entering a shop/super-market 6. Anytime hands are visibly dirty or soiled 	<ol style="list-style-type: none"> 1. After coughing or sneezing 2. After touching surfaces and items (wares) 3. After handling money and groceries 4. After exiting a shop/supermarket 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. At the checkout counter/point of supermarket and shops 2. At places where not-processed-before-eating food is sold, e.g. 'gari', etc

B: HH4A MINIMUM STANDARDS – CRITICAL TIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
6	Transport	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Before boarding 2. After alighting 3. After coughing or sneezing 4. After touching surfaces 5. After handling money, ticket and/or boarding pass 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 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; aeroplane (airplane); train; water transport (ship, boat, ferry); etc

B: HH4A MINIMUM STANDARDS – CRITICALTIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
7	Eateries	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. After coughing or sneezing 2. After touching surfaces / menu cards 3. After handling money 4. After shaking hands 5. When leaving the eatery 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 1. At the dishing point or area 2. On the eating table 3. At the checkout counter or point of payment
8	Worship and religious centres	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. On the pulpit or altar 2. At vantage points in the pew (worshippers) 3. In offices

B: HH4A MINIMUM STANDARDS – CRITICAL TIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
9	Events & Recreational centres	<ol style="list-style-type: none"> 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/or drinks 7. Before eating and/or drinking 8. Anytime hands are visibly dirty or soiled 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 1. At 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/or checkout counter

B: HH4A MINIMUM STANDARDS – CRITICAL TIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
10	Childcare, Special Needs Children and Rehabilitation Homes	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. After coughing or sneezing 2. After touching surfaces and doorknobs 3. After an embrace 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. In the office 2. In the class 3. At the infirmary 4. At the workshop centre 5. In the dormitories

B: HH4A MINIMUM STANDARDS – CRITICAL TIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
11	Correctional centres	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. After coughing or sneezing 2. After touching surfaces and doorknobs 3. After receiving visitors 4. Before administering and taking medication 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 1. At the front desk (reception) 2. In the offices 3. In the cells 4. At the infirmary

B: HH4A MINIMUM STANDARDS – CRITICAL TIMES (CT) FOR HAND HYGIENE PRACTICE AND MINIMUM LOCATIONS (ML) FOR HAND HYGIENE FACILITIES

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
12	IDP & Refugee camps	<p>5. After visiting the washroom (toilet/urinal)</p> <p>6. After attending to a baby or changing baby diaper</p> <p>7. After sweeping/cleaning/collecting refuse/disposing off refuse</p> <p>8. After using the playgrounds/social events</p> <p>9. After distributing relief items (mattresses, blankets, etc)</p> <p>10. Before entry into and exit from the camp</p> <p>11. Before preparing food</p> <p>12. Before eating</p> <p>13. Before feeding a baby</p> <p>14. Before distributing food rations</p> <p>15. Before and after changing menstrual pad</p> <p>16. Before and after caring for or attending to a sick person</p> <p>17. Anytime hands are visibly dirty or soiled</p>	<p>18. After handling documents, etc</p> <p>19. After coughing or sneezing</p> <p>20. After touching surfaces and doorknobs</p> <p>21. After shaking hands</p> <p>22. Before and after distributing food rations</p>	<p>23. At the entry and exit points</p> <p>24. On the compound</p> <p>25. At the kitchen</p> <p>26. At the eating area</p> <p>27. At the vending area</p> <p>28. At the washroom (toilet and urinal)</p> <p>29. By the tents of families</p> <p>30. At the distribution point or area</p> <p>31. At playgrounds and social gathering points</p> <p>32. By the camp infirmary, school, etc</p>	<p>33. In the tents</p> <p>34. At vantage points in the compound</p> <p>35. By the camp infirmary, school, etc</p>

C: SETTING ENGAGEMENT PROCESS

C₁: Community Session

This refers to a meeting with the entire or a cross-section of the setting (e.g. household session) and a meeting with identifiable groups (focus group discussion). Setting engagements are meant for familiarisation, information exchange and decision-making. They are platforms for providing target audience of the setting (e.g. householders) with basic hand hygiene information in line with Standard One of the HH4A Minimum Standards.

Procedure

Prior to the session/meeting...

- 1st Constitute facilitation team. A team of 4 persons is recommended [1 lead facilitator, 1 supporting facilitator (prompter/logistics organiser) and 2 note-takers (recorders)].
- 2nd Facilitation team members draw agenda, discuss and share roles.
- 3rd Facilitation team mobilises logistics/materials needed for the meeting/session [e.g. markers, flipchart paper, cardboard, vipp cards, pictorials, local symbols, record forms/templates, etc]
- 4th Facilitation team member(s) visit or contact the setting (e.g. community) to negotiate suitable date, time, venue and participants for the meeting/session, observing all required community entry protocols.
- 5th Facilitators arrive at least 30 minutes before the agreed start time on the day of meeting.

During the session/meeting...

- 1st Facilitators greet and observe all required courtesies
- 2nd Community co-ordinator/contact calls the meeting to order (sets the tone for the meeting).
- 3rd Facilitators introduce themselves
- 4th Lead facilitator thanks participants for availing themselves for the session, states the mission of the team or purpose of the session and seeks permission to proceed
- 5th Lead facilitator pauses for permission to be granted before s/he continues
- 6th Lead facilitator confirms that all expected participants (different segments of the population) are present.
- 7th Lead facilitator introduces topic for discussion, facilitates input from participants and summarises conclusion(s).
- 8th Facilitator leads discussion to agree on action points, timelines and who takes responsibility (action plan).
- 9th Lead facilitator outlines the way forward or next steps.
- 10th Lead facilitator thanks participants for attending and closes the session/meeting.

C₂: Home Visit or Household Session

A home visit, ordinarily, follows a community engagement session. It is meant to practically implement decisions reached at the community session with the ultimate aim of ensuring hand hygiene uptake as envisaged by the HH4A Minimum Standards. This takes into consideration peculiar circumstances of the household. It also provides opportunity for further exchange of information and clarification of issues of concern.

Structure

It is projected that there would be a minimum of three home visits leading to a household owning and using a hand hygiene station depending on the responsiveness of the household and prevailing circumstances at the time. The structure would, generally, fit the description below:

Home Visit I	Home Visit II	Home Visit III
Sensitisation, mobilisation and siting	Progress monitoring and discussion of O&M system	Completion monitoring, user education and O&M plan

Procedure

a. ...prior to visit:

- 1st Field facilitator reviews decisions made at the community session or during a previous home visit and identifies specific one(s) to engage householders on.
- 2nd Field facilitator mobilises relevant material that would be required for a successful home visit.
- 3rd Field facilitator contacts community contact (e.g. natural leader, volunteer, Assembly person, etc.) and seeks for their availability to lead him/her on the home visit.
- 4th Field facilitator arrives at least 15 minutes in the community before commencement of the home visit on the agreed day/date.
- 5th Facilitator meets community contact (e.g. natural leader, volunteer, Assembly person etc.) and draw up visit plan, using the community map.

b. ...during the visit:

- 1st At the home, community contact greets, introduces field facilitator and states mission.
- 2nd Field facilitator greets and confirms that all segments of household population are represented.
- 3rd Field facilitator and householders recap discussions/decisions at the community session or during a previous visit.
- 4th Field facilitator asks for update of implementation from householders.
- 5th Field facilitator leads a discussion on challenges or bottlenecks (if any) and solutions.
- 6th Field facilitator and householders agree on next steps, timelines and who takes responsibility.
- 7th Field facilitator thanks householders, moves to the next household and repeats same.

D: ATTENDANCE RECORD

Type of Engagement:

Date:

Population Segment	Male	Female	Total	Remark
A. Generational Categorisation				
1. Aged				
2. Adult				
3. Young/adolescents				
4. Children				
Total				
B. Interest Groups				
1. Persons Differently Able (PDAs)				
2. Landlords				
3. Landladies				
4. Tenants				
5. Family members				
6. Household workers				
7. Staff/workers				
8. Vendors				
9. Visitors				
Total				

Comment (if any):

Date: _____ **Facilitator(s):** _____ **Contact(s):** _____

E: RECORD OF PROCEEDINGS

Setting: **Community:** **Electoral Area:**

District: **Type of Engagement:** **Date:**

No.	Topic/Issue(s) Discussed	Decision(s) Taken	Remark

List of Facilitators:

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

F: ACTION PLAN

Setting: **Community:** **Electoral Area:**

District: **Date:**

No.	Action point (activity)	Timeline	Person Responsible

Comment (if any):

Date: _____ **Facilitator(s):** _____ **Contact(s):** _____

G: HAND HYGIENE PROFILE

[to be used for baseline, mid-line and end-line assessment]

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

No.	Name (e.g. Home)	Handwashing device [Y/N]		Water [Y/N]		Soap [Y/N]		Hand sanitiser [Y/N]
		compound	toilet	Compound	toilet	compound	toilet	Compound
1.								
2.								
3.								

Comment (if any):

Date: _____ **Facilitator(s):** _____ **Contact(s):** _____

H: PROGRESS MONITORING FORM

Setting:

Community:

Electoral Area:

District:

No.	Name (e.g. Household, School, etc)	Location identified [Y/N]	Installation in progress [Y/N]	Installation completed (device, water & soap) [Y/N]	In use [Y/N]	Outstanding work (for uncompleted)	Expected date of completion	Remark (if any), e.g. why not in use?
1.								
2.								
3.								

Comment (if any):

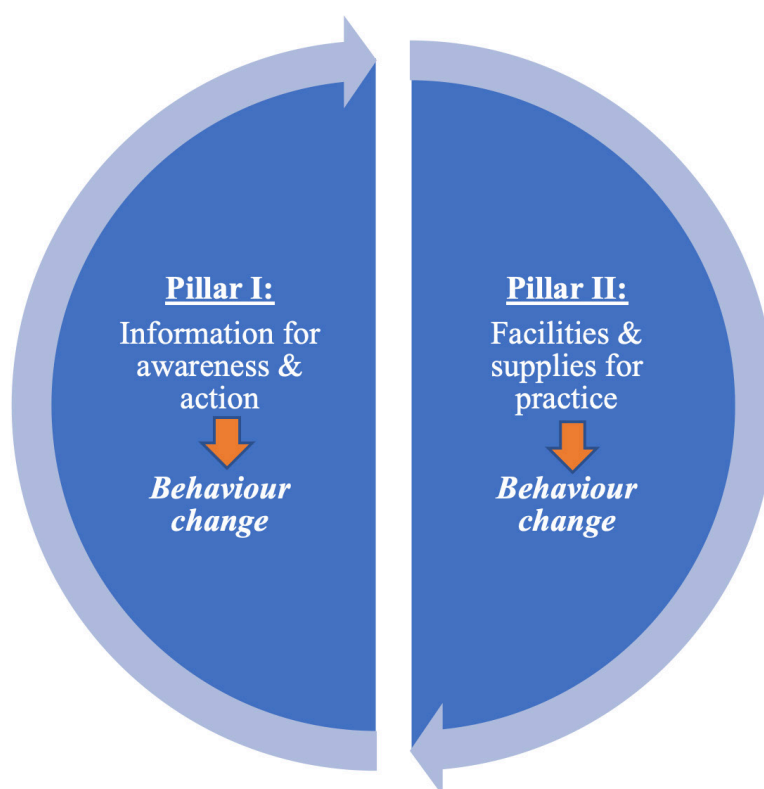
Date: _____ **Facilitator(s):** _____ **Contact(s):** _____

ANNEX II

QUALITY ASSURANCE TEMPLATE

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

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

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]		Remark
	Stage/Checklist	Yes or No [√ or X]	
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. _____ Recommendation(s): 1. _____ 2. _____ 3. _____
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]		Remark
	Stage/Checklist	Yes or No [√ or X]	
8	<p>Is the water sufficient to provide/supply:</p> <p>5.4 litres per person per day in a household setting?</p> <p>4.95 litres per person per school day in a school setting?</p> <p>3.15 litres per person per healthcare day in a healthcare facility setting?</p> <p>4.05 litres per person per work day in a workplace setting?</p> <p>3.15 litres per person per market day in a market setting?</p> <p>2.7 litres per person per day in a transport setting?</p> <p>3.6 litres per person per day in an eatery setting?</p> <p>1.8 litres per person per day in a worship and religious centre setting?</p> <p>2.7 litres per person per day in an events/ recreational centre setting?</p> <p>4.5 litres per person per day in a childcare, special needs children and rehabilitation home setting?</p> <p>5.4 litres per person per day in a correctional centre setting?</p> <p>4.95 litres per person per day in an IDP/ Refugee Camp setting?</p>		
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]		Remark
	Stage/Checklist	Yes or No [√ or X]	
B	<i>During installation:</i>		Observation(s):
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		1. _____ 2. _____ 3. _____
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)		Recommendation(s): 1. _____ 2. _____ 3. _____
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]		Remark
	Stage/Checklist	Yes or No [√ or X]	
C	Post-installation:		Observation(s):
1	Is HWF in place at the time of visit		1. _____
2	Is there water?		2. _____
3	Is the water of drinking water quality (at least, clear and has no offensive odour)?		3. _____
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)?		Recommendation(s):
7	Is the tap head well fastened?		1. _____
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?		2. _____
9	Is hand towel single-use?		3. _____
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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date: _____

ANNEX III

DATA COLLECTION TEMPLATES

A: ELECTORAL AREA MANAGEMENT TEAM

Hand Hygiene for All (HH4A) Initiative - Ghana					
HH4A ELECTORAL AREA MANAGEMENT TEAM					
ELECTORAL AREA:			DISTRICT:		
No. OF COMMUNITIES IN ELECTORAL AREA:			POPULATION OF ELECTORAL AREA:		
No.	NAME	ORGANISATION	DESIGNATION	TELEPHONE	EMAIL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

B: ELECTORAL AREA DATA

Hand Hygiene for All (HH4A) Initiative - Ghana													
Electoral Area Data Template													
Name of District:		District Population:		Male:		Female:		Total:		# of Electoral Areas:		# of Communities:	
No.	Name of Electoral Area	# of Communities	# of Schools	# of Healthcare facilities	# of Markets	# of Transport Terminals	# of Eateries	# of Religious Centres	# of Childcare Homes (e.g. orphanages)	# of Events & Recreational Centres	# of Correctional Centres (prisons)	# of IDP/Refugee Camps	# of Workplaces/ Offices
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
TOTAL		0	0	0	0	0	0	0	0	0	0	0	0

C: BASELINETEMPLATE

C₁: Households/Homes

Hand Hygiene for All (HH4A) Initiative - Ghana							
Baseline Template							
Region:		District:		Electoral Area:			
Households/Homes [community: _____]							
No.	Name of Household	Digital Address	Population M: ___ F: ___ T: ___		Type of hwf	# of hwf	Qty of hs (in litres)
1							
2							
3							
4							
5							
TOTAL				0		0	0
Note:							
	1 hwf: handwashing facility						
	2 hs: hand sanitiser						

C₂: Schools

Hand Hygiene for All (HH4A) Initiative - Ghana									
Baseline Template									
Region:			District:				Electoral Area:		
Schools									
No.	Name of school	Digital Address	Population (M: ___ F: ___ T: ___)				Type of hwf	# of hwf	Qty of hs (in litres)
			Learners / Students	Teachers	Others (cleaners, security, vendors, residents, etc)	Total			
1									
2									
3									
4									
5									
TOTAL			0	0	0	0		0	0
Note:									
	1 hwf: handwashing facility								
	2 hs: hand sanitiser								

C₃: Healthcare Facilities

Hand Hygiene for All (HH4A) Initiative - Ghana									
Baseline Template									
Region:			District:			Electoral Area:			
Healthcare facilities									
No.	Name of HCF	Digital Address	Population (M: ___ F: ___ T: ___)			Total	Type of hwf	# of hwf	Qty of hs (in litres)
			Patients (approx. mthly average attendance)	Health workers	Others (cleaners, security, vendors, residents, etc)				
1									
2									
3									
4									
5									
TOTAL			0	0	0	0		0	0
Note:									
1 hwf: handwashing facility									
2 hs: hand sanitiser									

C₄: Workplaces

Hand Hygiene for All (HH4A) Initiative - Ghana							
Baseline Template							
Region:		District:		Electoral Area:			
Workplaces							
No.	Name	Digital Address	Population		Type of hwf	# of hwf	Qty of hs (in litres)
			M: ___	F: ___ T: ___			
1							
2							
3							
4							
5							
TOTAL					0	0	0
Note:							
1 hwf: handwashing facility							
2 hs: hand sanitiser							

C₅: Markets

Hand Hygiene for All (HH4A) Initiative - Ghana						
Baseline Template						
Region:		District:		Electoral Area:		
Markets						
No.	Name	Digital Address	Approx. market day attendance	Type of hwf	# of hwf	Qty of hs (in litres)
1						
2						
3						
4						
5						
TOTAL			0		0	0
Note:						
1 hwf: handwashing facility						
2 hs: hand sanitiser						

C₆: Transport (terminals and travel)

Hand Hygiene for All (HH4A) Initiative - Ghana							
Baseline Template							
Region:		District:		Electoral Area:			
Transport (Terminals & Travel)							
No.	Name	Digital Address	Approx. Daily Traffic		Type of hwf	# of hwf	Qty of hs (in litres)
			Vehicles	Persons			
1							
2							
3							
4							
5							
TOTAL				0		0	0
Note:							
1 hwf: handwashing facility							
2 hs: hand sanitiser							

C₇: Eateries

Hand Hygiene for All (HH4A) Initiative - Ghana								
Baseline Template								
Region:			District:			Electoral Area:		
Eateries								
No.	Name	Digital Address	Population			Type of hwf	# of hwf	Qty of hs (in litres)
			Workers (cooks, etc)	Approx. daily attendance	Total			
1								
2								
3								
4								
5								
TOTAL			0	0	0		0	0
Note:								
1 hwf: handwashing facility								
2 hs: hand sanitiser								

C₈: Worship & Religious Centres

Hand Hygiene for All (HH4A) Initiative - Ghana						
Baseline Template						
Region:		District:			Electoral Area:	
Religious & Worship Centres						
No.	Name	Digital Address	Approx. attendance	Type of hwf	# of hwf	Qty of hs (in litres)
1						
2						
3						
4						
5						
TOTAL			0		0	0
Note:						
1 hwf: handwashing facility						
2 hs: hand sanitiser						

C₉: Events & Recreational Centres

Hand Hygiene for All (HH4A) Initiative - Ghana								
Baseline Template								
Region:			District:			Electoral Area:		
Events & Recreational Centres								
No.	Name	Digital Address	Population			Type of hwf	# of hwf	Qty of hs (in litres)
			Workers	Approx. attendance	Total			
1								
2								
3								
4								
5								
TOTAL			0	0	0		0	0
Note:								
1 hwf : handwashing facility								
2 hs : hand sanitiser								

C₁₀: Childcare, Special Needs Children and Rehabilitation Homes

Hand Hygiene for All (HH4A) Initiative - Ghana									
Baseline Template									
Region:			District:			Electoral Area:			
Childcare, Special Needs Children and Rehabilitation Homes (e.g. orphanages)									
No.	Name	Digital Address	Population				Type of hwf	# of hwf	Qty of hs (in litres)
			Children	Attendants	Others	Total			
1									
2									
3									
4									
5									
TOTAL			0	0	0	0	0	0	
Note:									
1 hwf : handwashing facility									
2 hs : hand sanitiser									

C₁₁: Correctional Centres

Hand Hygiene for All (HH4A) Initiative - Ghana								
Baseline Template								
Region:			District:			Electoral Area:		
Correctional Centres (prisons)								
No.	Name	Digital Address	Population			Type of hwf	# of hwf	Qty of hs (in litres)
			Staff	Inmates	Total			
1								
2								
3								
4								
5								
TOTAL			0	0	0		0	0
Note:								
1 hwf : handwashing facility								
2 hs : hand sanitiser								

C₁₂: IDP/Refugee Camps

Hand Hygiene for All (HH4A) Initiative - Ghana								
Baseline Template								
Region:			District:			Electoral Area:		
IDP/Refugee Camps								
No.	Name	Digital Address	Population			Type of hwf	# of hwf	Qty of hs (in litres)
			IDPs/Refugees	Attendants	Total			
1								
2								
3								
4								
5								
TOTAL			0	0	0		0	0
Note:								
1 hwf : handwashing facility								
2 hs : hand sanitiser								



MINISTRY OF
SANITATION AND
WATER RESOURCES

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Hand Hygiene for All (HH4A) Initiative – Ghana

HH4A
OPERATIONAL GUIDELINES
for Accelerating Hand Hygiene through Integration into
HEALTH PROGRAMMES