REPUBLIC OF GHANA

MINISTRY OF
SANITATION AND
WATER RESOURCES

HAND HYGIENE FOR ALL STRATEGY AND ROAD MAP FOR GHANA (2022-2030)

October, 2023

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FOREWORD

The global COVID-19 pandemic was a jolt and a stark reminder about the importance of hand hygiene. It re-affirmed the need to not only take urgent action, but also do so in a systematic, holistic and comprehensive manner, leaving no one behind. Thus, Ghana fully endorses the led global Hand Hygiene for All (HH4A) Initiative as one that holds promise for helping realise the objective of universal access to hand hygiene in Ghana by 2030.

Ghana has over the years made great strides at improving the practice of hand hygiene among the populace. The Ministry of Sanitation and Water Resources (MSWR) has been at the forefront of this effort with support from Metropolitan, Municipal and District Assemblies (MMDAs) Development Partners, Civil Society Organisations, Non-governmental Organisations, the Private Sector, the Media and other stakeholders. The cumulative effect is that in the last decade, Ghana has moved from 12% handwashing access to 48% according to the respective 2011 and 2017/18 Multiple Indicator Cluster Surveys (MICS) conducted by the Ghana Statistical Service. This is four-fold progress, which is not a mean feat at all.

The above, notwithstanding, progress needs to be accelerated if Ghana is to meet her national and international commitments. The Sustainable Development Goal Six (SDG 6), which Ghana has signed up to and actually co-chairs commits the country to ***"ensure availability and sustainable management of water and sanitation for all"*** including hygiene by 2030.

The Ghana HH4A Strategy (2022-2030) focuses on acceleration of actions towards acceptable, affordable and sustainable hand hygiene for all and at all locations with minimal negative impact on the environment by 2030. The strategy undertakes a comprehensive analysis of the hand hygiene situation of the country, including capacity gap assessment, and provides nine strategic directions (objectives and outcomes), covering issues of leadership, demand-creation, supply and enabling environment. There is a costed plan for implementation as well.

The MSWR in this post-COVID view the development of the HH4A Strategy as timely and considers it a critical systems-strengthening input in our mandate and quest for universal access to hand hygiene. We are particularly delighted that the Strategy covers all contexts (including emergencies) and that it was developed with wide stakeholder consultation and input.

I urge all sector stakeholders to familiarise themselves with and be guided by the HH4A Strategy in all their work. It is my ardent hope that this Strategy would help build a better and sustainable hand hygiene culture in our dear nation.

HON. DR. FREDA AKOSUA PREMPEH
Minister, Sanitation and Water Resources
Accra, Ghana

ACKNOWLEDGMENT

The Hand Hygiene for All (HH4A) Strategy 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), Civil Society Organisations (CSOs) and private companies.

The Ministry of Sanitation and Water Resources (MSWR) wishes to specially acknowledge the technical and financial support provided by the United Nations Children's Fund (UNICEF), for the development of this strategic document for the Water, Sanitation and Hygiene (WASH) Sector in Ghana. We are also profoundly grateful to all members of the Hand Hygiene Technical Working Group, a sub-group of the National Technical Working Group on Sanitation (NTWGS) for their time, expertise and effort in overseeing the process. In particular, the World Health Organisation (WHO), the World Bank Group, 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, 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 deserve mention for their expert inputs, which shaped the development of this HH4A Strategy.

The MSWR deeply appreciates all the sub-national level stakeholders (regions, districts, electoral areas and communities) for their invaluable contribution to the development of this document. This provided the foundational studies and analysis underpinning the HH4A Strategy.

Finally, the Ministry wishes to express gratitude to the International Consultant (Annemarieke Mooijman) for her immense technical guidance and effort, the National Consultant (Charles Nachinab) for his input, in producing this strategic sector document, Ms Emma-Joan Halm, the focal person for HH4A at UNICEF, and also our staff, especially the two designated focal persons (Mr. Kweku Quansah and Ms Suzzy Abaidoo) for the untiring leadership they provided throughout the process.

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Abbreviations

BaSiS	Basic Sanitation Information System
CLTS	Community-led Total Sanitation
CWSA	Community Water and Sanitation Agency
DHIMS2	District Health Information Management System
DICCS	District Inter-agency Co-ordinating Committee on Sanitation
EMIS	Education Management Information System
EHSU	Environmental Health and Sanitation Unit
GEA	Ghana Enterprise Agency
GES	Ghana Education Service
GHD	Global Handwashing Day, 15 October
GHS	Ghana Health Services
GWCL	Ghana Water Company Limited
HCF	Health Care Facility
HH	Hand Hygiene
HH4A	Hand Hygiene for All
HTWG	HH4A Technical Working Group
HWWS	Handwashing with soap
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
MDAs	Ministries, Departments and Agencies
MICS	Multiple Indicator Cluster Survey
MLGDRD	Ministry of Local Government, Decentralisation and Rural Development
MMDAs	Metropolitan, Municipal and District Assemblies
MoE	Ministry of Education
MoH	Ministry of Health
MSWR	Ministry of Sanitation and Water Resources
NGO	Non-Governmental Organisation
O&M	Operation and Maintenance
ODF	Open Defecation Free
PHC	Population and Housing Census
RICCS	Regional Inter-agency Co-ordinating Committee on Sanitation
SDG	Sustainable Development Goals 2015-2030
SHEP	School Health Education Programme
ToR	Terms of Reference

TWG	Technical Working Group for Hand Hygiene for All
UNICEF	United Nations Children's Fund
VSLA	Village Savings and Loan Association
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WinS	Water, Sanitation and Hygiene in Schools

Definitions

Hand Hygiene	Any action of hand cleaning and disinfecting, including handwashing with soap or an alcohol-based rub[1]
Handwashing with soap	A specific action of hand hygiene involving soap and water to physically remove dirt, organic material and micro-organisms from hands[2].
Soap Shapes	Bar soap, liquid soap, powder soap.
Alcohol-based hand rub	Can replace soap and water. However, is less effective for visible dirt or when soiled with blood or other bodily fluids (including excreta).
Handwashing facilities	Fixed or mobile facilities, including a sink with tap water, buckets with taps, tippy-taps, or basins designated for handwashing[3].
Hygiene promotion	Programmes and activities designed to educate and advocate the use of safe hygiene practices.

1 Definition from The Handwashing Handbook, Global Handwashing Partnership, 2021
2 Definition from The Handwashing Handbook, Global Handwashing Partnership, 2021
3 Adaption of JMP WHO/UNICEF definition (without the jar)

Locations

According to the Hand Hygiene for All initiative and adapted to the situation in Ghana, Hand Hygiene activities should focus as a minimum on the following locations:

1. Homes/household
2. Schools (including boarding)
3. Health care facilities
4. Workplaces/offices and commercial buildings
5. Markets
6. Transport terminals
7. Eateries
8. Traditional & Religious centres
9. IDP/Refugee camps
10. Childcare homes
11. Events and recreational centres
12. Correctional centres

How to wash hands with soap

Handwashing should take at least 20-30 seconds and should include the following steps:

Step 1: Wet hands with running water.

Step 2: Apply soap.

Step 3: Scrub all surfaces of the hands – including the back of hands, palms, between fingers and under nails – for at least 20 seconds.

Step 4: Rinse thoroughly with running water.

Step 5: Dry hands in the air or with a personal or single-use towel.

Critical moments of Handwashing with soap:

- Before touching and handling food.
- Before feeding babies.
- After using the toilet. Also, when helping others clean (contact with faeces).
- After touching animals and pets or their faeces.

Extra due to Covid-19 pandemic:

- After coughing or sneezing.
- When entering or leaving the household or any other building.
- After coming into physical contact with anyone outside your household,
- After touching surfaces when outside the home (e.g., door knobs, railing, money etc).
- After visiting a public space, including public transportation, markets and places of worship.
- Before, during and after caring for a sick person.

Critical moments for Handwashing with soap in Schools:

- Before food touching or before handling food
- After using the toilet, also when helping others
- After touching surfaces
- After sweeping and collecting refuse
- After school
- After playing
- After break

Information received from Ghana Education Service

Critical moments for Hand Hygiene in Health Care Facilities (WHO):	
Before touching a patient	To protect the patient against harmful germs carried on your hands.
Before clean/aseptic procedure	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
After body fluid exposure risk	To protect yourself and the health-care environment from harmful patient germs.
After touching a patient	To protect yourself and the health-care environment from harmful patient germs.
After touching patient surroundings	To protect yourself and the health-care environment from harmful patient germs.

WHO/UNICEF JMP definitions for Hygiene

The WHO/UNICEF Joint Monitoring Program (JMP) for Water Supply, Sanitation and Hygiene reports country, regional and global estimates on progress in WASH in the context of the 2030 Sustainable Development Goals (SDGs).

The JMP monitors WASH at Household Level as well as in Schools and Health Care Facilities. The definitions have been established as follows:

For **Households:**

Basic	**Availability of a handwashing facility on premises with soap and water**
Limited	Availability of a handwashing facility on premises without soap and water
No Facility	No handwashing facilities on premises

Schools have criteria which are adapted to:

Basic	**Availability of a handwashing facility at school with soap and water at the time of the questionnaire or survey**
Limited	Availability of a handwashing facility at school without soap at the time of the questionnaire or survey
No Service	No handwashing facilities or no water at school at the time of the questionnaire or survey

For **Health Care Facilities** the following criteria apply:

Basic	**Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care and within 5 metres of toilets.**
Limited	Functional hand hygiene facilities are available at either point of care or toilets, but not both.
No Facility	No functional hand hygiene facilities are available at either point of care or toilets.

Abstract

Ghana is aiming for Hand Hygiene for all by 2030 to reduce mortality and morbidity due to infectious diseases such as cholera, acute respiratory infections, hepatitis and typhoid.

The Overall Goal of this Strategy is to provide good, affordable and sustainable Hand Hygiene for All - at all locations within normal regular and emergency contexts with minimal negative impact on the environment.

The objectives are:

1. Structures for ownership, coordination, and leadership by government stakeholders established.
2. Leadership structure including community-based leadership: traditional leaders, CLTS natural leaders. religious leaders, Health Care Facility (HCF) staff, educational staff (teaching and non-teaching), etc.
3. Hand hygiene data collected on non-JMP locations as well as JMP locations (as much as possible integrated in existing data information systems).
4. Clear financial mechanisms developed for Hand Hygiene.
5. Hand Hygiene related standards implemented and enforced.
6. Hand Hygiene Stakeholders (institutional as well as non-institutional) are trained continuously and encouraged.
7. Plans for Hand Hygiene in emergency situations/disasters established.
8. Sustainable/environmentally friendly, inclusive and affordable Hand Hygiene designs/facilities for households, institutions and public places.
9. Appropriate hygiene behaviour promoted through simple and doable Hand Hygiene messaging and multiple channels.

The Technical Working Group on HH4A, under the leadership of the Ministry of Sanitation and Water Resources and in coordination with other related ministries, development partners/ NGOs and the private sector, developed this Strategy with consultancy support through UNICEF. With the Strategy finalised, they now have guidance on how it can be realised.

The starting point for the development of the Strategy was the development of a generic Theory of Change (ToC) by the National Technical Working Group on Hand Hygiene. Consultations at the national, regional and district levels (see annex 1), interviews with key stakeholders (see Annex 2), and a validation workshop have culminated into a Strategy which reflects the context, needs and demands, in a realistic and doable document.

A detailed Costed Action Plan (chapter 9) gives actions and activities needed for full implementation as well as targets, indicators and budgets. Also, the roles of the different stakeholders and the set-up of monitoring and evaluation have been spelt out.

Random implementation of components of the Strategy is not recommended. All actions are interrelated and synergetic.

The total cost for implementation (2022-2030) is GHS 284,577,279 (or the equivalent of US$ 36 million at the exchange rate of June 2022). It is an indicative budget which was originally calculated in US$. This needs annual revision following new insights and price increases due to inflation.

1. Introduction

> ***Hand hygiene*** *is one of the most important and cost-effective measures to prevent the spread of infectious diseases, including diarrhoeal diseases and respiratory diseases, such as COVID-19. (State of the World's Hand Hygiene, 2021).*

Sometimes it is the simple things in life that lead to big changes. Hand hygiene (HH) is such an example.

1. Water and soap... and who doesn't know where to find it...
2. Washing your hands at critical times.... and those times are easy to remember...

And you prevent yourself from getting sick.

It is so incredibly easy and simple.

From international research, we know that Handwashing with Soap (HWWS) significantly affects health and reduces diarrhoea.

- A reduction of cases of diarrhoea among children between 32% and 48%[4].
- A reduction of acute respiratory infection by 20-50%[5].
- Frequent handwashing also slows down virus transmission, related to a hand-to-face viral transmission.

And it is low-cost:

- Handwashing programmes can deliver a $2 return on a $1 investment, or substantially more with high levels of uptake and adherence[6].
- Handwashing programmes have similar cost-effectiveness to that of immunization and oral rehydration therapy[7]
- HWWS is the single-most cost-effective health intervention available at an average cost of just US$3.35 per DALY[8]-averted.

For more than a decade, HH has been an important focus of WASH in Ghana and it has worked. HH coverage rates quadrupled between 2011 and 2018. An impressive and enormous development and outstanding in the region or for countries with a comparable economic condition.

4 DFID Evidence Paper by Joanna Esteves Mills and Oliver Cumming*: The impact of WASH on key health and social outcomes*, June 2016

5 *Ejemot-Nwadirao et al., 2015 and others*

6 Ian Ross https://resources.hygienehub.info/en/articles/4785437-summary-report-the-economics-of-hygiene-programmes

7 Ian Ross https://resources.hygienehub.info/en/articles/4785437-summary-report-the-economics-of-hygiene-programmes

8 DALY = Disability-Adjusted Life Year

The main reason why HH coverage has increased so much in Ghana is because HH was approached holistically, with a wide range of activities across the population and institutions.

HH promotion activities took place on all fronts: within water programmes (HWTS), within sanitation programmes (CLTS), within schools (WinS in SHEP), within HCF and sometimes as a separate thematic activity (tippy tap programme). There is also active cooperation with the private sector, led by the government's Ghana Enterprises Agency (GEA) through the organisation of training and activities such as the 2021 maiden hand hygiene fair.

With 42% of the households having access to hand washing facilities with water and soap (JMP 2020), there is clearly still some progress to make. The National Hand Hygiene for All Strategy (2022-2030) gives guidance on how Hand Hygiene for All can be achieved in Ghana.

The strategy includes:

- Guidance for implementation of hand hygiene in households, in urban, peri-urban and rural communities and open spaces, institutions, schools and health care facilities as well as other locations where infectious diseases can be spread. Also, emergency situations are taken into consideration as well as facilities needed for people with special needs. It promotes standardised approaches and market-based solutions.
- The institutional and system set-up and coordination needed for implementation of the Strategy at national, regional, district and community levels.
- Capacity building and strengthening for crucial stakeholders.
- Financial plans including the required financial allocations by the Government, private sector and development partners.

In the Strategy, reference is made to Hand Hygiene or by its abbreviations HH. HH refers to any action of hand cleaning and disinfecting, including handwashing with soap or alcohol-based rub. At some sections in the document Hand Washing with Soap (HWWS) is mentioned, but this is only if reference is made to specific studies or documents where only HWWS was measured.

2. Situation Analysis

General

Located in West Africa, Ghana is a country in the medium human development category, 138 out of 189 countries on the Human Development Index 2021. Between 1990 and 2019, Ghana's Gross National Income per capita increased by 127.6%.

Population

According to the 2021 Population and Housing Census, the population is 30.8 million out of which 43.3% live in rural areas and 56.7% in urban areas. Half of the population is under age 21.

Socio-economic situation

World Bank classifies Ghana as a *lower-middle income country.* The most recent data from 2016, indicates that 13.3% of the population of Ghana lives on less than $1.90 per day[9].

Key Health and Development Indicators	Value
Life expectancy at birth, in years (2019, World Bank)	64.07
Under-five mortality rate, per 1000 live births (MICS 2017-18)	56
Children under five stunted (UNICEF 2019)	19%
Diarrhoea disease cause of under-five mortality	25%
Literacy rate age 15-24 years (MICS 2017-18)	82% women 85.8% men

Communication Indicators	Value
Households with a radio/television (MICS 2017-18)	57.2/60.4%
Households with a telephone (MICS 2017-18)	92.5%
Households with internet (MICS 2017-18)	22.4%

9 https://databank.worldbank.org/data/download/poverty/33EF03BB-9722-4AE2-ABC7-AA2972D68AFE/Archives-2019/Global_POVEQ_GHA.pdf

Water Supply and Sanitation Status

Except when alcohol-based hand rub is being used, the presence of water is essential for HH. Sanitation is of importance because HH after defecation is a critical moment for potential contamination through hands.

The tables below summarise the most recent WASH information according to the Ghana 2021 Population and Housing Census.

Drinking water (% of total population)

	Sachet Water and Bottled Water	Pipe- born	Borehole/ Tube well	Surface water	Other
National	38.9	31.7	17.7	6.4	5.3
Rural	16.2	28.8	33.6	14.7	6.7
Urban	53.7	33.6	7.4	1.0	5.2

Nine in ten households have access to improved sources of drinking water (water of drinking water quality is preferred for HH). There is some regional disparity in this. Testing found that 48.3% of the source water contains faecal contamination and as much as 76.1% at the points of use within the household (MICS 2017-18).

Toilets facilities use (% of **households**)

	Household toilet	**Public toilet**	**No toilet/ open defecation**
National	59.3	23.0	17.7
Rural	49.1	19.7	31.3
Urban	65.9	25.2	8.9

The census also reported that three in five households have access to a household toilet facility but more than half share it with more than one household.

Having the knowledge, facilities, and supplies to manage menstruation safely, has health implications. Washing hands with soap before and after changing is key. Poor hygiene can lead to urogenital infections. Good hygiene provides dignity and convenience. It is fundamental to women's full participation in society, to the expansion of their freedoms and choices, and to the full realisation of their rights to equality, self-esteem and self-determination.

National information on menstrual hygiene management (MICS Ghana 2017-2018)

	Private place to wash and change while at home	Use of appropriate materials for menstrual management during last menstruation		Participation in activities during menstruation
		Reusable	Single-use	
Total (%)	93.9	12.6	85.3	81.1

Handwashing

According to the Hand Hygiene for All initiative, activities should focus as a minimum on 12 identified settings namely homes/households, schools (including boarding), health care facilities, workplaces/offices and commercial buildings, markets, transport terminals, eateries, traditional & religious centres, Refugee Camps/Internally Displaced Populations (IDPs), childcare homes, events and recreational centres as well as correctional centres. Not for all locations, data are being collected. Data identified are presented in this section, while definitions can be found in the "definitions section".

National coverage data for 2020 for Hand Hygiene are (WHO/UNICEF JMP 2021):

Households

Hygiene National (% of total population)				Rural (% of total population)				Urban (% of total population)			
Basic	Limited*	No facility		Basic	Limited	No facility		Basic	Limited	No facility	
42	37	22		35	40	25		47	34	19	

*Limited is without water and/or soap

Schools

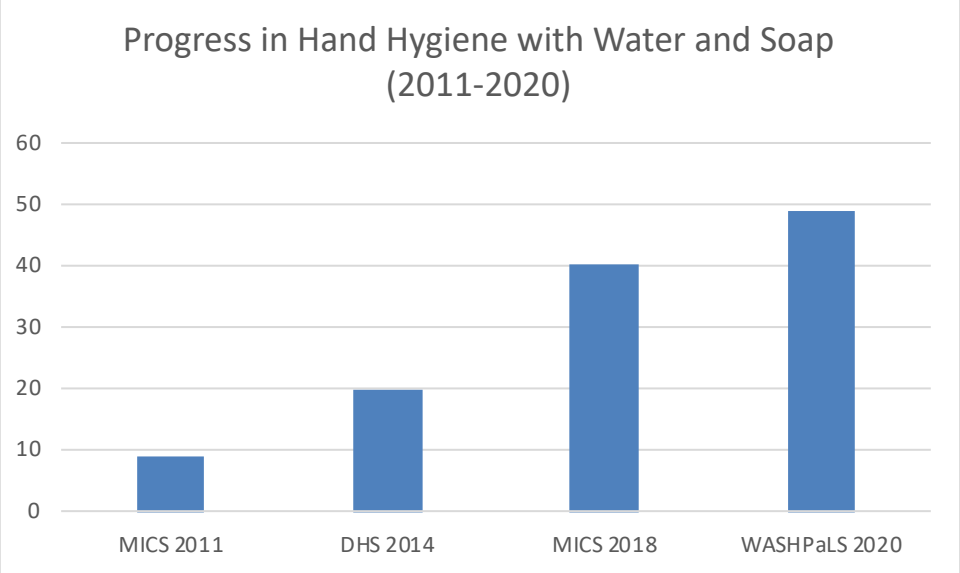
	National	Urban	Rural	Pre-primary	Primary	Secondary
	2019	2019	2019	2019	2019	2019
Basic Service	54	65	45	56	52	52
Limited Service	8	6	10	7	9	8
No Service	38	29	46	37	40	39

Health Care Facilities

	National* ^	Urban* ^	Rural	Hospital* ^	Non-hospital	Government	Non-government*
	2019	2019	2019	2019	2019	2019	2019
Basic Service	-	-	13	-	13	12	-
Limited Service	-	-	69	-	70	70	-
No Service	3	4	17	5	17	18	-
Insufficient Data	97	96	0	95	0	0	100

The below graph shows the impressive progress in Hand Washing with Soap over the past decade. Coverage rate quadrupled between 2011 and 2017/2018. With recent Hand Hygiene campaigns as a result of the COVID-19 pandemic, coverage rates for households with facilities, water and soap increased to 56% (urban) and 42% (rural) in 2020. However, this was at the height of the pandemic and most likely has somewhat reduced after that. The pandemic led to an almost three-fold increase in demand for soaps from consumers and institutions[10]. Access to and affordability of soap never became a problem.

Coverage rates in Ghana are significantly higher than in other countries in West Africa or countries with a comparable economic status.



Historical trend in availability of Handwashing Facility on premises with soap and water

10 WASHPaLS USAID 2020

Existing Institutional Framework

Hand hygiene is not a clear-cut sector like water and sanitation. It is an "area" which is the responsibility of all of us. Many ministries and agencies are involved. Whenever there is a need for coordination and leadership, this comes from MSWR as the sector lead in WASH but in case of disasters, also NADMO and the Ministry of Health and up to a certain extend the Ministry of Education/Ghana Education Service (GES) will play an important role in the coordination, messaging and follow-up.

The government administration in Ghana is highly decentralised. At this point, Ghana consists of 16 regions which are subdivided into 261 districts. All national government stakeholders also have departments at the regional level and often at the district level as well. Most stakeholders also have a (semi)-voluntary structure at community level, such as the WASH committee members, community health volunteers, Village Savings and Loans Associations (VSLAs) and School Based Health coordinators in schools (the latter are professionals).

Ministry or Agency	Enabling Instrument (Act or Policy)	Area/Sub-Sector	Mandate and Main task linked to HH4A	Levels active
Ministry of Sanitation and Water Resources (MSWR)	• Environmental Sanitation Policy • National Water Policy • Household water treatment and safe storage strategy • RSMS • Urban liquid waste strategy	WASH	WASH Sector Lead. More specifically: • Initiate and formulate water, environmental health and sanitation policies taking into account the needs and aspirations of the people; • Undertake water and environmental sanitation sub sectors development planning in consultation with the National Development Planning Commission (NDPC); and • Co-ordinate, monitor and evaluate the efficiency and effectiveness of the performance of the sanitation and water sub sectors.	National Regional

Ministry or Agency	Enabling Instrument (Act or Policy)	Area/Sub-Sector	Mandate and Main task linked to HH4A	Levels active
Ministry of Local Government Decentralisation and Rural Development	Local Governance Act of 2016, Act 936	Decentralisation and Environmental Health at district level.	Lead to ensure good governance and balanced development of Metropolitan / Municipal / District Assemblies (MMDA). The MMDAs are responsible for the overall development of the district, including the promotion of local economic development, basic education and public health, environmental protection and sanitation, and the improvement and management of human settlements.	National Regional District
Community Water and Sanitation Agency	• National community water and sanitation Programme	Rural and small-town Water and sanitation	CWSA is committed to efficient delivery of safe and sustainable water, sanitation and hygiene services to rural communities and small towns in Ghana. This includes: • Coordination • Technical backstopping • Capacity building • Funds mobilisation • Behaviour change campaigns	National Regional Community
Ghana Water Company Limited		Potable, urban water supply	MSWR is responsible for water supply policy and oversees GWCL	88 urban water supply systems nationwide.
Ministry of Health	Health Policy	Health	The Ministry is responsible for all health-related issues in Ghana. It is mandated to formulate policy, monitoring and evaluation, resource mobilization and regulation of the health service delivery in the country.	National

Ministry or Agency	Enabling Instrument (Act or Policy)	Area/Sub-Sector	Mandate and Main task linked to HH4A	Levels active
Ghana Health Service,	WASH/IPC policy	Direct Health Service Delivery	Health lead and focuses on promotion, preventive, curative and rehabilitative health care and services	National Regional District Community
Ministry of Education	Education Act 2008, (Act 778) The Education Strategic Plan (ESP) 2018 – 2030 Education Sector Medium-Term Plan (2018-2021)	Education	Education Lead and formulates and coordinates education policies, sets standards, and monitors and evaluates their implementation. Works to ensure that quality education is accessible for all Ghanaians, in order to support human capital and national development.	National Regional
Ghana Education Service, School Health Education Programme (SHEP)	SHEP Policy Guidelines 2012 National Minimum Standards for WASH in Schools, 2014	School Health and Hygiene	School health education led to facilitate the effective mobilization and deployment of available human, material and financial resources to equip staff and learners with basic life skills for healthy living through skills-based health education, promoting good health and preventing diseases among the school population.	National Regional District Schools
Ghana Enterprise Agency	In 2020 the National Board for Small Scale Industries was transformed into the Ghana Enterprises Agency.	Business development and private sector capacity building	Lead to respond to the growing needs of Micro, Small & Medium Enterprises	National Regional District

Ministry or Agency	Enabling Instrument (Act or Policy)	Area/Sub-Sector	Mandate and Main task linked to HH4A	Levels active
National Disaster management organization	Established by ACT 517 of 1996 with the responsibility to manage disasters and similar emergencies in the country.	Co-ordinate disaster or emergency control relief services and reconstruction;	Includes all activities from preparedness to response and recovery, prevent disasters, create awareness in prone communities and institutions on all hazard/ disaster types, train and motivate the communities especially volunteers to initiate actions to prevent and respond to disasters; bring relief to disaster victims, assist to reduce poverty in vulnerable and poor communities through social mobilisation for employment creation and income generation.	National Regional

National HH-related policies

At the moment (2022), MSWR has initiated a process to develop a specific Hygiene Strategy. So far, hygiene was covered under the Environmental Sanitation Policy, the Water Policy (both under revision), the Rural Sanitation as well as the Household water treatment and safe storage strategy. This HH4A Strategy will ultimately be integrated in the Hygiene Strategy. In addition, there are the MoH/GHS WASH-IPC policy and MoE/GES SHEP policy and National Standards on WASH in Schools.

International commitments and initiatives related to HH4A

The Human Rights

On 8 October 2021, the UN Human Rights Council adopted resolution 48/13 recognizing that a clean, healthy and sustainable environment is a human right. This was 11 years later than water and sanitation which were recognized as a human right in 2010, showing the relatively recent focus on hygiene.

In addition to recognition by the Human Rights Council, more than 150 countries recognise and protect the right to a healthy environment through their constitutions, national laws, judiciaries or ratification of international instruments.

Sustainable Development Goals 2015-2030

In September 2015, the United Nations launched a set of global goals to guide development worldwide for the next 15 years. The 2030 Agenda for Sustainable Development comprises

17 Sustainable Development Goals and 169 targets which have been formulated to measure progress of the highly interlinked and complex framework.

Achieving adequate and equitable WASH for all (which includes Hand Hygiene) is covered under SDG 6 which seeks to ensure availability and sustainable management of water and sanitation for all. It is a central component of the development agenda.

SDG 6	SDG Target 6.2	SDG Target Indicator 6.2.1
Ensure availability and sustainable management of water and sanitation for all.	By 2030, achieve access to adequate and equitable sanitation and hygiene for all	Proportion of population with basic handwashing facility on premises.

As the SDGs are closely linked with each other, progress in other areas also depends on significant improvements in WASH/Hygiene, especially related to education, health, gender equality, and inequality.

Progress towards SDG6 is being measured through the WHO/UNICEF Joint Monitoring Programme for WASH. Country and regional information is annually updated and can be found at: https://washdata.org/

Global Handwashing Partnership https://globalhandwashing.org/

The Global Handwashing Partnership is a coalition of international stakeholders who work explicitly to promote handwashing with soap and recognize hygiene as a pillar of international development and public health. Partners include:

- Private sector entities that bring state-of-the-art marketing knowledge and techniques to the table, and support handwashing programs at national levels;
- Academic institutions that contribute the latest behaviour change theory and scientific evidence of the effectiveness of handwashing;
- Multilateral and governmental agencies that lead global policy and support implementation of handwashing programs; and
- Non-governmental and community-based organizations that promote and integrate handwashing programs.

The Hand Hygiene for All initiative https://www.unicef.org/reports/hand-hygiene-for-all-2020

It aims to move the world towards this goal: supporting the most vulnerable communities with the means to protect their health and environment. It brings together international partners, national governments, public and private sectors, and civil society to ensure affordable products and services are available, especially in disadvantaged areas, and to enable a culture of hygiene.

The following partners have joined forces to drive the Hand Hygiene for All initiative. UNICEF and WHO will be supported by a select group of core partners, including but not limited to World Bank, Sanitation and Water for All, International Federation of the Red Cross and the Red Crescent Societies (IFRC), London School of Hygiene and Tropical Medicine/Hygiene Hub, International Labour Organization, United Nations Refugee Agency (UNHCR), Global Handwashing Partnership and WaterAid.

3. Theory of Change: expected impact, overall and national goals

The strategy aligns multi-sectoral stakeholders and investments around a common, co-developed vision and course of action and lays out a path to take full advantage of upcoming opportunities. It follows the framework as developed by the Hand Hygiene for All initiatives and uses information collected through consultation workshops (see Annex 1) as well as stakeholder visits and interviews in the period January-April 2022.

The expected Impact of Hand Hygiene for All is a reduction in mortality and morbidity due to infectious diseases such as cholera, acute respiratory infections, hepatitis and typhoid.

The expected Overall Goal of the Strategy is: acceptable, affordable and sustainable Hand Hygiene for All and at all locations and within all programming contexts (normal and emergencies) with a minimal negative impact on the environment.

Following the generic Theory of Change developed for Hand Hygiene for All (see below schedule), the **National Goals** have been formulated as:

1. Solid leadership/governance.
2. Strong enabling environment including: policies and strategies, institutional arrangement, financing, planning/monitoring and reporting, capacity development.
3. Robust supply and demand including products and services supply as well as hand hygiene promotion.

Theory of Change

Impact	**Reduction in mortality and morbidity due to infectious diseases such as cholera, acute respiratory infections, hepatitis and typhoid.**			
Overall Goal	**Acceptable, affordable and sustainable Hand Hygiene for All and at all locations and within all programming contexts (normal and emergencies) with a minimal negative impact on the environment.**			
National Goals	Solid leadership/ governance.	Strong enabling environment including: policies and strategies, institutional arrangement, financing, planning/ monitoring and reporting, capacity development.	Robust supply and demand including products and services supply as well as hand hygiene promotion.	
Strategic Objectives	Objective 1: Structures for ownership, coordination, leadership by government stakeholders established. Objective 2: Leadership structure including community-based leadership: traditional leaders, CLTS natural leaders, religious leaders, HCF staff, educational staff (teaching and non-teaching), etc.	Objective 3: Hand hygiene data collected on non-JMP locations as well as JMP locations (as much as possible integrated in existing data information systems). Objective 4: Clear financial mechanisms developed for Hand Hygiene. Objective 5: Hand Hygiene related standards implemented and enforced. Objective 6: Hand Hygiene Stakeholders (institutional as well as non-institutional) trained continuously and encouraged. Objective 7: Plans for Hand Hygiene in emergency situations/disasters established.	Objective 8: Sustainable/ environmentally friendly, inclusive and affordable Hand Hygiene designs/facilities for households, institutions and public places. Objective 9: Appropriate hygiene behaviour promoted through simple and doable Hand Hygiene messaging and multiple channels.	Five cross-cutting themes: a. Advocacy and Hand Hygiene Promotion b. Quality Planning and Implementation c. Capacity Development d. Sustainable Market Development e. Information Collection

4. Strategy objectives and expected outcomes

Based on the Vision (chapter 3) and the participatory process of identification of strengths and gaps (Annex 1) **9 Objectives and their outcomes** have been formulated for the period 2022-2030. The 10 Objectives for the framework for the Strategy are:

Leadership/Governance

Objective 1: Structures for ownership, coordination, leadership by government stakeholders established.
Outcomes
Nationwide: • Government staff use their positive leadership role, coordinate where essential and support and advocate for hand hygiene at all levels. Meetings are organised for coordination and to strengthen ownership. It is proposed to meet 2 times a year with the members of the Technical Working Group at national level and to meet 4 times a year with RICCS/MICCS/DICSS. The MSWR, TWG and RICCS/MICCS/DICSS would use their networks for effective coordination of the initiative.
National level: • Participation in regional and global meetings, platforms and initiatives, such as SWA, AfricaSan, AMCOW, GLAAS, HH4A meetings on Hand Hygiene. Ghana is very advanced in its access to hand washing facilities as well as existing hygiene policies. An experience and expertise which is worth sharing on regional and global events.
District level: • MMDAs are aware and informed about the importance of hand hygiene. Twice a year events and/or meetings for MMDAs will advocate for Hand Hygiene for All.

Objective 2: Leadership structure including community-based leadership: traditional leaders, CLTS natural leaders, religious leaders, Health Care Facility and educational staff.
Outcomes
Nationwide: • Traditional authorities lead in the enactment of community rules and regulations that promote hand hygiene. Every year, activities will be integrated in meetings to advocate for Hand Hygiene for All.
Community level: • Functioning WASH committees (with strong HH component) with involvement of traditional leaders, CLTS natural leaders, religious leaders, HCF staff, educational staff (teaching and non-teaching), etc.

Strong enabling Environment

Objective 3: Hand hygiene data collected on non-JMP locations as well as JMP locations (as much as possible integrated in existing data information systems).

Outcomes

National level with input from all levels:

- Existing Information Management Systems: Data systems BaSiS (sanitation), DHIMS2 (Health), EMIS (Education) and SIS (Sector Information System) collect HH data following WHO/UNICEF JMP definitions.
- Expanded HH data collection system for non-JMP locations established and functional. Under guidance from the MSWR expanded data collection on HH.
- Annual reporting (M&E) and presentation on progress towards HH4A and where possible disaggregation of data on rural/urban, high-income/low-income coverage rates by region, coverage by gender/people with special needs, financing, relevant health statistics, disaster response(s). Under guidance and coordination from the MSWR.
- Impact study on Hand Hygiene for All in Ghana, including socio-economic and environmental impacts. An impact study using nationally available research capacity.

Objective 4: Clear financial mechanisms developed for Hand Hygiene.

Outcomes

National level:

- Tracking of budgets and expenditure on hand hygiene across government bodies using existing information management systems (linked with Annual HH4A reporting under Objective 3).
- Investment plan for hand hygiene developed, taking into consideration population growth and urbanisation trends and funded by Government (considering *Ghana beyond aid*). Under guidance and coordination of the MSWR and TWG.

Objective 5: Hand Hygiene related standards implemented and enforced.

Outcomes

All levels:

- Standards and guidelines on Hand Hygiene are established and enforced.

Objective 6: Hand Hygiene Stakeholders (institutional as well as non-institutional) trained continuously and encouraged.

Outcomes

Nationwide:

- Sufficient and competent technical staff. The composition is age and gender-balanced and includes people with physical challenges. Capacity needs assessments and budget allocations.

National level:

- School of Hygiene/Health Promotion study includes HH as a key component.

District/community level:

- Hand Hygiene for All is an essential component of training for:
  - GHS staff.
  - Regional and District SHEP Coordinators as well as school-based health coordinators.
  - Environmental Health Officers and Assistants.
  - Department of Community Development Staff.

There will be continuous training possibilities because of staff rotation.

Objective 7: Plans for Hand Hygiene in emergency situations/disasters established.
Outcomes
Nationwide: • HH emergency preparedness plans are available for natural disasters and epidemics. Building upon the existing structures of the widely, nationally spread National Disaster Management Organization (see annex 3).

Robust Supply and Demand

Objective 8: Sustainable/environmentally friendly, inclusive and affordable Hand Hygiene designs/facilities for households, institutions and public places.
Outcomes
Nationwide: • HH facilities markets for Households meet the demand for quality services (low water use, easy to operate and maintain) and products or designs the people can and want to pay for (while still meeting minimal basic standards) as well as appropriate supplies and O&M. • Widely spread, high-quality hand wash facilities and soap available including water saving and recycle options through training and stimulation of local markets. • Waste reduction, re-use and recycling to minimise the generation and adverse effects of waste of materials and water use for HH facilities as well as the actual hand washing.

District level: • Hand hygiene facilities are incorporated adequately into designs of public facilities and institutions.

Objective 9: Appropriate hygiene behaviour promoted through simple and doable Hand Hygiene messaging and multiple channels.
Outcomes
Nationwide: • HH marketing using social marketing techniques reaches all. Special focus on people/groups with special needs.
District level: • HH promotion reaches all Ghanaians through community/local activities using different approaches, such as interpersonal communication, folk media, education and events.

5. Cross-cutting themes

Resource mobilisation is often along lines of interest and responsibilities. Where chapter 4 gives an overview of the Objectives and the planned outcomes following the Hand Hygiene for All Theory of Change, this chapter has regrouped the outcomes in chapter 4 to make groups for potential resource mobilisation, according to the following five cross-cutting themes:

a. Advocacy and Hand Hygiene Promotion

b. Quality Planning and Implementation

c. Capacity Development

d. Sustainable Market Development

e. Information Collection and Data Management

Below gives an overview of the strategy outcomes that are connected with the cross-cutting themes.

a) ADVOCACY AND HAND HYGIENE PROMOTION
Government staff use their positive leadership role, coordinate where essential and support and advocate for hand hygiene at all levels.
Participation in regional and global meetings, platforms and initiatives, such as SWA, AfricaSan, AMCOW, GLAAS, HH4A meetings.
MMDAs are aware and informed about the importance of hand hygiene.
Traditional authorities lead in the enactment of community rules and regulations that promote hand hygiene.
Functioning community-based WASH committees (with strong HH component) with involvement of traditional leaders, CLTS natural leaders, religious leaders, HCF staff, educational staff (teaching and non-teaching), etc.
Annual reporting (M&E) and presentation on progress towards HH4A and where possible disaggregation of data on rural/urban, high-income/low-income coverage rates by region, coverage by gender/people with special needs, financing, relevant health statistics, disaster response(s).
Nationwide HH marketing using social marketing techniques reaches all. Special focus on people/ groups with special needs.
HH promotion reaches all Ghanaians through community/local activities using different approaches, such as interpersonal communication, folk media, education and events.
b) QUALITY PLANNING AND IMPLEMENTATION
Investment plan for hand hygiene developed taking into consideration population growth and urbanisation trends and funded by Government (considering Ghana beyond aid).
Standards and guidelines on HH are established and enforced.
HH emergency preparedness plans are available for natural disasters and epidemics.
HH facilities markets for Households meet the demand for quality services (minimal water use, easy to operate and maintain), products or designs the people can and want to pay for (while still meeting minimal basic standards) as well as appropriate supplies and O&M.
Hand hygiene facilities are incorporated adequately into designs of public facilities and institutions.

c) CAPACITY DEVELOPMENT (Government staff)
Sufficient and competent technical staff. The composition is age and gender-balanced and includes people with physical challenges.
School of Hygiene/Health Promotion study includes HH as a key component.

• Hand Hygiene for All is an essential component of training for:
  • GHS staff.
  • Regional and District SHEP Coordinators as well as school-based health coordinators.
  • Environmental Health Officers and Assistants.
  • Department of Community Development Staff.
  • There will be continuous training possibilities because of staff rotation.

d) SUSTAINABLE MARKET DEVELOPMENT
Widely spread, high-quality hand wash facilities and soap available including water saving and recycle options through training and stimulation of local markets.
Waste reduction, re-use and recycling to minimise the generation and adverse effects of waste of materials and water use for HH facilities as well as the actual hand washing.
e) INFORMATION COLLECTION AND DATA MANAGEMENT
Existing Information Management Systems: Data systems - BaSiS (sanitation), DHIMS2 (Health), EMIS (Education) and SIS (UN Safeguard Information System) collect HH data following WHO/ UNICEF JMP definitions.
Expanded HH data collection system for non-JMP locations established and functional.
Impact study on Hand Hygiene for All in Ghana, including socio-economic and environmental impacts.
Tracking of budgets and expenditure on hand hygiene across government bodies using existing information management systems (linked with Annual HH4A reporting).

6. Institutional Arrangements

Hand hygiene is not a clear-cut sector like water and sanitation. It is a "sector" which is the responsibility of everyone and therefore many ministries and agencies are involved. The lead for this strategy comes from the Ministry of Sanitation and Water Resources as the sector lead in WASH.

The national HH4A Technical Working Group (TWG) has been set up for stakeholders related to Hand Hygiene (government parties, agencies (UNICEF and WHO), NGOs and private sector). They coordinate the development of the Strategy on Hand Hygiene for All, as well as define the process, roles, responsibility and timelines.

The table below gives an overview of the role of the relevant stakeholders in the government structure for implementation of this Strategy.

Ministry or Agency	Enabling Instrument related to HH4A (Act or Policy)	Area/Sub-Sector	Levels active
Ministry of Sanitation and Water Resources (MSWR)	• Environmental Sanitation Policy • National Water Policy • Household water treatment and safe storage strategy	WASH	National Regional
Ministry of Local Government Decentralisation and Rural Development	• Local Governance Act of 2016, Act 936	Community development and environmental health at district level.	National Regional District
Community Water and Sanitation Agency	• National community water and sanitation Programme	Rural and small-town Water and sanitation	National Regional Community
Ghana Water Company Limited		Potable, urban water supply	88 urban centres nationwide.
Ministry of Health	Health Policy	Health quality control	National
Ghana Health Service, (IPC and Health promotion)	WASH/IPC policy	Direct Health Service Delivery	National Regional Community

Ministry or Agency	Enabling Instrument related to HH4A (Act or Policy)	Area/Sub-Sector	Levels active
Ministry of Education	Education Act 2008, (Act 778) The Education Strategic Plan (ESP) 2018 – 2030 Education Sector Medium-Term Plan (2018-2021)	Education	National Regional
Ghana Education Service, School Health Education Programme (SHEP)	SHEP Policy Guidelines 2012 National Minimum Standards for WASH in Schools, 2014	School Health and Hygiene	National Regional District Schools
Ghana Enterprise Agency		Business development and private sector capacity building	National Regional District
National Disaster management organization	Established by ACT 517 of 1996 with the responsibility to manage disasters and similar emergencies in the country.	Co-ordinates disaster or emergency control relief services and reconstruction;	National Regional

7. Information collection, Data Management and Monitoring & Evaluation

The purpose of national monitoring and evaluation is to enable effective decision-making at all levels through the use of continuous, reliable and relevant data and indicators which can be processed, analysed and used to inform decisions. The coordination will be under the guidance of the MSWR and the TWG.

Information collection and data management:

Existing Information systems: BaSiS (Sanitation), DHIMS2 (Health), EMIS (Education) and SIS (UN Safeguard Information System) collect HH data following WHO/UNICEF JMP definitions for households, schools and health care facilities. So far, Ghana Population and Housing Census does not collect hygiene-related data.

Additional representative data will be collected for locations (Workplaces/offices and commercial buildings, Markets, Transport terminals, Eateries, Religious centers, Refugee Camps/Internally Displaced Populations (IDP), Childcare homes, Events and recreational centers, Correctional centers) which are not part of JMP.

Data on HH budgets and expenditure will be collected, if not available in the existing ministerial information systems.

M&E Reporting

Publishing and launching of an annual report: ***State of Hand Hygiene in Ghana*** presenting evidence-based progress, achievement and gaps. Where possible disaggregation of data on rural/urban, high-income/low-income coverage rates by region, coverage by gender/people with special needs, financing, relevant health statistics, disaster response(s).

Impact evaluation:

Between 2022 and 2026, there will be a scientific impact study on Hand Hygiene for All in Ghana, including socio-economic and environmental impacts.

8. Budget Requirements and Resource Mobilisation

This Strategy assumes that Hand Hygiene facilities for households and private sector are being self-financed. Facilities for public buildings and places are being provided under the responsibility of the public sector.

The Strategy envisages the following themes and resource sources:

Cross-cutting themes	Funding from/for:
Advocacy and Hand Hygiene Promotion	Government: • advocacy with and for leaders • advocacy during MMDA assembly meetings or with assemblies • annual reporting in progress in HH4A Development partners, NGOs/CSOs: • development strategies and training on advocacy and HH promotion. Nationwide but also at regional, district and community level • development and reproduction of advocacy materials and campaigns • annual reporting of progress in HH4A • funding for participation of key players in global meetings on HH4A Private Sector: • development and reproduction of advocacy materials and campaigns Religious, community, traditional and other leaders: Advocate with and for specific target groups
Quality Planning and Implementation	Government: • enforcement of standards and guidelines • HH emergency preparedness plans • development of investment plan on HH • provision of HH facilities in public spaces. Development partners: • support to the development of the investment plan on HH NGOs • provision of HH facilities in schools, HCF and crucial public places

Cross-cutting themes	Funding from/for:
Capacity Development (government staff)	Government: • recruitment of competent technical staff • include HH in training of all staff linked with HH Development partners: • support the development of training on HH NGOs: • training of staff (where gaps exist)
Sustainable Market Development	Government • enable and facilitate an environment for market development in HH (soaps and facilitate) • enforce measures on waste reduction, re-use and recycling Development partners • support product innovation private sector • support product innovation • mobilise local production capacity
Information Collection and Data Management	Government • maintain and update information management systems • expand information management systems including non-JMP locations and budgets • collect information on conditions of HH facilities in public spaces. Development partners • undertake HH4A Ghana impact study • support development of information management system expansion.

The summary of budgets required are given in the table below for the period 2022-2030. The total budget required for implementation for the full period is GHS 284,577,279 (or the equivalent of US$ 36 million at the rate of June 2022). It is an indicative budget which was originally calculated in US$ and needs annual revision following new insights and price increases due to inflation.

More details can be found in chapter 9, in the Costed Action Plan.

Outcomes	Total Costs (in GHS)	2022	2023	2024	2025	2026	2027	2028	2029	2030
LEADERSHIP/GOVERNANCE										
1. Structures for ownership, coordination, leadership by government stakeholders established										
Government staff use their positive leadership role, coordinate where essential and support and advocate for hand hygiene at all levels.	29.112.755	1.712.515	3.425.030	3.425.030	3.425.030	3.425.030	3.425.030	3.425.030	3.425.030	3.425.030
Participation in regional and global meetings, platforms and initiatives, such as SWA, AfricaSan, AMCOW, GLAAS, HH4A meetings	403.410	23.730	47.460	47.460	47.460	47.460	47.460	47.460	47.460	47.460
MMDAs are aware and periodically informed about the importance of hand hygiene.	9.226.224	1.025.136	1.025.136	1.025.136	1.025.136	1.025.136	1.025.136	1.025.136	1.025.136	1.025.136
2. Leadership structure enforced including community-based leadership: traditional leaders, CLTS natural leaders, religious leaders, HCF staff, educational staff (teaching and non-teaching), etc.										
Traditional leaders lead in the enactment of community rules and regulations that promote hand hygiene.	11.532.780	1.281.420	1.281.420	1.281.420	1.281.420	1.281.420	1.281.420	1.281.420	1.281.420	1.281.420

Outcomes	Total Costs (in GHS)	2022	2023	2024	2025	2026	2027	2028	2029	2030
At community level, functioning WASH committees (with strong HH component) with involvement of traditional leaders, CLTS natural leaders, religious leaders, HCF staff, educational staff (teaching and non-teaching), etc.	12.497.800	632.800	1.977.500	1.977.500	1.977.500	1.977.500	988.750	988.750	988.750	988.750
ENABLING ENVIRONMENT										
3. Hand hygiene data collected and evaluated on non-JMP locations as well as JMP locations (as much as possible integrated in existing data information systems)										
Existing Information Management Systems: Data systems- BaSiS (Sanitation), DHIMS (Health), EMIS (Education) and SIS (UN Safeguard Information System) collect HH data following WHO/UNICEF JMP definitions.	553.700	79.100	197.750	39.550	39.550	39.550	39.550	39.550	39.550	39.550

Outcomes	Total Costs (in GHS)	2022	2023	2024	2025	2026	2027	2028	2029	2030
Expanded HH data collection system for non-JMP locations established and functional.	1.423.800	-	316.400	158.200	158.200	158.200	158.200	158.200	158.200	158.200
Annual reporting (M&E) and presentation on progress towards HH4A and where possible disaggregation of data on rural/ urban, high-income/low-income coverage rates by region, coverage by gender/people with special needs, financing, relevant health statistics, disaster response(s).	1.067.850	118.650	118.650	118.650	118.650	118.650	118.650	118.650	118.650	118.650
Impact study on Hand Hygiene for All in Ghana, including socio-economic and environmental impacts.	1.779.750	197.750	395.500	395.500	395.500	395.500	-	-	-	-

Outcomes	Total Costs (in GHS)	2022	2023	2024	2025	2026	2027	2028	2029	2030
4. Clear financial mechanisms developed for Hand Hygiene										
Tracking of budgets and expenditure on hand hygiene across government bodies using existing information management systems (linked with Annual HH4A reporting)	648.620	158.200	158.200	47.460	47.460	47.460	47.460	47.460	47.460	47.460
Investment plan for hand hygiene developed taking into consideration population growth and urbanisation trends and funded by Government (considering Ghana beyond aid).	395.500	158.200	158.200	79.100	-	-	-	-	-	-
5. Hand Hygiene related standards implemented and enforced										
Standards and guidelines on HH are established and enforced.	1.186.500	395.500	395.500	395.500	-	-	-	-	-	-

Outcomes	Total Costs (in GHS)	2022	2023	2024	2025	2026	2027	2028	2029	2030
6. Hand Hygiene Stakeholders (institutional as well as non-institutional) trained continuously and encouraged										
Sufficient and competent technical staff. The composition is age and gender-balanced and includes people with physical challenges.	751.450	-	197.750	79.100	79.100	79.100	79.100	79.100	79.100	79.100
School of Hygiene/Health Promotion study includes HH as a key component	791.000	-	98.875	98.875	98.875	98.875	98.875	98.875	98.875	98.875
Hand Hygiene for All is an essential component of training for: • GHS staff. • Regional and District SHEP Coordinators as well as school-based health coordinators. • Environmental Health Officers and Assistants. • Department of Community Development Staff. There will be continuous training because of staff rotation	1.582.000	-	197.750	197.750	197.750	197.750	197.750	197.750	197.750	197.750

Outcomes	Total Costs (in GHS)	2022	2023	2024	2025	2026	2027	2028	2029	2030
7. Plans for Hand Hygiene in emergency situations/disasters established.										
HH emergency preparedness plans are available for natural disasters and epidemics.	5.695.200	632.800	632.800	632.800	632.800	632.800	632.800	632.800	632.800	632.800
ROBUST SUPPLY AND DEMAND										
8. Sustainable/environmentally friendly, inclusive and affordable Hand Hygiene designs/facilities for households, institutions and public places.										
HH facilities markets for Households meet the demand for quality services (minimal water use, easy to operate and maintain), products or designs the people can and want to pay for (while still meeting minimal basic standards) as well as appropriate supplies and O&M.	14.063.980	395.500	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560

Outcomes	Total Costs (in GHS)	2022	2023	2024	2025	2026	2027	2028	2029	2030
Widely spread, high-quality hand washing facilities and soap available including water saving and recycle options through training and stimulation of local markets.	14.063.980	395.500	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560
Waste reduction, re-use and recycling to minimise the generation and adverse effects of waste of materials and water use for Handwashing facilities as well as the actual hand washing.	14.063.980	395.500	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560	1.708.560
Hand hygiene facilities are incorporated adequately into designs of public facilities and institutions.	106.785.000	4.271.400	12.814.200	12.814.200	12.814.200	12.814.200	12.814.200	12.814.200	12.814.200	12.814.200

Outcomes	Total Costs (in GHS)	2022	2023	2024	2025	2026	2027	2028	2029	2030
9. Appropriate hygiene behaviour promoted through simple and doable Hand Hygiene messaging and multiple channels										
Nationwide HH marketing using social marketing techniques reaches all. Special focus on people/groups with special needs.	23.334.500	395.500	2.373.000	4.746.000	4.746.000	4.746.000	1.582.000	1.582.000	1.582.000	1.582.000
HH promotion reaches all Ghanaians through community/ local activities using different approaches, such as interpersonal communication, folk media, education and events.	33.617.500	395.500	2.373.000	4.746.000	6.328.000	6.328.000	6.328.000	2.373.000	2.373.000	2.373.000
TOTAL in GHS	284.577.279	12.664.701	33.309.801	37.430.911	38.538.311	38.538.311	33.990.061	30.035.061	30.035.061	30.035.061

9. Costed Action Plan

OUTCOMES	Progress indicators	Targets	Responsible and leading authority/ entity	Additional support from	Timing	Total Costs (estimation) in GHS
LEADERSHIP/GOVERNANCE						
1. Structures for ownership, coordination, leadership by government stakeholders established						
Government staff use their positive leadership role, coordinate where essential and support and advocate for hand hygiene at all levels.	#meetings	2 times a year TWG meetings 4 times a year meetings of RICCS/ MICCS/ DICSS with focus on HH	MSWR, TWG RICCS/MICCS/ DICSS	CWSA, MLGDRD GHS, GES/ SHEP, GWCL, GEA	Continuously	29,112,755
Participation in regional and global meetings, platforms and initiatives such as SWA, AfricaSan, AMCOW, GLAAS, HH4A meetings on hand hygiene.	# participation in high level hand hygiene events	Participation in 2 high level international events/ year	MSWR, MoH, MoE	Donors and Development Partners/NGOs	Continuously	403,410
MMDAs are aware and informed about the importance of hand hygiene.	#meetings	2 times a year advocacy meetings for all MMDAs (decentralised and integrated into existing meetings)	MLGDRD, TWG, Head of Local Govt. Service, MMDAs	MSWR, CWSA, MLGDRD GHS, GES, GWCL, GEA	Continuously	9,226,224

OUTCOMES	Progress indicators	Targets	Responsible and leading authority/ entity	Additional support from	Timing	Total Costs (estimation) in GHS
2. Leadership structure enforced including community-based leadership: traditional leaders, CLTS natural leaders, religious leaders, HCF staff, educational staff (teaching and non-teaching), etc.						
Traditional authorities lead in the enactment of community rules and regulations that promote hand hygiene.	#meetings #reporting Community rules and regulations exists	Every year advocacy training/ meetings (decentralised) integrated into communal events	MSWR and MLGDRD	CWSA, Private sector, NGOs	Every year	11,532,780
At community level, functioning WASH committees (with strong HH component) with involvement of traditional leaders, CLTS natural leaders, religious leaders, HCF staff, educational staff (teaching and non-teaching), etc.	#groups set-up and functioning	2026: 100% coverage	EHSU, MMDAs	CWSA, GHS, GES/ SHEP, religious institutes, CSOs/ NGOs	Continuously	12,497,800
ENABLING ENVIRONMENT						
3. Hand hygiene data collected and evaluated on non-JMP locations as well as JMP locations (as much as possible integrated in existing data information systems)						
Existing Information Management Systems: Data systems- BaSiS (Sanitation), DHIMS2 (Health), EMIS (Education) and SIS (UN Safeguard Information System) collect HH data following WHO/UNICEF JMP definitions.	#indicators in line with JMP HH data	2022: JMP definition check 2023 fully functional	MSWR and TWG	CWSA, MoH/GHS, MoE/GES, United Nations, NGOs	Short term start-up and continuously	553,700

OUTCOMES	Progress indicators	Targets	Responsible and leading authority/ entity	Additional support from	Timing	Total Costs (estimation) in GHS
Expanded HH data collection system for non-JMP locations established and functional.	# tool developed % baseline data collected	2024: data collection system set-up and functioning	MSWR and TWG	Development partners/NGOs	Short term start-up and continuously	1,423,800
Annual reporting (M&E) and presentation on evidence-based progress towards HH4A and where possible disaggregation of data on rural/urban, high-income/ low-income coverage rates by region, coverage by gender/people with special needs, financing, relevant health statistics, disaster response(s).	#annual reporting	2022: first report	MSWR	TWG Development partners/NGOs	Annually	1,067,850
Impact study on Hand Hygiene for All in Ghana, including socio-economic and environmental impacts.	Baseline Study completed	2026. study undertaken and published	MSWR and Ghanian Research Institution (to be selected)	TWG, MoH, MoE, NGOs	Medium term	1,779,750
4. Clear financial mechanisms developed for Hand Hygiene						
Tracking of budgets and expenditure on hand hygiene across government bodies using existing information management systems (linked with Annual HH4A reporting)	# annual financial reporting	2023: System functional Annually: publication of update	MSWR and TWG	CWSA, MLGDRD, MoH/GHS, MoE/GES, GEA, Development partners	Continuously	648,620

OUTCOMES	Progress indicators	Targets	Responsible and leading authority/ entity	Additional support from	Timing	Total Costs (estimation) in GHS
Investment plan for hand hygiene developed taking into consideration population growth and urbanisation trends and funded by Government (considering Ghana beyond aid).	#plan completed #plan updated annually	2022: Plan completed 2024: Full funding allocated to Plan Annual updates	MSWR and TWG	CWSA, MLGDRD, MoH/GHS, MoE/GES, GEA, Development partners, NGOs	Short term	395,500
5. Hand Hygiene related standards implemented and enforced						
Standards and guidelines on HH are established and being enforced.	#MMDAs enforcing standards #institutions using standards and guidelines	2022: HH Standards established. 2024: 100% adaptation of standards and guidelines	MSWR, CWSA, MLGDRD, MoH/GHS, MoE/GES, GWCL, Ghana Standards Authority	Development partners, CSOs/NGOs private sector, GEA	Continuously	1,186,500
6. Hand Hygiene Stakeholders (institutional as well as non-institutional) trained continuously and encouraged						
Sufficient and competent technical staff. The composition is age and gender-balanced and includes people with physical challenges.	#Recruitment of qualified personnel #Staff 50% women # Recruitment of 5% people with physical challenges	2023: Assessment of staff needs completed. 2024: Budget allocated and positions filled.	MSWR, CWSA, MLGDRD, MoH/GHS, MoE/GES, GEA	NGOs/ CSOs	Short term	751,450
School of Hygiene/Health Promotion study includes HH as a key component.	#students	2023: updated training materials 2024 onwards: incorporated in course/ study	GHS, MSWR	CWSA	Continuously	791,000

OUTCOMES	Progress indicators	Targets	Responsible and leading authority/ entity	Additional support from	Timing	Total Costs (estimation) in GHS
Hand Hygiene for All is an essential component of training for: GHS staff. Regional and District SHEP Coordinators as well as school-based health coordinators. Environmental Health Officers and Assistants. Department of Community Development Staff	#training materials updated for different courses #training	2023: updated training materials 2024 onwards: annual training possibilities	GHS, MoE, GES, CWSA	NGOs/ CSOa	Continuously because of high turn-over of staff.	1,582,000
7. Plans for Hand Hygiene in emergency situations/disasters established.						
HH emergency preparedness plans are available for natural disasters and epidemics.	# plans completed # emergency response activities done	2022: 100% coverage (already exist but need more specific focus)	National Disaster Management Organization	TWG	Short term	5,695,200
ROBUST SUPPLY AND DEMAND						
8. Sustainable/environmentally friendly, inclusive and affordable Hand Hygiene designs/facilities for households, institutions and public places.						
HH facilities markets for Households meet the demand for quality services (minimal water use, easy to operate and maintain), products or designs the people can and want to pay for (while still meeting minimal basic standards) as well as appropriate supplies and O&M.	# new products developed # products sold/homemade # coverage rates handwash facilities	2023: new products tested and introduced	MSWR, CWSA, MoH/ GHS, MoE/ GES, GEA	Donor partners NGOs Private sector Ghana Standards Authority Associations of Artisans	Short and medium term	14,063,980

OUTCOMES	Progress indicators	Targets	Responsible and leading authority/ entity	Additional support from	Timing	Total Costs (estimation) in GHS
Widely spread, high-quality hand wash facilities and soap available including water saving and recycle options through training and stimulation of local markets.	# products sold #micro-loans / credits for small business development, # coverage rates handwash facilities #certification of products	2025: double compared with baseline 2022	GEA, Ghana Standards Authority, GHS	Development partners, Private sector, CWSA	Short and medium term	14,063,980
Waste reduction, re-use and recycling to minimise the generation and adverse effects of waste of materials and water use for HH facilities as well as the actual hand washing.	% Solid waste and water recycled, reused, recovered	2030: 75% in urban areas, 75% in rural areas	MSWR, CWSA, MoH, GHS, MoE, GES, GEA	Development partners NGOs Private sector	Short and medium term	14,063,980
Hand hygiene facilities are incorporated adequately into designs of public facilities and institutions.	# JMP locations (schools, HCF) # non-JMP public spaces	2023: inventories completed 2024: action plans developed 2025: 100% coverage in Schools and HCF 2030: 100% coverage public institutions and places	MSWR, GHS, GES, TWG, MMDAs, MoH, MoE	Government stakeholders, Development partners Private sector	Short term, Medium and long term	106,785,000

OUTCOMES	Progress indicators	Targets	Responsible and leading authority/ entity	Additional support from	Timing	Total Costs (estimation) in GHS
9. Appropriate hygiene behaviour promoted through simple and doable Hand Hygiene messaging and multiple channels						
Nationwide HH marketing using social marketing techniques reaches all, Special focus on people/ groups with special needs.	# facilities in households #facilities in HCF #facilities in schools # activities focused on inclusiveness	Implementation in: 2023: 6 regions 2024: 12 regions 2025: nationwide	MSWR, MLGDRD and TWG	MSWR, MoH/GHS, MoE/GES, Development partners NGOs	Continuously	23,334,500
HH promotion reaches all Ghanaians through community/local activities using different approaches, such as interpersonal communication, folk media, education and events.	# facilities in households #facilities in HCF #facilities in schools	Implementation in: 2023: 6 regions 2024: 12 regions 2025: nationwide	MSWR, MMDAs, TWG	MSWR, MoH, MoE, Development partners	Continuously	33,617,500
TOTAL for ALL Outcomes						**284,577,279**

10. Road Map for Action

The below Road Map for Action visualises the speed in which the implementation takes place. The colour scheme differentiates between (1) Leadership/Governance (2) Enabling Environment and (3) Robust Supply and Demand. The intensity of work towards the outcomes is indicated per year (and are directly linked with the Resource Mobilisation table). The darker the colour, the more intensive the activities. White areas reflect there are no activities.

	OUTCOMES	2022	2023	2024	2025	2026	2027	2028	2029	2030
	Structures for ownership, coordination, leadership by government stakeholders established									
Leadership/Governance	Government staff use their positive leadership role, coordinate where essential and support and advocate for hand hygiene at all levels.									
	Participation in regional and global meetings, platforms and initiatives, such as SWA, AfricaSan, AMCOW, GLAAS, HH4A meetings on hand hygiene.									
	MMDAs are aware and informed about the importance of hand hygiene.									
	Traditional authorities lead in the enactment of community rules and regulations that promote hand hygiene.									
	At community level, functioning WASH committees (with strong HH component) with involvement of traditional leaders, CLTS natural leaders, religious leaders, HCF staff, educational staff (teaching and non-teaching), etc.									

	OUTCOMES	2022	2023	2024	2025	2026	2027	2028	2029	2030
Enabling Environment	**Hand hygiene data collected and evaluated on non-JMP locations as well as JMP locations (as much as possible integrated in existing data information systems)**									
	Existing Information Management Systems: Data systems- BaSiS (Sanitation), DHIMS2 (Health), EMIS (Education) and SIS (UN Safeguard Information System) collect HH data following WHO/UNICEF JMP definitions.									
	Expanded HH data collection system for non-JMP locations established and functional.									
	Annual reporting (M&E) and presentation on evidence-based progress towards HH4A and where possible disaggregation of data on rural/urban, high-income/low-income coverage rates by region, coverage by gender/people with special needs, financing, relevant health statistics, disaster response(s).									
	Impact study on Hand Hygiene for All in Ghana, including socio-economic and environmental impacts.									
	Clear financial mechanisms developed for Hand Hygiene									
	Tracking of budgets and expenditure on hand hygiene across government bodies using existing information management systems (linked with Annual HH4A reporting)									
	Investment plan for hand hygiene developed taking into consideration population growth and urbanisation trends and funded by Government (considering Ghana beyond aid).									
	Hand Hygiene related standards implemented and enforced									
	Standards and guidelines on HH are established and enforced.									
	Hand Hygiene Stakeholders (institutional as well as non-institutional) trained continuously and encouraged									
	Sufficient and competent technical staff. The composition is age and gender-balanced and includes people with physical challenges.									
	School of Hygiene/Health Promotion study includes HH as a key component.									

	OUTCOMES	2022	2023	2024	2025	2026	2027	2028	2029	2030
Enabling Environment	Hand Hygiene for All is an essential component of training for: • GHS staff. • Regional and District SHEP Coordinators as well as school-based health coordinators. • Environmental Health Officers and Assistants. • Department of Community Development Staff.									
	Plans for Hand Hygiene in emergency situations/disasters established.									
	HH emergency preparedness plans are available for natural disasters and epidemics.									
Robust Supply and Demand	**Sustainable/environmentally friendly, inclusive and affordable Hand Hygiene designs/ facilities for households, institutions and public places.**									
	HH facilities markets for Households meet the demand for quality services (minimal water use, easy to operate and maintain), products or designs the people can and want to pay for (while still meeting minimal basic standards) as well as appropriate supplies and O&M.									
	Widely spread high-quality hand washing facilities and soap available including water saving and recycle options through training and stimulation of local markets.									
	Waste reduction, re-use and recycling to minimise the generation and adverse effects of waste of materials and water use for HH facilities as well as the actual hand washing.									
	Hand hygiene facilities are incorporated adequately into designs of public facilities and institutions.									
	Appropriate hygiene behaviour promoted through simple and doable Hand Hygiene messaging and multiple channels									
	Nationwide HH marketing using social marketing techniques reaches all, Special focus on people/groups with special needs.									
	HH promotion reaches all Ghanaians through community/local activities using different approaches, such as interpersonal communication, folk media, education and events.									

Annex 1 Strengths and Gaps (consultation outcomes)

Five consultation workshops in Tamale and Yendi in the Northern Region, Ho in Volta Region and Kadjebi in Oti Region. In addition a workshop with the HH Technical Working Group in Accra looked into the current Hand Hygiene conditions in Ghana. The workshop discussed the basics on Hand Hygiene, consisted of a component of Story Telling and undertook group work to assess the key country level pillars for success as defined by the WHO/UNICEF Hand Hygiene for all initiative:

- (Political) leadership at and across all levels of government and society
- Policy action including: policies and strategies, institutional arrangements, financing, planning, monitoring and review, capacity development
- Sustainable, inclusive programming at scale to increase supply and demand for hand hygiene.

The table below gives a summary of the strengths and gaps identified in the five workshops:

Group 1 (political) leadership	Group 2 enabling environment	Group 3 robust supply and demand
Strengths		
Good Awareness Creation and sensitization, **Leaders are interested to improve the health of the population; The pandemic created a momentum to focus on hand hygiene. They participate in meetings and activities** **Chiefs, elders, religious leaders, medical and educational staff are motivated to promote hand hygiene**	Human Capacity availability, CWSA (Community Water and Sanitation Agency, DoCD (Department of Community Development, SHEP, EHSD/U (Environmental Health and Sanitation Directorate) DPs etc, as well as the establishment of School of Hygiene, There exists strong collaboration among Institutions and Agencies eg, RICCS/MICCS/ DICCS (Regional/Municipal/ District Inter-Agency Coordinating Committee on Sanitation), PHEMC (Public Health Emergency Management Committee), District Education Over-sight Committee (DEOC), Social Services Sub–Committee of MMDAs (Metropolitan, Municipal and District Assemblies) who jointly undertake participatory planning, monitoring and review	The COVID-19 pandemic has created a momentum in favour of hand hygiene and leading to a high level of awareness and patronage. Availability of technical capacity / know-how and trainings has led to human capacity on hand hygiene. Locally hand hygiene facilities can be designed, developed and produced (sometimes with support from NGOs), Associations of Artisans are available for hand hygiene facilities production and participate in Hand Hygiene Fair (HHF),

Group 1 (political) leadership	Group 2 enabling environment	Group 3 robust supply and demand
Strengths		
Leaders support and lobby for additional support from donors and NGOs and advocate for private sector involvement **Prominent traditional leader promotes COVID Protocols including hand hygiene**	Community based volunteers, involvement of students and teachers Availability of EMIS and MTDP (Medium-Term Development Plan), DPAT (District Performance Assessment Tool), Guidelines on IPC (Infection Prevention and Control) in health care facilities, WASH in Schools Costed Strategy, CLTS strategy, PHA (Public Health Act), Bye-Laws, Criminal and Offenses Act, Local Governance Act, etc, Donors Support for capacity enhancement e,g, workshops, Seminars, Study tours, Travels etc,	Local availability of hand washing product in the market as well as local production of soap, Tippy taps are produced locally and at low costs, They are environmentally friendly (recycled materials and low water consumption) and easily be used by both children and adults, Innovations by children (Plan Int)
Gaps		
Hygiene is often treated as a subset of Sanitation instead of standing on its own, **Lack of Sustained commitment by leaders,** **Inability of technical officers to point out the importance and benefits of hand hygiene to their bosses,** **Some government officials are no good role models themselves,**	No dedicated fund for hand hygiene, Late or no release of funds for Government institutions, as well as inadequate finance for monitoring, No stand-alone policy for Hand Hygiene, By-laws and policies do not capture COVID issues, Inadequate dissemination of information and messages,	The awareness creation has not translated into the desired behavioural change Especially in Northern Ghana, there is inadequate water accessibility for hand hygiene (water is not available all the time and/or expensive) Hand washing facilities do not always have sustainable and inclusive designs and often lack operation, monitoring and maintenance mechanisms which are “owned and adopted” by the users

Gaps		
Inability of traditional or local level leaders to enforce hand hygiene protocols in their various communities (as mentioned in Volta Region), **Infrequent review of policies concerning hand hygiene and weak enforcement,** **Political, Religious and Traditional Interferences,**	Absence of M&E and Sustainability plans on hygiene, Non or incomplete implementation of plans, or activities are developed without proper planning, Limited support from the community stakeholders as well as limited interest in trainings at community level,	Household demand for hand wash facilities manufactured by welders/local producers is low because of high costs Tippy Taps, as produced at household level, are not durable Local producers do not always find the Start-up Capital (particular soap producers) Local production of soap and sanitizer is not widely spread. The supply chain for materials for soap production is not fully developed Facilities in public spaces vanish or break down because no adequate arrangements of ownership and O&M have been made

Annex 2 Key Stakeholders Interviewed

Ministry, Department or Agency	Person interviewed Position	Date interview
Ministry of Sanitation and Water Resources (MSWR)	Mr. Kweku Quansah Director Unit Environmental Health Management	21 March 2022
Community Water and Sanitation Agency	Mr. Mutala Abdul-Mumin Principal Planning & Investment Analyst	28 March 2022
Ministry of Health	Ms. Selina Dussey Acting Head Quality Management Unit Policy Planning Monitoring and Evaluation Directorate	1 June 2022
Ghana Health Service, (IPC and Health promotion)	Ms. Mary Eyram Shinyo Deputy Director Institutional Care Division	24 March 2022
Ministry of Education	Mr. Selasi Dzomeku School Health Officer	28 April 2022
Ghana Education Service, School Health Education Programme	Ms. Ellen Gyekye Programme Officer	29 March 2022
Ministry of Local Government Decentralisation and Rural Development	Ms. Faustina Essandoh-Yeddu National Director, Department of Community Development	30 May 2022
Ghana Enterprise Agency	Mr. John Koomson Mr. Alfred Blankson Mr. Mohammed Yemofi Ms. Maame Mr. John Baidoo Various positions. All involved with Hand Hygiene activities	29 March 2022
National Disaster management organization	Ms. Nana Friba Focal point on health and WASH	22 March 2022
Local Soap Producer	Ms. Rita Asampana Nature Cleaning Detergents Wa Municipality	13 April 2022
Local Soap Producer	Mr.Kingsford Atta-Owusu Askin Hand Wash Brong Ahafo region	20 April 2022

Annex 3 Disaster Response and HH

The National Hand Hygiene for All Strategy Ghana (2022-2030) focuses on acceleration of actions towards acceptable, affordable and sustainable Hand Hygiene for All and at all locations with minimal negative impact on the environment by 2030. One of the objectives is to plan for hand hygiene in emergency situations/disasters by building upon the existing government structure, such as the nationwide network of the National Disaster Management Organization, and MSWR, MoH and MoE.

Hand Hygiene in emergency/disaster settings focuses on:
1. Creation of momentum to prioritise HH;
2. Revaluing of hygiene behaviour by influencing the public opinion on the need and impact of HH;
3. Making sure that stakeholders believe it is doable (now and fast);
4. Giving those who support (such as private sector, development partners, NGOs) in time, goods, financially etc. trust that it is worth investing in;
5. If needed, finding the budget for soaps (and water).

For preparedness this includes:

- Preparation of disaster preparedness plans focusing on HH.
- Making arrangements that water connections should always have highest priority in case of disasters. Particularly in households, health care facilities and other site-specific locations. This means that water connections cannot be cut during a disaster and financing should be made available for repairs of systems and for reconnection.
- Mobilisation of a team of potential donors (such as private sector, development partners, NGOs) by sharing evidence-based information (not too technical), solutions, and practical advice while using convincing arguments.
- Nationwide stock-piling of dignity and hygiene kits as well as bar and liquid soap for households and institutions.
- Preparation of generic hand hygiene promotion materials (print, audio, online etc.)
- Undertake nationwide trainings/workshops on Hand Hygiene for government stakeholders to strengthen leadership roles, understand each other's responsibilities, strengthen teams and team-interaction and build trust that the desired changes can happen. This can also be integrated in existing trainings/workshops.

During emergency/disaster:

- Make a rapid needs assessment based on pre-established preparedness plans.
- Communicate and coordinate with potential supporters (already identified in preparedness stage).
- Undertake activities for community based and house-to-house promotion of hand hygiene.
- Provide cash assistance for purchasing of soap (if needed, for specific low-income groups).

- Media, in particularly radio and to a lesser extend television, should broadcast spots, news, shows and potentially drama to focus on the need for appropriate hand hygiene. Create the possibility to ask questions.
- Social media such as WhatsApp groups, SMS, Facebook, and Instagram share information and messages. It would include links to read more and resources and/or requests to share posts. An important component is to reply to questions from the readers.
- Schools will be mobilised to involve school children and school hygiene clubs for Hand hygiene activities in schools and/or communities.
- Mobilisation of national goodwill ambassadors to promote Hand Hygiene.

Annex 4 Cross-Cutting Budget in US$

Outcome	Budget required in US$	% of total budget
a) ADVOCACY AND HAND HYGIENE PROMOTION		
Government staff use their positive leadership role, coordinate where essential and support and advocate for hand hygiene at all levels.	$ 3.680.500	
Participation in regional and global meetings, platforms and initiatives, such as SWA, AfricaSan, AMCOW, GLAAS, HH4A meetings on hand hygiene.	$ 51.000	
MMDAs are aware and informed about the importance of hand hygiene.	$ 1.166.400	
Traditional leaders lead in the enactment of community rules and regulations that promote hand hygiene.	$ 1.458.000	
At community level, functioning WASH committees (with strong HH component) with involvement of traditional leaders, CLTS natural leaders, religious leaders, HCF staff, educational staff (teaching and non-teaching), etc.	$ 1.580.000	
Annual reporting (M&E) and presentation on progress towards HH4A and where possible disaggregation of data on rural/urban, high-income/low-income coverage rates by region, coverage by gender/people with special needs, financing, relevant health statistics, disaster response(s).	$ 135.000	
Nationwide HH marketing using social marketing techniques reaches all; Special focus on people/groups with special needs.	$ 2.950.000	
HH promotion reaches all Ghanaians through community/local activities using different approaches, such as interpersonal communication, folk media, education and events.	$ 4.250.000	
TOTAL	$ 15.270.900	42%
b) QUALITY PLANNING AND IMPLEMENTATION		
Investment plan for hand hygiene developed taking into consideration population growth and urbanisation trends and funded by Government (considering *Ghana beyond aid).*	$ 50.000	
Standards and guidelines on HH are established and being enforced.	$ 150.000	
HH emergency preparedness plans are available for natural disasters and epidemics.	$ 720.000	

Outcome	Budget required in US$	% of total budget
HH facilities markets for Households meet the demand for quality services (minimal water use, easy to operate and maintain), products or designs the people can and want to pay for (while still meeting minimal basic standards) as well as appropriate supplies and O&M.	$ 1.778.000	
Hand hygiene facilities are incorporated adequately into designs of public facilities and institutions.	$ 13.500.000	
TOTAL	$ 16.198.000	45%
c) CAPACITY DEVELOPMENT		
Enough capacity of competent technical staff. The composition is age and gender-balanced and includes people with physical challenges.	$ 95.000	
School of Hygiene/Health Promotion study includes HH as a key component.	$ 100.000	
Hand Hygiene for All is an essential component of training for GHS, SHEP, CWSA staff.	$ 200.000	
TOTAL	$ 395.000	1%
d) SUSTAINABLE MARKET DEVELOPMENT		
Widely spread locally produced, high-quality hand wash facilities and soap available including water saving and recycle options through training and stimulation of local markets.	$ 1.778.000	
Waste reduction, re-use and recycling to minimise the generation and adverse effects of waste of materials and water use for HH facilities as well as the actual hand washing.	$ 1.778.000	
TOTAL	$ 3.556.000	10%
e) INFORMATION COLLECTION AND DATA MANAGEMENT		
Existing Information Management Systems: Data systems BaSiS (Sanitation), DHIMS2 (Health), EMIS (Education) and SIS (UN Safeguard Information System) collect HH data following WHO/UNICEF JMP definitions.	$ 70.000	
Expanded HH data collection system for non-JMP locations established and functional.	$ 180.000	
Impact study on Hand Hygiene for All in Ghana, including socio-economic and environmental impacts.	$ 225.000	
Tracking of budgets and expenditure on hand hygiene across government bodies using existing information management systems (linked with Annual HH4A reporting)	$ 82.000	
TOTAL	$ 557.000	2%
TOTAL for ALL	**$ 35.976.900**	

REPUBLIC OF GHANA

MINISTRY OF SANITATION AND WATER RESOURCES

unicef for every child

Hand Hygiene for All (HH4A) Initiative – Ghana

HH4A

HAND HYGIENE FOR ALL STRATEGY AND ROAD MAP FOR GHANA (2022-2030)