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**MINISTRY OF HEALTH-ETHIOPIA**

**የዜጎች ጤና ለሃገር ብልጽግና!**  
**HEALTHIER CITIZENS FOR PROSPEROUS NATION!**

# **Hand Hygiene for All (HH4A) National Roadmap**

**A country wide approach to achieving sustainable  
and universal hand hygiene**

**June 2022  
Addis Ababa, Ethiopia**



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# I. Forward



Hand hygiene is among the major solutions towards reducing morbidity and mortality of children. Globally 1.8 million under-five children die every year due to diarrhea and pneumonia and 70,000 under-five children die every year in Ethiopia due to diarrhea. Scientific evidence and experience from WHO has also shown that improving hand hygiene strategies in health care can reduce health care-associated infection and antimicrobial resistance. Hygiene interventions implemented with 99% coverage would reduce diarrhea incidence by 30%, which would in turn lead to a 2.5% decrease in stunting. Diarrheal cases in school children result in lack of access to WASH facilities and access to WASH services increase schoolgirls attendance, drop out and performance. Investment of 3.35 USD on hand hygiene, 11 USD on latrine, 200 USD on water construction and many thousands USD on vaccine have equivalent health outcomes.

The Federal Ministry of Health (MoH) of Ethiopia recognized the health benefits of hygiene practices including handwashing with Soap (HWWS) and showed its commitment through the inclusion of hand hygiene in the health policy, strategies and programs to create an enabling environment for implementation, access to basic hand facilities supplies and to create demand for hand washing with soap and water. Following the commencement of HSTP, WASH strategies and HEP, a series of promotions on water, sanitation and handwashing at community, health care facility and schools have been done as one intervention package along with campaigns.

Even though preventive health effects of basic hygiene practice are well documented, it did not get adequate attention in the WASH program interventions. As a result, much remains to inculcate the adoption of hygiene practices in the community, schools, health care facilities, workplaces and other public places. Considering the low coverage and the occurrence of the COVID-19 pandemic in Ethiopia; the government of Ethiopia is joining the global “Hand Hygiene for All (HH4A)” initiative by developing this 10-year HH4A strategic roadmap by the leadership of Ministry of health and engagement of other sectors, partners and stakeholders to sustain the culture of hand hygiene practice in all settings among all Ethiopians.

Development of correct handwashing habit at critical times is contingent on societal and institutional norms and economic contexts, which varies between the livelihoods of the households and communities. Hence, adoption of correct hygiene practices must be guided by this roadmap which will be further translated into context specific short, mid and long-term plans with clearly defined monitoring indicators. The roadmap envisions to bridge existing national regular hand hygiene efforts and COVID-19 response interventions through designing game-changing strategic actions. The Roadmap is expected to be implemented in all settings to achieve universal access to handwashing facilities and services with a vision to see hand hygiene is practiced by everyone habitually in a sustainable manner. Finally, the Federal Ministry of Health is fully committed to making sure this roadmap is used by all WASH stakeholders, and calls upon all private sector, entrepreneurs, and development partner organizations to use the roadmap consistently for the design and implementation of hand hygiene interventions throughout the country.



H.E Dr Dereje Duguma (MD, MPH)  
State Minister, Ministry of Health



## II. Acknowledgment



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A stylized, handwritten signature in black ink, consisting of several overlapping, sweeping strokes.

Mrs. Ekram Redwan Hussain

Director, Hygiene and Environmental Health Directorate, Ministry of Health

### III. Executive Summary

Hand hygiene is one of the personal hygiene components and is believed in improving health, saves lives by preventing infections and thereby guarantees good health and contributes to the social and economic development of the country. Basic hand hygiene is often neglected due to the lack of access to hand WASHing facilities in key places. In health care facilities, access to the handwashing facilities and consistency of the handwashing practices during critical times at the point of care could vary between the type of the health care facilities, rural and urban and between the health care service providers.

In Ethiopia, it is estimated that 92 % of the population, 42% of health care facilities, 85 % of the primary and 75% of the secondary schools lacks access to a basic handwashing facility with a water supply and soap. Approximately 80 % of those who lack access to soap and water live in rural settings and are among the most vulnerable groups, including families living in informal settlements, migrant and refugee camps, and in areas of active conflict – and more than half are children. For hand hygiene intervention, there are structures with different scopes & human resources for the realization of hand hygiene interventions. MOH is the leading sector in coordinating, promoting & advocating hand hygiene through available structures at all levels.

Following the commencement of the OWNPN, the school's WASH and HEP, a series of promotions on water, sanitation and handwashing at community, health care facility and schools have been done as one intervention package along with campaigns. Furthermore, the promotion of handwashing in primary school is one of the priority policy actions. It is incorporated under one subject into the primary school curriculum and an ongoing effort is being made to increase access to hygiene facilities and promotion of hygiene practices in primary and secondary schools. Despite concerted efforts of the government and development partners, basic hygiene practice of the households in Ethiopia is as low as 8% (WHO/UNICEF JMP 2019 report) and facility coverage is 58%.)

Therefore, The roadmap is designed to address the existing gaps on hand hygiene access and practices as well as serves as a guiding document for achieving global and national commitments. It also shows the pathway from the current low status of hand hygiene practice to the desired goal of achieving universal access to handwashing facilities and services and a culture of practice.

It is designed with three interrelated strategic objectives that will be contributing to meeting the broader goal. The milestones of the road map basis this fact and are designed to 'Respond' for the pandemic in the short term, 'Rebuild' of the system for hand hygiene in the medium term and 'Re-imagine' for a fundamental shift in attitude and behavior, so that hand hygiene becomes habitual and a culture.

## IV. Acronym and abbreviations

ARM – Annual Review Meeting  
CHIS – Community Health Information System  
CLTSH- Community Lead Total Sanitation and Hygiene  
DHIS II – District Health Information System  
EDHS – Ethiopian Demographic Health Survey  
ESA – Ethiopian Standards Agency  
EQND– Equity and Non-Discrimination  
HEP – Health Extension Program  
HEWs – Health Extension Workers  
IPC – Infection Prevention and Control  
IRT – Integrated Refresher Training  
MCH – Maternal and Child Health  
MOE – Ministry of Education  
MOH – Ministry of Health  
MOU – Memorandum of Understanding  
MRSA- Methicillin-Resistant Staphylococcus Aureus  
MoWIE – Ministry of Water, Irrigation and Electricity  
MSF – Multi-stakeholders forum  
MSP – Multi-Sectoral Platform  
NTDs- Neglected Tropical Diseases  
OWNP – One WASH National Program  
SDGs – Sustainable Development Goals  
SWA – Sanitation and Water for All  
WASH- Water Sanitation and Hygiene  
WDA – Women Development Army  
WHO- World Health Organization



## V. Definition of Terms

**Handwashing facility:** It may be fixed or mobile and includes sinks with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing.

**Soap:** includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand, or other traditional handwashing agents

**No handwashing facility:** No handwashing facility of any kind on-premises

**Limited handwashing service:** Availability of handwashing facility on-premises but without soap or water.

**Basic handwashing service:** Availability of a handwashing facility on-premises with soap and water.

**Open defecation free (ODF):** A state in which all community members in a kebele use latrine at all times and a situation where no open defecation is practiced at all in the kebele.

**Unimproved sanitation facilities:** Sanitation facilities that do not hygienically separate human excreta from human contact. This includes dry pit latrines without slabs, hanging latrines, bucket latrines, and flush and pour-flush toilets discharging to an open drain.

**Improved sanitation facilities:** Sanitation facilities that are designed to hygienically separate human excreta from human contact. These include wet sanitation technologies such as flush and pour flush toilets connected to sewers, septic tanks or pit latrines, and dry sanitation technologies such as dry pit latrines with slabs and composting toilets.

**Basic sanitation service:** Use of improved sanitation facilities that are not shared with other households.

**Limited sanitation service:** Use of improved sanitation facilities shared between two or more households.

**Safely managed sanitation service:** Use of improved sanitation facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated off-site.

**Safe water handling:** Refers to the safe management of drinking water at home including adequate household water treatment, safe storage, and use.

# 1. Introduction

## 1.1 Background

Hands are the most exposed part of the body to germs. Studies show that 80% of germs are transmitted from person to person through our hands. Touching eyes, nose, mouth with unclean hands, preparing and eating foods are the major routes for the transmission of most infectious diseases there by causing many diseases and deaths.

Hand hygiene is one of the personal hygiene practices and it is believed in improving health, saves lives by preventing infections and thereby guarantees good health and contributes to the social and economic development the country.

According to WHO/UNICEF 2019, joint monitoring report; basic hand hygiene is often neglected due to the lack of access to handwashing facilities in key places – 40% of the world's population lack basic handwashing facilities and 1.4 billion have no facility at all. 2020 Global Progress report on WASH in HCF reveals, it is estimated that 52 % of the HCF has hand hygiene facilities and soap and water and/or alcohol-based hand rub at points of care. However, access to the handwashing facilities and consistency of the handwashing practices during critical times at the point of care could vary between the type of the health care facilities, rural and urban and between the health care service providers.

In least developed countries which include African countries about 55% of the people in the rural areas of the lack handwashing facilities with soap and water at home. Nigeria, Ethiopia and DR Congo account for one-third of the population without a basic handwashing facility with soap and water at home in sub-Saharan Africa. In Ethiopia, it is estimated that 92 % (about 100 million) of the population, 42% of health care facilities, 85 % of the primary and 75% of the secondary schools lacks access to a basic handwashing facility with a water supply and soap (UNICEF/WHO JMP, 2019 and OWNP 2019/20 annual report).

The GoE recognized the health benefits of hygiene practices including Hand Washing with Soap (HWWS) and showed its commitment through the Health Extension Program Packages, Hygiene and Environmental Health Strategy, CLTSH implementation guidelines, Infection Prevention Interventions, National School WASH Implementation Guidelines.

Following the commencement of the HEP, series promotion on sanitation and hand washing at community and schools has been done as one intervention package along with campaigns. Furthermore, promotion of hand washing in primary school is one of the priority policy actions. It is incorporated into primary school curriculum and an ongoing effort is being made to increase access to hygiene facilities and promotion of hygiene practices in primary and secondary schools.

Despite concerted efforts of the government and development partners, basic hygiene practice of the households in Ethiopia is as low as 8% (WHO/UNICEF JMP 2019 report) and facility coverage is 58%.

It is to be noted that, though consistent hand hygiene practice has been recognized to reduce burden of diarrheal diseases and respiratory infections (F. Lorna, et al; 2005) mainly among young children, burden of communicable diseases attributable to poor hygiene behaviors remain among the top ten leading causes of under-five morbidity in Ethiopia (MoH, Health and Health Related Indicator, 2018/19).

Hand hygiene is among key preventive measures for COVID 19 pandemic which enhanced the attention given to it, the political commitment, stakeholder's engagement and the enabling environment at large. This in turn contributed for increasing awareness of the population on the health importance of hand hygiene and enhanced practice.

'The Hand Hygiene for All' (HH4A) initiative is launched following the global attention towards hand hygiene aiming mainly on sustaining it beyond the pandemic. It envisions a future where all communities have the resources and can practice hand hygiene, and everyone does so habitually. This WHO and UNICEF-led initiative calls for countries to lay out comprehensive roadmaps that bridge together national COVID-19 preparedness and response plans with mid- and long-term national development plans to ensure hand hygiene is a main stay beyond the pandemic, as part of infection prevention and control (IPC) and water, sanitation and hygiene (WASH) efforts.

The government of Ethiopia joined the initiative and developed this roadmap to be a guiding document to achieve a 100% universal basic hand hygiene coverage and sustainable practice of hand hygiene through game changing strategic actions.

## 1.2. Why Hand Hygiene?

### 1.2.1. Save lives

Access to hand hygiene in health care facilities, schools, public places and homes is essential to protect global health and reduce the risk of future outbreaks. Scaling up hand hygiene in all settings could potentially prevent an estimated 165,000 deaths from diarrheal diseases each year. It can potentially reduce diarrheal disease by about 30%. It also contributes to the reduction of the risk of respiratory infection by 16%. Its contribution to the reduction of skin and eye infections is also significant (6).

Hand hygiene is also found to be among the major solutions towards reducing morbidity and mortality of children. Studies show that 1.8 million under-five children die every year globally due to diarrhoea and pneumonia which are the top two killers of under-five children. Similarly, more than 70,000 under-five children die every year in Ethiopia due to diarrhoea. Hand hygiene can reduce the number of children diseased by diarrhoea and pneumonia by 1/3 and 1/5 respectively.

Scientific evidence and experience from WHO has also shown that improving hand hygiene strategies in health care can reduce health care-associated infection and antimicrobial resistance.

### 1.2.2. Saving money

Hand hygiene is one of the most cost-effective ways to prevent the spread of Hand hygiene is one of the most cost-effective ways to prevent the spread of infectious diseases. Studies show that an investment of 3.35 USD on hand hygiene, 11 USD on latrine, 200 USD on water construction and many thousands USD on vaccine have equivalent health outcomes.

On the other hand, management of diarrhoea and pneumonia in developing countries cost an average of 12 billion USD annually whereas one national program on hand hygiene costs less than 100 million USD. Improving hand hygiene policies can generate savings in health expenditure up to 15 times the cost. (8)

The cost of implementing hand hygiene strategies in health care facilities is also low: estimated between US\$0.90 and US\$2.50 per capita per year, depending on the country.3.

Hand hygiene interventions have proved to be effective in reducing drug-resistant infections in hospitals. One model estimated that each increase of 1% in hand hygiene compliance could save nearly \$40,000 in MRSA-related healthcare costs per year. 4

### 1.2.3. Preparing for the future

Hand hygiene is key to control the spread of COVID-19. –Smart investments now will also prepare us better for any future diseases. Hand hygiene is the most effective intervention to prevent diseases and death due to antimicrobial resistance (AMR) and a range of other diseases, including common colds, flu, and diarrhea, and pneumonia, NTDs, eye and skin infections. Therefore, ensuring the sustainability of the better attention given for hand hygiene during COVID-19 pandemic through adopting strong hand hygiene strategy is critical.

## 1.3. Rationale

Hand hygiene interventions are implemented in fragmented ways by different sectors and partner organizations due to absence of national strategic guiding document. This contributed for the stagnant progress of hand hygiene access and practice in the country. The country's coverage is very low and far from the global and national targets. Therefore, there is a need to strategically address the gaps.

The Ministry of Health recognized the gap and took the initiative of developing this national hand hygiene roadmap in collaboration with relevant stakeholders. This road map will be used as a guiding document for achieving global and national commitments.

## 1.4. Guiding principles

The key guiding principles considered through the roadmap development process Includes:

- **Universal Access:** 'No one is left behind.' It must be inclusive of all segments of the population.
- **Equity:** Achievement is measured not only by increasing total hand hygiene indicators but also by the distribution among the different segments of the population
- **Efficiency:** Results are measured against the quantity and quality of the outcomes accomplished with the equivalent account to their corresponding investment
- **Self-reliance:** Community ownership and empowerment
- **Contextualization:** No single approach fits all settings. Interventions should be adapted to the local context
- **Multi-Sectoral approach:** Sectoral engagement with clear roles and responsibilities and a strong accountability framework is mandatory
- **Partnership:** Coalition that brings together the expertise, experience, ideas, resources and reaches of public and private sectors
- **Evidence-based decision:** Generate knowledge via best available researches from filed and relevant evidence to inform decision and monitor achievements



## 2. Situational Analysis

### 2.1. Enabling Environment

#### 2.1.1. Policies & Programs:

The Ethiopian health policy and health sector transformation plan incorporate sanitation and hygiene among prioritized interventions under the prevention arm of the health service delivery. More than half of the packages of the HEP focus on sanitation and hygiene one of which to be hand hygiene.

Hand Hygiene interventions are also included in the national hygiene and Environmental Health Strategy, school WASH strategy, and school and health facilities WASH design and construction manual, Community-led total sanitation and hygiene (CLTSH) guideline and national IPC guideline, OWNP National Health Promotion and communication strategy etc.

#### 2.1.2. Institutional Arrangement and human resource:

There are structures with different scopes and human resources in various sectors. These structures are to function and commit to the realization of hand hygiene interventions in MOH, MOE MOWIE, MOF and others. MOH is the leading sector in coordinating, promoting and advocating hand hygiene programs through the available structures from national to community levels.

There are multiple disciplines including several health professionals working in governmental and non-governmental organizations working in health and non-health sectors in the country working at different levels to ensure hygiene at different setups including at the community level where the health extension workers remain to be the cornerstone for ensuring sanitation and hygiene.

#### 2.1.3. Capacity development

There are universities/colleges/TVETS that are working on diversified health disciplines to equipped health professionals with the relevant knowledge to operate hand hygiene promotion in the country. On job trainings and logistics has been also provided by different partners to the health professionals to promote hand hygiene. In addition, there are regular IRT provided to HEWs, conducting periodic capacity building training to schools, HCFs, community and other institutions.

#### 2.1.4. Coordination

The key collaboration and coordination mechanisms to promote HH4A:

- The hygiene and Environmental health technical and steering committee established at federal and regional levels are the other coordination platform where seven concerned sectors ministries signed MoU-2017 GC for collaboration.
- The One WASH National Programme (OWNP) is a sector-wide approach (SWAP) established with the broad objectives of achieving universal access to water, sanitation and hygiene services to all people in Ethiopia. The coordination offices are established at national and regional levels and the WASH technical teams at woreda coordinates sectors' plans, reports and budgets.
- Coordination with the WASH sector and integration of WASH activities are key elements for achieving a sustainable reduction of NTDs. There is a National WASH-NTD technical working group established in 2018, deliver different documents/ like the national program framework, woreda coordination toolkit, and harmonized message guide, which stimulate coordination and integration among sectors and programs.

### **2.1.5. Finance**

The OOWNP-CWA is among the major source of funding for hygiene including hand hygiene. In addition, several international and local civil society organizations are also financing hygiene and sanitation interventions. Government expenditure accounts for 32% of the total health expenditure in 2017. However, there is no dedicated finance from the government allocated specifically for hygiene interventions.

### **2.1.6. Stakeholder contribution to hand hygiene**

Partners provide technical, and resource support to implement hand hygiene intervention in a non-harmonized way.

### **2.1.7. Monitoring and evaluation**

Hand hygiene indicators are included in community health information system/district health information system/CHIS/DHIS-II/. Apart from households, hand hygiene at the point of care in health facilities is among indicators included in service availability and readiness assessment (SARA) and as well hand hygiene focusing on handwashing facility in schools is part of indicator in Ethiopian Ministry of Education management information system /EMIS. However, in all routine and survey reports there is huge data inconsistencies and discrepancies which hinder informed decision-making processes.

## **2.2. Access to water Supply**

Basic drinking water supply coverage in Ethiopia is increased from 42% in 2015 to 50% in 2021 (JMP, 2021). However, Millions of Ethiopians still lack a basic drinking water supply. In 2020, only 15% and 22% of primary and secondary schools had appropriate water facilities respectively (School JMP 2020). Access was also as low as 21 % in health facilities. (HCFs JMP, 2020)

## **2.3. Products and Services for Hand Hygiene**

In Ethiopia, around 38% of the population lack access to handwashing facilities, 54 % of the population have limited services at their premises and 8% have basic hand-WASHing services (JMP,2020). Basic hygiene service coverage is expected to be lower than the national average among communities in rural settings and most vulnerable groups, including families living in informal settlements, migrant and refugee camps and areas of conflict. With the continuous efforts of the government and development partners, more than 532 enterprises were established over the last five years (2016-2020) in more than 230 districts and engaged in sanitation businesses linked with sanitation marketing efforts. These enterprises are engaged in the production and distribution of different products, of which hand WASHing facets and liquid soaps are the ones. Production of hand rubs and production sites have also been increasing after the occurrence of COVID 19.

On the occurrence of COVID 19, hand hygiene promotion and services in Ethiopian health care facilities have been improved significantly. Following the attention given to hand hygiene amid COVID 19 pandemic, local innovations of different hand WASHing technology options came to reality by individuals and small-scale manufacturing enterprises/SMEs.

## **2.4. Behaviour Change for hand hygiene**

Different Social and behavioral change (SBCC) communication approaches have been implemented to improve the hand hygiene culture of the community. The CLTSH which has been a countrywide approach addresses hand hygiene through the HEWs. The promotion has also been rolled out through multiple communication approaches such as mass and print Media, campaigns and celebrations/events. Core message guide on Environmental sanitation and hygiene also developed at MOH level and deiminated to all RHB to be utilized by health care providers for educating and promoting for better practice. Hand hygiene is also included under primary education textbooks which enables students to grasp ideas on the need to WASH hands properly.

## 2.5. SWOT Analysis

**Table 1: Hand Hygiene Roadmap Strength, Weakness, Opportunities and Treat**

Strengths	Weakness
<ul style="list-style-type: none"> <li>• Establishment of hygiene and environmental health structure under the ministry of health and regional bureaus.</li> <li>• Availability of health extension program (HEP) for community level interventions</li> <li>• Availability of community engagement platforms</li> <li>• Availability of strategies, guidelines, manuals, different behavioral change and communication approaches including dedicated event days for HHWS</li> <li>• Presence of multi-disciplinary health professionals engaged in hand hygiene intervention</li> <li>• Initiation of local production of hand WASHing facilities and soap through the market-based sanitation system</li> <li>• Availability of national health facility WASH-design and construction manuals</li> <li>• Existence of universities and academics that are working on Hygiene and EH.</li> <li>• Availability of Coordination platforms like WASH-NTDs</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of strong hygiene and environmental health structure and human resource at zonal, district and PHCU-levels</li> <li>• Limited allocation of budget from the government specifically for hand hygiene</li> <li>• Absence of evidence and context-specific behavior change approaches and tools to support efforts</li> <li>• Poor implementation of existing behavior change and communication approaches</li> <li>• Short term SBCC interventions and lack of sustainable implementation plan.</li> <li>• Lack of strong platform to involve academics and universities on evidence generation and piloting innovative solutions.</li> <li>• Lack of safe and adequate water supply in implementing health deliveries and services at health care points</li> <li>• The gap in infrastructure design</li> <li>• Presence of poor health system literacy</li> <li>• Inadequate institutional capacity to enforce the available regulatory laws/</li> <li>• Awareness gap in the community on critical times for hand WASHing and proper steps, and in general on hygiene behavior</li> <li>• Gap in access to hand WASHing facilities and soap in rural communities</li> <li>• Lack of inclusive/friendly hand hygiene sanitation facilities in different contexts</li> <li>• Inadequate attention given for operation and maintenance of WASH facilities at institutions and public places</li> <li>• Absence of functional hand WASHing facilities in public areas</li> <li>• Sustainability challenges</li> <li>• Approaches are not sufficient</li> </ul>
Opportunity	Threats
<ul style="list-style-type: none"> <li>• Presence of National political and Global Commitments</li> <li>• Global partnership; Sanitation and Water for All (SWA), African Ministers' Council on Water (AMCOW),</li> <li>• Increased global attention towards hand hygiene after the occurrence of COVID 19 pandemic</li> <li>• National initiatives towards hand hygiene after the occurrence of COVID</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of sufficient water supply</li> <li>• Low economic status of the population (poverty, high unemployment)</li> <li>• Difficulty of sustaining hand hygiene practice</li> <li>• Increasing manmade and natural disasters</li> <li>• Emergence and re-emergence of disease epidemics</li> </ul>

- Increased innovations on technology options for hand WASHing facilities
- Installation of hand WASHing facilities at entrances of institutions, public places
- Increased production of hand rubs and soaps
- Construction/rehabilitation of hand WASHing facilities in schools
- Increased promotion of hand hygiene
- OWP
- Presence of development partners supporting hand hygiene
- Initiation of hand hygiene for all global initiative
- Initiation of the TSEDU campaign having hand hygiene as one component
- Presence of national school WASH-design and construction manuals
- Presence of local cultural value to promote hand hygiene
- Inclusion of hand hygiene in education curriculum



## 2.6. Stakeholder analysis

Table 2: Hand Hygiene for all roadmap Stakeholders analysis

No	Stakeholders	Their need	Interest of the Health sector	Resistance	Level of Importance	Response of the organization
1	Community	<p>Awareness creation</p> <p>Facilitate for technology</p> <p>Produce new information</p> <p>Avail guiding documents</p> <p>Avail HWFs &amp; supplies for poor of poor &amp; hard to reach areas</p> <p>Avail standards</p>	<p>Participation</p> <p>Procure hand WASH facilities and supplies; maintain sustainability</p> <p>Proper practice of hand WASH</p> <p>Mobilize finance</p>	<p>Poor participation</p> <p>Poor practice of hand WASHing</p> <p>Low allocation of resources to hand WASHing supplies</p> <p>Lack consistency</p> <p>Improper utilization</p>	High	<p>Improve communication</p> <p>Dialogue with community representatives</p> <p>Facilitate to improve supplies</p> <p>Improve community financing</p> <p>Use influential leaders</p>
2	Government (All Sectors)	<p>Plan and mainstreaming HH4A</p> <p>Information and new update</p> <p>Technical Guidelines Collaboration</p> <p>Innovation</p> <p>Integrated M&amp;E-system</p> <p>Organize report about HH4A</p> <p>Review meeting &amp; other workshop</p>	<p>Political commitment &amp; Participation</p> <p>Direction, approval of policies</p> <p>Allocation of resources</p> <p>Implement of costed plan</p> <p>Lead &amp; follow implementation</p> <p>Organize report about HH4A</p> <p>Assigning focal person</p> <p>Formulate &amp; update policies &amp; develop evaluation framework</p>	<p>Weak participation &amp; engagement</p> <p>Lack of attention &amp; prioritization</p> <p>Poor implementation of endorsed guidelines &amp; other documents</p> <p>Poor allocation of budget and assignment of staff</p> <p>Poor advocacy awareness creation</p> <p>Lack of availability of HWFs and supplies</p>	High	<p>Create accountability framework</p> <p>Review sector performance periodically</p>

3	NGO's	<p>Guideline &amp; policy documents</p> <p>Workshope&amp;discussion forums</p> <p>Evidence based information</p> <p>Administrative guidance</p> <p>Facilitation&amp;project approval</p>	<p>Collaboration</p> <p>Resource and technical assistance</p> <p>Strengthen sanitation marketing other business modalities</p>	<p>Poor Prioritization and poor engagement on HH4A</p> <p>Poor allocation of resource and weak technical assistance for implemntation of HH4A</p>	Medium	<p>Strengthen communication</p> <p>Drive governing rules to assignment of earmarked budget</p>
4	Private organization and Professional associations	<p>Training and advocacy</p> <p>New updet and information</p> <p>Job opportunity and supportive environment</p>	<p>New innovation</p> <p>Accesses HWFs and supplies</p> <p>Encourage local production</p> <p>Encourage social Responsibility</p> <p>Technical support</p> <p>Develop &amp; promote governing rules</p>	<p>Poor assignment of initial capital for production</p> <p>Lack of interest for innovation</p> <p>Poor engagement and contribution</p>	Medium	<p>Create profitability enviroment</p> <p>Motivate tax free importing</p> <p>Strengthen supply chain</p> <p>Strengthen job creation platforms</p>
	Mass medias	<p>Updated information</p> <p>Training and workshope</p> <p>Facilitate field visit</p> <p>Budget</p>	<p>Airtime and media accesses</p> <p>Social media coverage</p>	<p>Poor allocation of air time</p> <p>Unable to update new information in any media platform</p> <p>Expecting unfair payment for airtime and professional fee</p>	High	<p>Engage higher officials</p> <p>Provide new information and conduct media surveillance</p> <p>Review and suggest ideas for updeting for media policy</p>

# 3. Hand Hygiene for All Road Map

## 3.1 Scope

HH4A roadmap is inclusive for all populations of Ethiopia including marginalized people in urban-rural, pastoral and hard to reach areas at household, health facilities, schools, emergency settings commercial areas public and other institutions level.

## 3.2. Vision

To see everyone practices hand hygiene habitually in a sustainable manner for productive, healthy and prosperous Ethiopia.

## 3.3. Mission

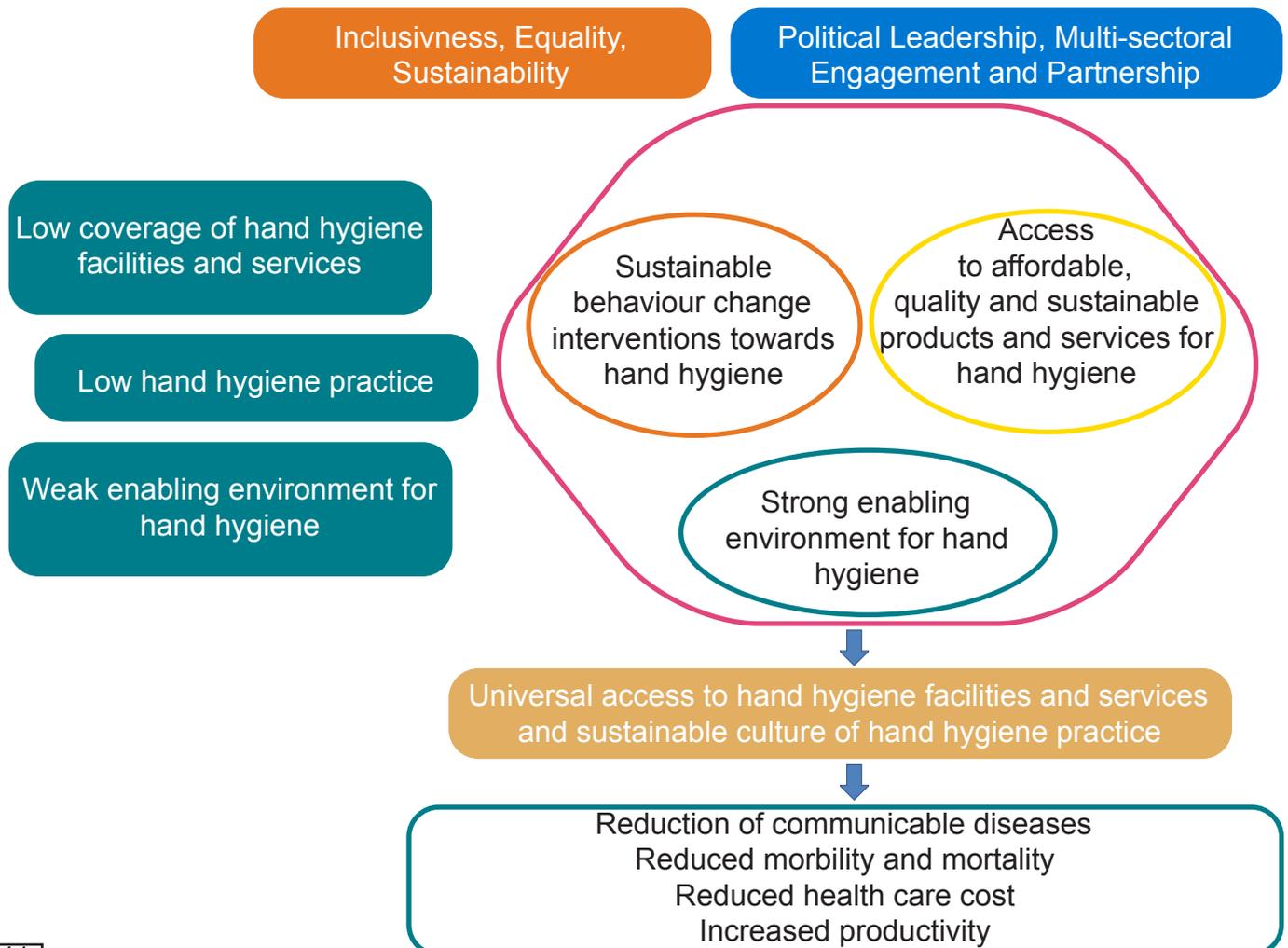
To access hand hygiene at all levels through strengthening enabling environment, supply chain and context-based demand creation.

## 3.4. Goal

The overall goal of the hand hygiene road map is to ensure universal access to handwashing facilities and services and achieve a culture of hand hygiene practice among all Ethiopians by 2030.

## 3.5. Conceptual framework for Hand hygiene

The framework for hand hygiene shows the pathway from the current low status of hand hygiene practice to the desired goal of achieving universal access to handwashing facilities and services and a culture of practice



## 3.6. Strategic Objectives

Three interrelated strategic objectives will be contributing to meeting the broader goal.

**Strategic Objective 1:** Ensure universal and equitable access to affordable hand hygiene products, facilities and services

**Strategic Objective 2:** Ensure sustainable behavior change interventions towards hand hygiene through evidence-based, context-specific social and behavior change approaches

**Strategic Objective 3:** Ensure a strong enabling environment for hand hygiene in place at all setting

## 3.7. Strategic Objectives Description

### S.O 1: Ensure universal and equitable access to affordable hand hygiene products, facilities and services

This strategic objective focus on improving access to adequate and equitable sanitation and hygiene-related activities to all.

Ethiopia committed to SDG 6.2 to ensure access to adequate and equitable sanitation and hygiene for all. According to the JMP, a basic hand hygiene facility means the availability of handwashing facility on premises with soap and water including hand rubs. Therefore, this strategic objective intends to increase access to basic hand WASHing services at households, all institutions and public places.

#### 1.1. Strengthen activities that improve access to Adequate and safe water supply

A safe Water supply is critical for practicing proper hand hygiene. This initiative focuses on activities that expand the access of water supply to the community, and institutions especially in health facilities and schools. Water must be 'safe', free of pathogens, therefore proper handling and storage is the other focus area.

#### 1.2. Expand supply chain for hand hygiene products, facilities and services

To ensure basic hand hygiene service, handwashing facilities with water and soap are needed. This requires availing the facilities designed for hand hygiene like sinks, faucets, water tankers, the products including soaps and hand rubs and availing installation and maintenance services.

#### 1.3. Strengthen innovations towards hand hygiene products, facility and service

This initiative intends to address the availability of different technology options for hand hygiene products and facilities designed to fit different contexts. It focuses on encouraging local innovation and production along with business development.

### S.O. 2: Ensure sustainable behavior change interventions towards hand hygiene

These strategic objectives focus on the development of health education materials, guidelines, approaches, dissemination of messages related to hand WASHing to enhance the behavior of the community to practice handwashing. Different interventions have been implemented in Ethiopia to improve the handwashing practice of the population mainly focusing on the critical times to WASH. Yet, the practice remained to be as low as 8%(JMP, 2019). Therefore, this strategic objective emphasizes designing and implementing evidence-based scientific social and behavioral change strategies and approaches which are tailored to fit the different contexts. The initiative aims all Ethiopians to develop and sustain a culture of hand hygiene.

#### 2.1. Design and implement a strategy for behavior change towards hand hygiene

This initiative entails preparing a clear guiding strategy for developing and rolling out different social and behavior change communication for hand hygiene. This includes, understanding the existing approaches with their strengths and gaps, conducting formative researches to understand existing behaviors of different groups before developing a comprehensive strategy.

## **2.2. Design and implement context-specific social and behavior change**

This initiative includes designing SBCC methods, materials and approaches based on the strategy. Based on gaps and barriers, motivators, and facilitators identified in the process of behavioral analysis to practice hand hygiene behaviors, context-specific communication materials, messages, and media will be developed/adopted and used by target audiences.

The implementation will also entail community engagement which is vital to perform hand hygiene including targeting HCF, Schools, public, communities, emergency settings and refugees with multi-level SBCC interventions.

### **S.O. 3: Ensure strong enabling environment for hand hygiene in place at all setting**

This strategic objective focus on developing policies, strategies, guidelines, directives and standards for hand hygiene. It also includes strengthening institutional arrangement, improving financial and logistic mobilization, improve capacities, strengthen the regulation system and enhances political commitment at all levels. Furthermore; it also addresses the engagement of different sectors, partners, private organizations, associations, and vulnerable groups of the community and promotes women empowerment. It will enhance the sense of ownership for the intended program.

Strategic initiatives

#### **3.1. Strengthen institutional arrangement**

Existing structures of WASH must give the required attention to the hygiene components. Strengthening the structure to all levels through assigning units/case teams/focal helps for operationalization and cascading of intended interventions to the community level. Expansion of the desired human resource also must be emphasized.

#### **3.2. Develop hand hygiene policies, strategies, guidelines and standards**

Sectors' policies, strategies, guidelines, manuals and construction designs must incorporate hand hygiene at households, communities, institutions and public places. WASH and interrelated health and other programs must promote hand hygiene in their documents.

#### **3.3. Improve financial and logistic resource mobilization for hand hygiene**

Hand hygiene is the most cost-effective comparing to most disease prevention programs. Previously, most of the partners' investment in WASH used to focus on Water and sanitation with a minimal focus on hygiene. In recent years, the OWNP phase II and other WASH projects better consider financing for hygiene. However, there is no demarcated budget from the government. This initiative emphasizes increasing budget allocation both from the government and donors and strengthening resource mobilization for hand hygiene programs.

#### **3.4. Strengthen capacity for hand hygiene**

The initiative entails building the knowledge and skills of the leaders and experts engaged in hand hygiene programs at all levels. It requires a thorough gap assessment to be followed by capacity building interventions.

#### **3.5. Strengthen regulation system for hand hygiene**

Existing regulation of health and health-related institutions includes hand hygiene standards as one requirement. This initiative targets strengthening the existing regulation and enforcement mechanisms and establishing a regulation system for all institutions, households and public places.

#### **3.6. Strengthen political commitment at all levels**

Political engagement is pivotal for the success of any program. It is difficult to accomplish the strategic objectives without political will and commitment. Therefore, engagement of political leadership from federal to lower level starting from the roadmap development process is key for the successful implementation of the roadmap. This requires defining clear roles of the political authorities at all

levels from planning to monitoring and follow up phases. Targeted promotion and advocacy are needed to achieve clarity and ownership.

### 3.7. Multisectoral Engagement, partnership and coordination

Achieving universal hand hygiene requires coordinated efforts of all actors. The commitment from development partners is expected to be strengthened and efforts must be geared towards the strategic objectives of the roadmap. Joint programming will be emphasized to avoid duplication of efforts and for optimal and efficient use of resource.

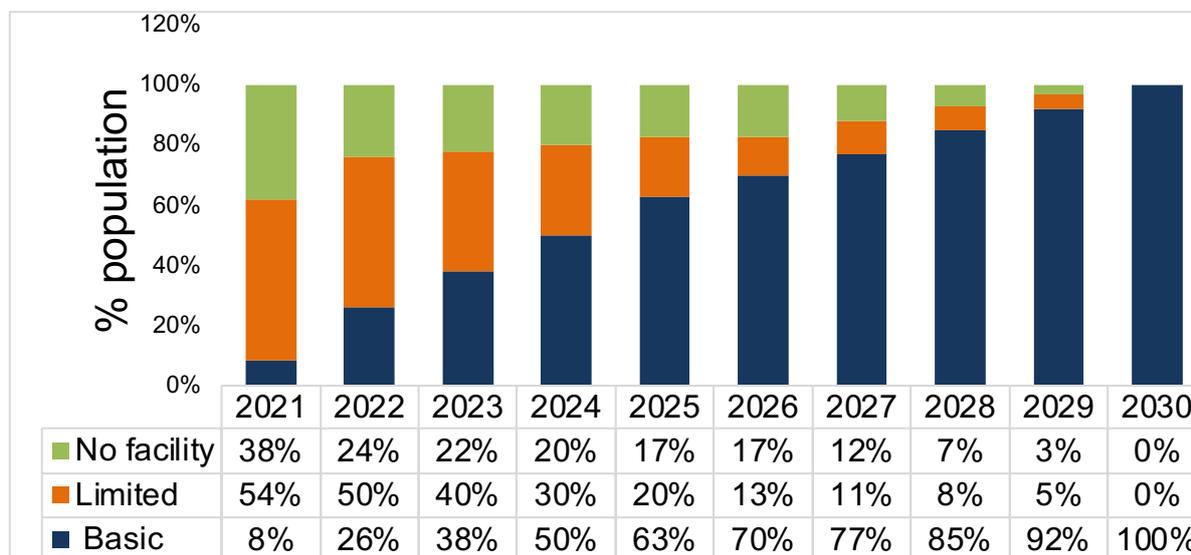
This multisectoral action will be realized only in the presence of a functional collaborative framework from the national to kebele level. The health sector will take the lead in promoting the agenda and contributing its share.

### 3.8. Promote private sector engagement

Private sectors play a vital role in the enhancement of affordable and sufficient hand hygiene products and technologies at all levels. Moreover, which involves active market regulation and production of new and innovative hand hygiene technologies which acceptable by the concerned national ESA.

## 3.8. Taregts

**Table 3: National Hand Hygiene coverage and target from 2021-2030**



## 3.9. Milestones

A culture shift around hand hygiene will not happen overnight. It will come with significant advances in the short, medium and long term. Governmental and non-governmental entities with a mandate for WASH, have focused primarily on water and sanitation services with minimal focus on hygiene. The COVID-19 crises present a unique moment to focus attention and action and WASH actors and influencers on the critical importance of hygiene in the community. The milestones of the road map basis this fact and are designed to ‘Respond’ for the pandemic in the short term, ‘Rebuild’ of the system for hand hygiene in the medium term and ‘Re-imagine’ for a fundamental shift in attitude and behavior, so that hand hygiene becomes habitual and a culture.

**Table 4: Showing the range of periods where hand hygiene initiatives are being proposed for intervention**

<b>HH4A Targets: Hand hygiene coverage at all settings</b>		
<b>8%-26.4%</b>	<b>26.4%-63.2%</b>	<b>63.2%-100%</b>
<b>Short term (2021-2022)</b>	<b>Medium term (2023-2025)</b>	<b>Long term (2026-2030)</b>
<b>1. Ensure universal and equitable access to affordable hand hygiene products, facilities and services</b>		
<b>1.1 Access to Adequate and safe water supply</b>		
<p>Assessment of existing water supply gaps</p> <p>Prepare a detailed action based on the assessment</p> <p>Ensure continuity of safe and adequate water supply services through maintenance of nonfunctional water supply systems</p> <p>Ensure continuity of ongoing water supply system O&amp;M</p> <p>Ensure continuity of safe and adequate water supply services for emergency responses through water trucking, tankers</p> <p>Installation of water supply system through existing WASH-programs</p>	<p>Construction, expansion, rehabilitation, operation maintenance and management rehabilitation of water supply system to be connected with handwashing facilities for the unreached communities, schools and health facilities through the engagement of all actors</p> <p>Ensure Safety of water supply system through WQMS</p> <p>Strengthen operation and maintenance of water supply systems</p>	<p>Construction, expansion, rehabilitation, operation maintenance and management of water supply system to be connected with hand WASHing facilities</p> <p>Ensure Safety of water supply system through WQMS</p> <p>Ensure universal access to safe and adequate water supply systems</p> <p>Ensure post implementation sustainability through continues monitoring and support</p>
<b>1.2. Expand supply chain for hand hygiene products, facilities and services</b>		
<p>Map existing products, manufactures, suppliers and distributors</p> <p>Map existing hand hygiene facilities in all setting</p> <p>Introduce hand hygiene products and services in MBS</p> <p>Installation/maintenance of hand hygiene stations at health facilities, schools, public settings and other institutions emergency settings and development intervention response</p> <p>Identify supply chain bottlenecks &amp; inefficiencies, including accessibility and affordability for the most vulnerable</p> <p>Develop guidelines, strategies and standards for hand hygiene products and facilities</p>	<p>Strengthen/Establish local enterprises &amp; other private sectors to engage in hand hygiene product manufacturing and business operations</p> <p>Ensure installation and expansion of hand hygiene facilities and availability of products at all settings</p>	<p>Ensure robust &amp; sustainable hand hygiene supply chains and businesses operations to offer a range of affordable, durable, &amp; quality hand hygiene products</p> <p>Installation &amp; expansion of hand hygiene facilities &amp; availability of products at all settings</p> <p>Ensure installed hand hygiene facilities are always sustainably functional in all settings</p> <p>Revise guidelines and standards for hand hygiene products and facilities</p>

<b>1.3 Strengthen innovations towards hand hygiene products, facility and service</b>		
Encourage existing innovation efforts on the development of local hand hygiene products and technology options  Establish a hand hygiene technology and products innovation and business incubation center	Link local enterprises & manufacturers with innovation & business incubation center  Establish a hand hygiene technology and products innovation and business incubation center	Institutionalize the hand hygiene innovation and business incubation center at all levels  Scale up a hand hygiene technology and products innovation and business incubation center
<b>2. Ensure sustainable behavior change interventions towards hand hygiene</b>		
<b>2.1. Design and implement a strategy for behavior change towards hand hygiene</b>		
Conduct innovative and participatory behavior change hand hygiene promotion interventions  Conduct assessments and formative research to understand the existing beliefs, practices, social, cultural, economic, and political issues at different contexts and setting  Ensure hand hygiene in Pre & primary school curriculum  Pilot execution of hand hygiene promotion using the developed promotion approaches/guides	Expand behavior change interventions to all contexts and settings strategic road map  Design innovative technology options for hand hygiene  Ensure implementation of Preschool and primary school hand hygiene education curriculum  Expand behavior change interventions to all contexts and settings	Ensure hand hygiene promotion tools incorporated into the existing health, education, and other programs' interventions  Establish hand hygiene practices as a social norm.  Review and revise Preschool and primary school hand hygiene education in the curriculum
<b>2.1. 2.2. Design and implement context specific social and behavior change</b>		
Design strategic participatory, innovative and contexts specific hand hygiene promotion approaches/guides and national advocacy guideline for different contexts and settings based on the assessment findings  Design SBCC methods, materials and approaches based on the strategy developed/adopted context specific communication materials, messages, and media	Implment behavior change interventions and re-design accordingly  Encourage media forums for hand hygiene promotion  Conduct advocacy and lobby  Design SBCC methods, materials & approaches based on the strategy  Develop/adopt context specific communication materials, messages, and media	Review Implementation behavior change interventions and re-design accordingly  Encourage media forums for hand hygiene  Conduct advocacy and lobby  Design HBC methods, materials and approaches  Developed/adopted context specific communication materials, messages, and media

<b>HH4A Targets: Hand hygiene coverage at all settings</b>		
<b>8%-26.4%</b>	<b>26.4%-63.2%</b>	<b>63.2%-100%</b>
<b>Short term (2021-2022)</b>	<b>Medium term (2023-2025)</b>	<b>Long term (2026-2030)</b>
<b>3. Ensure strong enabling environment for han hygiene</b>		
<b>3.1. Strengthen institutional arrangement</b>		
<p>Assess the existing structure at all levels and settings to understand the gap</p> <p>Establish &amp; Strengthen HEH structure at all levels</p> <p>Coordinate in kind support on hand hygiene products, supplies, promotion activities the established WASH structures and taskforces at all levels.</p> <p>Advocate institutions and businesses to establish a structure for the implementation of improved hand hygiene</p> <p>Establish and strengthen hand hygiene coordination platform</p>	<p>Design strategy to address gap along with the enforcment mechanisms</p> <p>Strengthen structure and human resource for hand hygiene at all level Design strategy to address gaps</p> <p>Advocate for institutions and business to reestablish and strengthen structure and working condition for implementation of hand hygiene</p> <p>Strengthen and institutionalize hand hygiene coordination platform</p>	<p>Ensure deployment and reform of strategy that works best for institutions</p> <p>Ensure sustainability of structure and human resource for hand hygiene at all level</p> <p>Ensure functionality of coordination platforms at all levels</p>
<b>3.2. Review and/or develop policies, strategies, guidelines and standards for hand hygiene at household, community, institutions and public places</b>		
<p>Map, and review hand hygiene policies, strategies, guidelines, protocols, directives and others across sectors for alignment and operationalization at local and different settings</p>	<p>Implement hand hygiene policies, strategies, guidelines, protocols, directives and others across sectors for alignment &amp; operationalization at all settings</p> <p>Develop, adopt, approve and disseminate new provision of hand hygiene policies and legal documents</p> <p>Pilot, Cascade, and Facilize documents prepared and adopted</p>	<p>Revise, adopt, approve disseminate and implement new provision of hand hygiene policies and other legal documents</p>

### 3.3 Improve financial and logistic resource mobilization for hand hygiene

<p>Map and Identify resource gap and potential source (finance and logistics) gaps related to hand hygiene at all setting for all.</p> <p>Develop Financial advocacy guide/toolkit</p> <p>Coordinate &amp; mobilize resources for the implementation of hand hygiene for emergency as well regular programs</p> <p>Initiate/Enhance Direct emergency funding to reach most vulnerable settings and groups</p> <p>Support schools, religious, prison, health care areas with adequate planning &amp; financing</p> <p>Map and mobilize investment for the development and professionalization of workforce and leaders</p>	<p>Continue Mobilization and tracking of resource</p> <p>Conduct financial advocacy</p> <p>Strengthen government and stakeholders funding for hand hygiene</p> <p>Enhance and sustain the direct emergency funding to reach most vulnerable settings and groups</p> <p>Mainstreaming hand hygiene intervention across sectors, institutions and other settings with proper allocation and supported of resource and finance</p> <p>Strengthen investment for the development and professionalization of workforce and leaders</p>	<p>Continue and sustain Mobilization of resource and ensure proper utilization</p> <p>Revise toolkits and conduct financial advocacy</p> <p>Enhance and sustain government, stakeholder and domestic fund Including community financing</p> <p>Enhance Mainstreaming of hand hygiene intervention at all settings, place and groups.</p> <p>Ensure sustainability of investment for implementing professionalization</p>
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### 3.4. Strengthen capacity for hand hygiene

<p>Conduct capacity gap and need assessment</p> <p>Develop and implement a capacity building plan</p> <p>Develop capacity development Manuals, guideline, guidance tools and protocols for hand hygiene for health</p> <p>Facilitate knowledge exchange of lessons learned and best practices at international, national and sub national level</p> <p>Support local manufacturers and suppliers' capacity to scale up production and distribution of HWF and supplies</p>	<p>Develop capacity development strategy</p> <p>Conduct need based &amp; targeted capacity development intervention</p> <p>Develop or update context specific programming guidance and tools to roll out at scale.</p> <p>Conduct coaching and mentoring at different level</p> <p>Facilitate knowledge exchange of best practices at international, national and sub national level</p> <p>Integrate hand hygiene into national training programs</p> <p>Incentivize investments by institutions or individuals into hand hygiene including recognition of contributors</p>	<p>Review and update capacity development strategy</p> <p>Review &amp; Revise capacity development Manuals, guideline, guidance tools and protocols</p> <p>Conduct coaching and mentoring at different level</p> <p>Ensure Capacity development interventions towards excellence in hand hygiene</p> <p>Facilitate knowledge exchange of lessons learned and best practices</p> <p>Invest in the professionalization of the hygiene</p> <p>Enhance capacity building systems / mechanisms for the local manufacturers and suppliers.</p>
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<b>HH4A Targets: Hand hygiene coverage at all settings</b>		
<b>8%-26.4%</b>	<b>26.4%-63.2%</b>	<b>63.2%-100%</b>
<b>Short term (2021-2022)</b>	<b>Medium term (2023-2025)</b>	<b>Long term (2026-2030)</b>
<b>3.5 Strengthen regulation system for hand hygiene</b>		
Revise or imitate regulation and enforcement mechanisms of hand hygiene services in all settings and at all levels.	Implement new or existing policies or regulations regarding hand hygiene in different settings	Sustain Implementation of legal and regulatory frameworks in different settings
<b>3.6 Strengthen political commitment at all level</b>		
Conduct advocacy to gain support from political leader Make political leaders as role model by practicing and supporting hand hygiene Champion hand hygiene as a key part of the COVID-19 response and frame it in the broader context of IPC	Ensure the Involvement of critical decision makers for targeted intervention Develop watch meter for evaluation of cadres Mainstreaming and promoting hand hygiene as a key part of priority in all sectors agenda.	Maintain hand hygiene in the political agenda Evaluate accountability and performance of cadres on hand hygiene intervention Make hand hygiene every one's business for a healthier population and clean care provision
<b>3.7 Multisectoral Engagement, partnership and coordination</b>		
Promote and strengthen hand hygiene at existing multi-sectoral taskforces and leadership platforms including binding agreements Map all partners working on HH Promote inclusion of hand hygiene in new and extension projects (WASH, NTD, Nutrition and others) Strengthen/Establish hand hygiene intersectoral coordination Institutionalize national hand hygiene task groups into formal national HH-partnership/movement	Mainstream & Maintain hand hygiene among top priority agenda at multisectoral coordination platforms including binding agreements Mobilize more partners towards hand hygiene Promote inclusion of hand hygiene in new and extension projects (WASH, NTD, Nutrition and others) Strengthen hand hygiene intersectoral coordination Institutionalize national hand hygiene task groups into formal national HH-partnership/movement	Mainstream & Maintain hand hygiene among top priority agenda at multisectoral coordination platforms including binding agreements Mobilize more partners towards hand hygiene Reach out all partners for inclusion of hand hygiene in their new and extension/expansion projects Strengthen hand hygiene intersectoral coordination

<b>3.8 Promote private sector engagement</b>		
<p>Identify the role of private sectors on hand hygiene for all</p> <p>Compile &amp; document innovative hand hygiene technologies and its feasibility for production and supply to all target groups</p> <p>Create platform linking private sectors with other government and public sectors for the production and dissemination of hand hygiene product and services</p>	<p>Advocate its mutual benefit among stakeholders, setting its accountability and quality of products</p> <p>Introduce piloting and scaling up produced facilities and products in collaboration with concerned bodies.</p> <p>Maintain platforms facilitate with accountability and standardized scenario for the demand and supply of hand hygiene products and services</p>	<p>Ensure sustainability of products and services supply and demand in a balanced and affordable manner</p> <p>Promote hand hygiene technologies ensuring that those products and services</p> <p>Ensure the involvement of private sector on social responsibilities for the supply of hand hygiene products and facilities.</p>
<b>3.9 Engagement of associations, right advocators and women empowerment</b>		
<p>Map and nominate champions from associations and right advocators</p> <p>Design platform for women empowerment, Fderation of associations of persons with disability and right advocators</p> <p>Ensure engagement of Federation of Association of persons with disability and right advocators</p>	<p>Strengthen platform for women empowerment, Federation of associations of persons with disability and right advocators</p> <p>Ensure engagement of Federation of Association of persons with disability and right advocators</p>	<p>Strengthen platform for women empowerment, Federation of associations of persons with disability and right advocators</p> <p>Ensure engagement of Federation of Association of persons with disability and right advocators</p>
<b>3.10 Addressing vulnerable group of the community</b>		
<p>Ensure working documents are are EQND sensitive</p> <p>Design vulnerable group targeted hand hygiene interventions</p>	<p>Ensure interventions are EQND sensitive</p> <p>Revise and implement vulnerable group targeted hand hygiene interventions</p>	<p>Ensure interventions are EQND sensitive</p> <p>Revise and implement vulnerable group targeted hand hygiene interventions</p>

# 4. Implementation arrangement, Monitoring, Evaluation & Learning

## 4.1. Governance Structures

Milestones and targets of the roadmap will be referred in the preparation of annual plans of all relevant sectors. The health sector will coordinate the planning, implementation, and monitoring and evaluation of proposed changes all levels.

## 4.2. Stakeholders Roles and Responsibilities

Hand hygiene is a multi-stakeholder program which needs involvement of many actors under the leadership of the health sector at Federal, regional, zonal, woreda and kebele levels.

Stakeholders	Roles and Responsibilities
<b>The Health Sector</b>	
Ministry of Health	<p>Support Regional Health Bureaus and other Sector Offices to establish a viable hand hygiene program, adopt the strategy and avail the necessary resources (human, material, financial).</p> <p>Coordinate planning, implementation and regular monitoring of hand hygiene interventions with relevant actors</p> <p>Advocates for adequate allocation of resources and mobilizes resources from government and development partners</p> <p>Lead the development of strategies, guidelines and manuals</p> <p>Coordinates efforts on human resource development</p> <p>Support provision of WASH services in health facilities</p> <p>Lead regulation of hand hygiene services in health and health related facilities</p> <p>Develop and implement strategies for social and behavior change communications</p> <p>Lead the coordination mechanism to promote innovations on hand hygiene supplies</p> <p>Promote engagement of private sector in supply chain for hand hygiene products and services</p> <p>Establishes and follow a continuous M&amp;E mechanism</p> <p>Conduct different researches in the area of hand hygiene</p> <p>Facilitates documentation and sharing of lessons learned for scale up</p>
Regional Health bureau	<p>Support Zonal/Woreda Health offices and other regional Sector Offices to establish a viable hand hygiene program, adopt the strategy and avail the necessary resources (human, material, financial).</p> <p>Coordinate regional planning, implementation and regular monitoring of hand hygiene interventions with relevant actors</p> <p>Advocates for adequate allocation of resources and mobilizes resources from regional government and local partners</p> <p>Adopt and lead strategies, guidelines manuals to regional contexts</p>

Regional Health bureau	<p>Coordinates regional efforts on human resource development</p> <p>Ensure provision of WASH services in health facilities</p> <p>Lead regulation of hand hygiene services in health and health related facilities of the region</p> <p>Adopt strategies for social and behavior change communications to regional context and lead the implementation</p> <p>Promote regional innovations on hand hygiene products and services</p> <p>Promote engagement of regional private sector in supply chain for hand hygiene products and services</p> <p>Adopt M&amp;E mechanism to regional context and follow progresses accordingly</p> <p>Conduct different regional researches in the area of hand hygiene</p> <p>Facilitates documentation and sharing of lessons learned for regional scale up</p> <p>Recognize best performing zones/woredas</p>
Zonal Health Office	<p>Support WoredaHealth offices to establish a viable hand hygiene program and monitor progresses accordingly</p> <p>Coordinate regular monitoring of hand hygiene interventions with relevant zonal actors</p> <p>Coordinates zonal efforts on human resource development</p>
Woreda Health Office	<p>Develop woreda hand hygiene implementation plan based on the roadmap and implementation strategies</p> <p>Coordinate woreda planning and regular monitoring of hand hygiene interventions with relevant woreda actors</p> <p>Advocate hand hygiene for Kebeles cabinet</p> <p>Capacitate and support health extension workers, HDA and other groups towards hand hygiene interventions</p> <p>Mobilizes local resources for hand hygiene</p> <p>Coordinates woreda efforts on human resource development</p> <p>Support health facilities towards access to hand hygiene products and services</p> <p>Conduct regulation of hand hygiene services in health and health related facilities of the woreda</p> <p>Implement social and behavior change communication intervention sbased on strategies, guidelines and manuals</p> <p>Promote and facilitate local innovations on hand hygiene products and services</p> <p>Promote and facilitate engagement of local businesses in supply chain for hand hygiene products and services</p> <p>Regularly monitor progresses and send reports to ZHB/RHB</p> <p>Document lessons learned for scale up</p> <p>Recognize best performing kebeles</p>
PHCU	<p>Support catchment kebeles to develop and implement hand hygiene plan</p> <p>Conduct regular monitoring and supportive supervision to catchment kebeles</p>

Stakeholders	Roles and Responsibilities
Health Extension Workers	<p>Develop kebele hand hygiene implementation plan based on strategies</p> <p>Advocate hand hygiene for Kebeles cabinet</p> <p>Capacitate HDA and other groups towards hand hygiene interventions</p> <p>Implement social and behavior change interventions at household, health facilities, schools and public places</p> <p>Engage in demand creation activities in the community towards basic services for hand hygiene</p> <p>Regularly monitor progresses and send reports to WHO</p>
Ministry of Education	<p>Develop and implment a strategy for hand hygiene programs in schools</p> <p>Support Regional Education Bureaus to establish a viable hand hygiene program in schools</p> <p>Mobilize resources for school hand hygiene programs including O&amp;M WASH facilities</p> <p>Ensure inclusion of hand hygiene in curricula</p> <p>Ensure inclusion of hand hygiene services in school designs</p> <p>Ensure provision of WASH services in schools</p> <p>Coordinate planning, implmentaion and regular monitoring of hand hygiene interventions in schools</p> <p>Incorporate handhygiene indicators on school performace indicator checklist</p>
Regional /city administration Education Bureau	<p>Adopt and lead regional strategy for hand hygiene programs in schools</p> <p>Support zonal/woreda education Bureaus to develop a viable school hand hygiene program</p> <p>Mobilize regional resources for school hand hygiene programs including O&amp;M WASH facilities</p> <p>Ensure provision of WASH services in schools</p> <p>Coordinate regional planning, implmentaion and regular monitoring of hand hygiene interventions in schools</p> <p>Regularly monitor progresses and send reports to MOE</p>
Woreda Education office	<p>Develop woreda plan for hand hygiene programs in schools</p> <p>Supportschools in developing workable hand hygiene plans</p> <p>Mobilize local resources for school hand hygiene programs including O&amp;M WASH facilities</p> <p>Support schools towards provision of WASH services</p> <p>Regularly monitor hand hygiene in schools</p> <p>Strengthen WASH clubs in schools</p> <p>Regularly monitor progresses and send reports to ZEB</p> <p>Incorporate handhygiene indicators on school performace indicator checklist</p> <p>Coordinate regional planning, implmentaion and regular monitoring of hand hygiene interventions in schools</p>

Stakeholders	Roles and Responsibilities
Ministry of Water and Energy (MoWE)	<p>Ensure Provision of safe and adequate water supply at all settings</p> <p>Allocate appropriate budget for exansion of water supply coverage</p> <p>Mobilize local resources for school hand hygiene programs including O&amp;M WASH facilities</p> <p>Develop mechanisms for regular inventory for water schemes in all settings and at all level</p>
Regional Water, Irrigation and Energy	<p>Ensure Provision of safe and adequate water supply at all settings</p> <p>Allocate appropriate budget for exansion of water supply coverage</p> <p>Mobilize local resources for school hand hygiene programs including O&amp;M WASH facilities</p> <p>Develop mechanisms for regular inventory for water schemes in all settings and at all level</p>
Wereda Water, Irrigation and Energy	<p>Legalize WASHCO committe</p> <p>Implment the operation and maintenace of water scheme</p> <p>Ensure Provision of safe and adequate water supply at all settings</p> <p>Implment the regular inventory for water schemes in all settings and at all level</p> <p>Ensure the engament of communities in the planining, implmentation and monitirong proccess of the water scheme development and maintenace</p>
Ethiopian standard Authority	Develop standards for hand hygiene products and services
Ministry of Trade and Regional Integration (MOTRI) /RTO/WTO	<p>Monitoring manufacturing enterprises to comply with sanitation, hygiene and safety standards</p> <p>Assure the inclusion of handhaygine indicator on the checklist of licencing</p>
Minsity of tourism	Ensure the provision of hand hygieen facilities at the trouist distination areas
Ministry of Finance	<p>Review and approve annual budget forhand hygiene program</p> <p>Create suitable condition for importers and manufacturers engaged in hygiene products and services</p> <p>Dedicate a budget code for hand hygiene program interventions</p>
Ministry of Women and Social Affairs (MoWSA)	<p>Hygiene promotion for women and Youths</p> <p>Support women Development Army to promote sanitation and hygiene</p>
Ministry of Labour and Social Affairs	<p>Regulate provision of WASH services in work places according to standards</p> <p>Promote hygiene and sanitation services for homeless citizens and orphans.</p>
Ministry of innovation and Technology	<p>Engage in innovation towards hand hygiene product and service technology options</p> <p>Support and encourage innovators on hand hygiene product and service technology options</p>

Stakeholders	Roles and Responsibilities
Ministry of Labor and Skills (MoLS)/ RJC/WFAJCO	<p>Include businesses on local production/provision of hand hygiene products and services among top job creation opportunities</p> <p>Establish SMEs for WASH businesses as job creation opportunities</p> <p>Ensure conducive environment for innovators via addressing bottlenecks</p> <p>Establish conducive situations get loan for the intended hand hygiene business</p>
TVETI and Ethiopian water technology institute	<p>Develop prototype for hand hygiene products and technology options</p> <p>Provide capacity building support for different actors who are engaged in hand hygiene products manufacturing and business operations</p>
Donors	<p>Plan, design, implement hand hygiene program and projects based on the roadmap, national strategies and initiatives</p> <p>Provide Technical and financial support to government and other actors</p> <p>Introduce new hygiene technologies and approaches for hand hygiene promotion</p> <p>Support social business enterprises on enabling environment, demand creation, supply chain, and to be involved in hand hygiene businesses</p> <p>Conduct assessments and researches for evidence generation</p> <p>Support experience sharing, documentation and learning</p> <p>Advocate, towards access to hand hygiene products and services for all populations, especially the most vulnerable and marginalized.</p> <p>Work with trusted community leaders to embed hand hygiene initiatives in wider health, social and development efforts.</p>
Civil society organizations CSOs	<p>Plan, design, implement hand hygiene program and projects based on the roadmap, national strategies and initiatives</p> <p>Advocate, towards access to hand hygiene products and services for all populations, especially the most vulnerable and marginalized.</p> <p>Work with community leaders to embed hand hygiene initiatives in wider health, social and development efforts.</p>
Private sector	<p>Supply hand hygiene products and services with expected standard.</p> <p>Engage in Promotion of proper hand hygiene to their consumer and employees</p> <p>Engage in policies and protocols development for hand hygiene</p> <p>Support government efforts to improve access to Hand hygiene in schools, healthcare facilities, public places and communities</p> <p>Engage private sectors exercising on their corporate responsibilities on hand hygiene program</p>
Media	<p>Broadly advocate hand hygiene through their outlets</p> <p>Document best experience and share with the public</p> <p>Engage in regular promotion of hand hygiene</p> <p>Establish and actively engage on media hand hygiene forum</p>

## 4.3 Planning and Implementation

This roadmap outlines what strategic actions are needed to ensure universal hand hygiene practice. These strategic actions must be addressed into all actors' strategic and annual plan development. These plans have to be aligned both horizontally among sectors and virtually with counterparts of all levels.

## 4.4 Monitoring and Evaluation

A robust monitoring and evaluation system should be established at all levels, to ensure that all activities are properly monitored, and relevant data are collected. During the inception phase of the strategic road map, a baseline assessment of the hand hygiene situation will be conducted at national level.

This baseline assessment will aim to retrieve the data of hand hygiene activities remaining in the community, schools, and health care facilities and to evaluate the reality of hand hygiene conditions there at the beginning of the strategic road map. This assessment will also provide a robust and realistic basis for the monitoring and evaluation of the strategic road map.

The selection and definition of strategic indicators for all objectives is an essential next step for the further process of setting targets and monitoring progress. Following the baseline assessment; the drafted indicators in the strategic road map will be modified/customized based on the baseline findings. These indicators will be used to track the performance of works that will be undertaken during the road map implementation and determining the effectiveness of planned output, outcomes and impacts. These indicators should be linked to the road map strategic actions and/or objectives.

For the duration of the strategic road map implementation, activities will be monitored through an updated annual action plan. Thus, results of periodic monitoring will be used to inform and revise the action plan of the strategic road map as necessary.

A digital monitoring and reporting system will be established with the objective of establishing a system which can be used for data collection, retrieval, analysis, monitoring and reporting based on identified strategic indicators.

Performance of sectors will be reviewed quarterly at existing hygiene and Environmental Health coordination platforms.

At the middle and end of the strategic road map, a midterm and final evaluation will be carried out by an independent evaluation team. This evaluation will examine as systematically and objectively as possible the effectiveness, the efficiency and the sustainability of the impact of the strategic road map.

Finally, steady post-strategic road map monitoring phase will be planned as the strategic road map outputs become institutionalized, including adequate hand hygiene practices becoming firmly embedded as a good behavior and standards, and communities sustain their hand hygiene status.

## Monitoring and Evaluation Framework

Result Chain	Input	Process	Output	Outcome	Impact
Indicator domain	Human resource	Access to hand washing facilities	Availed inclusive policy & guidelines	Practiced in hand washing	Reduced morbidity and mortality of diseases
	ICT	Awareness creation	Ensured hand washing facilities	Modeled Kebele in hand washing	Decreased health cost expenditure
	Infrastructure	Community engagement on hand washing	Motivated & skilled professionals	Champion for leadership/innovators/producers	Increase productivity
	Finance and logistics	Supervision/survey	Committed leadership	Shared responsibilities	
	Supervision tools	Desk review	Generated evidences	Accessed inclusive basic HH4A	
	Accountable framework	Prepare binding document	Agreed on biding document	Ensured community Ownership	
		Capacity building	Ensured new technology for hand washing	Developed health seeking	
		Standard setting			
		Assessment/survey			
		Design innovative hand washing facilities			

Data source and collection	Community/customer feedback, reports, survey, registers/minutes, operational research, inspection, database, etc
Data analysis and synthesis	The collected data will be analyzed using various methods. The finding will be compared with the target and will be triangulated with national and international standards
Communication and use	The performance report will be communicated to stakeholders through conducting review and using mass and social media. It will be used for evidence-based decision, knowledge management, learning and adapting

## 4.5 Research, Documentation and Learning

Information for decision-making at various levels may use data from routine and non-routine data sources. The routine data collection will be carried out periodically on a monthly, quarterly basis, semi-annual and annual basis at all levels. However; the data collected from them the survey, operational research and community/customer feedback are non-routine data.

The quality of data is maintained through availing standardized data collection tools, reporting formats, setting criteria and data reporting procedures, consistent, timeliness and completeness. In addition, it will be ensured by providing training to professionals on the data collection tools and reporting formats.

Data analysis will be done using both quantitative and qualitative methods depending on the data type and will be presented using graphs, charts and tables. The result of the analysis will be disseminated and communicated to relevant stakeholders with available plan forms with electronic or printed material.

#### 4.4.1. Key Performance Indicators/Measures

Level	Category	Indicator
Inputs Performance Measures	Human resourc	Number of institution assign dedicated person for hand hygiene
	Infrastructure	Number apps introduces for hand WASHing Number of Hand Hygiene designs designed Number of hand hygiene innovation/ technology options
	Finance	Proportion of government financial allocation for hand WASHing Amount of finance mobilize for hand WASHing Amount of finance allocated to incentivize producers, manufacturers and innovators
	Working Documents	Final costed HH4A roadmap Supervision tools Number of legal documents developed Number of health promotion approaches design Number of HBC methods, materials and approaches designed # of capacity building and standard materials developed # of baseline studies conducted
	Behaviour change	# of medias engaged in HBC # of HBC-guides and toolkits produced
Process Performance Measures	Access	Number of non-functional water supplies system maintained Number of newly/rehabilitated water supply systems for HH (Health facility, schools, public places and others) Proportion of handwashing facilities (household, HCFs, schools and public institution)
	Awareness	# of peoples reached HBC materials #of airtime for dissemination hand WASH messages # of media outlets broadcasted # of awareness creation events conducted at all level # of advocacy events conducted # of events conducted # of events organize to nominate hand WASH ambassador
	Community engagement	# of community platforms created for hand hygiene # of community facilities having hand hygiene facilities
	Supervision	# of supervision conducted
	Capacity Development	# of training conducted # of insitutions creating hand hygiene capacity
	Assessment/survey	# of process assessments conducted
	Hand Hygiene Innovation	# of private sectors involved in HH4A # of hand hygiene innovations introduced

Level	Category	Indicator
Output Performance Measures	Enabling Environment	# of policies changed/ revised for HH4A # of hand WASHing coordination platform created # of institutions conducted Advocacy # of Champions leadership created # of peoples trained for HH4A # of software developed for HH4A M&E
	HBC	% of households having HWF % of annual HH-increment
	Generated evidences	# of best experiences documented and produced # evidences generated on HH4A implementation
Outcome Performance Measures	Practice	% of peoples practicing hand hygiene # of kebeles and institutions model by HH4A implementation
		# of best practice identified and disseminated
	Leadership	# of Champions leadership created # hand WASHing coordination platform created
	Inclusiveness	Coverage of access to hand WASHing facilities
Impact Performance Measures	Community ownership	% of population practiced hand WASHing at critical time % of institution and public places access to basic hand WASH services
		Reduced morbidity and mortality of diseases
		Decreased health cost expenditure
		Increase productivity



## 5. Financing and Costing

After the road map is developed, financial mapping and costing of the strategic road map was exercised. After the generation of evidence and costing of the road map, a resource mobilization plan with a detailed required budget by year aligned to short, medium and long-term period activities in the strategic road map should be developed accordingly. Using the resource mobilization strategic plan, the road map shall be marketed to the potential funding sources/financers to commit for financing starting from the community to the local and national government, international NGOs, Private sectors etc.



## 5.1. Estimated Cost

The total estimated cost is needed for the realization of the roadmap from households, community, government, donors, partners and private sectors.

**Table 5: National Hand Hygiene for all Roadmap Total estimated cost from 2021-2030**

<b>Hand Hygiene for all Roadmap Hardware Cost Summary</b>				
<b>Targeted Group</b>		<b>Activity</b>	<b>Amount (USD)</b>	<b>Grand Total (USD)</b>
<b>Household</b>	Household	Construction and Maintaince	486,074,838.87	<b>1,976,198,570.21</b>
		Operational Cost	1,490,123,731.34	
<b>Healthcare Facilities</b>	Health Post	Construction and Maintaince	593,202.27	<b>59,488,812.59</b>
		Operational Cost	10,563,863.75	
	Health Center	Construction and Maintaince	26,678,600.54	
		Operational Cost	15,610,721.98	
	Hospitals	Construction and Maintaince	2,704,652.12	
		Operational Cost	3,337,771.94	
<b>Schools</b>	Schools	Construction and Maintaince	274,504,659.83	<b>466,222,713.63</b>
		Operational Cost	191,718,053.80	
<b>Hardware Cost Summary</b>			-	<b>2,495,812,256.12</b>
<b>Hand Hygiene for all Roadmap Software Cost Summary</b>				
Behaviour Change	Behaviour Change	Hygiene Behavior change Interventions	287,758,000.00	<b>287,758,000.00</b>
<b>Software Cost Summary</b>			-	<b>287,758,000.00</b>
<b>Grand Cost Total (Hardware and Software)</b>			-	<b>2,789,668,096.43</b>

**N.B:**

- Construction and Maintaince includes construction of New, Updgrading and Replacement hand washing facilities
- Operational cost: includes costs related with Water and Soap for Household Hand Washing

## 5.2. Financing

Successful implementation of the HH4A campaign will require the committed involvement of different stakeholders that include the community, government, donors, and development partners. The government will cover 14.6% of the estimated budget and play the leading role in forging strong alliances and mobilizing resources. Another 14.6% of the overall budget is expected to come from different partners such as the World Bank Group, African Development Bank Group, EU, UNICEF, NGOs and the private sector that are committed to support the development endeavors of the country. The community has indispensable roles in ensuring successful implementation and sustainability of the HH4A initiative and is expected to make the remaining 71% budgetary contribution.

**Table 6: Expected financing options of the Campaign**

<b>Funding Sources</b>	<b>% Share</b>	<b>Total (USD)</b>
Government	14.6	406,734,763.11
Development Partners and NGOs	14.6	406,734,763.11
Community Contribution	70.8	1,976,198,570.21

**Table 7: Expected financing by Health sectors**

<b>Cost Type</b>	<b>10 Year Estimate</b>	<b>Yearly Estimate</b>
Construction (HP, HC & Hospitals)	29,976,454.93	2,997,645.49
Operational (Water and Soap)	29,512,357.66	2,951,235.77
Behavior Change	287,758,000.00	28,775,800.00
<b>Total</b>	<b>347,246,812.59</b>	<b>34,724,681.26</b>

**Table 8: Expected financing by Education sectors**

<b>Cost Type</b>	<b>10 Year Estimate</b>	<b>Yearly Estimate</b>
Construction (HP, HC & Hospitals)	274,504,659.83	27,450,465.98
Operational (Water and Soap)	191,718,053.80	19,171,805.38
<b>Total</b>	<b>466,222,713.63</b>	<b>46,622,271.36</b>

**Table 9: Expected financing by Household/Community**

<b>Cost Type</b>	<b>10 Year Estimate</b>	<b>Yearly Estimate</b>
Construction	486,074,838.87	48,607,483.89
Operational Cost (Water and Soap)	1,490,123,731.34	149,012,373.13
<b>Total</b>	<b>1,976,198,570.21</b>	<b>197,619,857.02</b>

## 6. Annex

### 6.1 Costing Assumption Template for Hardwares

<p>Please identify the 2 main HWFs design models used in households, institutions and public places and identify costs for Infrastructure &amp; Support Activities. For Infrastructure identify the average unit cost of each component, expected life cycle before replacement and replacement costs. For support activities, identify additional activities to be performed to support installation and operation of HWFs and assess time spent and other costs (like per diem)</p>		Hardware			
		Initial cost	Operational cost	Theoretical life cycle	Replacement cost
		What was /is the cost of initial installation / activity?	What is the ongoing regular costs for this component (consider energy etc)?	How often do you expect to replace this component?	What is the replacement cost?
		[[Currency]]	[[Currency]] / per month	[[Currency]]	[[Currency]]
<b>HWF Infrastructure for Household [SINGLE TAP]</b>	<b>Total cost</b>				
<i>Detailed costed</i>					
<b>HWF Infrastructure for Insitution [SINGLE TAP]</b>	<b>Total cost</b>				
<i>Detailed costed</i>					
<b>HWF Infrastructure for Institution &amp; Public place [MULTIPLE WITH 12 TAP]</b>	<b>Total cost</b>				
<i>Detailed costed</i>					

## 6.2. Costing Assumption Template for government staff cost time

Hygiene Behaviour Change Governmental staff time cost									
Category	Activity group	Detailed cost activity	Cost category	Who is planned to be / be involved from National and Governmental staff?	How many people in that role involved in the activity?	How many days are planned to be (suppose/ actual) dedicated by each person to perform the activity by government staff?	What is the Average salary for a person in that role	What is the Average salary for a person in that role	What are / have been the additional daily cost (transport / tea / Communications/ per-diem etc)
				[Role]	[n]	[# of days/ per activity or per month]	[\$ / per month]	[\$ / per day]	[\$ / per day]
A [Assess]									
B [Build]									
C [Create]									
D [Deliver]									
E [Evaluation]									

### 6.3. Costing Assumption Template for softwares excluding government staff cost

Category	Activity group	Detailed cost activity	Cost category	Note in-country details related to the activity	Unit cost	Additional costs (logistics, communications, meeting rooms etc)	Area of application	Duration of activity	Frequency of cost	
				Please provide details of the type of activity	What is / has been the cost to deliver this activity?	What have been the additional logistic costs to deliver this activity?	Was it National? Or for How many Districts / towns etc	how many days do you expect/ did the activity last?	Was / Is this a one /off activity or expect to be repeated to ensure?	Every how many years (or partial years) do you expect this to be / has repeated?
A [Assess]										
B [Build]										
C [Create]										
D [Deliver]										
E [Evaluation]										

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