



# Developing Hand Hygiene for All National Road Map in Ghana and Nigeria

## SUMMARY

Following the Hand Hygiene for All Initiative call for the development of comprehensive national hand hygiene Roadmaps, UNICEF provided two countries in the Western and Central African regions, Ghana and Nigeria, with dedicated funding.

Under the leadership of the government, countries engaged multiple stakeholders in a lengthy consultation process, established a hand hygiene situation analysis across all settings to inform strategic planning, and prioritized actions across three pillars – Political Leadership, Strong Enabling Environment, Robust Supply and Demand - to sustainably scale up hand hygiene initiatives.

The HH4A Roadmap development process led to:

- increased coordination with a HH4A coordination mechanism through the identification of focal points.
- strengthened partnerships and clarification of roles and responsibilities across settings, with clear lines of accountability.

Key lessons learned:

- National coordinating bodies and specific government focal points are critical.
- The Roadmap is a good tool to define and harmonize multisector efforts.
- Integrating the Roadmap into broader policies and strategies across the many sectors, where hand hygiene is relevant (health, education, labor, public works, trade and industry...) is necessary.
- Ongoing efforts are needed to increase the quality and quantity of data for hand hygiene across all settings.

## Background

WHO and UNICEF launched the Hand Hygiene for All Initiative in 2020 to mobilize governments and hand hygiene stakeholders to invest in systems and interventions in hand hygiene to combat COVID-19, but to also work towards a future where

all communities have the resources and are able to practice hand hygiene at all critical times.

The Hand Hygiene for All (HH4A) global initiative was launched by UNICEF and WHO to operationalize WHO's recommendations for universal access to hand hygiene and improved

practices across settings. The initiative identifies three pillars critical to effectively and sustainably scale up hand hygiene: political leadership, a strong enabling environment, and robust supply and demand for hand hygiene through inclusive programming at scale. The initiative also acknowledges that change in hand hygiene needs to happen across all settings, including but not limited to schools and day care centers, health care facilities, homes, workplaces, markets and food establishments, prisons and detention centers, refugee and other humanitarian settings, transport hubs, places of worship and other public spaces.

Despite increased attention to hand hygiene following the COVID-19 crisis, the Western and Central regions are characterized by low access to handwashing facilities at the household level and by limited data for hand hygiene for other settings.

Only 24% of households in West and Central Africa have access to basic hygiene services (JMP, 2021). This represents about 372 million people in the region who do not have basic handwashing facilities with soap and water at home. Only 5 countries (out of 24) in the region have data on health care facilities; only 1 of these countries has basic hygiene services for more than half of its health facilities. Just over half of the countries (13) in the region are able to report on handwashing facility coverage for schools; among these, more than half of schools in 6 countries do not have access to basic hygiene services.

Following the Hand Hygiene for All Initiative call for countries to invest in comprehensive national Roadmaps to accelerate progress towards universal hand hygiene, UNICEF provided two countries in the Western and Central African regions, Ghana and Nigeria, with dedicated funding.

This field note presents the different approaches taken by these two countries to develop national Hand Hygiene for All Roadmap, results achieved to date, and lessons learned. These insights will

serve as examples for other countries developing national strategies for hand hygiene.

## National Hand Hygiene Context

### Household Coverage

In Ghana, access to basic hygiene service is 42%, with 22% of the households having no hand washing facility. Hand hygiene services are higher in urban areas, 47% of households have access to basic hygiene services, compared to only 35% in rural areas.

In Nigeria, 33% of households have access to basic hygiene service with 30% of the households having no access. Hand hygiene services are higher in urban areas with 41% of households having access to basic hygiene services, compared to only 25% in rural areas.

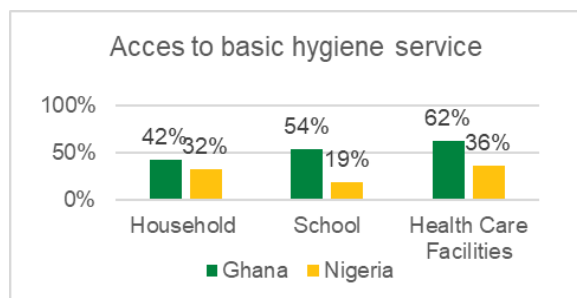
### School and Health Facilities Coverage

In Ghana, 54% of schools have access to basic service with higher levels of service in urban areas (65%) than for rural schools (45%). Almost half of schools, in rural areas, remain without facilities (46%). 62% of health care facilities have access to basic service and 3% have no facilities. Available data are insufficient for disaggregation.

In Nigeria, 19% of schools have access to basic service with higher levels of service in urban areas (30%) compared to levels in rural schools (12%). 70% of the schools in the country have no service.

36% of health care facilities have access to basic service with higher levels of service in urban areas (53%) compared to levels in rural health care facilities (29%). 11% of the health facilities in the country have no service.

**Figure 1: Access to Basic Hygiene service**



### Hand Hygiene enabling environment

For both countries, the enabling environment for Hand Hygiene for All was rather weak, with no dedicated policies/strategy targeting the different sectors relevant to hand hygiene or interventions addressing the three pillars core to hand hygiene systems and programs. There were no leaders stepping forward to champion hand hygiene and coordinate and monitor hand hygiene interventions, apart from the annual Global Handwashing Day celebration. The Roadmap for hand hygiene was received as a tool to address these gaps.

In Ghana, a handwashing strategy was finalized in 2011 under the leadership of the Community Water and Sanitation Agency (CWSA), seen as the de-facto WASH agency in charge of handwashing having led the comprehensive handwashing campaign in the early 2000s. The strategy was never disseminated or implemented, leaving coordination of hand hygiene interventions limited to the planning and observation of the Global Handwashing Day, under the leadership of the CWSA.

In Nigeria, a national hygiene promotion strategy focusing on behavior change was being implemented. The National Task Group on Sanitation (NTGS) – an inter-ministerial body that deliberates and monitors the standard and quality of implementation - has no administrative body but meets monthly. The Federal Ministry of Water Resources (FMWR) is the lead agency in close collaboration with the inter-ministerial NTGS.

## Key Activities/Processes

### Pre-development phase: Engage

In both countries, prior to launching the development of the National HH4A Roadmap, UNICEF met with government counterparts to present the HH4A initiative and assess the need for a specific hand hygiene Roadmap and the willingness of the government to take the leadership in its development. In Ghana, the initiative was also presented to technical, financial and NGO partners to ensure broad support for this activity.

In both countries, after government endorsement of the initiative, the first step was the creation of a coordinating body and the government nomination of a focal point to hold stakeholders accountable for participation in the planning, review of evidence and the definition of priorities.

In Ghana, a Hand Hygiene National Technical Working Group (HHTWG) with partners from government and civil society, technical and financial partners and NGOs was established with the support of UNICEF. The Ministry of Sanitation and Water Resources (MSWR) nominated a focal person and an assistant to lead the roll-out of the HH4A program. These roles were responsible for facilitating the engagement and meaningful participation of stakeholders across all sectors. Following the mapping of stakeholders in hand hygiene to ensure key contributions from all, the HHTWG developed a National Theory of Change (see below in annex 1).

In Nigeria, a core group of partners - UNICEF, WHO and the National Task Group on Sanitation (NTGS)- collaborated to develop the HH4A Roadmap under the leadership of the government (FMWR). In May 2021 the NTGS initiated the development process by defining the goals and objectives for the Roadmap and establishing a plan for building evidence and developing the Roadmap. The states were then brought on board through a series of live and online consultations around the NTGS resolutions. UNICEF supported

the process by mobilizing partners through its sub-national presence. Following the introduction letters issued by the Federal Ministry of Water Resources on 28th May 2021, field activities took place in June - July 2021. UNICEF was already partnering with the FMWR in the pursuit of country-wide open defecation free status. The NTGS is an inter-ministerial working group guiding and conducting quality control of the ODF project housed in the FMWR. It was therefore considered most efficient to build on the existing capacity and institutional arrangement to further the cause of improving all aspects of WASH.

### Development of the Roadmap: assess, plan, prioritize:

#### 1. Assess

National and subnational level consultations were held to gather evidence to build a situation analysis around hand hygiene across the three pillars - Strong enabling environment, adequate, equitable access to hygiene and services, Evidence-based behavior change interventions. Hand hygiene systems and programs were examined across settings, in relation to current and potential stakeholders (including traditional and civil society organizations.) and exploring potential opportunities for growth.

In Ghana, the assessment was conducted through two field visits by the UNICEF consultant and government appointed team in program areas, as well as wide consultations with government, civil society, and technical and financial stakeholders at district, regional and national levels. Key informant interviews were conducted with the private sector (small and medium soap and hand hygiene facilities business owners and soap producers).

In Nigeria, over 120 meetings/interviews were carried out in six different states as well as in the Federal Capital Territory (FCT) with national and sub-national government agencies and with representatives of civil society, national and international NGOs, development partners, financial institutions, and the private sector. The

private sector consultation was conducted through key informant structured interviews. In addition, focus group discussions and group interviews with traditional and faith-based organizations were held. A literature review was also conducted to gather evidence for the Roadmap. COVID-19 related constraints limited interviews in three states to be conducted online, rather than in person.

#### 2. Plan, prioritize, finalize

The findings presented to the national coordinating bodies in both Ghana and Nigeria, were used as evidence to inform the identification and validation of key priorities before the formulation of the Roadmap.

In Ghana, key priority areas are still pending submission to the HHTWG for review before drafting process will proceed. Finalization at national level, which is planned for End-2022, will be preceded by a round of consultation at district and regional levels with all stakeholders (government, civil society, NGOs and private sector).

The development of a national Hand Hygiene Costed Roadmap is viewed as one of the components of a broader set of activities including:

- definition of national standards and a certification process for hand hygiene
- definition of operational guidelines to promote hand hygiene in development and emergency
- assessment and recommendations to strengthen the monitoring of HH through existing mechanisms
- assessment of the current financial landscape; and
- supporting the establishment HH4A partners with government, development partners, the private sector and civil society.

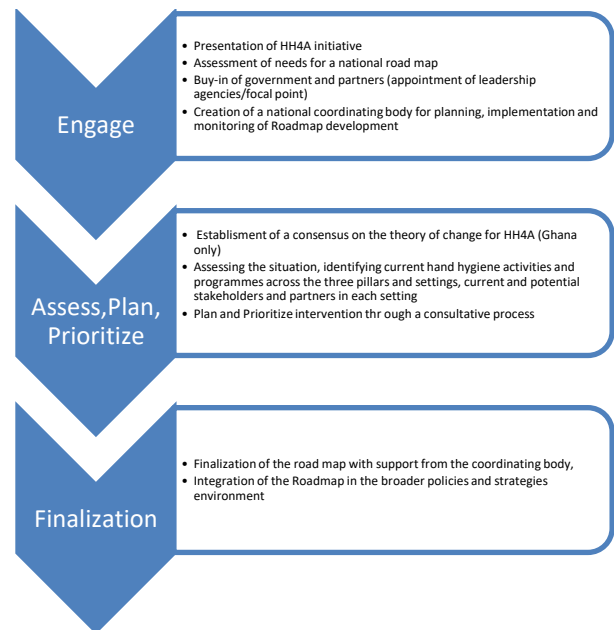
In Nigeria, after the consensus on priorities, a draft Roadmap was reviewed by the government (FMRW) (September 2021) and then circulated to all stakeholders for feedback. After comments were incorporated into the Roadmap, a final validation presentation was made in October 2021.

The National Task Group on Sanitation is now advocating to integrate the national HH4A Roadmap as a strategic reference document into the infection prevention and control (IPC) and risk communication section of Nigeria’s strategic preparedness and response to ensure its implementation and adequate funding. The Roadmap was launched in September 2022 and will be used to raise the profile of hand hygiene and the role it plays within Nigeria’s Strategic Preparedness and Response Plan.

## Key Partners

The development of a national Roadmap for HH4A brings together stakeholders from across sectors and a broad range of disciplines to reflect hand hygiene needs for all settings and for the three pillars of intervention. Refer to tables below for details of stakeholders involved in each country.

**Figure 2:HH4A Roadmap development process**



**Table 1: Key stakeholders involved in the development of the national HH4A Roadmap in Ghana and Nigeria**

Type of actor	Name of the actors in Ghana	Name of the actors in Nigeria
Government entities	(Ministry of Sanitation and Water Resources; Ghana Health Service; Ghana Education Service/School Health Education Programme (SHEP); Department of Community Development; Ghana Enterprises Agency (GEA)	States Rural Water Supply and Sanitation Agencies, Federal Ministry of Health, Universal Basic Education Commission, States Universal Basic Education Boards, , Environmental Health Officers' Registration Council of Nigeria (EHERECON), Federal Ministry of Health, National Primary Health Care Development Agency, States Primary Health Care, LGAs Health Departments, Healthcare facilities (Hospitals and Primary healthcare Centers), Schools (Primary, Secondary and Tertiary), Internally Displaced Camps and Public places such as Parks and Gardens
Technical and financial partners, NGOs	UNICEF, World Health Organization (WHO); Coalition of NGOs in WASH (CONIWAS); WaterAid; PLAN Ghana, World Vision, Global Communities and Catholic Relief Services	UNICEF, EU, USAID, FCDO (formerly DFID), World Bank, African Development Bank, Islamic Development Bank, WSSCC (now Sanitation and Hygiene Fund), WaterAid, Plan International, United Purpose, Save the Children, Action Against Hunger
Private sector	Small and medium soap and hand hygiene facilities business owners and soap producers	Private Sector WASH Group (OPSWASH), State/City Chambers of Commerce, Toilet business owners, Citizens groups such as girls/boys, women, men, Procter and Gamble, Reckitt and Benckiser, Unilever and PZ.
Civil society	Group of women, Village Saving associations, community members	Traditional leaders, Market representatives, Motor-Parks (transport hubs), People living with disabilities (PLWD) – Joint National Association of Persons Living with Disabilities, Lagos and Nigeria Association for the Blind Enugu State Chapter, national and international what?

## Results

The development process for the national HH4A Roadmap in both countries led to:

- More effective coordination of stakeholders across different sectors and disciplines, using appointed focal points to facilitate the HH4A coordination mechanism.
- Strengthened partnerships with clearly defined roles and responsibilities for hand hygiene across all settings and across the three pillars of intervention.
- Identification of actions needed to bolster existing activities and fill gaps across settings and phases (ongoing in Ghana);
- Prioritized actions for each environment in line with HH4A goals (ongoing in Ghana).

## Challenges

In Ghana, besides the delay in the implementation of the Hand Hygiene Initiative including the Roadmap, there have been no major challenges in developing the national Roadmap. The delay was due to the procurement that took a long time based on the need to agree on the TOR with the sector as well as cross-sectoral within UNICEF. There was the need to build consensus both within and without. The allocation of funding for the hand hygiene initiatives acted as an impetus for the government of Ghana to take action to improve hand hygiene in all settings.

In Nigeria, the main challenge centered around the anticipated ownership and use of the Roadmap by the various development partners in Nigeria's WASH Sector. This problem was addressed through the strategy used in the development of the Roadmap, providing for numerous opportunities for different stakeholders to share their feedback and priorities from the consultation stage to the validation stage. UNICEF's funding of the Roadmap created a perception of UNICEF ownership of the Roadmap. Both the government (FMWR) and the consultant responded to this by bolstering the National Task Group on Sanitation members leadership of the process to fortify ownership.

Other challenges included difficulties in securing interviews with several stakeholders for consultation and that some of the consultations had to be done online due to the COVID-19 pandemic.

Figure 4: Consultation in Nigeria



Figure 5: Women in charge of soap production (Ghana-volta region)



## Lessons learned

1. **National coordinating bodies and identified government focal points are a top priority.** The focal points drove the process, facilitating discussions, planning processes, defining priorities for the Roadmap and supporting the finalization by providing a co-developed vision for hand hygiene in the country. In Ghana, the Hand Hygiene Technical Working Group is now a permanent sub-group of the WASH coordination mechanism. In Nigeria, there is no sub-group on Hand Hygiene yet. However, this is planned to be established

as part of implementing the Roadmap. For now, all issues pertaining to development of HH4A is discussed in the national Task Group on Sanitation

2. **The Roadmap is a good tool to understand and harmonize multisector efforts on hand hygiene.** The Roadmap development process provides a useful understanding of the diverse landscape of actors, policies and theories of change involved in Hand Hygiene for All. Hence, the use of formative research in understanding the political landscape and assessing roles and responsibilities is a critical step to developing a national document. It also emphasizes the multi-sectoral nature of handwashing and the need for the lead ministry to coordinate and manage collaborative efforts nationally.
3. **Integrating the Roadmap into broader policies and strategies is necessary.** The Roadmap for Hand Hygiene for All cannot stand on its own but needs to be implemented in conjunction with the National Strategic Campaign to End Open Defecation, the Strategy for Promoting Collaboration between government, CSOs, development partners and individual philanthropists to increase access to safe water, sanitation and hygiene services, and the National Guidelines for WASH in Health Care Facilities.
4. **Ongoing efforts are needed to increase the quality and quantity of data for hand hygiene in all settings.** The lack of data on the impact of existing hand hygiene interventions creates difficulties in adapting/targeting appropriate interventions for the different settings. Additional research and data collection should be planned as part of the Roadmap monitoring to iteratively adapt programming.
5. **Allocation of long-term financial and human resources for hygiene behaviour change is a challenge.** Further advocacy interventions should be implemented to close the gaps between resources needed and allocated in order to ensure the fullest long-term impact of

Hand Hygiene for All on the Sustainable Development Goals.

## Conclusion

The development of a National Roadmap for Hand Hygiene for All is a lengthy process that requires ample consultations with a variety of stakeholders from different sectors (water and sanitation, education, health, private sectors...) to ensure that hand hygiene across all the settings is addressed. Accessing sufficient data is critical to plan for interventions both in the area of behavior change and access to facilities and services. In most cases, additional data is necessary to further adapt interventions based on evidence of effectiveness and efficiency. Sufficient budgets should be allocated to the Roadmap to pursue regular monitoring and evaluation activities. The National Hand Hygiene for All Roadmap should also be linked to relevant sectoral plans both in emergency and development contexts. Partnership between lead and supporting government agencies and implementing partners is critical to fund and implement the roadmap priorities to accelerate progress towards the SDG goal for hygiene and its subsequent contribution towards achieving other SDGs such as health and education.

## References

JMP: Joint Monitoring Program  
<https://washdata.org/>

## Photo Credits

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## Acknowledgements

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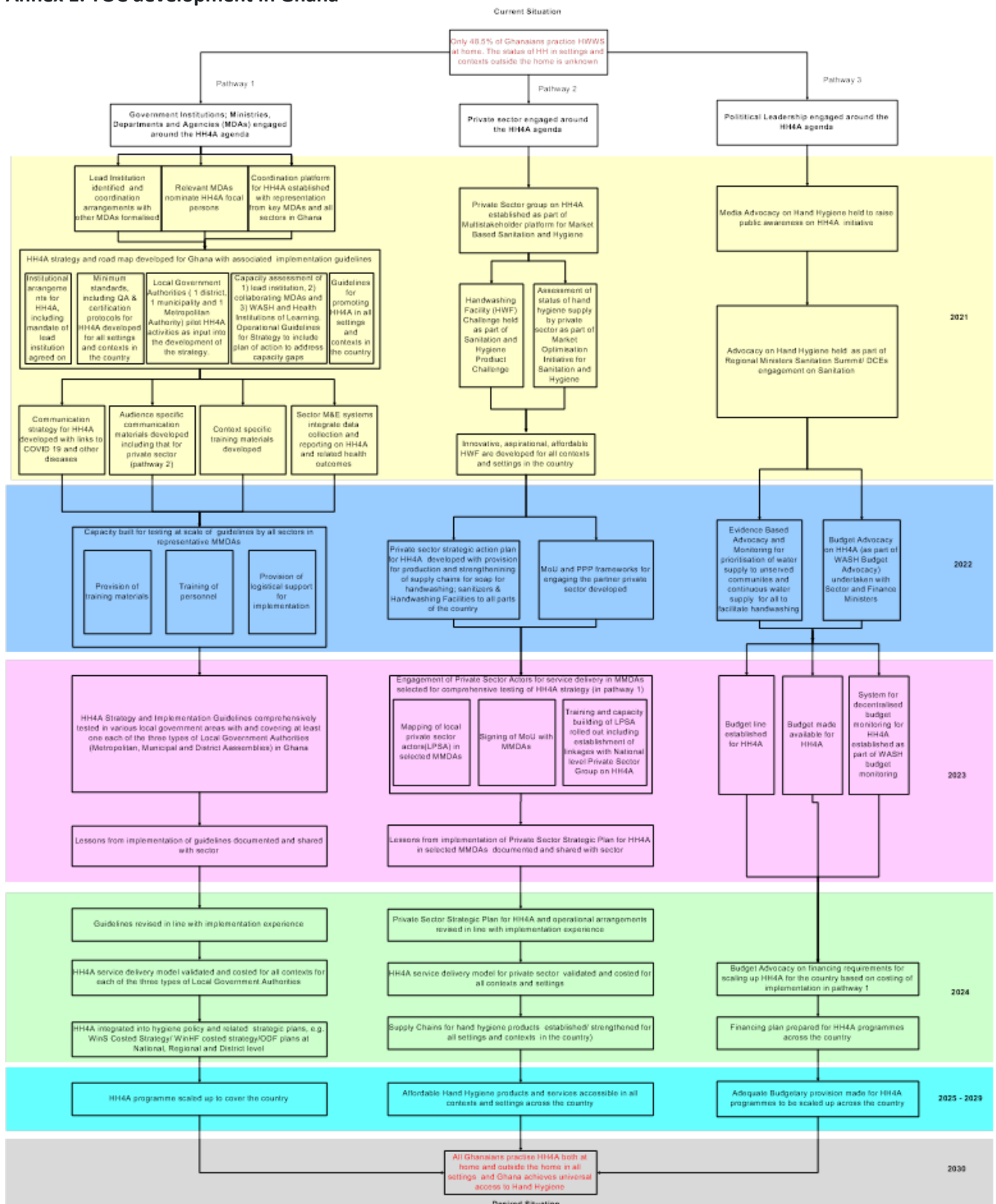
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# Annex 1. TOC development in Ghana



## About the Series

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