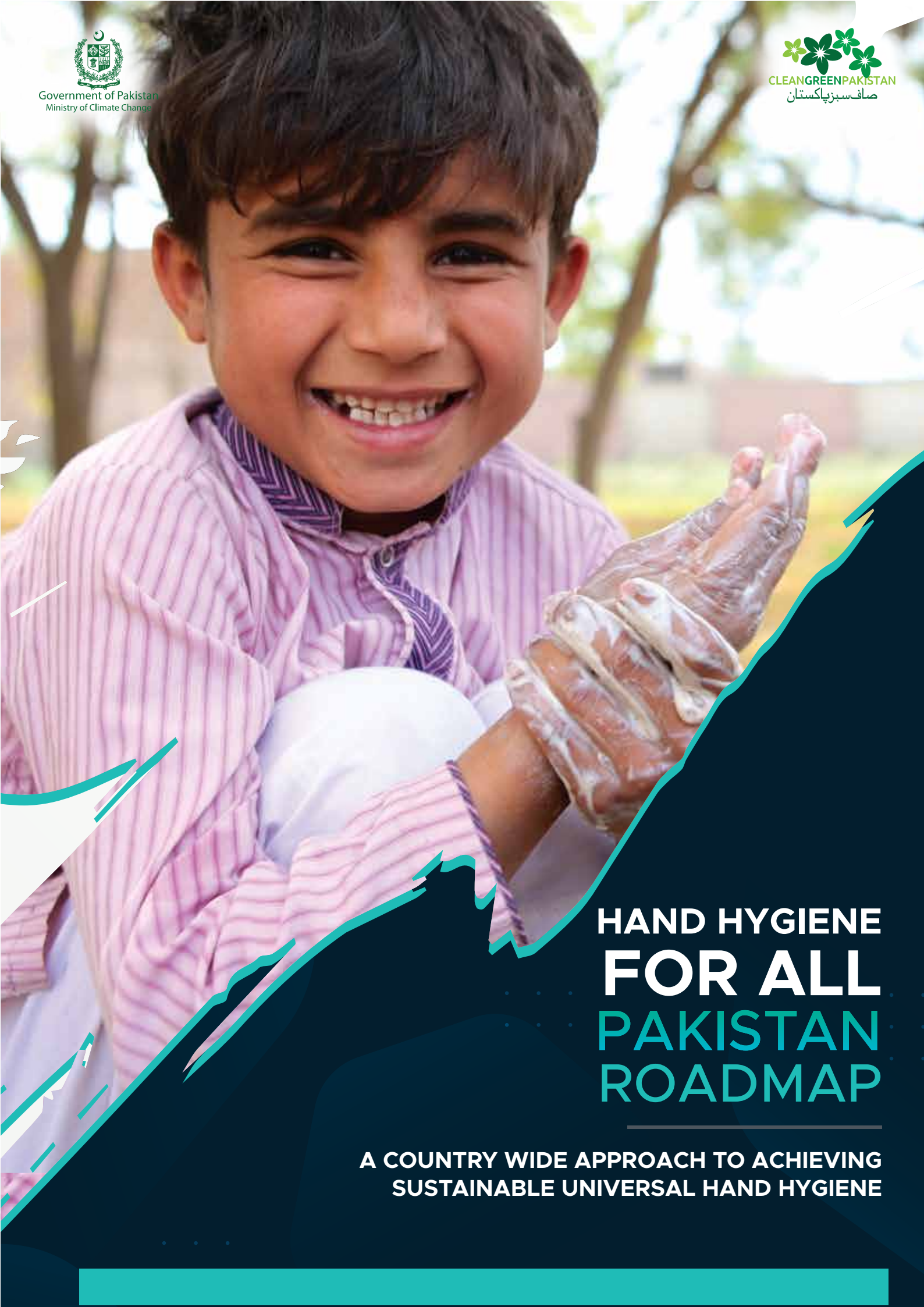
Government of Pakistan
Ministry of Climate Change

CLEANGREENPAKISTAN
صاف سبز پاکستان



HAND HYGIENE FOR ALL PAKISTAN ROADMAP

A COUNTRY WIDE APPROACH TO ACHIEVING SUSTAINABLE UNIVERSAL HAND HYGIENE

CONTENTS

UNICEF/Pakistan/Asad Zaidi

INTRODUCTION AND BACKGROUND

Water, Sanitation and Hygiene (WASH) are important aspects of human health and well-being (WHO, 2019). As per fundamental rights, water and sanitation services must be accessible to everyone within, or in the immediate vicinity, of households, workplaces and health, educational and public institutions (Russell & Azzopardi, 2019), (WaterAid, 2016). The benefits of having access to improved drinking water sources can only be recognised when access to improved sanitation services and adequate hygiene practices is ensured (UN Water, 2020).

Hand washing is an essential component of hygiene.[1] The availability of handwashing facilities with soap and water within premises is a priority indicator for global monitoring of hygiene (WHO, UNICEF, 2020). Hand hygiene is the practice of cleaning hands with soap and water or with an antiseptic hand rub to remove microorganisms from hands and maintain the condition of the skin (Engdaw, Gebrehiwot , & Andualem, 2019). In some cultures, ash, soil, sand or other materials are used as handwashing agents, but these are less effective than soap and are therefore counted as limited handwashing facilities (WHO, UNICEF, 2020).

The coverage of hygiene promotion and facilities is lacking, as three billion (2 out of 5) people globally lack this critical service at their homes (WHO, UNICEF, 2020). Insufficient hand hygiene practices also contribute to an increase in community-based infections, including skin, respiratory and gastrointestinal infections (Scott, 2013).

Investments on hand hygiene are among the most cost-effective investments that can be made with public and private resources, for the sectors of sanitation and health (WHO, 2009). Handwashing has the potential to improve healthcare outcomes, and subsequently increase the progress regarding equity, education, and WASH, helping achieve Sustainable Development Goals (SDGs). Although handwashing is measured as a part of SDG 6.2, the impact of adequate handwashing cuts across the SDG agenda[2] (Global Handwashing Partnership, 2020). There is substantial evidence that properly implemented hand hygiene practices alone can significantly reduce the risks of cross-transmission of infections in healthcare facilities. Proper hand hygiene is the single most important and least expensive means of reducing the prevalence of Health Care Associated Infections (HCAIs) and the spread of antimicrobial resistance (Mathur, 2011), (Toney-Butler, Gasner, & Carver, 2021).

The Government of Pakistan has officially recognised the right to water, sanitation and hygiene by signing the relevant key international treaties and establishing several domestic-level policies and programmes. The Constitution of Pakistan secures several basic fundamental rights of citizens.

The Article 9 of the Constitution states, "No person shall be deprived of life or liberty, save in accordance with the law." Legal experts say that the article guarantees the right to life, including basic amenities such as water, food, healthcare, and education. This suggests that every Pakistani has the right to get uninterrupted access to basic amenities, including water, sanitation, and hygiene.

[1]Hygiene in the context of WASH entail hand hygiene, menstrual hygiene management and food hygiene (WHO, UNICEF, 2020).

[2]For example, ensuring good hand hygiene can reduce school absenteeism by reducing preventable diseases that hinder child development (Global Handwashing Partnership, 2020).

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The pandemic of COVID-19 has renewed the global attention on handwashing, both at home and at public places (WaterAid, 2020), (UNICEF, 2020). Being a simple primary measure that can mostly be done independently, adequate handwashing practice is one of the critical behaviours to prevent the spread of COVID-19. The current COVID-19 pandemic has seen a focus of education and information on handwashing, aimed both at people working within the health sector, as well as to the general public. There has been an increase in public health messages through various sources about the importance of handwashing, and the correct techniques for handwashing. In addition to a greater presence on social media platforms and other advertising outlets, the importance of handwashing is now frequently seen on numerous media outlets (Alzyood, Jackson, Aveyard, & Brooke, 2020). To increase the efforts for creating a momentum for enhancing and sustaining the universal access to hand hygiene in Pakistan, a national roadmap of Hand Hygiene for All is being developed. The roadmap will outline a unified vision for the sector partners and support in developing synergies among different stakeholders.

STATUS OF HAND HYGIENE IN PAKISTAN

HAND HYGIENE AT HOMES

There is a significant variation in the data, collected by different sampled national and regional level surveys, related to hand hygiene at the household levels. According to Pakistan Demographic and Health Survey (PDHS) 2017-2018, although 93 percent of the households have access to a place for hand washing, only 69 percent households use soap and water for hand washing. One in 10 households do not have water, soap, or any other cleaning agents in place for practicing hand hygiene. Urban households have a greater availability of soap and water at 89 percent, as compared to 57 percent of rural households (PDHS, 2017-2018). However, as per Pakistan Social Living Standards Measurement (PSLM) survey 2018-19, around 50 percent of households were reported to have a specific place for hand washing with soap and water (74 percent in urban areas and 36 percent in rural areas), while 11 percent reported that there is no place for hand washing and non-availability of cleansing agent for hand washing (PSLM, 2018-2019).

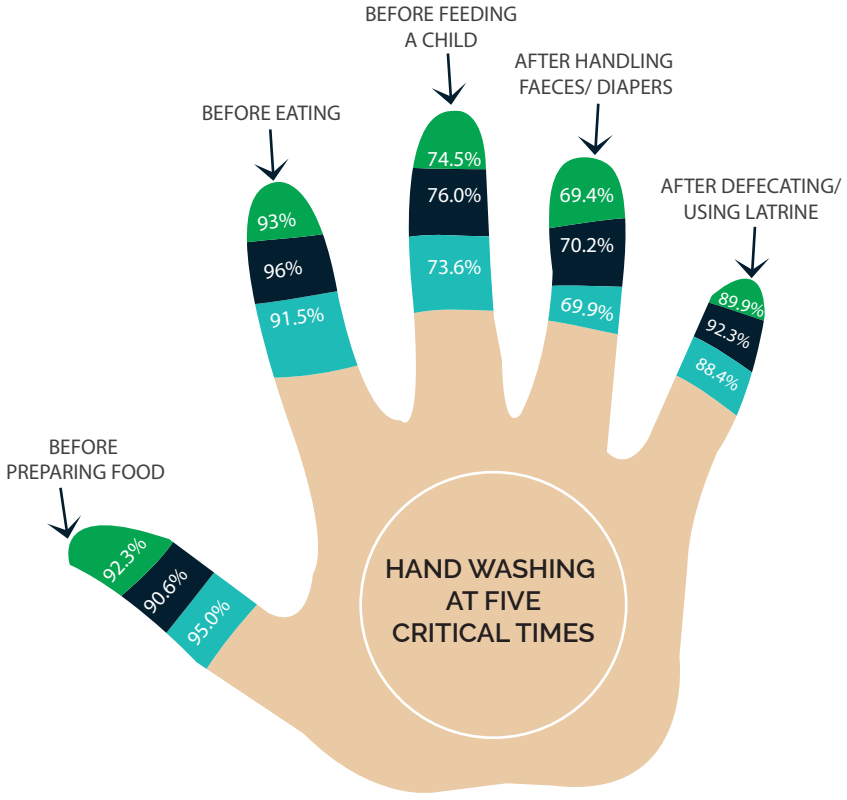

Figure 1: Hand Washing Practices at Five Critical Times- NNS 2018

The National Nutrition Survey (NNS) 2018 reported in regard to hand washing practices at five critical times. Overall, more than 90 percent population practices hand washing with soap during critical times. Interestingly, this is around 70 percent after handling faeces/diapers of children and 75 percent before feeding a child. Further, there are small inequities between rural and urban areas (NNS, 2018).

According to UNICEF, for prevention from COVID-19, hands should be washed after blowing your nose, coughing or sneezing, visiting a public place, after touching surfaces outside of home, before, during and after taking care of a sick person and before and after eating. Whereas generally, in addition to the five critical times mentioned before, hands should be washed when they are visibly dirty, after touching animals and pets, and after handling garbage (UNICEF, 2020).

As per a survey reported in February 2021, only 51 percent of the population of the country is washing hands frequently and 47 percent is using hand sanitisers, as preventive measures against COVID-19 (Gallup & Gilani Pakistan, 2021).

HAND HYGIENE IN EDUCATIONAL INSTITUTES

Numerous schools across the developing countries have inadequate hand washing facilities (WaterAid, 2016). The data regarding hand hygiene in schools is limited in Pakistan. Although the Pakistan Education Statistics report the availability of toilets and drinking water in schools, it does not independently report on hand hygiene in schools. Even though school related statistics do not report hygiene facilities, sources confirm that hygiene facilities in schools of Punjab, Balochistan and Sindh are limited and need to be constructed in numerous schools (WaterAid, 2016), (WinS Strategic Plan for Sindh, 2017-2022), (WinS Strategic Plan Balochistan, 2017-2022).

Access to toilet facilities is reported in approximately 88 percent of schools in the country. However, it is common that even if a toilet facility is reported to be available, the facility is not usable due to poor maintenance (Pakistan Education Statistics, 2016-2017). Poor toilet facilities can also compromise hand hygiene.

The School Education Department of Government of Punjab added the element of hygiene into its monitoring dashboard from 2020. Similar kinds of efforts are underway in other provinces and administrated regions. However, the current annual status of education report at the federal level does not include hygiene status of the school, rather only covers school facilities which largely include boundary wall, electricity, drinking water, and sanitation, etc. The unavailability of data regarding WASH as well as hand hygiene in higher educational institutions further decreases the evaluation of hand hygiene in educational institutes. There are extremely limited studies in Pakistan on school-based interventions to promote personal and environmental hygiene among school children. The role of parents and teachers must be considered for designing school-based interventions to promote hand hygiene (Pradhan, Mughis, Ali, Naseem, & Karmaliani, 2020). Additionally, school-based interventions have also proven to improve the knowledge, practices, and motivation of students regarding handwashing (Okello, et al.), while influence of peers can also be a motivating factor regarding practicing hand washing (Grover, et al., 2018).

HAND HYGIENE AMONG HEALTHCARE PROFESSIONALS AND HEALTH CARE FACILITIES (HCFS)

There is ample evidence that even many years before the pandemic of COVID-19, handwashing among healthcare workers (HCW) remained an area that needed improvement. Globally, millions of patients are affected by infections that are transmitted by healthcare professionals. A majority of these infections can be prevented by practicing proper hand hygiene. Although the data regarding hand hygiene in healthcare institutes in Pakistan is limited, small-scale studies have depicted poor hand hygiene practices among healthcare professionals and clinical year medical students. Compliance with the hand hygiene guidelines provided by the WHO is usually poor among healthcare professionals and the hand hygiene equipment is not up to standards (Zil-E-Ali, Cheema, Wajih Ullah, Ghulam, & Tariq, 2017), (Qasmi, Shah, Wakil, & Pirzada, 2018), (Rao, et al., 2012), (Demirel, 2019), (Ahmed, et al., 2020). In 2020, a survey to determine the status of WASH in health facilities of Pakistan is underway by the Government of Pakistan with the support of UNICEF and WHO. During the pandemic of COVID-19, compliances of hand hygiene,

and guidelines developed by WHO received a spotlight from the key stakeholders, as they served as guiding documents regarding adequate hand hygiene for the public as well as the healthcare facilities Prior to the pandemic of COVID-19, ensuring adequate hand hygiene was something hospitals in Pakistan struggled with. Low compliance to hand hygiene in HCFs has always been a major health challenge, despite the numerous interventions to promote hand hygiene. Since HCWs are at the front line of COVID-19 outbreak and their constant exposure to infected patients put them at high risk to being infected from the virus, rates of hand hygiene in healthcare settings have increased. However, there is no guarantee regarding the sustainability of this change in handwashing behaviour, as the guidelines regarding the importance of handwashing in healthcare settings were already available but still the compliance was low. As there is limited research regarding the post COVID-19 increase in hand washing practices in healthcare settings, it is essential to investigate the unexamined factors influencing hand hygiene. Randomized controlled trials, before and after study designs and other evaluation techniques can be used to see the long-term effect of hand hygiene practices on HAIs (Roshan, Feroz, Rafique, & Virani, 2020).

OBJECTIVES OF THE ROADMAP

The overall objective of the roadmap is to promote and sustain universal hand hygiene in Pakistan during and after the COVID-19 pandemic. Improved hand hygiene will be achieved through:

- Generated necessary political commitment and government leadership in the promotion and sustaining of hand hygiene for all;
- Created an enabling environment to ensure availability, affordability and accessibility of hand hygiene facilities and services;
- Positively and sustainably changed behaviours and social norms on hand hygiene

GOVERNMENT`S APPROACH TO ACHIEVE HAND HYGIENE FOR ALL

The Ministry of Climate Change will lead on rolling out the "Hand Hygiene for All" initiative through the Prime Minister`s flagship Clean and Green Pakistan Programme and WASH Sector Reforms (building accountability and informed decision-making approaches for water, sanitation and hygiene). Presently, hand hygiene is an integral component of different initiatives like Pakistan Approach to Total Sanitation (PATS), focusing on ending open defecation for total sanitation, Clean Green Pakistan Index (CGPI), for ranking urban areas and Clean Green Champion Programme, for recognising the voluntary contributions of the citizens. Pakistan shall also build on global programmes and campaigns, for example the Three-Star approach for WASH in schools and WHO's multimodal strategy to improve hand hygiene in health care settings.

To achieve and sustain the culture of handwashing during and beyond the COVID-19 pandemic, the government will focus on three main strategies:

1. Mobilising political leadership to promote a culture of hand hygiene across all levels of government and society (government, private sector, civil society)

2. Strengthening the enabling environment for hand hygiene, focusing on the five building blocks promoted by Sanitation and Water for All (SWA):

- Policies and strategies
- Institutional arrangements
- Financing
- Planning, monitoring, and review
- Capacity development

3. Sustainable, inclusive programming at scale to increase supply and demand for hand hygiene:

- Strengthening markets for hygiene products and services
- Promoting hygiene practices

THEORY OF CHANGE

The current situation of hand hygiene varies across the country, largely because of diverse geographies and settings. Thus, the processes and interventions for hand hygiene have to be adjusted as per local needs and contexts. In addition, since capacities and strategies of different stakeholders and units differ, they should be tailored to achieve the objectives outlined by the roadmap. The overall theory of change for Hand Hygiene for All will be same across the country and will be flexible for all local contexts.

The MoCC will coordinate and work with all stakeholders, including Federal Ministry of National Health Services, Regulation and Coordination (MoNHSR&C), Ministry of Federal Education & Professional Training, and Ministry of Planning, Development and Reforms (MoPD&R), to ensure that change in hand hygiene happen in multiple settings, including but not limited to:

- Health Care settings,
- Home care and long-term care facilities
- Schools and day care centres
- Workplaces and commercial buildings
- Refugee, migrant, and other camp-like settings
- Prisons and jails
- Markets and food establishments
- Transport hubs, places of worship, and other public spaces
- Communities and at homes

THEORY OF CHANGE

IMPACT	Mortality and morbidity due to infectious diseases, including COVID19, is reduced		
OUTCOME	Hand hygiene sustained at home, public places, and institutions		
KEY RESULTS	Ensure political leaderships and commitments	Strengthened enabling environment for hand hygiene	Increased demand and supply for hand hygiene
INPUTS	Integrate hand hygiene at all levels	Policies/ Strategies Institutional arrangements Financing Planning, monitoring and review Capacity development	Supply hand hygiene products & services Promote hand hygiene practices through BCC

Figure 2: Theory of change for the hand hygiene at scale initiative.

OVERALL STRATEGIC IMPLEMENTATION APPROACH

For sustained handwashing at homes, public places and in institutions, the government seeks to achieve three outputs i.e. (1) ensure political leadership and commitment, (2) strengthened the enabling environment for hand hygiene, and (3) Increased demand and supply for hand hygiene. The government will follow the implementation matrix highlighted in figure 3.

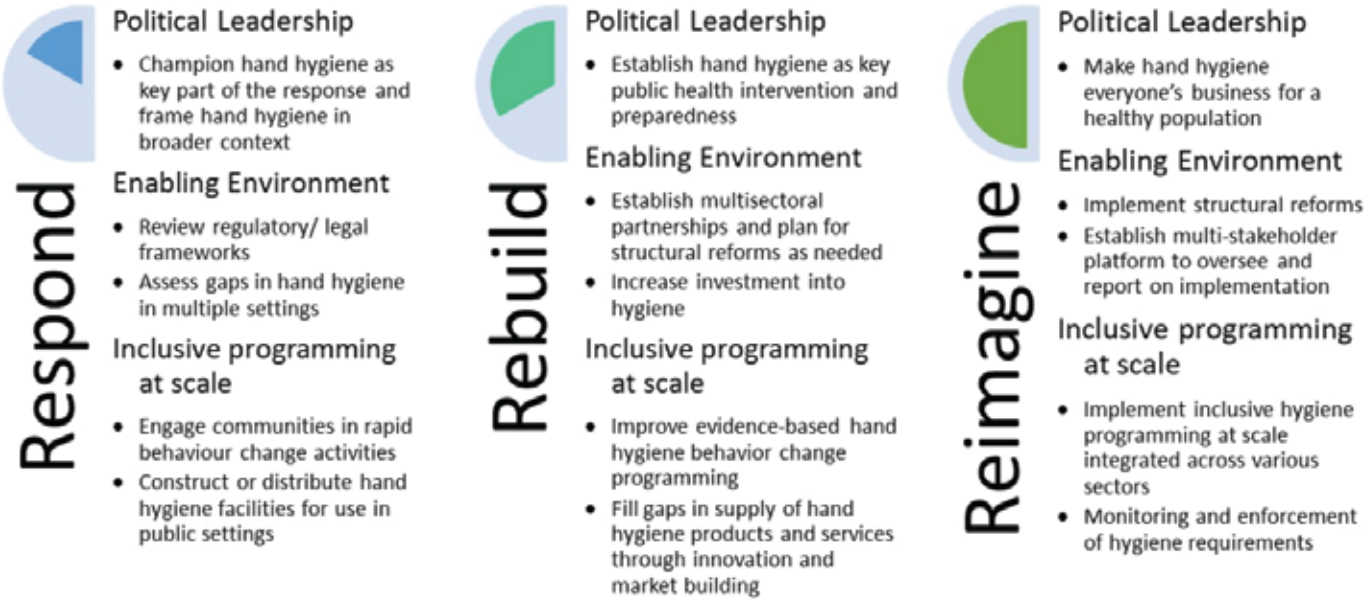

Figure 3: Hand hygiene at scale implementation matrix.

In the short term, the government will focus on responding to control the outbreak and emergencies, with an emphasis on hand hygiene in public and private commercial spaces as well as health and social care facilities and households, as part of a comprehensive package of interventions.

In the medium-term, the government will ensure that hygiene systems are rebuilt while building back better than before, to be better prepared and be resilient to block transmission of COVID-19 or any other infectious disease outbreak in the future. Building back better means planning for necessary institutional and governance reforms to fill the gaps in the legal and regulatory frameworks, policies, capacities, resourcing, and monitoring, as well as developing and/or improving programming to ensure supply and demand for hand hygiene at scale and for all.

In the long run, the government will reimagine to sustain a culture of hand hygiene, by ensuring that any improvements initiated as part of the current pandemic response continues to be championed over the long-term in the spirit of preventing new and (re-)emerging infectious diseases. This includes implementing governance reforms and structural adjustments, enhancing the institutional, regulatory and legal foundations for hygiene, implementing inclusive hygiene programming at scale integrated across various sectors, and monitoring and enforcing hygiene requirements in public and private commercial settings, including schools and health care facilities.

Expected Outcome 1: Political leadership to promote a culture of hygiene across all parts and levels of government and society, including private sector, civil society, academia, and others

1.1 Political Will

The Government of Pakistan has recognised the significance of hygiene, as evident from the launching of Clean Green Pakistan Movement in 2018 and allocating resources for post-COVID-19 National WASH Response Programme. Through the PM`s Clean and Green Pakistan Movement, political leadership is on board from the federal to the provincial levels. The same support is cascaded down to the district, Union Council and village level. Hand hygiene is relevant to many different private and public settings and requires the involvement of a wide range of stakeholders from various sectors. The Clean Green Pakistan Index and Clean Green Champion Programme are two key initiatives under CGPM which are being implemented by the provinces.

The pilot was done during 2020 in 20 cities of two provinces. From 2021, these are being scaled up in selected cities of all four provinces and federating units. Hygiene is an integral component of CGPM and this is being monitored and reported by the participating cities and Clean Green Champions for their initiatives. However, there is need to create more momentum and orientation for integration of hand hygiene in the public and private sector initiatives with the support of political leadership. The MoCC will lead on the coordination between the different levels of government and administrations to ensure that available resources are utilised efficiently, and to create synergies towards universal access and sustainability of hand hygiene. Likewise, the leadership of civil society, academia, private sector and other institutions are needed to support efforts, including health workers, teachers, community workers, academics, and other partners in the response to the pandemic.

The government will implement strategic approaches and activities highlighted in the table below to ensure full political support and leadership.

Strategic Objective 1.1: Ensure hand hygiene integration at all levels of government and community			
Strategic approaches	Specific activities to ensure political leadership across each implementation phase		
	Respond	Rebuild	Reimagine
Integrate hand hygiene in all settings through the PM`s CGPM and National WASH Programme	Develop and enforce handwashing SOPs to ensure hand hygiene as an integral part of the COVID-19 response across all sectors and settings (public, institutional, and private).	Facilitate public and institutional facilities in establishing sustainable hand washing services, maintaining and using hand hygiene facilities at each point of care.	Invest in infection prevention control (IPC) capacity development of political, religious and community leaders and key staff responsible for leading hand hygiene activities at institution and community levels Establish role models for hand hygiene in government and communities.
Promote hand hygiene as key social norm through CGPM and National WASH Programme during and beyond COVID-19	Engage the political leadership in creating awareness of hand hygiene as key social norms in all settings.	Mobilise the political leadership to voice for hand hygiene in all development allocations and emergency response interventions.	Organise the dialogues with political leadership for learning from their experiences, and revamping campaigns of hand hygiene.

Expected Outcome 2: Strengthening the enabling environment for hand hygiene programming

The government understands that hand hygiene service delivery and behaviour change can only work at scale and reach all the population, including the most vulnerable, if they are embedded in strong systems with adequate sector capacity to achieve transformational change. The table below highlights strategic approaches and key activities which the government will implement to strengthen the enabling environment. This is guided by five building blocks developed by the Sanitation and Water for All (SWA) partners and from the WHO multimodal improvement strategy.

2.1 Key Strategies/ Policies

The main guiding document for hygiene in Pakistan is the National Sanitation Policy 2006, which primarily focuses on safe disposal of human excreta and the promotion of health hygiene in the country. The term sanitation extends to cover cleanliness, hygiene, collection of waste and their environmentally sound disposal. Further, the National Sanitation Policy 2006 envisions the creation of an open defecation free environment with safe disposal of liquid and solid waste and the promotion of health and hygiene in the country. The National Drinking Water Policy 2009 states hygiene as one of the objectives: Increase public awareness about water safety, safe hygiene practices and water conservation. Under the strategic actions of public awareness, it includes: "Intensive information, education and communication campaigns will be developed and implemented to promote water safety, water conservation and safe hygiene practices. Hygiene promotion will be made an integral component of all water supply programmes."

In 2010, Pakistan Approach to Total Sanitation (PATS) was adopted as a key vehicle to cascade the implementation of national sanitation and water policies. The PATS focuses on four elements to achieve Total Sanitation: i) Sanitation Demand Creation Interventions, ii) Sustaining the Demand through Supply Side Interventions; iii) Hygiene Promotion Interventions; and iv) Drainage and Wastewater Treatment Interventions.

The guiding principles of the document emphasises on Integration of "hygiene ladder" along with the "sanitation ladder" in any of the Total Sanitation programme designs, to maximise the impact, through carefully sequencing the hygiene promotion components, especially hand washing based on the local context and through behaviour change communications. It repeatedly focuses on integrating hygiene practices and behaviour in demand and supply side interventions for total sanitation. The approach of PATS is beings followed by all provinces of Pakistan since 2012-2013.

All four provinces of Pakistan have developed their draft sanitation policies. Presently, Sindh Sanitation Policy 2017 is notified by the Government of Sindh, whereas in other provinces, these policies are at various stages of approval. However, all policy documents recognise hygiene as integral component of sanitation and give due consideration to promote hygiene through various interventions.

Similarly, all four provinces of Pakistan developed their WASH Sector Development Plans in the last five years, which included interventions related to hygiene and promotion with total sanitation. National Water Policy 2018 underpins that the guidelines for water and sanitation should be sought from national drinking water and sanitation policies. It also elaborates that participation of women should be promoted in domestic water supply and water hygiene.

The National Guidelines for Infection Prevention and Control (IPC), 2020 suggest interventions to reduce the burden of HCAIs. The guidelines provide a detailed arrangement regarding handwashing and highlight the need for adequate infrastructure. According to the guidelines, availability of basic infrastructure (hand washing facilities, continuous water supply, soap, drying material, and alcohol-based hand sanitisers) at the point of care are important components of IPC.

Strategic Objective 2.1: Develop and reinforce WASH related policies and strategies to mainstream hygiene into annual development programs and investments.			
Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Policy review and integration	Review the integration of hygiene into sector related policies and strategies, especially in water, sanitation, education, health care, nutrition, and environmental health Assess the gaps and opportunities in policies and standards regarding hand hygiene in health care facilities, schools, workplaces, public places, and other settings	Roll out a national roadmap with steps to accelerate attention and action to scaling-up hand hygiene Map hand hygiene policies and guidelines across departments and entities to review existing gaps and identify enablers to sustain hand hygiene service delivery and practices Strengthen the role of hand hygiene in existing policies and strategies, for example health care, education, workplace regulation, etc.	Conduct a comprehensive review to see the compliances of agreed national policies and strategies of hand hygiene. Review and adapt existing policies and strategies based on lessons learnt from implementation of hand hygiene interventions.
Policy development and adaptation	Develop and implement hand hygiene guidelines/ policies through ministerial notification in the immediate COVID-19 response and preparedness for any future disease outbreak Support behaviour change interventions with the corresponding regulation and enforcement	Develop, approve, disseminate and enforce new policies and guidelines regarding hand hygiene provisions and hygiene education in different settings to address bottlenecks and fill policy gaps recognised in earlier stages	

Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Develop and align the implementation strategy	Facilitate the alignment of hand hygiene practices and messages across the departments and stakeholders	Identify opportunities for and facilitate alignment between different line ministries and other relevant entities regarding the strategies to improve hand hygiene service delivery and hand hygiene behaviour promotion	Regularly convene all stakeholders to align around policies and strategies, review existing gaps and agree on strategies for their effective addressal

2.2 Institutional Arrangements

Water, Sanitation and Hygiene (WASH) is largely led by the provincial governments whereas the Ministry of Climate Change is custodian at the national level for providing necessary coordination, support and reporting for the international and national commitments. The creation of Pakistan WASH Strategic Planning and Coordination Cell at the Ministry of Climate Change has geared up the role and scope of WASH at the federal level. Presently, MoCC is leading on the Clean Green Pakistan Movement (CGPM) which includes hygiene as a one of five key pillars. Under CGPM, the MoCC is extending necessary BCC and capacity development support to the provinces and federating units for raising awareness, capacity development, and resource mobilisation.

In provinces, water, sanitation and hygiene is an "open field" (due to existence of multiple legislations assigning similar roles to different players) for Local Government/ Local Councils as well as Public Health Engineering Departments (PHEDs) and even Local Development Authorities and companies like Water And Sanitation Agencies (WASAs) and Water and Sanitation Companies in major cities as urban utilities, where services are provided to the communities through various planned and unplanned financial sources, i.e. Annual Development Plans (ADPs), vertical programmes (parliamentarian funds), grants, etc. Voluntary sector also acts as a player in rural water and sanitation by spending significant resources either in coordination with the government entities or sometimes independently. The provincial Rules of Business delegate the responsibility of provision of drinking water, drainage and sanitation facilities and legislation/ policy matters related to PHED and Local Government Departments at the provincial levels, while Local Government Act (LGA) 2013 extends these responsibilities to elected local councils under the Local Government Department. As per new provincial Local Government (Conduct of Businesses) Rules, the local councils have been empowered to lead on overall management functions that include operation and maintenance under municipal infrastructure and services.

The provided legal framework, even under provincial LGA 2013/2014 for drinking water, sanitation and hygiene is weak and fragmented especially with respect to operation and maintenance (O&M), community participation, and resource allocations criterion, Further, the new Acts at the provincial levels are not yet being implemented in true spirits.

There is a need of providing further clarity and facilitation in development of guidelines for local councils created under LGSAs 2013 Act for WASH services so that informed capacities are added and developed at appropriate levels.

In the country, ensuring adequate hygiene is a coaction between Health and Local Government departments in the provinces. The frontline health workers known as Lady Health Workers (LHWs), Community Health Workers (CHWs), Social Organisers/ Mobilisers (SO) and Community Resource Persons (CRPs) are generally responsible to create awareness and orientation of the communities around health hygiene behaviours, including washing hands at critical times. Moreover, the health department uses mass media for creating awareness. On the other side, promotion of hygiene rests with field workers of Local Government and Public Health Engineering Departments (PHED) in the provinces. The sanitary workers, largely responsible for cleanliness of the areas, are employed by attached departments of Local Governments. The local councils and government are expected to lead on the provision and effective function of public toilets and hand washing facilities in the local markets, transport stations, and public parks, etc. Similarly, all filling stations in Pakistan should have functional toilets with hand washing facilities. The local city administration can impose fines and restrictions on the filling stations and other private markets where public toilets are not fully functional. The construction, maintenance and provision of necessary toiletries for WASH in health facilities fall with health departments of the respective provinces and regions. The WASH facilities which include hand washing in schools rest with school education department, while the dedicated awareness is being generated through school WASH programmes. In Punjab, hygiene is being monitored by the School Education Department under its school review process.

It is mandatory that all public and private buildings in Pakistan create appropriate toilet and hand wash facilities for visitors and deployed staff, and its architectural designs cannot be approved by the relevant authorities if such features are missing. Unfortunately, this function overlaps between different departments so it is not always effectively monitored.

Strategic Objective 2.2: Create adequate institutional arrangements to translate policies and strategies into implementation of programmatic action.			
Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Strengthen national and subnational coordination mechanisms	Create and strengthen the national coordination group, ideally activating existing mechanisms and ensuring representation from different government ministries. Involve and engage representatives of local governments, private sector and/or civil society at different levels	Institutionalise new structures and/or merge with existing structures for national coordination, if necessary	Adapt coordination and collaboration structures based on lessons learnt from implementation and periodic evaluation

Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Clarify roles and responsibilities	Establish the focal points at relevant ministries and departments with clear tasks for the implementing and monitoring of hand hygiene policies to enhance effective communication and collaboration Shape operational implementation mechanism at local and facility levels	Enforce accountability protocols to implement the agreed and assigned roles and responsibilities towards hand hygiene. Promote joint planning for identifying new opportunities and resources for hand hygiene. Develop mechanisms for working with private sector and identify new win-win partnerships to fill gaps and build on opportunities	Create effective partnerships with the private sector including public private partnerships for hand hygiene Develop partnerships with private sector to increase financing and resources for hand hygiene and adopt "Bill to Operate" approach where required.
Establish legal and regulatory frameworks	Set standards for hand hygiene equipment to be used in public settings, with emphasis on essential workers and those working in community settings	Schools and businesses are given appropriate guidance and support to implement improved hygiene measures for maintaining safe operations	Develop and implement legal and regulatory frameworks for sustained hand hygiene in public spaces including standard operating procedures for school and hospitals

2.3 Financing for Hygiene

The current estimates of the level of financing required to implement SDG 6.1 and 6.2 in Pakistan range from $4.3 billion to $7.7 billion per year. Notably this range incorporates costs according to different definitions: the estimate by the World Bank (2016) considers the full public and private capital and operating expenditure to fulfil the goal, whereas other estimates (2018) cover only estimated required government (public) expenditure. The estimate by the Federal Government of Pakistan (2019) uses the World Bank's 2016 model, but only presents the estimated required capital expenditure. The capital component of the World Bank's 2016 estimate is $5.2 billion—slightly higher than the Government's 2019 estimate (WaterAid, 2020). Presently, the federal and provincial governments of Pakistan are allocating around USD 1 billion annually on Water, Sanitation and Hygiene services in the country.

Pakistan needs minimum USD 4 billion annually to meet its SDGs in next fifteen years. However, there are some challenges in the capacities of the service providers to utilise the allocated funding. Water and sanitation accounted for 3.3 percent of total Overseas Development Assistance (ODA) in 2018. The International Development Association of the World Bank (4 percent of the total), Japan (21 percent of total), the United States (12 percent), and the Asian Development Bank (6 percent) are the major official donors of water and sanitation ODA to Pakistan, accounting for 79 percent of the annual average of USD 60 million 2016-2018. UNICEF, the United Kingdom and Switzerland were other key development partners, accounting each for 4 percent of the 2016-18 annual average. The Global Learning Assessment for Water and Sanitation (GLAAS) reports of 2017 and 2019 show that households contributed 23 percent and 29 percent of total WASH expenditure in 2016 and 2017 respectively. Within urban areas, both households and businesses make important contributions to WASH financing through payment of water and sewerage charges, for example through WASAs. These payments are intended to cover non-development costs, but evidence suggests that their contributions fall significantly short of meeting this.

Pakistan also receives funding for WASH from corporate philanthropy. Although it is difficult to quantify the extent of this support, there is evidence of multi-national companies implementing corporate social responsibility (CSR) projects. These include Proctor and Gamble (P&G), Unilever, RB, Nestlé, Coca Cola, PepsiCo, Soneri Bank, K-Electric, and English Biscuit Manufacturers. There is also a significant amount of individual philanthropy within Pakistan, such as Zakat giving. However, it is difficult to estimate the extent of funding that goes to WASH, although research has found that typically giving has tended to focus on individuals or households, rather than to organisations. Presently, a significant amount of budget for hygiene has been mobilised under the context of creating awareness and mobilising communities and this is generally being channelled through the Clean Green Pakistan Movement, PATS, etc. However, dedicated information about the level of finances being spent on hygiene is not readily accessible and available in public documents and even any other specific report. There are multiple types of investments on hygiene. One is related to human resources who are engaged in creating and ensuring hygiene like LHWs, field workers, community development workers, and sanitary workers. Second is expenditures on hygiene kits and information, education and communication (IEC) materials, along with spending on media campaigns. Others include supplies of soaps, hygiene stations, supply chain activities, etc. The discussions with various stakeholders indicated that only about five percent budget of WASH is being allocated towards hygiene.

Strategic Objective 2.3: Ensure adequate financing from existing and new sources to achieve policy objectives and agreed targets			
Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Ensure realistic and sustainable budgeting for hand hygiene	Lobby with the federal and provincial governments in mobilising and allocating funds to strengthen hand hygiene facilities and services Conduct an assessment to identify financial investment and funding required for hand hygiene.	Support schools, health care facilities and other institutions with adequate planning and financing of hygiene measures to improve their hygiene protocols including the availability of hand hygiene facilities with soap and water	Ensure that the provinces have costed plans with targets for hand hygiene in different settings including preparedness plans for public health emergencies

Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Increase funding towards hand hygiene	Encourage the reprogramming of development activities and budgets towards hand hygiene including funds from the federal government, private sector, and international partners	Promote the financing for hand hygiene programme activities Mobilise resources from sector partners, private sector and other sources to fund hand hygiene interventions	Increase budget allocations to hygiene programming Establish a tracking system of hygiene related expenditures in the country.
Equitable funding distribution	Promote equitable allocation of resources for hand hygiene especially for households having vulnerable groups including persons with disabilities.	Review whether the most vulnerable will benefit from funding allocation, including fiscal incentives and tax exemptions	Develop funding mechanisms and financial support that improves equity

2.4 Monitoring, Evaluation and Review

The Government of Pakistan has incorporated Sustainable Development Goals (SDGs) in the development agendas of the country called Pakistan Development Goals. The task of monitoring and reporting of SDGs has been assigned by the United Nations Statistics Division to the National Statistical organisations; therefore, Pakistan Bureau of Statistics (PBS) is the central statistical organisation for monitoring of SDGs with the network of 34 regional /field offices all over Pakistan. Under the SDG indicator 6.2.1[4], multiple surveys at the National and Provincial level measure the status of hand hygiene at the household level, both in rural and urban areas and based on wealth quintiles, in Pakistan. The key survey at the national level is Pakistan Social Living Standards Measurement (PSLM) From 2016, PSLM has been assigned to track SDGs in Pakistan. The first PSLM Report 2018-19, after SDG rolling out in Pakistan, indicated that only 50 percent population in Pakistan has a dedicated hand washing facility with soap at the household level. Pakistan Demographic and Health Survey (PDHS) and National Nutrition Survey (NNS) are two other key surveys that collect information about hand washing. At the provincial level, the Multiple Indicators Cluster Survey (MICS), led by provincial Bureau of Statistics through the Planning and Development departments, with the support of UNICEF, includes information about hand washing with soap, sanitation facilities and safe disposal of faeces of children. These three surveys i.e., PDHS, NNS and MICS are repeated after three to five years.

[4]Indicator 6.2.1 "Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water"

The guidelines for WASH Joint Sector Review (JSR)[5], utilising WASH Bottleneck Analysis Tool (WASH-BAT), were rolled out by MoCC in 2016, where all provinces showed willingness to conduct WASH-JSR in 2017. A JSR process for WASH includes an annual or biennial gathering, meeting or forum, which is led by a Sector Ministry and has the participation of a wide range of stakeholders. The process engages in dialogue, reviews status, progress and performance and takes decisions on priority actions to provide a reliable overview of finance, implementation, institutions, and gaps; bringing sector stakeholders together; and contributing towards driving reforms and improving sector governance. Even though these surveys at national and provincial level specify hand hygiene as an important indicator of sanitation, measuring hand hygiene only at the household level does not correctly represent the status of hand hygiene in the country, as other settings such as educational institutes, public places and healthcare facilities etc. are also involved in ensuring adequate hand hygiene. Further, a household having hand hygiene facilities does not necessarily mean that hand hygiene is ensured. Therefore, ensuring behaviour change is an essential aspect to promote adequate hand hygiene.

The school WASH related data is collected by the School Education Management Information Systems (EMIS), which also have information around the availability of drinking water and toilets in the schools. Very recently, the Punjab School Education Department added the indicators of cleanliness and hygiene into its review and reporting system. Presently, the health information system does not collate information about access to water, sanitation and hygiene into their catchment and facility centres. With the support of UNICEF and WHO, an assessment of WASH in health facilities is underway and the report is likely to be available in 2021. Moreover, there is no systematic data collection and reporting system for institutional WASH especially in public places, markets, government building, and transport terminals, etc.

The Clean Green Pakistan Index collects information about hygiene in the context of access to public toilets in parks, filling stations, and markets, etc. from the participating cities. Similarly, CGPI explores certain aspects of sanitation like access and coverage of sanitation and solid waste management in the cities. Hence, there is scope to add some key performance indicators related to hand hygiene for all in the next phase.

Strategic Objective 2.4: Strengthen the planning, monitoring, and review by establishing baseline, participatory planning, setting targets and periodic assessments of hand hygiene for all interventions.			
Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Set SMART targets	Set ambitious, but achievable targets for hand hygiene in public spaces and institutions as part of the COVID-19 response, including health care facilities, and schools	Establish baseline data and plan and implement formative research on hand hygiene in health care facilities, schools and other settings	Set national or subnational, time-bound targets in scaling up hand hygiene, including indicators for enabling environment and implementation

[5] A JSR process refers to a periodic assessment of performance within a specific sector by government, development partners, and civil society.

Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Identify and fill data gaps, set up systems	Set up systems for rapid data collection on availability and functionality of hand hygiene services in schools, health care facilities, and other public settings Monitor availability and price of critical hygiene supplies (soap, disinfectant, etc.) Include hygiene related indicators into provincial and national JSR mechanisms	Identify key existing data sources and knowledge gaps for hygiene-related data to improve existing and future interventions Include hand hygiene in upcoming household surveys (DHS, MICs, etc.) and surveys or surveillance of schools, health care facilities and public places Integrate hand hygiene indicators in CGPI and Clean Green Champion initiatives where possible. Explore the use of social media forums for seeking consumers feedback on demand and supply interventions	Include hand hygiene indicators into national surveillance indicators and routine administrative data collection systems (e.g., MIS), Prepare annual status report of hygiene to feed into sector review and support necessary reforms and regulations required Strengthen national digital platforms of Clean Green Pakistan for collecting data and sharing key findings
Review, prioritisation and equity	Identify the vulnerable populations having low coverage of hygiene facilities through equity profiling. Include the vulnerable and geographic areas with low coverage in planning of new interventions for hand hygiene that includes soaps, etc.	Utilise data on hand hygiene in policy review, planning and implementation of WASH related programs Collect data for identifying areas/facilities to be included in the priority lists of interventions especially schools, health facilities, market places, etc.	Ensure that national systems for monitoring and reporting include disaggregated data for disadvantaged groups, and is being used for decision making and resource allocation

2.5 Capacity Development

The goal of hygiene promotion is to help people understand the importance of and develop good hygiene practices to prevent the spread of diseases and to improve human wellbeing. Hygiene promotion entails a dialogue with communities regarding hygiene and the related health problems, with the purpose of improving hygiene practices (WHO, Chapter 9: Promoting Hygiene). Potential human resources from health services (such as health visitors, public health nurses, doctors, and village health workers etc.), public health services (such as water supply staff, and sanitary workers etc.) and education services (such as teachers in secondary schools and colleges, and vocational trainers etc.), can vastly improve hygiene education in the community (WHO, Water, Health and Sanitation - Chapter 7: Hygiene Education).

Lady Health Workers are an important component of primary healthcare in the country, operating within the community they are based in. Currently, there are approximately 100,000 to 125,000 LHWs deployed across the country. This cadre of community health workers plays an extremely essential role in providing primary healthcare in rural areas and urban slums in Pakistan, covering 60 percent of the population. Each LHW is attached to a government health facility and is provided with training, supervision, and basic medical supplies. LHWs are usually responsible for approximately 100–200 households, and although they have mainly focused on maternal and child health, their role in improving the control of community level infections is being increasingly recognised (Ali, 2019), (Khan, et al., 2019), (Pakistan Economic Survey, 2019-2020).

There are approximately 694,380 teachers in Pakistan[6] (PBS, 2019). The number of Pakistan's sanitation workers remains a matter of speculation. It can however be estimated that a sanitary worker serves 2,000 citizens (Shaukat, 2020).

Most of the sanitary workers are employed in the public sector. The organisations that employ sanitation workers include Public Health Departments, municipal corporations, Water and Sewerage Boards and Development Authorities. Also, all public offices of the federal, provincial and district governments employ sanitation workers for cleaning of office premises. In addition to this, large scale private sector housing companies and projects also employ sanitation workers in large clusters (Siddiqi, 2020). Hygiene behaviours are mostly difficult to change since they are a part our daily routine, are shared by the whole community and are a part of culture and traditions. Therefore, it is essential to work with the communities as a whole to improve the status of hygiene (WHO, Water, Health and Sanitation - Chapter 7: Hygiene Education).

The Local Government Academies of all respective provinces largely lead on training the staff of local government in different functions. In recent times, different types of water, sanitation and hygiene courses have been added in these academies, but still there are significant gaps in adopting and implementing a systematic approach for capacity development. Similarly, the community development staff, working under the PHEDs, are provided ad hoc training around community mobilisation, behavioural change, PATS, safe water, safe sanitation, and hygiene practices etc. Some of the large urban utilities have their own training and skill development initiatives, that include orientation and awareness raising approaches for hygiene, water and sanitation services. The capacity gap in WASH includes a lack of soft skills among programme managers, such as partnership and supervision, which are increasingly important to sustain behaviour change.

[6] 571,000 teachers in secondary schools, 56,817 teachers in Arts Science Colleges, 19,743 teachers in professional colleges, 36,758 teachers in universities, and 10,066 teachers in secondary vocational institutes.

Strategic Objective 2.5: Develop and strengthen the capacity development approaches and systems for sustainable service delivery by imparting necessary skills, tools and structures			
Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Programme development and training	Identify necessary capacity gaps of community health workers, sanitary workers, hygiene promoters, health care staff, school health staff (if any), and other essential workers with a focus on COVID-19 specific capacities Work with local suppliers and manufacturers in developing cost-effective messages and distribution mechanisms for supplies.	Prepare the resource materials for teachers, health workers, sanitary workers, local government staff, social mobilisers, and volunteers for the promotion of hand hygiene Develop context specific, effective tools to roll out hand hygiene implementation at scale through CGPI, CGPC, PATS, etc. Invest in social science research capacity to identify context-specific behavioural drivers and effective capacity development approaches for hygiene	Integrate hand hygiene capacity development into national curricula for technical staff of local government and other workers. Integrate skills-based age-appropriate hand hygiene education in school curricula for teachers and students Integrate hand hygiene capacity development into health curricula for health workers at the facility and community levels
Institute knowledge management and exchange initiatives	Promote the knowledge exchange of lessons learnt and best practices to support the implementation of hand hygiene activities	Document and disseminate best practices for hand hygiene implementation and enabling environment Utilise the social media forums for sharing the knowledge and seeking feedback from the communities	Ensure adequate incentives for investments by institutions and individuals into hand hygiene, including recognition of contributions

Expected Outcome 3: Sustainable, inclusive programming at scale to increase supply and demand for hand hygiene

The government is cognisant of the fact that hand hygiene requires infrastructure, the regular supply of consumables like soap or sanitisers as well as regular refilling, cleaning and maintenance of hand hygiene facilities, especially in public settings. Significant gaps exist regarding the availability and affordability of attractive, convenient to install and use hand hygiene facilities for households.

Hand hygiene stations that simultaneously respond to consumers' aesthetic, aspirational and functional preferences are rare in the market, therefore, MoCC will engage the private sector to develop innovations in the design, business models and supply chains for hand hygiene products and services that meet people's needs and preferences as well as to rally supply chains to make them work for all.

- There are approximately 600 factories making Soap and employing 250,000 workers in Pakistan, 450 in unorganised sector and more than 150 in organised sector[7]. "The demand for soap has increased by more than 30 percent since the coronavirus outbreak in Pakistan as its extensive use has been recommended by health experts," Aamir Abdullah Zaki, a leading soap manufacturer and member of the Central Executive Committee of the Pakistan Soap Manufacturers' Association (PSMA)[8]. The manufacturers say that normal consumption of soap, liquid and bars, in the country usually stands at 250,000 tons per year. However, there has been a dramatic surge in its demand during Covid-19 that may require an overall production of 325,000 tons[9].

  The supply problem and labour shortage can result in an estimated decline of 40,000 to 50,000 tons, increasing the prices of the product significantly. A research study conducted by WaterAid Pakistan in June 2020, for understanding the hand washing behaviours during the COVID-19, revealed that key barriers to hand washing included unavailability of soap, and soaps being expensive, etc. Nearly 66 percent indicated the soaps are expensive for their families.

- Changing hand hygiene behaviour is also a critical aspect to ensure adequate hand hygiene as an integral part of daily lives (UNICEF, WHO, 2020). Since 2016, Pakistan piloted different approaches for behavioural change through national and provincial initiatives like Saaf Sehatmand Pakistan (Clean Healthy Pakistan), Saaf Suthro Sindh, Saaf Dehat Punjab, Peshawar Declaration, etc. The Clean Green Pakistan Movement (CGPM), launched in 2018 by MoCC, also emphasises on behavioural change and institutional strengthening. Since then, the sector partners especially UNICEF, WaterAid, etc. have been engaged with the Ministry of Climate Change in identifying and cascading cost-effective approaches for institutional strengthening and behavioural change.

- Social and mass media can be utilised to communicate the message of hygiene to a large number of people. Studies in Kenya, Ghana and Bangladesh have identified a strong association between improved handwashing practices and use of mass media (including newspaper, television, radio, email address, postal address and social media), where information sharing using social media was most widely disseminated (Alexander, et al., 2019). Since January 2021, Pakistan has 180 million cellular subscribers, 95 million 3G/4G subscribers and 90 million broadband subscribers (PTA, 2021), indicating a huge potential regarding promotion of hand hygiene practice in the country. However, in developing countries, limited and irregular access to communication infrastructure and electricity portrays serious challenges (Alexander, et al., 2019).

[7] https://psma.com.pk/introduction-information/
[8] https://www.arabnews.pk/node/1655811/pakistan- accessed on 1st June 2021
[9] https://www.arabnews.pk/node/1655811/pakistan- accessed on 1st June 2021

Strategic Objective 3.1: Improve the supply of products and services for hand hygiene in the short, medium and long term for sustainable and inclusive development			
Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Design appropriate hand hygiene facilities	Disseminate design recommendations and supply options for hand hygiene services that include safety and security Provide technical Guidance to government and private sector on all aspects of hand hygiene in different settings.	Strengthen supply chain for hygiene products and services Set up a national design challenge to source new human centred designs and accelerate availability in the markets	Collaborate with government partners on building supportive business environments and regulatory frameworks Support small-scale private sector, through capacity development, professionalisation and/or fiscal incentives under Clean Green Pakistan Movement
Ensure availability of hand hygiene facilities	Focus on rapidly making available hand hygiene stations and facilities in public settings Ensure hand hygiene facilities are available to those caring for a COVID-19 patient at home and for persons with disabilities	Identify supply chain bottlenecks and inefficiencies to enhance the accessibility and affordability for of soap and other key supplies Develop and implement a system of reward and recognition for substantial contributions towards hand hygiene under Clean Green Pakistan	Encourage local governments and relevant ministries to identify public private partnerships for enhancing the availability of hand hygiene facilities Promote cost effective approaches for developing hand hygiene products and services available to all, including hand hygiene stations, supplies such as soap or alcohol-based hand rub (ABHR), and spare parts for maintenance

Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Refilling, cleaning and maintenance services	Establish quick emergency response protocols for refilling, cleaning, and maintenance of the facilities Ensure continuity of essential water supply for hygiene stations	Support institutions, workplaces and private commercial places to develop protocols for refilling, cleaning and maintenance of hand hygiene facilities	Require institutions, workplaces and private commercial places to have in place protocols for refilling, cleaning and maintenance of hand hygiene facilities and regularly monitor the compliance with those protocols

Strategic Objective 3.2: Social and behaviour change initiatives to promote hand hygiene			
Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Implement behaviour change interventions	Rapidly review existing community engagement messaging and behavioural insights research to understand how to fill any gaps and how to link with the supply-side efforts and product/service insights Engage local influencers online and offline to promote adequate hand hygiene Engage the LHWs in mobilising the health clubs to disseminate key messages.	Continued behaviour change interventions, increasingly following a system to adapt interventions to the evolving context Engage local volunteers and mobilisers in triggering and disseminating messages of hand hygiene. Recognise the efforts and contribution of volunteers and Clean Green Champions in the promotion of hygiene behaviours	Routinely integrate the promotion of hand hygiene into social interventions, e.g. sanitation programs school curricula, and technical trainings Mobilise communities to actively engage with service provides and policy makers, and create and maintain social norms

Strategic approaches	Specific activities to ensure improved enabling environment for hand hygiene		
	Respond	Rebuild	Reimagine
Basing behaviour change on evidence	Disseminate technical guidance on evidence-based behaviour change approaches to increase use of hand hygiene facilities and adoption of best practices	Conduct formative research on hand hygiene to understand key barriers and drivers. Revise behaviour change tools and approaches based on latest data and formative research on behavioural drivers, barriers and vulnerability	Establish regular reviews to adapt interventions based on monitoring and research data using a social and behaviour change approach Work with local academia to collect evidence and suggest necessary reforms and changes required for behavioural change

MONITORING AND EVALUATION FRAMEWORK

Indicator	Baseline	Target	Means of verification	Responsibility
Impact: Reduced mortality and morbidity due to infectious diseases including COVID-19				
Reduction in prevalence of diarrhoea, disaggregated by sex and age			National level Survey like PSLM, PDHS, MICS, etc.	
Outcome: Sustained hand hygiene in public places and at homes				
Proportion of people that practise handwashing with soap or an alternative handwashing agent such as ash, and water, disaggregated by sex and disability	50%	80%	PSLM, PDHS, MICS, etc.	MoCC and PBS
Result 1: Political leadership to promote a culture of hygiene across all parts and levels of government and society, including private sector, civil society, academia and others				
Strategic Objective 1.1: Ensure hand hygiene for all at all levels of government and community				
Number of provincial governments Integrating hand hygiene through CGP Movement	02	06	CGPI reports and MIS of the provinces	MoCC, and Provincial Governments

Indicator	Baseline	Target	Means of verification	Responsibility
Existence of key WASH sector documents that are disseminated regularly (such as budget documents, annual performance reviews and WASH indicators)	01	05	National level Survey like PSLM, PDHS, MICS, etc.	MoCC, and Provincial Governments
Result 2: Strengthening the enabling environment for hand hygiene programming				
Percentage increase in sectoral budget in hand washing	NA	10%	Department of Finance Data	Finance, MoCC and P&DD
Strategic Objective 2.1: Develop and reinforce WASH related policies and strategies which mainstream hygiene into sectoral annual plans and sector investments.				
Number of policies reviewed and integrated into other thematically adjacent policies and strategies, for example sanitation, education, health care, nutrition, and environmental health	0	4	Policy Documents and events	MoCC, PHED and Local Government
Number of policies developed and adapted to enforce hand hygiene	0	1	Published Documents	MoCC, PHED and Local Government
Number of hand hygiene strategies developed and aligned across all sectors	0	1	Published Documents	MoCC, PHED and Local Government
Strategic Objective 2.2: Create adequate institutional arrangements to translate policies and strategies into implementation of programmatic action.				
Number of coordination mechanisms established and strengthened	01	05	Minutes of the meeting of respective constituencies	MoCC, Constituencies and Provincial Governments
Number of protocols clearly highlighting roles and responsibilities developed	0	1	Working Guidelines published and approved	MoCC, Constituencies and Provincial Governments
Legal and regulatory frameworks established	0	02	Water Acts and Local Government Acts	MoCC, Constituencies and Provincial Governments

Indicator	Baseline	Target	Means of verification	Responsibility
Strategic Objective 2.3: Ensure adequate financing from existing and new sources to achieve policy objectives and agreed targets				
Number of provinces with realistic and sustainable budgeting for hand hygiene	NA	05	Budgetary Reports	Finance Departments
Increased budget allocation towards hand hygiene	0	10%	Provincial and Federal Budget Documents	Ministry of Finance at federal and provincial levels
Number of provinces with dedicated hand hygiene budget targeting vulnerable groups	0	05	Provincial and Federal Budget Documents and white papers	Ministry of Finance at federal and provincial levels
Strategic Objective 2.4: Planning, monitoring, and review with clear time-bound targets and indicators for improving access to hand hygiene in different settings				
Availability of programme documents with SMART objectives and targets on hand hygiene at all levels of government	01	05	Provincial Roadmaps	PHED/Local Governments
Availability of MIS to monitor hand hygiene	NA	05	Provincial MIS and CGPI Reports	MoCC, PHED and Local Governments
Mapping of communities and vulnerable people lacking hand hygiene facilities	NA	01	National Equity Study	MoCC, PBS and P&DD
Strategic Objective 2.5: Develop and strengthen the capacity development approaches and systems for sustainable service delivery by imparting skills, tools and structures				
Number of provinces with hand hygiene capacity development plans	NA	05	Provincial Plans	PHED and Local Governments
Number of provinces instituting knowledge exchange programmes to promote hand hygiene	NA	05	Exchange visit reports	Local Governments
Result 3: Sustainable, inclusive programming at scale to increase supply and demand for hand hygiene				

Indicator	Baseline	Target	Means of verification	Responsibility
Strategic Objective 3.1: improve the supply of products and services for hand hygiene in the short, medium and long term for sustainable and inclusive development				
Availability of a catalogue of approved hand hygiene facilities for different settings	NA	02	List of Catalogues published on CGPI website	MoCC and Working Groups of Hygiene
Availability of national guidelines on recommended number of HWS per each setting	0	01	Published guidelines on Govt websites	MoCC and provincial governments
Availability of operation and maintenance plans for hand hygiene facilities	NA	05	Provincial plans include O&M – CGPI reports	Provincial Governments
Strategic Objective 3.2: Social and behaviour change initiatives to promote hygiene practices				
Hand hygiene social and behaviour change strategy developed and rolled out in provinces	NA	01	Published and approved documents	MoCC and provincial governments
Evidence on hand hygiene made available through research	NA	01	Formative Research Reports	MoCC and provincial governments

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