



Hand Hygiene for All | Practical Steps to Developing a Country Roadmap

About this document

In line with the [Hand Hygiene for All Results Framework](#) country output to *develop a costed, government-led country roadmap* and based on the more detailed [Country Roadmaps Framework](#), this document is a practical step-by-step guidance to draft a context-specific country roadmap to achieve hand hygiene for all by 2030. This document guides countries to identify actions which bridge the COVID-19 response, as guided by the **Strategic Preparedness and Response Plan (SPRP)**, with medium- and longer-term development programming to achieve **SDG 6.2** and prepare for future pandemics.

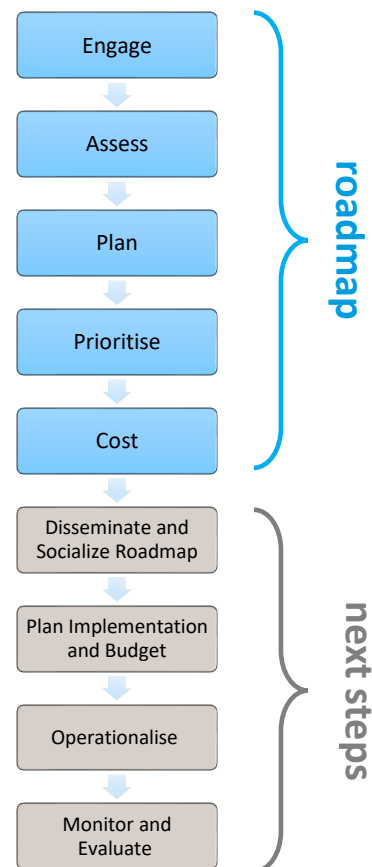
Intended Audience

The guidance is intended to support government partners, UNICEF and WHO country offices, and other sector partners.

Roadmaps are only the beginning and a variety of different approaches can lead to their development.

- This process is a suggested pathway which can be adapted as needed.

Figure 1: Proposed Steps to Achieving Hand Hygiene for All

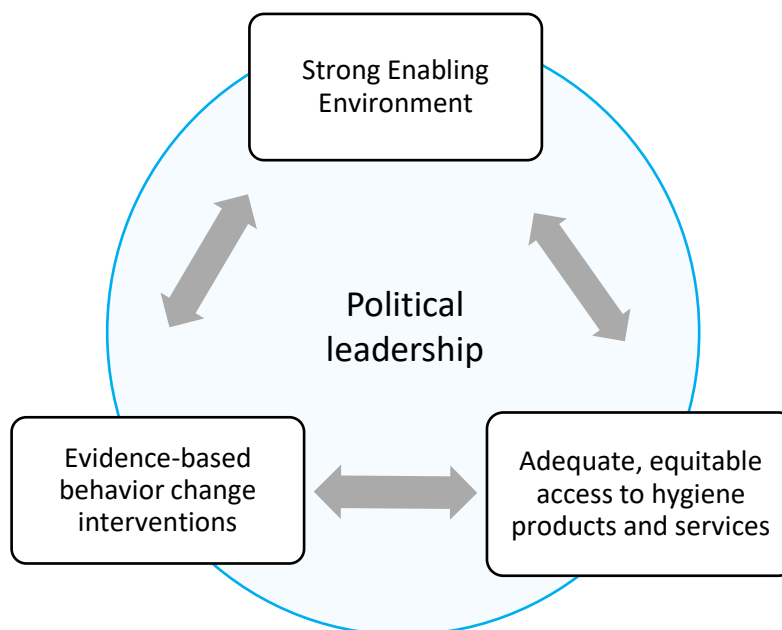


- The steps and their sequencing may differ from country to country and need to be customized.
- Further guidance and examples to support the remaining steps will be developed.
- This guidance covers the first four steps of the longer process to achieve hand hygiene for all (Figure 1).

What is a hand hygiene country roadmap?

- Country roadmaps for hand hygiene **identify strategic goals and opportunities for investments** to improve hand hygiene and **guide actions across the three pillars**, political leadership, enabling environment, inclusive programming at scale to increase supply and demand (Figure 2), by aligning multisectoral stakeholders and investments around a common, co-developed vision and course of action. The roadmaps **lay out a path for maximizing upcoming opportunities** (i.e., upcoming review or development of new policies, national development plans, emergency preparedness and response plans, etc.).
- The development of a country roadmap is a **country-led process to review and assess the current hand hygiene landscape, identify strengths and gaps, and plan and prioritise activities** across the three pillars of activity, taking into consideration existing capacities and resources as well as potential risks and challenges. This process brings together **stakeholders from across sectors and disciplines around a common, co-developed vision** and course of action to align investments and activities.
- Country roadmaps should align with the COVID-19 **Strategic Preparedness and Response Plan (SPRP)** which recognizes hand hygiene as key to responding to COVID-19 and **SDG 6.2** which sets the goals for universal access to hand hygiene by 2030.

Figure 2: Hand Hygiene for All (HH4A) Pillars



Roadmap Objectives and Outputs - Table 1 depicts the proposed four steps of the roadmap development process, including the objective of each step as well as key outputs.

Table 1: HH4A Roadmap objectives and outputs

Step	Objective	Key Outputs
Step 1: Engage	To set up or identify existing coordination mechanisms with all actors relevant for hand hygiene and define the process, roles, responsibilities and timelines	<ul style="list-style-type: none"> • Coordination mechanism, including focal points • Workplan with clear deadlines and responsibilities
Step 2: Assess	To understand the current hand hygiene landscape (context / coverage / stakeholders / funding) and identify strengths and gaps to be addressed in the roadmap plan	<ul style="list-style-type: none"> • Context analysis • Stakeholder and funding analysis • Identified strengths and gaps
Step 3: Plan	To define actions to build upon existing activities and strengthen hand hygiene across settings	<ul style="list-style-type: none"> • Set of actions/targets for each setting
Step 4: Prioritize	To prioritize actions based on set of criteria	<ul style="list-style-type: none"> • Set of criteria • List of priority actions by setting
Step 5: Cost	To identify costs for each activity	<ul style="list-style-type: none"> • Budget to implement roadmap activities

Regional offices are available for technical support.



Vision - The [Hand Hygiene for All Initiative](#) aims to move the world towards supporting the most vulnerable communities with the means to protect their health and environment. It brings together international partners, national governments, public and private sectors, and civil society to ensure affordable products and services are available, especially in disadvantaged areas, and to enable a culture of hygiene.

The **first step to achieving this vision** will be to **develop a country roadmap** which outlines the path to build on current strengths and fill existing gaps for hand hygiene across the three pillars outlined in the Initiative's Theory of Change, below:

1. **Political leadership** to embed 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 programming, including 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:
 - Supplying hygiene products and services
 - Promoting hygiene practices

Theory of Change - Figure 3 outlines the Hand Hygiene for All Theory of Change. It depicts how expected inputs, outputs and outcomes across settings accelerate progress towards achieving hand hygiene for all by 2030 and ultimately contribute to reducing mortality and morbidity of infectious diseases, including COVID-19.

Introduction

Background

Step 1: Engage

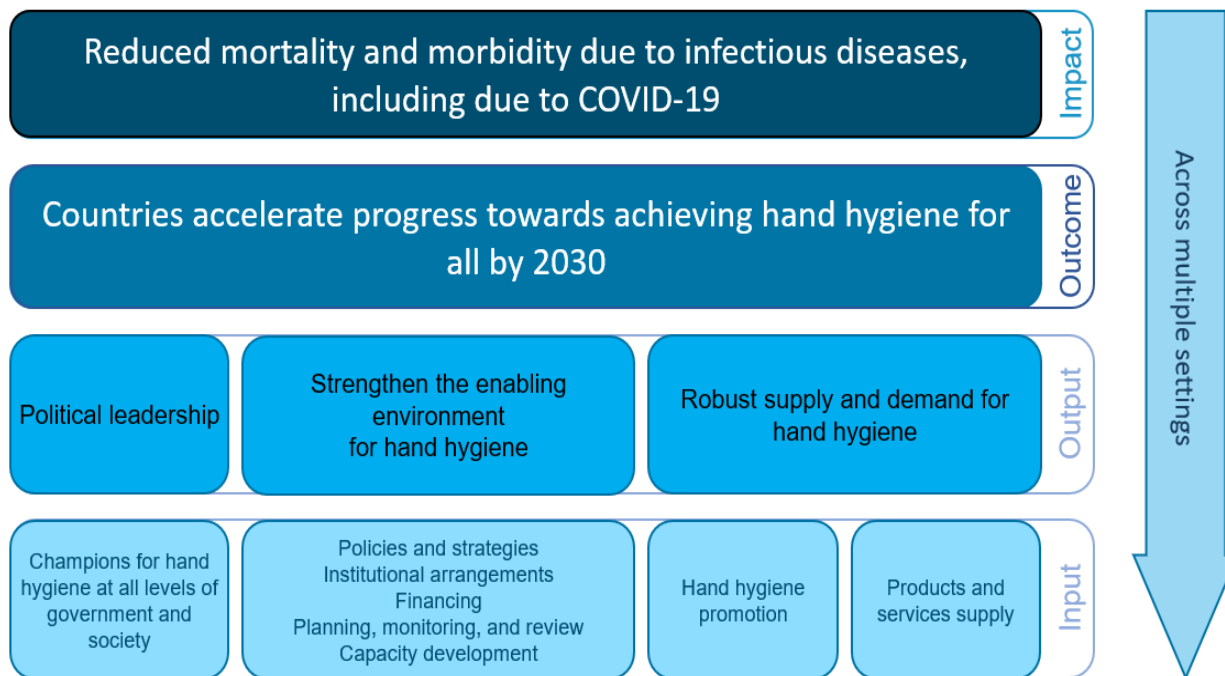
Step 2: Assess

Step 3: Plan

Step 4: Prioritize

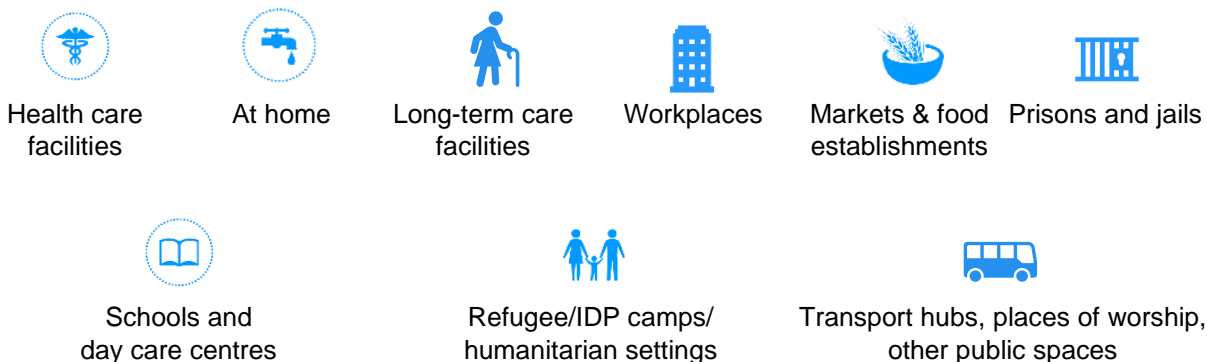
Step 5: Cost

Figure 3: Hand Hygiene for All Theory of Change



Working across different settings - Taking full advantage of the opportunity to create better conditions for hand hygiene means working across sectors and in partnership among governments, private sector, public institutions, civil society and multilateral agencies. This includes but is not limited to the following settings (Figure 4):

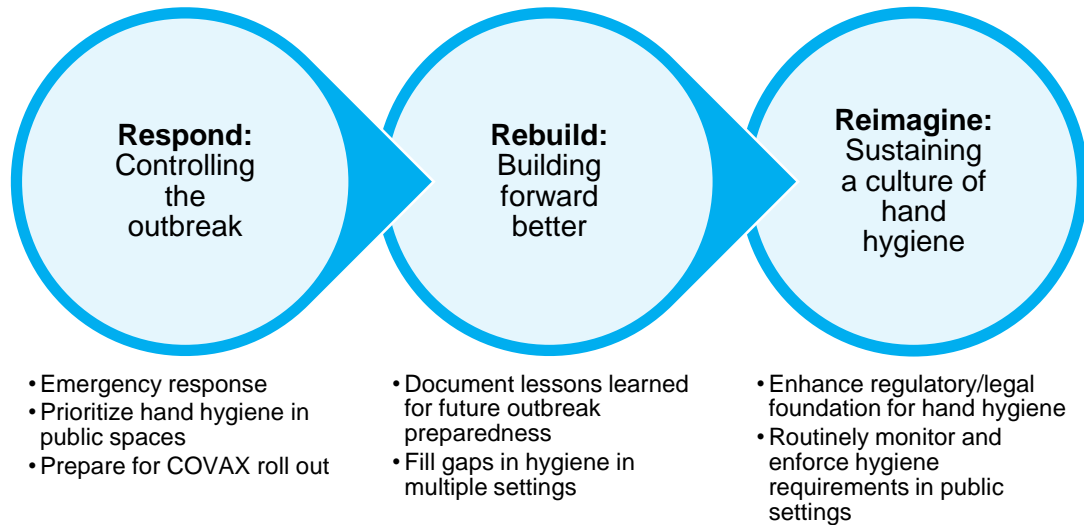
Figure 4: HH4A Potential Settings



Note: It is important to note that drivers of inadequate hand hygiene vary significantly across settings and contexts, and strategies to address hand hygiene need to be tailored to address these diverse drivers. Likewise, while government lead agencies, networks and even approaches may differ in these settings, the theory of change is generic and should apply to all settings.

A phased approach - A culture shift will not happen overnight, but requires significant advances in the short-, medium- and long-term. **Planning for longer-term goals needs to start while implementation of the immediate response is ongoing.** This will ensure continuity of work beyond the pandemic and into the longer term (Figure 5).

Figure 5: Hand Hygiene for All Phasing



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Step 1: Engage - Though engaging with stakeholders and building new alliances is emphasized at the beginning of the roadmap process, it is also an underlying principle throughout the process.

Mapping and identification of key stakeholders as outlined in Annex 2 may occur prior to starting the process and/or later in the process. Initial stakeholder mapping will likely lead to more key stakeholders being involved from the beginning, while starting with a smaller group and adding additional stakeholders as identified through the situation analysis may make the process initially lighter.

See Annex 2 for a worksheet with guiding questions to support stakeholder analysis

✓ **Identify/Set up coordination and define roles in the process**

- Use and build upon existing coordination mechanisms where possible (e.g., sectoral working groups, COVID-19 working groups)
- Ensure representation from government, civil society (including organisations representing women, youth, people living with disabilities, etc.), private sector, religious institutions, academia and other key partners with the appropriate level of decision-making power.
- Identify government focal point(s) to lead the process or if existing coordination mechanisms exists, prioritise one that is government led
- Decide on focal point(s) from development counterpart (if necessary) and/or external support to facilitate, coordinate and document the process

Making the process fit for your context

- The following steps do not need to be taken in the order in which they are presented here.
- The specific type of coordination mechanism and leadership of the process depends on the country context.

Aim for a gender balanced coordination mechanism.

✓ **Engage and build alliances with non-traditional partners** - The roadmap development process should be inclusive and target all segments and sectors of society. It is an opportunity to develop new partnerships and build new alliances with partners not usually engaged in the discussion on hand hygiene. This could include the WASH and infection prevention/ quality in health-care sectors, Ministries of Labour, Education and Transport, faith groups, unions, groups relevant to women's and children's affairs, disability, media and communications, etc.

✓ **Launch the discussion**

- Organise a preparatory meeting with a core group (i.e., coordination group lead and supporting organisation lead, etc.) to plan a workshop or extended meeting (virtual or in-person) with key stakeholders and partners to develop and agree on objectives of the process, key actions, responsibilities and timeframes
- Organise workshop, ensuring key decision makers attend
- Review and discuss/contextualize the Theory of Change and the pillars to creating better conditions for hand hygiene across multiple settings
- Agree on settings relevant to country context
- Agree on the process and timeline with the coordination group i.e., situation and stakeholder analyses and planning may be done by a subgroup, then presented back and discussed with the larger group within a specific timeframe

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- ✓ **Draft Workplan** - Develop a draft workplan for next steps (Table 1 on pg. 3) and circulate for feedback, including clear deadlines, roles and responsibilities.

Case Study Mozambique: Engaging for Advocacy and Alliance Building

In Mozambique, the process of engagement began internally with the UNICEF WASH team. Given the size of the program and team, this was a critical step and provided an opportunity to discuss and agree upon key areas and themes, and to plan and prioritise actions. During this process, teams considered both existing advocacy points and identified new priorities. This engagement resulted in a commitment to accelerate existing initiatives, such as WASH norms and standards in schools and health centres, to increase sector investments, and to prioritize a much-needed national hygiene campaign.

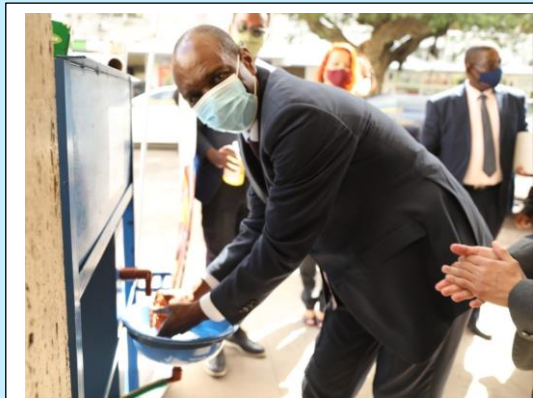
Once the WASH team agreed on key priorities internally, they advocated for the engagement of other sectors with the support of the Deputy Representative and established a steering committee within the office environment. The internal steering committee was comprised of representatives from Communication Advocacy (CAP), Social Policy Evaluation and Research (SPEAR), Health and Nutrition (CHN), Child Protection, Education and Program Coordination Unit (PCU). This process allowed for the alignment of advocacy priorities with other sections, such as education to position hygiene for all in support of the reopening of schools, and to tap into unique opportunities, such as engagement with the private sector and parliament. Finally, this process led to the development of a policy note.

Following internal agreement and alignment, the team reached out to the sanitation department of the Department of Water and Sanitation and the case was presented at the Social Behavioural Change Technical Working Group (SBCC TWG) and among WASH Cluster partners to discuss, validate and facilitate ownership of activities. These meetings were chaired by UNICEF and the Directorate of Water and Sanitation (Ministry of Public Works) with participation of selected NGOs including, WaterAid, SNV, Plan, UN HABITAT and UNITED Purpose.

Following both internal and external sectoral discussions, the UNICEF Steering Committee expanded their reach to include the donor coordination group to explore and initiate potential funding opportunities. The initiative was well received and sparked a great deal of interest. Hand Hygiene for All was also presented at the Ministry of Health communication group. Here the emphasis was on the need for a hygiene campaign, which resulted in a positive response and clear actions for moving forward with the campaign.

Global Handwashing Day was an opportunity to advocate for the importance of hand hygiene, to increase the visibility of this initiative and facilitate political leadership. With the support of partners, celebrations took place across the country, targeting high-level decision makers. The most notable event was, the recognition of Global Handwashing Day at the opening of parliament on the October 15th. Upon arrival, parliamentarians washed their hands with soap and had their photos taken to show their support. The opening remarks of the speaker included the importance of handwashing, and the UNICEF policy note was circulated.

Next steps include to further engage with the Ministries of Health and Education together with the Ministry of Public Works and Ministry of Finance, to continue engaging with parliament on the importance of WASH and hand hygiene, to establish alliances with NGOs to agree on common advocacy points and actions, and to engage with private sector to identify areas for collaboration.



Carlos Agostinho do Rosário,
Prime Minister of Mozambique
on Global Handwashing Day

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Step 2: Assess - For each setting, conduct a rapid assessment of the current context, stakeholders and resources. This process should establish a clear, detailed and realistic picture of the opportunities, resources, challenges and barriers and will support the subsequent steps of planning and prioritization.

Situation analysis - The objective of the situation analysis is to identify strengths, gaps and bottlenecks in political leadership, the enabling environment, behaviour change programming and the supply of products and services for hand hygiene.

See Annex 1 for a worksheet with guiding questions to support the situation analysis

- ✓ **Baseline situation** - Identify existing statistics and data sources relevant to enabling environment (i.e. [WASH BAT](#), [GLAAS](#)), access hand hygiene products and facilities (i.e., [JMP](#), National Health Surveys, past sector reviews, [DHS](#), [MICS](#)), and hand hygiene practices (i.e., KAP surveys, qualitative surveys, social sciences data, etc.) to understand current gaps in coverage, perceptions and bottlenecks to improving hand hygiene.
- ✓ **Existing programming** - Identify current hand hygiene programmes and cross-sectoral programmes with a hand hygiene component (health, WASH, education, nutrition, transport, labour, private sector, academia, etc.).
- ✓ **Enabling Environment** - Review existing policies, country strategies, institutional arrangements, financing, capacity development, and monitoring and review relevant to hand hygiene (i.e., country hygiene or sanitation strategy, disease outbreak emergency preparedness strategy, etc.) and existing country targets.
- ✓ **Inclusive Programming at scale** - Review strategies to improve hand hygiene behaviours and to increase the supply of products and services to enable these behaviours. Identify examples of evidence-based behaviour change programming grounded in behaviour change frameworks and/or community engagement approaches that reach multiple audiences (i.e., women, men, youth, children, people living with disabilities, indigenous communities, etc.) that could be scaled up. In the same way, identify existing approaches relevant to the supply of hand hygiene products i.e., market-based approaches, that have the potential to be implemented on a larger scale. Gaps in supply and demand approaches should also be identified and documented.

Case Study Timor-Leste: Assess - Situation Analysis in Health Care Facilities

In order to evaluate the success of using a [multimodal approach](#) for infection prevention and control (IPC) improvements, three global surveys using a short evidence-based [hand hygiene self-assessment framework](#) (HHSAF) structured around the five multimodal elements have been conducted. The first survey was conducted in 2011 with follow up surveys in 2015 and 2019. Timor-Leste was one of several countries where this survey was conducted.

In Timor-Leste, key learnings from the implementation of this survey include:

- The power of data is one key step in addressing gaps, gathering data using proven assessment tools works - improvements cannot be made without sound monitoring and feedback.
- Functioning infrastructure is critical in progressing behaviour change towards improved hand hygiene and infection prevention control (IPC) practice.
- An empowered health workforce helps make change happen and they can be reached through targeted campaign efforts
- Coordinated and complementary WASH, IPC and health systems activities, particularly at different levels of health service delivery will contribute to success.
- Knowledge sharing catalyses new ideas and innovation.

The HHSAF is an example of existing data which can be used to inform the baseline component of the situation analysis phase. It is also an existing mechanism that can be used going forward to evaluate progress.

Case Study Philippines: Assess - Programming Situation Analysis in School Setting

In the Philippines, UNICEF, in collaboration with the Ministry of Education and IDInsights, collaborated on a pilot project to install nudges in schools in Zamboanga del Norte. The program was based on the Behavioural Insights Framework (or Nudge Theory) and consisted of four handwashing nudges installed inside classrooms or outdoors in grades 1-6. These included spray-painted footprints from toilets to the handwashing area, posters in handwashing stalls with messages related to 'cleanliness' and 'fitting in', an eye sticker above the handwashing facility to subtly communicate that 'others were watching' to create social pressure, and an arrow to the soap to remind students to use soap and teachers to ensure soap was available.

The findings from a recent evaluation of the project showed increased handwashing practice in schools where nudges were used compared to schools without nudges. The nudges also led to increases in functional handwashing facilities with soap suggesting that the program had a positive influence on teacher's behaviour. One of the recommendations provided to the Department of education was to scale up the programme to other areas as part of the COVID-19 response and beyond. This is an example of a hand hygiene programme based on a behaviour change framework that has been implemented, evaluated and proven to be effective in changing hand hygiene behaviour of children and teachers and has the potential to be scaled up as part of the HH4A



Participating School in Zamboanga del Norte

Stakeholder analysis and resource mapping - Identify current and potential future stakeholders and partners (government entities, civil society, academia, private sector, funders, etc.) to understand strengths and gaps of current actors and coordination mechanisms. Further, identify important stakeholders and partners to engage to improve hand hygiene in different settings, including those not traditionally involved in WASH activities. Identify key resources in the areas of political leadership, capacity development and funding (HH4A Costing Guidance is under development) as well as gaps in these areas to achieve the vision.

See Annex 2 for a worksheet with guiding questions to support the stakeholder analysis and resource mapping

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Case Study: Assess - Learnings from implementation of the WASH Bottleneck Analysis Tool

The WASH Bottleneck Analysis Tool (WASH BAT) was developed to assess the enabling environment for WASH service delivery by identifying barriers or bottlenecks to the delivery of sustainable and efficient services at national, sub-national, service provider and community levels. The objective of the exercise is to develop a single sector costed plan with responsibilities to transform the enabling environment and policy aspects of the sector. WASH BAT has been used in 50 countries and includes institutional WASH in health care facilities and schools. The process has been instrumental in engaging partners in dialogue and helping governments to assume their leadership roles. Findings of a recent assessment on the application of the WASH BAT tool provide insightful learnings relevant to the **ASSESS** phase of the HH4A roadmap development process:

Successes

- WASH BAT is a unique opportunity to focus on the WASH sector with buy-in from key stakeholders of the sector and can also improve networking, trust, cooperation and coordination.
- Evidence from WASH BAT action plans have led to positive outcomes such as the development of municipal WASH plans in Montero, Bolivia and Open Defecation Free district plans in Cambodia. Moreover, in Pakistan, WASH BAT was integrated into the sector review process as part of the Clean Green Pakistan initiative to inform strategy and influence key financial documents and budget allocations.
- WASH BAT was most successful when it was integrated into an existing national process or program. For example, in Ethiopia it was integrated into national programme planning which ensured the implementation of identified activities.

Challenges

- Lack of senior-level government participation led to lack of ownership, delays in approval and implementation.
- WASH BAT was less successful in low-capacity contexts where leadership and coordination are lacking, there is low accountability, and the sector is weak.
- Difficulties with translation of certain concepts such as enabling environment and bottlenecks
- Hygiene is not commonly included in the WASH BAT as it is perceived to be related to behaviour change rather than a service and often falls under the Ministry of Health rather than Water and Sanitation.
- Lack of prioritisation of activities down to a set of manageable activities led to lower quality and less innovative activities.

Recommendations

- Government needs to own the process and a leading government agency should be identified early on
- WASH BAT should be linked to an existing process
- Findings should be integrated into long term plans or strategies to ensure accountability of stakeholders
- Ensure strong facilitation and designation of a core group to lead exercise
- Ideally a separate WASH BAT should be conducted for Schools and Health Care Facilities
- Accountability mechanism should be included in the WASH BAT to ensure responsibilities of a group to follow up activities and action plan
- Ensure activities are as SMART as possible.

Several of these learnings can be applied to the Assess phase of the HH4A Country Roadmap development process. Moreover, existing data from country WASH BAT analyses can be used to inform the situation analysis activity and where hand hygiene data is not currently being collected as part of the WASH BAT process, it is an opportunity to advocate for the inclusion of hand hygiene in subsequent analyses.

Step 3: Plan to Respond, Rebuild, Reimagine - Define sets of actions to progressively build on strengths and fill hand hygiene gaps in the different settings, structured along the three phases of Respond, Rebuild and Reimagine (Figure 4).

The sets of actions should build on the context analysis and assessment of stakeholders and resources. Actions for each setting should be considered along with national and sub-national level actions. The planning process should be iterative, planning for refinements and revisions of the roadmap. Be ambitious with plans while ensuring that they are achievable. Refer to the [Hand Hygiene for All Results Framework](#) for examples for country level outputs over the short, medium and long terms.

See Annex 3 for a worksheet with guiding questions to support the planning process

Step 4: Prioritise - The prioritization exercise allows a focus on the most critical activities in the context of limited resources and competing priorities. To prioritize, identify and/or develop a set of criteria relevant in your context by which to evaluate criticality of the activities outlined during the planning phase. Examples of criteria are: expected health impact, current and future availability of resources, reaching vulnerable groups, sustainability, etc. Then, rate each activity (by setting and phase) identified in Step 3 according to the criteria. Develop a system for rating and ranking. This could be based on a value system (see Annex 4) or another system can be developed as per the country's preference. The end result should allow the group to prioritise activities.

Examples from Ending Open Defecation Roadmaps

**Country 1: Roadmap to end open defecation
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8. Approaches
9. Geographic focus and sequencing of communities
10. Expected results by 2022
11. Implementation pathways
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13. Monitoring, evaluation and reporting
14. Roles and responsibilities

**Country 2: Roadmap to End Open Defecation
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1. Country Context
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3. Sanitation Situation Analysis
 - i. Current sanitation coverage
 - ii. Current open defecation rates
 - iii. Sanitation situation in Institutions
 - iv. Lessons learned from sanitation programmes since 2012
4. Targets
 - i. Progress required to achieve roadmap objectives
 - ii. Target populations
5. Planning: Regional targets
 - i. Planning principles
 - ii. Prioritisation principles
 - iii. Targets by region
6. Rural implementation strategy
7. Urban implementation strategy
8. Implementation strategy for Institutions
9. Roadmap governance
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 - ii. Coordination
 - iii. Monitoring and evaluation
 - iv. Knowledge management mechanism
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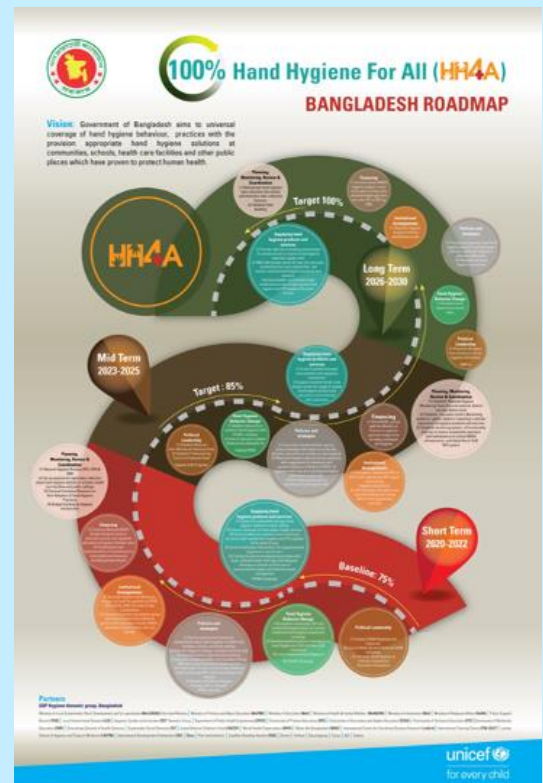
Case Study Bangladesh: Engage, Plan, Prioritise

In Bangladesh, an existing coordination mechanism known as the Hygiene, Gender and Inclusion (HGI) Thematic group was tasked to support the roadmap development process. This group includes the Departments of Public Health Engineering, Primary Education, Secondary and Higher Education, the Directorate General of Health Services, UNICEF and WaterAid. The roadmap development started with an outline of activities as shown by the infographic below. Other key non-government partners engaged in the process included WHO, academia, civil society organisations and the private sector.

Key components of the Bangladesh Roadmap include:

- **National hand hygiene for all campaign**
 - Launch Multi-Sectoral National HH4A Campaign
 - Social mobilization interventions for triggering hand hygiene as a social norm
 - Develop standard, generic messaging on hand hygiene for government, private sector and non-government institutions
- **Provision of handwashing facilities and supplies**
 - Install and sustainably manage hand hygiene stations in public settings
 - Ensure health care workers have continuous access to high-quality hand hygiene at the point of care
 - Provide functional handwashing facilities with soap, sufficient water with taps and adequate drainage at schools including the use of nudges and effective waste management
- **Enabling environment for hand hygiene**
 - The re-dynamization of the thematic group 'Hygiene, Gender and Inclusion' to ensure HH4A coordination among all relevant sector actors.
 - Develop and adopt a costed plan of action in the revised **National Hygiene Strategy 2021**
 - Involve the National Inter-Ministerial Advisory Body to ensure proper coordination
 - Work with the Ministry of Finance to approve separate budget lines for water, sanitation and hygiene
 - Increase the yearly WASH hygiene budget from less than 5% to 10% by 2030

Bangladesh's Hand Hygiene for All Roadmap



Step 5: Cost - The final step of the roadmap development process is to cost each of the proposed activities considering both the cost of promotion activities (software component) as well as hardware (such as facilities, soap, etc.), along with human resources, logistics, advocacy, operation and maintenance, and other relevant costs. It is noteworthy that in previous attempts to cost basic hygiene¹, the promotion costs were twice the cost of hardware. The [Economics of Hand Hygiene Programmes](#) is a useful reference which provides an overview of hand hygiene costing considerations. The HH4A Costing Guidance document is under development and will be available in April 2021.

¹ As defined by JMP: <https://washdata.org/monitoring/hygiene>

Next Steps - Ensure the process is well documented through final spreadsheets and/or a written document. The final documentation should have the approval and endorsement of the required authorities. Agree on a mechanism and schedule for periodic stock takes, review of lessons learned, revisions of milestones and updating. Next steps include (figure 1): dissemination and socialization; implementation and budget planning; operationalisation; and monitoring and evaluation.

Resources – The following resources may help with the assessment, planning and monitoring of hand hygiene.

HH4A Documents

- [Hand Hygiene for All Initiative Call to Action](#)
- [Country Roadmaps Framework](#)
- [Hand Hygiene for All Results Framework](#)

Standards

- [The Sphere Handbook](#) – standards for humanitarian interventions
- UNICEF – [Field Guide: The Three Star Approach for WASH in Schools](#)
- ILO [Hand hygiene at the workplace](#): an essential occupational safety and health prevention and control measure against COVID-19
- WHO and UNICEF – [Water, Sanitation and Hygiene in Health Care Facilities](#). Practical Steps to Achieve Universal Access to Quality Care.
- WHO [Minimum requirements for IPC programmes](#)

Case studies

- [Hygiene Hub Case Studies](#) - Repository of case studies on hygiene promotion programmes during COVID-19

Programming Technical Guidance

- Global WASH Cluster - Introduction to Hygiene Promotion: [Tools and Approaches in Emergencies](#)
- UNHCR Hygiene Promotion Guidelines
- UNICEF - [COVID-19 Hygiene Promotion Guidance Note](#)
- Global Handwashing Partnership - [Handwashing Handbook](#)
- CLTS Knowledge Hub - [How to trigger for Handwashing With Soap \(HWWS\)](#)
- WaterAid - [Technical guide for handwashing in public places and buildings](#)
- WHO [Guidelines on hand hygiene in health care](#)
- Hygiene Hub Resources - [Guidance documents on Hand Hygiene Programming](#)
- [Behaviour Centred Design](#) - Framework for behaviour change programming, founded in behavioural science and design thinking (includes BCD Manual, BCD Formative Research protocols, BCD checklist, etc.)
- [WASH'Em](#) - Free software and resources for designing custom hand hygiene programs in emergencies
- RANAS - [Systematic Behaviour Change in WASH - A Practical guide to using the RANAS approach](#)
- [FOAM](#) - A Framework to Analyze Handwashing Behaviors to Design Effective Handwashing Programs
- WHO - [COVID-19 Strategic Preparedness and Response Plan \(SPRP\)](#)

Alliance Building and Advocacy Tools and Events

- Global Handwashing Partnership - [Clean Hands for All: Toolkit for Hygiene Advocacy](#)
- WHO - [HH4A Improving access and behaviour in health care facilities](#)
- [World Hand Hygiene Day](#) - May 5th
- [Global Handwashing Day](#) - October 15th

Assessment, Monitoring and Evaluation

- WHO and UNICEF - [WASH Bottleneck Analysis Tool \(WASHBAT\)](#)
- UNICEF - [Advancing WASH in Schools Monitoring](#)
- UNICEF and WHO - [Core Questions and Indicators for Monitoring WASH in HCF](#)
- [UNICEF Handwashing Promotion – Monitoring and Evaluation Module](#)
- WHO - [Hand-Hygiene Self-Assessment Framework](#) for Health Care Facilities
- WHO - [Improving Infection Prevention and Control at the Health Facility](#)
- WHO - [Hand hygiene practices, perception and knowledge - Evaluation and feedback tools](#)

Financing

- HH4A Costing Guidance - under development
- Hygiene Hub - [Economics of Hand hygiene programmes](#)

Annex 1: Worksheet for Situation Analysis

Worksheet 1: Situation Analysis							
National-level question: Within government, who is coordinating the drafting and implementation of the hand hygiene country roadmap?							
Setting	Baseline Situation	Enabling Environment			Inclusive Programming at Scale		Vision
<p>Note all settings in which hand hygiene is important. Refer to Figure 3.</p>	<p>Baseline coverage & Vulnerabilities</p> <p>What is the current level of access to hand hygiene infrastructure?</p> <p>How many women and men, boys and girls practice hand hygiene at critical times?</p> <p>In this setting, who are the most vulnerable and do interventions reach them currently?</p>	<p>Policies and strategies</p> <p>What relevant policies exist to steer hand hygiene in this setting?</p> <p>To what extent is hygiene integrated into existing policies of various relevant sectors?</p> <p>Are the policies and strategies operationalized and implemented?</p>	<p>Institutional arrangements</p> <p>Who is leading the coordination for this setting?</p> <p>Are roles and responsibilities clearly defined for this setting?</p> <p>Is there a coordination group? Who are the partners?</p>	<p>Planning, monitoring, review</p> <p>Does a national monitoring system exist in this setting and does it include hand hygiene?</p> <p>Does the monitoring system monitor important inputs, outputs and outcomes? (i.e., access to hand hygiene products and practice levels)</p> <p>Is the monitoring data analysed regularly and utilized to improve policies and interventions?</p>	<p>Behaviour Change</p> <p>What data is available to understand behavioural drivers of hand hygiene?</p> <p>What strategies are currently used to improve hand hygiene practices?</p> <p>Are these strategies based on evidence (formative research with target populations and/or evaluations of ongoing/previous programmes)?</p> <p>Do these strategies include approaches led by communities or where communities are engaged in the design and implementation of programmes?</p> <p>What is the biggest success, initiative and/or innovation for hand hygiene behaviour change in this setting in the</p>	<p>Supply</p> <p>Are appropriate, accessible and affordable hand hygiene facilities available for the setting?</p> <p>Are the supply chains adequate for meeting local demand?</p> <p>Are the most vulnerable able to access facilities and supplies?</p> <p>What mechanisms exist to improve the supply of products and services?</p> <p>What is the biggest success, initiative and/or innovation for hand hygiene supply in this setting in the COVID-19 response?</p>	<p>What is the vision for hand hygiene in this setting?</p>

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					COVID-19 response?		
e.g., schools							
e.g., homes							
e.g., health care facilities							

Note: The guiding questions are included to support this process which can be adapted to the country's specific context, needs and capacities.

Annex 2: Worksheet for Stakeholder and Resource Assessment

Worksheet 2: Stakeholder and Resource Assessment						
Setting	Vision	Stakeholder Analysis		Resources		
				Political Leadership	Capacity Development	Funding
<p>Note all settings in which hand hygiene is important. Refer to Figure 3.</p>	<p>What is the vision for hand hygiene in this setting?</p>	<p>Main Stakeholders</p> <p>Who has the mandate to make decisions in this setting?</p> <p>Who is dedicating resources (staff, funding, thought leadership, etc.) in this setting?</p> <p>Are the relevant stakeholders engaged in the coordination mechanism?</p>	<p>Other Relevant Stakeholders</p> <p>Who else needs to be brought on board to fulfil the vision?</p> <p>What connections to these stakeholders exist to build on?</p>	<p>What are the communication and advocacy needs to increase political leadership in this setting at multiple levels?</p>	<p>Human resources - i.e., are there sufficient numbers of health workers, hygiene promoters, health care staff, etc. with capacities required to respond to the current crisis?</p> <p>Research and innovation - i.e., what is the current capacity for social sciences research to identify context and audience specific behavioural drivers?</p> <p>Where are research and knowledge gaps to design and implement evidence-based hand hygiene interventions?</p> <p>Knowledge management - i.e., what entry points exist to institutionalize learning and knowledge exchange to fill capacity gaps?</p> <p>Are lessons learnt from past and current interventions documented and disseminated?</p>	<p>What is the current level of finance for this area of work?</p> <p>What are the sources of funding and funding timeframes?</p> <p>How much is needed? (refer to costing guidance)</p> <p>Is there a gap?</p> <p>What are potential future sources of funding?</p>
e.g., schools						
e.g., homes						

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e.g., health care facilities						
e.g., workplace						
e.g., public spaces						

Note: The guiding questions are included to support this process which can be adapted to the country's specific context, needs and capacities.

Annex 3: Worksheet for Planning and Milestone Setting

Worksheet 3: Planning and Milestone Setting

National-level actions: What sets of actions need to happen at national level to support setting-specific actions, for example advocacy for high-level political leadership, harmonizing national monitoring systems, national coordination, etc.?

Setting	Vision	Plan			Milestones		
		Respond (end of 2021)	Rebuild (until 2025)	Reimagine (until 2030)	Respond (end of 2021)	Rebuild (until 2025)	Reimagine (until 2030)
Note all settings in which hand hygiene is important. Refer to Figure 3.	What is the vision for hand hygiene in this setting?	<p>Controlling the outbreak</p> <p>What actions need to be taken immediately (until end of 2021) to fill existing gaps based on the analysis? Consider all the different components of the assessment/ theory of change.</p>	<p>Building Forward Better</p> <p>What actions need to be taken in the medium term (until 2025) to fill existing gaps based on the analysis? Consider all the different components of the assessment/ theory of change.</p>	<p>Sustaining a culture of hand hygiene</p> <p>What actions need to be taken in the long term (until 2030) to fill existing gaps based on the analysis and achieve SDG 6.2? Consider all the different components of the assessment/ theory of change.</p>			
e.g., schools							
e.g., homes							
e.g., health care facilities							

Note: The guiding questions are included to support this process which can be adapted to the country's specific context, needs and capacities.

Annex 4: Worksheet for Prioritization

Worksheet 4: Prioritization						
Setting	Action	Phase	Impact	Resources available (current and future)	Reaching vulnerable groups	Total (sum)
Setting 1	Action 1	i.e., Rebuild				
Setting 1	Action 2					
Setting 1	Action 3					
Setting 2	Action 1					
...	...					

Scale: 1-4 (4=very relevant, 3=relevant, 2=somewhat relevant, 1=not relevant)

Note: The criteria for prioritization are indicative. They can and should be adapted to the country's specific context, needs and capacities. The numerical scale is also a suggested way of prioritising activities but countries can select any preferred method of prioritisation.