Nigeria Roadmap to Hand Hygiene for All
2021 to 2025

World Health Organization

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Foreword

Water, Sanitation and Hygiene (WASH) are important contributors to human health and well-being and a necessity for the realization of socio-economic development. Unbalanced priority placed on water supply and sanitation alone, while neglecting the promotion of hygiene, could be counterproductive as the quality of water and gains in ending open defecation are often compromised by poor hygiene practices. The full benefits of having access to supply of improved water can only be realized when access to improved sanitation and adequate hygiene services and safe practices are assured.

Hand Hygiene is the practice of washing hands with soap under running water or cleaning the hands with an antiseptic hand rub to remove disease causing microorganisms from the hands. Hand hygiene is especially indicated at certain critical times in general context such as before cooking, before eating, before feeding a child, after visiting the toilet, and after cleaning a baby's faeces. In healthcare facilities, critical times for handwashing include before touching a patient, before clean/aseptic procedure, after body fluid exposure risk, after touching a patient and after touching surroundings. The availability of handwashing facilities with soap and water within premises is a priority indicator for global monitoring of hygiene (WHO. UNICEF, 2020). In Nigeria, 17% of households have access to handwashing facilities with soap and water as reported in the 2021 WASHNORM.

In response to the COVID-19 challenge, WHO and UNICEF launched a Hand Hygiene for All Initiative in June 2020. The initiative calls for countries to lay out comprehensive roadmaps that highlight clear actions required in the immediate, mid-term and long term to ensure that hand hygiene is a mainstay beyond the COVID-19 pandemic.

The Federal Ministry of Water Resources, in its characteristic habit of adopting global good practices to improve the Water, Sanitation and Hygiene (WASH) status of Nigeria, collaborated with UNICEF and other Development Partners to develop the **Nigeria Roadmap to Hand Hygiene for All (HH4A)**. The Nigeria HH4A Roadmap recognizes the necessity of three core factors namely: ***political leadership, a strong enabling environment, and increased supply and demand for hand hygiene through inclusive programming at scale***. Activities to realize these factors have been detailed to include short-term COVID-19 **response** needs to control the outbreak; medium-term activities to **rebuild** hand hygiene systems and long-term approaches that **reimagine** for **sustenance** of a hand hygiene culture.

The Roadmap also acknowledges that increase in sustained hand hygiene practice needs to happen in multiple settings such as schools and day care centres, health care facilities, in homes, workplaces, markets and food establishments, prisons and detention centres, internally displaced persons/refugee camps and other humanitarian settings, transport hubs, places of worship and other public spaces.

Government Ministries, Inter-Ministerial Departments and Agencies at Federal, State and Local Government levels, are enjoined to actively use the Roadmap to guide their contribution towards ensuring that all Nigerians in every setting are accessing facilities and practicing effective hand hygiene at all times. Health, Education, Tourism Sectors and Correctional Facilities are particularly required to support the implementation of this Roadmap in their respective settings.

Development Partners, including both International and Local NGOs, are invited to support the Government of Nigeria in the implementation of this Roadmap. The Government requires all players in the WASH Sector to use this Roadmap as the primary reference point for all its hygiene promotion activities to avoid insistency and unnecessary duplication. The Federal Ministry of Water Resources is committed to playing its role in collaboration with other Sector Stakeholders in ensuring the actualization of the objectives of this Roadmap at all levels.

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Acknowledgement

The Nigeria Roadmap to Hand Hygiene for All was prepared based on several consultations with our key Partners and Stakeholders who provided insights and guidance in its development. First of all, we acknowledge the Honourable Minister of Water Resources' efforts in putting in place the right enabling environment to partner with the Sector Stakeholders that led to the development of the Roadmap. We also thank UNICEF for procuring the Consultants that developed the Roadmap and for their commitment in the production of this document.

The invaluable contributions and comments received from all individuals and organizations from Government, Private Sector, Civil Society and Development Partners who participated in the different National Stakeholders' Validation Workshops and Webinars towards the development of the Roadmap is highly appreciated. We appreciate the contributions of Ministries and organizations such as Federal Ministries of Education, Health and Women Affairs; National Primary Health Care Development Agency, Universal Basic Education, WaterAid Nigeria, United Purpose, OPS-WASH and WASH Media Network. We also recognize the inputs from our sub-national partners: Rural Water Supply and Sanitation Agencies, States Universal Basic Education Boards, States Primary Health Care Boards and Local Government Water, Sanitation and Hygiene Departments/Units.

Appreciation also goes to Mr. Timeyin Uwejamomere, the Managing Partner, Mangrove & Partner Ltd and his Team for the development of this document and facilitation of Stakeholders' Validation meetings, as well as to the Lead Consultant of MarketSight Consultancy, Mr. Rilwan Aderinto and his crew for their effort on the Market Assessment of Hygiene Product and Services which greatly enriched the Roadmap.

Above all, we thank the Almighty God for the successful development of the Nigeria Roadmap to Hand Hygiene for All (2021 - 2025).

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1. Introduction and Background

1.1 Introduction

Handwashing was first globally highlighted as a critical cost-effective means of preventing several illnesses including faeco-oral and respiratory diseases in 2008 with the setting aside of October 15 for commemoration as the Handwashing Day. The outbreak in Nigeria of Ebola virus disease, in 2014, galvanized the government and people to action to consistently promote and practice effective handwashing with soap. Globally, the COVID-19 pandemic has generated unprecedented global promotion and practice of handwashing by governments and across every segment of the population. However, without a culture of good hand hygiene practice, and the availability of enabling facilities and products, such as water and soap, handwashing will be a near impossibility in many homes and facilities. Good hand hygiene is an economical public health measure, and a cornerstone of safe and effective health care. It is crucial to protecting against a range of diseases, stopping the transmission of COVID-19, and preventing other outbreak-related diseases and critical to combatting antimicrobial resistance (AMR).

The development of a culture of good hand hygiene is a critical factor in stemming fecal-oral transmission of diseases. Enteric pathogens easily find their way into humans through the hand. The 'F-Diagram', espoused by Wagner and Lanois[1] in 1958, describes the routes through which fecal pathogens travel from the environment (fingers, fluids, flies, fields, floors as well as surfaces such at home, offices, currency, animals) into a new human host and the ways by which this can be blocked. Good handwashing, with soap and water, acts as the primary barrier and blocks this flow. Nonetheless, rate of hand washing practice remains low, with only 10% of households demonstrating proper handwashing with water and soap under running water despite 81% having a knowledge of at least two critical times for handwashing[2]. Good hand washing behavior, and practice, therefore remains a challenge in Nigeria.

Water plays a key role in various aspects of human endeavour and its sustainable management is critical to the development of a society. Without water, achieving domestic, commercial, industrial, agricultural and recreational purposes will be a futile exercise. While is very necessary to make significant and sustained investment in water supply infrastructure, institutions and water resource management, less developed countries like Nigeria lack adequate water infrastructure, suffer from weak institutions and poor water governance. Therefore, inadequate access to quality water, sanitation and hygiene (WASH) services continues to negatively impact health, education, infrastructure and have huge socioeconomic consequences on society.[3] The less talked about component of handwashing is soap. The market and value chain for soap making – sources of raw materials, production process, branding, distribution, and sales are less studied. Nonetheless, the proportion of hygiene in household WASH

[1] Excreta disposal for rural areas and small communities Wagner, E. G, and Lanoix, J. N. (1958)
[2] National Outcome Routine Mapping of Water, Sanitation and Hygiene Services Levels Nigeria – Summary of Survey Findings 2019
[3] Assessment of Water Resources Development and Exploitation in Nigeria: A Review of Integrated Water Resources Management Approach. Ben U. Ngene, Christiana O. Nwafor *, Gideon O. Bamigboye, Adebanji S. Ogbiye, Jacob O. Ogundare, Victor E. Akpan

expenditure of $11 billion (USD) is 61.15% ($6.6 billion), with soap for bathing, laundry and washing materials and equipment 67% of the hygiene cost. Soap is mainly supplied through both formal and informal production systems. With the advent of covid, increasing contribution of household and informal soap production have been observed.

1.2 Hand Hygiene for All (HH4A) global initiative

The World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) launched the Hand Hygiene for All (HH4A) global initiative, to operationalize WHO's recommendations towards universal access to hand hygiene and improved practices across settings. The Initiative identifies three pillars critical to effectively and sustainably scale up hand hygiene: ***political leadership, a strong enabling environment, and increase supply and demand for hand hygiene through inclusive programming at scale***. The Initiative also acknowledges that increase in sustained hand hygiene practice needs to happen in multiple settings, including but not limited to schools and day care centers, health care facilities, in homes, workplaces, markets and food establishments, prisons and detention centers, internally displaced persons/refugee camps and other humanitarian settings, transport hubs, places of worship and other public spaces. A culture shift will require a phased approach considering short-term COVID-19 **response** needs to control the outbreak, medium-term activities to **rebuild** hand hygiene systems and long-term approaches to **reimagine** and **sustain** a hand hygiene culture. The Hand Hygiene for All Initiative is therefore a global call for countries to lay out comprehensive roadmaps that bridge national COVID-19 response plans with national development goals and ensure hand hygiene is a mainstay in public health interventions beyond the pandemic. It also proposes a framework for coordination and collaboration among global and regional partners, with the primary aim of supporting and growing country-led efforts and investments.

1.3 Rationale

Poor hygiene practices have played a significant negative role in health, livelihood and sustainability for the lives of millions, especially children and vulnerable groups with limited access to WASH facilities.[4] Children are kept out of school, preventable deaths in medical centres occur and millions of girls and women suffer in shame as a result of not being able to manage their menstrual hygiene needs.[5] Handwashing with soap (HWS) is linked to a 48% reduction in the risk of endemic diarrhoea, 16-21% reduction in risk of acute respiratory infection, 50% reduction of pneumonia, and substantial reduction in neonatal infections. HWS can also reduce school absenteeism by 43%.[6] Overall, in the case of adequate water supply, the impact on disease control such as diarrhoea at a household level can be between 28-45%.[7]

Despite this value to public health, well-being and livelihood, recognition of the impact by key decision makers and budget allocations are largely insignificant. Beyond the financial needs of the sector, weak institutional systems and recognition of hand hygiene limit the focus on

[4] (Kumwenda, 2019)
[5] An Assessment of Menstrual Hygiene Management in Secondary School: Anambra, Katsina, Osun, (UNICEF, 2015)
[6] (Gautam, Adera, & Gavin, 2017)
[7] (World Health Organisation , 2014)

handwashing in the midst of WASH activities globally.[8] Hence, we still find that only 19% of people across the world wash their hands with soap after defecating and 35% of healthcare facilities have no water and soap for handwashing.[9] Diarrhoea remains the fourth leading cause of death among children under five globally, resulting in almost half a million deaths each year, and has lasting effects and irreversible impacts on children's nutritional status and development potential.[10] In 2017, Global Waters put coverage of hand washing facilities at 27% in Sub-Saharan Africa and below 50% in Africa.[11] The Covid-19 pandemic has emphasized the need for proactive steps towards enforcing better handwashing behaviour globally.[12] The speed of the spread and the alarming death rates influenced many countries and jurisdictions to introducing measures to prevent the spread of COVID-19, and handwashing features very strongly in all of these[13]. In fact, WHO recommends regular handwashing, the use of facemask and social distancing as the key barriers to the spread of Covid-19.

In this regard, the focus of education and information on handwashing has aimed at people working within the health sector, care-givers, patients, as well as to the general public.[14] There has been a proliferation of public health messages through various sources about the importance of handwashing, and the correct techniques for handwashing. Memes and short videos aimed at reaching people on their handheld devices, as well as through social media, and mainstream television, radio, print ads and billboards are all in use, and all with the same message that effective handwashing is crucial to stopping the spread of COVID-19. While these efforts at international and national levels are commendable, these methods have keyed into the same approach for behavioural change in the past that has not significantly changed the statistics.

With studies showing how these hygiene promotional approaches rarely result in sustained behaviour change because of inadequate strategies based on cultural, social, psychological and environmental factors, including people's motives and access to WASH services, there is a need to ensure that the rebuilding of actions in a Post-COVID-19 era can sustain hygiene practices, particularly on the level of basic handwashing needs[15] There is mounting evidence that research-based interventions that address people's individual motives, use emotional triggers, take marketing approaches, make environmental changes and involve the whole community are much more successful in improving behaviours such as handwashing.[16] Hence the need for a program that creates country specific strategies that reflect the people and self-motivates both institutions and households in adopting the practices for hand hygiene.

WHO and UNICEF have launched the Hand Hygiene for All (HH4A) global initiative, to operationalize WHO's recommendations towards universal access to hand hygiene and improved practices across national settings. The rationale is linked to:[17]

Limited impact of hygiene behaviour changes on sustainable development globally:

[8] (UN Water, 2017)
[9] (World Health Organization/UNICEF, 2015)
[10] (International Vaccine Access Center (IVAC), Johns Hopkins Bloomberg School of Public Health, 2020)
[11] (Nguyen & Campbell, 2017)
[12] (UNICEF; World Health Organisation, 2020)
[13] (Alzyood, Jackson, Aveyard, & Brooke, 2020)
[14] (WaterAid, 2020)
[15] (Keatman, 2015)
[16] (Buck, et al., 2017)
[17] See more: (WaterAid, 2020)

To successfully integrate hygiene efforts towards other Sustainable Development Goals, strong governance is required. The framework starts by understanding what exists between sectors in terms of policies, tools, ideologies or theories of change for hygiene, and potentially how key decision makers view the rebuilding and consolidation towards creating partnerships aimed at HH4A. Hence, the process must include national, district and local governments, advocating the allocation of long-term resources (financial and human) to hygiene behaviour change. Gaps must be identified between coordinating arms to ensure long-term impact on the SDGs.

Unclear coordination chains, roles and responsibilities between government, service providers, and stakeholders:
To work towards a common goal, decision makers in government need to be identified. Roles and responsibilities can get confusing in a bureaucratic system, and for a multi-sectoral issue such as hygiene, with impact on health, nutrition, education, livelihoods, productivity and overall welfare, so to move forward, we need to evaluate what hierarchy exists for hygiene in governance. There is a need for the lead Ministry to evolve a coordination mechanism that is inclusive, integrative and yet flexible for independent actions.

Data gaps on the impact from existing hygiene interventions across sectors beyond WASH:
Action plans based on the evidence of what motivates and limits people to adapt and sustain hand hygiene behaviour is essential. While there is evidence of what does not work in terms of budgeting and access, there is less of what has worked over the years. Designing the framework is based on formative research to be sustainable. Recognising the key hygiene behaviours to address, local market chains to capitalise, and budget gaps is necessary to focus our efforts and improve our effectiveness.

2. National Context

2.1 The State of Hand washing and Hygiene as a Component of WASH in Nigeria

Nigeria is committed to attaining the Sustainable Development Goals and has taken high level actions to meet the SDGs 6 on WASH, which is to achieve universal and sustainable access to WASH services by 2030[18]. However, progress with the sanitation goals, has declined over the years and millions of people are still left without access to sanitation services. Nigeria had missed the sanitation targets of the Millennium Development Goals in 2015. Hence, poor access to improved water and sanitation services in Nigeria remains a major contributing factor to high morbidity and mortality rates among children under five. The consumption of contaminated drinking water and poor sanitary conditions result in increased vulnerability to water-borne diseases, including diarrhoea which leads to deaths of more than 70,000 children under five annually. Poor hand hygiene practices significantly contribute to this occurrence.

As part of its strategies to attain the SDG 6, the Water, Sanitation and Hygiene National Outcome Routine Mapping (WASH-NORM) survey was commissioned in 2018 by the Federal Ministry of Water Resources to fill the chronic gaps in the sector data management and monitoring. The implementation of this initiative is led by National Bureau of Statistics, with support from UNICEF, World Bank, the European Union and DFID. Findings from the 2018 WASH-NORM [19], revealed that only 11 percent of the population, 7 percent of schools and 5 percent of health facilities have access to basic WASH services and at least 167 million homes do not have access to handwashing facilities.

Before the COVID-19 pandemic, WHO and UNICEF, with support of international development partners in health and WASH programmes like, UNIDO, UNFPA, IOM, OCHA UNHCR, UNDP, WaterAid, Sightsavers, Save the Children, United Purpose, WSSCC, and Action Against Hunger, have been supporting the Federal Government of Nigeria in raising awareness on the importance of hand hygiene and integrated waste management to reduce risk behaviours among Nigerians. WHO [20] has also supported the government at national and sub-national levels to develop and adapt WASH, Infection Prevention and Control (IPC) and environmental disinfection guidelines, including, capacity building for environmental health surveillance focal points in 36 states and FCT on hygiene compliance and disinfection of healthcare facilities, schools and airports. Findings [21] from the second round of the WASH-NORM in 2019, also highlighted a slight reduction in the number of people defecating in the open, moving from 47 million in 2018 to 46 million people in 2019. At the same time, the number of people using basic sanitation services has increased by 6.6 million people, a progress mostly

[18] President Muhammadu Buhari launched the National Action Plan for the revitalization of the WASH sector in November 2018, and Vice President Yemi Osinbajo launched the Clean Nigeria: Use the toilet Campaign in November 2019.
[19] https://www.unicef.org/nigeria/water-sanitation-and-hygiene
[20] https://reliefweb.int/report/nigeria/covid-19-pandemic-heightens-importance-handwashing-soap
[21] ttps://www.unicef.org/nigeria/stories/new-survey-reveals-progress-and-gaps-nigerians-access-water-sanitation-and-hygiene-services

driven by a rise in the number of people upgrading their current toilets to improved private toilets within their homes.

Access to hygiene services have declined from 21% in 2018 to 16% in 2019; 20% are available in urban areas, 19% in peri-urban areas, 14% in rural areas, 16% in small towns and 15% in itinerant. Based on geo-political zones, population in the southern region have 1% more access to hygiene services than the Northern region which is 44%. However, the Northwest region has the highest percentage of access to basic hygiene services while the North Eastern areas have the lowest percentage of people. As the state of hygiene continues to decline, the impact on public health has also been documented in WASHNORM statistics. Results showed that in about 1 in 10 households (11%), 72% of the household members who suffered diarrhoea are children under five, with minimal variations across geopolitical zones, area of residence or any other parameter. This shows the vulnerability of this group of population to diarrhoea and other hygiene and sanitation related diseases.

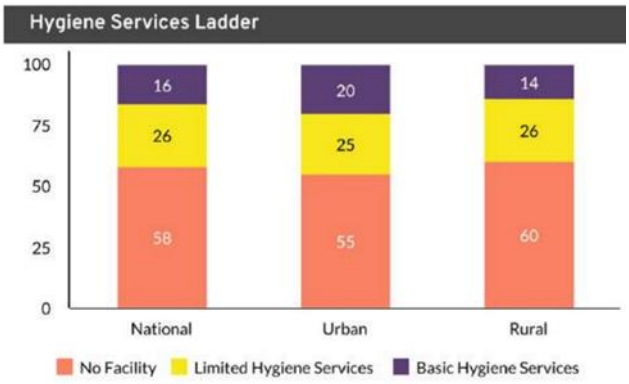

Figure 1 Hygiene Service Ladder

Despite substantial gains in access to water, sanitation, and hygiene (WASH) services through activities such as the Open Defecation Free and hygiene promotion campaigns across states, diarrhea remains the leading cause of the high morbidity and mortality rates among children under five in Nigeria.[22] Although the necessary measures to prevent transmissions are linked to access to clean water and sanitation, the awareness for critical handwashing times and the practice is an important part of the process. Sustaining good hygiene behaviors, such as handwashing with soap, is linked to a 32-48% reduction in the risk of diarrhea, a 16-21% reduction in the risk of acute respiratory infections, and a substantial reduction in neonatal infections[23]. Despite this perceived impact on households, only 6.6% of household income is spent on hygiene services; an average of 10,105 naira per person. Statistics also indicate that access to basic handwashing services significantly increases with earning potential. Perhaps more significant is the wide gap between knowledge and practices on hand hygiene, with 81% of household heads having knowledge of at least two critical times for

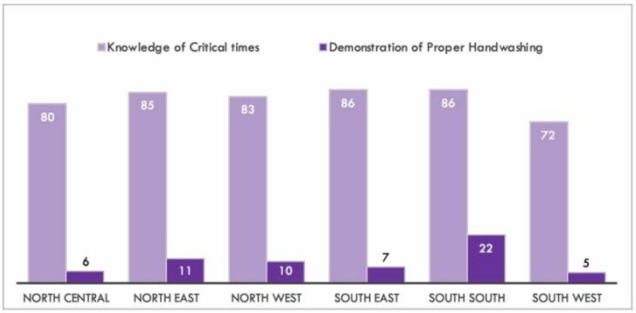

Figure 2 Knowledge and Demonstration of Handwashing Techniques by Geo-political Zones

[22] (World Health Organization (WHO) & United Nations Children's Fund (UNICEF), 2017)
[23] *(Cairncross, et al., 2010)*

handwashing but only 11% of household members are likely to practice proper handwashing (with water and soap) at critical times (after using the toilet, after changing child's diaper, before eating and before preparing food)[24]. This gap between knowledge and practice of hand hygiene is similar across the geopolitical zones of the country.

The Covid-19 pandemic has further highlighted the long-term disregard for hygiene in policies, budgeting and strategies, linking the value of handwashing with soap to limiting the spread of transmissible diseases[25]. Surprisingly, no ministry, department or agency of government currently has a budget line dedicated to hygiene or hand hygiene, despite the repeated episodes of cholera and water-related diseases outbreaks. While no WASH component can be effective in protecting and promoting the health and wellbeing of children without the other, a composite perspective of the WASH sector should always be adopted to address sectoral gaps. However, the underwhelming investment and sustained behavioral change in hand hygiene across households, public spaces and institutions calls for a collective movement for change.

2.2 Challenges and Emerging Issues:

A review of hand hygiene practices and sector performance indicates several limitations and challenges inhibiting the uptake of hand hygiene. These include:

Limited network across sector actors: Existing health, education, nutrition, social welfare, climate change, livelihood, correctional services and WASH sector MDAs operate almost in silos. This creates a challenge for integrated and inclusive programming while inhibiting synergy and development outcomes.

Fragmented approaches and institutions: Managing the delivery of the hygiene and hand hygiene messages has been inconsistent in approach and institutions without accountability. Presently many MDAs manage hygiene in exclusion rather than seeing hygiene function as a multi-sectoral function – pursuing integration, cooperation, collaboration, coordination, and prioritization with other MDAs.

Focus on facilities rather than on behaviour change: The adoption of an engineering approach to address behavioural issues limits the ability of countries to scale up hand hygiene uptake. Many facilities were constructed in the wake of COVID-19 which are laying unused and unkept across government establishments and in public places. This bias is reflected in the misleading use of proxy indicators such as the availability of handwashing facility to measure handwashing.

Standardization of products, services and approaches: Clarity on the national standards for hand hygiene products, services and approaches is absent. What, for example, should be the HH4A technical standard for handwashing facilities, how close should such facilities be to toilets or homes, how should we mainstream hygiene as part of WASH, Health, Education, Nutrition, and such other related programming? These issues also help to define indicators for measuring performance and conducting evaluations for the sectors. The poor standards result in poor M&E and reporting on hygiene and hand hygiene.

[24] WASHNORM 2019
[25] (WHO, 2020)

Technical innovation: It is presently unclear what and who drives research and improvements in hygiene products, services and performance. Overall, research, learning and innovation is generally weak in the Nigeria WASH sector. Hygiene training (environmental health) and human resources development is seen as a technical cadre and silently discriminated against in the public service, and by other practitioners of the hygiene, health and medical professions[26].

Operation and maintenance (O&M): Across Federal and State Ministries and Departments, there is a glaring absence of plans and budgets for O&M for hygiene and handwashing. Where it exists, it is subsumed in a programme budget for other related activities. Overall, there is a general assumption that hand hygiene does not require much cost. The WASHNORM 2019, however, indicates that 61.15% of total expenditure by households in the WASH sector was spent on hygiene related activities with only 36.9% to water supply and 1.88% to sanitation. Reflecting on the importance of hygiene to households, public finance should logically mimic this trend by budgeting and releasing adequate funds in establishing and sustaining public hygiene facilities in schools, health centres, government secretariats, markets, motor parks, stadia and entertainments centres, correctional facilities, and other public places.

Making hygiene more inclusive: Social inclusion and equity considerations are currently weak in hygiene and hand hygiene facilities, services and products whereas some advances are being made in designing facilities for water supply and sanitation facilities which consider people with disability or who are marginalised. What are the considerations that should be given to people with disability in the design of hand washing facilities for example? How would partially sighted children use a tippy tap? Or someone using a wheelchair access a wash hand basin in a public toilet?

Prioritized in programming but neglected in funding: Hygiene is often counted as prioritized in some MDAs but neglected when it comes to funding or finance. Hygiene and handwashing are often seen as contributing to multiple health benefits under such programmes but are never budgeted for, at least not as a line item. Several MDAs take a reactionary approach, dipping into a pool fund to respond to hygiene. It is essential that budgets and fully costed plans are set aside for behaviour change programming including formative research, programme design and innovations. The successful examples of the COVID-19 campaign, where adequate budget was provided and the subsequent impact in turning around and limiting the spread of the virus should encourage governments to continue this practice. However, evidence of donor fatigue and unwillingness of governments to fund hygiene and hand hygiene are emerging.

[26] Field research identified a State Director of Sanitation whose team members feel their department is treated poorly because their director rose from the ranks of Environmental Health Officers.

3. Pillars of Hand Hygiene for all – A conceptual framework

"The assumption that the knowledge available leads to practice has been proven untrue"

The Hand Hygiene for All (HH4A) Initiative identifies three pillars critical to effectively and sustainably scaling up hand hygiene for all: political leadership, a strong enabling environment, and increase supply and demand for hand hygiene, through inclusive programming at scale. To achieve this, the Hand Hygiene for All Roadmaps are expected to align multisectoral stakeholders in both private and public areas around a common, co-developed vision and course of action. The roadmaps will also lay out a path for maximizing upcoming opportunities (policies, national development plans and programs and innovations) to meet the national demands for handwashing infrastructure.

The Nigeria Hand Hygiene for All Roadmap builds on this framework to develop a theory and conceptual analysis of how change will happen and the results process. Nigeria HH4A theory of change suggests that if this tripod of political leadership, enabling environment, and hand hygiene supplies and demand, exists and ensures that:

- the critical component of political leadership is manifested in visible leadership across the multiple levels, strata, and tiers of government, in the form of visibility, sustained and increased financial flows and multisectoral coordination and partnerships;
- an enabling environment is provided to strengthen systems that promote mechanisms for integration, mainstreaming and public campaigns; and
- the promotion of demand and supply features is guaranteed through active and sustained incentivization of innovative services as well as social and cultural practices that enhance behaviour change;
- then an upward change/increase in hygiene practices and behaviours will reflect the knowledge on hygiene, leading to improve health outcomes as a result of increase in hand hygiene practices.

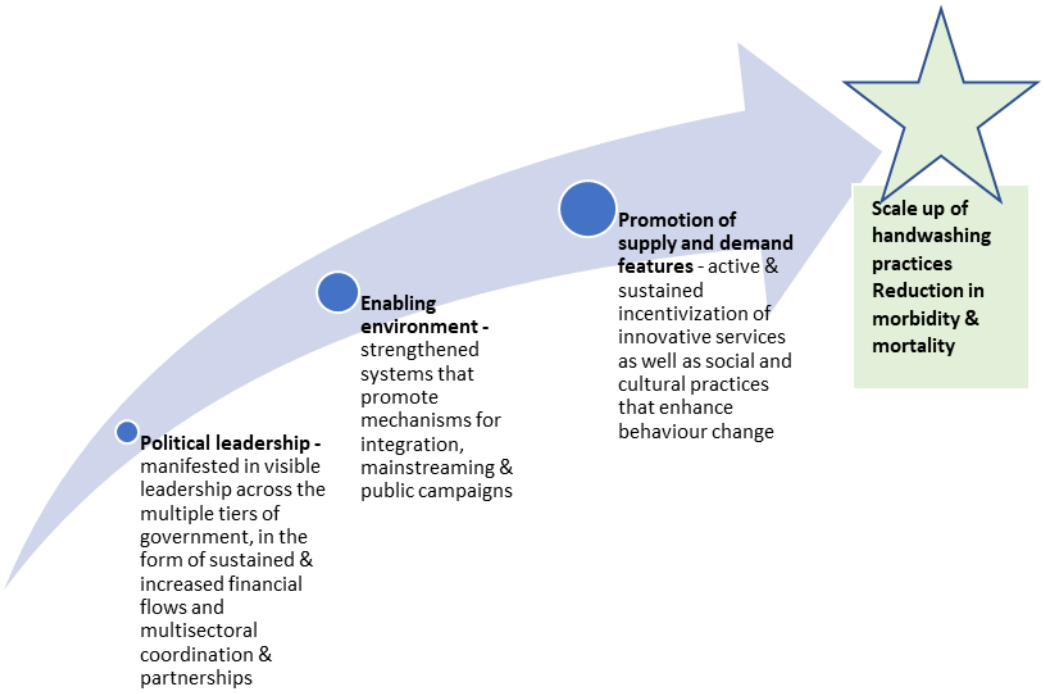

Figure 3 Theory of Change

The assumption that knowledge leads to practice has been proven untrue. National statistics show a gap of between 70% to 80% across the regions of Nigeria. A central assumption of this theory of change is that state governments are willing to strengthen Local Councils to play their constitutional role as the agents of development at community level. It is also assumed that States see the link between hand hygiene and public health, nutrition, infectious diseases control, productivity and school attendance and are willing to reverse the poor statistics on these indices of development, including the ability of handwashing to cut the over 105,000 deaths from water borne diseases in Nigeria[27].

Some of the essential questions of this process include:

- What are the key behaviour changes to address?
- How are local communities capacitated for uptake of effective handwashing at scale?
- Can we consider celebrating LGA practice of handwashing like LGA-wide ODF?
- What are the critical times to wash hands to limit the potential of contamination?
- Which are the targets and key sector to integrate in the process?
- What are the local market chains to strengthen and/or capitalise (women/livelihoods, private sector)?
- What formative research do we need for handwashing practices to be sustainable?

[27] The F-Diagram has established handwashing as a barrier to the pathways for oral-faecal ingestion and the ability to reduce water borne infections by up to 40%.

Table 1 Result Framework

Pillars	Political Leadership	Strong Enabling Environment	Increase Demand and Supply
Impact	Improve health outcomes as a result of increase in hand hygiene practices		
Outcome	Increase in hygiene practices and behaviours reflecting the knowledge on hygiene in homes, institutions and public places		
Key Results	**Political leadership demonstrated through:** ❑ Improved budget ❑ Visibility/Face of Program ❑ Lend a Voice	**Strong enabling environment resulting in strengthened systems** ❑ Finance Institutions Arrangements and Coordination ❑ Policies, Strategies & Frameworks ❑ Technical Competence and Capacity Development ❑ Participatory Planning, Monitoring, Evaluation and Accountability	**Increased Supply and Demand** **Demand** ❑ Behaviour Change ❑ Funding/Support Grants ❑ Promotion/Incentives **Supply** ❑ Markets Development ❑ Products Development ❑ Supplies Chain/Logistics ❑ Innovations ❑ Enterprise
Inputs/Path ways	**Leadership across multiple levels/strata as hand hygiene champions:** ❑ Government: Local, state, federal ❑ Communities: traditional, religious, societal, age, gender groups ❑ Work: Institutional, professional ❑ Social: Influencers, natural leaders **Financial flows** ❑ HH and institutional expenditure ❑ Government budgets, ❑ Donor transfers ❑ CSR- Private sector and foundations **Multi-sector coordination and partnerships:** ❑ Multi-sector ❑ Multi stakeholder ❑ Inclusive ❑ Multiple approaches	**Integration modality / mechanism:** ❑ Existing health, education, nutrition, social welfare, climate change, livelihood correctional services etc. ❑ Programs are strengthened with hygiene for mutual benefits and no extra cost **Mainstreaming modality/approach:** ❑ Hygiene taken as an integral part/component of WASH, community health, maternal health, and menstrual hygiene activities ❑ No sanitation / CLTs / ODF status without hygiene **Campaign Modality:** ❑ National Hygiene ***Clean Family Campaign*** – incorporated into Clean Nigeria Campaign to trigger awareness, mass action and ODF. ❑ COVID-19 like campaigns and media works	**Changed Behaviour:** ❑ Disruptive advocacy and campaigns to motivate people/change mindset ❑ Evidence based actions-pragmatic and flexible ❑ Theoretical framework based on science ❑ Building blocks to sustain hygiene behaviour and use of facilities **Innovative Services** ❑ Facilities roll out-investment to increase access to water supply ❑ Products are culturally relevant/accepted, available, affordable and use ❑ Adaptive learning and improvement of products, services and behaviour change messages to achieve scale

4. Key intersectionality and interactions of sectors for hygiene

The context of hygiene and hand hygiene in Nigeria will suggest a link between various sectors. To achieve universal hand hygiene practices by all Nigerians will require that certain key spaces and settings where hand hygiene management had hitherto been weak, de-prioritized or neglected have a visible change in behaviour and practices. These include:

(a) Health – PHCs and Secondary/tertiary health facilities
(b) Education – Schools and Universities
(c) Special Facilities – Homes and Special Needs Schools
(d) Internally Displaced Persons and Migrant Populations Camps
(e) Correctional Facilities
(f) Nutrition

4.1 Health – PHCs and Secondary/tertiary health facilities

Hand hygiene is a critical component of health service delivery. However, currently, no dedicated budgets exist for hygiene and handwashing in the health sector, at Local, State and Federal tiers of government. The current funding scenario partly explains why only 4% of health facilities have basic water, sanitation and hygiene services; 5% have basic sanitation and hygiene services; and 14% have basic water and hygiene service. This scenario is unjustifiable. It exposes the country to public health challenges such as disease outbreaks, like cholera, and a situation where 10% of households have at least one member who suffered diarrhoea in the past six weeks preceding the 2019 WASHNORM survey. Currently, situated under the Health Promotion Division of the Ministry of Health, WASH and, in fact, Hand Hygiene needs to be repositioned in a way that it will inform government decisions on overall health sector investments, focusing on preventative health for majority of the population suffering from water related illnesses. It is estimated that 50% of developing countries hospital beds are occupied by patients suffering from water-related illnesses[28]. Government budgeting processes needs to be reviewed to address the current situation where most health-related activities are dependent on donor funding. Dedicated budgets are required for WASH with emphasis on hygiene in health sector. Presently, supplies of hygiene products and services are either delayed or absent, forcing PHC staff to spend out of their pockets to provide for themselves and sometimes patient needs or depend on community contributions. To rebuild this scenario, the Federal Government will drive the prioritization of hygiene and WASH activities in the health sector. In practical terms, the Federal Ministry of Health should ensure that specific guidelines on WASH in health care facilities and community health programmes are implemented at all the levels.

4.2 Education – Schools and Universities

The state of hygiene in schools in Nigeria remains a matter of urgent concern. Recent statistics from the 2019 WASHNORM present a scenario where only an average of 10% of schools across the country have basic hygiene facilities, with 17% of schools in urban areas and 8%

[28] https://www.worldwatercouncil.org/fileadmin/wwc/WMC/Press_kit_kick_off_-_english.pdf

of schools in rural areas. One in four schools have basic sanitation and only a third of schools have water supply. While 3% of schools have girls' toilet compartments with provision for menstrual hygiene management, only 1.2% of schools have basic gender-sensitive sanitation and hygiene service, with useable improved toilet/latrine with separate blocks for males and females, available at all times during school days and has facilities for handwashing and menstrual hygiene management. One-fifth of schools have basic water supply services that are accessible to pupils/students with disability. Overall, schools in rural are more disadvantaged in access to WASH services than their counterparts in urban areas. A disparity also exists between access to WASH services in primary and secondary schools, with 13% of primary schools with access to basic water and sanitation and 17% in secondary schools. For basic hygiene services, in schools, 9% of primary schools as compared to 14% of secondary schools have hygiene services. Although most tertiary institutions have basic WASH services it is common to find students practicing open defecation and poor hygiene due to improper use and poor maintenance of the available services.

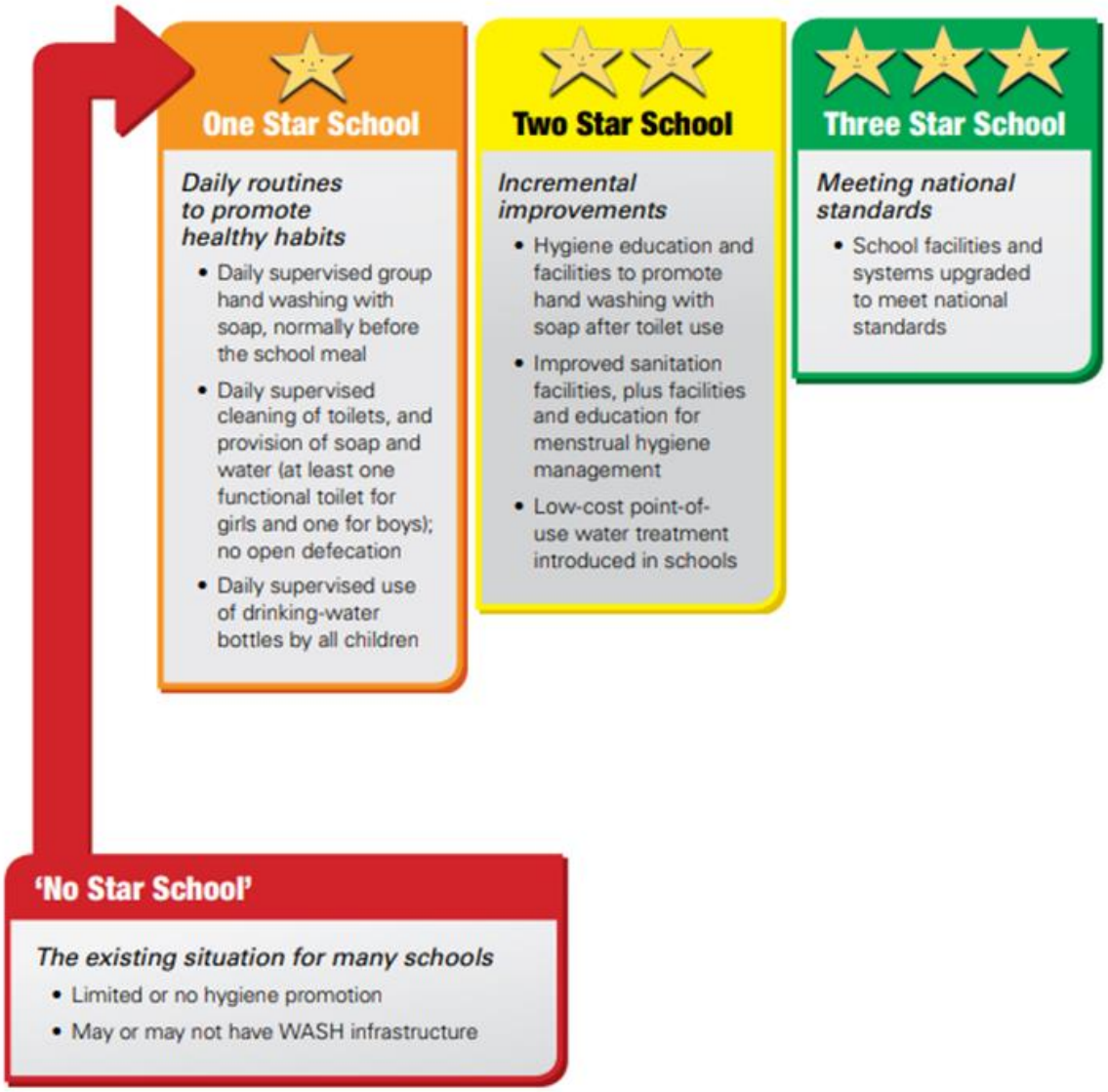

Figure 4 Three-star assessment approach

Case Study A: WASH in Schools: A critical strategy for embedding hand hygiene in children & families

As part of a broader child-friendly schools initiative UNICEF and local partners across the states have piloted and are mainstreaming a phased intervention to get schools to take simple, scalable and sustainable steps towards achieving hand hygiene for children and staff in school. There are two approaches:

The Three Star Approach

The Three Star Approach helps schools meet the essential criteria for a healthy and protective learning environment for children as part of the broader child-friendly schools initiative. It aims to address the bottlenecks that block the effectiveness and expansion of current WASH in Schools programmes. In the Three Star Approach, schools are encouraged to take simple, inexpensive steps outlined in the Field Guide. These steps are designed to ensure that all students wash their hands with soap, have access to drinking water, and are provided with clean, gender-segregated toilets at school every day.

'Keep it simple, scalable and sustainable' (KISS) is the guiding concept for interventions at all stages of the process. Once minimum standards are achieved, schools can move from one to three stars by expanding hygiene promotion activities and improving infrastructure, especially for girls, ultimately meeting national standards for WASH in Schools. There are two main stages in the Three Star Approach: The first and most important stage is when a school commits to the overall approach and begins to make the necessary changes to progress from being a 'no star school' to a One Star School that meets key minimum standards for a healthy, hygiene-promoting school. After schools embrace the approach and achieve One Star status, there is scope for moving up to Three Star status. Many schools will be able to achieve One Star status with their own resources and the support of their communities.

The Five State Approach

The Five – Star approach is defined under the National Guidelines for Hygiene Promotion in and Through Schools. The five-star approach to WASH in Schools (WinS), is an improvement on the three-star approach. It is designed to improve the effectiveness of hygiene behaviour change programmes for children and complements UNICEF's broader child-friendly schools initiative, which promotes safe, healthy and protective environment. It is based on identifying five hygiene behavioural domains (water, sanitation, personal, food and environmental) with associated national standards for schools. A fundamental principle behind the approach is that children are agents of change and expensive WASH infrastructure in schools are not necessary to meet health and educational goals. The indicators to achieve WASH 5-Star status are as follows:

- Each school has a source of safe drinking water and keep water safe from source to consumption;
- Each school has improved toilets with running water and hand washing facilities for students including separate chamber for girls and boys;
- Each school has common hand-washing facilities for students before taking meal;
- Food vendors nearby school keep cooked-foods covered during selling; and
- Each school keeps ground clean and disposes waste safely towards a healthy environment.

4.3 Special Facilities – Homes and Special Needs Schools

Estimates suggests that about 17.6% of households in Nigeria had children being raised with neither parent present[29] while increasing child poverty, estimated at 72% of children, as compared to a little over one in three of the total population[30] is exacerbating the number of children living off the streets. A number of children and adults are residents of care homes, special needs schools and facilities as well as correctional centres. These facilities faced particular challenges during the COVID-19 lockdown, including safeguarding the residents from possible infections through staff who have to go home. In some homes, staff were made to live-in for period of times to mitigate infection transmission. The vulnerability of children and adults in special needs homes, schools and facilities managed by the social welfare departments or agencies at state levels, had hitherto not received the attention of the WASH sector. It is critical to review WASH sector laws and policies to include the needs of children and adults with special needs. These include needs necessitated by mental and physical disability, learning challenges, age, health and social deviance. In such residential facilities, residents of varying numbers, some as few as 10 while others are in their 100s, maybe be exposed to infections from poorly managed or designed sanitation and hand hygiene facilities. In one home surveyed in Lagos, at least one episode of diarrhoea was reported during the lockdown and a returning staff from their family visit reported COVID infection. Nonetheless, the managers of the facilities revealed that, during the four months of the lockdown, no child was taken to hospital or took ill, unlike experiences of frequent visits to hospitals pre-COVID. This was attributed to cleaner hands and general hygiene consciousness. There are no corporately written policies and guidelines for hygiene or to promote handwashing, prior to COVID in the home. The Federal Government will encourage States to focus attention on hygiene practices in special homes and facilities, securing residents health and providing guidelines and policies for managing special residences and correctional centres, including for the promotion of hand hygiene by all. The experience is that funding for hygiene materials before and during the pandemic are mainly based on donations from individuals and funds generated from facilities across the country.

The mangers of facilities for special needs children and orphanages are unaware of any policies/strategies on hand hygiene. Professional discourse in the WASH sector refer to inclusive WASH but in practical terms, the WASH sector will make very positive advances on inclusion with dedicated attention to differently able persons including children and adults with special needs, orphans, elderly or with physical disability. Government will promote sector research, knowledge and practice on practical issues to ensure inclusive WASH services. Enabling policies and framework will be advanced to improve access to products and free supplies. Water boards will be encouraged to identify special needs facilities and prioritise access to regular water supply to these facilities/institutions. Attention will be paid to improving the interface between government/donor organisations and special needs institutions to promote and mainstream inclusive WASH. Incentivises including funding opportunities will be established for non-profits that render services to

[29] https://www.statista.com/statistics/1124446/households-with-orphans-and-foster-children-in-nigeria/ Visited 21-09-2021
[30] https://www.unicef.org/nigeria/situation-women-and-children-nigeria Visited 21-09-2021

such communities while training and capacity building for health practitioners on hand hygiene will be extended to care givers in the disability service sector, including for non-profit facilities. Synergy between government MDAs responsible for social care and special needs schools will be improved to ensure that such facilities are on the system while Government inspection standard and framework will be improved to ensure staff in these facilities have adequate knowledge and access to training manuals.

Case Study B: Hand Hygiene in Orphanage Homes: A case study

The case study facility provides schooling and in-house services to autistic and special need children between 3-18 years. The entire facility, located in Abuja, caters to 32 children (16 each for the school and orphanage).

Practice (Pre and Post COVID-19)

Handwashing practices for the schools were mainly assisted both pre and post COVID-19. Staff are trained on how to assist the children and when to perform the activities through the day. They are provided official trainings twice a month, with demonstrative ways on assisting the children with hygiene practices in the facility. The most challenging, are kids with Cerebral Palsy, and with most of the care-givers having limited knowledge/educational qualification, the administrative staff is tasked with monitoring the process. COVID-19 required a more repetitive process with the children, particularly with those in the orphanage. Story-based/illustrative methods are incorporated to make the learning process easier and self-explanatory. Despite this understanding, learning materials on hygiene are not displayed around the facility. The only material that responds to hand hygiene need is a single book donated by an individual during the lockdown. Beyond this, there are no learning materials focused on hand-hygiene for the children. The children also struggled with adapting to using face masks during COVID. The unfamiliarity with using face masks made it difficult to adjust, the breathing difficulties influenced seizures and the challenge with communication made it difficult to assist the children through the process. One of the challenges that has been constant is poor water supply from water board. This year, the building did not have supply to water for 3 months. The facility had to depend on filling jerrycans for the period and eventually purchased an extra tank for water storage.

Facilities Onsite

There is a veronica bucket for handwashing at the gate (used by guests, parents and kids coming into school daily, and outdoor sessions such as assembly/sports). While the facility is equipped with two bathrooms that cater to the boys and girls in the orphanage, the classrooms share a bathroom between them. There is no handwashing in the classrooms, therapy rooms or bedrooms, mainly because children may consume the soap, or sanitizers when unsupervised.

Coalition of Children Homes

The orphanage is a part of the Coalition of children homes and orphanage in Nigeria, which coordinates trainings and meetings every third Wednesday. During the lockdown, a training was provided for all institutions under the coalition. The Federal Capital Territory Social Development Secretariat is the only interface with government, providing periodic inspection of the facility, but do not contribute to the requirements for hygiene in the facility. There is no internal division for WASH for special needs children at any level within the facility, its coalition or the government unit.

4.4 Internally displaced persons and Migrant Populations Camps

It is estimated that there are over 2.19 million displaced persons in the North East tracked by the UNHCR[31], 92% of whom are displaced due to the insurgency in that region, 7% due to communal clashes and 1% as a result of natural disaster. Three states Borno, Adamawa and Yobe account for 1.995 million IDPs. Over 695,914 persons are also classified as IDPs in the North West and North Central areas. In addition, about 1.7 million Nigerians are also classified as returnees, cumulative since 2015. Nigeria also plays host to about 73,000 refugees and asylum seekers. According to the UNHCR, the situation in the North East remains volatile leading to increasing numbers of civilian casualties, displacements and IDP and returnee situations. The Cameroonian crisis between the government and anglophone secession groups have continued to create refuge situations, worsening the complex humanitarian situation. Planning for how to address WASH, and indeed, handwashing in emergency and humanitarian situations has become critical. There is an urgent need to improve synergy between the National Task Group on Sanitation (NTGS) and the WASH in Emergency Working Group. This is to ensure that special attention is paid to addressing the WASH needs of the IDP and returnee populations. In particular, hand hygiene practices in these communities require urgent attention and support.

4.5 Correctional Facilities

In a recent study[32] investigating the environmental conditions and the prevalence of diseases among inmates in a maximum-security correctional facility, in the Southwest of Nigeria, with a focus on access to safe water, sanitation and hygiene, for inmates as basic human rights, it was found that only water was used most of the times in handwashing after defecation (66.2%), before eating (68.8%) and after routine work despite a seeming high knowledge of standard handwashing practices and critical times. Of the 396 inmates studied, a majority said handwashing was performed between 1 and 3 times the previous day before the study, identifying the critical times for handwashing to include: after using the toilet (79.8%), before cooking (72.9%) and before eating (77.5%). However, only about 35% follow the correct handwashing sequence while soaps are not always available except when provided by the inmate's relatives for dry cleaning and bathing in addition to what is provided by the prison authority. This gap in knowledge and practice reflects the general society. The study showed that health education was the predominant source of awareness and knowledge on handwashing for less than 50% of inmates while handwashing sequence significantly depended on: religion, educational status, gender, availability of soap and toilet types. The study shows the need for sustained and institutionalised universal health promotion to enhance personal hygiene and handwashing practices to reduce the prevalence of skin, sanitation and water-related infections in institutional spaces and settings, considering that correctional centres are overcrowded, with inadequate sanitation access, hygiene promotion and solid waste management services. The situation in the prison was exacerbated by poor housing, hygiene, and handwashing infrastructure available to inmates. Therefore, existing resources are overstretched, making

[31] https://data2.unhcr.org/en/country/nga Visited 04-09-2021
[32] Olufemi O. Aluko et al (2021) How Secured and Safe is the Sanitation and Hygiene services in a Maximum-security Correctional Facility in Southwest Nigeria: a descriptive cross-sectional study

conditions in prisons to be punitive rather than correctional for inmates in custody while putting the inmates' health at risk. The prison authority should consider training inmates on soap making to meet the soap demand and needs and ensure compliance with appropriate hygiene behaviour standards.

4.6 Nutrition

Poor nutrition remains the largest simple contributor to disease worldwide and nutrition-related factors accounted for 3.1 million child deaths in 2014[33]. Although the WASH sector continues the debate on the connections between hand hygiene and the nutritional status, it is clear that successful interventions in nutrition are achievable with supported measures that reduce contact with disease vectors[34]. Where the environment is clean and enabling, dietary improvements have greater impact. Studies indicate that a greater burden of malnutrition in developing countries rests on the unhygienic environment in which children grow up[35]. The World Health Organization (WHO) estimates that 50% of cases of child undernutrition are due to repeated diarrhea and intestinal infections caused by poor sanitation and hygiene conditions or lack of safe water. Studies have also documented the impact of worm infestations on iron deficiency anemia amongst adolescent girls as a result of open defecation. Poor sanitation and hygiene practices have also been linked 90% to the death of over 122,000 Nigerians, including 87,000 children under-5, each year[36]. According to the World Bank, the impact on malnutrition is also remarkable, with 36% under-5 reported to be chronically malnourished (height for age), 18% wasted (weight for height) and 29% under-weight (weight for age), adding that while the percentage of chronically malnourished children had declined between 2003 and 2013, there was an increase in the percentage of wasted and under -weight children[37].

With the transmission process of vectors described in the F-diagram, hand washing serves as a barrier to disease-causing bacteria, viruses, or parasites on a person's hands to enter their mouth, and travel down to their gut[38]. Germs which find their way to the gut may damage the body's ability to absorb and use nutrients from food. Germs may also directly consume nutrients before the body can use them and damage the intestinal lining; this is referred to as environmental enteropathy[39]. Environmental enteropathy includes flattening out parts of the intestines (villus blunting), which reduces places where nutrients can be absorbed into the body. Instead, nutrients pass through the gut and are lost through diarrhea without being absorbed.

[33] (UNICEF & WHO, 2015)
[34] (Federal Ministry of Water Resources (FMWR) , 2019)
[35] Spears and Lamba, 2013
[36] WSP, 2012
[37] FGN 2016
[38] (Prüss-Üstün, Bos, Gore, & Bartram, 2008)
[39] (Sharp & Estes, 2010)

Handwashing with soap and running water at critical times limit the transmission of vectors that affects the body's ability to process nutrients, particularly in areas with limited sanitation services and poor environments.

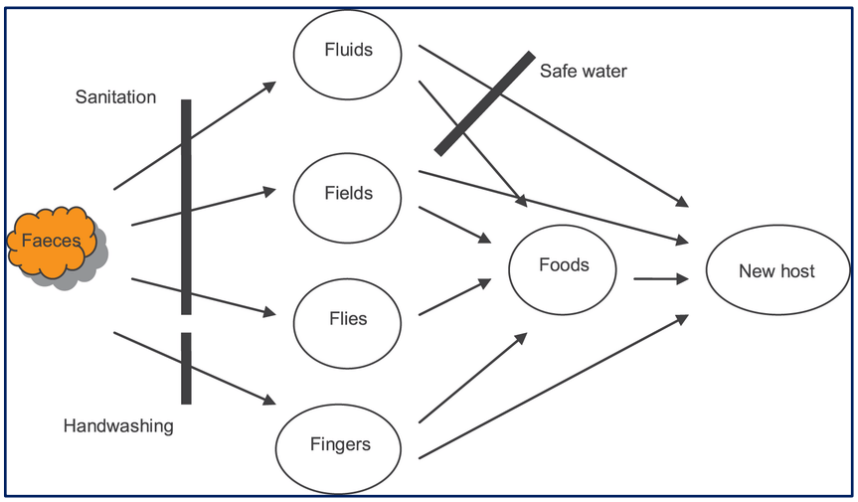

Figure 5: The F-Diagram

Spatially planning out the location of handwashing facilities, close to the kitchen and food stalls, in and around schools and in restaurants, will be promoted to help limit infections as an important part of ensuring these sustainable hand hygiene practices. Handwashing facilities in households should also be in proximity to spaces that involve food preparation, such as kitchens, to limit infectious contacts. In Addition, the principles espoused in the Hygiene Improvement Framework will be promoted. This includes encouraging key household behaviors that reduce the incidence of childhood diarrhea, namely: safe disposal of feces, washing hands correctly at the right times, and storing and using safe water for drinking and cooking.[40]

[40] http://www.ehproject.org/PDF/Joint_Publications/JP008-HIF.pdf

Case Study C: National Hygiene Promotion Strategy Overview

With the commencement of the use of community-led participatory practices for sanitation measures in 2008 significant knowledge on the value of sanitation and hygiene was provided to households. However, poor conversion of that knowledge into practice over proceeding years led to the development of the National Hygiene Promotion Strategy (NHPS). The strategy essentially focuses on guidelines to promote sanitation and hygiene practices. It is based on a situational analysis of the hygiene practices in Nigeria, following a 2014-15 KAP study by UNICEF in six states (Zamfara, Katsina, Jigawa, Kaduna, Bauchi and Benue). The study indicated a high level of knowledge on the value of hand washing across the six states (over 50%), but a knowledge gap on critical times for hand hygiene practices. The objectives of the NHPS cut across short, medium and long-term goals of providing awareness and understanding, importance on public health, need for infrastructure and support to pass knowledge on. The NHPS outlined 10 objectives which are to be converted into SMART objectives, adaptable to projects and context at LGA/School levels.

Overall, the hygiene promotion strategy is split into three phases: Phase 1- emphasizing handwashing, excreta disposal and safe drinking water; Phase 2- Focus on other domains of hygiene; and Phase 3 - Sustainability through creating benchmarks, human resource pool, menstrual hygiene management and hygiene promotion in emergency situations. The phased implementation plan is to run between 2015 and 2022, across 774 LGAs. Several officials at State and Local Government levels are unaware of the existence of the NHPS. Considering that several of the strategies and action plans of the NHPS remain unattained but are as equally relevant as when they was proposed in 2015, despite the fact that the strategy elapses in 2022, Government will review the strategy with a goal to understand why it has not been fully realized and realign the NHPS implementation plan with the National Hand Hygiene Roadmap to bridge the gap between knowledge and practice of hand hygiene.

5.Policy Direction

Over three billion people – 40 per cent of the world's population – do not have a place in their homes to wash their hands with water and soap. However, 75% of those who lack access to water and soap live in the world's poorest countries – and from the most vulnerable groups: children and families living in informal settlements, migrant and refugee camps, or in areas of active conflict. Leaving an estimated 1 billion people at immediate risk of COVID-19 simply because they lack basic handwashing facilities.

With at least 167 million homes without access to handwashing facilities, Nigeria committed to developing a HH4A Roadmap as one of the pilot countries under the Hand Hygiene for All initiative designed to move the world towards universal access to handwashing. Under the leadership of the Federal Ministry of Water Resources (National Task Group on Sanitation - NTGS) the development of Nigeria's Roadmap to Hand Hygiene for All, 2021 to 2025, was commissioned in May 2021. The goal is to develop a hand hygiene road-map that will be context-specific, considering the political, social, and cultural climate across regions of Nigeria. It provides a platform for all key actors to join forces to accelerate hand hygiene for all at homes, schools, health care facilities, workplaces, markets, transportation hubs, and all other public spaces. The purpose of Nigeria HH4A Roadmap is to provide guidance and focus for all actors involved in water, sanitation and hygiene interventions to contribute to the collective realization of HH4A in the country by 2025.

5.1. Policy Vision

The Hand Hygiene for All Roadmap envisions that every Nigerian will be practicing hand washing behavior at critical times and have access to handwashing facilities at all times (including at home and in public places) by 2025.

5.2 Policy Mission

The mission of the Hand Hygiene for All Roadmap is to provide a framework for the promotion of hand hygiene behaviours that foster increase in hygiene practices and behaviours reflecting the knowledge on hygiene in homes, institutions and public places

5.3 Policy Goal

The goal of the Hand Hygiene for All Roadmap is to improve health outcomes as a result of increase in hand hygiene practices. It will ensure everyone in Nigeria is likely to practice proper handwashing (with water and soap) at critical times (after using the toilet, after changing child's diaper, before eating and before preparing food) and after touching surfaces, animals and shaking hands.

5.4 Expected Outcomes, Strategic Objectives & Guiding Principles

In line with the global HH4A initiative, the Nigeria HH4A Roadmap will pursue the follow strategic objectives, using the ascribed strategies and approaches:

1. **Political Leadership:**
   Expected Outcome 1: Champion hand hygiene to build momentum across multiple leadership levels, strata and tiers of government, community, work and social spheres promoting a culture of cleanliness and hand hygiene
   - Strategic Objective 1.1: Lend a voice and visibility to hand hygiene promotion
   - Strategic Objective 1.2: Ensure dedicated flow of funds for hand hygiene in all public institutions, particularly in key sectors of WASH, health, education, and…

2. **Strong Enabling Environment:**
   Expected Outcome 2: Build a strong enabling environment for hand hygiene by establishing and strengthening systems for:
   - financing;
   - policies, strategies and frameworks;
   - institutional arrangements and coordination;
   - technical competence and capacity development; and
   - participatory planning, monitoring and evaluation and accountability.

   - Strategic Objective 2.1: Promote coordination and partnerships across multi-stakeholder through and inclusive multi-sectoral approach to hand hygiene management;
   - Strategic Objective 2:2: Provide specific legislations, regulations and strategic directions on hand hygiene to increase synergy across sectors;
   - Strategic Objective 2.3: Build the capacity of hygiene sector workers and provide essential tools and training
   - Strategic Objective 2.4: Strengthen indicators for measuring handwashing practices including through self-reporting, observed actual handwashing and proxies

3. **Increase Demand and Supply:**

   Strategic Outcome 3: Increased demand and supply of hand hygiene through public education and behavioural change communication campaigns.

   - Strategic Objective 3.1: Promote long term and sustained household behaviour change through hygiene promotion and campaigns that encourages handwashing
   - Strategic Objective 3.2: Provide targeted hygiene education to improve hand hygiene knowledge and practice in schools and public settings
   - Strategic Objective 3.2: Incentivize market development to boost soap making to ensure sustained supply of soaps

5.5 Guiding Principles – Improving and Promoting Handwashing and Hygiene

In charting the course forward it is necessary to define essential principles and standards that will guide the strategies, approaches and plans adopted to achieve the strategic goals outlined in this roadmap. Some of these principles include:

- ***Right to Water and Sanitation:*** The universal right of all citizens to water, sanitation and hygiene, in accordance with the UN Declaration of progressive actualization of these rights. The Federal Government commits to work with State and Local Government actors and other non-state actors to progressively attain these rights by 2030.
- ***People Centred Development:*** No programmes should be planned and implemented without peoples' participation and involvement. This will ensure programmes address issues of convenience, safety and acceptability in facility design and intervention location. It will also ensure interventions are adaptable for each individual as ***one size does not fit all***. This is particularly critical for hand hygiene.
- ***Inclusive Programming:*** Adopting inclusive and social-acceptable approaches ensure handwashing facilities are placed is a way as to encourage use by all. This implies the consideration of individual life circumstances including age, physical and social ability, gender, and income and social status. Facilities must only be located where it reduces the risk of sexual abuse and harassment, and sensitive to the social culture as well as the needs of persons with disabilities, females, old people etc.
- ***Access to Water Supply:*** Water is critical to hand washing. Government will ensure adequate access to water supply.
- ***Local, Adaptable and Appropriate Handwashing Technology:*** Government will promote and support the production of local handwashing facilities that prevents wastage of water and cross contamination but ensures flowing water, particularly in rural areas.
- ***Sustainable Supply of Soap:*** Hands cannot be clean without soap. Government will promote the development, production and availability of affordable soap for hand hygiene. Strategies will be put in place to train women and men, boys and girls on local soap production to ensure continued supply of soap. In particular, school teachers will be trained to teach pupils to produce hand washing soap for continued supply within the school system. In communities, women groups will be trained and supported to develop cottage industries or women cooperatives to boost local soap making or strengthened their operations where they already exist, to ensure sustained supply of soaps to markets and health facilities particularly in the rural areas.
- ***Reuse of wastewater:*** To promote reuse of wastewater and avoid sullage water from creating a breeding site for vectors such as mosquito handwashing programmes will encourage the reuse of wastewater.
- ***Sustainability:*** Materials used in constructing hand washing facilities should be able to stand wear and tear of weather conditions, continuous usage, and placed at locations that reduces the risks of thefts and vandalism.

6 Strategic Direction and Policy Statements

"Tippy-Taps, ok for yesterday, useful for today, but are they relevant for tomorrow?"

6.1 Political Leadership

Global attention for hand hygiene had hitherto been insignificant despite the avowed knowledge and importance to health and human wellbeing. Prior to 2010, when the United Nations General Assembly and the Human Rights Council recognized the right to water and sanitation[41], national governments had no obligations to provide WASH services to citizens. The recognition of the right to water and sanitation, with a resolution which recognized the distinct nature of the right to sanitation – access to and use of excreta and wastewater facilities and services – as separate from the right to safe drinking water, paved the way for the rise of water and sanitation as a key determinant of human development. Hygiene remains a tag along to sanitation, and water, in the global discussions which led to the global Sustainable Development Goals (SDGs) Framework 2015 – 2030. The UN General Assembly resolution on sanitation has helped to address the particular human right challenges associated with sanitation. This was boosted by the International Year of sanitation in 2008.

Hygiene, and hand hygiene, in particular, has come out of the shadows of sanitation with the advent of COVID-19, prompting a global attention to hand hygiene. To promote hand hygiene in Nigeria will require a higher-level of political attention across various tiers of government, traditional and community leadership as well as corporate and social spheres. This will involve the various levels of leadership becoming champions and visibly leading campaigns to promote hand hygiene. The strong affinity to religious and cultural ties across Nigeria presents an opportunity for leaders in these settings to be the advocates for behaviour change. Leadership must also be demonstrated through adequate funding and sustained budgets for hand hygiene behavioural change communication to increase demand and to promote hand hygiene products development and supply. The potential of a UN International Year of Hand Hygiene and an annual National Hand hygiene Day, to draw attention to good handwashing practices and behaviours cannot be over emphasized.

[41] https://www.who.int/topics/sanitation/en/

Table 2 Political Leadership- *Expected output and strategies*

Expected Outcome 1:	Champion hand hygiene to build momentum across multiple leadership levels, strata and tiers of government, community, work and social spheres promoting a culture of cleanliness and hand hygiene		
Strategic Approaches	*Activities to ensure improved hand hygiene for all*		
	Respond	**Rebuild**	**Reimagine**
Strategic Objective 1.1:	Lend a voice and visibility to hand hygiene promotion		
Demonstrate visible leadership	Engage other stakeholders in the validation, roll-out and implementation of the HH4A Roadmap.	Inspire political leadership at all levels to champion hand hygiene	Establish Global Handwashing Day as a National Holiday Day to underscore the importance of hand hygiene to life.
		Take advantage of other national events and make political statements to reinforce HH4A	Identify focal points for monitoring, promoting and reporting on hand hygiene and general sanitation compliance in each MDA
Strategic Objectives 1.2:	Ensure dedicated flow of funds for hand hygiene in all public institutions, particularly in key sectors of WASH, health, education, social welfare and correctional services		
Provide dedicated, ring-fenced budgets for hand hygiene	Continue to see donor funds as catalytic funds supporting government expenditure and household investments to improve value for money and targeting	Provide tax incentives for private sector entities providing support to hand hygiene through CSR channels.	Provide R&D, incentives and enterprise development support for hygiene products and services for SME investors and rural dwellers, including women groups and cooperatives.
		MDAs should set up budget streams to fund field visits by sanitation/hygiene officers to ensure that development grant-based activities continue even when donor funding ends.	Prioritise and budget for hygiene, with a sub-budget for hand hygiene at all levels of administration and MDAs.
		Mobilize local funds to drive HH4A initiative	Provide dedicated budget for WASH within health ministries and agencies considering the importance of WASH in health.

6.2 Strong Enabling Environment

"The burden (of poor hand hygiene practice) is for everyone. When women and children take ill, men bear the burden."

6.2.1 Coordination – Legal & Institutional Framework/Roles and Responsibilities

There are indications from the field suggesting a weak coordination and communication circulation structure between government departments and implementing partners. In several locations, state and local officers are unaware of existing national hand hygiene guidelines, reports or documentations. In some instances, even development partners are unaware of what has been done previous by others, in collaboration with governments across the country. It has been observed that states and local communities of interventions are sometimes privileged to know of some policies and frameworks. To reverse this, Government will ensure all materials developed by government, either with or without the support of development partners, are communicated evenly across the country. Urgent actions will be taken to strengthen coordination. The role and functions of the National Task Group on Sanitation and the State Task Groups on Sanitation will be clarified and steps put in place to strengthened vertical and horizontal synergy and linkages, across MDAs and down to Local Task Groups on Sanitation (LTGS). Where none exists, the establishment of LTGS will be promoted across all Local WASH Units.

To promote sector wide knowledge and awareness on frameworks, regulations and issues of hygiene, a community of practice platform will be promoted amongst hygiene partners. Officers must work in sync, rather than in silos. Communication within and between ministries, departments and agencies with health-related mandates, operations and interventions, is essential. Experiences during the height of COVID-19 showed a need for the development of a data base of investments in related facilities and equipment to reduce duplication. In particular, efforts will be made to address the seeming dichotomy on accessibility to information and knowledge between LGAs under development partners supported hand hygiene related programmes and other LGAs not under donor support. Agency's jurisdiction will be clearly defined to improve targeting of non-intervention areas with information and knowledge.

A key challenge of development in Nigeria remains the limits placed on the autonomy of local governments as the third-tier governance. Political leadership and morale at State level can benefit from the provision of the right incentives for LG Councils to develop the human resources, structures and motivations for grassroot development and performance. A key lesson from the HIV/Aids Campaign is the structure and linkages set up between the National Agency for the Control of AIDS (NACA), State level counterpart (SACA) and the local agency (LACA). This lesson will be adopted to step down and replicate concepts of hand hygiene, hygiene and sanitation across all tiers of government and across major organisations, including the development of Hygiene Police to enforce compliance.

Table 3 Strong Enabling Environment- *Expected output and strategies*

Expected Outcome 2:	Build a strong enabling environment for hand hygiene by establishing and strengthening systems for: - financing; - institutional arrangements and coordination; - policies, strategies and frameworks; - technical competence and capacity development; - participatory planning, monitoring and evaluation and accountability		
Strategic Approaches	*Activities to ensure improved hand hygiene for all*		
	Respond	**Rebuild**	**Reimagine**
Strategic Objective 2.1:	Promote coordination and partnerships across multi-stakeholder through and inclusive multi-sectoral approach to hand hygiene management;		
Integrate hand hygiene messages, behaviours and practices in existing programmes across all sectors	Encourage the independent development and implementation of handwashing protocols by line ministries and agencies responsible for health facilities, schools and higher institutions, correctional facilities, care homes, emergency shelters, markets and public centres under a coordinating NTGS Hand Hygiene Working Group.	Rotate leadership of NTGS across key MDAs beyond the Water Resources Ministry to strengthen an "All Sectors Approach" to hand hygiene and other WASH components.	Integrate HH4A Roadmap with existing policies, programmes and guidelines such as the (i) National Health Policy, (ii) Community Health Policy, (iii) National Hygiene Promotion Strategy, and (iv) Guidelines for Hygiene Promotion in Community and Rural Markets in Nigeria
Mainstream hygiene and hand hygiene as a component of WASH, community health, maternal health, and menstrual hygiene activities	Strengthen feedback mechanisms between States and Federal institutions.	Scale up knowledge of, adoption and implementation of the ***National Hygiene Promotion Strategy***, and the ***Guidelines for Hygiene Promotion in Community and Rural Markets in Nigeria*** at national, state and local levels.	Clarify roles and responsibilities for hand hygiene in schools, health facilities and public places including restaurants and food courts
			Adopt a policy of 'No ODF Status Declaration' without hygiene
Launch a National Clean Hands Campaign as a component of the Clean Nigeria Campaign		Launch a national hand hygiene campaign to trigger awareness, sustain the momentum, mass action and hygiene behaviour change initiated under Covid-19 awareness raising	Develop campaign steering activities and programme to mark Global Handwashing Day as a National Holiday Day to underscore the importance of hand hygiene to life relevant to community and local context

6.3 Policies, Strategies and Frameworks

"People do what you inspect not what you expect" - Ensure regulatory monitoring of activities

There are no excuses for institutions - health facilities and schools – not to have toilets and handwashing stations. This is the case in several facilities however. Newly built primary health care centres (PHCs), school blocks and markets are known to have been completed without toilets and water supply services incorporated into the construction despite of specific design specifications. This was observed in the Danbushiya Community in Kaduna where newly constructed PHC was presented without handwashing stations in the common areas, birthing theatre, consultants' rooms, wards and treatment rooms. The handwashing basins provided to serve the common area has had to be removed as it was so poorly designed and located directly behind the toilet door, obstructing access to the toilet. Construction supervision was considered the main challenge in this instance, with the building contract delivery still within the signed off period. National Primary Health Care Development Agency, the sub-sector regulators, provides a PHC design template which specifies numbers of toilets, handwashing stations and sources of water supply to be provided in PHC. However, weak PHC regulatory activities as well as building construction and project supervision, at the state level, may have contributed to the observed gaps in the new PHC. Creating an atmosphere of deterrence is a core principle of regulatory enforcement, based on the fact that people do what you inspect not what you expect. There is a need therefore to ensure regulatory monitoring of activities.

Table 4 Policies, Strategies and Framework- *Expected output and strategies*

Strategic Approaches	*Activities to ensure improved hand hygiene for all*		
	Respond	**Rebuild**	**Reimagine**
Strategic Objectives 2.2:	Provide specific legislations, regulations and strategic directions on hand hygiene to increase synergy across sectors		
Strengthen and enforce existing laws		Review of existing old or obsolete Environmental Laws and make relevant for current realities, including the laws establishing the role of Environmental Health Officers to strengthen their operations and relevance.	Clarify, strengthen and define the role and responsibilities of WASH Units, PHCs and other local institutions in grassroot coordination and regulatory oversight.
		Mainstream WASH in the on-going development of the Community Health Policy and Guidelines.	
Provide administrative and regulatory oversight	Enforce national policies and standards for sanitation and hygiene facilities in building – households, schools, health centres, correctional centres and homes for babies, children and the elderly	Establish and strengthen Ward Development Committees as a component of autonomous LG Councils.	Establish units to promote and implement inclusive approaches in WASH for special needs children, the elderly, marginalised, low-income and differently abled persons

6.4 Technical Competence and Capacity Development

Mass campaign and behaviour change promotion will require huge numbers of people and human resources who are trained in the essential skills and approaches for social mobilization and behaviour change communication. In addition, capacity development amongst WASH officers is required to replace knowledge lost to the continuous cycle of retirement, recruitment, retrenchment as well as to staff transfers and resignations. This process disrupts the opportunity to implement knowledge-based activities in most MDAs. Existing platforms for staff training and the newly developed curriculum for primary, secondary and tertiary institutions under the National Action Plan for the revitalization of the WASH sector (2018) will provide opportunities for new knowledge and skills in hygiene education including hand hygiene.

Table 5 Technical Competence and Capacity Development- *Expected output and strategies*

Strategic Approaches	*Activities to ensure improved hand hygiene for all*		
	Respond	**Rebuild**	**Reimagine**
Strategic Objectives 2.3:	Build the capacity of hygiene sector workers by providing essential tools and training		
Provide training, materials and incentives for inclusive approaches to hand hygiene	Provide training and capacity building for health practitioners on hand hygiene.	Develop and disseminate BCC materials, kits, tools and learning materials on hygiene, appropriate to different contexts and settings such as schools, special needs homes, offices, transport hubs, hospitals, and for social and mass media use.	Established Incentivises, including funding, for non-profits providing services to promote inclusive hand hygiene approaches
		Provide training for parents, teachers, carers and administrators of homes and schools for kids with special needs	Build the capacity of Ward Development Committees (WDCs) to mobilize resources to support consistent availability of hand hygiene products in the primary healthcare facilities.

6.5 Participatory planning, monitoring and evaluation and accountability

The national ODF protocol lists availability of toilet with handwashing station close to the toilet as an indicator. Nonetheless, measuring hygiene has remained a major challenge for the WASH sector with proxy indicators remaining the main approach for documenting access. This is more so with the challenge of observing actual handwashing. UNICEF Nigeria currently measures the

No. of persons reached with hygiene messages, No. of persons who recall at least 3 critical times of handwashing, and No. of person retaining knowledge and practice handwashing. The 2019 WASHNORM has adopted some of these proxy indicators, including facility counts but none as to actual handwashing. The data collected through monitoring are only useful to the extent they provide insight to previous effort and serve as essential input to future planning through a participatory process. Meaningful participation guarantees accountability and process ownership by stakeholders, particularly communities.

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Table 6 Participatory planning and M&E- *Expected output and strategies*

Strategic Approaches	*Activities to ensure improved hand hygiene for all*		
	Respond	**Rebuild**	**Reimagine**
Strategic Objectives 2.3:	Strengthen indicators for measuring handwashing practices including through self-reporting, observed actual handwashing and proxies		
Promote SMART indicators for measuring hand hygiene practices	Continuous training on the use of graphics and tally cards for M&E in rural communities.	Strengthen both the horizontal and vertical links between WASH, Education and Health at LGAs, States and National levels.	Review hygiene indicators to include number of persons washing hands or using alcohol-based hand rub at the hitherto critical times and for activities recommended by the UN COVID guidelines such as after a handshake, sneezing, touching the dead, and touching surfaces.
	Strengthen Hygiene M&E within the five criteria and protocol for ODF status declaration.	Include handwashing stations in kitchen as a criterion for ODF and an indicator for M&E.	Promote the supervised daily group handwashing recommended under the 5-Star School Hygiene promotion approach, to address the challenge of monitoring actual handwashing.
	Advocacy to include hand hygiene indicators in HMIS and EMIS	Mainstream the implementation of existing household hygiene behaviour monitoring by community-based VHPs under the NPHCDA's Community Health Influencers and Promoters (CHIPs) programme at ward level.	
		Clearly capture hand hygiene on WASHSIMS and ensure more states are incorporated into the WASHSIMS data base.	
Promote participatory planning, monitoring and reporting for hand hygiene	Strengthen CSO coalitions and encourage CSOs working groups on hygiene and hand hygiene.	Incentivise women's groups and households to take ownership of handwashing and menstrual hygiene management issues.	Promote community monitoring/policing for securing and maintaining provided facilities and intervention

6.6 Increase Demand and Supply

"Addressing a belief system which deny the link between hand hygiene and infections, such as COVID"

6.6.1 Public Awareness and Behavioural Change Communication

There is a growing momentum for the celebration of UN designated days, including the Global Handwashing Day. Harnessing the impact of public awareness and behaviour change beyond commemorating international dates remains a challenge. Development support from donor partners and state institutions must look beyond emphasising the Global Handwashing Hygiene Day as part of key intervention activities to change social norms and behaviour. The use of social media and the mass media remain valuable in building public awareness, it is essential to strengthen these approaches with community-based traditional media and social networks to ensure sustainable impacts are made towards building better behavioural patterns for hygiene. Mainstreaming hand hygiene messages into community activities that require public gatherings such as social, religious and/or community festivals, sport events, and ceremonies has the likelihood of integrating campaigns into cultural perspectives and norms. The strong affinity for religious and cultural structures will be harnessed to draw on the value of these leaders in advocacy and accelerate behavioural change. In addition, NGO/CSO clusters that have community reach will be engaged as partners on hygiene. No doubt, social media has a major role to play in public awareness and education. Implementation of the roadmap will explore, for example, UNICEF Nigeria's over 217k following on Instagram to take advantage of the digital movement for hygiene. It will also identify and project community practices that emphasise the value of hygiene, directly to individuals. Hygiene promotion activities that include both offline and online methods for media advocacy, will better reach the various populations, bridge digital gap and age differentials. A wane in hygiene promotion volunteerism is emerging with volunteers increasingly seeking financial compensation. This is partly attributable to financial incentives by development partners grants program which has created a challenge that needs to be addressed. Each tier of government or coordinating MDA must think in terms of how to help community actors and volunteers to better understand that actions on a life impacting issue as hygiene cannot be based on financial motivations.

To reach the younger generation, including children, relatable human behaviour strategies will be adopted, as relatable interventions serve children better. For example, the tippy tap is widely used because of its ease of use and simplicity. Age specific designs will be promoted in communities to motivate children to wash hands, with consideration for motivating factors such as play/entertainment in designs. To address challenges of theft, implementers will adopt strategies to build community ownership and encourage Build-Own-Run activities.

Table 7 Public Awareness and Behavioural Change Communication- *Expected output and strategies*

Expected Outcome 3:	Increased demand and supply of hand hygiene through public education and behavioural change communication campaigns		
Strategic Approaches	*Activities to ensure improved hand hygiene for all*		
	Respond	**Rebuild**	**Reimagine**
Strategic Objective 3.1:	Promote long term and sustained household behaviour change through hygiene promotion and campaigns that encourages handwashing		
Disruptive advocacy and campaigns to motivate household behaviour and mindset change mindset	Promote peer support amongst the household members to prompt those forgetting to wash hands at critical times	Institute a competition with a prize for the cleanest household, communities, wards and LGAs on monthly, quarterly and annual basis.	Engage voluntary informal monitors and whistle blowers for non-compliance with hand hygiene protocols in any setting
	Evidence-based advocacy to state and local officers on hygiene budgets	Promote the proximity of handwashing stations to kitchens.	Engage town unions, age groups and other community structures as well as community gatherings and festivals as opportunities for public education and behaviour change campaigns.
	Promote the spirit of volunteerism for hygiene promotion.	Disseminate 'The HAND Campaign' document, which encompass concept of handwashing and training modules.	Use traditional prompts and cultures, for example, the washing of hands and kola nut in the South East, as hangers to promote handwashing.
	Encourage private sector actors to maintain and integrate hand hygiene messages in corporate adverts, promotional activities as were done under COVID-19 campaigns.	Work with the entertainment industry to promote the values of handwashing in movies, TVs, drama, announcements and corporate shows.	Promote amongst the private sector, professional bodies and individual philanthropists the culture of adopting communities, educational and health facilities for comprehensive coverage with, and sustained access to WASH services and behaviour.
Adopt behavioural change interventions addressing nascent social and cultural practices	Promote the construction and consistent use of hands-free handwashing facility close to the toilet	Capitalize on the emerging youth groups that are participating in the Sanitation Hackathon to promote hand hygiene and general hygiene and sanitation behaviour amongst their peers using social media.	Promote deterrence to facility vandalism and safe guard hygiene infrastructure to ensure sustainable services, e.g., of tippy tap structures in rural schools.
	Ensure public facilities display prompts to good behaviour and	Develop triggers for handwashing such as	Develop strategies to reach "unreached" populations including people with disability

	guidance on proper handwashing techniques	are available for open defecation.	(e.g., schools for children with hearing needs) non-traditional/informal schools, playgroups and nurseries, slums, riverine communities, correctional centres, conflict affected areas, and areas in emergencies.
Strategic Objective 3.2:	Provide targeted hygiene education to improve hand hygiene knowledge and practice in schools and public settings		
Adopt evidence-based pragmatic and flexible actions to promote hand hygiene behaviours in schools, health centres and public settings	Target early life and imbibe learning at beginning of life with focused messages and school curriculum for maternal care givers, early years/nursery groups, and IT-savvy group to reinforce messages.	Integrate/mainstream menstrual hygiene management into all hand hygiene programs for young people, schools and institutions.	Make handwashing a key component and clearly defined within all school WASH curriculum.
	Strengthen the use of opportunities of ante-/post-natal clinics to promote hand hygiene.	Align behavioural change campaign programmes to school calendars	Adopt a "No School Without Handwashing Station" Policy.
	Strengthen hand hygiene as a component of Community Health.	Promote the establishment of School Health and Environment Clubs.	Support a network of young people to promote hand hygiene and general sanitation and hygiene behaviour targeted at students in tertiary institutions.
	Adopt and promote an integrated approach to health care delivery.	Incorporate and strengthen hand hygiene component of village/community health extension activities.	Support the creation of an anonymous group to function as voluntary monitors and whistle blowers on compliance with established protocols in tertiary institutions
	Engage trained Volunteer Community Health Mobilizers, post-polio eradication, to work on hygiene promotion and support monitoring related to hygiene and handwashing.	Deploy formative research to identify drivers of gaps between knowledge and practice and how to change behaviour for scale up.	Budgets should be dedicated to plan and promote planned preventive maintenance of WASH infrastructure and services in health facilities.
	Adopt the "start them young" approach by engaging school children as targets and agents of change to reach parents and out of-schools peers.	Identify focal points for hand hygiene in each healthcare facility to monitor and report on hand hygiene practice in the facility	Promote performance-based health delivery system taking example from the Nigeria State Health Investment Program (NSHIP) where performance-based grants for services was proven to be a viable way of improving health funding.

6.7 Innovative Services & Supply Chain

"Get simple solutions that community people can implement"

6.7.1 Market Development – Technology and Innovation, for Local Hygiene Products

There is a tendency to take a one-size-fits-all approach to behaviour change, assuming that because certain types of messages or behaviour change campaign design worked in one community it will be applicable in others. Using well-structured formative research, it is possible to identify and strengthen hygiene behavioural change in Nigeria by designing context specific campaigns, possible for more homogenous and related communities, states or regions. For example, WaterAid has piloted the ABCDE approach, a context specific approach based on formative research in the local environment in Bauchi using partnership processes. The link between research, learning, monitoring and evidence generation for policy development is weak in the WASH sector and in particular for sanitation and hygiene, and much less for hand hygiene. Where available, international and national guidelines need to be domesticated at state and local levels. Emphasis will be placed on revising hand hygiene related documents through dialogues, consultations and inputs from education, health, environment, woman affairs other related MDAs. Government approach will be strengthened on its ability to measure and communicate progress being made and saturate the social media and mass media space with appropriate messages to get young people, corporates and societies to drive hand hygiene messages. The momentum generated by COVID-19, and the learning – knowledge and interest therefrom will be harnessed to promote hand hygiene. Some state MDAs have demonstrated capacity for research and innovation, including the development and production of hand sanitizers and handwashing bay designs, by the Lagos State Sanitation Department, Office of Environmental Services. See Case Study Box: D.

The WASH sector can ride on the momentum generated for hand hygiene and handwashing by the advent of the COVID-19 pandemic to develop markets for hand hygiene products and services. Local producers of hand hygiene products and the local markets remain substantially untapped medium in driving the narrative of hygiene in rural communities. Local producers are the main suppliers of hand hygiene products used by households. A market assessment[42] reveal that they offer relative cheaper and organic products which are mainly sourced locally thereby boosting the local economy and improving livelihoods. The producers offer the bar shop, which are the most common products and have continued to extend their production into the liquid soap segment, in response to market preferences. Local soap makers are therefore able to meet the needs of low-income households and extend margin of hygiene practices. However, the monthly return on sales is not a substantial amount for survival. It would be essential to support and target local soap producers during hand hygiene campaigns and CLTS/ODF activities across local government areas with the aim of expanding their market and sustainable production of soaps. Supporting the production and distribution of local bar soap and unbranded liquid soap as well as branded liquid soap producers through outreach programs, trainings and grants, will provide the visibility needed for access and economic value. In return, producers are able to market and serve as points of educate or information on the importance

[42] Unpublished notes and discussions with consultants conducting a Market Assessment of Hygiene Products and Service in Nigeria sponsored by UNICEF

of hand hygiene in households, and step-down knowledge on local ingredients and their benefits to individuals and cooperatives.

A key impediment or boost to market development is customer demand. In a situation of high levels of cash poverty several families may be unable to afford to buy branded liquid soap, or even local bar soap. It is essential to pay increased attention to research to improve local soap production processes and society's confidence in the efficacy and safety of the natural ingredients used in local soapmaking. Such research must also help to lower the cost of soapmaking and make soap production a possible household/cooperative affair. Government intervention for capital grants, market development and distribution will be encouraged. The Federal and State Ministries of Women Affairs will empower women through entrepreneur skills development in the aspect of soap making and encourage expansion to new market including restaurants and food vendors that use liquid soap for handwashing and cleanings as well as domestic purposes. Government will promote enabling environment with favourable policies and requirements that support production of soap including encouraging local authorities to grant tax and levee exempts and the NAFDAC to provide incentives to boost local production of soap. The low levels of access to water supply services as a limitation to hand hygiene. As state utilities continue to undergo reforms to improve services, small independent private water supply entities will be incentivised to continue to fill the gap. Grants for the purchase of water carts will be considered within existing youth enterprise promotion funds.

Table 8 Innovative Service and Supply Chain-- *Expected output and strategies*

Strategic Approaches	*Activities to ensure improved hand hygiene for all*		
	Respond	**Rebuild**	**Reimagine**
Strategic Objectives 3.3:	Incentivize market development to boost soap making to ensure sustained supply of soaps		
Strengthen soap production and markets		Introduce livelihood programmes and social enterprises amongst women's groups and cooperatives to improve production and supply of soaps and other hand hygiene products.	Promote a healthy competition amongst private sector on CSR sanitation and hygiene investments through awards and recognitions.
		Host bi-annual private sector summit on WASH to understand the needs, motivations and incentives that may boost private sector investments, including small and medium scale enterprises (SMEs).	Promote capital grants for market development and distribution for SMEs in soap production
Empower women through entrepreneur skills development	Encourage Federal and State Ministries of Women Affairs to include soapmaking as an integral component of livelihoods activities for women empowerment grants and skills development		Provide research grants to improve local soap production processes, lower the cost of soapmaking and make soap production a possible household and cooperative endeavour.

Case Study D: Innovation: Hand Sanitizers by Lagos Ministry of Environment & Water Resources

The COVID-19 crisis has triggered renewed interest and a rapid scale-up of hand hygiene practice across the entire globe. Hand Hygiene is one of the most critical behaviours to reduce transmission of COVID-19. Regular handwashing, social distancing and the use of face mask were the recommended remedy to mitigate the spread of COVID-19. Availability of these products and service became a challenge at the height of the pandemic. Several innovations arose out of the challenge.

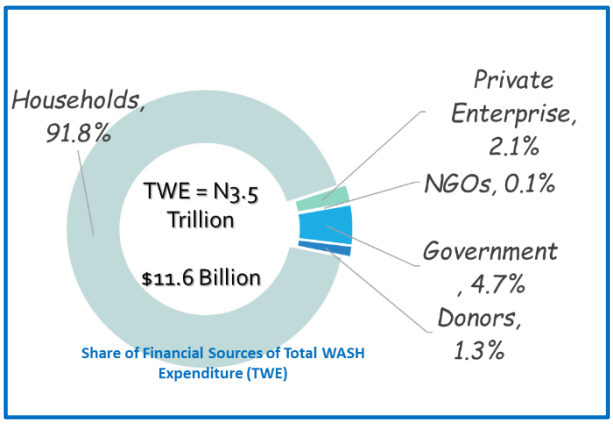
The Ministry of Environment and Water Resources, like other MDAs and organizations, had to put in place facilities to promote hand hygiene practices within work areas to curb the spread of the pandemic as well as promote and protect the health of staff and visitors of the parastatal.

Hand washing stations were erected in strategic places and consumables including soap and sanitizers were provided. However, the cost of sanitizers, an additional product to enhance hand hygiene, was on the rise and the leadership of the Ministry challenged the chemical engineers within the Water Quality and Drainage Services Office to produce hand sanitizers. There were trials and errors and the first two batches produced liquefied after a short period post production. The design team went back to the lab and improved on the subsequent production. The final sanitizers have maintained their consistency months post production.

The sanitizer produce by the unit is between 60-70% alcohol based and is used within the entire ministry. The products also dispensed into sanitizer dispensing units placed across different locations within and without the building o the ministry.

7 Finance and Funds Mobilization

WASH finance arises from three main sources: tariffs, taxes and transfers. The Nigeria WASH Finance (WASHFIN) study[43] reveals that N3.2 trillion (90.6%) of total WASH expenditure in 2018 estimated at N3.6 trillion comes from households. Hygiene accounts for 70% of the total WASH expenditure and 75% of average household expenditure in WASH. A similar trend was observed by the WASHNORM 2019 data which revealed that 61.15% (over N2 trillion) of all expenditure (N3.28 trillion) in the WASH sector was accounted for by Hygiene. Bathing and laundry expenditure accounts for more than 1 in every 4 naira spent (26.9%), at a cost of N884 billion, while ad addition N460 billion was spent on washing materials and equipment. In comparison, sanitation as a whole account for only N62 billion. In fact, Nigerians spent more on the purchase of sanitary pads (N254 billion) and toothpaste (N260 billion) then they spent on sanitation related expenditure combined including for the construction of toilets (N13 billion), payments of sanitation bills and levies (N23 billion), toilet maintenance (N7 billion) and toilet emptying (N18 billion). Household expenditure on hygiene also trumps expenditure on water supply services with a total of N1.2 trillion spent on water supply. These high expenditure pattern in hygiene suggests that households are able and willing to spend on their personal hygiene. What is required is to harness and better target this source of revenue from households to address the gaps between handwashing knowledge and practice.



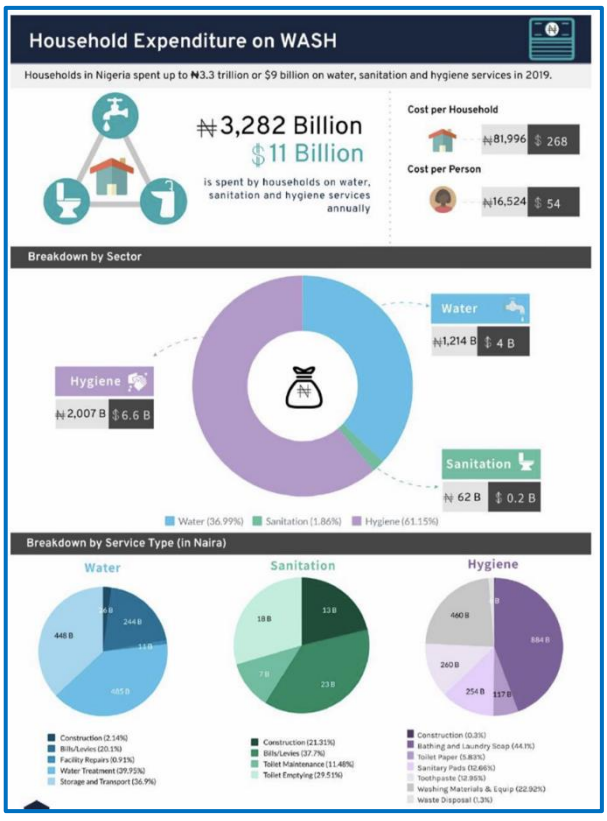


Figure 6 Household Expenditure on WASH

The relatively low levels of household spending on sanitation may partly explain the high numbers of open defecation at 46 million and low levels of access to basic sanitation. Equally important is the relatively low investments by Governments. WASHFIN data suggests that Government expenditure is 4.7% of all investments in the WASH sector with donors contributing 1.3% while private sector contributes 2.1% of sector investments. The challenge is how to substantially raise the contribution of government, private sector and donors in the WASH sector

[43] FMWR 2020 Nigeria Water Supply, Sanitation and Hygiene Account - 2018 Report

and particularly for hygiene. Expenditure by government and donors helps to signal policy direction and guide development. In providing financial leadership, government steer both donors and the private sector towards targeting priority areas of intervention. To mobilize government funding better clarity will be created through the disaggregation of water, sanitation, and hygiene budgets to enable budget tracking, reporting and accountability of use. Budgets releases and disbursements will be better coordinated to make sure funds are available when needed. Government will provide incentives and guidance to drive private sector investments towards social markets and products.

7.1 Financial Flows: Financing for Handwashing and Hygiene

The results from the WASH-NORM surveys, underpins the urgent need to increase investments in sustaining and expanding access to hygiene, water and sanitation, to contain the spread of the novel coronavirus and other deadly diseases. There is no doubt that the state of the WASH sector in Nigeria is a huge challenge despite government's investment in the sector. Nonetheless, concerted effort in sanitation marketing/financing and engagement with the private sector, can offer Nigerians an avenue to access improved sanitation services resulting in improving health and ultimately, eradicate poverty.

Achieving the Sustainable Development Goal 6 by 2030 therefore requires extraordinary efforts. Based on World Bank estimates, Nigeria will be required to triple its budget or at least allocate 1.7 per cent of the current Gross Domestic Product to WASH.[44] The ambition is highest for rural sanitation where the gap for improved services is 64.1 per cent.

The novel Covid-19 virus has necessitated increased awareness of hand hygiene and the establishment of handwashing facilities in various public spaces by government at all levels, institutions, and communities in Nigeria. However, over time some of these facilities have broken down, or are out of use thus defeating the objective for which it was initially set up. Many of these interventions were carried out hastily without adequate pre-evaluation and long-term sustainability plans. Investment promotion for Handwashing and Hygiene will maximize benefits in water supply and sanitation infrastructure, reduce health risks and galvanize more effective investments and quality improvements in Agriculture, Education, Healthcare, and other sectors to boost economic growth.

Knowledge and understanding are not the only determinant of the uptake of hand hygiene, there are other motivators and drivers. Handwashing has a number of cross-cutting benefits, but practice remains low nationally nonetheless. Government has a key role to play in the promotion of hand hygiene and there is need for strong political leadership to **ensure provision** of accessible hand hygiene facilities and supplies and **promote** use through a **strong enabling environment.**

[44] https://www.unicef.org/nigeria/water-sanitation-and-hygiene

Donor support is also critical in promoting hand hygiene and drivers of funders interest would include cost effective solutions, overall strategic objectives, programmes targeting underserved and leveraging various sources of funding. Another critical element of financing for handwashing is, private sector involvement and as investment partners, through corporate social responsibility handwashing initiatives across its value chain in communities of interest. Companies involved in products development related to handwashing will play a critical role in facilitating the practice of handwashing in homes and among the workforce to increase productivity. Perhaps the most import source of funding for hand hygiene is the households themselves. WASHNORM 2019 indicates that households invested N3.3 trillion in the WASH sector. Hygiene contributed 61.15% of these investments, over NGNN2 trillion, demonstrating a willingness to pay for hygiene facilities, products and services. The challenge therefore is how to channel these household investments to promote improved hand hygiene practices

Table 9 Key Components of Budget for Hand Hygiene

Key Components of Budget for Hand Hygiene

Hardware and Products:

- Infrastructure investments – institutional handwashing facilities, operation and maintenance;
- Products supplies and maintenance – soaps, disinfectants, sanitizers and detergents;

Software and message development:

- Formative research – message development, approach facility designs, community entry and information management
- Awareness creation – logistics and IEC materials development, production and distribution;
- Training and capacity building – baseline study on human resources, knowledge and skills, training material development and training delivery;
- Volunteer hygiene promoters' – kits development and supplies, logistics;
- Media engagement – social, mass and traditional media;
- School curriculum development, incorporating WASH with specific messages for hygiene and handwashing;

8 Costed Plan/Budget Framework

Two components of costing of hand hygiene had been established in the previous section: hardware and software. The hardware component consists of three cost categories: infrastructure investments in handwashing facilities, operation and maintenance; and handwashing products supplies and maintenance including soaps, disinfectants, sanitizers and detergents. The software component is principally made of formative research activities, designs and actions to promote hygiene uptake. A study, by Ian Ross et al. [45], on the cost of hand hygiene for all in household settings in 46 least developed countries (LDCs), estimates that US$ 12.2 – 15.3 billion will be required over 10 years to achieve universal access in the countries studied. The study projected cost for handwashing facility, soap, water supply and hygiene promotion, including a top-up of the hygiene promotion activity. It found that the annual cost of soap is $497 million, at 36% of the estimated annual total cost, took the highest burden of handwashing, while the cost of HWF, a purpose-built drum with tap and stand, is $174 million or 13%. The cost of water $127 (9%), brings the estimated cost of hand hygiene components usually borne by households to 58%. The balance of cost goes to hygiene promotion at $334 million (24%) and a top-up promotion cost of $233 million (17%).

Based on the model of the Ian Ross et al study, the WHO and UNICEF have developed a costing tool[46]. Using the WHO/UNICEF tool, it is estimated that Nigeria will need to invest $2.523 billion over the next 5 years to achieve hand hygiene for all by 2025. Half of these cost will be borne by the government for initial hygiene promotion $909.854 million (36%) and top-up promotion $355.154 (14%). An additional $110.683 will be spent by government on formative research and designs. Households will be required to spend $717.757 million on soap (28%), $447.004 million on handwashing facilities (18%) and $93.474 million on water (4%). To meet this cost, it is estimated that each household will require about $18.68 to instal a handwashing facility and another $3.52 annually for maintenance, while another $19.21 will be required for soap and $2.74 for water. These costs are hefty for an

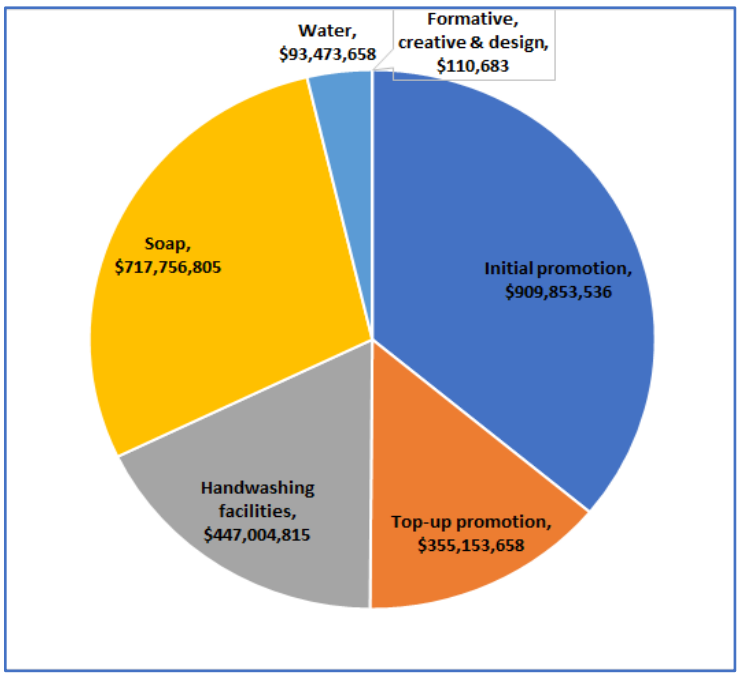


Figure 7: Total economic cost over 5 years of serving all unserved people during 2021 - 2025

[45] Ian Ross et at (September 2021) Costs of hand hygiene for all in household settings - estimating the price tag for the 46 least developed countries. A journal manuscript, which is currently available as a pre-print publication, accessible here: https://doi.org/10.1101/2021.08.16.21262011

[46] https://www.who.int/publications/m/item/WHO-HEP-ECH-WSH-2021.3

economy where 40 percent of the total population, or almost 83 million people, live below the country's poverty line of N137,430 ($381.75) per year in 2019[47].

Ian Ross et al argued that while the cost of handwashing facilities, soap and water are borne by households in the majority of cases, they can also be subsidised directly or indirectly. The cost of soap is a particularly worrying challenge for appropriate handwashing. This roadmap has provided strategies for stimulating local soap production both as a measure to further hand hygiene goals and boost livelihoods. On a similar note, water, also a recurrent economic cost, is inaccessible to 198.6 million. The cost of achieving universal access to water supply is not included in this calculation but are estimated under other government programs currently being coordinated under the National Action Plan for the revitalization of the WASH sector.

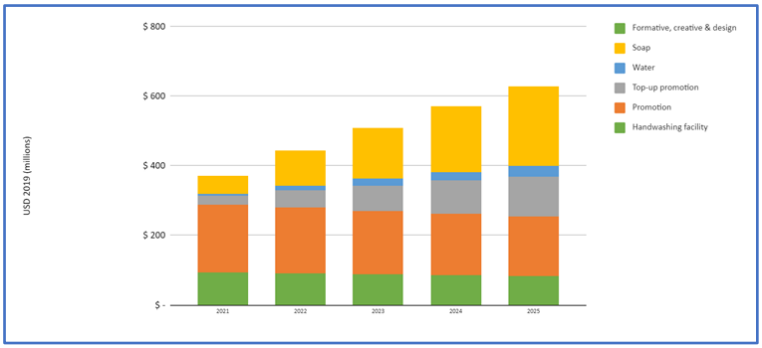


Figure 8: Annual cost of serving 10% of the unserved population every year to 2025

Government will take the responsibility for hygiene promotion and top-up promotion and formative research. A challenge that needs to be addressed remains the establishment of budget lines for hygiene and hand hygiene. In Nigeria, hygiene expenditure is 2% of Government WASH expenditure, compared to 12.3% ($3.8 per capita) of the median WASH budgets of 23 LDCs. The total WASH expenditure as a percentage of the Gross Domestic Product was 2.8% in Nigeria[48]. Hand hygiene promotion cost represents approximately 4.7% ($10 per capita) of the median government health expenditure. The annual total expenditure of hygiene represents 1% of $57 billion disbursed in aid to LDCs in 2019.[49]

[47] National Bureau of Statistics (NBS) 2019 Poverty and Inequality in Nigeria report https://www.worldbank.org/en/programs/lsms/brief/nigeria-releases-new-report-on-poverty-and-inequality-in-country

[48] FMWR 202 Nigeria Water Supply, Sanitation and Hygiene Account - 2018 Report

[49] Ian Ross et at (September 2021) Costs of hand hygiene for all in household settings - estimating the price tag for the 46 least developed countries. A journal manuscript, which is currently available as a pre-print publication, accessible here: https://doi.org/10.1101/2021.08.16.21262011

Table 10 Financial estimation for HH4A 2021-2025

	Unadjusted (US$)	Annual (US$)	2021 (US$)	2022 (US$)	2023 (US$)	2024 (US$)	2025 (US$)	Discounted – total (US$)	Naira Equivalent[50]	Discounted – annual (US$)	Naira Equivalent
Initial promotion	964,420,771	192,884,154	192,884,154	187,266,169	181,811,815	176,516,325	171,375,073	909,853,536	**373,877,015,013**	181,970,707	**74,775,402,920**
Top-up promotion	128,006,021	25,601,204	25,601,204	49,711,076	72,394,771	93,714,914	113,731,692	355,153,658	**145,939,741,145**	71,030,732	**29,187,948,393**
Handwashing facilities	473,813,324	$ 94,762,665	$ 94,762,665	$ 92,002,587	89,322,900	86,721,262	84,195,400	447,004,815	**183,683,218,580**	89,400,963	**36,736,643,716**
Soap	258,697,020	$ 51,739,404	$ 51,739,404	$ 100,464,862	146,308,052	189,395,536	229,848,952	717,756,805	**294,940,626,311**	143,551,361	**58,988,125,262**
Water	33,690,181	$ 6,738,036	$ 6,738,036	$ 13,083,565	19,053,736	24,665,031	29,933,289	93,473,658	**38,410,195,545**	18,694,732	**7,682,039,273**
Formative, creative & design	110,683		110,683					110,683	**45,481,858**	22,137	**9,096,536**

Final Result (Dollar Rate)	Naira Equivalent	Explanation
2,523,353,155	**1,036,896,278,453**	total discounted cost of ensuring everyone with "no service" has a basic service by 2025
253,001,439	103,963,351,314	average annual cost of new and top-up promotion
1.17	480.78	average annual cost of new and top-up promotion per person (nationally, not per person served)
25.47	10,466.13	cost per household per year borne by households actually served

[50] Source: Central Bank of Nigeria *(The Naira equivalent is calculated at the official exchange rate, which is $410.92 on the 15th of November, 2021)*

9 Monitoring and Evaluation Plan

Table 11 Monitoring and Evaluation

	Results *From theory of change*	**Indicators**	**Baseline**	**Target**	**Responsibility**	**Means of verification**	**Analysis / Reporting**
Impact	Improved hand hygiene practices in all people	1. Level of improvement in handwashing practices across Nigeria and in sectors/institutions. 2. Evidence of hand hygiene progress through research 3. Number of investments supporting opportunities for hand hygiene promotion. 4. Available funding and sources of funding for hand hygiene promotion.					
Outcome	Reduction in mortality and morbidity as a result of improve hygiene practices.	1. Percentage reduction in morbidity and mortality outcomes. 2. Percentage increase in handwashing practices among citizens. 3. New innovations in hand hygiene 4. Number of legal and regulatory frameworks established					
Outputs	Increase in hygiene practices and behaviours reflecting the knowledge on hygiene in homes, institutions and public place	1. Number of multisectoral interventions promoting hand hygiene at scale. 2. Number of behavioral change interventions implemented across states. 3. Number of agencies / institutions implementing behavioral change interventions. 4. Reach of interventions / campaigns per state/LGAs 5. Number of available hand washing facilities across states / LGAs / schools / institutions, etc. 6. Strengthened markets for hygiene products and services.					

Table 12 Monitoring and Evaluation Plan-- *Expected output and strategies*

Expected Outcome 1: Political Leadership			
Strategic Approaches	***Monitoring plans to ensure improved hand hygiene for all***		
	Response	**Rebuild**	**Reimagine**
Providing visibility leadership, and voice on issues of hand hygiene	Government's continued leadership at every stage of the project implementation. Champion hand hygiene as a key part of response and frame hand hygiene in broader context.	Establish hand hygiene as a key public health intervention strategy.	Make hand hygiene everyone's business with everybody owning and participating in the process.
Increased financial flows and multisectoral coordination and partnerships	Dedicated budgeting to aid free flow of funds for hand hygiene, across key sectors of WASH, health, education, and all public institutions	Provide appropriate funding and partnerships	Key private sector participation
Promote hand hygiene as key social norm through the National Action Plan and National WASH programs.	Adequate awareness and sensitization of hand hygiene as a key social norm as sectors and in states/LGAs.	Mobilize political leadership across states, LGAs and MDAs to voice for hand hygiene in all development interventions and emergency response interventions.	Provide learning platforms and forums among political leadership to engage and strategize on effective hand hygiene promotion interventions.
Expected Outcome 2: Strong Enabling Environment			
Strategic Approaches	***Monitoring plan to ensure improved hand hygiene for all***		
	Response	**Rebuild**	**Reimagine**
Strengthened systems that promotes mechanisms for integration, mainstreaming and public campaigns	Review regulatory/legal frameworks Assess gaps in hand hygiene in multiple settings and design effective intervention strategies.	Establish multisectoral partnerships and plan for structural reforms as needed. Increase investment into hygiene promotion across states and sectors.	Implement structural reforms. Establish multi stakeholder platform to oversee and report on implementation.

Policy development, review and adaptation across strata	integrate hygiene into sector related policies and strategies, especially in water, sanitation, education, health, nutrition, and environmental health. Assess gaps and opportunities in policies and standards regarding hand hygiene in healthcare facilities, schools, workplaces, public places, etc. Mainstream gender and social inclusion principles into hand hygiene policies and practices for national development planning.	Implement a national roadmap with steps to accelerate attention and action to scaling-up hand hygiene. Map hand hygiene policies and guidelines across sectors, MDAs, states, and others, 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.	Comprehensive review of current policies to ascertain processes and compliance of hand hygiene policies. Review and adapt existing policies and strategies based on lessons learnt from implementation of hand hygiene interventions. Continuous stakeholders engagement on hand hygiene gaps, progress and strategies for effective outcomes.

Expected Outcome 3: Increase supply and demand for hand hygiene			
Strategic Approaches	***Monitoring plans to ensure improved hand hygiene for all***		
	Response	**Rebuild**	**Reimagine**
Active and sustained incentivization of innovative services	Inclusive programming on hand hygiene implemented at scale facilities, schools, workplaces, public places, etc. Technical guidance to government agencies and the private sector in effective hand hygiene promotion.	Increased investment in hand hygiene facilities across facilities and institutions. Strengthen supply chain for hygiene products and services	Continuous collaboration with all government agencies, private sector and civil society in hand hygiene promotion. Support SMEs through capacity development , professionalization and/or fiscal incentives under the Clean Nigeria project.
Provision of adequate hand hygiene facilities in states and in various	Provision of hand hygiene facilities at critical points to sustain hand hygiene promotion	Identify supply chain	Grassroots involvement in handy hygiene promotion.

facilities of schools, healthcare centres, markets, parks, etc.		bottlenecks and inefficient 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	LGAs strategic partnerships with private sectors in enhancing the availability of hand hygiene facilities in facilities and institutions. Promote cost effective approaches for the development and availability of hand hygiene products and services including hand hygiene stations, supplies such as soap or alcohol-based hand rub (ABHR), and spare parts for maintenance
Behavioral change interventions on social and cultural practices	Conduct advocacies with and to critical stakeholder groups hand hygiene interventions. Engage local influencers online and offline campaigns to promote effective hand Hygiene practices. Initiate health clubs in schools and other institutions for effective information dissemination.	Incorporate hand hygiene into Clean Nigeria campaigns to trigger awareness, mass action and ODF. Continuous COVID-19 campaigns and awareness through various channels. Engage local volunteers and mobilisers in triggering and disseminating messages of hand hygiene.	Implement culturally relevant interventions acceptable to all. 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
Evidence behavioral change reporting	Develop and disseminate appropriate technical guidance on evidenced-based behavioural change approaches and patterns on increased compliance of hand hygiene practice.	Conduct formative research to understand key barriers and drivers in hand hygiene promotion.	Establish regular reviews to adapt interventions based on monitoring and research data using social and behavioral change approaches. Work with local academia to collect evidence on hand hygiene chances in behavior and practice.

9.1 Action Plan for 2022-2025 Hand Hygiene for All Roadmap

The HH4A Roadmap will be implemented in synergy with the Nigeria ODF Roadmap. The detailed activity description, and timeframes are stated below.

S/N	Activity	Respond		Rebuild		Reimagine		Budget (NGN)	Implementing Institution(s)
		2022	2023	2024	2025	2026	2027		
1.1	**Strategic Objectives 1.1: Lend a voice and visibility to hand hygiene promotion**								
	➢ **Demonstrate visible leadership**								
a)	Engage other stakeholders in the validation, roll-out and implementation of the HH4A Roadmap								This is planned to be a one-off all-inclusive meeting involving stakeholders from Govt., CSOs, FBOs
b)	Inspire political leadership at all levels to champion hand hygiene								NTGS, STGS, RUWASSAs, FMWR
c)	Take advantage of other national events and make political statements to reinforce HH4A								
d)	Establish Global Handwashing Day as a National Holiday Day to underscore the importance of hand hygiene to life								
e)	Identify focal points for monitoring, promoting and reporting on hand hygiene and general sanitation compliance in each MDA								
1.2	**Strategic Objectives 1.2: Ensure dedicated flow of funds for hand hygiene in all public institutions, particularly in key sectors of WASH, health, education, social welfare and correctional services**								
	➢ **Provide dedicated, ring-fenced budgets for hand hygiene**								
a)	Continue to see donor funds as catalytic funds supporting government expenditure and household investments to improve value for money and targeting								
b)	Provide tax incentives for private sector entities providing support to hand hygiene through CSR channels.								

c)	MDAs should set up budget streams to fund field visits by sanitation/hygiene officers to ensure that development grant-based activities continue even when donor funding ends								
d)	Mobilize local funds to drive HH4A initiative								
e)	Provide R&D, incentives and enterprise development support for hygiene products and services for SME investors and rural dwellers, including women groups and cooperatives.								
f)	Prioritise and budget for hygiene, with a sub-budget for hand hygiene at all levels of administration and MDAs.								
g)	Provide dedicated budget for WASH within health ministries and agencies considering the importance of WASH in health.								
2.1	**Strategic Objectives 2.1: Promote coordination and partnerships across multi-stakeholder through and inclusive multi-sectoral approach to hand hygiene management**								
	➢ **Integrate hand hygiene messages, behaviours and practices in existing programmes across all sectors**								
a)	Encourage the independent development and implementation of handwashing protocols by line ministries and agencies responsible for health facilities, schools and higher institutions, correctional facilities, care homes, emergency shelters, markets and public centres under a coordinating NTGS Hand Hygiene Working Group								
b)	Rotate leadership of NTGS across key MDAs beyond the Water Resources Ministry to strengthen an "All Sectors Approach" to hand hygiene and other WASH components								
c)	Integrate HH4A Roadmap with existing policies, programmes and guidelines such as the (i)								

	National Health Policy, (ii) Community Health Policy, (iii) National Hygiene Promotion Strategy, and (iv) Guidelines for Hygiene Promotion in Community and Rural Markets in Nigeria								
	➢ **Mainstream hygiene and hand hygiene as a component of WASH, community health, maternal health, and menstrual hygiene activities**								
d)	Strengthen feedback mechanisms between States and Federal institutions								
e)	Scale up knowledge of, adoption and implementation of the National Hygiene Promotion Strategy, and the Guidelines for Hygiene Promotion in Community and Rural Markets in Nigeria at national, state and local levels.								
f)	Clarify roles and responsibilities for hand hygiene in schools, health facilities and public places including restaurants and food courts								
g)	Adopt a policy of 'No ODF Status Declaration' without hygiene								
	➢ **Launch a National Clean Hands Campaign as a component of the Clean Nigeria Campaign**								
h)	Launch a national hand hygiene campaign to trigger awareness, sustain the momentum, mass action and hygiene behaviour change initiated under Covid-19 awareness raising								
i)	Develop campaign steering activities and programme to mark Global Handwashing Day as a National Holiday Day to underscore the importance of hand hygiene to life relevant to community and local context								
2.2	**Strategic Objectives 2.2: Provide specific legislations, regulations and strategic directions on hand hygiene to increase synergy across sectors**								
	➢ **Strengthen and enforce existing laws**								

a)	Review of existing old or obsolete Environmental Laws and make relevant for current realities, including the laws establishing the role of Environmental Health Officers to strengthen their operations and relevance.								
b)	Mainstream WASH in the on-going development of the Community Health Policy and Guidelines								
c)	Clarify, strengthen and define the role and responsibilities of WASH Units, PHCs and other local institutions in grassroot coordination and regulatory oversight.								
	➢ **Provide administrative and regulatory oversight**								
d)	Enforce national policies and standards for sanitation and hygiene facilities in building – households, schools, health centres, correctional centres and homes for babies, children and the elderly								
e)	Establish and strengthen Ward Development Committees as a component of autonomous LG Councils.								
f)	Establish units to promote and implement inclusive approaches in WASH for special needs children, the elderly, marginalised, low-income and differently abled persons								
2.3	**Strategic Objectives 2.3: Build the capacity of hygiene sector workers by providing essential tools and training**								
	➢ **Provide training, materials and incentives for inclusive approaches to hand hygiene**								
a)	Provide training and capacity building for health practitioners on hand hygiene								
b)	Develop and disseminate BCC materials, kits, tools and learning materials on hygiene, appropriate to different contexts and settings such as schools, special needs homes, offices,								

	transport hubs, hospitals, and for social and mass media use.								
c)	Provide training for parents, teachers, carers and administrators of homes and schools for kids with special needs								
d)	Established Incentivises, including funding, for non-profits providing services to promote inclusive hand hygiene approaches								
e)	Build the capacity of Ward Development Committees (WDCs) to mobilize resources to support consistent availability of hand hygiene products in the primary healthcare facilities								
*2.3	**Strategic Objectives 2.3: Strengthen indicators for measuring handwashing practices including through self-reporting, observed actual handwashing and proxies**								
	➢ **Promote SMART indicators for measuring hand hygiene practices**								
a)	Continuous training on the use of graphics and tally cards for M&E in rural communities								
b)	Strengthen Hygiene M&E within the five criteria and protocol for ODF status declaration.								
c)	Advocacy to include hand hygiene indicators in HMIS and EMIS								
d)	Strengthen both the horizontal and vertical links between WASH, Education and Health at LGAs, States and National levels								
e)	Mainstream the implementation of existing household hygiene behaviour monitoring by community-based VHPs under the NPHCDA's Community Health Influencers and Promoters (CHIPs) programme at ward level.								
f)	Clearly capture hand hygiene on WASHSIMS and ensure more states are incorporated into the WASHSIMS data base.								

g)	Review hygiene indicators to include number of persons washing hands or using alcohol-based hand rub at the hitherto critical times and for activities recommended by the UN COVID guidelines such as after a handshake, sneezing, touching the dead, and touching surfaces.								
h)	Promote the supervised daily group handwashing recommended under the 5-Star School Hygiene promotion approach, to address the challenge of monitoring actual handwashing.								
	➢ **Promote participatory planning, monitoring and reporting for hand hygiene**								
i)	Strengthen CSO coalitions and encourage CSOs working groups on hygiene and hand hygiene.								
j)	Incentivise women's groups and households to take ownership of handwashing and menstrual hygiene management issues								
k)	Promote community monitoring/policing for securing and maintaining provided facilities and intervention								
3.1	**Strategic Objective 3.1: Promote long term and sustained household behaviour change through hygiene promotion and campaigns that encourages handwashing**								
	➢ **Disruptive advocacy and campaigns to motivate household behaviour and mindset change mindset**								
a)	Promote peer support amongst the household members to prompt those forgetting to wash hands at critical times								
b)	Evidence-based advocacy to state and local officers on hygiene budgets								
c)	Promote the spirit of volunteerism for hygiene promotion.								
d)	Encourage private sector actors to maintain and integrate hand hygiene messages in corporate								

	adverts, promotional activities as were done under COVID-19 campaigns.								
e)	Institute a competition with a prize for the cleanest household, communities, wards and LGAs on monthly, quarterly and annual basis.								
f)	Promote the proximity of handwashing stations to kitchens.								
g)	Disseminate 'The HAND Campaign' document, which encompass concept of handwashing and training modules.								
h)	Work with the entertainment industry to promote the values of handwashing in movies, TVs, drama, announcements and corporate shows								
i)	Engage voluntary informal monitors and whistle blowers for non-compliance with hand hygiene protocols in any setting								
j)	Engage town unions, age groups and other community structures as well as community gatherings and festivals as opportunities for public education and behaviour change campaigns.								
k)	Use traditional prompts and cultures, for example, the washing of hands and kola nut in the South East, as hangers to promote handwashing.								
l)	Promote amongst the private sector, professional bodies and individual philanthropists the culture of adopting communities, educational and health facilities for comprehensive coverage with, and sustained access to WASH services and behaviour.								
	➢ **Adopt behavioural change interventions addressing nascent social and cultural practices**								

m)	Promote the construction and consistent use of hands-free handwashing facility close to the toilet								
n)	Ensure public facilities display prompts to good behaviour and guidance on proper handwashing techniques								
o)	Capitalize on the emerging youth groups that are participating in the Sanitation Hackathon to promote hand hygiene and general hygiene and sanitation behaviour amongst their peers using social media.								
p)	Develop triggers for handwashing such as are available for open defecation.								
q)	Promote deterrence to facility vandalism and safe guard hygiene infrastructure to ensure sustainable services, e.g., of tippy tap structures in rural schools.								
r)	Develop strategies to reach "unreached" populations including people with disability (e.g., schools for children with hearing needs) non-traditional/informal schools, playgroups and nurseries, slums, riverine communities, correctional centres, conflict affected areas, and areas in emergencies.								
3.2	**Strategic Objective 3.2: Provide targeted hygiene education to improve hand hygiene knowledge and practice in schools and public settings**								
	➢ **Adopt evidence-based pragmatic and flexible actions to promote hand hygiene behaviours in schools, health centres and public settings**								
a)	Target early life and imbibe learning at beginning of life with focused messages and school curriculum for maternal care givers, early years/nursery groups, and IT-savvy group to reinforce messages.								

b)	Strengthen the use of opportunities of ante-/post-natal clinics to promote hand hygiene.								
c)	Strengthen hand hygiene as a component of Community Health.								
d)	Adopt and promote an integrated approach to health care delivery.								
e)	Engage trained Volunteer Community Health Mobilizers, post-polio eradication, to work on hygiene promotion and support monitoring related to hygiene and handwashing.								
f)	Adopt the "start them young" approach by engaging school children as targets and agents of change to reach parents and out of-schools peers.								
g)	Integrate/mainstream menstrual hygiene management into all hand hygiene programs for young people, schools and institutions.								
h)	Align behavioural change campaign programmes to school calendars								
i)	Promote the establishment of School Health and Environment Clubs.								
j)	Incorporate and strengthen hand hygiene component of village/community health extension activities.								
k)	Deploy formative research to identify drivers of gaps between knowledge and practice and how to change behaviour for scale up.								
l)	Identify focal points for hand hygiene in each healthcare facility to monitor and report on hand hygiene practice in the facility								
m)	Make handwashing a key component and clearly defined within all school WASH curriculum.								

n)	Adopt a "No School Without Handwashing Station" Policy.								
o)	Support a network of young people to promote hand hygiene and general sanitation and hygiene behaviour targeted at students in tertiary institutions.								
p)	Support the creation of an anonymous group to function as voluntary monitors and whistle blowers on compliance with established protocols in tertiary institutions								
q)	Budgets should be dedicated to plan and promote planned preventive maintenance of WASH infrastructure and services in health facilities.								
r)	Promote performance-based health delivery system taking example from the Nigeria State Health Investment Program (NSHIP) where performance-based grants for services was proven to be a viable way of improving health funding.								
3.1	**Strategic Objective 3.2: Incentivize market development to boost soap making to ensure sustained supply of soaps**								
	➢ **Strengthen soap production and markets**								
a)	Introduce livelihood programmes and social enterprises amongst women's groups and cooperatives to improve production and supply of soaps and other hand hygiene products.								
b)	Host bi-annual private sector summit on WASH to understand the needs, motivations and incentives that may boost private sector investments, including small and medium scale enterprises (SMEs).								

c)	Promote a healthy competition amongst private sector on CSR sanitation and hygiene investments through awards and recognitions.								
d)	Promote capital grants for market development and distribution for SMEs in soap production								
	➢ **Empower women through entrepreneur skills development**								
e)	Encourage Federal and State Ministries of Women Affairs to include soapmaking as an integral component of livelihoods activities for women empowerment grants and skills development								
f)	Provide research grants to improve local soap production processes, lower the cost of soapmaking and make soap production a possible household and cooperative endeavour.								
TOTAL (NGN)									

Nigeria Roadmap for Hand Hygiene for All

World Health Organization

unicef