MINISTRY OF HEALTH AND SOCIAL PROTECTION
OF THE REPUBLIC OF TAJIKISTAN

NATIONAL ROADMAP

HAND HYGIENE FOR ALL in TAJIKISTAN, 2023

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Dushanbe, 2023

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ACRONYMS

ADB	Asian Development Bank
COVID-19	COVID-19
DHS	Demographic and Health Survey
EU	European Union
EU	European Union Water Initiative
EBRD	European Bank for Reconstruction and Development
GDP	Gross Domestic Product
HBS	Household Budget Survey
HCAIs	Health Care-associated infections
HCFs	Health Care Facilities
HH	Hand Hygiene
HH4A	Hand Hygiene for All
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPC	Infection Prevention and Control
JMP	Joint Monitoring Programme
JSR	Joint Sector Review
JICA	Japan International Cooperation
M&E	Monitoring and Evaluation
MoES	Ministry of Education and Science of the People of the Republic of Tajikistan
MoEWR	Ministry of Energy and Water Resource of the People of the Republic of Tajikistan
MoHSPP	Ministry of Health and Social Protection of the People of the Republic of Tajikistan
MoEDT	Ministry of Economic Development and Trade
MTDR	Medium-Term Development Plan
MJCS	Multiple Indicator Cluster Survey
NDHS	National Demographic Health Survey
NDS	National Development Strategy
O&M	Operation and Maintenance
Rep-HLSC	Republican Centre for the Formation of Healthy Lifestyle (informal name is Republican Healthy Lifestyle Centre)
RRS	Rayons under Republican Subordination
SDGs	Sustainable Development Goals
SDC	Swiss Development and Cooperation
SES	State Service of the Sanitary and Epidemiological Surveillance (informal name Sanitary and Epidemiological Service)
SUE-KMK	State Unitary Enterprise Khojagii Manziliu Kommunali (State WatSan Operator)
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	UN Children's Fund
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organisation
WUA	Water Users Association
WUC	Water Users Committee
WMIS	Water Management Information System

ACKNOWLEDGEMENTS

The global demand for hygiene and sanitation advice and support has been on the rise since the 2019 global coronavirus pandemic. Emerging infections have spurred the development of COVID-19 response guidance documents and created an urgent need to improve hand hygiene in households, schools, healthcare facilities and public places to protect global health and reduce the risk of future outbreaks. Improving hand hygiene in any setting is truly a win-win strategy that has the potential to prevent around 165,000 deaths from diarrheal diseases globally each year and is widely recognized as one of the most important measures to stop the spread of other infectious diseases, including COVID-19. D Despite these egregious observations, at the beginning of the pandemic, 2.3 billion people on all continents were still not practicing basic hygiene.

In April 2020, WHO released recommendations for universal access to hand hygiene and improved hand hygiene practices in all settings, especially in healthcare settings, to prevent transmission of COVID-19. In response, WHO and UNICEF launched a massive global hand hygiene initiative. The Hand Hygiene for All (HH4A) initiative provides a global framework to achieve universal hand hygiene and stop the spread of COVID-19. The initiative calls on countries to develop comprehensive roadmaps that link national COVID-19 preparedness and response plans with medium- and long-term national development plans to ensure that hand hygiene is at the core of government programming throughout this pandemic and beyond. In this regard, countries are expected to develop a "Hand Hygiene for All" roadmap based on the global guidance from UNICEF and WHO. Considering the current situation, the Ministry of Health, and Social Protection of the Population of the Republic of Tajikistan, with the support of UNICEF, has developed the “National Roadmap on Hand Hygiene for All for the Republic of Tajikistan (2023-2030)”.

This “National Roadmap on Hand Hygiene for All for the Republic of Tajikistan (2023-2030)” is the result of a shared commitment by the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan, as well as development partners who are actively working on hand hygiene for all under various conditions throughout the country.

Valuable inputs through structured interviews and participation in roundtable discussions were received by representatives from the following organizations: Ministry of Health and Social Protection of the Population of the Republic of Tajikistan; Ministry of Energy and Water Resources of the Republic of Tajikistan; Ministry of Education and Science of the Republic of Tajikistan; Committee for Emergency Situations and Civil Defence under the Government of the Republic of Tajikistan; Committee for Environmental Protection under the Government of the Republic of Tajikistan; State unitary enterprise "Housing and communal services"; State Sanitary and Epidemiological Surveillance Service; Republican Centre for the formation of a healthy lifestyle of the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan; Tajik State Medical University named after Abuali ibn Sino; United Nations Children's Fund (UNICEF) in the Republic of Tajikistan; WHO Country Office in Tajikistan; USAID Healthy Mother, Healthy Child project; Japan International Cooperation Agency (JICA) in Tajikistan; World Bank in Tajikistan; Asian Development Bank in Tajikistan; Swiss Cooperation Office in Tajikistan; "Good Neighbours" in Tajikistan; Chemonics Int. Inc. in Tajikistan; Agency for Technical Cooperation and Development (ACTED) in Tajikistan; Aga Khan Foundation in Tajikistan; Red Crescent Society of Tajikistan, private sector and community representatives.

EXECUTIVE SUMMARY

Hand hygiene is key to control the spread of all communicable diseases including COVID-19. Smart investments now will also prepare us better for any future diseases. Nearly 70 percent of all infectious diseases in Tajikistan are intestinal and most of them water and hygiene related. Moreover, the mortality rate attributed to exposure to unsafe WASH services is 2.7 per 100,000 population (World Health Statistics, WHO (2018) - the highest in Central Asia.

According to Joint Monitoring Programme (JMP) 2021, overall 73 percent of the households have access to basic hygiene facilities with 70 percent in rural areas and 90 percent in urban areas. As per WHO study in 2021, around 12 percent of Health-Care Facilities (HCFs) have basic services and 47 percent have limited access to hygiene. Similarly, around 25.5 percent of schools have basic hygiene services, 13 percent are limited and around 61 percent are without any hygiene services. Due to limited access to hand hygiene services and emerging challenge of assuring the compliances and system strengthening approach, there is a pressing need to develop a national roadmap of Hand Hygiene for All (HH4A) in Tajikistan. A series of discussions and consultative sessions were held with a range of stakeholders in addition to review of secondary data for the development of the national roadmap of HH4A in Tajikistan.

The overall objective of the national hand hygiene roadmap is to promote and sustain universal hand hygiene in Tajikistan for infection prevention and control, including COVID-19 and other pandemics. Improved hand hygiene will be achieved through: Generated necessary national commitment and government leadership in the promotion and sustaining of hand hygiene for all; created an enabling environment to ensure availability, affordability and accessibility of hand hygiene facilities and services; and positively and sustainably changed behaviours and social norms on hand hygiene. In addition, the roadmap shall be using a strategic framework where each strategic objective/action shall be categorised as response (short term action), rebuild (medium term) and reimagine (long term actions).

The expected impact of the Hand Hygiene for All roadmap in Tajikistan is: “reduction in mortality and morbidity due to infectious disease including COVID-19 and other pandemics”. Whereas expected outcome is: “hand hygiene practices, especially hand washing, are sustained at home, public places, and institutions. Three results are being envisaged which include: 1) Leadership support for hand hygiene is generated; 2) Hand hygiene services are institutionalised; and 3) Sustainable inclusive Hand Hygiene services through demand and supplies of HH. The proposed strategic objectives/actions will range a set of activities ranging from: inspiring national and local leaderships for hand hygiene; making necessary alignments with policies and strategies of WASH related sectors; strengthening the necessary institutional arrangements; effective resource mobilisation especially funding for HH; integrating HH into planning, monitoring and review systems and structures; and improving and establishing procedures and mechanisms of capacity development of HH. In addition, the focus will be on nurturing the value chain of hand hygiene products and services; and generating demand by design and implementing social behavioural change communication approaches.

The specific strategic objectives for WASH in HCFs, WASH in Schools and WASH in emergencies have also been developed through a consultation process that includes key actions under response, rebuild and reimagine framework. A robust M&E framework has been proposed that includes key indicators with frequency and approach of collection and reporting while underpinning reduction in prevalence of diarrhoea as key national impact indicator for hand hygiene for all in Tajikistan.

1. INTRODUCTION AND BACKGROUND

Water, Sanitation and Hygiene (WASH) are important aspects of human health and well-being (WHO, 2019). As per fundamental rights, water and sanitation services must be accessible to everyone within, or in the immediate vicinity, of household, health and educational institutions, public institutions and places and workplace (WaterAid, 2016), (Russell & Azzopardi, 2019). The benefits of having access to improved drinking water sources can only be recognised when access to improved sanitation services and adequate hygiene practices is ensured (UN Water, 2020). Hand washing is an essential component of hygiene[1]. The availability of handwashing facilities with soap and water within premises is a priority indicator for global monitoring of hygiene (WHO, UNICEF, 2020). World Health Organisation (WHO) defines hand hygiene as, "any action of hygienic hand antisepsis in order to reduce transient microbial flora (generally performed either by hand rubbing with an alcohol-based formulation or handwashing with plain or antimicrobial soap and water)" (WHO, 2009). In some cultures, ash, soil, sand, or other materials are used as hand washing agents, but these are less effective than soap and are therefore counted as limited handwashing facilities (WHO, UNICEF, 2020).

Handwashing with soap is one of the most effective ways to prevent the spread of diseases. The second target under Sustainable Development Goal (SDG) 6 calls for the global community to: "By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations". Hand hygiene is one of the most important elements of hygiene. Without handwashing and adherence to good hygiene practices, the health and socio-economic benefits of improved water supply and sanitation cannot be fully realized and will impede progress towards many of the SDGs (UNWATER, 2020). Handwashing has the potential to improve healthcare outcomes, and subsequently increase the progress regarding equity, education, and WASH, helping achieve SDGs. Although handwashing is measured as a part of SDG 6.2, the impact of adequate handwashing cuts across the SDG agenda[2] (Global Handwashing Partnership, 2020).

Insufficient hand hygiene practices also contribute to an increase in community-based infections, increasing the economic burden due to health challenges (Boshell, 2017). Investments on hand hygiene are among the most cost-effective investments that can be made with public and private resources, for the sectors of sanitation and health (WHO, 2009). As per the Institute of Health Metrics and Evaluation, diarrheal diseases, lower respiratory tract infections and chronic obstructive pulmonary disease are three most common causes of deaths in developing countries (IHME, 2019). The incidences of both diarrheal diseases and respiratory infections can significantly be reduced by ensuring good hand hygiene. Health Care-associated infections (HCAIs) are also responsible for increased incidences of severe illnesses and deaths (Global Handwashing Partnership, 2017). HCAIs can cause long-term morbidity, increased length of hospital stays, financial losses and increase in mortality. Hand hygiene is a core infection prevention and control strategy as it can limit the spread of antimicrobial resistance (Haque, Sartelli, McKimm, & Bakar, 2018), (Mehta, et al., 2014). There is substantial evidence that properly implemented hand hygiene practices alone can significantly reduce the risks of cross-transmission of infection in healthcare facilities. Proper hand hygiene is the single most important and least expensive means of reducing the prevalence of HCAIs and the spread of antimicrobial resistance (Mathur, 2011), (Toney-Butler, Gasner, & Carver, 2021).

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

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

Even though effective hand hygiene is essential to health and well-being, there has been a steady decline in hygiene promotion globally, especially at home (Boshell, 2017). It is estimated that three out of ten people, 2.3 billion globally, lack a facility with water and soap available to wash their hands at home, including 670 million who have no handwashing facility at all. Facilities are also missing in many health care facilities, schools, and public places, even though there is evidence that the presence of hand hygiene facilities is a strong determinant of regular hand hygiene in households and health care facilities (UNICEF, WHO, 2021).

The pandemic of COVID-19 has renewed the global attention on handwashing, both at home and at public places (WaterAid, 2020), (UNICEF, 2020). Being a simple primary measure that can mostly be done independently, adequate handwashing practice is one of the critical behaviours to prevent the spread of COVID-19. The COVID-19 pandemic has seen a focus of education and information on handwashing, aimed both at people working within the health sector as well as to the public. There has been an increase in public health messages through various sources about the importance of handwashing, and the correct techniques for handwashing. In addition to a greater presence on social media platforms and other advertising outlets, the importance of handwashing is now frequently seen on numerous media outlets (Alzyood, Jackson, Aveyard, & Brooke, 2020). In order to be better prepared for the future pandemics, access to hand hygiene, at homes, educational institutes, health facilities, communities, refugees, workplaces and public places, has become essential. Therefore, it is important to analyse the inequities regarding handwashing in different regions and settings to promote equitable distribution of resources and to ensure handwashing behaviour change that contributes towards safe sanitation and healthy lives within the overall ambit of WASH.

2. SDG SERVICE LADDER FOR HYGIENE

Service Level	DEFINITION
Basic	**For Households:** Availability of a handwashing facility on premises with soap and water. **For Schools:** Handwashing facilities with water and soap available at the school at the time of survey. **For Health Care Facilities:** A Functional hand hygiene facility with water and soap and/ or ABHR at points of care, and within five metres of the toilets.
Limited	**For Households:** Availability of handwashing facility on premises lacking soap and/ or water. **For Schools:** Handwashing facilities with water but no soap available at the school at the time of the survey. **For Health Care Facilities:** Functional hand hygiene facilities are available either at points of care or toilets, but not both.
No Facility	**For Households:** No handwashing facility on premises. **For Schools:** No handwashing facilities or no water available at the schools. **For Health Care Facilities:** No functional hand hygiene facilities are available either at points of care or toilets.

Source: (UNICEF, WHO, 2021), WHO-UNICEF JMP

3. WHY HAND HYGIENE?

3.1 SAVE LIVES

Access to hand hygiene in health care facilities, schools, public places, and homes is essential to protect global health and reduce the risk of future outbreaks. Scaling up hand hygiene in all settings could potentially prevent an estimated 165,000 deaths from diarrheal diseases each year. It can potentially reduce diarrheal disease by about 40%[3]. It also contributes to the reduction of the risk of respiratory infection by 16%[4].

Its contribution to the reduction of skin and eye infections is also significant. Hand hygiene is also found to be among the major solutions towards reducing morbidity and mortality of children. Studies show that 1.8 million under-five children die every year globally due to diarrhoea and pneumonia which are the top two killers of under-five children. Scientific evidence and experience from WHO has also shown that improving hand hygiene strategies in health care can reduce health care-associated infection and antimicrobial resistance.

3.2. SAVING MONEY

Hand hygiene is one of the most cost-effective ways to prevent the spread of infectious diseases. Studies show that an investment of 3.35 USD on hand hygiene, 11 USD on latrine, 200 USD on water construction and many thousands USD on vaccine have equivalent health outcomes.[5] Improving hand hygiene policies can generate savings in health expenditure up to 15 times the cost.[6] The cost of implementing hand hygiene strategies in health care facilities is also low: estimated between US$0.90 and US$2.50 per capita per year, depending on the country[7] and hygiene interventions have proved to be effective in reducing drug-resistant infections in hospitals. One model estimated that each increase of 1% in hand hygiene compliance could save nearly $40,000 in Methicillin-resistant Staphylococcus aureus (MRSA)-related healthcare costs per year.[8]

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

3 Rabie T, Curtis V. Handwashing and risk of respiratory infections: a quantitative systematic review. Trop Med Int Health 2006: 11: 258–267).

4 (Rabie T, Curtis V. Handwashing, and Risk of respiratory infections: a quantitative systematic review. Trop Med Int Health 2006: 11: 258–267).

5 Cairncross S, Valdmanis V. Water Supply, Sanitation, and Hygiene Promotion. In: Jamison DT, Breman JG, Measham AR, et al., [editors]. Disease Control Priorities in Developing Countries. 2nd edition. Washington DC: The International Bank for Reconstruction and Development / World Bank; 2006. Chapter 41. Available from: ttps://ncbi.nlm.nih.gov/books/NBK11755/. Co-published by Oxford University Press, New York).

6 Investing in Hand Hygiene for All as We Build a Next and Better Normal-UNICEF Apr 2021).

7 HH4A WHO/UNICEF

8 Ownsend J, Greenland K, Curtis V. Costs of diarrhoea and acute respiratory infection attributable to not hand washing: the cases of India and China. Trop. Med. Int. Health, 2017).

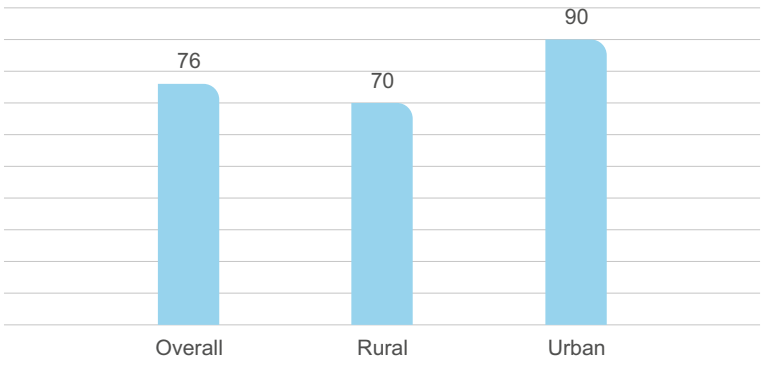
4. STATUS OF HAND HYGIENE IN TAJIKISTAN

Nearly 70 percent of all infectious diseases in Tajikistan are intestinal and most of them water and hygiene related. Moreover, the mortality rate attributed to exposure to unsafe WASH services is 2.7 per 100,000 population (World Health Statistics, WHO (2018) - the highest in Central Asia. This requires systems to be put in place – both hardware and software – to implement and sustain Water and sanitation services, and hygiene behaviours. The prevalence of waterborne diseases negatively affects the economic productivity of households, especially women and children. Gender disparities persist in the water sector and women and girls are disproportionately affected by poor access to WASH services. They are often responsible for collecting water from rivers, canals, and wells, thus carrying the bulk of the physical burden. However, women are less able to influence WASH decision making at household, local and national levels. This is due to the dominance of gender stereotypes and their "lower" social status compared to men.

HAND HYGIENE AT HOUSEHOLD LEVEL

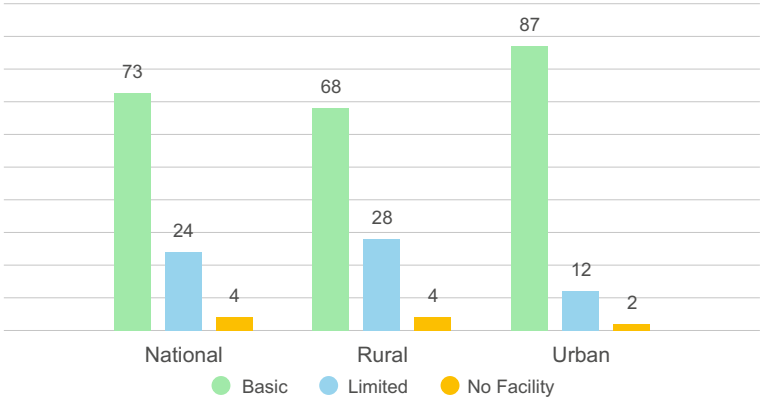
According to Demographic and Health Survey 2017, overall, 76 percent of the households had water and soap available in place for handwashing. Four percent of the households had no water, no soap, and no other cleansing agent available in the place for handwashing. The availability of soap and water in urban households was greater than rural households. The availability of soap and water at the handwashing place also reportedly depended on the wealthy quintiles. The availability increased from 56 percent in lowest quintile to 93 percent in highest quintile.

Figure 1: Availability of Soap and Water at Handwashing Facilities (%) (DHS 2017)



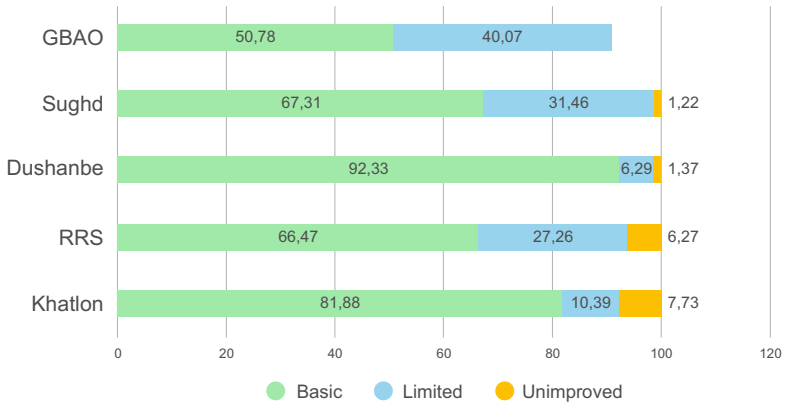
According to JMP 2021, 4 percent of the population in Tajikistan has no access to hygiene facilities, while 24 percent has limited access, handwashing facilities either without water or soap. A slight variation to DHS can be observed as JMP reports access of 73 percent of the population to at least basic hygiene facilities. A greater population in urban areas has access to basic hygiene facilities than rural areas at 87 percent and 68 percent respectively.

Figure 2: Hygiene Facilities (%) (JMP 2021)



According to JMP, for 2017, a majority of the households had basic hygiene levels available. The households in Dushanbe had the greatest availability of basic hygiene services at 92.33 percent, followed by Khatlon at 81.88 percent. Only 50.78 percent of households in the GBAO region had basic hygiene services available.

Figure 3: Service Levels of Hygiene at Household Level (%) (JMP) (2017)



HAND HYGIENE AT HEALTHCARE FACILITIES (HCFS)

To achieve the SDG 6's target of universal access to WASH, a greater attention is required for WASH services beyond the household settings, including institutional settings. The status of WASH in HCFs and the subsequent links with the health outcomes have been receiving increased attention recently. Similarly, SDG 3 includes a specific target (3.9) to reduce the burden of diseases from unsafe water, unsafe sanitation and lack of hygiene. Targets 3.1 and 3.2 call for reducing maternal mortality and under-five and neonatal mortality, which are impacted by WASH conditions in healthcare settings (WHO, UNICEF, 2019). Access to water and supplies is a prerequisite for the Joint Monitoring Programme (JMP) definition of a functioning handwashing station with soap.

In 2021, WHO conducted “Policy analysis and WASH Situation Assessment in HCFs in Tajikistan: Preliminary Findings”, a survey on WASH to form a situational analysis of WASH services in HCFs in Tajikistan in collaboration with JICA and the Ministry of Health and Social Protection. The survey revealed that 50 percent of HCF are without access to water, 57 percent without sanitation, 41 percent with poor access to hygiene, only 7.4 percent without appropriate waste management and only 16.9 percent are without appropriate cleaning. Among the facilities not meeting the basic level of service provisions, about or more than half provided at least a limited level for hygiene, waste and cleaning, while the majority did not achieve a limited level for water and sanitation.

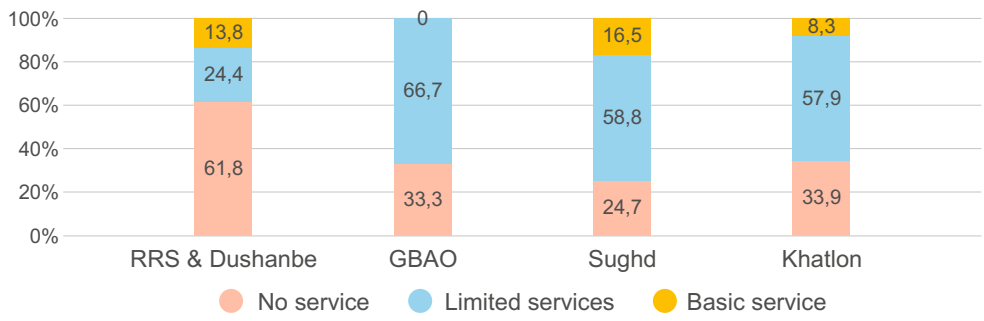
The data show the lack of consumables such as soap and alcohol-based hand rub as the main barrier for achieving basic provisions for hygiene, besides the lack of sanitation facilities. The majority of HCFs (80%, 281) had at least one point of care with any infrastructure for hand hygiene. More than half of the visited facilities (58%) had at least one point of care with adequate hand-hygiene stations, equipped with soap and water or alcohol-based hand rub. Indicating an issue in soft WASH provisions such as provision of consumables. The coverage of HCFs with hygiene provisions at the toilets was significantly lower: 22% of HCFs (77) had any sort of infrastructure for handwashing facility within 5 meters from toilets; 13% of HCFs (46) had adequate handwashing facility within 5 meters of toilets (provided with water and soap). Among the HCFs with toilets for patients available, 34% of HCFs had available handwashing facility within 5 meters (70 HCFs); 22% of HCFs had adequate handwashing facility within 5 meters (46 HCFs). In HCFs with available handwashing stations at the toilets, the following problems were identified in relation to their adequacy, such as the lack of running water (25%, 19 HCFs) or soap (38%, 29 HCFs) or inadequate drainage (26%, 20 HCFs).

Table 1: WASH Services at Health Care Facilities (%)

Service	Water	Sanitation	Hygiene	Waste	Cleaning
Basic	36.0	1.1	12.3	37.4	17.1
Limited	14.0	41.7	46.6	55.1	66.0
No service	50.0	57.1	41.1	7.4	16.9

According to the survey, 13.8 percent HCFs in RRS & Dushanbe have basic hygiene services available, while 0 percent, 16.5 percent, and 8.3 percent HCFs in GBAO, Sughd and Khatlon also have basic hygiene services available. A vast majority of HCFs in RRS & Dushanbe have no hygiene services available i.e., 62 percent.

Figure 4: Hygiene in HCF based on regions (%)



Secondary and tertiary HCFs (hospitals, centres, and clinics) had higher coverage of basic services compared to primary health care centres. Significant coverage discrepancies were observed in particular with respect to basic hygiene and water provisions. 34% of secondary and 38% of tertiary facilities meet basic services for hygiene, versus 6% in primary facilities; 27% of primary facilities provided basic basic water services versus 71-74% of secondary and tertiary facilities.

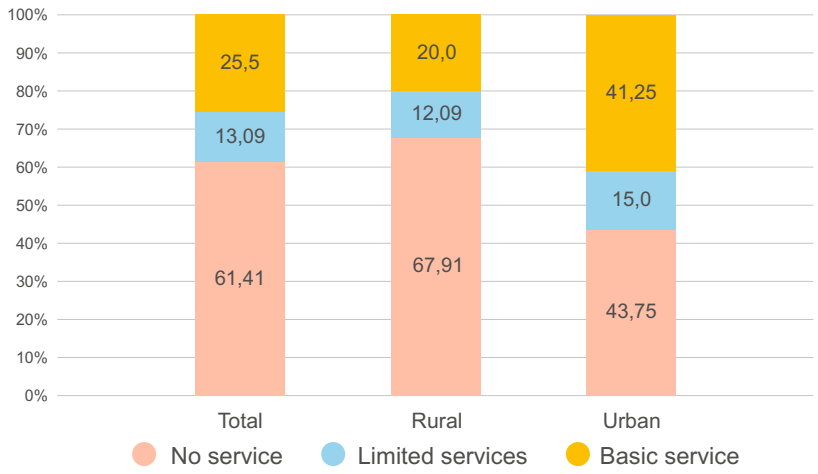
HAND HYGIENE IN SCHOOLS

Every child has the right to a quality education, which includes access to WASH services while at school. The importance of WASH in schools has been recognised globally by its inclusion in SDGs' targets 4.a, 6.1, 6.2 as critical components of a safe, non-violent, inclusive, and effective learning environment and as part of achieving universal WASH access[9]. Tajikistan has recognised the presence of WASH facilities as an important and essential learning condition in schools in its National Development Strategy 2030, with commitment to SDGs related targets defined in its National Programme for Children. In addition to the regular schools, a determined effort shall be made to ensure that hand hygiene services are available and accessible in all types of other educational facilities like vocational training centres, day care centres, pre-schooling education, universities, colleges, etc. The provision of hygiene supplies including soaps and access to water is prerequisite for JMP definition of WASH in schools.

According to (Glass Half Full, 2017), in terms of hygiene, only one in four schools have water and soap available at handwashing stations. This lack of infrastructure, services, and products, like soap, affects WASH behaviours. According to JMP, a majority of the schools do not have basic hygiene services in place, in both rural (67.91 percent) and urban (43.75 percent). 41.25 percent of schools in urban areas and 20 percent of schools in rural areas have basic hygiene services available. While 13.09 percent of schools in the country have limited hygiene services available.

[9] https://data.unicef.org/topic/water-and-sanitation/wash-in-schools/

Figure 5: Hygiene Services in Schools – JMP 2019 (%)



As explained above, due to limited access to hand hygiene services and emerging challenge of assuring the compliances and system strengthening approach, there is a pressing need to develop a national roadmap of Hand Hygiene for All (HH4A) in Tajikistan. The roadmap will not only support in understanding the current positioning but shall also support in identifying key strategic action priorities and roles of key relevant stakeholders in line with development agenda 2030 and will serve as a guiding document for achieving global and national commitments.

5. LEARNING FROM THE SUCCESS STORIES

These case studies have been copies from State of the World's hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice, UNICEF and WHO 2021[10].

5.1 Handwashing is a highly cost-effective intervention in domestic settings in Burkina Faso

A 2002 study considered a hygiene promotion intervention implemented in urban Burkina Faso. The success of the intervention was evaluated through a study of handwashing uptake and behaviour by mothers of young children, and the findings from this evaluation were combined with secondary data on health risk reduction in the intervention area. The study examined the direct medical savings for the government and households, due to diarrhoeal disease, plus indirect savings related to caretaker time and lost productivity associated with child death. The authors concluded that the cost to society (the provider of the intervention plus the households who participated) of the intervention was equal to US$51 per case of diarrhoea averted (2002 prices), falling to US$7.90 if indirect benefits were included. At the time, the annual cost of the programme was 0.001 per cent of the annual health budget of Burkina Faso. Such results are hard to interpret alone. However, the Disease Control Priorities (DCP) project provides combined assessments of the cost-effectiveness of health interventions, measured in terms of the extent to which they can avert 'disability-adjusted life years' (DALYs). DALYs are the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability. In 2016, drawing on the study in Burkina Faso, the DCP project estimated that the cost for every DALY averted through handwashing was US$88-225. On this basis, the DCP project rated handwashing as a very cost-effective intervention for child health, placing it on a similar level to oral rehydration therapy and most childhood vaccinations.

5.2 Taking an all-of-government approach to hygiene in Nigeria

The Federal Ministry of Water Resources in Nigeria, with the support of UNICEF, undertook a process to develop a National Strategy for Hygiene Promotion, led by the Department of Water Quality and Sanitation. Research, including field visits, was carried out to determine the approaches to be adopted across the country by both government agencies and NGOs in each state. Once a draft strategy was developed, the ministry called a meeting of stakeholders from the ministries of health, education, environment, and women's affairs and social development at both federal and state levels. At the national level, the National Primary Health Care Development Agency, the Universal Basic Education Commission and the Environmental Health Officers Council of Nigeria were also invited. At the sub-national level, the states' rural water supply and sanitation agencies and universal basic education boards participated. The inputs of these stakeholders were reflected in the final version of the strategy. Guidelines were developed for: 1) hygiene promotion in communities and local markets, focused on households and working through community-based volunteer hygiene promoters; 2) hygiene promotion in schools, working with teachers and pupils; and 3) hygiene promotion in health care facilities, working with health care workers. The strategy was duly endorsed by the ministers of water resources and education, the Executive

[10] United Nations Children's Fund and World Health Organization, State of the World's Hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice, UNICEF, New York, 2021

Director of the National Primary Health Care Development Agency, and the Director of Water Quality and Sanitation. As a result, when the country was struck by COVID-19, handwashing at critical times was already a top priority, as articulated in the strategy, and Nigeria had a cohort of volunteer hygiene promoters trained in demonstrating effective handwashing and group counselling. UNICEF is now supporting the government to conduct a market assessment of hygiene products and services, and to develop a roadmap based on the strategy that will define the roles and responsibilities of stakeholders, set milestones towards achieving hand hygiene for all, including a resource mobilization strategy and establish budgeting for the common items required for hand hygiene.

5.3 Developing and using a national hand hygiene policy "A Global Call to Action to Make Hand Hygiene a Priority in Policy and Practice" in South Africa

In 2015, UNICEF supported the Government of South Africa to assess hand hygiene in the country using a tailor-made bottleneck analysis tool. This exercise brought together several ministries involved in water and sanitation provision, education, health, and environment to discuss handwashing strategies and how to unpack institutional responsibilities. Based on the results, a national five-year strategy for hand hygiene was developed that had at its core, the establishment of ministerial accountability for the widespread adoption of handwashing with soap. The strategy brought together three key ministries: water and sanitation, health, and education. It triggered the creation of capacity at national and local government levels, with personnel from municipalities working alongside ministry staff to promote handwashing in households, schools, and health care facilities. These early efforts bore fruit during the COVID crisis, when they contributed to the rapid development of a national COVID strategy that engaged multiple ministries, with clear roles and mandates. The government is now seeking to develop a further five-year strategy that will expand the mandate into other areas, such as food hygiene.

5.4 Monitoring hand hygiene behaviour in public places by using mobile phones in Indonesia

Indonesia's COVID-19 monitoring system, developed by the government with support from UNICEF, tracked compliance with the national "3M" mandate to wear masks, socially distance and practice hand hygiene in schools, shopping centres, mosques, and transport stations. The system was remarkable in its scale. Initially led by the Office of the President, it engaged the army, CSOs and celebrities, and was administered by volunteers, trained via WhatsApp, using smartphones to collect data. Rather than being paid, volunteers were rewarded with mobile phone credit. The system provided a trustworthy source of data, based on structured observation, rather than less accurate self-reporting. Using mobile phones as data collection devices was particularly suited for scale-up across a large, geographically dispersed country of 17,000 islands. The monitoring was pitched as part of a social movement in which people protected one another by adopting healthy behaviours. The intention was that the monitoring process became an exercise in changing social norms; citizen-led monitoring would create peer pressure to practise hand hygiene in public places. In fact, it was found that the presence of monitors doubled the rate at which handwashing took place. In November 2020, over 13,000 observations of handwashing stations in markets, schools, stations, religious places and on public transportation revealed that handwashing with soap or sanitizer was the least practised of the 3M, despite offering the highest benefit of the three behaviours. Overall, only one quarter of people observed practised hand hygiene: considerably lower in some settings. The lack of hand hygiene may

be a result of the difficulty in finding handwashing facilities – half of the public places observed were not equipped with a functional handwashing station equipped with water and soap or hand sanitizer. The low baseline levels revealed by the monitoring highlighted the need for hygiene services that could keep pace with the economic growth strategies of the country.

5.5 Inclusive design makes handwashing accessible for people living with disabilities in the United Republic of Tanzania and Zambia

In the United Republic of Tanzania and Zambia, WaterAid supported the introduction of handwashing facilities that are designed to meet the needs of people living with disabilities. Facilities developed in the United Republic of Tanzania, in collaboration with the University of Dar es Salaam, include hands-free taps at various heights appropriate for people of varying ability, including those using wheelchairs. In response to COVID-19, these have been placed at bus stations, markets, and health care facilities. In Zambia, WaterAid introduced mobile handwashing stations with ramps, with levers that can be operated by knees, feet or hands depending on the user's needs. The stations are easy to maintain, and spare parts are available in most hardware stores. Local organizations are responsible for running these facilities and receive training in operation and maintenance, budgeting, and financing to ensure sustainability.

5.6 A social enterprise responds to the need for innovative portable handwashing facilities: The HappyTap

HappyTap is a social enterprise with the mission to advance a 'new normal' in hygiene: that handwashing is possible wherever it is needed. With support from development partners and venture funds, HappyTap utilized an iterative, human-centred design approach to create a portable hand washing facility that can easily be placed in convenient locations. The unit has a water reservoir, tap and small sink, and has an appealing design that serves as a physical reminder to nudge behaviour. Early consumer research in rural Vietnam found that households would be willing to pay for such a handwashing station if it was attractive and practical. Within the first three years of commercial sales, more than 10,000 HappyTaps were sold at full market price. A study in 2019 found that households in Vietnam with a HappyTap were more likely to wash their hands correctly and at key times compared to households with other hand washing facilities, and that children were the primary users. Production was scaled up, and the business expanded from Vietnam to Cambodia and Bangladesh. In response to COVID-19, HappyTaps have been used to rapidly equip health care facilities and to support school reopening. HappyTap is now supplied globally through a network of partners, and production volumes have risen dramatically. The company expanded its footprint to include India in 2020, as well as Indonesia, Kenya and the United States of America in 2021.

6. OBJECTIVES OF THE ROADMAP

The overall objective of the roadmap is to promote and sustain universal hand hygiene in Tajikistan for infection prevention and control, including COVID-19 and other pandemics. Improved hand hygiene will be achieved through:

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

7. GOVERNMENT'S APPROACH TO ACHIEVE HAND HYGIENE FOR ALL

The Ministry of Health and Social Protection of Republic of Tajikistan shall be lead agency for the implementation of “Hand Hygiene for All” through the Republican Centre for Formation of Healthy Lifestyle and State Sanitary and Epidemiological Supervision Service (SES). The Hand Hygiene is partially recognised “National Program of Forming Healthy Lifestyle in the Republic of Tajikistan for 2022-2026 under Republican Centre for Formation of Healthy Lifestyle. Similarly, hand hygiene is being integrated in different community driven WASH initiatives, WASH in schools and WASH in HCF with the support of international development partners. However, a comprehensive and integrated approach for Hand Hygiene is lacking in Tajikistan. To achieve and sustain the culture of handwashing infection prevention and control, including COVID-19 and other pandemics, the government will focus on three main strategies:

1. Mobilising national leadership to promote the hand hygiene norms across all levels of government and society (government, private sector, civil society)
2. Strengthening the enabling environment for hand hygiene, focusing on the five building blocks promoted by Sanitation and Water for All (SWA):
    - Policies and strategies
    - Institutional arrangements
    - Financing
    - Planning, monitoring, and review
    - Capacity development
3. Sustainable, inclusive programming at scale to increase supply and demand for hand hygiene:
    - Strengthening markets for hygiene products and services
    - Promoting hygiene practices

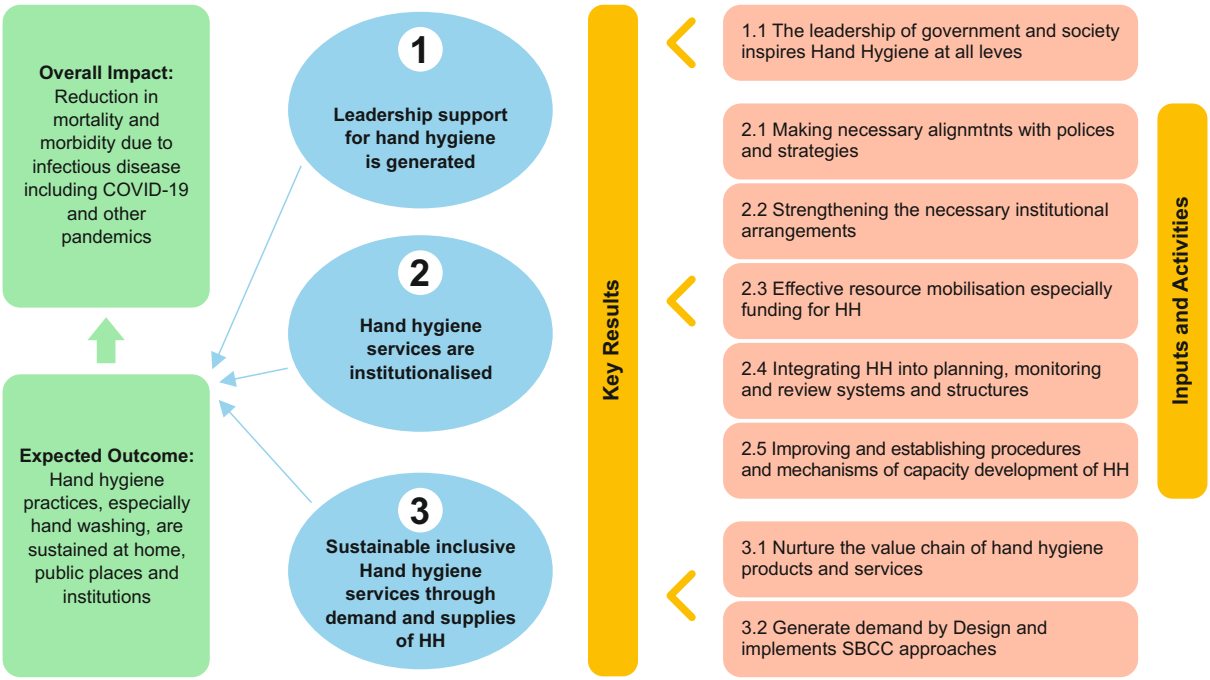
8. THEORY OF CHANGE

Though the significance of hygiene is being recognised by the Government of Tajikistan but situation regarding hand hygiene services is patchy largely because of diverse geographies and settings. Thus, the processes and interventions for hand hygiene have to be adjusted as per local needs and contexts, while also recognizing that one approach may not be fit for all. In addition, since capacities and strategies of different stakeholders and units also differ, they can be tailored to achieve the vision and objectives outlined by the roadmap. The overall theory of change for Hand Hygiene for All will be the same across the country and will be flexible for all local contexts.

The MoHSPP will lead on overall coordination with all stakeholders including the Ministry of Energy and Water Resources, SUE-KMK, Local Authorities, Water and Sanitation Operators, Ministry of Education and Science and Committee of Emergency Situation and Civil Defence to ensure that change in hand hygiene practices needs to happen in multiple settings, including but not limited to:

- Health care, home care and long-term care facilities
- Schools and other educational settings
- Workplaces and commercial buildings
- Refugee, migrant, and other camp-like settings
- Markets and food establishments
- Transport hubs, places of worship, and other public spaces
- Communities and at homes

THEORY OF CHANGE – HAND HYGIENE FOR ALL TAJIKISTAN



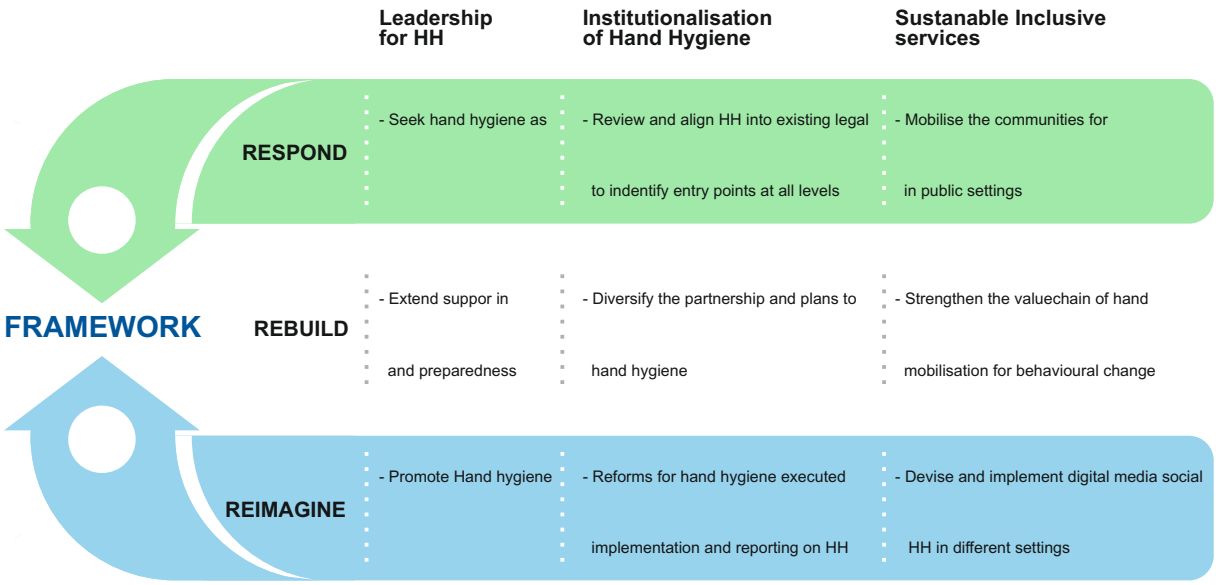
9. STRATEGIC IMPLEMENTATION APPROACH

For sustained hand washing at homes, public places and in institutions, the government seeks to achieve three outcomes i.e.

1. Leadership support for hand hygiene is generated.
2. Hand hygiene services are institutionalised.
3. Sustainable inclusive Hand Hygiene services through demand and supplies of Hand Hygiene (HH).

The figure on the next page highlights the implementation framework.

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



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

IN THE LONG RUN, the government will reimagine to sustain a culture of hand hygiene, by ensuring that any improvements initiated as part of the current pandemic response continue to be championed over the long-term in the spirit of preventing new and

(re-)emerging infectious diseases. This includes implementing governance reforms and structural adjustments, enhancing the institutional, regulatory, and legal foundations for hygiene, implementing inclusive hygiene programming at scale integrated across various sectors, and monitoring and enforcing hygiene requirements in public and private commercial settings, including schools and health care facilities.

EXPECTED RESULT1:

SUPPORT OF NATIONAL LEADERSHIP IS GENERATED FOR THE PROMOTION OF HAND HYGIENE AT ALL LEVELS ACROSS PUBLIC AND PRIVATE SETTINGS

As indicated earlier, the support of hand hygiene for all is inconsistent across different settings. There is lack of dedicated national level commitment and specific support from the national leadership to champion hand hygiene in all settings. The Covid-19 highlighted the significance of hand hygiene in preventing and controlling the spread of infections among the communities. This should be institutionalised with the support of national leadership by effective emphasis in policies, planning and implementation process at different levels. Currently, there is no specific national policy /strategy/strategic plan available on hand hygiene in Tajikistan. Hand hygiene is mostly seen as a category of the sanitation sector. In terms of local leadership, which is equally important, oblasts, districts and villages are also not directly involved and committed. There is less emphasis and even clarity among the stakeholders including key government institutions about hand hygiene as a crucial public policy issue, and progress requires targets, strategies, roadmaps and budgets.

Strategic Objective 1.1	The leadership of government and society inspires Hand Hygiene at all levels		
Strategic Approaches	Actions to ensure national leadership across all domains		
	Respond	**Rebuild**	**Reimagine**
Thoroughly involve national leadership in policy making regarding hand hygiene	Invest in infection prevention control (IPC) capacity development of community leaders and key staff responsible for leading hand hygiene activities at institution and community levels.	Provide financial and technical facilitation to the public and institutional facilities in establishing sustainable hand washing services, maintaining and using hand hygiene facilities.	Establish multi sectoral partnerships and plans for sustaining structural reforms.
	Develop and enforce handwashing SOPs to ensure hand hygiene as across all sectors and settings (public, institutional, and private).	Develop mechanisms for working with private sector based on mutual benefits to fill gaps and build on opportunities.	Provide subsidies to the private sector for hand hygiene consumable.
	Promote the engagement of private sector in promoting hand hygiene through incentives and other essential instruments.	Explore incentives for the private sector like subsidies and tax credits.	Create effective partnerships with the private sector including public private partnerships for hand hygiene.
Promote hand hygiene as a social norm	Engage the national leadership in creating awareness regarding hand hygiene at all levels. Strengthen the commitment of national and local leadership to attaining and sustaining hand hygiene behaviours.	Organise the dialogues and sessions with national and local leaderships on disease control, adequate financing, and designing sustainable infrastructure for HH.	Mobilise national leadership to voice for hand hygiene in all development allocations and emergency response interventions.

EXPECTED RESULT 2:

HAND HYGIENE SERVICES ARE INSTITUTIONALISED AT ALL LEVELS BY STRENGTHENING KEY BUILDING BLOCKS.

POLICIES AND STRATEGIES

Although there is no existing document that directly targets hand hygiene, it is covered to some extent under the umbrella of sanitation in certain documents. There is also no policy or strategic document available that recognises hand hygiene as a fundamental human right in Tajikistan. The Republican Centre for Formation of Healthy Lifestyle has the “National Program of Forming Healthy Lifestyle in the Republic of Tajikistan for 2022-2026” which incorporates hand hygiene. The "Plan for the Development of Sanitation in Tajikistan" provides recommendations to the Government of the Republic of Tajikistan, the Ministry of Health and Social Protection (MoHSPP), and other related ministries and departments to address the urgent, medium, and long-term priorities of the sanitation sector. The National Development Strategy of Tajikistan 2030 lays emphasis on improving the availability of drinking water, sanitation, and hygiene, with a focus on the needs of women and children, as well as those in vulnerable situations, and in rural areas. Tajikistan’s Water Sector Reform Program for 2016–2025 suggests incorporating a special program to overcome possible gaps to achieve the sustainable SDG 6 by 2030. The Ministry of Education and Science (MoES) devised the “National Education Sector Preparedness and Response Plan for COVID-19” which included a hand washing component. The available Policy documents do not address infrastructure and technology needs for hand hygiene specifically, but they do address infrastructure needs for reforming the water sector in the country. A few policy documents address social and behaviour changes across target settings, but sufficient budget is not available for full implementation. Recently, behaviour change is being emphasised as one of the key focuses of all government institutions regarding WASH practices. However, the finances provided to the departments and institutions are insufficient to build the capacity of the people, infrastructures and provide soap and water for handwashing. The national Joint Sector Review (JSR) of WASH Tajikistan 2022 highlighted the needs for the development of national roadmap for hand hygiene for all, and this is also being pursued by the government of Tajikistan with the support of development partners by adding hygiene as key component in new water supply and sanitation initiatives in the country. However, a specific strategic document like a national roadmap for hand hygiene is highly desirable to determine collective actions and unified vision.

Strategic Objective 2.1	Making necessary alignments of HH with policies and strategies related to WASH services		
Strategic Approaches	Specific actions to ensure improved enabling environment for hand hygiene		
	Respond	**Rebuild**	**Reimagine**
Effective integration of hand hygiene in policies/ plans/ strategies Effective integration of hand hygiene in policies/ plans/ strategies	Assess the gaps and opportunities in policies and standards regarding hand hygiene in all settings. Develop and roll out a national roadmap of hand hygiene for all. Develop, approve, disseminate, and enforce new policies and guidelines regarding hand hygiene provisions and hygiene education in different settings to address policy gaps.	Devise a specific national policy/strategy/ strategic plan on hand hygiene, which also recognises hand hygiene as a human right. Ensure the effective implementation and cascading of the national roadmap of hand hygiene for all.	Conduct a comprehensive review to see the compliances of agreed national policies and strategies of hand hygiene.
Effective execution of existing policies	Strengthen the role of hand hygiene in existing policies and strategies. Mobilise and address infrastructure and technology needed for hand hygiene across different settings.	Arrange adequate financing for effective execution of policies/ plans/ strategies and infrastructure improvement and behavioural change across target settings. Establish hand hygiene as key public health intervention and preparedness.	Review and adapt existing policies and strategies based on lessons learnt from implementation of hand hygiene interventions.

INSTITUTIONAL ARRANGEMENTS

The sectors of water and sanitation in Tajikistan are characterized by multiple ministries, departments and institutions. The Ministry of Health and Social Protection (MoHSPP), through its Sanitary and Epidemiological Services Department, is responsible for administrating compliance with the sanitary rules, surveillance over protection of water sites, monitoring of contamination levels and wastewater treatment and hygiene services. In addition, MoHSPP leads on WASH in health care facilities (HCFs). The Healthy Lifestyle Centres (HLSCs) are responsible for sensitisation and awareness raising regarding hygiene and sanitation among the population to prevent the spread of diseases. The Ministry of Education and Science (MoES) is the lead agency on constructing, maintaining and providing accessories and services for hand hygiene and WASH services in educational facilities. It also organises awareness raising among the students and parents. The Ministry of Energy and Water Resources (MoEWR), being a custodian of the water sector, oversees the water sector policy and regulation and the planning and strategic guidance. The State

Unitary Enterprise Khojagii Manziliu Kommunali (SUE-KMK) is one of the main state-owned water supply and sanitation service provider responsible for provision of service provision and operation and maintenance (O&M) in small towns/district centres and also expanded mandate by the state to cover the rural areas since 2011. At the central level SUE-KMK performs management functions but at the municipal, district, and rural level, it acts as a service provider for water and sanitation services. The SUE-KMK relationship between the State is also governed by a contract. A few Municipalities mainly in bigger main cities such as Dushanbe, Khujand, Nurek, etc are managing Vodokanals themselves (water and sanitation service providers). At the district level, Hukumats (district level authorities) (supported by Mahalla Committees and Jamoats) are responsible for provision of water and sanitation services and O&M of water and sanitation infrastructure. In rural areas, issues of water and sanitation are handled by the local executive body, known as Jamoats (sub-district level authorities). For this purpose, villages form a representative Water User Committees (WUC), or Water User Association (WUA) established under their Jamoats, which are responsible for planning, implementation, management and O&M of the community water supply and sanitation (WSS) facilities. The Committee for Environmental Protection (CEP) responsible for the protection and monitoring of water sources (from a point of natural resource) and also has a role of issuing the permits for special water use, particularly for drinking purposes and the Geology Department that is responsible for ground water monitoring and aquafer, as well as issuing the passports for the boreholes across Tajikistan. The Ministry of Economic Development and Trade (MoEDT) sets the planning and development agendas of the country. The Ministry of Finance allocates and distributes financial resources, based on the generated revenue, to different service providers. The National Statistical Committee leads on data collection for reporting on social sectors with particular emphasis on SDGs including WASH indicators. The Committee of Emergency Situations and Civil Defence works on awareness raising about hand washing and hygiene practices in the country and ensures inclusion of handwashing activities in different emergency response initiatives.

The complex institutional structure of drinking water and sanitation sectors of Tajikistan is a major barrier for improvements in service delivery. The lack of delineation of responsibilities between the regulatory functions of authorities and organisations has resulted in duplication of responsibilities, leading to inefficient resource management. Efforts have also been initiated and completed under international development partners and donor assisted public and private investment schemes to strengthen WASH service delivery, including Asian Development Bank (ADB), European Union Delegation, World Bank, Swiss Agency for Development and Cooperation (SDC), European Bank for Reconstruction and Development (EBRD), EU Water Initiative, Japan International Cooperation Agency (JICA), United Nations Development Programme (UNDP), UNICEF and many other development partners. There is a dire need to strengthen the coordination for hand hygiene in collaboration with development partners. Financial and technical support and assistance should be provided to all the institutions involved in hand hygiene. A separate allocation of transport costs for coordination and monitoring purposes should be made in the budgeting process. Additionally, delineation of responsibilities between different departments is essential for improvements in service delivery regarding hand hygiene.

Strategic Objective 2.2	Strengthening the necessary institutional arrangements for effective planning and execution of hand hygiene actions		
Strategic Approaches	Specific actions to ensure improved enabling environment for hand hygiene		
	Respond	**Rebuild**	**Reimagine**
Institutional structure for hand hygiene should be homogenous to make service delivery easier	The delineation of responsibilities between the regulatory functions of institutions and organisations should be clear to avoid any duplication of responsibilities, leading to inefficient resource management.	Involve and engage representatives of local governments, private sector and civil society at different levels. Coordinate for in-kind support on hand hygiene products, supplies, promotion activities and public messages.	Implement inclusive hygiene programming at scale integrated across various sectors. Develop mechanisms for working with private sector and identify new win-win partnerships to fill gaps and build on opportunities.
Improve coordination mechanisms regarding hand hygiene	Strengthen the coordination for hand hygiene, in collaboration with development partners and provision of financial and technical assistance to institutions.	Institutionalise new structures or merge with existing structures for coordination among different departments. Promote joint planning for identifying new opportunities and resources for hand hygiene.	Develop partnerships with the private sector to increase financing and resources for hand hygiene and adopt innovative/ impact financing approaches where required.
Enhance legal and regulatory frameworks	Set standards for hand hygiene equipment to be used in public settings, with emphasis on essential workers and those working in community settings.	Schools and businesses are given appropriate guidance and support to implement improved hygiene measures for maintaining safe operations.	Develop and implement legal and regulatory frameworks for sustained hand hygiene in public spaces including standard operating procedures for school and hospitals.

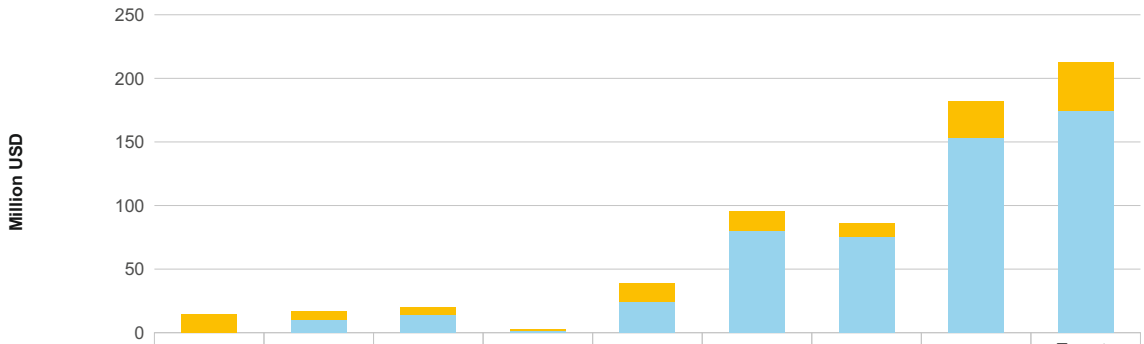
FINANCING

The Ministry of Finance leads on overall budget planning in close coordination with the Ministry of Energy and Water Resources and other sector agencies. The Ministry of Economic Development and Trade conducts a performance review of the National Development Strategy and Midterm Development Programme of the country in the context of WASH. The MoEWR, SUE-KMK and Municipalities managing Vodokanals directly coordinate budget submissions and justification for budget allocations for water supply and sanitation, and report on the implementation of the water sector reforms/programmes to the government. SUE-KMK serves as the main executing agency and service provider responsible for budget allocation execution and reporting within the KMK system. There are some water and sanitation services providers (e.g., Dushanbe Vodokanal, Khujand Vodokanal, etc.) who directly and indirectly coordinate with the MoF for their annual budget appropriations and re-appropriations. Similarly, the Ministry of Health and Social Protection submits and gets approved its budget for Sanitary and Epidemiological Services (SES) and the Republican Centre for the Formation of Healthy Lifestyle (Rep-HLSC) which leads on monitoring and creating awareness on hygiene respectively.

In Tajikistan, there has been an increase in allocations and spending in the water supply and sanitation sector since 2018, evident from the current spending of around 0.66 percent of Gross Domestic Product (GDP) of Tajikistan in 2019-20 as per draft findings of a review conducted by the World Bank in 2021. As per the draft report, donor funding accounts for 51 percent of the total water and sanitation expenditures, and almost 90 percent of the capital investments in the sector.

In 2021-22, the estimated budget for drinking water and sanitation was USD 55 million / 559,111 thousand TJS. As per SDG costing tools for 6.1 and 6.2, developed by the World Bank and UNICEF, Tajikistan will require USD 213 million annually to achieve SDG targets of 6.1 and 6.2 to maintain existing coverage and reach the unserved. Of the total USD 213 million required for SDG 6.1 and 6.2, USD 38 million will be required to build and maintain universal basic coverage and an additional USD 175 million to build and maintain safely managed services annually from 2022 to 2030. The overall capital expenditure for reaching the unserved will add up to USD 27 million for universal basic coverage and USD 155 million for safely managed water and sanitation services annually for next eight years (2022- 2030). For sustaining current service coverage, expenditures will add an additional USD 13 million for universal basic coverage with an additional USD 25 million for safely managed water and sanitation services annually up to 2030. Hence, there is a gap of USD 158.5 million annually for SDG 6.1 and 6.2 if USD 55 million per annum is available from different sources. In summary, around 2.2 percent of the GDP is required for maintaining and adding basic and safely managed services in Tajikistan. Of this, 1.8 percent of GDP is required to reach the unserved from 2022 to 2030 for safely managed services and 0.4 percent of GDP for maintaining safely managed service annually by 2030.

Figure 6: Annual Requirement of SDG 6.1 and 6.2 in USD Million



	Ending OD	Water	Sanitation	Hygiene	WASH	Water	Sanitation	WatSan	Targets 6.1+6.2
		Universal Basic Service				Universal Safely Managed Service			
Maintaining services for served in 2022	14	6	6	1	13	16	11	27	38
Reaching unserved 2022 to 2030	1	11	14	1	25	80	75	155	175

As per SDG costing tool, nearly one million dollars for basic hygiene services is required annually provided that communities share the costs of soaps and consumables. However, the current financing for hygiene is rarely known by the government departments, including the development partners in the country, as there is a lack of clarity and absence of a dedicated budget line for hygiene in the national budget of Tajikistan. Therefore, involving the Ministry of Finance is essential to mobilise the financing networks. Financial support, strengthening the legal basis and clearly defining the role of water associations, improving the technical knowledge and skills, improving access to infrastructure and providing IT devices also require immediate attention.

Strategic Objective 2.3	Effective resource mobilisation including key investments to achieve policy objectives and agreed targets especially funding for HH		
Strategic Approaches	Specific actions to ensure improved enabling environment for hand hygiene		
	Respond	**Rebuild**	**Reimagine**
Clear guidelines of dedicated budget line for hygiene in the national budget	Lobby with development partners and Ministry of Finance for mobilising and allocating funds to strengthen hand hygiene facilities and services.	Allocate separate budgets to hand hygiene for respective institutions responsible for WASH. Develop a sustainability plan for incremental increase of government funding for O&M vis a vis partner funding.	Promote equitable allocation of resources for hand hygiene, especially for households having vulnerable groups including persons with disabilities.
Provide adequate budgeting for hand hygiene	Conduct an assessment to identify financial investment and funding required for hand hygiene. Identify the options to reduce the costs to achiever targets.	Support schools, health care facilities and other institutions with adequate planning and financing of hygiene measures to improve their hygiene protocols, including the availability of hand hygiene facilities with soap and water.	Mobilise resources from sector partners, private sector and other sources to fund hand hygiene interventions. Develop regional costed plans with targets for hand hygiene in different.
Increase funding towards hand hygiene in due course	Increase budget allocations towards hand hygiene to seek equitable allocation of resources for households having vulnerable groups including persons with disabilities.	Review whether the most vulnerable will benefit from funding allocation, including fiscal incentives and tax exemptions.	Develop funding mechanisms and financial support that improves equity Establish a tracking system of hygiene related expenditures in the country.

PLANNING AND MONITORING

There is no centralised Management Information System for drinking water, sanitation and hygiene services yet. The lack of an effective accounting and reporting system hinders the availability of precise data on drinking water supply and sewerage. In many cases, the data of various government bodies differ, and therefore national statistics do not correspond to the statistics of international organisations. Presently, the MoEWR from a perspective of 2030 Water Sector Strategy and 2030 Water and Sanitation Program and the MoEDT from a perspective of the implementation of 2030 National Development Strategy (NDS) and Mid Term Development Programme (MTDP) leading on collating all necessary information about the sector through coordination and collaboration with sector ministries and institutions. The access and coverage of WASH services are tracked through sampled households' surveys. The National Statistical Agency is the custodian of all key national surveys held in the country, including Multiple Indicator Cluster Survey (MICS), Demographic Health Survey

(DHS), Household Budget Survey (HBS). These surveys have limitations in terms of comprehensive assessment and tracking of water, sanitation and hygiene services, especially in the context of water quality, connections, onsite and offsite treatment, etc. The last HBS includes some information around WASH, but it is not fully aligned with SDGs. Since 2019 onwards, efforts are being made to shift data collection from paper to computer-based applications, aligning with the national and international commitments.

Currently, MoHSPP lacks a dedicated monitoring framework available for hand hygiene in multiple settings. Although the Rep-HLSC conducts M&E on a quarterly basis by meeting with the communities regarding WASH and personal hygiene. This was given a special focus during Covid -19. Hence, there is a dire need to make hand hygiene an integral component of key strategic actions and M&E processes. The MoES conducts the competitions among schools on formation of healthy lifestyle, which covers hand hygiene to some extent. The MoEWR conducts M&E of WASH sector, including introduction of the Water Management Information System (WMIS) but no indicators related to hand hygiene are included.

Data on drinking water and sanitation services have been routinely collected for many years, but data on hygiene are scarce and there is no centralised database or reporting system highlighting the situation of hand hygiene. Only in villages, where international organisations are working, the community health teams/volunteers are involved in monitoring hand hygiene. This includes visits to households and schools to check if people are properly washing their hands and collect that data. The Sanitary Epidemiological and Surveillance Department conducts routine inspection quarterly every year on centralised pipe supplies in urban and rural areas to ensure that the provisions of Water Code are met, while operational monitoring or internal self-monitoring is conducted by the SUE-KMK. However, the existing water quality monitoring and surveillance approach(s) is characterised by direct surveillance and does not include an audit-based approach, as recommended by WHO. The NDS 2030 and MTDP 2016-2020 elaborated a special consideration to strengthen the monitoring and evaluation (M&E) approaches and systems based on approved indicators. The Ministry of Economic Development and Trade is coordinating on the development of an effective M&E system jointly with sector ministries, government bodies, commercial and civil society organisations and development partners. For MTDP 2021-2025, a detailed Actions Matrix has been developed to support M&E. The sector partners are needed to work closely with MoEWR, SUE_KMK, MoHSPP, MoES, MoEDT and National Statistics Agency for the harmonisation of water, sanitation and hygiene indicators at the process, output and outcome levels. An M&E framework for water and sanitation, aligned with NDS 2030, SDGs and MDTP 2021-2025 is essential to allow the service regulator to monitor and enforce drinking water quality and environmental standards.

Strategic Objective 2.4	Integrating HH into planning, monitoring and review systems and structures to establish the baseline, target setting and periodic tracking of the progress on hand hygiene in different settings.		
Strategic Approaches	Specific actions to ensure improved enabling environment for hand hygiene		
	Respond	**Rebuild**	**Reimagine**
Strengthen M&E system to enhance efficiency and effectiveness of services	Devise a dedicated M&E framework, adapted from HHAFT, for hand hygiene, regulated by MoHSPP that includes specific and smart indicators of hand hygiene in public spaces and institutions as part of the COVID-19 response, including health care facilities, and schools.	Develop a centralised database or reporting system. Identify the vulnerable populations having low coverage of hygiene facilities through equity profiling. Enforce accountability protocols to implement the agreed and assigned roles and responsibilities towards hand hygiene.	Ensure that national systems for monitoring and reporting include disaggregated data for disadvantaged groups and are being used for decision making and resource allocation Involve communities, mobilising local leadership, and ensure that regular monitoring is conducted.
Ensure regular monitoring and enforcement of hand hygiene requirements	Set up systems for rapid data collection on availability and functionality of hand hygiene services in HHs, communities, schools, health care facilities, and other public settings. Monitor availability and price of critical hygiene supplies (soap, disinfectant, etc.)	Include updated hand hygiene indicators in upcoming household surveys (DHS, etc.) and surveys or surveillance of schools, health care facilities and public places. Utilise data on hand hygiene in policy review, planning and implementation of WASH related programs.	Explore the use of social media forums for seeking consumers feedback on demand and supply interventions. Implement legal and regulatory frameworks for sustained hand hygiene in public spaces, including standard operating procedures for school and hospitals.

CAPACITY DEVELOPMENT

Capacity development, especially training of the service providers and local communities, is critical for sustained hygiene services. The development partners have been extending capacity development support to different government institutions and even local development organisations in water, sanitation and hygiene services. The World Bank, European Bank for Reconstruction and Development (EBRD), European Union, JICA, UN agencies Swiss Development Corporation (SDC) and many other INGOs have been working with Ministry of Energy and Water Resources and Ministry of Health and Social Protection for different initiatives for integrated water resource management by providing necessary

technical and training support. In 2021, the World Bank rolled out a Rural Water and Sanitation Project which focuses on building the capacities of human resources of Vodokanals, teachers in schools and health workers in health care facilities, along with filling the gaps of necessary infrastructure and new technologies. Similarly, the World Bank and Asian Development Bank are extending support to Dushanbe Vodakanal for institutional strengthening, with a key focus on adding on necessary skills and knowledge. JICA has previously supported and intends to develop a new technical support project for SUE-KMK's subsidiaries and assist in expanding sustainable and quality services to provide safe drinking water to the rural population. UNICEF and WHO have been involved in training of health workers, schoolteachers and local community groups in safe water and sanitation services along with assessment of WASH in health care facilities, WASH in schools and water safety planning. However, these initiatives largely have not been well integrated, and depict the need for having a systematic approach for capacity development and improving the collaboration between government and the development partners.

The Rep-HLSC educational and methodological centre leads on the capacity development of the key staff and communities. There are currently nurses, trainers, trained staff members, volunteers, specialists and more than 4,200 workers that work in all the sectors and facilities for hygiene and infection prevention and control. An educational module exists for healthcare specialists and for the communities regarding hand hygiene. The staff of Rep-HLSC have certificates to conduct the training at the national, regional, and district levels. The staff train regional and district staff and work directly with the population on raising awareness and changing behaviour regarding hygiene. However, these training materials and curriculum are not enough to meet overall emerging needs and knowledge related to hand hygiene for all. The Information, Education and Communication (IEC) materials developed for COVID-19 prevention covered hand hygiene extensively. A number of IEC materials have been developed by different organisations regarding hand hygiene. However, to achieve uniformity, they should be reviewed, and a standard package should be developed for resource efficiency and avoiding duplication. Intrusive marketing and digital media can prove to be a strong tool for capacity development of the population regarding hand hygiene.

Strategic Objective 2.5	Improving and establishing procedures and mechanisms of capacity development of sustainable HH services by imparting necessary skills, tools and structures		
Strategic Approaches	Specific actions to ensure improved enabling environment for hand hygiene		
	Respond	**Rebuild**	**Reimagine**
Training(s) of human resource involved in hand hygiene service provision	Identify gaps in the capacity of those involved in hand hygiene service provision, including community workers, sanitary workers, hygiene promoters, health care staff, school health staff, and other essential workers.	Develop and update training modules/ curriculum for staff involved in hand hygiene service provision.	Incorporate information regarding emerging needs and knowledge related to hand hygiene for all in regular training for HLSC staff.
	Develop a uniform document, containing IEC material regarding hand hygiene to be used by all organisations.	Prepare the resource materials for teachers, health workers, sanitary workers, local government staff, social mobilisers, and volunteers for the promotion of hand hygiene. Refresh ToTs and scale up WASH FIT at health facilities.	Integrate hand hygiene capacity development into national curricula for technical staff of local government and other workers. Cascade methods of training be used at all levels, i.e., personal, school, and medical etc.
Identification of social triggers and drivers	Invest in research capacity to identify context specific behavioural drivers and effective capacity development approaches for hygiene.	Document and disseminate best practices for hand hygiene implementation and enabling environment. Utilise the social media forums for sharing the knowledge and seeking feedback from the communities.	Ensure adequate incentives for investments by institutions, private sector and individuals into hand hygiene.

EXPECTED RESULT 3:

SUSTAINABLE INCLUSIVE HAND HYGIENE SERVICES THROUGH DEMAND AND SUPPLIES OF HH

INFRASTRUCTURE

The existing legal framework of the Government of Tajikistan encourages the local public administration at the regional, district and Jamoat levels to create assets and infrastructure for water supply and sanitation. Overall, ownership of WASH infrastructure and assets varies among different entities like SUE-KMK and its sub branches, municipalities, six independent utilities, Tajikobdehot, etc. Many of the schemes in rural areas owned by the communities where government entities are not operative. In absence of a centralized inventory WASH infrastructure/assets in the country, there is no knowledge about current status of WASH infrastructure and assets including hand hygiene related infrastructure and accessories. This undermines performance management and strategic asset management required for an effective decentralization as well as future planning. Presently, there is no centralized monitoring and reporting system for WASH for a whole country. SUE-KMK only collects data from the population where it extends services through public utilities whereas WASH data for the remaining population is nearly non-existent. In addition, presently, there is no formal relationship between SUE-KMK and local authorities on collaboration and reporting. In Urban areas, the infrastructure for hand hygiene is better than it is in the rural areas as availability of water is very low in rural areas. Even still, the infrastructure in urban areas does not meet the universal standards of hand hygiene. Availability of soaps is also an issue, which highlights the need for improving the value chain. Handwashing practices have improved in schools, health facilities and households but it still requires a lot of improvement. In the majority of the schools, handwashing facilities are far from toilets and soap is also not available. Availability of water and consumables like soaps is also one of the major problems in many schools, communities, and health care facilities.

Strategic Objective 3.1	Nurture the value chain of hand hygiene products and services for sustainable and inclusive development		
Strategic Approaches	Access to hand hygiene infrastructure improved and inequity is reduced		
	Respond	**Rebuild**	**Reimagine**
Support value chain for easy access and affordable services by involving private sector and local entrepreneurs	Identify the gaps in sanitation marketing regarding hand hygiene products. Encourage local governments to identify public private partnerships for enhancing the availability of hand hygiene facilities.	Devise strategies to change social norms regarding hand hygiene. Develop the capacity of local private sector actors to meet demand for hand hygiene products and services. Improve linkages with wider supply chain actors and strengthen wider uptake of bulk procurement strategies to reduce prices paid by low-income customers and ensure sustainable profit margins for entrepreneurs.	Improve financing mechanism for infrastructure improvement. Subsidise local firms and small-scale enterprises to strengthen supply chains and innovate around product design to meet consumer needs and demands.
Ensure adequate availability of hand hygiene facilities	Focus on rapidly making available hand hygiene stations and facilities in public settings. Establish quick emergency response protocols for refilling, cleaning, and maintenance of the facilities.	Ensure continuity of essential water supply for hygiene stations. Support institutions, workplaces, and private commercial places to develop protocols for refilling, cleaning and maintenance of hand hygiene facilities.	Enable and engage the private sector in developing innovative products and services for the marginalised communities. Ensure hand hygiene facilities are available for persons with disabilities and vulnerable groups.
	Establish stronger links between local mass producers of products, distributors, and local private sector actors.	Improve access to hand hygiene financing for customers and local private sector actors.	Promote collaboration, transparency and shared learning among government departments and private sectors for innovative solutions and improved services.

COMMUNITY ENGAGEMENT AND SOCIAL NORMS:

Post-COVID-19, the awareness regarding hand washing has increased significantly among the common masses. As people living in urban areas have easier access to information because of the prevalence of media, particularly social media, the awareness is greater in these regions as compared to rural areas. During COVID-19, MoES formulated an approach to scale up school-based communication with the focus on behavioural change. The main aim was to train students, parents and teachers to promote handwashing and disseminate handwashing information using TV and other media supporting Government's crisis communication measures.

The communities in Tajikistan are engaged at different levels from delivering various information to running campaigns. Community health teams/volunteers (CHTs) serves as a bridge between PHC and communities to disseminate information regarding health, nutrition, and hygiene related information including importance of hand washing (this model was especially utilised during and post-COVID-19). The CHTs formed in some areas with the support of HLSC and rural health workers. There are also various groups organised in collaboration with INGOs for dissemination of information regarding WASH. However, due to socioeconomic challenges, people do not have adequate purchasing power for soaps/ cleaning agents. Additionally, there is limited awareness regarding washing hands with soap and not just water.

The committees (WUAs, WUCs), formed in specific areas with the support of development partners and village committees working under Jamoats, are providing support regarding the drinking water to residents of small communities, awareness raising about sanitation and hygiene, and proper waste management. Role of committees in sustaining hand hygiene is not clearly identified.

Rep-HLSC is the key department working on IPC, including preparation of the materials like brochures on IPC, dissemination, conducting the training, educational modules and videos being developed. But there are challenges in implementation of IPC as some health facilities and schools have limited access to safe water and soap is not available and sanitation facilities are unhygienic. Other key challenges are, limited finances, language barriers, difficulty transport of hygiene consumables to remote areas.

Although soaps and other accessories are being marketed by private companies, the private sector is not involved in any other capacity regarding hand hygiene. Lack of incentives for the private sector further complicates the problem. As the private sector can play a key role in improving access to hand hygiene, it should be engaged to raise awareness in the communities and also make decisions. For effective engagement, it is important to devise incentives and instruments to promote the engagement of the private sector in promoting hand hygiene. Incentives for the private sector like subsidies and tax credit should also be explored.

Strategic Objective 3.2	Generate demand by designing and implementing social behavioural change communication approaches		
Strategic Approaches	Access to hand hygiene infrastructure improved and inequity is reduced		
	Respond	**Rebuild**	**Reimagine**
Decreasing hurdles to behaviour change	Devise mechanisms to improve the involvement of local level/ neighbourhood committees and women groups in promoting and implementing hand hygiene behaviours and practices. Engage local influencers online and offline to promote adequate hand hygiene.	Improve the barriers for transportation of hygiene consumables to remote areas. Engage local volunteers and mobilisers in triggering and disseminating messages of hand hygiene.	Subsidise access to WASH infrastructure and increase funds for availability of hygiene products. Routinely integrate the promotion of hand hygiene into social interventions, e.g., sanitation programs, school curricula, and technical training.
Improve hygiene behaviours	Facilitate the alignment of hand hygiene practices and messages across the communities. Conduct formative research on hand hygiene to understand key barriers and drivers in rural areas of Tajikistan. Disseminate technical guidance on evidence-based behaviour change approaches to increase use of hand hygiene facilities and adoption of best practices.	Engage local and community leaders to promote hygiene behaviours and practices. Revise behaviour change tools and approaches based on latest data and formative research on behavioural drivers, barriers and vulnerability. Encourage communities to volunteer in disseminating information and ensure adequate incentives for the volunteers.	Integrate hand hygiene in local interventions such as training of teachers, school curricula, and radio programs etc. Use intrusive marketing and digital media as a tool for improving hygiene behaviours. Work with local academia to collect evidence and suggest necessary reforms and changes required for behavioural change.

10. STRATEGIC APPROACHES FOR HAND HYGIENE IN EDUCATION FACILITIES

The National Water Strategy of Tajikistan states that schools and pre-school organisations are legally responsible to ensure safe drinking water, basic hand washing facilities, adequate sanitation and hygiene are provided for all users on a free basis. The Medium-Term Development Programme 2021-2025 addresses WASH in Schools by indicating provision of appropriate infrastructure (water supply, sanitation and hygiene) into existing and new schools, taking into account gender needs and needs of children with disabilities; and annual monitoring of the provision of educational institutions with a system of water supply as well as sanitation infrastructure. Although basic hygiene practices are covered as a part of life skill curriculum for lower primary grades, there are no national guidelines to promote WASH behaviours in schools. In addition, due to lack of financial support, poor WASH infrastructure, including unavailability of soaps, are commonly observed in schools of Tajikistan. MoES facilitates training in schools regarding hand washing. It also prepares brochures and develops educational modules and videos to improve hand hygiene in schools. The In-service Teacher Training Institute has a specific curriculum for each subject, including hygiene. During COVID-19 Tajikistan scaled up a school-based communication campaign with focus on school safety and behavioural change and allocated a budget of 0.7 million for activities like promoting handwashing.

Strategic Objective 1	Reliable data support, improved decision-making and stronger accountability		
Strategic Approaches	Hand hygiene is incorporated in educational settings		
	Respond	**Rebuild**	**Reimagine**
Thoroughly involve national leadership in policy making regarding hand hygiene in educational settings	Strengthen the leadership of the Ministry of Education to lead hand hygiene in educational settings, development of a national roadmap and subnational roadmaps for hand hygiene in educational settings.	Hand hygiene is championed by the education minister and local leadership. A programme evaluation with a focus to determine funding required for O&M and consumables for ensuring hand hygiene in schools.	Establish clear policy guidelines relating to both service availability that facilitates handwashing, including readily available water, and the behaviours required to ensure hand hygiene in all educational settings.
Infrastructure gaps along with soaps and O&M services regarding hand hygiene identified	Identify existing gaps that prevent/ limit hand hygiene practices in educational settings.	Conduct an analysis of the state of hand hygiene in educational settings to improve policy decisions and monitoring networks.	Formalise the tools for gap analysis of hand hygiene in education settings.

Strategic Objective 2	Plans relating to both service availability that facilitates handwashing and the behaviours required to ensure hand hygiene is common practice in all relevant settings developed		
Strategic Approaches	Strengthen evidence-based behaviour change strategies and social norms to promote hand hygiene		
	Respond	**Rebuild**	**Reimagine**
Gaps regarding hand hygiene practises identified	Conduct qualitative and/or quantitative formative research to identify the social and behaviour determinants and motivations regarding hand hygiene.	Pilot the Integration of the key social and behaviour determinants into school programmes, based on formative research conducted. Allocate resource person(s) in educational settings to promote hand hygiene into daily routines for children and staff to wash hands, especially at key times.	Ensure adequate funding for improvement / installation of inclusive hand hygiene infrastructure in schools that is accessible for children with disabilities. Scaling up the integration of social and behavioural determinants into school programmes.
Increase knowledge of positive health behaviours and enhance wellness	Involve children, parents/ guardians and teachers in the design and implementation of plans and programs to promote hand hygiene in educational settings including Three Star Approach (TSA) and Social Behavioural Change Programmes.	Promote hand washing at key moments such as before consuming food during lunch breaks to encourage the adoption of practice among peers.	Use behaviour change theories and research data to guide the design of hand hygiene promotion plans to ensure that they are inclusive, context-appropriate and resource-efficient.
Positive behaviour regarding hand hygiene displayed in educational settings	Incorporate hand hygiene in all levels of education curricula to regularly remind children of the importance of hand hygiene.	Promote increasing access to hand hygiene infrastructure and supplies, such as sinks, bulk soap and dispensers, portable hand washing stations, and hand sanitiser dispensers.	Ensure that handwashing stations are conveniently located and are easy to use.
	Create awareness among parents/ guardians to supervise and teach their children regarding hand hygiene.	Place visual cues such as handwashing posters, stickers, and other materials in highly visible areas throughout education settings.	

Strategic Objective 3	Capacity for hand hygiene improved and strengthened to overcome the spread of pandemics		
Strategic Approaches	Practices regarding hand hygiene sustained in educational settings		
	Respond	**Rebuild**	**Reimagine**
Thoroughly involve national leadership in policy making regarding hand hygiene in educational settings	Secure funding for immediate investments to install, maintain and sustain multiple handwashing stations with soap and water in strategic locations in schools based on available data on gaps.	The budget and the mechanisms of operation and maintenance must be agreed prior to the installation of the infrastructure units to ensure sustainability.	Ensure adequate allocation of resources for functional hand hygiene facilities in educational settings.
Infrastructure gaps along with soaps and O&M services regarding hand hygiene identified	Identify investment opportunities to improve hand hygiene and plan to prepare for future opportunities, including upcoming reviews or development of new policies, national development plans, etc.	Develop collaborative networks with INGOs working on hand hygiene in educational settings.	Ensure coordination with policies, programs, ongoing projects such as school feeding programs, national strategies aimed at improving nutrition in children and adolescents, water and sanitation programs aimed at closing infrastructure gaps, etc.

Strategic Objective 4	Improved financing and monitoring mechanisms regarding hand hygiene in educational settings		
Strategic Approaches	Monitoring systems strengthened to make informed decisions		
	Respond	**Rebuild**	**Reimagine**
Improved data collection regarding hand hygiene in educational settings	Incorporate detailed indicators of hand hygiene in educational settings in national surveys and reports including conducted by SESS of MoHSSP.	Allocate resource person(s) in educational settings to supervise and assist children with handwashing as needed, especially for children with disabilities as they may need help with washing their hands.	Develop coordinated mechanisms, with other relevant departments and agencies, intersectoral actions to ensure that schools have the conditions (infrastructure, supplies such as soap and water, personnel trained in infection prevention and control and hygiene promotion, etc.).
		Consumption of paper towels, hand sanitisers and soaps be tracked as an indirect method for monitoring hand hygiene compliance.	
Create a dedicated budget line for hygiene in school budgets	Lobby with development partners and the Ministry of Finance for mobilising and allocating funds to strengthen hand hygiene facilities and services in educational settings.	Establish a system to monitor the spending on hand hygiene services including accessories and O&M in schools.	Promote equitable allocation of resources for hand hygiene, especially for households having vulnerable groups including persons with disabilities.

11. STRATEGIC APPROACHES FOR HAND HYGIENE IN HEALTHCARE FACILITIES (HCFS)

Tajikistan has a National Action Plan for Antimicrobial Resistance (AMR) which specifies actions for strengthening infection prevention and control through adequate water supply, sanitation and hygiene in health care facilities. The National Health Strategy (NHS) for 2021- 2030 aims at providing access to quality basic health care services ensuring improved WASH through effective governance, sustainable financing, workforce provision. In particular, the strategy set as one of the tasks that every healthcare facility has an adequate, sufficient, safely managed and reliable water supply; safe, adequate and affordable toilets for patients, careers and staff of all genders, ages and capacities; good hand hygiene infrastructure and practice; regular, efficient cleaning; waste management systems. The National Water Strategy of Tajikistan states that hospitals are legally responsible to ensure safe drinking water, basic hand washing facilities, adequate sanitation and hygiene are provided for all users on a free basis. The Medium-Term Development Programme 2021-2025 declares strengthening the healthcare infrastructure, including ensuring access to water supply, sanitation and hygiene at all levels of medical care, annual monitoring of power supply, water supply, sanitation and heating of all medical institutions, as well as infrastructure for the disposal of medical waste to ensure WASH in HCFs.

The National Communication Program for the 1000 Days of Child's Life in the Republic of Tajikistan for the Period 2020-2024 highlights the importance of mothers washing their hands with soap before handling new-born babies. Tajikistan has Order no. 88 of The SSESS 'On approval of the guideline on hand hygiene and using gloves in health care facilities', while Order no. 1119 gives detailed guidance on hand hygiene and use of gloves as well as protective equipment.

Although general standards for sanitation in HCFs are established and require hospitals to have an IPC focal point, responsible for new staff training, supervision of staff and compliance, procuring supplies, and awareness raising, gaps still to be implemented. Within the EU project, IPC standards has been reviewed and updated that extensively cover WASH and hand hygiene. A review of standards for WASH in HCFs had been conducted, and the proposed standards had been approved by the MoHSPP in January 2023.

Strategic Objective 1	The minimum threshold of infection prevention and control is achieved and maintained		
Strategic Approaches	Adaptations to improve hand hygiene practices in HCFs		
	Respond	**Rebuild**	**Reimagine**
Evidence-based information regarding hand hygiene	Start to address the gaps in practising hand hygiene at healthcare facilities, such as lack of resources and unavailability of water, etc.	Devise mechanisms to measure the hand hygiene compliance rates as per local settings and prevailing infections.	Measure baseline rates before the introduction of a specific hand hygiene in healthcare facilities guideline to measure the rate of improvement.
Availability of inclusive hand hygiene infrastructure ensured	Ensure that materials and equipment to perform appropriate hand hygiene should be readily available at the point of care and at toilets, including continuous supplies of safe, clean water, soap, single-use towels, and an adequate number of functioning sinks.	Build local capacities of services providers in providing sufficient supply of alcohol-based hand rub for use where essentially required.	Ensure availability of inclusive hand hygiene infrastructure for healthcare staff and patients. Develop training and communication materials for implementing hand hygiene part of IPC guidelines in different settings and actors.

Strategic Objective 2	Strengthen behaviour change strategies to promote hand hygiene in health facilities and communities.		
Strategic Approaches	Specific actions to ensure improved enabling environment for hand hygiene		
	Respond	**Rebuild**	**Reimagine**
Schemes to anticipate the training needs of infection prevention and hand hygiene	Need identification and development of training/education materials tailored for clinical and non clinical staff. Clinical staff undergo tailored education and practical training about the importance of hand hygiene to better understand when and how it should be performed.	Develop and deliver trainings regarding hand hygiene to all the staff working in healthcare facilities, including hospital administrators, cleaning personnel and community health workers. Collaborate with major international partners , such as the World Bank, UNICEF etc. to promote hand hygiene in healthcare facilities.	Invest on the development of digital training materials of hand hygiene for all for clinical and non clinical staff working in health care facilities. Digital need assessments and training courses for clinical and non clinical staff piloted.
Sustained behaviour changes regarding hand hygiene in HCFs	Conduct a survey or operational research to determine what type of IEC materials be used in healthcare facilities to remind and motivate healthcare workers and visitors to perform hand hygiene.	Work with innovators to design cost-effective hand hygiene facilities for healthcare facilities in low-cost settings.	Utilise antenatal care to promote hand hygiene during antenatal visits.

Strategic Objective 3	Specific actions to ensure monitoring of hand hygiene HCFs		
Strategic Approaches	Improved monitoring mechanisms regarding hand hygiene in HCFs		
	Respond	**Rebuild**	**Reimagine**
Ensure regular monitoring and enforcement of hand hygiene requirements	Devise Hospital Infection Control Committees.	Appoint a senior member of staff from each hospital ward, as a part of the Hospital Infection Control Committee, assisting infection control implementing.	Regular monitoring visits by the Hospital Infection Control Committees to measure the functionality of hand hygiene infrastructures (location of facilities at the point of care, consumption of soap and alcohol-based hand rubs).
Improving mechanisms for tracking of hand hygiene in HCFs	Develop a list of indicators of hand hygiene in HCF to be filled by SESS during inspection as well as be reported annually in national statistics.	Consumption of paper towels, hand sanitisers and soaps are tracked by SESS and MoHSSP with the support of national statistical agency and be featured under annual reporting.	Regularly monitor and update data regarding access to hand hygiene in healthcare facilities to identify the gaps, emerging needs and compliances.
Promoting hand hygiene in HCFs	Conduct evidence reviews on critical hand hygiene topics, such as determinants of health workers' behaviour.	Promote self accountability among the staff for compliance of hand hygiene principles by sharing their activities and achievements by recognised at different levels.	Good champions among HCF shall be recognised through certificate by national leadership.

12. STRATEGIC APPROACHES FOR HAND HYGIENE IN EMERGENCIES

Strategic Objective 1	Measures set up to respond to hand hygiene requirements during emergency situations		
Strategic Approaches	Specific actions to ensure improved enabling environment for hand hygiene during emergencies		
	Respond	**Rebuild**	**Reimagine**
Pre-planning regarding hand hygiene in emergencies ensured	Include hand hygiene information and outreach in emergency responses response plans and strategies.	Conduct a vulnerability need assessment with regards to hand hygiene for preparedness in case a disaster strikes.	Map out individual regional level plans regarding hand hygiene in emergency settings, providing special attention to the needs of vulnerable or marginalised groups, including an understanding of their infrastructural needs.
	Ensure personnel receive training on the critical role of handwashing in emergency settings.	Ensure that all sanitation plans include information regarding convenient and appropriate handwashing infrastructure to be made available during emergency situations.	Devise emergency response with a focus on trucking water, treating piped water, repairing water supply and sanitation systems, providing essential hygiene items and delivering hygiene messages.

Strategic Objective 2	Harmonised efforts to sustain hand hygiene during emergencies		
Strategic Approaches	Specific actions to ensure improved enabling environment for hand hygiene during emergencies		
	Respond	**Rebuild**	**Reimagine**
Pre-planning regarding hand hygiene in emergencies ensured	Include hand washing supplies (soap and/or alcohol-based hand rub) in emergency kits at institutional levels.	Devise mechanisms for ensuring temporary hand washing station in case of unavailability of clean water and soap during emergencies.	Devise mechanisms for radio broadcasts, caller tunes etc. to reach a large number of people quickly, with brief information regarding practising hand hygiene during emergencies.
	Set out minimum standards for hygiene promotion in emergencies with a strong emphasis on community mobilisation and participation.	Devise mechanisms for availability of uninterrupted supplies of hand rubs in case on unavailability of clean water and soaps during emergencies.	Collaborate with INGOs and local partners to ensure that the hand hygiene needs of the hardest to reach communities are met during emergencies.

13. MONITORING AND EVALUATION FRAMEWORK

Indicator	Baseline	Target	Means of verification	Responsibility
Impact: Reduced mortality and morbidity due to infectious diseases including COVID-19 and other pandemics				
Reduction in prevalence of diarrhoea, disaggregated by sex and age	13%	5%	NDHS and HMIS	National Statistical Agency and MoHSPP
Outcome: Hand hygiene practices, especially hand washing, are sustained at home, public places and institutions				
Proportion of people that practise handwashing with soap or an alternative hand washing agent such as ash, and water, disaggregated by sex and disability	76%	95%	NDHS, MICS, WMIS and HH Surveys	MoHSPP, MoEWR and National Statistical Agency
Hand Hygiene services in Health Care Facilities (HCF)	12%	95%	HMIS and other sampled surveys	MoHSPP and development partners
Hand Hygiene services in educational institutes	25.5%	95%	EMIS, other sampled surveys	MoES and development partners
Result 1: National and local leadership support for HH is generated				
Strategic Objective 1.1: The leadership of government and society inspires Hand Hygiene at all levels				
Number of events/dialogues for hand hygiene organised and attended by national leadership	01	03	Proceedings and Minutes of meetings	MoHSPP, development partners and private sector
Level of subsidies provided to private sector for investments	-	-	Published Documents	
Results 2: Hand hygiene services are institutionalised at all levels by strengthening key building blocks				
Percentage increase in sectoral budget in hand washing	NA	10%	Budget documents	Ministry of Finance and MoHSPP and MoES
Strategic Objective 2.1: Making necessary alignments of HH with policies and strategies related to WASH services				
Number of policies reviewed and integrated into other thematically adjacent policies and strategies, for example water, sanitation, education, health care, nutrition, and environmental health, antenatal care, neonatal and maternal care, quality of care, primary health care	-	-	Policy Documents and events	MoHSPP, MoEWR, MoES, and development partners

Number of policies developed and adapted to enforce hand hygiene	-	-	Published Documents	MoHSPP, MoEWR, MoES, and development partners
Approval and rolling out of National Hand Hygiene for All roadmap	-	-	Approved Published Documents	MoHSPP, MoEWR, MoES, and development partners
Strategic Objective 2.2: Strengthening the necessary institutional arrangements for effective planning and execution of hand hygiene actions				
Number of coordination mechanisms established and strengthened	-	-	Minutes of the meeting of respective constituencies	MoHSPP, MoEWR, MoES, and development partners
Number of protocols clearly highlighting roles and responsibilities developed	-	-	Working Guidelines published and approved	MoHSPP, MoEWR, MoES, and development partners
Legal and regulatory frameworks established	-	-	Updated Water Code and notification of regulator	MoHSPP, MoEWR, MoES, and development partners
Strategic Objective 2.3: Effective resource mobilisation including key investments to achieve policy. Objectives and agreed targets especially funding for HH				
Enhanced budget allocation for hand hygiene, including WASH in HCF and WASH in Schools	-	-	National Budget Documents	Ministries of Finance, MoEDT, MoHSPP, MoES
Dedicated hand hygiene budget for vulnerable groups and institutions	-	-	National and Authorities budgets	Ministries of Finance, MoEDT, MoHSPP, MoES
Strategic Objective 2.4: Integrating HH into planning, monitoring and review systems and structures to establish the baseline, target setting and periodic tracking of the progress on hand hygiene in different settings.				
Integrate SMART objectives and targets on hand hygiene in key programme documents of government and partners at all levels	-	-	HH into national WASH JSR, WASH strategies and policies including into education and health	MoHSPP, MoEWR, MoES, and development partners
Hand hygiene indicators added into different WASH related MIS and dashboard	-	-	National WMIS, EMIS and HMIS	MoHSPP, MoEWR, MoES, and development partners
Mapping HH services in all settings with a focus on equity and vulnerability	-	-	Vulnerability Study	MoHSPP, MoEWR, MoES, and development partners
Strategic Objective 2.5: Improving and establishing procedures and mechanisms of capacity development of sustainable HH services by imparting necessary skills, tools and structures				
Develop curriculum for HH for respective institutions and ministries	-	-	National and institution specific HH capacity development plan	MoHSPP, MoEWR, MoES, and development partners

Online and offline training courses on HH for communities and institutions	-	-	Training course	MoHSPP, MoEWR, MoES, and development partners
Development of uniformed IEC materials for HH	-	-	IEC Materials	MoHSPP and development partners
Result 3: Sustainable inclusive Hand Hygiene services through demand and supplies of HH				
Strategic Objective 3.1: Nurture the value chain of hand hygiene products and services for sustainable and inclusive development				
National sanitation value chain known and updated regularly including HH products	-	-	List of Catalogues published	MoHSPP and development partners
Necessary adaptation of global HH standards as national guidelines on recommended number of Hand Hygiene under different settings	-	-	Published guidelines on Govt websites	MoHSPP and development partners
Access to finance for HH products through private sector and banking	-	-	Investment proposals	MoHSPP and development partners
Strategic Objective 3.2: Generate demand by designing and implementing social behavioural change communication approaches				
Hand hygiene social and behaviour change strategy developed and rolled out in provinces	-	-	Published and approved documents	MoHSPP and development partners, MoEWR and MoES
Conduct formative research to build evidence for behavioural change	-	-	Formative Research Reports	MoHSPP and development partners, MoEWR and MoES
Engagement of local volunteers and communities in disseminating the HH messages	-	-	IEC materials developed and disseminated	MoHSPP and development partners, MoEWR and MoES

14. HAND HYGIENE COSTING IN TAJIKISTAN

14.1 Summary of Overall Costs for Hand Hygiene in Tajikistan

#	Description	USD $
1	Estimated Costs for Policy Reviews, Alignment and Curriculum for 2023-2023 @60,000 USD per annum- No breakup	**420,000**
2	Total discounted cost of Ensuring Everyone with No Services has Basic Hygiene Services by 20230 – Break up given below	**7,838,510**
3	Total Cost in USD$ for Hand Hygiene in Schools – break up given below	**30,278,574**
4	Total Cost in USD$ for Hand Hygiene in HCF- break up given below	**33,111,586**
5	WASH in Emergencies – Contingency planning, Training, etc.	**1,000,000**
6	**Total Funding Required from 2023-2030**	**72,648,670**

14.2 Hand Hygiene Cost for Household Settings by using WHO/UNICEF Global Costing Tool

Population

Total Population of Tajikistan 2019-20	**9,537,641**
Rural Population:	**6,914,218**
Urban Population:	**2,623,424**
Growth Rate:	**2.04%**

Hand Hygiene Services in Tajikistan

Key Indicators	Rural	Urban
Percentage of Basic Hygiene Services	**68**	**87**
Percentage of Limited Hygiene Services	**28**	**12**
Percentage of No Hygiene Services	**4**	**2**
Population with Basic Hygiene Services	**4,673,825**	**2,275,785**
Population with Limited Services	**1,946,779**	**303,165**
Population with “No Services”	**293,614**	**44,474**
Households with “No Services”	**45,171**	**9,265**
Households with Limited Services	**299,504**	**63,159**

Prices 2019 USD

Key Interventions	USD $
One-off cost of formative, creative & design	**65,677**
Cost per household of promotion with 1-2-1 activities	**22.6**
Cost per household of promotion without 1-2-1 activities	**11.5**
Cost per household of a home-made HWF	**0.8**
Cost per household of a purpose-built HWF	**11.1**
Annual cost per household of soap for handwashing	**11.4**
Annual cost per household of soap for handwashing - rural	**2**
Annual cost per household of soap for handwashing - urban	**1.1**

Key Assumptions

Key Interventions Periods	
Useful life - purpose-built HWF (Yrs.), e.g., bucket w/tap on stand	**5**
Useful life - home-made HWF (yrs.) e.g., tippy tap	**2**
software useful life (yrs.)	**5**
Top-up percentage of software Capex - percentage	**25%**
Top-up occurs percentage through useful life	**20%**
Discount rate	**3%**
Water for handwashing / person /day (litters)	**1.5**

Summary of Costs Required for Hand Hygiene Plan in Tajikistan

Description	USD$
Total discounted cost of Ensuring Everyone with No Services has Basic Services by 20230	**7,838,510**
Total Discounted Investment/Capital Costs	**3,031,377**
Total Discounted Annual Recurrent Costs	**4,741,456**
Average annual Cost of new and top-up promotion	**345,092**
Average annual cost of new and top up promotion per person nationally- not per person served.	**0.03**
Cost per household per year born by households actually served.	**15.46**

Brea-up of the Costs – USD

Key Description	Total economic sot over 10 years	Annual government borne costs per person nationally	Annual household born cost per household served	Initial household borne capital per household served
Initial promotion	**2,032,717**	**0.02**		
Top -up promotion	**1,418,199**	**0.01**		
Hand Washing Facilities	**998,660**		**2.09**	**11.09**
Soap	**2,866,146**		**11.40**	
Water	**457,111**		**1.97**	
Formative, Creative and designs	**65,677**			

Capital Investment for HH required Annually USD

Years	Total National Population	Total- Investment in USD			
		Formative, Creative & Design	Hand washing facility	Promotion	Grand Total
2021	9,537,641	65,677	113,663	231,356	345,019
2022	9,732,495		110,353	224,617	334,970
2023	9,931,330		107,139	218,075	325,214
2024	10,134,227		104,018	211,723	315,741
2025	10,341,270		100,989	205,557	306,546
2026	10,552,542		98,047	199,570	297,617
2027	10,768,130		95,191	193,757	288,948
2028	10,988,123		92,419	188,113	280,532
2029	11,212,610		89,727	182,634	272,361
2030	11,441,684		87,114	177,315	264,429
Discounted - Total		**65,677**	**998,660**	**2,032,717**	**3,031,377**
Discounted - Annual		**6,568**	**99,866**	**203,272**	**303,138**

Annual Recurrent Costs Required for HH in USD

Year	Total Recurrent in USD			
	Promotion	Soap	Water	Grand Total
2021	30,707	62,059	9,898	102,664
2022	59,626	120,503	19,219	199,348
2023	86,834	175,490	27,988	290,312
2024	112,407	227,171	36,231	375,809
2025	136,416	275,693	43,969	456,078
2026	158,931	321,196	51,226	531,353
2027	180,019	363,814	58,023	601,856
2028	199,744	403,678	64,381	667,803
2029	218,167	440,910	70,319	729,396
2030	235,347	475,631	75,857	786,835
Discounted - Total	**1,418,199**	**2,866,146**	**457,111**	**4,741,456**
Discounted - Annual	**141,820**	**286,615**	**45,711**	**474,146**

14.3 Hand Hygiene Costing in Schools of Tajikistan

Description	No/USD $
Total Schools in Tajikistan -Number	4000
75% are with limited or no hygiene- Numbers	3000
Average cost of Hand Hygiene Station in one school- USD$	5000
Total Capital Costs- USD$	15,000,000
Annual Cost of Soaps, etc. per school USD$	400
Total Annual Operational Costs by 2030 with 5% inflation	**15,278,574**
Total Cost in USD$ for Hand Hygiene in Schools	**30,278,574**

YEAR	Capital Cost 500 schools each year USD $	Recurrent Cost For all 4000 schools USD$	Annual Total Cost USD$
2023	-	1,600,000	**1,600,000**
2024	2,500,000	1,680,000	**4,180,000**
2025	2,500,000	1,764,000	**4,264,000**
2026	2,500,000	1,852,200	**4,352,200**
2027	2,500,000	1,944,810	**4,444,810**
2028	2,500,000	2,042,051	**4,542,051**
2029	2,500,000	2,144,153	**4,644,153**
2030	-	2,251,361	**2,251,361**
Total Cost for 2023-2030 USD$	**15,000,000**	**15,278,574**	**30,278,574**

14.4 Hand Hygiene Costing in Health Care Facilities of Tajikistan

Description	No/USD $
Total HCF in Tajikistan -Number	3300
Basic Hygiene required capital as per Tajikistan WASH in HCF investment plan -USD$	13,381,095
Per HCF Capital Cost -USD$	4,055
Yearly average Cost of Soaps/Sanitiser per HCF- USD$	700
Annual Operational Costs 2030 with 5% inflation	19,730,488
Total Cost	**33,111,586**

YEAR	Capital Cost each year USD $	Recurrent Cost For all 3000 HCF@ 700 USD$	Annual Total Cost USD$
2023	-	2,307,900	2,307,900
2024	2,230,183	2,423,295	4,653,478
2025	2,230,183	2,544,460	4,774,643
2026	2,230,183	2,671,683	4,901,866
2027	2,230,183	2,805,267	5,035,450
2028	2,230,183	2,945,530	5,175,713
2029	2,230,183	3,092,807	5,322,990
2030	-	3,247,447	3,247,447
Total Cost for 2023-2030 USD$	13,381,098	19,730,488	33,111,586

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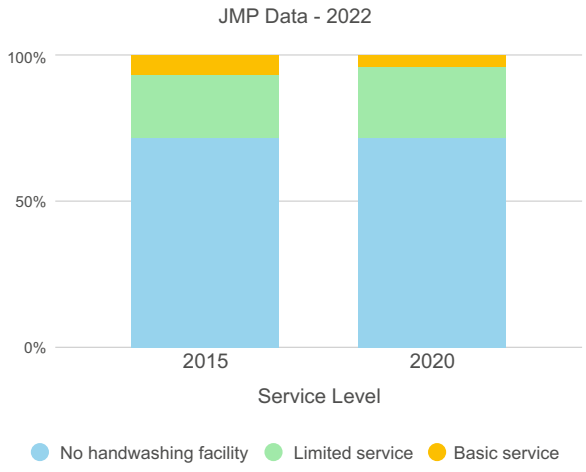
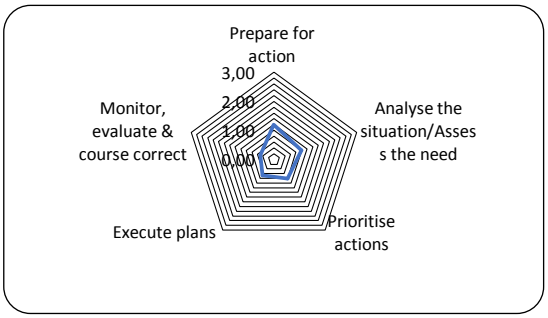
Annexure: Hand Hygiene Assessment of Tajikistan - UNICEF WHO Tracking Tool Scoring

Almost ¾ of Tajiks have access to basic hand hygiene (HH) services, but the country has only experienced a 0.27% expansion in basic services from 2015 to 2020. Tajikistan's score of 0.83 and 0.85 on the HHAFT Tracker and Assessment's 4-point scale, respectively, reflect the fact that attention to universal HH is in its nascent stage; the Ministry of Health and Social Protection of the Population (MoHSPP) initiated the development of the HH4A roadmap at the end of 2022 which is planned to be endorsed by October 2023. Implementation of this roadmap will be key to progress, because although HH is incorporated into policies, there is no policy on universal HH and HH has not been championed by national leadership.



Tracker

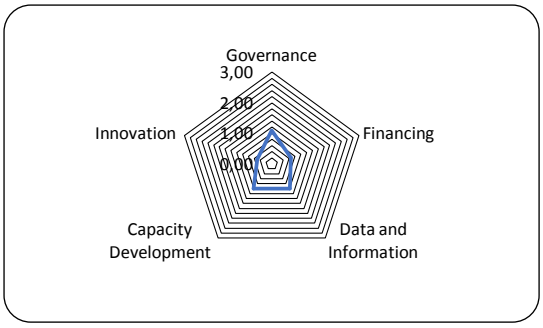
Milestone	2023
Prepare for Action	1.20
Analyse the Situation / Assess the Need	1.00
Prioritise Actions	0.80
Execute Plans	0.67
Monitor, Evaluate and Course Correct	0.50
Average	**0.83**



Tajikistan's low Tracker score is driven by limited situational understanding and preparation. While various strategic documents and initiatives identify needs and actions, they are not captured as data. Tajikistan also lacks specific national targets, indicators, standards, priority settings (although HH standards for institutions were recently established). However, stakeholders from various sectors are engaged in creating the roadmap.

Assessment

Parameter	2023
Governance	1.10
Financing	0.67
Data and Information	1.00
Capacity Development	1.00
Innovation	0.50
Average	**0.85**



Tajikistan's MoHSPP serves as the lead HH ministry, spearheading the creation of the HH roadmap. While some institutional arrangements exist, a dedicated HH coordination mechanism is needed to delineate roles/responsibilities and avoid duplication. The private sector's engagement in HH is mostly focused on local entrepreneurial initiatives (e.g., soap-making and advertising). Financing, monitoring and evaluation, and capacity building, are all hindered by the absence of a strategy and the will to execute it. The SDG cost of WASH is estimated, but does not directly address HH, nor is there a line item for HH in the national budget. Without institutional arrangements for coordination and pursuit of a dedicated financing strategy for HH, it will be challenging to develop and execute action plans or make strides toward these other parameters, whether it is creating a systematic M&E framework and centralized reporting system for tracking interventions and progress or conducting an analysis of HH capacity development needs and developing applicable curricula and tools.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