



FEDERAL MINISTRY OF HEALTH  
HYGIENE AND ENVIRONMENTAL HEALTH DIRECTORATE

# NATIONAL HAND HYGIENE FOR ALL ROADMAP

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Executive summary

## Acronym and abbreviations

- MSF – multi -stakeholders forum
- ARM – annual review meeting
- **MRSA-**
- WHO- world health organization
- NTDs- neglected tropical diseases
- WaSH- water sanitation and hygiene
- HEP – health extension program
- MOH – ministry of health
- MOE – ministry of education
- MoWIE – ministry of water, irrigation and electricity
- CLTSH- community lead total sanitation and hygiene
- OWNPN – one WaSH national program
- MOU – memorandum of understanding
- CHIS – community health information system
- DHIS II – district health information system
- HEWs – health extension workers
- SWA – sanitation and water for all
- SDGs – sustainable development goals
- IPC – infection prevention and control
- ESA – Ethiopian standards agency
- EDHS – Ethiopian demographic health survey
- HAD – health development army
- MSP -
- MCH – maternal and child health

## Chapter One: Introduction

### 1.1 Background

Hands are the most exposed part of the body to germs. Studies show that 80% of germs are transmitted from person to person through our hands. Touching eyes, nose, mouth with unclean hands, preparing and eating foods are the major routes for the transmission of most infectious diseases thereby causing many diseases and deaths.

(REFERENCE.)

Hand hygiene is one of the personal hygiene components and is believed in improving health, saves lives by preventing infections and thereby guarantees good health and contributes to the social and economic development of the country.

Hand hygiene is also among the key preventive measures for COVID 19 pandemic which enhanced the attention given to it, the political commitment, stakeholder's engagement and the enabling environment at large. This in turn contributed for increasing awareness of the population on the health importance of hand hygiene and enhanced practice.

In a nutshell; sustaining good hygiene behaviors, such as hand washing with soap, is linked to a 32-48% reduction in the risk of diarrhea, 16-21% reduction in the risk of acute respiratory infections, and a substantial reduction in neonatal infections (WHO/UNICEF 2019)

According to WHO/UNICEF 2019 joint monitoring report; basic hand hygiene is often neglected due to the lack of access to hand washing facilities in key places - 40 per cent of the world's population which is 2 out of 5 of the world's population – 3 billion people – lack basic hand washing facilities at home: 1.6 billion have limited facilities lacking soap or water, and 1.4 billion have no facility at all. According to Global Progress report on WASH in HCF, WHO/UNICEF 2020, it is estimated that 52 % of the HCF has hand hygiene facilities and soap and water and/or alcohol-based hand rub at points of care.

However, access to the hand washing facilities and consistency of the hand washing practices during critical times at point of care could varies between the type of the health care facilities, rural and urban and between the health care service providers.

About 55% of the people in the rural areas of the least develop countries which includes African countries lacks hand washing facilities with soap and water at home. Nigeria, Ethiopia and DR Congo account for one-third of the population without a basic hand washing facility with soap and water at home in sub Saharan Africa.

In Ethiopia, it is estimated that 92 per cent (about 100 million) of the population, 42% of health care facilities, 85 % of the primary and 75% of the secondary schools lacks access to a basic hand washing facility with water supply and soap (UNICEF/WHO JMP, 2019 and OOWNP 2019/20 annual report).

Approximately 80 per cent of those who lack access to soap and water live in rural settings and are among the most vulnerable groups, including families living in informal settlements, migrant and refugee camps, and in areas of active conflict – and more than half are children.

The Government of Ethiopia recognized the health benefits of hygiene practices including Hand Washing with Soap (HWWs) and showed its commitment through the health, education and water sector transformation plan. Such as Health Extension Program Packages, Hygiene and Environmental Health Strategy, Community Lead Total Sanitation and Hygiene implementation guidelines, Infection Prevention Interventions, National School health strategy and program frame work and WASH Implementation Guidelines.

Following the commencement of the OOWNP, the schools WASH and HEP, a series of promotion on water, sanitation and hand washing at community, health care facility and schools has been done as one intervention package along with campaigns. Furthermore, promotion of hand washing in primary school is one of the priority policy actions. It is incorporated under one subject into primary school curriculum and an ongoing effort is being made to increase access to hygiene facilities and promotion of hygiene practices in primary and secondary schools.

Despite concerted efforts of the government and development partners, basic hygiene practice of the households in Ethiopia is as low as 8% (WHO/UNICEF JMP 2019 report) and facility coverage is 58%. )

Considering this low coverage and the occurrence of the COVID 19 pandemic in Ethiopia; the government of Ethiopia is joining the global “Hand Hygiene for All (HH4A)” initiative by developing this 10 years HH4A strategic road with the aim of sustaining the culture of hand hygiene practice at all settings among all Ethiopians.

The roadmap envisions to bridge existing national regular hand hygiene efforts and COVID-19 response interventions through designing game changing strategic actions which will be implemented in 10 years with three phase ( in short and mid and long term periods). At the end of the strategic period sustainable hand washing points will be setup at all settings and the national hand hygiene coverage will sustainably increase to 100%.

## 1.2 The Rational for Hand Hygiene strategic road map

### WHY HAND HYGIENE?

- The initiative shall be inclusive for all population of Ethiopia including marginalized people.
- All intervention areas on those: urban areas like residential household, public facility, such as offices, schools, health facility, parks, sport centers, cinema, religious institution and commercial areas ; rural areas; sedentary household and pastoral settlement, public institutions, like educational and health facility, administrative office, community centers, religious institutions, and private institution: difficult areas including emergency, IDP, hard to reach areas, tourist attractions both historical and natural, transport hubs, like bus station, train station and highway

- Program intervention will be available water access, improved hand washing facility, access of detergent and other supply, coordination of all actors...
- When information about transmission and health consequences are shared daily through multiple media platforms. Unfortunately, health is not a very effective motivator of behavior and may not be enough to get people to wash their hands with soap.
- Therefore, hand hygiene interventions have the following benefits.

### 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 of 165,000 deaths from diarrheal diseases each year. It can potentially reduce diarrheal diseases by 23-40%. It reduces respiratory tract infection by 16-21%. Its contribution for the reduction of skin and eye infections is also significant. (Reference)

Hand hygiene is also found to be among major solutions towards reducing morbidity and mortality of children. Studies show that 1.8 million under five children die every year globally due to diarrhea and pneumonia which are the top two killers of under five children. Similarly more than 70,000 under five children die every year in Ethiopia due to diarrhea. Hand hygiene can reduce the number of children diseased by diarrhea and pneumonia by 1/3 and 1/5 respectively (WASH-CPD Evaluation, 2012-2016, UNICEF-Ethiopia.)

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.

### 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 outcome. (??)

On the other hand, management of diarrhea and pneumonia in developing countries cost an average of 12 billion USD annually whereas one national program on hand hygiene costs less than 100 million USD. Improving hand hygiene policies can generate savings in health expenditure up to 15 times the cost. (???)

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.

Hand hygiene interventions have been shown to be effective in reducing drug-resistant infections in hospitals. In fact, one model estimated that each increase of 1% in hand hygiene compliance could save nearly \$40,000 in MRSA-related healthcare costs per year (Owens 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; 22(1): 74-81).

### **Contributes to improve Nutrition**

50% of malnutrition is associated with repeated episodes of diarrhea or intestinal worm infestation as a result of insufficient hygiene (Prüss-Üstün et al 2008) and diarrhea is 2nd leading cause of death in children under 5 and 80% of deaths related to diarrhea are due to poor WASH environments (WHO 2013)

Hygiene interventions implemented with 99% coverage would reduce diarrhea incidence by 30%, which would in turn lead to a 2.5% decrease in stunting. (Bhutta et al 2008)

### **Contribution to improved Maternal, Neonatal and child health**

Child hand washing during the first 30 months of age results in height, weight and social skills and mothers who wash their hands before handling their new born children can reduce the risk of new born child by 44%(WHO 2013)

Contribution education

Over 40% of diarrheal cases in school children results in lack of access to WASH facilities and access to WASH services increase school girls attendance, drop out and performance.

### Preparing for the future

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, diarrhea, pneumonia, NTDs, nutritional deficiencies, and eye and skin infections. Therefore, ensuring the sustainability of the better and it also a key controlling mechanism for the spread of COVID-19. –Smart investments now will also prepare us better for any future diseases. Attention given for hand hygiene during COVID-19 pandemic through adopting strong hand hygiene strategic road map is critical.

#### 1.3 The guiding principles:

Below are the key guiding principles considered through the roadmap development process:

- **Universal Access:** ‘No one is left behind’. It has to be inclusive of all segments of the population.
- **Equity:** Achievement is measured not only by increasing of total hand hygiene indicators but also by the distribution among different segment of the population
- **Efficiency:** Results are measured against quantity and quality of the outcomes accomplished with equivalent account to their corresponding investment
- **Self-reliance:** Community ownership and empowerment
- **Contextualization:** No single approaches fits all setting. Interventions should be adopted to local context
- **Multi-Sectoral approach:** Sectoral engagement with clear roles and responsibilities and strong accountability framework is mandatory
- **Partnership :-**
- **Evidence based decision:**

## Chapter Two: Situational Analysis

### 2.1 Enabling Environment

#### **Policies & Programs:**

The constitution of FDRE in its article states that “all persons have the right to live in a clean and healthy environment” which promotes hand hygiene indirectly through the promotion of clean environment. The constitution also provides guidance on ‘not to contaminate environment, giving government responsibility for its achievements and citizen to better exercise the law of right’

The Ethiopian health policy and health sector transformation plan incorporates sanitation and hygiene among prioritized interventions under the prevention arm of the health service delivery. More than half of the packages of the HEP focus on sanitation and hygiene one of which to be hand hygiene.

Hand Hygiene interventions are also included in the constitution of Ethiopia national hygiene and Environmental Health strategy, school WaSH guideline, and school WASH design and construction manual, Community led total sanitation and hygiene (CLTSH) guideline and national IPC guideline, Health extension program package and OWNIP-II.

#### **Institutional Arrangement and human resource:**

There are Different structures with different scope and human resource load has designed and structured to function and commit for realization of hand hygiene interventions in different sectors such as MOH, MOE MOWIE, and others. Boldly, MOH has the right hand in promoting and leading hand hygiene program through the available structures such as directorate, case team and pinpoints.

Due to the presence of commitment at Ministry of health, despite with the different structural arrangements and manpower allocation, similar efforts with strong engagements are also observed in regional health system, region, zone, woreda and health facilities.

There are multiple disciplines including numerous number of health professionals( Environmental health professionals, Health extension workers, Nurses, medical doctors and others) working in governmental and nongovernmental organization working in

health and non-health sectors in the country working at different level to ensure hygiene at different setups including at community level.

There are more than 2500 environmental health professionals in the country working at different level along with other health professionals. The health extension workers remain to be the corner stone for ensuring sanitation and hygiene at community level.

### **Capacity building/development**

There are universities working on training of environmental health professionals who are equipped with the relevant knowledge to operate hand hygiene promotion in the country. Moreover, regional health science colleges are also train environmental health and other technicians to implement hygiene and sanitation at local levels.

**Coordination:** The One WASH National Programme (OWNP) is a sector wide approach (SWAp) established with the broad objectives of achieving universal access to water, sanitation and hygiene services to all people in Ethiopia. The basis for the One WASH National Program (OWNP) is the Memorandum of Understanding (MoU) signed in 2006 and revised in 2012 GC ) and the WASH Implementation Framework (WIF-2013 GC) signed by the four ministries (Water, Irrigation and Electricity; Health; Education; and Finance and Economic Cooperation). The coordination offices established at national and regional levels and the WaSH technical teams at woreda coordinates sectors' plan, report and budget.

The hygiene and Environmental health technical and steering committee established at federal and regional levels are the other coordination platform where seven concerned sectors ministries signed MoU-2017 GC for collaboration.

### **WaSH and NTD collaboration:**

WASH plays an important role in prevention and care for each NTDs. Ethiopia prioritized eight NTDs and started its implementation as per the Regional Strategic Plan for Neglected Tropical Diseases in the African region 2014-2020 as a means of implementing the Global NTD Roadmap on NTDs. WASH contributes in varying degrees to NTD prevention and to treatment and care. Expanded WASH services along with long lasting behavioral change intervention is a sustainable solution for

WASH related NTDs, Improved hygiene practices such as hand washing with soap reduce transmission through contaminated hands. Coordination with the WASH sector and integration of WASH activities are key elements for achieving a sustainable reduction of NTDs. There is National WASH-NTD technical working group established since 2018, deliver different documents/ like national program framework, woreda coordination toolkit, and harmonized message guide, which stimulate coordination and integration among sectors and programs.

#### **Finance:**

The OWNPP-CWA is among major source of funding for hygiene including hand hygiene for 307 woredas. In addition, a number of international and local civil society organizations are also financing hygiene and sanitation interventions.

Government expenditure accounts for 32% of the total health expending in 2017. The larger share of the total expenditure was infectious and parasite disease prevention and control. 37% of the cost was spent on preventive care. (National health account, [report 2017](#)). However, there is no dedicated finance from the government allocated specifically for hygiene interventions.

#### **Partners contribution to hand hygiene:**

Different partners provide technical assistance and capacity building activities and deliver infection prevention materials and put their effort and experts into addressing hand hygiene program ([annual report 2017](#)).

#### **civil-society, contribution to hand hygiene:-**

Generally it is known all concerned bodies has made contribution for the enhancement of Hand Hygiene commitment of the government, partners, NGOs, civil societies ,women association, youth association ,disability association ,local NGOs and regional development agencies have contribute technical and financial support to enhance hand hygiene( donor report)

**Monitoring and evaluation:** Hand hygiene indicators are included in community health information system/district health information system/CHIS/DHIS-II/, Apart

from households, hand hygiene at point of care in health facilities is among indicators included in service availability and readiness regular survey (SARA) and as well hand hygiene focusing on hand washing facility in schools is part of indicator in Ethiopian Ministry of Education management information system /EMIS

## 2.2 Access to water Supply

Water supply coverage in Ethiopia is on a strong upward trajectory. It has risen from 19% in 1990 to 67% in 2015. According to mini-EDHS 2019, 69% of households have access to an improved source of drinking water, including 87% of urban households and 61% of rural households. However, Millions of Ethiopians still lack improved water. In 2015, only 11% and 24% of primary and secondary schools had appropriate water facilities respectively (??REFERENCES). Access was also as low as 35% in health facilities (SARA 2017)

## 2.3 Products and Services for Hand Hygiene

In Ethiopia, around 42 million people lack access to a clean hand washing facilities, and 54 million have limited services at their premises. Approximately 80 % of those who lack access to soap and water live in rural settings and are among the most vulnerable groups, including families living in informal settlements, migrant and refugee camps and in areas of conflict.(?hand hygiene baseline,precovid-19 global snapshot,JMP,2020)

With the continuous efforts of the government and development partners, more than 532 enterprises were established over the last five year in more than 230 districts and engaged in sanitation businesses. These enterprises are engaged in production and distribution of different products, of which hand washing facets and liquid soaps are the ones. Production of hand rubs and production sites have also been increasing after the occurrence of COVID 19.

On the occurrence of COVID 19 hand hygiene promotion and services in Ethiopian health facilities improved alarmingly.

Following the attention given to hand hygiene amid COVID 19 pandemic, local innovations of different hand washing technology options came to reality by individuals and small scale manufacturing enterprises/SMEs.

## 2.4 Behavior Change for hand hygiene

Different communication approaches have been implemented to improve the hand hygiene culture of the community. The CLTSH which has been a country wide approaches addresses hand hygiene through the HEWs. Promotion has also been rolled out through multiple communication approaches such as mass and print Medias, campaigns and celebrations/event. Hand hygiene is also included under primary education text books which enables students to grasp ideas on the need to wash hands properly

### SWOT Analysis

Strengths	Weakness
<ul style="list-style-type: none"><li>• Establishment of hygiene and environmental health structure for hygiene promotion under the ministry of health and regional bureaus.</li><li>• Availability of health extension program (HEP) for community level interventions</li><li>• Availability of community engagement platforms</li><li>• Availability of strategies, guidelines, manuals, different behavioral change and communication approaches</li><li>• Presence of multi-disciplinary health professionals engaged in hand hygiene intervention</li><li>• Initiation of local production of hand washing facilities and soap through market based sanitation system</li></ul>	<ul style="list-style-type: none"><li>• Absence of strong hygiene and environmental health structure and human resource at zonal, district and PHCU levels to lead and implement hand hygiene as Hygiene and environmental health component</li><li>• limited allocation of budget from the government specifically for hand hygiene</li><li>• Absence of context specific behavior change approaches</li><li>• Poor implementation of existing behavior change and communication approaches</li><li>• lack of sufficient water supply in implementing health deliveries and services at health care points</li><li>• Gap in infrastructure design in, health facilities</li></ul>

<ul style="list-style-type: none"> <li>• Availability of national health facility WASH design and construction manuals</li> </ul>	<ul style="list-style-type: none"> <li>• Presence of poor health system literacy</li> <li>• Inadequate institutional capacity to enforce the available regulatory laws/</li> </ul>
Opportunity	Treats
<ul style="list-style-type: none"> <li>• Presence of National political and Global Commitments; SDG and Agenda 2063</li> <li>• Global partnership; Sanitation and Water for All (SWA), African Ministers' Council on Water (AMCOW),</li> <li>• Increased global attention towards hand hygiene after the occurrence of COVID 19 pandemic</li> <li>• National initiatives towards hand hygiene after the occurrence of COVID 19</li> <li>• Increased innovations on technology options for hand washing facilities</li> <li>• Installation of hand washing facilities at entrances of institutions, public places</li> <li>• Increased production of hand rubs and soaps</li> <li>• Construction/rehabilitation of hand washing facilities in schools</li> <li>• Increased promotion of hand hygiene</li> <li>• Financing for hygiene through OWN-P-CWA for 307 woredas</li> <li>• Presence of development partners</li> </ul>	<ul style="list-style-type: none"> <li>• lack of sufficient water supply</li> <li>• Awareness gap in the community on critical times for hand washing and proper steps, and in general on hygiene behavior</li> <li>• Gap in access to hand washing facilities and soap in rural communities</li> <li>• Gap in infrastructure design in school and other institutions</li> <li>• Inadequate attention given for operation and maintenance of WaSH facilities at institutions and public places</li> <li>• Absence of functional hand washing facilities in public areas</li> <li>• Low economic status of the population (poverty, high unemployment)</li> <li>• difficulty of sustaining hand hygiene practice at all times</li> <li>• Increasing manmade and natural disasters</li> <li>• Emergence and re-emergence of disease epidemics</li> </ul>



supporting hand hygiene <ul style="list-style-type: none"> <li>• Initiation of hand hygiene for all global initiative</li> <li>• Initiation of the TSEDU campaign having hand hygiene as one component</li> <li>• presence of national school WASH design and construction manuals</li> <li>• presence of local cultural value to promote hand hygiene</li> <li>• presence of sector/,education participation in implementing hand hygiene intervention through included in curriculum and wash facility construction</li> </ul>	
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## Chapter Three: Road map for Hand hygiene

### 3.1. SCOPE

- WHAT – Hand Hygiene for All

The Campaign's Goal is to achieve and sustain a culture of hand hygiene for all at all level, including support to most vulnerable communities and disadvantaged areas.

- WHERE

The Campaign is implemented in all administrative structures of Ethiopia at all settings

### ***Vision, Mission and strategic Objectives of the HH4A strategic road map***

#### 3.1.1. VISION

To see hand hygiene is a national priority that everyone practices habitually in a sustainable manner

#### 3.1.2. MISSION

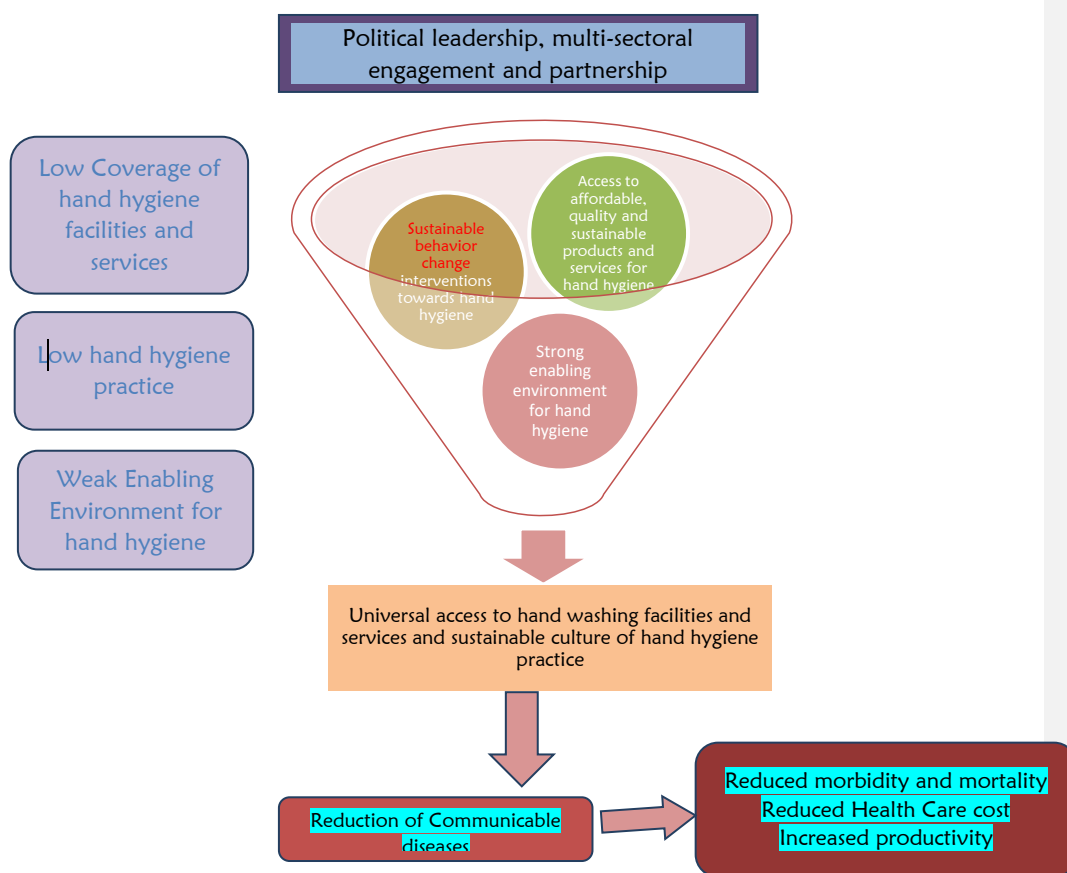
To promote hand hygiene as a habitual practice at all level through strengthening enabling environment, political leadership, context based SBCC, demand creation and sustainable supply chain.

#### 3.1.3. Goal:

The overall goal of the hand hygiene road map is to ensure universal access to hand washing facilities and services and achieve a culture of hand hygiene practice among all Ethiopians By 2030.

### 3.2. Conceptual frame work for Hand hygiene

The frame work for hand hygiene shows the pathway from the current low status of hand hygiene practice to the desired goal of achieving universal access to hand washing facilities and services and a culture of practice



### 3.3 Strategic Objectives and initiatives of the Road Map

There are about four interrelated strategic objectives that will be contributing for meeting the broader goal. Such as:

**Strategic Objective 1:** - Ensure universal, equitable access to affordable hand hygiene products, facilities and services

**Strategic Objective 2:** - Ensure sustainable behavior change interventions towards hand hygiene through tailored context specific social and behavior change approaches

**Strategic Objective 3:** - Ensure strong enabling environment for hand hygiene in place at all setting

**Strategic Objective 4:** Strengthen political leadership, multi-Sectoral engagement and partnership

### 3.4. Description of strategic Objectives and Initiatives

**Strategic Objective 1:** - Ensure universal, equitable access to affordable hand hygiene products, facilities and services

Ethiopia committed for SDG 6.2 to ensure access to adequate and equitable sanitation and hygiene for all. According to the JMP, basic hand hygiene facility means availability of hand washing facility on premises with soap and water. Products also include hand rubs. Therefore, this strategic objective intends to increase access in households, all institutions and public places.

#### 1.1. Expand safe water supply

Safe Water supply is critical for practicing proper hand hygiene. This initiative focuses of expanding the access to community, and institutions especially in health facilities and schools. Water has to be 'safe', free of pathogens, therefore proper handling and storage is the other focus area.

#### 1.2. Expand supply chain for hand hygiene products, facilities and services

To ensure basic hand hygiene service, hand washing facilities with water and soap are needed. This requires availing the facilities designed for hand hygiene like sinks, faucets, tankers, the products including soaps and hand rubs and availing installation and maintenance services.

#### 1.3. Strengthen innovations towards hand hygiene products, facility and service

This initiative intends to address availability of different technology options for hand hygiene products and facilities designed to fit different contexts. It focuses on encouraging local innovation and production along with business development.

#### 1.4. Strengthen Operation and maintenance

In addition to unavailability of hand hygiene facilities, functionality is the other major gaps seen in most institutions and public places. It is common to see damaged, non-functional hand hygiene facilities in the compound and around toilets of schools,

health facilities and other institutions. Establishing a system for operation and maintenance in all contexts is critical to ensure sustainable service.

## **2. Ensure sustainable behavior change interventions towards hand hygiene through tailored context specific social and behavior change approaches**

Different interventions have been implemented in Ethiopia to improve hand washing practice of the population mainly focusing on the critical times to wash. Yet, the practice remained to be as low as 8% in 2018. Therefore, this strategic objective emphasizes on designing and implementing evidence based scientific social and behavioral change strategies and approaches which are tailored to fit for different context. The initiative aims all Ethiopians to develop and sustain culture of hand hygiene.

### **2.1. Design and implement a strategy for behavior change towards hand hygiene**

This initiative entails preparing a clear guiding strategy for developing and rolling out of different social and behavior change communication for hand hygiene. This includes, understanding the existing approaches with their strengths and gaps, conducting formative researches to understand existing behaviors of different groups prior to developing a comprehensive strategy.

### **2.2. Monitor sustainability**

While rolling out the behavior change interventions, it is crucial to monitor progresses, assess and reassess effectiveness and modify approaches as needed. Continuous effort and monitoring of behavior is mandatory until it become a culture.

## **3. Ensure strong enabling environment for hand hygiene in place at all setting**

### **3.1. Strengthen institutional arrangement**

Existing structures of WaSH have to give the required attention for the hygiene components. Strengthening the structure to all level through assigning units/case teams/focal helps for operationalization and cascading of intended interventions to

the community level. Expansion of the desired human resource also has to be emphasized

### **3.2. Strengthen/develop policies, strategies, and guidelines, directive and standards for hand hygiene at household, community, institutions and public places**

Sectors' policies, strategies, guidelines, manuals and construction designs have to incorporate hand hygiene. WaSH and interrelated health and other programs must promote hand hygiene in their documents.

### **3.3 Improve resource mobilization for hand hygiene**

Hand hygiene is the most cost effective comparing to most disease prevention programs. In previous years most of partners' investment on WaSH used to focus on Water and sanitation with minimal focus for hygiene. In recent years, the OWNP phase II and other WaSH projects better consider financing hygiene. However, there is no a clearly demarcated budget from the government. This initiative emphasizes on increasing budget allocation both from the government and donors and strengthening resource mobilization for hand hygiene programs.

### **3.4. Strengthen capacity for planning, implementation, monitoring and , Evaluation of hand hygiene**

The initiative entails building the knowledge and skills of the leaders and experts engaged in hand hygiene programs at all level. It requires thorough gap assessment to be followed by capacity building interventions.

### **3.5 Develop monitoring, evaluation, learning and documentation system**

It Includes setting clear input, output, out come and impact level indicators. Hand hygiene indicators to be routinely monitored need to be included in existing monitoring platforms like DHIS/CHIS. Others have to be regularly monitored along with existing programs like SARA of the health sector, school WaSH programs and others.

System for hand hygiene strive to build institutions that managed to captures knowledge, lessons and experiences, organize and formulate for further use

### **3.6 strengthen regulation system for hand hygiene**

Existing regulation of health and health related institutions includes hand hygiene standards as one requirement. This initiative targets strengthening the existing regulation and enforcement mechanisms and establishing regulation system for the non-addressed institutions, households and public places.

## **4. Strengthen political leadership, multi-sectoral engagement and partnership**

### **4.1. Strengthen political commitment at all level**

Political engagement is pivotal for the success of any program. It is difficult to accomplish the strategic objectives without political will and commitment. Therefore, engagement of political leadership from federal to lower level starting from the roadmap development process is key for the successful implementation of the roadmap. This requires defining clear roles of the political authorities at all level from planning to monitoring and follow up phases. Targeted promotion and advocacy are needed to achieve clarity and ownership.

### **4.2. Strengthen Multi-Sectoral engagement**

Achieving universal hand hygiene requires coordinated efforts of all actors. This multisectoral action will be realized only in the presence of functional collaborative framework from federal to kebele level. The health sector will take the lead in promoting the agenda and contributing its share.

### **4.3. Strengthen partner engagement and coordination**

The commitment from development partners is expected to be strengthened and efforts has to be geared towards the strategic objectives of the roadmap. Joint programming will be emphasized to avoid duplication of efforts and for optimal and efficient use of resource.

### **4.4 promote private sector engagement**

Private sectors play vital role for the enhancement of affordable and enough hand hygiene products and technologies at all level. Not only that, but also involve actively

market regulation and production of new and innovative hand hygiene technologies which acceptable by concerned national ESA.

### 3.6 Milestones

A culture shift around hand hygiene will not happen overnight. It will come with significant advances in the short, medium and long term. Governmental and non-governmental entities with a mandate for WaSH, have focused primarily on water and sanitation services with minimal focus on hygiene. The COVID-19 crises present a unique moment to focus attention and action and WaSH actors and influencers on critical importance of hygiene in the community. The milestones of the road map basis this fact and designed to 'Respond' for the pandemic in the short term, 'Rebuild' of the system for hand hygiene in the medium term and 'Re-imagine' for fundamental shift in attitude and behavior, so that hand hygiene becomes habitual and a culture.

Table 1. Showing the range of periods where hand hygiene initiative being proposed for intervention

Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
<b>1.</b> Ensure universal, equitable access to affordable hand hygiene products, facilities and services		
<b>1.1.</b> Expand safe water supply		
Ensure continuity of safe and adequate water supply services through maintenance of none functional water supply systems connected to HW facility, installation of water tankers and water trucking in health facilities, COVID centers schools, other institutions and public places	Rehabilitation, expansion and installation of water supply system to be connected with hand washing facilities for the unreached communities, schools and health facilities through engagement of all actors	Ensure universal access to safe and adequate water supply systems to sustainably use the existing hand washing facilities at all settings
Installation of water supply system to unreached communities, schools, public	Strengthen operation and maintenance of water supply systems	Ensure post implementation sustainability through continues monitoring and support



Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
settings and health facilities through existing WaSH programs		
<b>1.2 Expand supply chain for hand hygiene products, facilities and services</b>		
	Strengthen local enterprises and other private sectors to engage in hand hygiene product manufacturing and business operations	Ensure robust and sustainable hand hygiene supply chains and businesses operations to offer a range of affordable, durable, and quality hand hygiene products
Installation/maintenance of hand hygiene stations at COVID centers, health facilities, schools, public settings and other institutions as part of the COVID 19 response	Ensure installation and expansion of hand hygiene facilities and availability of products at all settings	Ensure installed hand hygiene facilities are sustainably functional at all times in all settings
Map existing products, manufactures, suppliers and distributors	Support hand hygiene business operations through facilitating the required enabling environments	
Identify supply chain bottlenecks and inefficiencies, including accessibility and affordability for the most vulnerable		
Develop guidelines and standards for hand hygiene products and facilities		

Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
<b>1.3. Strengthen innovations towards hand hygiene products, facility and service</b>		
Encourage existing innovation efforts on the development of local hand hygiene products and technology options	Link local enterprises and other manufacturers with innovation and business incubation center for universal country wide business operations	Institutionalize the hand hygiene innovation and business incubation center at all administrative structure
Establish a hand hygiene technology and products innovation and business incubation center		
<b>2. Ensure sustainable behavior change interventions towards hand hygiene through tailored context specific social and behavior change approaches</b>		
Conduct innovative and participatory behavior change hand hygiene promotion interventions towards responding to the COVID 19 pandemic	Expand behavior change interventions to all contexts and settings strategic road map	Ensure hand hygiene promotion tools incorporated into the existing health, education, and other programs' interventions
Conduct assessments and formative research to understand the existing beliefs, practices, social, cultural, economic, and political issues at different contexts and setting	Evaluate the effectiveness of the behavior change interventions strategic road map and re-design accordingly	Establish hand hygiene practices as a social norm.
Design strategic road map participatory, innovative and contexts specific hand hygiene		

Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
promotion approaches/guides and national advocacy guideline for different contexts and settings based on the assessment findings		
Pilot execution of hand hygiene promotion using the developed promotion approaches/guides		
Conduct innovative and participatory behavior change hand hygiene promotion interventions towards responding to the COVID 19 pandemic	Expand behavior change interventions to all contexts and settings strategic road map	Ensure hand hygiene promotion tools incorporated into the existing health. education, and other programs' interventions
Conduct assessments and formative research to understand the existing beliefs, practices, social, cultural, economic, and political issues at different contexts and setting	Evaluate the effectiveness of the behavior change interventions strategic road map and re-design accordingly	Establish hand hygiene practices as a social norm.
<b>3. Ensure strong enabling environment for hand hygiene</b>		
<b>3.1. Strengthen institutional arrangement</b>		
Under established WaSH structure and taskforces established at all levels, Coordinate in kind support on hand hygiene products and supplies as well as promotion	Strengthen structure and human resource for hand hygiene at all level	Strengthen structure and human resource for hand hygiene at all level

Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
activities		
Provide appropriate guidance and support for institutions and businesses to establish structure for the implementation of improved hand hygiene	Develop mechanisms for institutions and business to reestablish and strengthen structure and working condition for implementation of hand hygiene	Strengthen a platform for working with private sector Ensure platform that sustain and well function with the implementation of hand hygiene at all level
Assess the existing structure at all levels and settings to understand the gap	Design strategy to address gap	Implement deployment and reform strategy that works best for institution
<b>3.2. Strengthen/develop policies, strategies, and guidelines, directive and standards for hand hygiene at household, community, institutions and public places</b>		
Map hand hygiene policies, strategies across sectors for alignment and operationalization at local and different settings	Develop/, adopt, approve and disseminate new provision of hand hygiene policies and other legal documents by fully engaging different sectors, DP, CSOs private sectors and other government adm. Levels. to address bottleneck Strengthen and ,update hygiene curriculum	
Review and implement standards, policies and strategies on hand hygiene at HH, health care facilities, schools and other public and private settings with the involvement of stakeholders	<ul style="list-style-type: none"> <li>Strengthen Implemented Policies, standards and improve legal documents based on upcoming and emerging issues.</li> </ul>	ensure and sustain implemented strategies, and other legal documents and reinforce them for better enhancement on universal coverage and practice at all setting

Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
<b>3.3 Improve financial and logistic resource mobilization for hand hygiene</b>		
<ul style="list-style-type: none"> <li>• Map and Identify resource( finance and logistics) gaps related to hand hygiene at all setting and venerable groups</li> <li>• Map and Identify potential source of resources (finance and logistics) for the implementation of hand hygiene</li> <li>• mobilize resources</li> </ul>	<ul style="list-style-type: none"> <li>• Continue Mobilization of resource</li> <li>• ensure continuity and tracking of resources</li> <li>• allocate additional budget for hand hygiene for targeted setting</li> <li>• Invest resources for leadership development and key responsible workers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue Mobilization of resource and ensure proper utilization</li> <li>•</li> </ul>
Activate contingency and supplementary funds	strengthen government funding for hand hygiene	Enhance domestic fund Including community financing
Reprogram activities and channel budgets towards hand hygiene during emergencies and when unforeseen reason/s happed Coordinate resource mobilization and support the poor and marginalized ones Catalyze fund and multiple channels	Reprogram activities and channel budgets towards hand hygiene during emergencies and when unforeseen reason/s happed	
Enhance Direct emergency funding to reach most vulnerable settings and groups	Enhance Direct emergency funding to reach most vulnerable settings and groups	Enhance Direct emergency funding to reach most vulnerable settings and groups

Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
Support schools ,religious area prison, health care areas with adequate planning and financing of hand hygiene interventions	Mainstreaming hand hygiene intervention across sectors, institutions and other settings and places with proper allocation and supported of resource and finance	Enhance Mainstreaming of hand hygiene intervention at all settings, place and groups without discriminating by age, sex, disability status, economic status ,culture and geographical areas
Map and mobilize investment fort strengthening human resource capital leaders and professional engaged in hand hygiene intervention	Strengthen investment for the development and professionalization of workforce and leaders	Ensure sustainability of investment for implementing professionalization through incentive mechanism
<b>3.4. Strengthen capacity for planning, implementation, monitoring and evaluation of hand hygiene</b>		
Map existing capacities and assess gaps, opportunities and needs for capacity development	Invest in the professionalization of the hand hygiene workforce	Conduct coaching and mentoring at different level
Develop capacity development strategy for hand hygiene for health care workers, hygiene promoters, and other essential workers	<ul style="list-style-type: none"> <li>• Conduct need based and targeted training and supply development intervention</li> <li>• Develop or update context specific programming guidance and tools to roll out hand hygiene programs at scale.</li> </ul>	Capacity building interventions towards excellence in hand hygiene
Facilitate knowledge exchange of lessons learned and best practices at international, national and sub national level	Integrate hand hygiene into national training programs and curricula	Incentivize investments by institutions or individuals into hand hygiene including recognition of contributors

Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
Support local manufacturers and suppliers to scale up production and distribution of hand hygiene facilities and supplies	Incentivize investments by institutions or individuals into hand hygiene including recognition of contributors	Invest in the professionalization of the hand hygiene workforce
Map existing capacities and identify gaps and opportunities for capacity development	Invest in the professionalization of the hand hygiene workforce Identify a mechanism to refill the identified gaps on capacity building issues	Identify a mechanism to refill the identified gaps on capacity building issues
Invest in leadership development responsible for hand hygiene interventions at institutional and community levels	Conduct coaching and mentoring at different level Strengthen the capacity and professionalization of the hand hygiene workforce	Ensure sustainability of professionalization on hand hygiene through CPD mechanism
<b>3.5 Develop monitoring, evaluation, learning and documentation system</b>		
Develop/adopt clear indicators with clear definitions to assess hand hygiene	Develop IT based monitoring system	Ensure that hand hygiene features in regular sector reviews such as MSF and ARM
Mainstream hand hygiene data collection into routine administrative data collection systems (e.g. Health , Management Information Systems) as well as surveys or spot checks (e.g., household surveys, regulatory checks)	Capacitate staffs on IT based monitoring systems Evaluate the effectiveness of the coordination mechanism and re-plan	Hand hygiene included in upcoming EDHS and welfare monitoring surveys
Set up systems for rapid data collection about hand hygiene	Ensure that hand hygiene features in regular sector	

Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
stations in schools, health care facilities and public settings	reviews such as MSF and ARM	
	Build on the momentum to get hand hygiene included in upcoming EDHS and welfare monitoring surveys	
Develop standard operating procedures for hand hygiene for different settings		
<b>3.6 strengthen regulation system for hand hygiene</b>		
Strengthen regulation of hand hygiene services through existing health and health related regulatory system	Approve and/or implement new or strengthened policies or regulations regarding hand hygiene in different settings	Implement legal and regulatory frameworks for hand hygiene in public places, schools, health care facilities, business entities including standard operating procedures
	Review and implement legal and regulatory frameworks for hand hygiene in public places, schools, health care facilities, business entities including standard operating procedures	
<b>4. Strengthen political leadership, multisectoral engagement and partnership</b>		
<b>4.1. Strengthen political commitment at all level</b>		
<ul style="list-style-type: none"> <li>Conduct advocacy to gain support from political leader</li> <li>Make politician leaders as role model by practicing and supporting hand</li> </ul>	Maintain hand hygiene in the political agenda	Ensure the Involvement of critical decision makers for targeted intervention



Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
hygiene		
<ul style="list-style-type: none"> <li>Champion hand hygiene as a key part of the COVID-19 response and frame it in the broader context of IPC</li> </ul>	<ul style="list-style-type: none"> <li>Establish hand hygiene as a key part of public health and preparedness strategies</li> </ul>	<ul style="list-style-type: none"> <li>Make hand hygiene every one's business for a healthy population and clean care provision</li> </ul>
<b>4.2. Promote multi-Sectoral engagement</b>		
Promote hand hygiene at existing multispectral taskforces and leadership platforms	Maintain hand hygiene among top priority agenda at WaSH and Environmental Health coordination platforms	Maintain hand hygiene among top priority agenda at different multisectoral coordination platforms
Bring hand hygiene among top agenda at existing WaSH and Environmental Health coordination platforms (OWNP, HEH committee/MSP)	Bring hand hygiene to broader multisectoral coordination platforms	
<b>4.3. Strengthen partnership and coordination</b>		
Promote hand hygiene at existing WaSH partner coordination platforms (WaSH clusters, MSP,MSF)	Promote inclusion of hand hygiene in new and extension projects (WaSH, NTD, Nutrition and others)	Reach out all partners for inclusion of hand hygiene in their new and extension/expansion projects (WaSH, Nutrition, NTDs, MCH, Gender, education and others)
Promote inclusion of hand hygiene in new and extension projects (WaSH, NTD, Nutrition and others)		
	<ul style="list-style-type: none"> <li>Strengthen/establish intersectoral coordination to accelerate attention and</li> </ul>	

Short term (2021-2022)	Medium term (2023-2025)	Long term (2026-2030)
	action to scaling-up hand hygiene	
Map all partners working on HH	Mobilize more partners towards hand hygiene	
<b>4.4. promote private sector engagement</b>		
Identify the role of private sectors on hand hygiene for all	Advocate its mutual benefit among stakeholders, setting its accountability and quality of products in collaboration with concerned body ( <b>ESA, ESTI...</b> ).	Ensure that the sustainability of products and services supply and demand in a balanced and health, affordable manner
Compile and document innovative hand hygiene technologies and its feasibility for production and supply to all target groups (HHs, schools, and others).	Introduce piloting and scaling up produced facilities and products in collaboration with concerned bodies.	Promote the new and acceptable technologies (products and facilities) ensuring that those products and services are maintainable and sustainable in all round of hand hygiene practices
create platform linking private sectors with other government and public sectors for the production and dissemination of hand hygiene product and services to all in a sustainable manner	Maintain those platforms facilitate with accountability and standardized scenario for the DD and supply of hand hygiene products and services	Encourage private sector actively involve on social responsibilities for the supply of hand hygiene products and facilities, prioritized those vulnerable group access those product and service with affordable manner

## Chapter Four: Implementation arrangement, Monitoring, Evaluation& learning

### 4.1 Governance Structures

Milestones and targets of the roadmap will be referred in the preparation of annual plans of all relevant sectors. The health sector will coordinate the planning, implementation, and monitoring and evaluation of proposed changes all levels.

### 4.2 Stakeholders Roles and Responsibilities

Hand hygiene is a multi-stakeholder program which needs involvement of many actors under the leadership of the health sector at Federal, regional, zonal, woreda and kebele levels.

Stakeholders	Roles and Responsibilities
<b>The Health Sector</b>	
Ministry of Health	<ul style="list-style-type: none"><li>✓ Support Regional Health Bureaus and other Sector Offices to establish a viable hand hygiene program, adopt the strategy and avail the necessary resources (human, material, financial).</li><li>✓ Coordinate planning and regular monitoring of hand hygiene interventions with relevant actors</li><li>✓ Advocates for adequate allocation of resources and mobilizes resources from government and development partners</li><li>✓ Develops strategies, guidelines manuals</li><li>✓ Coordinates efforts on human resource development</li><li>✓ Support provision of WaSH services in health facilities</li><li>✓ Lead regulation of hand hygiene services in health and health related facilities</li><li>✓ Develop and implement strategies for social and behavior change communications</li><li>✓ Promote innovations on hand hygiene supplies</li><li>✓ Promote engagement of private sector in supply chain for hand hygiene products and services</li></ul>

Stakeholders	Roles and Responsibilities
	<ul style="list-style-type: none"> <li>✓ Establishes and follow a continuous M&amp;E mechanism</li> <li>✓ Conduct different researches in the area of hand hygiene</li> <li>✓ Facilitates documentation and sharing of lessons learned for scale up</li> </ul>
Regional Health bureau	<ul style="list-style-type: none"> <li>✓ Support Zonal/Woreda Health offices and other regional Sector Offices to establish a viable hand hygiene program, adopt the strategy and avail the necessary resources (human, material, financial).</li> <li>✓ Coordinate regional planning and regular monitoring of hand hygiene interventions with relevant regional actors</li> <li>✓ Advocates for adequate allocation of resources and mobilizes resources from regional government and local partners</li> <li>✓ Adopt and lead strategies, guidelines manuals to regional contexts</li> <li>✓ Coordinates regional efforts on human resource development</li> <li>✓ Ensure provision of WaSH services in health facilities</li> <li>✓ Lead regulation of hand hygiene services in health and health related facilities of the region</li> <li>✓ Adopt strategies for social and behavior change communications to regional context and lead the implementation</li> <li>✓ Promote regional innovations on hand hygiene products and services</li> <li>✓ Promote engagement of regional private sector in supply chain for hand hygiene products and services</li> <li>✓ Adopt M&amp;E mechanism to regional context and follow progresses accordingly</li> <li>✓ Conduct different regional researches in the area of hand hygiene</li> <li>✓ Facilitates documentation and sharing of lessons learned for regional scale up</li> </ul>

Stakeholders	Roles and Responsibilities
	<ul style="list-style-type: none"> <li>✓ Recognize best performing zones/woredas</li> </ul>
Zonal Health Office	<ul style="list-style-type: none"> <li>✓ Support WoredaHealth offices to establish a viable hand hygiene program and monitor progresses accordingly</li> <li>✓ Coordinate regular monitoring of hand hygiene interventions with relevant zonal actors</li> <li>✓ Coordinates zonal efforts on human resource development</li> </ul>
Woreda Health Office	<ul style="list-style-type: none"> <li>✓ Develop woreda hand hygiene implementation plan based on the roadmap and implementation strategies</li> <li>✓ Coordinate woreda planning and regular monitoring of hand hygiene interventions with relevant woreda actors</li> <li>✓ Advocate hand hygiene for Kebeles cabinet</li> <li>✓ Capacitate and support health extension workers ,HDA and other groups towards hand hygiene interventions</li> <li>✓ Mobilizes local resources for hand hygiene</li> <li>✓ Coordinates woreda efforts on human resource development</li> <li>✓ Support health facilities towards access to hand hygiene products and services</li> <li>✓ Conduct regulation of hand hygiene services in health and health related facilities of the woreda</li> <li>✓ Implement social and behavior change communication intervention sbased on strategies, guidelines and manuals</li> <li>✓ Promote and facilitate local innovations on hand hygiene products and services</li> <li>✓ Promote and facilitate engagement of local businesses in supply chain for hand hygiene products and services</li> <li>✓ Regularly monitor progresses and send reports to ZHB/RHB</li> <li>✓ Document lessons learned for scale up</li> <li>✓ Recognize best performing kebeles</li> </ul>
PHCU	<ul style="list-style-type: none"> <li>✓ Support catchment kebeles to develop and implement hand hygiene plan</li> <li>✓ Conduct regular monitoring and supportive supervision to</li> </ul>

Stakeholders	Roles and Responsibilities
	catchment kebeles
Health Extension Workers	<ul style="list-style-type: none"> <li>✓ Develop kebele hand hygiene implementation plan based on implementation strategies</li> <li>✓ Advocate hand hygiene for Kebeles cabinet</li> <li>✓ Capacitate HDA and other groups towards hand hygiene interventions</li> <li>✓ Implement social and behavior change interventions at household, health facilities, schools and public places</li> <li>✓ Engage in demand creation activities in the community towards basic services for hand hygiene</li> <li>✓ Regularly monitor progresses and send reports to WHO</li> </ul>
<b>Other Sectors</b>	
Ministry of Education	<ul style="list-style-type: none"> <li>✓ Develop a strategy for hand hygiene programs in schools</li> <li>✓ Support Regional Education Bureaus to establish a viable hand hygiene program in schools</li> <li>✓ Mobilize resources for school hand hygiene programs</li> <li>✓ Ensure inclusion of hand hygiene in curricula</li> <li>✓ Ensure inclusion of hand hygiene services in school designs</li> <li>✓ Ensure provision of WaSH services in schools</li> <li>✓ Coordinate planning and regular monitoring of hand hygiene interventions in schools</li> </ul>
Ministry of Science and Higher Education	✓ Ensure provision of WaSH services in higher institutions based on standards
	✓ Engage in research and evidence generation towards hand hygiene
Regional /city administration Education Bureau	<ul style="list-style-type: none"> <li>✓ Adopt and lead regional strategy for hand hygiene programs in schools</li> <li>✓ Support zonal/woreda education Bureaus to develop a viable school hand hygiene program</li> <li>✓ Mobilize regional resources for school hand hygiene programs</li> <li>✓ Ensure provision of WaSH services in schools</li> </ul>

Stakeholders	Roles and Responsibilities
	<ul style="list-style-type: none"> <li>✓ Coordinate regional planning and regular monitoring of hand hygiene interventions in schools</li> <li>✓ Regularly monitor progresses and send reports to MOE</li> </ul>
Woreda Education office	<ul style="list-style-type: none"> <li>✓ Develop woreda plan for hand hygiene programs in schools</li> <li>✓ Support schools in developing workable hand hygiene plans</li> <li>✓ Mobilize local resources for school hand hygiene programs</li> <li>✓ Support schools towards provision of WaSH services</li> <li>✓ Regularly monitor hand hygiene in schools</li> <li>✓ Strengthen WaSH clubs in schools</li> <li>✓ Regularly monitor progresses and send reports to ZEB</li> </ul>
Ministry of Water, Irrigation and Energy/RWB/WWB	<ul style="list-style-type: none"> <li>✓ Ensure Provision of safe and adequate water supply at all settings</li> </ul>
Ethiopian standard Authority	<ul style="list-style-type: none"> <li>✓ Develop standards for hand hygiene products and services</li> </ul>
Ministry of Trade/RTO/WTO	<ul style="list-style-type: none"> <li>✓ Monitoring manufacturing enterprises to comply with sanitation, hygiene and safety standards</li> </ul>
Ministry of Finance	<ul style="list-style-type: none"> <li>✓ Review and approve annual budget for hand hygiene program</li> <li>✓ Create suitable condition for importers and manufacturers engaged in hygiene products and services</li> <li>✓ Dedicate a budget code for hand hygiene program interventions</li> </ul>
Ministry of Women, Children and Youth	<ul style="list-style-type: none"> <li>✓ Hygiene promotion for women and Youths</li> <li>✓ Support women Development Army to promote sanitation and hygiene</li> </ul>
Ministry of Labour and Social Affairs	<ul style="list-style-type: none"> <li>✓ Regulate provision of WaSH services in work places according to standards</li> <li>✓ Promote hygiene and sanitation services for homeless citizens and orphans.</li> </ul>
Ministry of innovation and Technology	<ul style="list-style-type: none"> <li>✓ Engage in innovation towards hand hygiene product and service technology options</li> </ul>

Stakeholders	Roles and Responsibilities
	<ul style="list-style-type: none"> <li>✓ Support and encourage innovators on hand hygiene product and service technology options</li> </ul>
Job Creation Agency/RJCB/WFAJCO	<ul style="list-style-type: none"> <li>✓ Include businesses on local production/provision of hand hygiene products and services among top job creation opportunities</li> <li>✓ Establish SMEs for WaSH businesses as job creation opportunities</li> </ul>
TVETI and Ethiopian water technology institute	<ul style="list-style-type: none"> <li>✓ Develop prototype for hand hygiene products and technology options</li> <li>✓ Provide capacity building support for different actors who are engaged in hand hygiene products manufacturing and business operations</li> </ul>
<b>Non-Governmental Organizations</b>	
Donors	<ul style="list-style-type: none"> <li>✓ Plan, design, implement hand hygiene program and projects based on the roadmap, national strategies and initiatives</li> <li>✓ Provide Technical and financial support to government and other actors</li> <li>✓ Introduce new hygiene technologies and approaches for hand hygiene promotion</li> <li>✓ Support social business enterprises on enabling environment, demand creation, supply chain, and to be involved in hand hygiene businesses</li> <li>✓ Conduct assessments and researches for evidence generation</li> <li>✓ Support experience sharing, documentation and learning</li> <li>✓ Advocate, towards access to hand hygiene products and services for all populations, especially the most vulnerable and marginalized.</li> <li>✓ Work with trusted community leaders to embed hand hygiene initiatives in wider health, social and development efforts.</li> </ul>
Civil society	<ul style="list-style-type: none"> <li>✓ Plan, design, implement hand hygiene program and projects based on the roadmap, national strategies and initiatives</li> </ul>



Stakeholders	Roles and Responsibilities
organizations CSOs	<ul style="list-style-type: none"> <li>✓ Advocate, towards access to hand hygiene products and services for all populations, especially the most vulnerable and marginalized.</li> <li>✓ Work with trusted community leaders to embed hand hygiene initiatives in wider health, social and development efforts.</li> </ul>
Private sector	<ul style="list-style-type: none"> <li>✓ Supply hand hygiene products and services with expected standard.</li> <li>✓ Engage in Promotion of proper hand hygiene to their consumer and employees</li> <li>✓ Engage in policies and protocols development for hand hygiene</li> <li>✓ Support government efforts to improve access to Hand hygiene in schools, healthcare facilities, public places and communities</li> <li>✓</li> <li>✓ Engage private sectors exercising on their corporate responsibilities on hand hygiene program</li> </ul>
Media	<ul style="list-style-type: none"> <li>✓ Broadly advocate hand hygiene through their outlets</li> <li>✓ Document best experience and share with the public</li> <li>✓ Engage in regular promotion of hand hygiene</li> <li>✓ Establish and actively engage on media hand hygiene forum</li> </ul>

### 4.3 Planning and Implementation

This roadmap outlines what strategic actions are needed to ensure universal hand hygiene practice. These strategic actions must be addressed into all actors' strategic and annual plan development. These plans have to be aligned both horizontally among sectors and virtually with counterparts of all levels.

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### 4.3 Monitoring and Evaluation

A robust monitoring and evaluation system should be established at all levels, to ensure that all activities are properly monitored, and relevant data are collected. During the inception phase of the strategic road map, a baseline assessment of the hand hygiene situation will be conducted at national level.

This baseline assessment will aim to retrieve the data of hand hygiene activities remaining in the community, schools, public settings and health care facilities and to evaluate the reality of hand hygiene conditions there at the beginning of the strategic road map. This assessment will also provide a robust and realistic basis for the monitoring and evaluation of the strategic road map.

The selection and definition of strategic indicators for all objectives is an essential next step for the further process of setting targets and monitoring progress. Following the baseline assessment; the drafted indicators in the strategic road map will be modified/customized based on the baseline findings. These indicators will be used to track the performance of works that will be undertaken during the road map implementation and determining the effectiveness of planned output, outcomes and impacts. These indicators should be linked to the road map strategic actions and/or objectives.

For the duration of the strategic road map implementation, activities will be monitored through an updated annual action plan. Thus, results of periodic monitoring will be used to inform and revise the action plan of the strategic road map as necessary.

A digital monitoring and reporting system will be established with the objective of establishing a system which can be used for data collection, retrieval, analysis, monitoring and reporting based on identified strategic indicators.

Performance of sectors will be reviewed quarterly at existing hygiene and Environmental Health coordination platforms.

At the middle and end of the strategic road map, a midterm and final evaluation will be carried out by an independent evaluation team. This evaluation will examine as systematically and objectively as possible the effectiveness, the efficiency and the sustainability of the impact of the strategic road map.

Finally, steady post-strategic road map monitoring phase will be planned as the strategic road map outputs become institutionalized, including adequate hand hygiene practices becoming firmly embedded as a good behavior and standards, and communities sustain their hand hygiene status.

#### 4.4 Research, Documentation and Learning

## Chapter Five: Financing the Roadmap

Once the road map is developed; budget tracking and financial mapping study and costing of the strategic road map should be conducted. After the generation of evidence and costing of the road map, a resource mobilization strategic road map with a detailed required budget by year aligned to short, medium and long-term period activities in the strategic road map should be developed accordingly.

Using the resource mobilization strategic road map, the road map shall be marketed to the potential funding sources/financers to commit for financing starting from the community to the local and national government, international NGOS, Private sectors etc.

**Costing Methodology?**

**Indicator Setting??**

**Identifying costing elements**