

Mole XXXIV – HH4A Side Event

**STRENGTHENING SYSTEMS FOR
INCREASED ACCESS TO HAND HYGIENE
– A FOCUS ON AREA-WIDE AND MULTI-SECTORAL
APPROACHES**

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Quiz

1. What is the full meaning of HH4A?
2. Who is the national lead for HH4A?
3. How many sectors does HH4A cover? Name at least three

The HH4A Initiative

The HH4A Initiative



Aim: A call to action for **ALL** to achieve universal access to hand hygiene (*including the most vulnerable and poorest communities*).

A WHO/UNICEF initiative supported by other partners at global level.

Launched in June 2020

HH4A – the 3Rs

- **HH4A** is a call for **ALL** of society to achieve universal access to hand hygiene through a 3-R approach; namely:

R₁: Respond (**short-term**, focusing on controlling COVID-19);

R₂: Rebuild (**medium-term**, focusing on building back better); and

R₃: Reimagine (**long-term**, focusing on achieving a culture of hand hygiene).

- **HH4A** aligns with SDG 6.2

HH4A – Leaving No One Behind

HH4A focuses on all contexts and across settings as follows:

CONTEXTS

- *Locations* – Urban, Peri-urban & Rural
- *Programming* – Normal & Emergencies

SETTINGS (12 IDENTIFIED SO FAR)

1. Households/Homes
2. Schools
3. Healthcare Facilities
4. Workplaces
5. Markets
6. Transport terminals
7. Eateries
8. Worship centres
9. Events/Recreational centres
10. Childcare Homes
11. Correctional centres
12. IDP/Refugee camps

HH4A – So Far in Ghana

- A compendium of handwashing facilities
- Hand hygiene fair
- HH4A strategy
- HH4A minimum standards
- HH4A operational guidelines
- HH4A communication strategy
- Factsheet on hand hygiene market assessment
- Field-testing of the HH4A model
 - Using area-wide and multi-sectoral approaches

Area-wide and Multi-sectoral Approach (in the HH4A roll-out/field-testing)

Determination of Minimum Coverage/Package

No.	Setting	Likely to be in all ...? [Yes or No]			
		Communities	Electoral Areas	Area Councils	Districts
1	Household/Home	Yes	Yes	Yes	Yes
2	School	No	Yes	Yes	Yes
3	Healthcare facility	No	Yes	Yes	Yes
4	Workplace	No	Yes	Yes	Yes
5	Market	No	Yes	Yes	Yes
6	Transport terminal	No	Yes	Yes	Yes
7	Eatery	Yes	Yes	Yes	Yes
8	Religious centre	Yes	Yes	Yes	Yes
9	Displaced camp	No	No	No	No
10	Childcare home	No	No	No	No
11	Event/recreational centre	Yes	Yes	Yes	Yes
12	Correctional centre	No	No	No	No
Yes		4	9	9	9
No		8	3	3	3

Approach

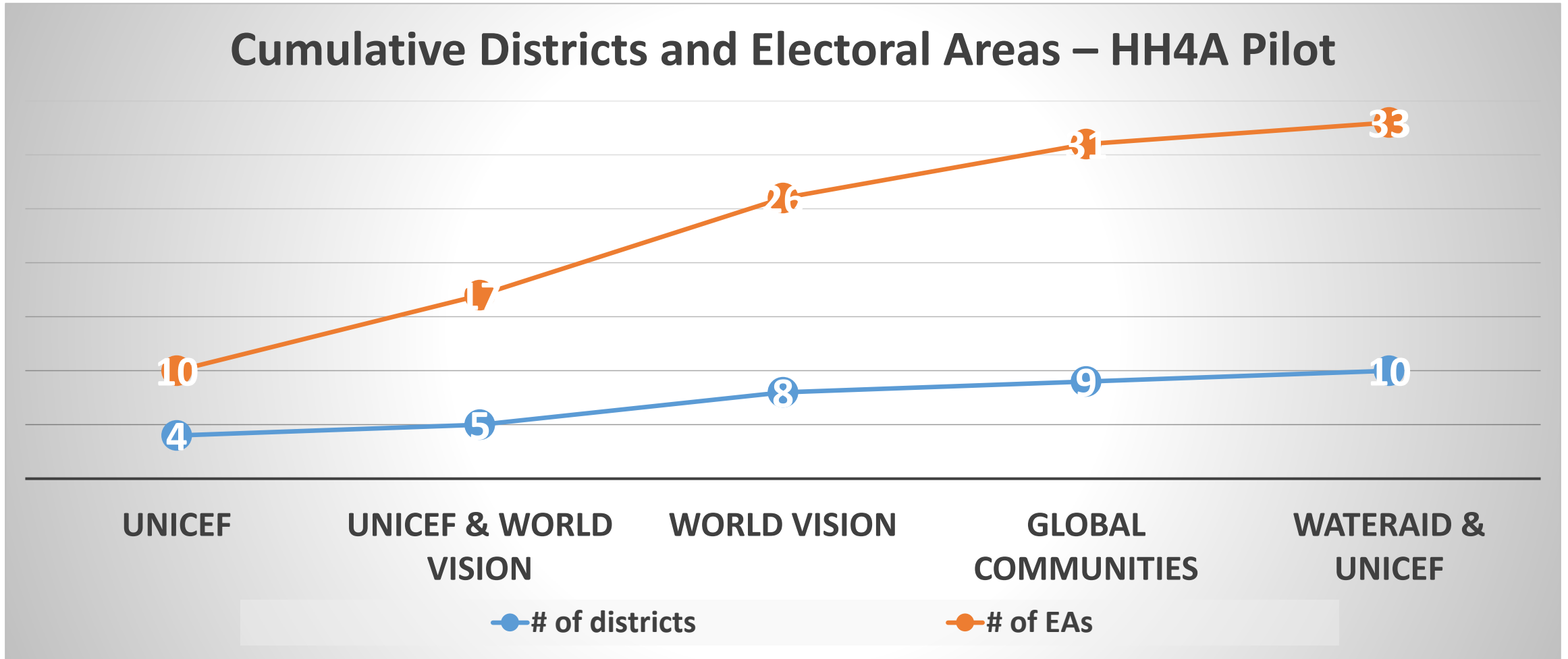
- Area-wide
 - Electoral Area (EA) adopted for optimised implementation
 - Thus, EA is the unit of measure
- Multi-sectoral
 - Environmental health and sanitation programmes
 - School health education programmes
 - Health programmes
 - Private sector engagement
 - Emergency context

Rollout/Systems Strengthening Process/Elements



- 1) Development of minimum standards and operational guidelines
- 2) Constitution of facilitation teams
 - EA Mgt Team (CLTS FF, SbHC, IPC focal persons & champions,)
 - Co-ordination by DICCS
- 3) Training (MS, OG & rollout plan)
 - A joint session of all sectors
- 4) Engagement
 - Setting-by-setting sensitisation
 - Suppliers – device fabricators, soap makers & hand sanitiser producers
- 5) Installation
- 6) Monitoring
- 7) Documentation
 - Baseline
 - Updates
 - Activity reports
- 8) Quality assurance (QA)
 - To be led by DWE, DEHO and independent person (CSO/NGO or private)
 - Conducted across all stages

Outcome I: Districts and EAs covered



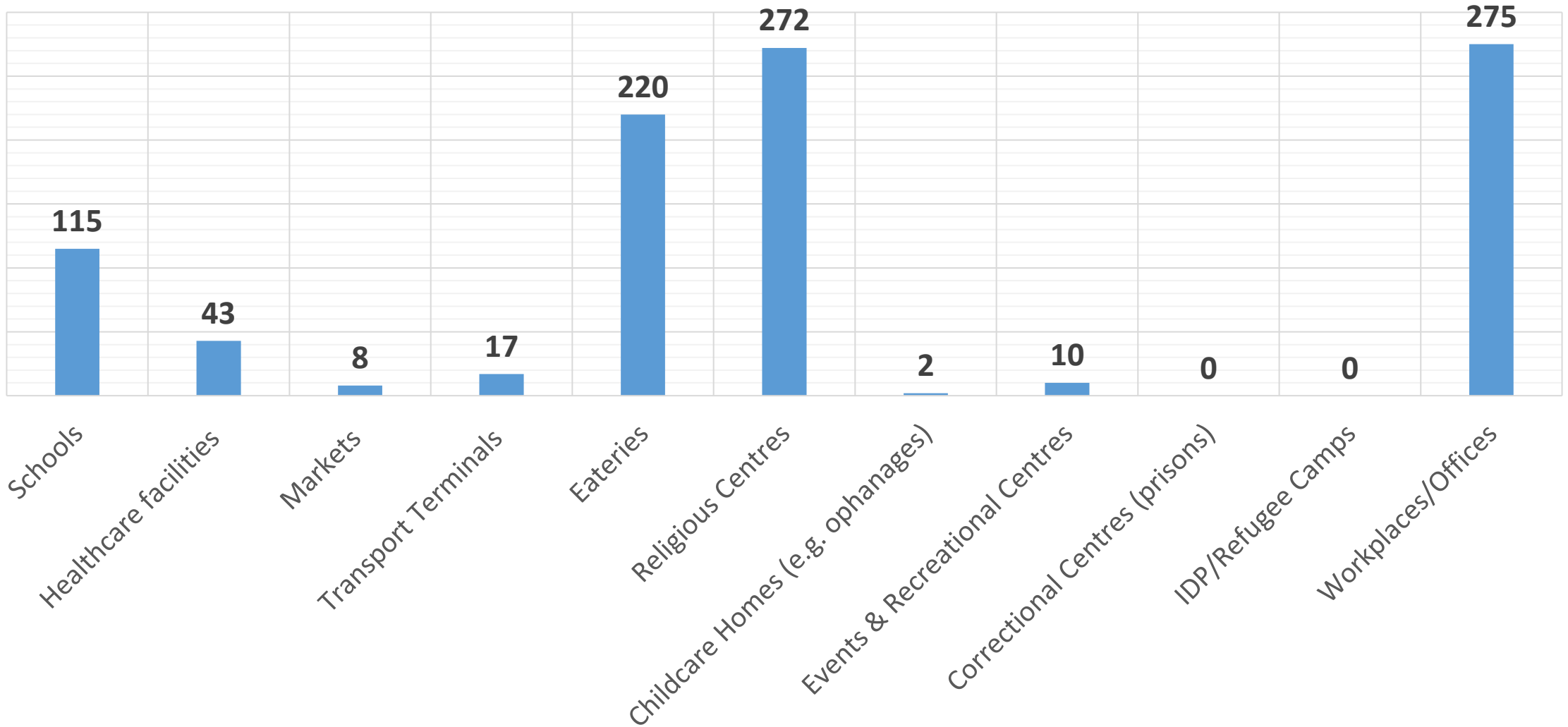
- 33 EAs in 10 districts covered
- 381 district officers trained (enhanced local capacity)
- 100 institutions (77 sch. + 23 HCFs) collectively reached in 10 EAs alone
- Partnership and/or collaboration strengthened

Outcome II: Settings [17 EAs]

Households = 5,233

Communities = 99

Population = 61,207



Outcome III: Uptake of HWF (8 EAs, focusing on 2 Settings)

No.	Electoral Area (EA)	MMDA	Household			School		
			HWF @ baseline	HWF to date	Increase (new hwf)	HWF @ baseline	HWF to date	Increase (new hwf)
1	Malzeri	Yendi	6	79	73	16	38	22
2	Bunbon		9	81	72	23	49	26
3	Menuzu	Kadjebi	43	93	50	5	13	8
4	Ampeyoo		17	92	75	11	24	13
5	Dodo-Pepesu		32	255	223	22	29	7
6	Butabe/Obuase		2	105	103	7	20	13
7	Nambeg	Jirapa	0	11	11	0	2	2
8	Ul-Kpong		0	117	117	0	7	7
Total			109	833	724	84	180	98
% Increase			664			117		

Bunbon EA in Focus

- Brief on EA:
 - Population = 8,623
 - # of communities = 13
 - # of households = 728
 - # of schools = 10
 - # of HCF = 1
 - # of workplaces = 5
 - # of transport terminals/market = 1
 - # of eateries = 4
 - # of religious/worship centres = 4
 - Event centres = 1 (i.e. forecourt of the chief's palace)

Bunbon EA in Focus.....

The Bunbon EAMT

1. CLTS FF = 2
2. SbHC = 10
3. GHS WASH-IPC Champions = 1
4. Assemblyman = 1

TOTAL = 14

District Support Team

1. MEHO
2. CLTS Focal Person
3. SHEP
4. GHS WASH-IPC Focal Person
5. BAC Officer
6. CD&SW
7. Works Engineer
8. Planning Officer
9. MCE

Bunbon EA in Focus....

Field Work

- EAMT developed joint action plan for implementation
- EAMT members were assigned various settings for engagement based on their sectors
- EAMT members integrated HH4A activities into their sectoral routines
- EAMT members provided *horizontal* and *vertical* updates

District Support

- District team visited for monitoring and quality assurance
- MEHO collated all-sector updates based on available settings in the EA
- District team provided feedback to EAMT, largely based on thematic sectors.

Bunbon EA in Focus....

Bunbon EA Setting-by-Setting HWF Uptake				
No.	Setting	HWF @ baseline	HWF to date	Increase (new hwf)
1	Household	9	307	298
2	School	23	61	38
3	HCF	5	11	6
4	Workplaces	0	2	2
5	Transport terminal	1	1	0
6	Eateries	0	6	6
7	Religious/Worship centre	0	5	5
8	Events centre	0	2	2

Picture Gallery



Top Mgt Support →

HH4A JOINT ACTION PLAN BY BUNBON ELECTORAL AREA

SN	ACTIVITY	SETTING	LOCATION	LEAD	REMARKS
1	Engagement with health staff	HCF	Bunbon Health Centre	IPC champion	10 HCF staff involved
	Outreach engagement by HCF staff.	HCF	All 13 Catchment communities	IPC champion	-
2	Engagement with school staff (8 per school)	School	10 Schools	SbHC	80 school staff involved
	Engagement with SHCs	School	10 Schools	SbHC	25 SHC members per school
	SHCs engage peers/students	School	10 Schools	SbHC	To be done during assembly sessions, etc
	Outreach by SHCs per school to 10 communities	Schools	10 Schools	SbHC	Planned for off instructional hours
3	Community Engagement	Communities	13 Communities	CLTS FF	1 st Visit Baseline data collection
	Community Engagement	Communities	13 Communities	CLTS FF	2 nd Visit: Sensitization on HH4A in all the settings
	Community Engagement	Communities	13 Communities	CLTS FF	3 rd Visit: Sensitization on HH4A within domiciliary premises (houses)
	Community Engagement	Communities	13 Communities	CLTS FF	4 th Visit: End line survey on HWWS facilities in all the settings
4	Engagement of supplies	All settings	14 Soap makers and welders	Municipal Support Team	Municipal level activity
5	Supervision	All settings	Schools, HCFs and communities	Municipal Support Team	Municipal level activity
7	Quality Assurance	All settings	10 communities	MWE, MEHO & SEND GH field officer	Municipal level activity

Lessons

- Area-wide approach has potential for hastening the pace towards universal access to hand hygiene
 - Comprehensiveness of target coverage, reaching ALL at the same time
 - Allows for reinforcement
 - A practical way of demonstrating the SDG leaving no behind principle
- Partnership and/or inter-sectoral collaboration extends reach, evidenced by:
 - The sharp increase in geo-coverage; from 4 districts to 10 and from 10 EAs to 33
 - Increased local capacity (in both numbers and expertise); from 2 EHSU field facilitators to 14 diverse persons involved in one EA.
- Area-wide and multi-sectoral approach provides an inherent sustainability mechanism
 - Inspiration from neighbouring community(ies)
 - Integration into routine sectoral programmes
- Workplaces, eateries and worship centres are critical emerging areas of focus if the ALL in HH4A is to be attained

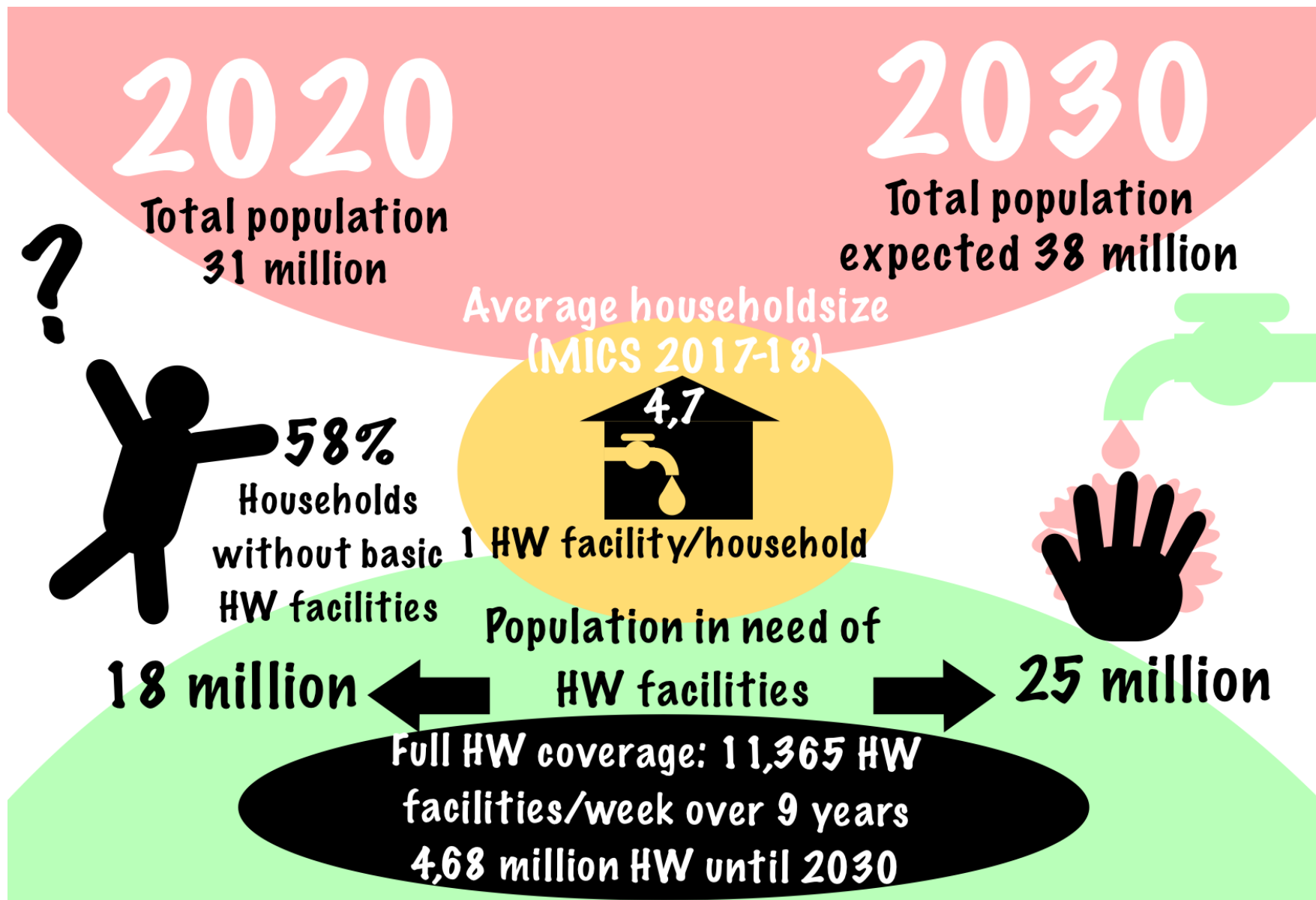
Recommendations

1. Roll out nation-wide training on area-wide and multi-sectoral approach.
2. Support EAMTs to function effectively through sustained technical backstopping (follow-up) by district support teams.
3. Deliberate focus should also be given to hand hygiene in workplaces, eateries and religious/worship centres.
4. Handwashing data capture in BaSIS should go beyond '*toilet interest*' to other critical times and locations as well and provide exclusive pullouts/reports on handwashing.
5. Include 'hygiene' in proposed NSA
 - Call it NSHA instead so that hygiene is highlighted from the outset

HH4A Partners

Global level	Local level (Ghana)
1. UNICEF	1. Ministry of Sanitation and Water Resources (MSWR) – lead agency
2. WHO	2. UNICEF – technical and financial support
3. World Bank Group	3. WHO
4. United Nations High Commission on Refugees (UNHCR)	4. Ghana Health Service (GHS)
5. The COVID-19 Hygiene Hub	5. Ghana Education Service (GES)
6. Sanitation and Water for All (SWA)	6. Ghana Enterprises Agency (GEA)
7. Global Handwashing Partnership (GHP)	7. WaterAid Ghana (WAG)
8. International Federation of the Red Cross (IFRC)	8. World Vision Ghana (WVG)
9. WaterAid	9. World Bank
10. International Labour Organisation (ILO)	10. Coalition of NGOs in Water and Sanitation (CONIWAS)
	11. Global Communities
	12. Catholic Relief Services (CRS)
	13. WASHealth Solutions
	14. Kings Hall Media
	15. Plan Ghana
	16. Department of Community Development (DoCD)
	17. Community Water and Sanitation Agency (CWSA)
	18. Ministry of Health (MoH)

Conclusion – challenge & opportunity



Thank you