

Commitments towards hand hygiene in India: A National level analysis

INTRODUCTION

Hand Hygiene (HH) is the most inexpensive intervention for improving public health. It finds a mention in various development policy and programmes across sectors. However, prioritization of hand hygiene interventions in plans, budgets and implementation is still lacking.

As per JMP, 65% of the population has access to Basic hygiene services, that is access to handwashing facility on premises (in household) with soap and water (rural India - 60%, urban India - 82%). 29% of India's total population (37% of rural and 16% of urban India) has access to handwashing facility on premises, however, lack either soap or water in the same, falling in the Limited category. Around 3% of total and rural India population and 2% of urban India population have access to no handwashing facility on premises.

To understand the gaps and to highlight the need to invest in the promotion and practice of hand hygiene, a series of small studies were initiated to capture the existing commitments at the national level and at the state level, and the implementation of the same at the district level. The assessment focussed on 5 ministries, namely the Ministry of Jal Shakti (MoJS), Ministry of Health and Family Welfare (MoHFW), Ministry of Education (MoE), Ministry of Women and Child (MoWCD) and the Ministry of Panchayati Raj (MoPR). At the state level, the relevant departments were assessed. The state studied for this study was Odisha.

This brief focusses on the findings from the analysis of national commitments to hand hygiene and also puts forth recommendations to address the issues that come out in the analysis.

KEY FINDINGS

As part of the national level assessment, a comprehensive review of all existing schemes under the selected 5 Ministries was carried out. The analysis revealed that 9 specific schemes of the said 5 Ministries have components that could be leveraged for the promotion of Hand Hygiene. These schemes are - Swachh Bharat Mission (R), Jal Jeevan Mission, National Health Mission, Samagra Shiksha Abhiyan (SMSA), Mid-Day Meal, Swadhar Greh, Child Protection Scheme (CPS) and Anganwadi Services under Umbrella ICDS and Gram Panchayat Development Plan (Table 1). The color ranking given in Table 1. is based on 5 parameters.

The parameters are -

- Explicit mention of hand washing in policy
- Explicit interventions for hand washing in the programmes of the ministry
- Dedicated budget line for hygiene/handwash/hand hygiene/wash basin
- Targets for handwashing
- Monitoring indicators for handwashing

FOCUS ON HAND HYGIENE SCALE

Color Coding is based on the numbers of parameters met by the ministry/schemes / programme

VERY HIGH / All 5 parameters met

HIGH / 4 parameters met

MODERATE / 3-2 parameters met

MILD / 0-1 parameters met

A snapshot of the Ministries with its corresponding schemes in Table 1 below shows that the MoJS address four parameters and hence has got a yellow ranking. The MoHFW and MoE both receive an orange color ranking since their schemes meet 3-2 hand hygiene parameters. The MoWCD and the MoPR schemes are red as they do not meet any of the parameters but have components that can be leveraged for the promotion of hand hygiene.

TABLE 1. PRIORITY TO HAND HYGIENE IN 5 MINISTRIES STUDIED

Ministry	Scheme	Focus on Hand Hygiene
Ministry of Jal Shakti	Swachh Bharat Mission (R)	a, b, d & e
	Jal Jeevan Mission	a, b, d & e
Ministry of Health & Family Welfare	National Health Mission	a, b & e
	Samagra Shiksha Abhiyan	a, b & e
Ministry of Education	Mid-Day Meal	a, b & e
	Swadhar Greh	a
Ministry of Women & Child Development	Child Protection Services	a
	Anganwadi Services	a, b & e
Ministry of Panchayati Raj	Gram Panchayat Development Plan	a

KEY RECOMMENDATIONS (1/4)

The analysis of the programmes and schemes of the five selected Ministries revealed the potential for hand hygiene interventions. However, rigorous efforts are required to realise the goal of safe and sustainable hygiene for all. The following section provides recommendations towards the same.



POLICY & LEGISLATION

Need for a national level policy/strategic framework on HH. Components for HH need to be incorporated in all schemes of the selected Ministries



FINANCE

Hand hygiene interventions should be reflected in the Union government budget



INSTITUTIONS

India should invest in the five key 'accelerators' identified under the UN-Water SDG 6 Global Acceleration Framework.



MONITORING

There is a need for a comprehensive monitoring framework to measure hand hygiene.



INFRASTRUCTURE

Increase access to physical infrastructure for adoption of hand hygiene behaviour.



Image Credit: © UNICEF/Chetan Soni/12 October 2021

KEY RECOMMENDATIONS (2/4)



POLICY & LEGISLATION

NEED FOR A NATIONAL LEVEL POLICY/STRATEGIC FRAMEWORK ON HH COMPONENTS FOR HH NEED TO BE INCORPORATED IN ALL SCHEMES OF THE SELECTED MINISTRIES

/ There is a need to have a hand hygiene policy at the national level that comprehensively addresses hand hygiene in various settings. A phased approach is needed for sustained action on hand hygiene evolving from an emergency response to HH being integrated and mainstreamed as a sustained component in all schemes of the relevant Ministries. These can be seen in three phases:

- 1. RESPONSE PHASE** – There would be immediate short-term targets for the next 6 months to one year such as controlling the COVID-19 outbreak and ensuring that hand hygiene infrastructure is available in schools, health centres, AWCs and public spaces.
- 2. REBUILD PHASE** – The criticality of hand hygiene would be reinforced through specific budget lines on HH in all relevant schemes of the Ministries selected as well carrying out surveys to assess HH indicators in all States. This would be a medium term (2-3 years) strategy for tackling the gaps in hand hygiene infrastructure and resources wherever they exist and building back better.
- 3. REIMAGINE PHASE** – To strengthen the gains made in the earlier two phases, the focus in this phase would be to inculcate and sustain a culture of hand hygiene through SBCC and IPC for 5 years.



FINANCE

HAND HYGIENE INTERVENTIONS SHOULD BE REFLECTED IN THE UNION GOVERNMENT BUDGET

- / Although hand hygiene interventions are reflected in several schemes of the different Ministries, but they are not visible in the Union government budget. The budget break-up for hygiene interventions is not available at the level of the Union government. Hence, the Union government budget should show the hand hygiene component in the schemes across Ministries so as to be able to track and monitor the budget in case there are any issues of utilization. The Swachhta Action Plan should widen its ambit to include 'swachhta' within the schemes of the Ministries.
- / It is important to add that budgets for hand hygiene should cover hardware costs such as installation of handwashing facilities and the costs for maintaining them, including operations and maintenance costs, minor and major repair costs, as well as costs of promotion of hand hygiene through information, education and communication initiatives.



INSTITUTIONS (institutional arrangement, capacities):

INDIA SHOULD INVEST IN THE FIVE KEY 'ACCELERATORS' IDENTIFIED UNDER THE UN-WATER SDG 6 GLOBAL ACCELERATION FRAMEWORK

- / India should invest in the five key 'accelerators' identified under the UN-Water SDG 6 Global Acceleration Framework to achieve hand hygiene for all and adapt it to its local context. This can be achieved in the following manner:

KEY RECOMMENDATIONS (3/4)



INSTITUTIONS (institutional arrangement, capacities):

INDIA SHOULD INVEST IN THE FIVE KEY 'ACCELERATORS' IDENTIFIED UNDER THE UN-WATER SDG 6 GLOBAL ACCELERATION FRAMEWORK (CONTD.)

- 1. GOVERNANCE:** National, state and local governments should establish clear policy that relates to both service availability that facilitates handwashing, including readily available water, and the behaviours required to ensure hand hygiene is common practice in all relevant settings.
- 2. FINANCING:** National, state and local governments should seek ways to ensure public spending has the maximum impact possible and stimulates investments from households, private sector and CSR funds.
- 3. CAPACITY DEVELOPMENT:** National, state and local governments should assess current capacity with respect to their hand hygiene policy and strategies identify gaps and develop capacity-building strategies based on the rigorous application of best practice.
- 4. DATA AND INFORMATION:** National, state and local governments should address the need for collecting consistent data on hand hygiene in order to monitor and hence inform decision-making and make investments strategic. The data should be aligned to feed into the reporting for the Joint Monitoring Programme.
- 5. INNOVATION:** National, state and local governments should encourage innovation, particularly within the private sector to roll out hand hygiene for all, in all settings. Examples in India are: the Happy Tap, the SATO Tap, Lifebuoy's bar soaps available at low cost.

INCREASE AND IMPROVE CONVERGENCE AMONGST THE MINISTRIES/DEPARTMENTS TO LEVERAGE HH INTERVENTIONS IN SCHEMES

Observations reveal that many schemes are expected to converge while being implemented at key points. For instance, the Anganwadi services and NHM from the MWCD and the MoHFW are two schemes, where frontline workers – ASHAs and AWWs can mutually join hands to share activities related to hand hygiene. Hence, better and greater convergence between Ministries where there is a possibility to share similar responsibilities can be a viable solution to enhance existing schemes that leverage hand hygiene interventions.

IDENTIFICATION OF A NODAL MINISTRY TO LEAD HAND HYGIENE

There is a need for a nodal Government of India Ministry to set the agenda for hand hygiene promotion at the national and state levels, and foster collaboration across Government and non-Government stakeholders. The nodal ministry is to also steer monitoring of hand hygiene. The Ministry of Jal Shakti is uniquely positioned to play the leadership and convening role, given its experience with implementing the SBM phase 1 and phase 2, and JJM. As hand washing is intimately tied to the priorities under SBM and JJM – namely safe sanitation (including toilet use) and cleanliness, and piped water supply to households, MoJS can oversee the convergence of hand hygiene amongst all the Ministries with minimal additional investment. Similarly, the MoPR, using its existing institutional arrangements such as the Gram Panchayat Development Planning, Gram Sabha, Central and State Finance Commission funds to the GPs, can steer the hand hygiene agenda.

USE OF MULTI-LEVEL COMMUNICATION CHANNELS TO REACH ALL SECTIONS OF THE SOCIETY

For strengthening hygiene promotion, multiple channels of communication need to be used such that the messages reach far and wide. Care should be taken to make information, education and communication products available in all languages as well as in formats suitable for non-literate, deaf and blind people.

KEY RECOMMENDATIONS (4/4)



MONITORING

THERE IS A NEED FOR A COMPREHENSIVE MONITORING FRAMEWORK TO MEASURE HAND HYGIENE.

- / A comprehensive framework, comprising of indicators ranging from infrastructure (existence, access, and functionality), behaviour and practice, policies, impact, and more, for households, institutions and public places, will be useful to determine gaps to inform development programmes and engage with the government to address the bottlenecks in the system.



INFRASTRUCTURE

INCREASE ACCESS TO PHYSICAL INFRASTRUCTURE FOR ADOPTION OF HAND HYGIENE BEHAVIOUR.

- / Physical infrastructure includes handwashing facilities/ structures or even a designated space, equipped with water and soap, within the premises of a household, institution, or public place. It is important to ensure that the facilities are durable and remain functional. Therefore, it is critical that routine operations and maintenance of the same is carried out. Additionally, there must be drainage of grey water from the handwashing infrastructure such that it does not collect. Lack of drainage and consequent stagnation of grey/ wastewater may be unpleasant and so deter users from practicing handwashing with soap. The stagnant water may also become breeding grounds of other vectors and thereby counter the health benefits of handwashing with soap.

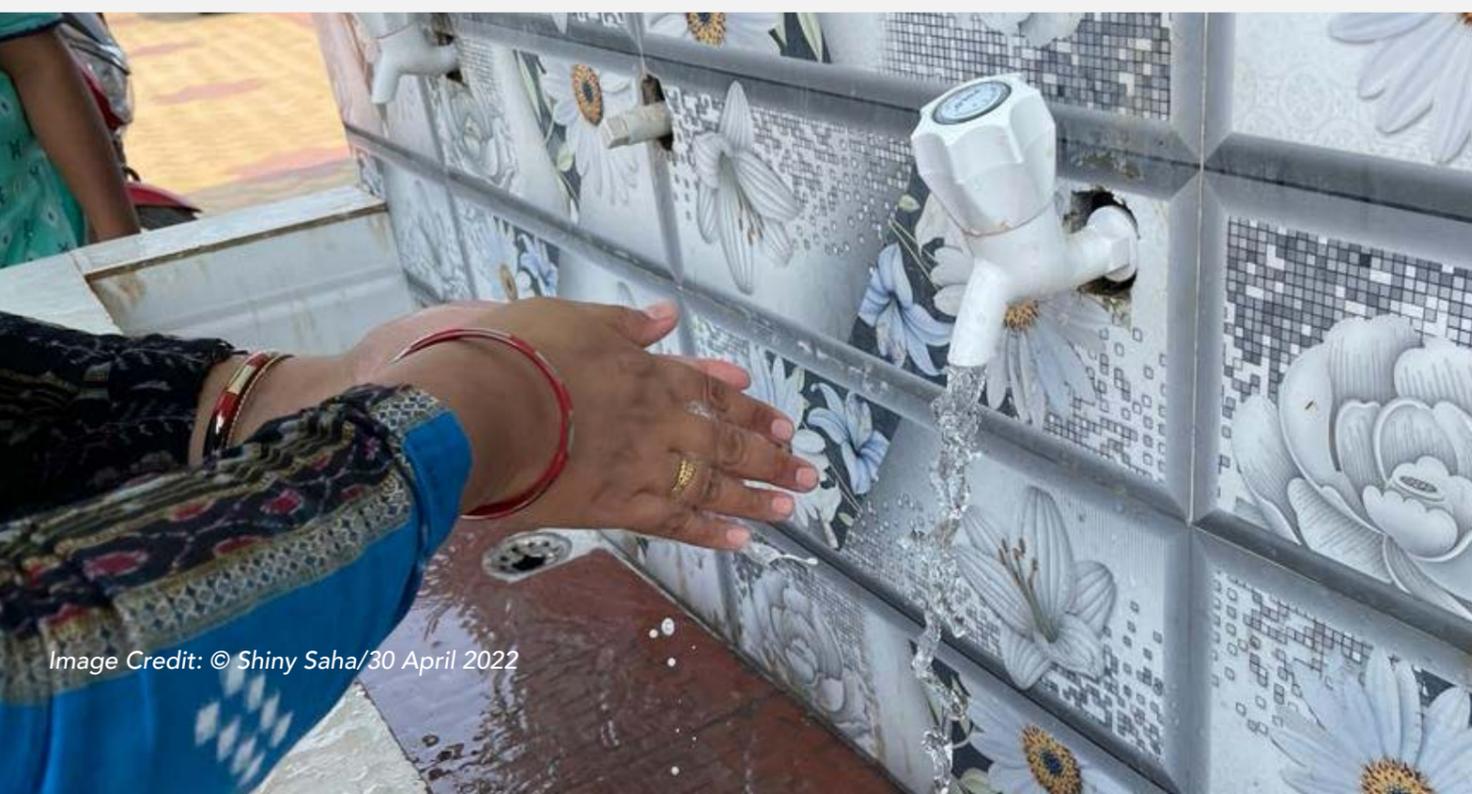


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RECOMMENDATION FOR SPECIFIC MINISTRIES OF GOVT. OF INDIA (1/4)



POLICY & LEGISLATION

- / The significance of HH needs to be further reinforced in the guidelines of JJM and SBM-II with sufficient budgetary provisions



FINANCE

- / The 5 percent IEC budget under SBM-II should be adequately channelized for promoting hand hygiene awareness in households and community. Required flexibility should be given to increase the 5 percent in the IEC budget whenever States require it.



INSTITUTIONS

- / Hand hygiene should be included in the existing capacity building initiatives of the duty bearers. There is a possible role of Implementation Support Agencies and Sector Partners in this. The Swachhagrahis (at the village level) can play an effective role in spreading the message on hand hygiene through SBCC and IPC at the district. They can play a critical role in coordinating activities on hand hygiene with the other relevant line departments and be the liaisoning point of contact.



MONITORING

- / The Village Water and Sanitation Committee (VWSC) can be the nodal body which can monitor the status and progress in hand hygiene in their respective GPs.



सत्यमेव जयते

जल शक्ति मंत्रालय
MINISTRY OF
JAL SHAKTI



सत्यमेव जयते

स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE



POLICY & LEGISLATION

- / The Ministry should, via a government order or advisory, make it mandatory that all Sub-Centres, PHCs, CHCs and District hospitals have hand hygiene facilities for the staff (administrative and medicals) and the patients. Assessment of the VISHWAS initiative across states to understand the progress/impact of the same. Arrangements for regular operation and maintenance of handwashing facilities should also be put in place such that they remain functional.

RECOMMENDATION FOR SPECIFIC MINISTRIES OF GOVT. OF INDIA (2/4)

\$ FINANCE

- / Budget tracking of the National Health Mission should be carried out to understand the possible budgets and spending for handwashing facilities, promotions, to propose relevant suggestions.

INSTITUTIONS

- / The Chief Medical Officers (CMO) of the respective District should ensure that regular training is given to frontline workers such as ANM and ASHAs on appropriate hand hygiene practices. Arrangements for regular operation and maintenance of handwashing facilities should also be put in place such that they remain functional.

MONITORING

- / Monitoring of the handwashing facilities (access and functionality) and behaviours in healthcare centres should be part of regular monitoring from the District. For a user perspective, the Rogi Kalyan Samitis (RKS) can monitor whether the necessary hand hygiene infrastructure is in place or not in all health centres.



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
**HEALTH AND
FAMILY WELFARE**

सत्यमेव जयते

POLICY & LEGISLATION

- / The implementation of hand hygiene interventions (in terms of availability of functioning facilities with soap and promotion of the behaviour) need to be regularly reiterated in Samagra Shiksha Abhiyan and Mid-Day Meal schemes.

\$ FINANCE

- / There is a need for a separate budget line for hand hygiene in MoE. States need to demand for a separate budget for hand hygiene in schools under Samagra Shiksha Abhiyan through the Annual Work Plan and Budget.

INSTITUTIONS

- / Cluster coordinators should impart training to their own department staff including teachers on hand hygiene.

MONITORING

- / The School Management Committee (SMC) can be the nodal body to monitor the hand hygiene status (including access and functionality of facilities and behaviour and practice of using the facilities) and gaps in their respective schools.



शिक्षा मंत्रालय
MINISTRY OF
EDUCATION

सत्यमेव जयते

RECOMMENDATION FOR SPECIFIC MINISTRIES OF GOVT. OF INDIA (3/4)

POLICY & LEGISLATION

- / For all institutions (AWCs, Swadhar Grehs, CCIs, etc.) under the Ministry (residential or non-residential), the provision of hand hygiene facilities and promotion should be mandatory. Arrangements for regular operation and maintenance of handwashing facilities should also be put in place to ensure that they remain functional.

\$ FINANCE

- / There should be adequate budgetary provision for the facilities (creation and maintenance), promotion for changes in behaviour/practice, capacities of the stakeholders, and for monitoring.

INSTITUTIONS

- / The frontline workers such as the AWW, AWH, ASHA, cook cum helper, counselors in the Swadhar Grehs and CCIs should be given necessary trainings on hand hygiene on a regular basis. Further, functional facilities for hand hygiene needs to be present in all AWCs, Swadhar Grehs, CCIs and community centres.

MONITORING

- / Mechanisms for regular monitoring of the availability and functionality of facilities and behaviours across these settings/institutions should be instituted by the line departments.



महिला एवं
बाल विकास मंत्रालय
MINISTRY OF
**WOMEN AND
CHILD DEVELOPMENT**

सत्यमेव जयते

POLICY & LEGISLATION

- / Hand hygiene interventions should be incorporated in the planning phase of the GPDP. It should be mandated that GPs are responsible for hand hygiene facilities (including their maintenance) and promotion of hand hygiene in public spaces and institutions under the GP's jurisdiction. This should be similarly applied to the Panchayat Samiti and Zila Parishad.

\$ FINANCE

- / Clarity on the use of the 60% of 15th FC towards hand hygiene (for creation of handwash facilities and promotion) by GPs should be communicated by MoPR to the States.



पंचायती राज मंत्रालय
भारत सरकार
MINISTRY OF
PANCHAYATI RAJ
GOVERNMENT OF INDIA

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RECOMMENDATION FOR SPECIFIC MINISTRIES OF GOVT. OF INDIA (4/4)



INSTITUTIONS

/ Hand hygiene should be made into a regular part of the training curriculum (including in the RGSA) for the training of the elected representatives. The elected representatives at the district, block and GP (with the support of line departments like health) should be responsible for supervising the celebration of annual events to highlight the importance of hand hygiene, such as Global Handwashing Day, World Toilet Day, on a continuous basis every year with more focus on meeting the gaps in hand hygiene prevalent in their districts.



MONITORING

/ The monitoring of the hand hygiene (including access and functionality of facilities and behaviour and practice of using the facilities) at the Gram Panchayat level need to be regularly captured and consolidated by the respective Districts. On the basis of the analysis of the information, the district should provide guidance/advisories to encourage Gram Panchayats to include hand hygiene facilities and behaviours interventions in their planning and budgets.



पंचायती राज मंत्रालय
भारत सरकार
MINISTRY OF
PANCHAYATI RAJ
GOVERNMENT OF INDIA

सत्यमेव जयते

REVIEWED DOCUMENTS OF THE FOCUS MINISTRIES OF THE GOVERNMENT OF INDIA

I. Ministry of Jal Shakti

1. Guidelines for Swachh Bharat Mission (Gramin), 2019.
2. Operational Guidelines for the implementation of Jal Jeevan Mission (Har Ghar Jal), 2020.
3. Manual: IEC for ODF Plus, Swachh Bharat Mission, 2021.

II. Ministry of Health & Family Welfare

1. Indian Public Health Standards (IPHS) Guidelines for Sub-Centres, Primary Health Centres, Community Health Centres, Sub-District/Sub-Divisional Hospitals (31 to 100 Bedded), District Hospital (101 to 500 Bedded), Revised 2012.

III. Ministry of Education

1. Samagra Shiksha, An Integrated Scheme for School Education, Framework for Implementation, 2021.
2. Guidelines of the National Programme of Nutritional Support to Primary Education, 2006 (Mid-Day Meal Scheme).
3. Circular- CBSE/DIR(ACAD)/2021, Cir.No. Acad-99/2021, October 12, 2021, Celebration of Global Hand Washing Day (GHD) on 15th October 2021.
4. Guidelines on Food Safety and Hygiene for School level kitchens under Mid-Day Meal Scheme, 2015.

IV. Ministry of Women & Child Development

1. The Report of the Committee for Analysing Data of Mapping and Review exercise of Child Care Institutions under the JJ (Care and Protection of Children) Act, 2015 and Other Homes, 2018.
2. ICDS Mission- The Broad Framework of Implementation, 2011.

V. Ministry of Panchayati Raj

1. People's Plan Campaign for GPDP 2021-22
2. Framework for Implementation of Rashtriya Gram Swaraj Abhiyan

Image Credit: © UNICEF/ Mujeeb Faruqi/13 October 2021



RESOURCES

1. UNICEF, 2021. Hand Hygiene for All Country Roadmap Guidance Document. Available at <https://globalhandwashing.org/wp-content/uploads/2021/09/Guidance-to-HH4A-country-roadmaps-.pdf>
2. UNICEF, 2021. 2021 Factsheet: GLOBAL HANDWASHING DAY. Available at <https://globalhandwashing.org/wp-content/uploads/2021/08/GHD-2021-Fact-Sheet.pdf>
3. UN Water and WHO, 2021. Hygiene: UN-Water GLAAS findings on national policies, plans, targets and finance. Available at <https://www.unwater.org/app/uploads/2020/06/GLAAS-hygiene-highlight-2020.pdf>
4. WHO and UNICEF, 2021. State of the World's Hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice. Available at <https://www.unicef.org/media/108356/file/State%20of%20the%20World%E2%80%99s%20Hand%20Hygiene.pdf>

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