



Republic of Rwanda

**Ministry of Health**

P.O. Box 84, Kigali  
<http://www.moh.gov.rw>



# National Handwashing Sub-Strategy 2019 – 2024

Kigali, Rwanda | October 2019

---

## **National Handwashing Sub-Strategy 2019 - 2024**

© United Nations Children's Fund (UNICEF) Rwanda & Rwanda Ministry of Health

Photography © UNICEF Rwanda  
Design and layout by Artlair Ltd

# TABLE OF CONTENTS

<b>Table of Contents.....</b>	<b>2</b>
<b>Acronyms.....</b>	<b>3</b>
<b>Foreword .....</b>	<b>4</b>
<b>Acknowledgements .....</b>	<b>5</b>
<b>Key Definitions and Terms .....</b>	<b>6</b>
<b>Rationale for Development of National Handwashing Sub-Strategy .....</b>	<b>8</b>
<i>Source of Sub-Strategy.....</i>	<i>8</i>
<b>Situation Analysis .....</b>	<b>11</b>
<i>Global.....</i>	<i>11</i>
<i>Rwanda .....</i>	<i>12</i>
<b>Strategic Framework for Achieving a Culture of Handwashing Practice in Rwanda .....</b>	<b>15</b>
<i>Vision .....</i>	<i>16</i>
<i>Goal.....</i>	<i>16</i>
<i>Principles.....</i>	<i>16</i>
<i>Priority Settings / Target Groups .....</i>	<i>17</i>
<i>Strategic Objectives .....</i>	<i>21</i>
<i>Strategies.....</i>	<i>21</i>
Strategies and Activities for Objective 1 – Demand .....	22
Strategies and Activities for Objective 2 – Enabling Environment .....	25
Strategies and Activities for Objective 3 - Supply .....	31
<i>Implementation Plan Review List.....</i>	<i>33</i>
<i>Monitoring and Evaluation Framework.....</i>	<i>34</i>
<i>Costed Implementation Plan .....</i>	<i>42</i>

## ACRONYMS

AMR	Antimicrobial drug-resistance
ANC	Antenatal Care
CBEHPP	Community Based Environmental Health Promotion Program
DHS	Demographic Health Survey
EAC	East African Community
ECD	Early Childhood Development
EVD	Ebola Virus Disease
HH	Households
HWF	Handwashing Facility
HWWS	Handwashing with Soap
IPC	Infection, Protection, Control
MEL	Monitoring, Evaluation and Learning
MININFRA	Ministry of Infrastructure
MOH	Ministry of Health
MRSA	Methicillin-resistant staphylococcus aureus
NGOs	Non-Governmental Organizations
NHSSPIV	National Health Sector Strategic Plan IV
NST1	National Strategy for Transformation
PWD	People with Disabilities
SDGs	Sustainable Development Goals
UPHLS	Umbrella of Organizations of People with Disabilities
WASH	Water, Sanitation, Hygiene

## FOREWORD

Poor handwashing with soap practice is a cross-cutting health concern, causing morbidity and mortality in Rwanda that is preventable. Prioritizing this behaviour in the home, schools, health facilities, and throughout all public and private institutions can save lives of many children, decline the dropout rate of children from schools, result in better medical outcomes in healthcare facilities and improve the economic life and well-being of people and communities.

To foster a strong culture of handwashing with soap for all people in Rwanda as well as to contribute to building a road map for improved health and well-being, the Ministry of Health developed the National Handwashing Sub-Strategy, which falls under the auspice of the National Health Promotion Strategy. This sub-strategy was developed through a consultative process, that not only included District Authorities and government and civil society stakeholders from the Environmental Health / Health Promotion Technical Working Group, but also with community members in Rwanda.

This sub-strategy sets out a framework for creating and sustaining a culture of handwashing with soap at critical moments through collaborative efforts between a multi-sectoral cast of governmental and nongovernmental stakeholders. The strategy highlights three main areas of action: 1) Creation of demand for handwashing practice in all settings, whether it is at home, school, or in the market; 2) Strengthening of the enabling environment to support handwashing promotion and practice through monitoring, evidence-building, or advocacy; and 3) Building supply to enable people to create a nation where people can access the facilities and products necessary to sustain their practice of handwashing with soap. Together these areas of action aim to create a country where all people – men, women, boys, girls and people with disabilities – can wash their hands with soap at all critical moments.



Dr. Diane Gashumba  
Minister of Health

## ACKNOWLEDGEMENTS

The Ministry of Health would like to acknowledge the joint efforts, valuable input and guidance of the broad set of stakeholders, particularly the Health Promotional, Social Determinant for Health and Environmental Health Technical Working Group members, which made the development of the National Handwashing Sub-Strategy 2019-2024 possible.

The Ministry of Health prioritized this sub-strategy realizing that only when every girl, boy, woman, and man in Rwanda are washing their hands with soap at critical moments will the nation be able to prevent and control communicable diseases to an extent that will allow Rwanda to achieve its development goals.

Under the leadership of the Clinical and Public Health Services Directorate General - Environmental Health Desk the strategy development process involved consultations with a broad set of development stakeholders, sector donor agencies, relevant Government Ministries, and district and community level representatives. The Health Promotional, Social Determinant for Health and Environmental Health Technical Working Group was engaged at critical moments of the development process and provided feedback for and verification of content.

The Ministry of Health would like to recognize and appreciate the following institutions and the team that worked tirelessly to develop the National Hand Washing Sub- strategy; RBC/RHCC, USAID, SNV, Water Aid, Water for People, AfDB, Global Communities REMA, NECPD, Ministry of Environment, MINEMA, UR, WHO, World Vision, SFH and Rwanda FDA. Special gratitude to the UNICEF - Rwanda Country Office for technical, financial, and logistical support during the development of this sub- strategic plan.

The Ministry of Health urges all partners - traditional and non-traditional – to continue to join hands to implement this important strategy and to foster a national culture of handwashing.

## KEY DEFINITIONS AND TERMS

**Critical points of care.** The place where three elements come together: the patient, the health-care worker, and care or treatment involving contact with the patient or his/her surroundings.<sup>1</sup>

**Critical times.** The key moments that all people should wash their hands with soap, specifically:

- After contact with faeces, including after using a toilet / defecation, after cleaning someone who has defecated
- Before contact with food, including before preparing food, before eating, before feeding a child

**Cues:** Sights, sounds, and places that trigger an automatic behavioural response.

**Desired Behaviour.** This targeted behaviour of this strategy is the practice of handwashing with soap. In the case of infection, protection, control (IPC) in health care settings, the behaviour should follow Rwandan guidelines – and may be referred to as ‘hand hygiene’.<sup>2</sup>

**Habit.** Frequent, learned behavioural responses that are cued automatically by context cues, such as physical settings and preceding actions in a sequence (e.g. morning bathing sequence, food preparation habits, daily travel...). Handwashing habit formation means converting handwashing from a behaviour that a person must think about to undertake into a procedure that is automatically taken in response to cues.

**Hand hygiene.** Any action of hygienic hand antisepsis to reduce transient microbial flora – generally performed either by hand rubbing with an alcohol-based formulation or handwashing with plain or antimicrobial soap and water. Health service related hand hygiene applies antiseptic techniques to eliminate transient flora and reduce resident skin flora.

**Handwashing Facility (HWF).** Any inclusive facility that allows handwashing with soap practice by all people, including sinks with tap water, buckets with taps, tippy taps, and portable basins.<sup>3</sup>

**Handwashing (HW).** The act of cleansing the hands with water or other liquid with soap or another detergent to removing soil or microorganisms.<sup>4</sup>

---

<sup>1</sup> A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy, WHO, 2009.

<sup>2</sup> Safe Environment for Staff and Patient Policies and Procedures, ES3-04 Hand Hygiene, Republic of Rwanda Ministry of Health, <http://www.moh.gov.rw/index.php?id=566>

<sup>3</sup> JMP Methodology: 2017 Update & SDG Baselines, WHO/UNICEF, March 2019. file:///Users/heathermorran/Downloads/JMP-2017-update-methodology.pdf

<sup>4</sup> Republic of Rwanda, Ministry of Health Procedure: Hand Hygiene, # ES3-04, 2018.

**Health Care Critical Times.** The key moments that health care professionals should practice handwashing (Refer to the Rwandan Ministry of Health *Safe Environment for Staff and Patient Policies and Procedures, ES3-04 Hand Hygiene*), specifically:

- Before touching a patient
- Before clean/aseptic procedure
- After body fluid exposure risk
- After touching a patient
- After touching a patient's surroundings

**Inclusive Handwashing Facilities.** Facilities that are designed and implemented to empower and enable all people to use, considering the unique needs of young children, people with disabilities, and the elderly.

**Nudges.** Environmental cues that signal a desired response from the end user or channel their decision making (e.g. placing fruit at eye level to encourage consumption).

**Social Behaviour Change Communications.** An approach that uses communication strategies that are based on behaviour science to positively influence knowledge, attitudes and social norms among individuals, institutions and communities.

**Social Norms.** The accepted behaviour that an individual is expected to practice and expects others to also conform to in a particular group, community, or culture. These **norms** often serve a useful purpose and create the foundation of correct behaviours.

**Surgical Handwashing.** a procedure of cleaning hands performed before and after any surgical intervention.<sup>5</sup>

---

<sup>5</sup> Republic of Rwanda, Ministry of Health Procedure: Hand Hygiene, # ES3-04, 2018.



## RATIONALE FOR DEVELOPMENT OF NATIONAL HANDWASHING SUB-STRATEGY

Handwashing with soap is the single most effective way to prevent diarrhoea and other hygiene related diseases. Handwashing with soap is a behaviour that can be practiced at home, in the school, at restaurants, the workplace, in health care settings, and in communities and can reduce rates of diarrheal disease by up to 40% and respiratory infections by up to 25%<sup>67</sup>. In addition, handwashing with soap at critical moments and use of basic sanitation can prevent infection in neonates and children under five, reducing both neonatal and under five mortality, help prevent stunting caused by chronic infections, cut absenteeism in schools, and is a key control and prevention measure in the case of epidemics like Ebola.

Despite this only 4.4% of households in Rwanda are equipped with facilities that have soap and water to enable the practice of handwashing with soap at critical moments.<sup>8</sup> To benefit from the life-saving impact of handwashing with soap, Rwanda will need to build a national culture around handwashing, ensuring that handwashing with soap becomes a habit for all Rwandans, in all settings, at all critical moments.

**Scope of Sub-Strategy:** This five-year National Handwashing Sub-Strategy was developed to provide key actions to move Rwanda towards a country in which there is a culture of hygiene that enables and promotes the practice of handwashing with soap for all people at all critical moments. This strategy is intended for stakeholders involved in regulating, planning, funding, implementing and/or monitoring inclusive hygiene improvement programs and activities, including national, district, and local government, development partners, non-government organizations (NGOs), private sector, and community stakeholders.

## SOURCE OF SUB-STRATEGY

The National Handwashing Sub-Strategy is developed in the context of Rwanda's Vision 2050, the seven-year National Strategy for Transformation (2017-2024) and is aligned with national and international policy frameworks. Because handwashing with soap behaviour is often considered an afterthought in the context of many health interventions and systems, it is critical that it is supported by broader policy and strategy frameworks. However, handwashing with soap is also integral for the achievement of maternal and child health, nutrition, education, early childhood development, and disease control outcomes and as such needs to be prioritized. The following policies and strategies are of particular relevance.

- I. As **Vision 2020** comes to an end, Rwanda has set out a new 30-year Vision for the period up to 2050, otherwise known as **Vision 2050** ("The Rwanda We Want"). The implementation instrument that will complete Vision 2020 and initiate Vision 2050 is the **National Strategy for Transformation (NST1)**. The NST1 embraces the Sustainable Development Goals (SDGs) alongside other global and regional commitments that Rwanda has made including the Africa Union Agenda 2063 and the East African Community (EAC) Vision 2050.<sup>9</sup> The sub-strategy targets 100% handwashing practice by all Rwandans at all critical moments by 2024, aligning with the NST1 timeframe, which ends in 2024.

---

<sup>6</sup> Aiello AE, Coulborn RM, Perez V, Larson EL. *Effect of hand hygiene on infectious disease risk in the community setting: a meta-analysis*. American Journal of Public Health. 2008;98(8):1372-81.

<sup>7</sup> Curtis V, Cairncross S. *Effect of washing hands with soap on diarrhea risk in the community: A systematic review*. Lancet Infectious Disease, 2003; 3(5), 275-81.

<sup>8</sup> Rwandan Demographic Health Survey, 2014/15.

<sup>9</sup> *Rwanda Embassy*, Rwanda in the next seven years (2017-2024). <https://rwandaembassy.org/rwanda-in-the-next-seven-years-2017-2024.html>. Retrieved 2018-10-18.

The NST1 is built on 3 pillars: Economic Transformation, Social Transformation, and Transformational Governance. The overarching goal for the Social Transformation Pillar is to *Develop Rwandans into a capable and skilled people with quality standards of living and a stable and secure society*. This pillar has 5 broad objectives, which includes *ensuring access to quality health for all*, under which this strategy falls.

- II. The first strategic objective of **the National Health Sector Strategic Plan IV (2018) (NHSSPIV)** is to *improve demand, access and quality of essential health services*. The National Handwashing Sub-Strategy embraces the NHSSPIV newly identified priorities. Handwashing must be practiced **across the life course, by all people** because of the profound impact handwashing practice can have in **addressing stunting. Social media platforms and private sector engagement** should be engaged to effectively reach target groups, including people with disability. **Capacity building of the workplace** will strengthen service provider skills and retention to foster a workforce that can counsel and mobilize people to adopt and practice handwashing with soap.

The NHSSPIV identifies Health Promotion as one of the priority areas for the improvement of population health; as such behaviour change communication is central to the Handwashing Strategy's approach to mobilizing Rwandans to adopt and sustain the practice of handwashing with soap. Environmental health interventions and behaviour change efforts are being strengthened and implemented from the national to the village level, through the **Community-Based Environmental Health Promotion Program (CBEHPP)**, which is now being reviewed for improvement and to plan scale up of implementation. The MOH targets the implementation of CBEHPP in all villages to deliver environmental and health promotion activities through Community Health Clubs, which will be facilitated and supported by Community Health Workers. These clubs are responsible for promoting handwashing, demand creation for hygienic latrines and other environmental health related behaviour change.

- III. **The National Health Promotion Policy (2014) and The National Health Promotion Strategy (2013)** both provide frameworks under which the National Handwashing with Soap Sub-Strategy will be implemented. Because the National Health Promotion Policy plays an important role in influencing behaviour change of the population, and subsequent adoption of positive lifestyles to promote health, this sub-strategy is a key tool to support the achievement of the National Health Promotion Policy Goal. While the National Health Promotion Strategy is now being revised, this sub-strategy aligns with key components defined in the Health Promotion Strategy: health education, service improvement, and advocacy.
- IV. **The National Environmental Health Policy (2008)** highlights that the leading causes of morbidity and mortality are related to poor environmental health conditions, specifically acute respiratory infections, diarrheal disease, and malaria, the first two of which can be prevented by handwashing with soap. Key strategies and priority programs presented in the Environmental Health Policy, including community participation, promotion of a healthy environment for children, and capacity building, are underscored within this National Handwashing Sub-Strategy. Focusing on hygiene improvement at personal, household and community levels can have a significant impact in addressing underlying causes of most environmental health related diseases.
- V. **The National Sanitation Policy (2016)** (Objective 1 and 2) has an aim to raise and sustain household sanitation coverage to 100 per cent by 2020 and promote hygiene behaviour change. Recognizing that 'households are the country's largest financiers of sanitation', the policy prioritizes behaviour change and household mobilization to own and accelerate the process of sanitation and hygiene improvements. Included as one of the targeted hygiene practices, the policy recommends building

demand for handwashing with soap through increasing awareness and understanding, inspiring adoption of desired behaviours through social and behaviour change tools and campaigns, targeting support to vulnerable households, and working with private sector to strengthen access to affordable and innovative supply.

VI. One of the policy principles of the **National Water Supply Policy (2016)** (5b) is for WASH services to be delivered as an integrated package to ensure maximum health outcomes. The policy further acknowledges that ‘the provision of accessible and safe drinking water infrastructure by itself does not necessarily result in health and poverty reduction outcomes for the communities being served unless it is also fully integrated with improved sanitation and hygiene behaviour change.’ The policy highlights that infrastructure improvements to increase access to quality water will not translate to improved health and well-being, unless the improvements result in access to sufficient quantity of water to enable practices like handwashing are prioritized.

VII. The **National Early Childhood Development Policy (2011)** provides a clear vision for delivering interventions to optimize healthy development from conception to six years of age in Rwanda. One of the five key areas of program investment highlighted in the policy prioritizes the integration of health, nutrition, and WASH. The **National Social and Behaviour Change Communication Strategy for Integrated Early Childhood Development, Nutrition and WASH (2018)**, identifies key target behaviours and communication approaches that can be addressed in a holistic way to improve outcomes in the early years of life. The actions presented in this sub-strategy facilitate and complement the handwashing with soap priority area for communication identified in the National Social and Behaviour Change Communication Strategy for Integrated Early Childhood Development, Nutrition and WASH.

VIII. Rwanda has embraced the 17 **Sustainable Development Goals** that the United Nations adopted in 2015 to end extreme poverty, fight inequality and injustice and fix climate change and has prioritized SDG targets and indicators through government programs and strategies. The shift from Millennium Development Goals to Sustainable Development Goals puts hygiene on the agenda, introducing specific indicators and targets for measuring handwashing services within SDG 6.

#### SDG Goals and Indicators



**Target 6.1:** “By 2030, achieve universal and equitable access to safe and affordable drinking water for all

**Target 6.2:** “By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the need of women and girls and those in vulnerable situations”

# SITUATION ANALYSIS

## GLOBAL

The practice of safe sanitation and hygiene behaviours is a pre-condition for health and development. Despite the life-saving impact of these behaviours, handwashing and sanitation practices are still not globally prioritized. Unsafe drinking water, inadequate availability of services for hygiene and a lack of access to sanitation together contribute to about 58% of deaths from diarrheal disease.<sup>10</sup> The impact of inadequate WASH results in millions of child deaths and prevents health, education and livelihood improvements.

Environmental Enteropathy, caused by chronic childhood exposure to faecal microbes due to poor sanitation and hygiene practices, affects the small intestine's ability to absorb nutrients, which has an effect on nutrition, child growth and development and contributes to stunting. 22.2% of children globally are stunted, which may be attributable to environmental enteropathy.<sup>11</sup>

Handwashing with soap is one of the most protective barriers available to reduce the spread of infections. As illustrated in Figure 1, handwashing can effectively break the route of faecal-oral transmission almost completely. Many diseases and infections, of which most impact children, are a result of the lack of hand washing with soap at critical moments, which could effectively prevent transmission.

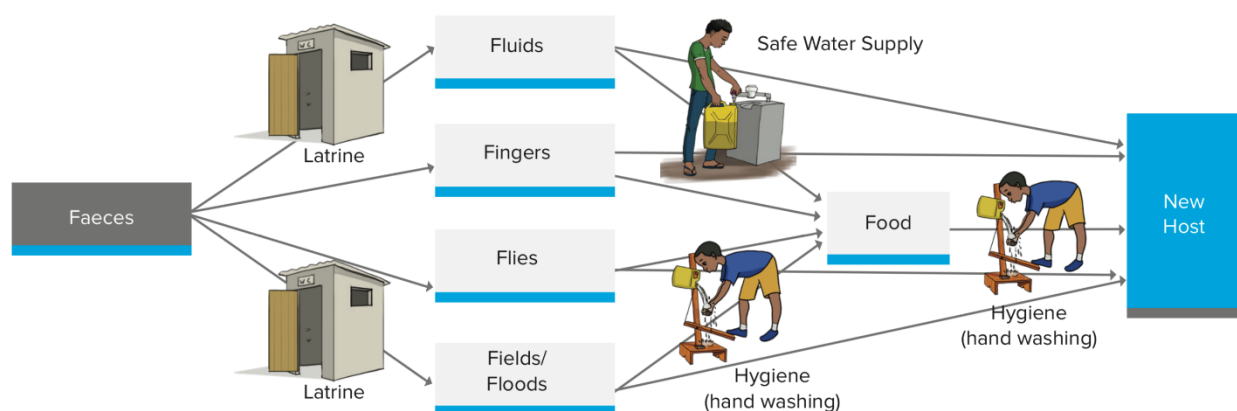


Figure 1: Effective barriers for breaking fecal-oral transmission

Handwashing with soap can reduce the risk of diarrheal disease by more than 40%,<sup>12</sup> while the use of improved sanitation reduces the incidence of diarrhoea in children by 36%.<sup>13</sup> In addition, handwashing with soap at critical moments and use of basic sanitation can prevent infections that will subsequently

<sup>10</sup> Pruss-Ustun A., Bartram, J., Clasen, T. & Colford, J.M. *Burden of disease from inadequate water, sanitation and hygiene in low- and middle-income settings: a retrospective analysis of data from 145 countries*. Tropical Medicine and International Health, 2014; 19(8): 894-905.

<sup>11</sup> The Global Nutrition Report, 2018

<sup>12</sup> Aiello, AE, Coulborn RM, Perez V, Larson EL. *Effect of Hand Hygiene on Infectious Disease Risk in the Community Setting: A Meta-Analysis*. Am J Pub Health, 2008; 98(8): 1372-81

<sup>13</sup> Waddington, H., Snilstveit, B., White, H., Fewtrell, L. *Water, sanitation and hygiene interventions to combat childhood diarrhoea in developing countries*. The International Initiative for Impact Evaluation (3ie), 2009

reduce neonatal and under five mortality, help prevent stunting, reduce the prevalence of other infectious diseases, cut absenteeism in schools, and is a key intervention in the case of epidemics like Ebola.

Within health care settings, improved handwashing with soap practice is critical in decreasing infection rates as well as addressing the global crisis of antimicrobial drug-resistant (AMR) bacteria. Presently, 700,000 deaths each year are attributable to AMR<sup>14</sup>. One model estimated that each increase of 1% in hand hygiene compliance could save nearly \$40,000 in MRSA (methicillin-resistant *Staphylococcus aureus*) related health care costs per year in a hospital setting.<sup>15</sup>

Unfortunately, handwashing practices remain alarmingly poor across the world. Only 19% of people across the world wash their hands with soap after defecation.<sup>16</sup> 16% of healthcare facilities globally had no hand hygiene facilities<sup>17</sup> and 36% of schools globally had no handwashing facilities<sup>18</sup>, indicating poor handwashing practice everywhere, including schools and health service settings. Amongst the existing handwashing facilities, consideration of accessibility and usability by groups with specific physical needs is limited.

## RWANDA

Diarrheal disease is the leading cause of death for children under 5 years in Rwanda, followed by sepsis, malaria, and pneumonia as shown in Figure 2, three causes of which could have been reduced with proper handwashing practice.<sup>19</sup> The Demographic Health Survey in 2014/15, shows a substantial burden of preventable infectious disease, with 12% of children being reported as having diarrheal disease in the 2 weeks preceding the DHS.<sup>20</sup>

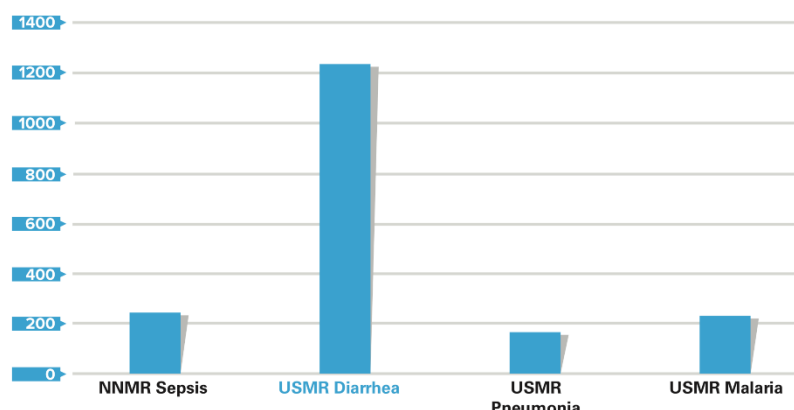


Figure 2: Leading Causes of Under 5 Death in Rwanda

Improved handwashing practice is also critical from an outbreak control perspective. It is a key strategy for preventing and controlling the spread of Ebola Virus Disease (EVD) and cholera, both of which are endemic to the Democratic Republic of Congo, Rwanda's western neighbour.

While stunting has significantly reduced from 58% since 2005, it remains high in Rwanda at a rate of 38%.<sup>21</sup> Stunting is a result of not only inadequate dietary intake of nutrients but also a result of chronic exposure

<sup>14</sup> Allegranzi B, et al. *Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis*. Lancet. 2011;377(9761).

<sup>15</sup> Collins, A. *Preventing Health Care-Associated Infections*. Hughs, R.G. (ed) 2008. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. <https://www.ncbi.nlm.nih.gov/books/NBK2683/>

<sup>16</sup> Freeman M, Stocks M, Cumming O, Jeandron A, Higgins J, Wolf J, et al. Hygiene and health: A systematic review of handwashing practices worldwide and update of health effects. *Tropical Medicine and International Health*. 2014; 19(9): 906-16.

<sup>17</sup> WHO, UNICEF JMP. *WASH in health care facilities: Global Baseline Report*, 2019.

<sup>18</sup> WHO, UNICEF JMP. *Drinking water, sanitation, and hygiene in schools: Global Baseline Report*, 2018.

<sup>19</sup> Government of Rwanda. *Rwanda Demographic and Health Survey 2014-15*, March 2016.

<sup>20</sup> Ibid

<sup>21</sup> Ibid

to pathogens which can reduce nutrient absorption. This chronic exposure can largely be avoided through improved hygiene practices.

According to the 2014-15 Rwanda Demographic Health Survey, 12% of households in Rwanda have a place for handwashing; of these only 37% of places are equipped with both water and soap, equating to only 4.4% of households in Rwanda being equipped to enable the practice of handwashing with soap. The 2017 USAID-funded Gikuriro Project Baseline Report indicates high levels of knowledge between handwashing practice and prevention of disease. Despite the good levels of hygiene knowledge, with the exception of handwashing with soap after defecation (89%), reported practice at critical moments remains alarmingly low, with only 6.2% of respondents reporting handwashing with soap before eating with their hands and less than 1% reporting handwashing with soap after handling a child's faeces or before feeding a child.

There is limited understanding of how, when and why people in Rwanda wash their hands. The last nationally representative data about types of handwashing facilities indicates that only 28% of households in Rwanda had access to water within their household compound; only 24% had soap available for handwashing near this water source.<sup>22</sup> Deeper exploration around handwashing with soap practices by all people, including men, women, children and the disabled people is critical in order to effectively understand and improve this situation.

Even amongst the low percentage of households with a facility, the coverage is inequitable. Of the 37% of households that have handwashing facilities, there is considerable disparity between the presence of soap in the wealthiest households (9%) compared to the poorest households (50%),<sup>23</sup> thus illustrating a significant socioeconomic barrier to handwashing practice.

From the DHS data, it can be concluded that handwashing behaviour is not a social norm in Rwanda. The lack of a national culture of handwashing is complex, and not isolated to Rwanda. Key barriers to developing a national culture of handwashing with soap within Rwanda include:

- **Comprehensive strategy to promoting handwashing practice.** While knowledge about handwashing is high, practice in Rwanda is low. And thus, it appears that hygiene promotion and knowledge strengthening has not translated into adoption of handwashing behaviours. Changing handwashing behaviour will be achieved only when barriers are addressed, inclusive access to handwashing facilities, supply, and services is improved, and adoption of the desired practice is emotionally inspired at all target settings.
- **Rwandan evidence.** There is a dearth of Rwanda-specific knowledge around practices, availability of facilities, water, and soap to enable practice at specific moments and settings, or cultural norms and beliefs influencing HWWS, which will support the design of evidence based social and behaviour change interventions.
- **Facilities for practice.** Functional handwashing facilities, soap and water, and environmental cues to remind and enable the practice of handwashing at critical moments in relevant settings

---

<sup>22</sup> Government of Rwanda and UNICEF. *Knowledge, Attitude & Practices, Assessment on Early Nurturing of Children Report*, 2014.

<sup>23</sup> Government of Rwanda. *Rwanda Demographic and Health Survey 2014-15*, March 2016.

are not readily available in households, schools, health care facilities and other public and private institutions.

- **Institutional prioritization of handwashing.** With the exception of the Ministry of Health's *Hand Hygiene Procedures* document, Rwanda lacks handwashing standards, definitions, or targets, which in turn limits planning, impetus for coordination and evidence-based financing, monitoring and accountability for delivery.
- **Institutional Capacity.** Because handwashing has not been a national priority, there has been little effort to develop capacity on handwashing for health service providers, school teachers, national and district leaders, and program implementers. Similarly, systems to support the delivery and monitoring of handwashing need to be institutionalized in order to accelerate the adoption and practice of handwashing in Rwanda.
- **Inclusion of People with Disability (PWD).** The 2018 WASH partner mapping conducted by the Umbrella of Organizations of People with Disabilities (UPHLS) illustrates that despite efforts made by the Government of Rwanda in ensuring universal accessibility, people with disabilities continue to face challenges, including in accessing safe water, sanitation and hygiene.

# STRATEGIC FRAMEWORK FOR ACHIEVING A CULTURE OF HANDWASHING PRACTICE IN RWANDA

Vision	<p><b>National Vision Priority Area:</b> Enhancing dividend through ensuring access to quality health for all</p> <p><b>Strategy Vision:</b> Handwashing with soap is practiced by all people in Rwanda at critical moments, contributing to the prevention and reduction of disease prevalence, which in turn improves health, nutrition, and livelihoods for all people in Rwanda, especially children under five.</p>		
Goal	Foster a culture in which 100% of people in Rwanda practice handwashing at critical moments by 2024		
Principles	Evidence-Based Broad Engagement Sustainability	Holistic Approach Rwandan Identity Targeting Primary Groups and Settings	Accountability Equity and Inclusion
Strategic Objectives	Demand	Enabling Environment	Supply
Strategies	<ul style="list-style-type: none"><li>• Use of evidence-based social behaviour change communications to create demand</li><li>• Integrate into priority programs</li></ul>	<ul style="list-style-type: none"><li>• Capacity development</li><li>• Effective coordination</li><li>• Public-Private Partnerships</li><li>• Continuous review and learning for evidence-based programming</li></ul>	<ul style="list-style-type: none"><li>• Availability of inclusive handwashing facilities to enable practice</li><li>• Availability of inclusive products and services in Rwanda</li><li>• Functioning and adequate water and sanitation services</li></ul>



## VISION

Handwashing with soap is practiced by all people in Rwanda at critical moments, contributing to the prevention and reduction of disease prevalence, which in turn improves health, nutrition, and livelihoods for all people in Rwanda, especially children under five.

## GOAL

Foster a culture in which 100% of people in Rwanda practice handwashing at critical moments by 2024.

## PRINCIPLES

This sub-strategy should embrace the following principles that will contribute to enabling all people in Rwanda to adopt and sustain the practice of handwashing. As stakeholders endeavour to implement the sub-strategy, program design, interventions, and activities should be assessed through the lens of the following:

**Evidence Based.** Investments in programs, practices, and activities are based on evidence and proven results.

**Holistic Approach.** Efforts should be designed to enable individuals to practice the desired behaviour, increase awareness and knowledge, address barriers, consider supply needs, facilitate practice, and reinforce achievement of the desired behaviour.

**Broad and Integrated Engagement.** Strong coordination and collaboration between a wide variety of relevant stakeholders – government – across ministries and agencies, from the national level to the village level, development partners, private sector, and community members – will optimize the achievement of desired outcomes and targets. Where feasible handwashing promotion should be integrated into existing services and interventions to optimize the reach and effectiveness of efforts.

**Rwandan Identity.** Traditional values, such as volunteerism, unity, selflessness, and responsibility – as well as community channels, like *umuganda* and *isibo*, which the Government of Rwanda has adopted as key tools for development - enable effective and trusted entry points to mobilize communities.

**Accountability.** Government and partner accountability for delivery of the strategy is essential for maintaining momentum, achieving targets, and identifying and addressing emerging gaps and challenges.

**Sustainability.** Efforts should be developed considering the support systems, facility designs, finances, and human resources required to ensure sustainable outcomes.

**Equity and Inclusion.** Efforts should strive for universality around the promotion and practice of handwashing with soap, ensuring that men, women, boys, girls, and people with disabilities can access promotional or knowledge enhancing materials and use handwashing facilities at all critical times.

**Targeting Primary Groups and Settings.** The promotion of handwashing needs to extend beyond practice within the confines of the home to throughout all settings in life – schools, health care settings, restaurants, community - in order to cultivate a social norm of practice. And programs must be deliberate in using evidence-based understanding of their primary groups to design interventions and communications that effectively influence the uptake and sustained practice of the desired behaviour.

## *PRIORITY SETTINGS / TARGET GROUPS*

Clear definition of target groups enables the design of effective and innovative messages and interventions, as well as identifies appropriate communication channels. This sub-strategy is intended to create a national culture of sustained handwashing with soap practice at critical times, not just at the home but through all settings in life. To facilitate targeting interventions and programs to effectively reach and have the strongest impact in establishing a culture of handwashing, target groups have been defined by **settings** where the desired behaviour is to be practiced.

The sub-strategy identifies **primary target groups**, which are the people whose behaviours are an indicator of achievement of targeted outcomes, and **secondary target groups**, which are the people who create, advocate, and support the enabling environment to enable the adoption of target behaviours.

### TARGET GROUPS TO PRACTICE HANDWASHING

To foster a national culture of handwashing, regular practice by all at critical moments in all settings is essential, whether an individual is at work, eating at a restaurant, or shopping at the market. Interventions must be designed to 'nudge' individuals to wash their hands at critical times. Nudges are environmental cues, including the handwashing facility itself, that can be established at relevant settings to remind and trigger an automatic response to wash hands with soap.

#### **SETTING 1: HOUSEHOLDS**

Enabling handwashing with soap near the latrine and near food preparation and consumption locations.

##### **Household Heads**

Heads of households play a key role in the decisions for improved sanitation and hygiene, one of which is having an inclusive handwashing facility near the toilet. Handwashing with soap has a capital investment of a facility as well as running costs of soap and water to maintain practice at critical times. If household heads are not convinced about the need for increased use of water and soap for HWWS, they are unlikely to prioritize finances for the facilities, water and soap, thus compromising efforts to build HWWS as a habit for their families.

##### **Caregivers of young children**

Caregivers are often targeted as the primary target audiences for handwashing with soap promotion because they are caretakers of children under 5 years, who suffer the biggest burden of diarrheal and acute respiratory infections. Caregivers also have a unique opportunity to influence children to practice the desired behaviour, during critical formative/habit-forming years. While caregivers are most often adult females / mothers in the household; fathers, grandparents, and older siblings also play important caregiver roles. When an entire family takes up HWWS, it is much easier to reinforce the behaviour until it is established as a household habit.

## **Caregivers of people with physical needs, including people with disabilities, children and the elderly**

Caregivers of family member with physical needs require specific consideration in relation to infrastructure and communication needs. Targeting these groups will maximize the adoption and practice of the desired behaviour for all as well as enable individuals to become effective advocates for better service for family members.

## **Children**

Childhood is not only a time of vulnerability to infection, but it is also a key time in which to explore and establish behaviours that will be practiced throughout life. Children can be targeted with handwashing promotion through Early Childhood Development centres, schools, and in the community.

## **SETTING 2: HEALTH CARE SETTINGS**

Enabling hand hygiene – handwashing with soap, as well as other techniques needed to sanitize hands for medical procedures - practice by health care professionals at critical points of care and handwashing with soap practice near the latrine and near food preparation and consumption locations.

### **Health Care Professionals**

Any health care professional or person involved in direct or indirect patient care needs to be correctly practicing hand hygiene at the five health care critical moments 1) before touching a patient, 2) before clean/aseptic procedure, 3) after body fluid exposure risk, 4) after touching a patient, and 5) after touching a patient's surroundings, as well as the standard two critical moments- 1) after contact with faeces and 2) before contact with food. In addition to requiring the health care environment to be equipped with inclusive hand hygiene facilities and products, health care professionals will be trained in proper hand hygiene techniques to ensure antiseptic practices to reduce the transmission of infections.

### **Patients and Visitors**

Patients and visitors to health care facilities should practice handwashing at critical moments- after contact with faeces and before contact with food. This is especially important in health care settings in order to minimize spread of nosocomial infections that exist in health care settings.

### **Health Care Setting Maintenance and Cleaning Staff**

Health care setting maintenance and cleaning staff responsibilities place them in direct contact with waste and fluids that transmit infection. To minimize maintenance and cleaning staff exposure to pathogens and spread of the pathogens, they should be trained and enabled to practice hand hygiene at after contact with health care waste, as well as before contact with food and after contact with faeces.

### **SETTING 3: SCHOOLS AND EARLY CHILDHOOD CENTERS**

Enabling handwashing with soap near toilets and near food preparation and consumption areas. Schools provide excellent settings to both teach children about the desired behaviour as well as to provide the students with an opportunity to regularly practice the behaviour.

#### **Administration and Teachers**

School administrators and teachers are important role models for students, thus it is essential that they demonstrate desirable behaviours as well as ensure that the school environment is fit for learning about, modelling, and practicing handwashing. Teachers should lead in institutionalizing opportunities for students to practice handwashing with soap behaviour at critical times.

#### **Students**

Primary and secondary school students are at critical habit-forming period of their lives, rejecting and adopting behaviours based on their exposure and experience with the desired behaviours. Motivated and active students who are provided necessary training, can also become peer educators and promote the practice among other students and within their homes.

### **SETTING 4: OTHER PRIVATE AND PUBLIC PLACES**

Enabling handwashing practices near toilets and near food preparation and consumption areas.

- Food handlers and customers
- Government staff
- Market workers and customers

### **TARGET GROUPS TO LEAD CHANGE**

#### **Policy Makers, Government Departments, including Ministry of Health, Ministry of Education, Ministry of Local Government, Ministry of Gender and Family Promotion, and District Authorities**

To reduce child and infant mortality rates as well as improve nutrition and overall health, hygiene should be an integral part of planning and financing for a broad mix of ministries and district level services. Under the Social Transformation Pillar, the National Strategy for Transformation requires government leaders to set approaches and targets for *Strengthening disease prevention awareness and reducing communicable and noncommunicable diseases* as a strategy for *ensuring quality health for all*.

#### **Development partners, including donors and NGOs**

Development partners play an important role in advocating, implementing, financing and providing technical support for handwashing. Where there are gaps in government services, partners can provide essential support to cover gaps while working with government to build sustainable inclusive services. Implementing partners will work closely with district authorities in order to effectively coordinate and implement handwashing activities at the district and local levels.

**Local Authorities and Community, Opinion, and Religious Leaders**

Local authorities and leaders mobilize and influence community members to improve hygiene, creating long-lasting community health and well-being benefits. Community leaders will be instrumental in establishing, institutionalizing, and monitoring handwashing norms in order to foster a community culture of handwashing. Religious leaders, who are trusted sources of information that regularly meet with large members of the community, present a unique channel to mobilize community members around handwashing with soap.

**Private Sector**

Private sector can play a significant role in supporting the uptake of handwashing with soap while at the same time generating profit, by aligning its products and services to enable handwashing with soap, lowering costs and increasing access through innovation, and by supporting the application of private sector marketing techniques to inspire people to practice the desired behaviour.

**Organizations for People with Disability**

Organizations who represent people with disability can play a great role in cultivating a culture of handwashing by providing information regarding challenges faced by people with disability/impairment and the needs of people with disability. In developing promotional materials and training of key promoters for different types of impairment.

## STRATEGIC OBJECTIVES

**Objective 1:** To create and sustain **DEMAND** for handwashing practice at critical moments

**Objective 2:** To build an **ENVIRONMENT** that **ENABLES** handwashing interventions and practice for all

**Objective 3:** To ensure accessible **SUPPLY**, including facilities, services and products for handwashing

## STRATEGIES

The National Handwashing Sub-Strategy will achieve its three strategic objectives by undertaking the various key strategies, detailed below in Table 1. If effectively implemented, the strategies will create and sustain a national culture of handwashing at critical times.

Table 1. Key Handwashing Strategies

Strategic Objectives	Strategies
1. To create and sustain demand for handwashing practice at critical times	⌘ Use evidence-based behaviour change communication that improves knowledge and awareness about handwashing and uses key drivers and motivators to influence the practice of the desired behaviour
	⌘ Integrate handwashing into priority health, education, early childhood development, and community programs
2. To build an environment that enables handwashing interventions and practice for all	⌘ Prioritize capacity development to build and strengthen government, implementor and community capacity around handwashing
	⌘ Facilitate effective coordination bodies mandated to align government regulations, integrate programs, and plan, budget, coordinate and monitor implementation
	⌘ Build strategic public private partnerships in order to mobilize resources and to draw on the expertise of the private sector in influencing behaviours
	⌘ Build evidence and learning to maximize the effectiveness, efficiency, and sustainability of handwashing interventions / programs
3. To ensure accessible supply, including facilities, services, and products for handwashing	⌘ Ensure the availability of handwashing facilities and goods in homes and institutions to enable sustained practice of handwashing, for all men, women, boys, girls, and people with disabilities, students, teachers, health care professionals
	⌘ Strengthen local markets and supply chain to increase access to handwashing products that can be accessed and used by all people from the national to the cell level.
	⌘ Strengthen handwashing related services (water services, public hygiene and sanitation facilities) to ensure that people can practice the desired behaviour in their home as well in institutions.

**Objective 1 - To create and sustain demand for handwashing at critical times**

To effectively create a social norm of handwashing with soap, interventions must overcome existing barriers, inspire individuals using motivations based on existing beliefs and enable practice according to available resources. To do this, it is essential to understand the knowledge, attitudes and aspirations of the target audiences as well as to understand how to effectively reach the target audience to influence the desired change.

**Strategy 1.1: Utilization of Social Behaviour Change Communication**

Use evidence-based social and behaviour change approaches that not only improves knowledge and awareness about handwashing but uses key drivers and motivators to inspire the desired behaviour. Behaviour change approaches require a strong understanding of what triggers and supports target groups to sustain the desired behaviour. Globally, the most common motivators for handwashing behaviour include disgust, affiliation, attraction and nurture, all of which have been used to develop mass media communications as well as one-on-one communication for behaviour change. However, it is critical to understand what motivates people in Rwanda, specifically, in order to develop the most effective communications.

- 1.1.1 Conduct formative research to establish an evidence-based understanding of practice, drivers, enablers, and barriers for handwashing with soap based on settings and different target groups including people with disability. The formative research should also provide an understanding of the communications needs for the different target audiences.
- 1.1.2 Conduct a handwashing stakeholder workshop to validate formative research and to identify and build stakeholder consensus around key motivators and drivers that will influence the target groups to adopt the desired behaviour.
- 1.1.3 Design an evidence-based behaviour change campaign concept, communications plan, actions and tools to promote a national culture of handwashing practice. While there should be one overarching campaign concept and brand, adaptations will probably be required for different target groups in different settings, including people with disabilities. Tools and channels for delivery should be evidence based, targeted for specific groups, and diverse to maximize exposure. Both above-the-line channels (mass media) and below-the-line channels (community meetings, umuganda, house to house visits, consultation) should be utilized and should reflect Rwandan identity while still being innovative. Workshops will be conducted to introduce the handwashing campaign, tools, and implementation strategy to key government and partner stakeholders, providing opportunities to provide feedback, and build partner consensus and ownership over the end results.

### **A Mix of Actions to Inspire Change**

- Promotion of **different handwashing facility design options** that explain advantages and disadvantages of designs around 1) access to water, 2) physical needs of specific groups including people with disabilities, small children, and the elderly, and 3) space requirements.
- **Opportunities for individuals and families to practice** handwashing should be used as an effective approach for spreading and reinforcing handwashing as an easy and sustainable practice.
- **Public validation and recognition** of individual, household and community handwashing practice will create both pride and accountability, thus optimizing the sustainability of the adoption of handwashing.
- **Identify handwashing champions** at the village, district and national levels and leverage their support as role models for the desired behaviour.
- Introduce **certification and celebration** of districts with 100% handwashing practice.
- A variety of **entertaining activities** that reach different parts of the population (adults and children, men and women, etc), like dance competitions and music are effective at drawing interest as well providing an entry point for conveying messages, channel for demonstrations, and an opportunity for recognizing success stories regarding the target behaviours in the community.

- 1.1.4 Implement a high visibility launch event in order to raise the profile of handwashing and create excitement at national, district, sector, cell, and village levels.
- 1.1.5 Deliver a phased handwashing behaviour change initiative with advocacy efforts, district-led community mobilization, above-the-line promotion (mass media – radio, TV, and social media), and below-the-line promotion (interpersonal communication and community events/activities) through multiple entry points including homes, schools, health care settings, restaurants, work places, ECD centre, markets, Umuganda, youth clubs and Car Free Sundays.
- 1.1.6 Broadcast TV programs, including TV talk shows, TV advertisements, and special handwashing features through regular programming like Iterero, throughout the life of the national handwashing promotion actions.
- 1.1.7 Broadcast radio programs, including radio advertisements, public debates and DJ mentions, throughout the life of the national handwashing promotion actions.
- 1.1.8 Design and disseminate environmental cues for public and private institutions to remind people to wash hands with soap at critical moments. Cues can be posted near latrines and near kitchens and eating locations to remind individuals to wash hands with soap after contact with faeces and before contact with food. Environmental cues are visible reminders that can be used in public and private institutions to trigger automatic decisions to wash hands at critical times. Placed in key settings to remind individuals practice handwashing is an important enabler to start shifting social norms of practice around handwashing.



### **Strategy 1.2: Integration into priority programs and through community channels**

Handwashing is a behaviour that is practiced throughout the day at different critical moments by all members of the population. It is a behaviour that requires intervention at the household and community level, within government institutions like schools and health care settings and within private institutions like restaurants, shopping centres, and churches. To effectively shift social norms towards a culture of handwashing, it is critical to integrate handwashing throughout all stages and settings of life, prioritizing the home, community, schools, health facilities, and government and private institutions.

1.2.1 Foster national, district, sector, cell, and village leadership commitment to promoting handwashing and use national and district meetings and workshops to raise the profile of handwashing by all in Rwanda and introduce the campaign approaches and tools.

1.2.2 District Sanitation and Hygiene Officers and Community and Environmental Health Officers monitor and provide on-the-job support to the following priority programs and district authorities to promote handwashing:

- **National Early Childhood Development Program:** Handwashing with soap promotion will be integrated into caregiver training and practiced by children and caregivers at ECD centres. Young children are both particularly vulnerable to hygiene-related diseases as well as receptive to taking on new behaviours as habits, if the practice is learned and reinforced through play.
- **Nutrition Interventions:** Handwashing with soap practice before preparing food, before eating, before feeding / breastfeeding a child will be prioritized and modelled throughout all nutrition interventions.
- **Maternal and Child Health Interventions:** Handwashing will be promoted both during pregnancy and after delivery to reinforce the importance of the behaviour. Antenatal care (ANC) attendance and handwashing will be promoted through the distribution of Hygienic Mother Kits (reusable diapers, soap, handwashing promotion materials) and handwashing counselling at ANC and immunization appointments. New mothers are particularly receptive to adopting new behaviours that they believe will enable them to raise healthy children.
- The **Community Based Environmental Health Promotion Program** will promote household handwashing practice through Community Health Dialogue Groups and reinforce the behaviour for sustainability through CBEHPP monitoring activities.
- **Primary and Secondary Education:** Schools will integrate hygiene and handwashing with soap into the curriculum, as well as ensure that sufficient inclusive handwashing facilities are available to demonstrate and allow the creation of handwashing habits at critical moments during the school day. When handwashing is taught and supported at schools in communities where handwashing is also being promoted through other channels, children often act as agents of change reinforcing the desired behaviour at the household.

- **Outbreak (i.e. Cholera and Ebola) prevention and control** programs will include handwashing guidance and promotion as a key strategy in preventing transmission.
  - Programs should engage **Religious and Community Leaders** in handwashing promotion as they have established channels (services, Umuganda, Isibo...) that effectively gather large numbers of the population on a regular basis and the **religious and community leaders** delivering the messages are trusted information providers for the community.
- 1.2.3 Use **global celebrations, including Global Handwashing Day, World Toilet Day, World Food Day, World Water Day, and Day of the African Child**, to promote handwashing in communities.

## STRATEGIES AND ACTIVITIES FOR OBJECTIVE 2 – ENABLING ENVIRONMENT

### **Objective 2 - To build an environment that enables handwashing interventions and practice for all**

Scaling up programs and initiatives to create and sustain handwashing practices for all in Rwanda requires strong government systems that enable and foster partnership, coordination, and innovation between the myriad of stakeholders required to effect sustainable handwashing behaviour change.

#### **Strategy 2.1: Capacity Development**

Capacity development efforts are essential to ensure that government, implementors and community leaders have the knowledge, skills, and resources needed to effectively promote and implement interventions that enable all people regardless of gender, age, or ability to wash their hands with soap at critical moments.

##### 2.1.1 Develop inclusive training modules around handwashing for the following groups:

- District Sanitation and Hygiene Officers
- District and Community Leaders
- Religious Leaders
- Teachers and Early Childhood Caregivers
- Health and Sanitation Officers
- Health Professionals, including Community and Environmental Health Officers and Community Health Workers
- Disability Mainstreaming Officers
- NGO and Community Based Organizations
- Food Handlers
- Journalist and Media Houses

The training modules should be adapted for the different target groups listed above and should be developed to enable integration of the following topics into existing programs: 1) association between handwashing and health, nutrition, education and development, 2) procedures and critical moments for handwashing, 3) environmental cues / enablers that can be established to facilitate the practice of the desired behaviour, and 4) guidance on the use of messages and tools developed to create handwashing with soap at critical moments a social norm in Rwanda.

- 2.1.2 Create and implement a plan to train relevant stakeholders, as indicated above, in the handwashing modules to ensure that Rwanda has the necessary capacity to achieve its targeted handwashing behaviour change outcomes. While specific events and interventions may be used to raise the profile of handwashing in Rwanda, programs will prioritize integrating handwashing into appropriate points of existing interventions in order to maximize the reach and effectiveness of engagement with handwashing, but also to optimize the effectiveness of their own targeted outcomes. Integration should be prioritized but not limited to the following sectors: Early Childhood Development, Education, Maternal and Child Health, Communicable Disease Control, and Nutrition.
- 2.1.3 Develop and implement a system for continued professional growth around handwashing over the span of this strategy.

#### **Strategy 2.2: Effective Coordination Bodies**

To effectively scale up programs to realize the strategic objectives, effective coordination bodies that are mandated to align government regulations, integrate programs, and plan, budget, and coordinate implementation are critical.

- 2.2.1 Use the Environmental Health / Health Promotion Technical Working Group to establish a Task Force that will ensure effective implementation to realize strategic objectives. The Department of Environmental Health, MOH, will assume the role of the Chair for the Coordination Body to oversee implementation and engage stakeholders. Use the Social Cluster of Ministries to select representatives of relevant ministries, as indicated in Table 2.
- 2.2.2 Develop a Terms of Reference to outline specific responsibilities of the Task Force. The Task Force should be composed of key stakeholders active in 1) financing the actualization of the strategy, 2) implementing strategic programs, 3) representing relevant public and private institutions, and 4) advocating to increase the prioritization of handwashing on the national agenda. Below in Table 2 are proposed members of the Task Force and the roles and responsibilities for the management and scale-up of the interventions to realize the National Handwashing Sub-Strategy.

**Table 2. Handwashing with Soap Task Force Proposed Stakeholders**

Stakeholder	Role	Proposed Responsibility in the Handwashing Task Force
<b>Department of Environmental Health, MoH</b>	Primarily responsible for the delivery of sanitation and hygiene programs related to the promotion of environmental health and the prevention of related diseases.	<p>To lead the Coordination Body, ensuring engagement of partners in supporting the sub-strategy, proper implementation and adaptations of the strategy as needed.</p> <p>To strengthen the integration of handwashing into priority programs, ensuring planning, financing, monitoring for its inclusion and monitoring its implementation.</p> <p>To strengthen the capacity of Community Health Workers to achieve Handwashing Strategic Objectives.</p> <p>To raise the profile of handwashing on the national agenda, advocating for its inclusion in policies, annual planning and programming.</p> <p>To advocate and budget for the management of the National Handwashing Sub-Strategy implementation</p>
<b>Rwanda Health Communication Centre Division, Rwanda Biomedical Centre, MoH</b>	Ensures quality health service delivery, education, and research, including the coordination of health promotion interventions	<p>To review, provide technical guidance, and approve behaviour change communications research and tools used to promote handwashing.</p> <p>To lead actions and communications to increase the profile of handwashing on the national agenda.</p> <p>To advocate and budget so that health facilities are properly resourced to enable both health professionals and patients to practice handwashing at critical times.</p>
<b>National Early Childhood Development Program</b>	Leads the delivery of interventions that support the children's development from conception to six years of age, including around nutrition	<p>To review and improve handwashing practice issues included in Early Childhood Development programs and in caregiver training.</p> <p>To strengthen support to Early Childhood Development and ensure prioritization of hygiene when planning, resource centres, implementation and monitoring of hygiene programmes.</p> <p>To advocate and finance for equipping ECD centres with handwashing facilities and for the training of ECD carers to promote and enable handwashing.</p>
<b>Ministry of Local Government</b>	Ensures the coordination of good governance, including the quality and inclusiveness of implementation of programs at local level, developing institutional and human resource capacity, and M&E of national policies and programs	<p>To support districts towards realizing their handwashing programs and targets, including:</p> <ul style="list-style-type: none"> <li>• Ensuring allocation of budget and resourcing for strategy implementation</li> <li>• Monitor the progress of handwashing and its inclusiveness.</li> </ul>

<b>Ministry of Infrastructure</b>	Leads the water and sanitation infrastructure sector and manages capital investment required to ensure water service access for all	To improve handwashing outcomes by prioritizing, advocating, and financing for the implementation of water supply programs that deliver quality and sufficient quantity of water to communities.
<b>Ministry of Education</b>	Responsible for basic education, including that a school environment is sufficiently resourced to enable handwashing	To advocate and finance for adequate provision of inclusive sanitation, water, and handwashing facilities and supplies in schools for both teachers and students. To review and prioritize handwashing education within the national primary education curriculum. Monitor handwashing education implementation as part of national primary education and in day to day activities in the schools.
<b>Ministry of Trade and Industry</b>	Responsible for supporting private sector growth and creating business environments that protect consumers	To facilitate the engagement of the private sector in supporting the promotion and supply of handwashing practice. To ensure that businesses, especially restaurants, are establishing inclusive environments that allow for workers as well as patrons to practice handwashing at critical times
<b>Development Partners</b>	Advocates for, technically supports, finances, and/or implements programs and interventions to support communities and systems develop and prosper	To finance and implement handwashing interventions that align with the National Handwashing Strategy. To strengthen community and social mobilization for handwashing promotion. To strengthen the market to ensure access to all people in the community, including people with disability.

- 2.2.3 The Task Force will meet on a regular basis to manage and report on the implementation of the National Handwashing Sub-Strategy. In addition to reviewing progress in implementing the strategy, these meetings will be used to support the annual planning and budgeting process to ensure that relevant Ministry personnel, functions and programs are appropriately financed to implement the National Handwashing Sub-Strategy.
- 2.2.4 The Task Force will advocate for the inclusion of handwashing and handwashing aspects into relevant government policies, strategies, and regulations. To improve the health of the public, handwashing should be an integral part of government development planning, especially for health, education, water, sanitation, trade and industry, and housing sectors. As part of this the Ministry of Health will establish national guidelines around inclusive infrastructure requirements for hand hygiene, as well as running costs to maintain the functionality of the hand hygiene facilities. Infection prevention guidelines will be established to oversee that all health personnel are trained in proper hand hygiene and that a system for auditing hand hygiene in clinical settings is implemented.

- 2.2.5 Health Ministry Leaders will establish, implement, and monitor policies, standards and guidelines to ensure the proper provision of facilities, supplies and products for hand hygiene in healthcare settings and the proper practice of hand hygiene by health care providers for infection prevention measures in health care settings.

### **Strategy 2.3: Public Private Partnerships (PPPs)**

Building strategic public private partnerships in order to draw on the expertise of the private sector to inspire behaviour as well as to influence innovation around handwashing consumer options can optimize the achievement of targeted strategic objectives. While NGOs and government institutions are interested in improving health and well-being, the private sector is driven by selling products such as soap. The melding of these two interests and expertise can drive better results than when the two work in isolation.

- 2.3.1 Identify opportunities to forge Public-Private Partnerships with the private sector to address handwashing issues for schools and ECD Centres, health facilities, households, outbreak control, restaurants.
- 2.3.2 Conduct workshop to introduce opportunity of PPP with private sector.
- 2.3.3 Establish PPP for handwashing with approved agreements on roles and responsibilities and working arrangements. Hold regular PPP meetings to advance the PPP agenda optimizing support for handwashing efforts.
- 2.3.4 Promote and define appropriate roles for private sector to support government campaigns to motivate the population to practice handwashing.

### **Strategy 2.4: Monitoring, Evaluation, and Learning (MEL)**

Evidence and regular learning are essential to maximize the effectiveness, efficiency, and sustainability of handwashing interventions / programs and to measure progress towards achieving strategic objectives. MEL systems must be developed and integrated into both intervention delivery as well as systematic national monitoring systems.

- 2.4.1 Conduct formative research to establish an evidence-based understanding of practice, drivers, enablers, and barriers for handwashing with soap based on settings and different target groups including people with disability. The formative research should also provide an understanding of the communications needs for the different target audiences, including people with disability. Subsequent handwashing promotion approaches and tools should be based upon the formative research evidence.
- 2.4.2 Implement the Handwashing Monitoring, Evaluation, and Learning Framework to facilitate tracking progress, identify challenges as well as opportunities and innovations, and ensure sustainability of outcomes. The framework should be periodically reviewed by the Task Force to ensure that it is being institutionalized by government and partners and to update it as needed.

Global best practices around M&E systems, including digital mobile tools, should be considered in the development of the system to measure handwashing with soap practice.

National leaders must agree and approve clear definitions, standards, and indicators for handwashing practice and for measuring household and institutional handwashing facility coverage to ensure consistency, comparability, and confidence in reported achievements.

Household and institutional handwashing facility monitoring should be incorporated into national government monitoring systems. Regular monitoring and dissemination of handwashing facility coverage results will reinforce the importance of having a facility both at the household as well as in institutions. Tracking coverage will also provide responsible parties with evidence to guide where actions are needed to improve prioritization for handwashing and hold leaders accountable for achievements.

#### **Definitions and Standards for Monitoring Handwashing Facilities**

Because measuring actual practice of handwashing with soap is time consuming and resource intensive, a proxy indicator of *'the presence of a handwashing facility with soap and water'* will be used to measure the behavior.

A **household handwashing facility** is defined as, *'Any facility that allows handwashing with soap practice, including sinks with tap water, buckets with taps, tippy taps, portable basins, and jerry cans.'*

While promotion efforts will aim at the establishment of the 'best' handwashing facilities, ones that prevent contamination of water, allow for storage of large quantities of water, and are placed where critical moments occur, implementors must also support community members to establish facilities according to resources that they will be able to sustain.

**Institutions** should prioritize having permanent handwashing facilities that have running water and are accessible to all. The Handwashing Coordination Body should work with representing government ministries and agencies to specify the standards to which their institutions will be held for handwashing facilities.

- 2.4.3 The Task Force will establish a Handwashing / WASH Learning Think Tank and conduct regular meetings to share, coordinate, and determine learning needs that will promote and inform the handwashing agenda.
- 2.4.4 Plan for midterm (2022) evaluation of the sub-strategy to assess the effectiveness of the strategies, the relevance of the costing and pace of the implementation, identify gaps preventing achievement of strategic outcomes, and explore opportunities to improve strategies. The evaluations should be designed to enable comparison between practice and coverage at the baseline (DHS), the midline, and the endline.
- 2.4.5 Conduct an end of strategy review to assess the achievements of the sub-strategy, identify future needs and propose revisions for a subsequent five-year handwashing strategy. Evidence from the endline evaluation will be used to inform the review and revisions.

## STRATEGIES AND ACTIVITIES FOR OBJECTIVE 3 - SUPPLY

### **To ensure accessible supply, including facilities, services, and products for handwashing**

While the creation of demand for handwashing is critical, without facilities in appropriate, enabling locations, friendly for children and people with disabilities, the practice of handwashing by all will not be realized. Affordable and functioning services and products must be available for households to create an environment within their homes to practice the desired behaviour. And handwashing facilities and products must be available within both public and private institutions to enable the desired behaviour as well as to act an environmental cue to automate the practice for every person at critical moments in Rwanda.

Handwashing in Rwanda will benefit from introduction to and scaling up Rwanda appropriate innovations that can be found both in Rwanda as well as globally. This can be effectively done through active engagement with the private sector, which has connections with markets for innovation and can act to reach remote communities if demand is seen. Consultation around innovations with people with disabilities organizations will ensure that handwashing products marketed to the public are accessible and usable by everyone. To drive market development, Government establishment of regulations around public and private institution requirements to have functional handwashing facilities that are usable by all people will contribute to driving market development.

#### **Strategy 3.1: Ensuring handwashing facilities, with supporting environmental cues, are available**

Ensuring the availability of inclusive handwashing facilities, water and soap in homes and institutions to enable sustained practice of handwashing, for all including community members, students, teachers, health care professionals will optimize the uptake of the desired behaviour as well as support the creation of a national culture of handwashing. To achieve the strategic goal of all Rwandans washing hands with soap at all critical times, inclusive handwashing facilities must be available everywhere.

##### **What is a Handwashing Facility?**

*Any facility that allows handwashing with soap practice, including sinks with tap water, buckets with taps, tippy taps, and portable basins.*

- 3.1.1 Advocate for the financing and establishment of handwashing facilities, adequate water and soap in all public and private institutions, including schools, health care settings, government buildings, markets and restaurants. Establish systems for monitoring and regulating the presence of facilities.
- 3.1.2 Supply improvement efforts should include the design, testing, and introduction of low-cost technology options for handwashing that can be constructed at the household and community level. Private sector, partners and District and Local Authority play an important role in supporting communities to access innovations for handwashing. Because of the mandate and influence that district and local authority hold to engage households and communities in hygiene improvements, they can effectively reach and influence communities to try new options. Private sector can make efforts to ensure that communities have access to the options at an affordable



price. Implementing partners can explore and introduce innovations that are working in other parts of the world.

- 3.1.3 Support vulnerable households to establish handwashing facilities in their houses. In Rwanda the proportion of households with a handwashing facility decreases with decreasing wealth, from 20% coverage in the highest wealth quintile to 9% in the lowest, which may indicate that household finance is a barrier.

### **Strategy 3.2: Enhance Access to Supply**

Enhance private sector supply of appropriate products and services from the national level to the cell level to ensure that community members can access needed products to enable them to wash hands using options that they prefer within their own homes and to ensure that public and private institutions are equipped with handwashing facilities. Engagement with private sector will facilitate identification of barriers to community members accessing supply and opportunities to bring supply closer to communities.

- 8.2.1 Carry out national handwashing market analysis to inform the development of market actions to improve access and affordability. This work should include an exploration of supply chain, innovative options, and affordability, as well as begin to identify private sector partners interested in collaborating to promote handwashing.
- 8.2.2 Promote the development of handwashing innovations and designs that are driven by local demands and preferences. In addition to collaborating with private sector to innovate around sanitation design and accessibility, the District Sanitation Centres, as defined by The National Sanitation Policy Implementation Strategy, can be used to introduce innovations around handwashing facilities.
- 8.2.3 Conduct periodic inspections of handwashing products and services to ensure quality.

### **Strategy 3.3: Strengthen Services**

Strengthen handwashing related services (water services, public hygiene and sanitation facilities) to ensure that all people can practice the desired behaviour in their home as well in institutions.

- 3.3.1 Collaborate with the Ministry of Infrastructure (MININFRA) to identify and address communities that do not have a sufficient supply of water to enable handwashing practice. Without access to an adequate supply of water, handwashing practice is not feasible. MININFRA should be engaged as a key partner in implementing the handwashing strategy.
- 3.3.2 Create regulation to ensure that sanitation facilities in public and non-household private settings are maintained adequately and with available water and soap for handwashing.

## IMPLEMENTATION PLAN REVIEW LIST

The action plan summarizes key strategies and links them to actionable tasks that are time-bound during the life of this sub-strategy (2019-2024), appointed to responsible bodies and connected to measures of the achievement. As the action plan is operationalized to implement the key strategies, policy makers, program managers and implementors need to ensure that the actions and activities apply the strategic principles for the greatest impact. The Task Force and partners will use the review plans, interventions and actions related to promotion of hand hygiene to verify that the strategic principles are applied, as follows:

- **Evidence-Based.** Is this approach designed based on evidence?
- **Rwandan Identity.** Is the approach appropriate to Rwandan culture?
- **Target Group and Setting.** Has the approach been designed to effectively communicate and influence a specific primary target group within the setting of the desired behaviour?
- **Holistic Approach.** Is this approach addressing the barriers to the desired behaviour in a holistic manner, responding to supply needs, creating setting enablers, improving knowledge and awareness, and strengthening institutional support?
- **Accountability.** Have accountability mechanisms been developed into the approach design?
- **Broad and Integrated Engagement.** Does the approach optimize partnerships between government, hygiene sector stakeholders, and community to capitalize upon the relative strengths and resources of the respective groups to effectively influence the sustained uptake of the desired behaviour?
- **Sustainability.** Are the approaches and the resulting outcomes sustainable?
- **Equity and Inclusion.** Do the approaches take into consideration ensure that the needs of all people - men, women, boys, girls, and people with disabilities – are considered and addressed to optimize handwashing with soap practice by all?

## MONITORING AND EVALUATION FRAMEWORK

### Desirable but not essential indicators

Outcomes	Outputs	Indicator	Baseline	Target -2024	Means of Verification	Responsible	Assumptions
<b>Goal / End of Sub-Strategy Outcome: A culture where all Rwandans practice handwashing at all critical times by 2024</b>		% of individuals practicing handwashing at critical times in the 1) household, 2) schools, 3) health facilities, 4) restaurants	4.4% (DHS 2014/15)	100%	End of strategy evaluation or DHS	MOH	Current handwashing facilities estimates are underestimated because the definition of an HWF may be limited and exclude jerry cans and basins that are being used in rural areas.
<b>Strategic Objective 1: To create and sustain DEMAND for handwashing practice at critical times</b>							
<b>Intermediate Outcome 1.1: Demand creation for handwashing practice</b>		% of HH with HWFs that have soap and water	4.4% (DHS 2014/15)	100%	DHS	MOH	HH HWFs are a good proxy indicator to measure practice and capture practice in non-HH settings
	Output 1.1.1: Evidence around handwashing practices, drivers, barriers, and enablers in Rwanda	Approved formative research report			Report and Validation meeting approval	MOH / UNICEF	There is expertise available to conduct formative research
	Output 1.1.2: Evidence based behaviour change communications strategy is used to create demand for handwashing	Approved handwashing behaviour change communications strategy, with implementation methodology and plan			Strategy document	MOH / UNICEF	Formative research provides sufficient evidence to develop a strong BCC strategy

	Output 1.1.3: Delivery of a phased handwashing behavior change initiative with Administrative Advocacy, Community Mobilization, Above the line promotion - mass media, and Below-the-line promotion - Interpersonal communication and community events	# of radio spots developed and broadcast		20	Bimonthly Coordination Body Reports	MOH	Radio stations broadcast according to agreed-upon schedules
		# of TV spots developed and broadcast		10	Bimonthly Coordination Body Reports	MOH	TV stations broadcast according to agreed-upon schedules
		# of districts promoting handwashing through community events / meetings / activities		30	District reports	MINALOC / District Authorities	Leadership prioritizes handwashing. District reports capture handwashing.
	Output 1.1.4: Increased knowledge and awareness on the importance of handwashing	# of additional people reached with campaign messages		5,000,000	Handwashing activity monitoring	MINALOC / Partners	Partners support implementation of the campaign and report on # of people reached.
		% of population correctly identifying the critical times for handwashing		80%	Strategy midline and evaluation	MOH	The BCC strategy is sufficient to reach to effectively increase community knowledge
		% of population correctly identifying that handwashing is an effective method for preventing diarrheal disease		80%	Strategy midline and evaluation	MOH	
Intermediate Outcome 1.2: Handwashing promotion and enabling integrated into priority programs and settings		# of additional people (disaggregated by sex and age) reached with handwashing promotion messages through: 1) ECD programs, 2) ANC visits, 3) CBEHPP, 4) Primary Schools, 5) Cholera / Ebola prevention and control activities		5,000,000 disaggregate	Handwashing activity monitoring	NECDP MINEDUC MOH CDC MOH EH MOH MCH	Data collection systems have the capacity to capture all people exposed to handwashing messages

	Output 1.2.1: Government programs prioritizing and integrating handwashing promotion into interventions	# of government programs that have prioritized handwashing and have integrated promotion messages and/or activities into their methodology and tools		9	Annual reporting	NECDP MINEDUC MOH CDC MOH EH MOH MCH	Annual reporting sufficiently describes inclusion of handwashing promotion.
	Output 1.2.2: District authorities commit to including handwashing as a priority district issue	# of districts for which there is a performance contract for handwashing	TBD	30	District performance contracts	MINALOC District Authorities	Advocacy efforts effectively mobilize district authorities to prioritize handwashing.
<b>Strategic Objective 2: To build an ENVIRONMENT that ENABLES handwashing interventions and practice for all</b>							
<b>Intermediate Outcome 2.1: Government, implementor and community capacity to promote and enable handwashing behaviours</b>		% progress in implementing the National handwashing Strategy	n/a	50% - 2022 100% - 2024	Tool to be developed	MOH EH	Partners are committed to implementing the National Handwashing Strategy
	Output 2.1.1: Consultation workshops held with stakeholders on roles in implementing the strategy	# and type of stakeholders consulted	n/a		Consultation participant lists	MOH EH	The correct level of stakeholders is available to attend workshops.
		# of stakeholders signing onto handwashing commitment	n/a		Commitment List	MOH EH	Workshops are designed to garner stakeholder commitment and effectively assign responsibilities.

	Output 2.1.2: Capacity of key stakeholders improved through the implementation of handwashing capacity development plan. Groups include: 1) district and community leaders, 2) teachers and ECD care givers, 3) health professionals, including CHWs, 4) NGO and Community based organizations, 5) food handlers	Approved handwashing training modules for different target groups	n/a	6 modules	Training participant lists	MOH EH	Programs prioritize HW sufficiently to allocate training time to their teams.
		# of individuals trained, disaggregated by gender and stakeholder group and district		Need target	Training participant lists	NECDP MINEDUC MOH CDC MOH EH MOH MCH	Programs prioritize HW sufficiently to allocate training time to their teams.
		% of individuals passing competency test post training, disaggregated by gender, stakeholder group, and district		85%	Training post test results	NECDP MINEDUC MOH CDC MOH EH MOH MCH	Training methodologies are aimed at the right level to increase capacity of teams to promote HW.
Intermediate Outcome 2.2: Functioning government-led committee to lead HW programming, including regulations, inter-sectoral integration, planning, budgeting, and coordinating implementation		# of policies / strategies / guidelines with handwashing integrated			Policies and Strategies		Handwashing is enough of a national priority to galvanize leaders to dedicate resources to ensuring handwashing is integrated.
	Output 2.2.1: Creation and implementation of a national Handwashing Task Force	National Handwashing Task Force with approved Terms of Reference	n/a	2019	Coordination Body ToR	MOH EH	HW stakeholders value the function of the coordination body to allocate time to participate.
		# of meetings held	n/a	6 / year	Meeting Records	MOH EH	
	Output 2.2.2: Handwashing is included in Ministry of Health, Ministry of Education, Ministry of Local Government annual workplans and budgets	# of ministerial workplans and budgets, which include handwashing promotion (Target - MOH, MINIDUC, MINIFRA, MINALOC, MINICOM)	1	5	Annual workplans and Budgets	NECDP MINEDUC MOH CDC MOH EH MOH MCH	Advocacy efforts mobilize and support government departments to prioritize the resourcing for HW.

	Output 2.2.3: Integration of handwashing into key government policies and strategies	# of government policies and strategies in which handwashing is prioritized			Policies and Strategies	NECDP MINEDUC MOH CDC MOH EH MOH MCH	Advocacy efforts mobilize and support government leaders to integrate HW promotion within policies and strategies.
<b>Intermediate Outcome 2.3: Public-Private Partnerships formed to support the promotion of handwashing in Rwanda</b>		# of PPP agreements formalized to promote handwashing			PPP Agreements	MOH EH	Private sector is convinced to engage in PPPs for HW and GoR is amenable to agreements with the private sector
	Output 2.3.1: Private sector expertise is used to enhance the development and delivery of effective HW interventions	# of handwashing promotion events / activities conducted in partnership with private sector			Handwashing activity monitoring	MOH EH	Private sector sees the value in investing resources to promote handwashing.
<b>Intermediate Outcome 2.4: System to enable tracking of progress and continual learning for evidence-based program improvement is used by key stakeholders</b>		% of key stakeholders reporting aligned with Monitoring, Evaluation and Learning Framework (MELF)		100%	MOH report tracking	MOH EH	HW stakeholders can agree upon standards, definitions, indicators, and monitoring methodology across different ministries and programs.
	Output 2.4.1: MELF that provides definitions, standards, indicators, and M&E guidance for stakeholders	Approved Monitoring, Evaluation and Learning Framework			Framework document	MOH EH	HW stakeholders agree on standards, indicators, and monitoring across different ministries and programs.
	Output 2.4.2: Handwashing presentations included at WASH Shared Learning Events	# of handwashing learning presentations conducted at shared learning events	n/a	10 per year	Shared Learning Event Agendas and Meeting Minutes	MOH EH	HW stakeholders are engaged to share learnings with the larger community.

	Output 2.4.3: Midline and Endline Evaluation Learning	Approved midline and baseline reports		Midline-2021 Endline - 2023	Approved Reports	MOH EH	Resources are available to conduct large scale evaluations.
Strategic Objective 3: To ensure accessible SUPPLY, including facilities, services and products for handwashing							
Intermediate Outcome 3.1: Handwashing facilities, supported by environmental cues available in households, schools, health facilities, and other public and private institutions	% of households with a handwashing facility (HWF) that has soap and water	4.4% (DHS 2014/15)	100% - 2024	DHS	MOH EH	Water in sufficient quantity for HWWS is available for all households.	
	% of restaurants with HWFs that have soap and water available for food handlers and available for patrons		100% - 2024		MINICOM	Water in sufficient quantity for HWWS is available. Restaurants prioritize handwashing	
	% of schools with HWFs with soap and water available for teachers and students		100% - 2024	MINEDUC reporting	MINEDUC	Water in sufficient quantity for HWWS and soap is available for schools.	
	% of HCFs that have functional HWFs (with water and soap and/or alcohol-based hand rub) at all points of care and within five meters of toilets (WHO definition)		100% - 2024	HCF monitoring	MOH	Water in sufficient quantity for HW is available for all health facilities.	
					MOH	HCFs have available resources to ensure that there is always sufficient supply for HW.	
%of Churches with HWFs with soap and water available for pastors and fellows		100% - 2024	Churches Monitoring	RGB	Water in sufficient quantity for HWWS and soap is available for Churches		



	Output 3.1.1: Government prioritization and investment in ensuring handwashing facilities are available	# of districts that include handwashing as an official performance contract		30 – 2020	Performance contracts	MINALOC District Authorities	Advocacy sufficiently mobilize district leaders to make HW a performance contract.
		# of government institutions that deliver official mandates to ensure that their institutions have functioning handwashing facilities with soap, water, and environmental cues		3 - 2021	Mandates	MOH MINEDUC MINICOM MINALOC	Advocacy efforts sufficiently mobilize government entities to make handwashing facilities a mandatory for their institutions.
Intermediate Outcome 3.2: Handwashing products accessible in local markets / suppliers from the national to the cell level		% of cells that have traders that carry soap and hygiene related supplies		90%	Formative Research, Midterm and Endline Evaluation	MINICOM	Private sector is interested in supporting the implementation of the HW strategy
	Output 3.2.1: Comprehensive understanding of the handwashing market and needs for development	Completed market analysis and validated results		2020	Market analysis report	MINICOM	Market expertise is available to conduct market analysis
	Output 3.2.2: Private sector is stimulated to market affordable handwashing products to communities	# of appropriate handwashing prototypes introduced to the market	TBD – Market Analysis		Midline and endline evaluation results	MINICOM	Demand for HW products stimulates the private sector to innovate and take actions to increase community access
	Output 3.2.3: Government regulates to ensure quality handwashing products in the market	# of market monitoring reports		2 / year	Monitoring reports	MINICOM	Government market regulatory systems incorporate quality checks of HW products

<b>Intermediate Outcome 3.3: HW related services (water services, public hygiene and sanitation facilities) ensure that people can practice the desired behaviour in homes as well in institutions.</b>		% of population with access to a basic drinking source	57% (EICV5)	100% - 2024	EICV	MOH MININFRA	Access to water source provides sufficient water to enable HWWS
		% of markets with sanitation facilities that have functioning handwashing facilities that soap and water		90% - 2024	Market monitoring reports	MINICOM	Functioning and equipped HW facilities assumes that sanitation services are functioning
	Output 3.3.1: MININFRA water supply planning and financing considers household water quantity needs to enable handwashing practices	MININFRA annual plan and budget prioritize water supply systems that provide communities with enough water for handwashing practices				MININFRA	Water supplies is of a sufficient service level to address handwashing water needs
	Output 3.3.2: Public and private institutions finance and resource sanitation facility services to ensure that handwashing facilities are functioning, and supplies are available	% of districts with market management plans that include financing for handwashing maintenance and supply		80% - 2024	District market management plans and budgets	MINICOM	Districts authorities have market management plans and budgets.

COSTED IMPLEMENTATION PLAN

#	Activities													2019	2020	2021	2022	2023	2024	Budget	Responsible	Source of Funds
		2019				2020				2021	2022	2023	2024									
1	To create and sustain DEMAND for handwashing practice at critical times													735,000,000	3,382,000,000	1,380,000,000	1,380,000,000	1,380,000,000	880,000,000	9,137,000,000		
1.1	Utilization of Behaviour Change Communications													405,000,000	2,262,000,000	560,000,000	560,000,000	560,000,000	260,000,000	4,607,000,000		
1.1.1	Formative research to create an evidence-base for practice, drivers, enablers, and barriers for HW													400,000,000						400,000,000	MOH	Partners
1.1.2	Conduct workshop to validate formative research findings and identify and build stakeholder consensus around key motivators and drivers to develop BCC approaches													5,000,000						5,000,000	MOH, RBC	Partners
1.1.3	Design an evidence-based behaviour change initiative concept, communications plan, and tools to promote a national culture of handwashing practice. Production includes print and media (radio, TV, social media) tools.														1,350,000,000					1,350,000,000	MOH, RBC	MOH, Partners
1.1.4	Launch the Handwashing Behaviour Change Initiative in high visibility to raise the profile of handwashing and create excitement at national, district, sector, cell, and village levels								Revised tools based on formative research						350,000,000					350,000,000	MOH and District Authorities	MOH, Partners, District Authorities
1.1.5	Delivery of phased handwashing behaviour change initiative, including advocacy, mass media, community promotion, including activities, events, house to house counselling, and promotion through existing programs.														200,000,000	200,000,000	200,000,000	200,000,000	100,000,000	900,000,000	MOH	MOH, RBC, NECDP, MINIDUC, Partners
1.1.6	Broadcast media adverts (Radio spots and DJ mentions)														120,000,000	120,000,000	120,000,000	120,000,000	60,000,000	540,000,000	MOH, RBC	MOH, Partners
1.1.7	Broadcast TV Programs (TV Talk shows; TV adverts, special programs e.g.: Itetero)														200,000,000	240,000,000	240,000,000	240,000,000	100,000,000	1,020,000,000	MOH, RBC	MOH, Partners
1.1.8	Design visual reminders for handwashing with soap practice after defecation that can be posted near latrines and before eating / preparing food that can be posted near kitchens and eating locations.														42,000,000					42,000,000	MOH, RBC, MINEDUC, MINICOM, NECDP	MOH, Partners
1.2	Integration into priority programs and through community channels													330,000,000	1,120,000,000	820,000,000	820,000,000	820,000,000	620,000,000	4,530,000,000		
1.2.1	Conduct a national district mayor and key stakeholder meeting to raise the profile of handwashing, introduce the handwashing promotion tools and approaches and garner district interest and commitment in promoting HW						Revised tools based on formative research							300,000,000	300,000,000					600,000,000	MOH, MINALOC	MOH, Partners
1.2.2	Implementation of district programs and actions (including CBEHPP) to promote handwashing at the community level														700,000,000	700,000,000	700,000,000	700,000,000	500,000,000	3,300,000,000	MOH, MINALOC	District Authorities
1.2.3	Promote handwashing through global celebrations: Global Handwashing Day, World Toilet Day, World Food Day, World Water Day, and Day of the African Child													30,000,000	120,000,000	120,000,000	120,000,000	120,000,000	120,000,000	630,000,000	MOH, MINALOC	MOH, RBC, NECD, MINIFRA, MINEDUC, MINALOC, Partners
2	To build an environment that enables handwashing interventions and practice for all													4,250,000	386,550,000	236,050,000	236,050,000	216,050,000	63,800,000	1,092,750,000		
2.1	Capacity Development													0	325,000,000	85,000,000	190,000,000	70,000,000	0	670,000,000		

2.1.1	Develop training modules around handwashing for the following groups: District and Community leaders, Teachers and Early Childhood Carers, Health Professionals, including Community Health Workers, NGO and Community Based Organizations, Food Service Providers, Faith based leaders, District Authorities														75,000,000	35,000,000					110,000,000	MOH, RBC, MINALOC, MINEDUC, RDB, NECDP	Partners
2.1.2	Conduct workshops to introduce handwashing messages and sector specific tools to key programme stakeholders: ECD carers, ANC service providers, CHWs supporting CBEHPP, Primary School representatives, District, Sector, and Cell Authorities														250,000,000		120,000,000				370,000,000	MOH, MINALOC, MINEDUC, NECDP	MOH, RBC, NECD, MINIDUC, Partners
2.1.3	Annual refresher trainings for key district stakeholders															50,000,000	70,000,000	70,000,000			190,000,000	MOH, MINALOC	MOH, RBC, NECD, MINIDUC
2.2	Effective Coordination Bodies													3,000,000	18,250,000	18,250,000	18,250,000	18,250,000	16,000,000	42,000,000			
2.2.1	Establish a task force that will take responsibility to ensure effective implementation to achieve the strategic objectives																			0	MOH	MOH	
2.2.2	Draft and approve a term of reference for the task force												3,000,000							3,000,000	MOH	MOH	
2.2.3	The Handwashing task force meets on a quarterly basis to manage and report on the implementation of the HW Strategy													5,250,000	5,250,000	5,250,000	5,250,000	3,000,000	24,000,000	MOH	MOH and Partners		
2.2.4	Identify opportunities and advocate to integrate HW into national policies / strategies													3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000	MOH	MOH, Partners		
	Establish, implement, and monitor policies, standards and guidelines to ensure the proper provision of supplies in health facilities and practice of hand hygiene by health care providers for infection prevention measures in health care settings.													10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000	MOH	MOH, Partners		
2.3	Public Private Partnerships (PPP)												-	31,300,000	20,800,000	15,800,000	15,800,000	15,800,000	99,500,000				
2.3.1	Identify opportunities to forge Public-Private Partnerships with the private sector to address HW issues for all													10,000,000					10,000,000	MOH, Private Sector	Partners		
2.3.2	Conduct annual workshops to introduce and discuss opportunities of PPP with private sector													5,800,000	5,800,000	5,800,000	5,800,000	5,800,000	29,000,000	MOH	MOH, Partners		
2.3.3	Define appropriate roles and responsibilities and working arrangements for private sector to support government campaigns to motivate the population to practice HW.													15,500,000					15,500,000	MOH	MOH, Partners		
2.3.4	Establish and maintain PPPs for HW with approved agreements														15,000,000	10,000,000	10,000,000	10,000,000	45,000,000	MOH	MOH, Partners		
2.4	Monitoring, Evaluation, and Learning												1,250,000	12,000,000	112,000,000	12,000,000	112,000,000	32,000,000	281,250,000				
2.4.1	Establish clear definitions, standards, and indicators for HW to facilitate measuring household and institutional HWF coverage and practice																		0	MOH, RSB	MOH		
2.4.2	Implement the HW Monitoring, Evaluation, and Learning Framework and management system to facilitate tracking progress in strategy implementation and achievements											1,250,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	51,250,000	MOH	MOH, Partners			
2.4.3	Establish a handwashing / WASH shared learning events and conduct quarterly meetings to share coordinate and determine learning needs that will promote and inform the HW agenda													2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000	MOH	MOH		

2.4.4	Midterm and end term evaluations to assess effectiveness of strategies, the relevance of the costing and pace of implementation, identify gaps, and explore opportunities for change															100,000,000		100,000,000		200,000,000	MOH	MOH, Partners
2.4.5	Conduct an end of strategy review to assess the achievements of the strategy, identify future needs moving forward																	20,000,000		20,000,000	MOH	MOH
3	Supply*													5,000,000	875,000,000	690,000,000	375,000,000	15,000,000	15,000,000	1,975,000,000		
3.1	Handwashing Facilities Available for Practice													5,000,000	625,000,000	625,000,000	325,000,000	5,000,000	5,000,000	1,590,000,000		
3.1.1	Advocate at the national and district level that government ministries mandate functioning handwashing facilities in public and private institutions													5,000,000	20,000,000	20,000,000	20,000,000	5,000,000	5,000,000	75,000,000	MOH	MOH
3.1.2	District and local authorities lead and monitor households and communities to establish HWFs																			-	MOH, MINALOC,	MOH
3.1.3	Support vulnerable households to establish handwashing facilities														300,000,000	300,000,000				600,000,000	MOH, MINALOC,	MOH, NECDP, Partners
3.1.4	Equip health facilities with handwashing facilities at entry points														305,000,000	305,000,000	305,000,000			915,000,000	MOH, RBC	MOH
3.2	Enhance Access to Appropriate Supply													-	150,000,000	10,000,000	10,000,000	10,000,000	10,000,000	190,000,000		
3.2.1	Design and implement a handwashing market analysis to inform the development of market actions to improve access and affordability														90,000,000					90,000,000	MOH, MINICOM	NECDP, Partners according to their District of Intervention
3.2.2	Conduct research with private sector around appropriate handwashing technologies														60,000,000					60,000,000	MOH, MINICOM	NECDP, Partners according to their District of Intervention
3.2.3	Conduct periodic inspections of outlet handwashing products and services to ensure quality															10,000,000	10,000,000	10,000,000	10,000,000	40,000,000	MOH, MINICOM	MOH, MINICOM
3.3	Strengthen Services													0	100,000,000	55,000,000	40,000,000	0	0	195,000,000		
3.3.1	Collaborate with Ministry of Infrastructure to make a water system roadmap that is targeted at establishing household water access that is sufficient in quantity to enable HWWS														30,000,000	15,000,000				45,000,000	MOH, MINIFRA, WASAC	MOH, MINIFRA, District Authorities, MINALOC
3.3.2	Collaborate with Ministry of infrastructure and relevant ministries (MOH, MINEDUC, MINICOM) to ensure that district service facilities - health facilities, schools, markets, restaurants...) have access to sufficient water to enable HWWS														40,000,000	40,000,000	40,000,000			120,000,000	MOH, MINIFRA, MINEDUC, MINICOM, NECDP, WASAC	MOH, MINIFRA, relevant ministries
3.3.3	Create regulation to ensure that public and private sanitation facilities are maintained adequately to ensure that there is always water and soap available for handwashing														30,000,000					30,000,000	MOH, MINICOM, WASAC	MOH, relevant ministries
Dedicated HW Strategy Costs														744,250,000	4,643,550,000	2,306,050,000	1,991,050,000	1,611,050,000	958,800,000	12,204,750,000		
Additional Costs to realize the National HW Strategy Targets: Costs above are exclusive of the cost of developing and maintaining water supply services as well as household expenditure																						
Water Supply based on MININFRA Water and Sanitation SSP Budget														87,190,697,674	101,137,209,302	112,595,348,837	76,376,744,186	85,500,000,000	35,400,000,000	498,199,999,999		
Minimum Household Investment for HWF, based on RWF5,000/HH (presuming current coverage of 4.4% - DHS 14/15)														2,708,000,000	2,708,000,000	2,708,000,000	2,708,000,000	2,708,000,000	2,708,000,000	16,248,000,000		
Comprehensive HW Strategy Costs														90,642,947,674	108,488,759,302	117,609,398,837	81,075,794,186	89,819,050,000	39,066,800,000	526,652,749,999		

