Commitments towards hand hygiene in India: A National level analysis

INTRODUCTION

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

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

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

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

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

The parameters are -

a. Explicit mention of hand washing in policy
b. Explicit interventions for hand washing in the programmes of the ministry
c. Dedicated budget line for hygiene/handwash/hand hygiene/wash basin
d. Targets for handwashing
e. Monitoring indicators for handwashing

FOCUS ON HAND HYGIENE SCALE
Color Coding is based on the numbers of parameters met by the ministry/schemes / programme

<table>
<thead>
<tr>
<th>Color Coding</th>
<th>Focus on Hand Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY HIGH / All 5 parameters met</td>
<td></td>
</tr>
<tr>
<td>HIGH / 4 parameters met</td>
<td></td>
</tr>
<tr>
<td>MODERATE / 3-2 parameters met</td>
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<tr>
<td>MILD / 0-1 parameters met</td>
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A snapshot of the Ministries with its corresponding schemes in Table 1 below shows that the MoJS address four parameters and hence has got a yellow ranking. The MoHFW and MoE both receive an orange color ranking since their schemes meet 3-2 hand hygiene parameters. The MoWCD and the MoPR schemes are red as they do not meet any of the parameters but have components that can be leveraged for the promotion of hand hygiene.

TABLE 1. PRIORITY TO HAND HYGIENE IN 5 MINISTRIES STUDIED

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

KEY RECOMMENDATIONS (1/4)

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

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

FINANCE
Hand hygiene interventions should be reflected in the Union government budget

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

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

INFRASTRUCTURE
Increase access to physical infrastructure for adoption of hand hygiene behaviour.
KEY RECOMMENDATIONS (2/4)

POLICY & LEGISLATION

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

1. RESPONSE PHASE – There would be immediate short-term targets for the next 6 months to one year such as controlling the COVID-19 outbreak and ensuring that hand hygiene infrastructure is available in schools, health centres, AWCs and public spaces.

2. REBUILD PHASE – The criticality of hand hygiene would be reinforced through specific budget lines on HH in all relevant schemes of the Ministries selected as well carrying out surveys to assess HH indicators in all States. This would be a medium term (2-3 years) strategy for tackling the gaps in hand hygiene infrastructure and resources wherever they exist and building back better.

3. REIMAGINE PHASE – To strengthen the gains made in the earlier two phases, the focus in this phase would be to inculcate and sustain a culture of hand hygiene through SBCC and IPC for 5 years.

INSTITUTIONS (institutional arrangement, capacities):

1. GOVERNANCE: National, state and local governments should establish clear policy that relates to both service availability that facilitates handwashing, including readily available water, and the behaviours required to ensure hand hygiene is common practice in all relevant settings.

2. FINANCING: National, state and local governments should seek ways to ensure public spending has the maximum impact possible and stimulates investments from households, private sector and CSR funds.

3. CAPACITY DEVELOPMENT: National, state and local governments should assess current capacity with respect to their hand hygiene policy and strategies identify gaps and develop capacity-building strategies based on the rigorous application of best practice.

4. DATA AND INFORMATION: National, state and local governments should address the need for collecting consistent data on hand hygiene in order to monitor and hence inform decision-making and make investments strategic. The data should be aligned to feed into the reporting for the Joint Monitoring Programme.

5. INNOVATION: National, state and local governments should encourage innovation, particularly within the private sector to roll out hand hygiene for all, in all settings. Examples in India are: the Happy Tap, the SATO Tap, Lifebuoy’s bar soaps available at low cost.

FINANCE

HAND HYGIENE INTERVENTIONS SHOULD BE REFLECTED IN THE UNION GOVERNMENT BUDGET

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

INSTITUTIONS (institutional arrangement, capacities): INDIA SHOULD INVEST IN THE FIVE KEY ‘ACCELERATORS’ IDENTIFIED UNDER THE UN-WATER SDG 6 GLOBAL ACCELERATION FRAMEWORK

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

INSTITUTIONS (institutional arrangement, capacities): INDIA SHOULD INVEST IN THE FIVE KEY ‘ACCELERATORS’ IDENTIFIED UNDER THE UN-WATER SDG 6 GLOBAL ACCELERATION FRAMEWORK (CONTD.)
**KEY RECOMMENDATIONS (4/4)**

**MONITORING**

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

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

**INFRASTRUCTURE**

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

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

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

**POLICY & LEGISLATION**

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

**FINANCE**

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

**INSTITUTIONS**

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

**MONITORING**

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

**POLICY & LEGISLATION**

/ The Ministry should, via a government order or advisory, make it mandatory that all Sub-Centres, PHCs, CHCs and District hospitals have hand hygiene facilities for the staff (administrative and medicals) and the patients. Assessment of the VISHWAS initiative across states to understand the progress/impact of the same. Arrangements for regular operation and maintenance of handwashing facilities should also be put in place such that they remain functional.
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RECOMMENDATION FOR SPECIFIC MINISTRIES OF GOVT. OF INDIA (2/4)

**INSTITUTIONS**

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

**MONITORING**

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

**FINANCE**

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

**POLICY & LEGISLATION**

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

**FINANCE**

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

**INSTITUTIONS**

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

**MONITORING**

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

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

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**POLICY & LEGISLATION**

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

**FINANCE**

/ Clarity on the use of the 60% of 15th FC towards hand hygiene (for creation of handwash facilities and promotion) by GPs should be communicated by MoPR to the States.
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RECOMMENDATION FOR SPECIFIC MINISTRIES OF GOVT. OF INDIA (4/4)

INSTITUTIONS

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

MONITORING

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

REVIEWED DOCUMENTS OF THE FOCUS MINISTRIES OF THE GOVERNMENT OF INDIA

I. Ministry of Jal Shakti

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

III. Ministry of Education
2. Guidelines of the National Programme of Nutritional Support to Primary Education, 2006 (Mid-Day Meal Scheme).

IV. Ministry of Women & Child Development

V. Ministry of Panchayati Raj
1. People’s Plan Campaign for GPDP 2021-22
2. Framework for Implementation of Rashtriya Gram Swaraj Abhiyan
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RESOURCES


