

Strategic guidelines to promote the adoption of hand hygiene in schools



## 1. Introduction

Schools play a key role in the lives of girls, boys and their families, offer learning opportunities as well as the development of social interaction skills, and are essential for protection against different forms of violence. In addition, a considerable number of children and adolescents depend on school meals for their food security.

During the pandemic, the partial or total closure of hundreds of thousands of schools has profoundly affected learning, mental health and the protection of children and adolescents. According to UNESCO data, in the world educational centers have closed totally or partially for, on average, 22 weeks. In Latin America and the Caribbean (LAC), the averages were much higher, reaching more than 30 weeks. With the commitment of governments, the support of international cooperation, civil society and families themselves, this situation has been changing and represents a unique opportunity to put the practice of hand hygiene at the center as a central measure not only to prevent infections against COVID-19 but also to prevent other diseases as the evidence supports very well.

In the same way, it is an opportunity to join forces and continue strengthening programmatic actions aimed at achieving the Sustainable Development Goals to 2030, particularly goal 4.a that commits countries to "*Build and adapt educational facilities that take into account the needs of children and people with disabilities and gender differences, and that provide safe, non-violent, inclusive and effective learning environments for all*" and whose compliance indicators are closely related to ensuring the conditions conducive to making the practice of hand hygiene possible to be adopted, and are: (i) proportion of schools with access to basic water supply, broken down by level of education (in percentages); (ii) proportion of schools with basic hygiene facilities (a handwashing point with soap and water), broken down by level of education (in percentages). But it is important to clarify that the basic hygiene/hand washing service does not necessarily require the educational center to be connected to the water network; the simple storage of water in a container with tap and soap is considered as a basic hygiene/handwashing service point. Ensuring that 100% of schools in each LAC country have basic sink services is the best pilot test before moving on to the second, much more complex and expensive stage of delivering the other basic water and sanitation services.

In this regard, it is imperative that national and sub-national governments under the leadership of ministries of education and/or secretaries of education and with the participation of other key sectors such as ministries of health, social welfare, housing and construction, economy, planning, etc., civil society organizations, the private sector, and other key actors work in a coordinated manner to ensure the universalization of the hand hygiene in schools.

Taking into account this need, the Hand Hygiene for All Initiative (HH4A) presents this guidance document addressed to key officials from all essential sectors of national governments such as ministries of education, health, finance, water and sanitation, etc., municipalities or governorates, civil society actors, directors and teachers of educational centers committed to achieving the universalization of hand hygiene with soap and water in schools. The use of disinfectant gel is not mentioned as more vulnerable schools may have greater difficulty in having access and financial resources to buy gel/alcohol on the market compared to hauling water from a nearby source and getting soap for students to wash their hands.

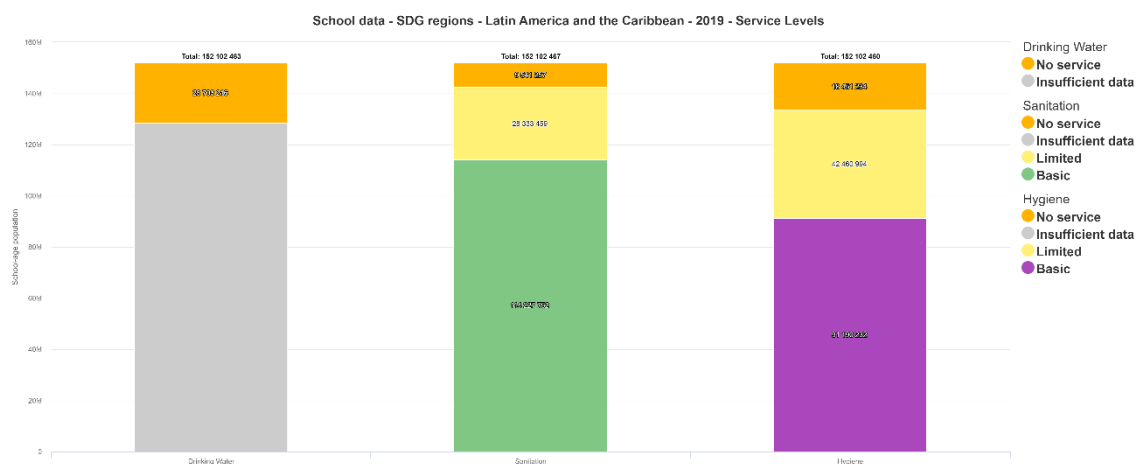
The document has been built on the basis of global and regional knowledge generated to promote hand hygiene in schools.

## 2. The problem of hand hygiene in LAC schools<sup>1</sup>

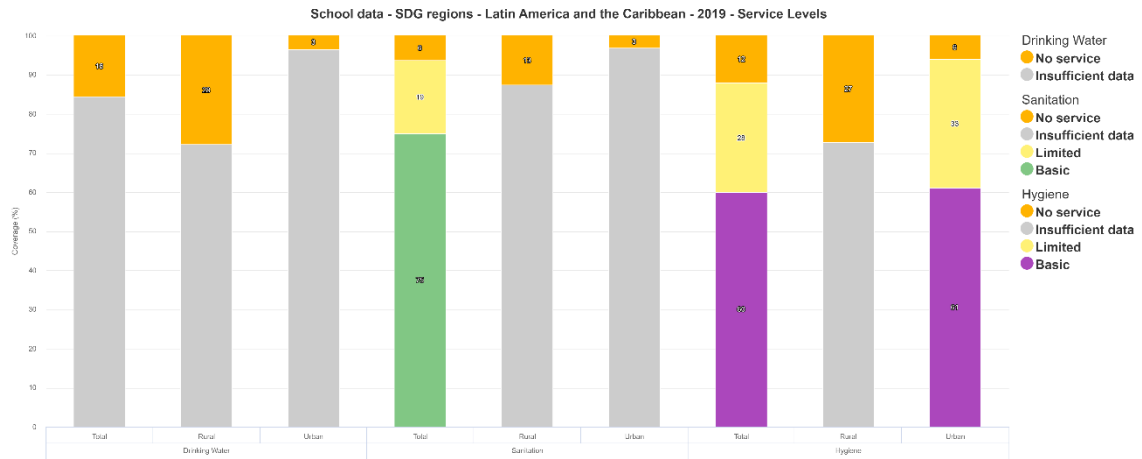
It is estimated that in Latin America and the Caribbean there are approximately 830,000 primary and secondary schools. According to the latest report of the Global Monitoring Program (JMP), the level of information available on water, sanitation and hygiene (ASH) services in EDUCATIONAL CENTERS in LAC as of 2019 is still limited, which does not contribute to better identify service gaps in schools, let alone the gaps in hand hygiene. Without this information, it is difficult for decision-makers to address priorities for reducing the deficit of ASH services in schools. Of the 51 countries and territories that make up the LAC region, only 18 (35%) report basic coverage data for hygiene/handwashing services. More countries may measure this service but the data is not public. This reveals that the generation of reliable information is one of the great challenges facing the region.

Despite this, the following findings for LAC for primary and secondary schools are highlighted, also summarized in Figures 1 and 2:

- 60.9 million school-age children lack at least one of ASH's 3 basic services. The service lagging behind the data available so far is hygiene services (handwashing stations with soap and water), which is a primary service in disease prevention.
- Almost one in three (28%) schools in ALC have a limited hygiene service, meaning they have facilities for washing hands with water, but without soap.
- It is estimated that in 2019 almost 23.7 million school-age students in the region did not have a water supply in schools.
- The ASH service gap between urban and rural settings in schools is also significant; between 10 and 25 percentage points more of lack of service between rural and urban areas.



<sup>1</sup> Progress on drinking water, sanitation and hygiene in schools. COVID-19 in the spotlight. New York: United Nations Children's Fund (UNICEF) and World Health Organization (WHO), 2020



Similarly, with information reported by the ministries of education of the region to the JMP (2019), it was possible to estimate the number of handwashing stations that would be needed to cover the needs of schools in each country<sup>2</sup>. As can be seen in the map below, in most countries there is no information to be able to make these estimates. However, in countries that could, it can be seen that the challenge is not so great if we consider in a first stage a container of water with tap and soap while major projects of construction of water networks are developed.



<sup>2</sup> This estimate was made considering 30 students per handwashing station. The JMP data referred to in the 2020 report have been considered, and that have to do with the indicator schools "without hygiene services", that is, without hand washing stations or water.

Estimated number of handwashing stations needed at the level of educational institutions  
(S.I. = no information)



Source: HH4A Initiative with information from JMP 2019

It is important to remember that the challenges associated with universalizing hand hygiene in schools go beyond ensuring the availability of handwashing facilities. They must also be adequately equipped with soap and water, properly maintained, and evidence-based and sustained behavior change strategies must be ensured.



### 3. The benefits of practicing hand hygiene<sup>3</sup>

Evidence shows that investing in promoting hand hygiene with soap is highly profitable because it helps prevent illness and death. Here are some of its most important benefits:

- It can reduce diarrheal diseases by up to 30%. Clean hands help students stay in schools, and help them achieve the health and nutrition they need to achieve learning. Handwashing with soap has been found to help reduce school absenteeism by up to 40 to 50% due to diarrhoea, flu and conjunctivitis.<sup>4</sup>
- According to the WHO, hand washing with soap and water is essential to maintain good nutrition and estimates that 50% of cases of child malnutrition are due to repeated diarrhea and intestinal infections caused by poor water and hygiene conditions or lack of drinking water. Hand washing with soap and water play an important role in preventing micronutrient deficiency, stunting, weakening, and deaths.<sup>5</sup>
- It reduces acute respiratory infections by more than 20%.
- It plays an important role in reducing outbreaks related to pathogens such as [cholera](#), [Ebola](#), [SARS](#) and [Hepatitis E](#).
- [Protects against healthcare-associated infections and reduces the spread of antimicrobial resistance](#)
- [It contributes to the reduction of tropical diseases](https://www.ntd-ngonetwork.org/nnn-statement-of-commitment-to-hand-hygiene-for-all)<https://www.ntd-ngonetwork.org/nnn-statement-of-commitment-to-hand-hygiene-for-all>.
- It has the potential to reduce routes of transmission of COVID-19 by removing the pathogen from contaminated hands. It destroys the outer membrane of the COVID-19 virus and thus inactivates it<sup>6</sup>.

- Hand hygiene is the first line of defense in preventing outbreaks and reducing the number of victims of current and future pandemics.
- Hand hygiene is key to reducing the burden of many diseases that pose chronic challenges to population health and development.
- Hand hygiene contributes to mitigating the transmission of COVID-19 and will remain an essential prevention measure as the vaccination process continues to advance in the region.

In addition to all the above, access to a hand washing service/point contributes to the dignity of students, educational staff and maintenance of educational centers.

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<sup>3</sup> The contents of this point have been developed based on the document "2021 Factsheet Global Handwashing Day". See full document here: <https://globalhandwashing.org/wp-content/uploads/2021/08/GHD-2021-Fact-Sheet-Spanish.pdf>

<sup>4</sup> Hutton G, Haller L. Evaluation of the costs and benefits of water and sanitation improvements at the global level. WHO, 2004.

<sup>5</sup> Prüss-Üstün A, et al. Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health. WHO, 2008. [http://apps.who.int/iris/bitstream/10665/43840/1/9789241596435\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/43840/1/9789241596435_eng.pdf)

<sup>6</sup> There is still limited evidence of the effects of hand hygiene in reducing COVID-19 infection. One study found that hand hygiene with soap reduces the likelihood of infection in 36%, and another found that hand hygiene before returning from the outside or touching your face could reduce the likelihood of infection in a 2 – 30%.

#### 4. Actions that work to promote the adoption and maintenance of hand hygiene in educational centers<sup>7</sup>

Promoting the adoption of the practice of hand hygiene with soap and water in environments such as schools has great challenges. The determinants of hand hygiene will depend on each environment, this means that there is no single approach to promote this practice in different environments, but there are key elements that must be taken into account in all settings, including schools. Below are briefly presented:

##### a) The provision of information and knowledge about health, key moments, correct technique is not enough

During and before the pandemic, many of the actions to promote the practice of handwashing have been focused on cognitive factors assuming that people, including children and adolescents, will act in the right way if they know what to do, when to do it and why. In schools



in particular, traditional methods of promoting hand hygiene focus on teaching students about the importance of washing hands with soap, key moments, and proper technique for it. However, basing the promotion of hand hygiene only on increasing knowledge about it does not provide the expected results.

One study found that despite high levels of knowledge about handwashing (72%), only 18% of students reported washing their hands after defecating in Ghana (Fianko & Gawu, 2020).<sup>8</sup> This happens because, as seen in the following Figure 1, the practice of hand hygiene has more than one determinant that conditions it (determinants physical, social and cognitive). Knowing them and influencing them is central, and this can be done by developing formative research whose results will help to design

hand hygiene promotion interventions aimed at overcoming these determinants.

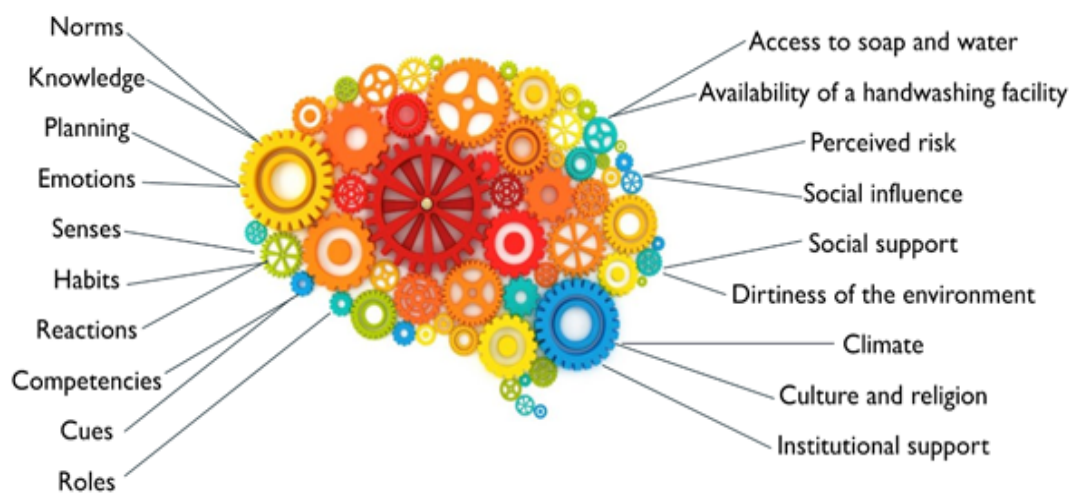
<sup>7</sup> The contents of this point have been developed based on the document "2021 Factsheet Global Handwashing Day". See full document here: <https://globalhandwashing.org/wp-content/uploads/2021/08/GHD-2021-Fact-Sheet-Spanish.pdf>. Similarly, they have been consoned. The contents of the article: Things that serve to change hygiene habits and hand washing written by Sian White. <https://resources.hygienehub.info/es/articles/3863686-resumen-de-cosas-que-sirven-para-cambiar-los-habitos-de-higiene-y-de-lavado-de-manos>.

<sup>8</sup> 2020 Handwashing research summary. Global Handwashing Partnership. <https://globalhandwashing.org/resources/2020-handwashing-research-summary/>

In the same vein, associating the benefit of the practice only considering its relationship with the prevention of diseases does not have much effect either. People know that they should wash their hands, that this prevents diseases, but, in many cases, this is not enough reason to adopt the practice. Many of the hand hygiene promotion programs that have been based on the model of behavior change such as the belief in health and the theory of reasoned action, which hold that educating about the danger of disease leads to a reduction in risk behaviors such as not washing hands at key moments, it has little evidence of its effectiveness.<sup>9</sup>

Discovering what can motivate or motivate children and adolescents to adopt the practice of hand hygiene is one of the challenges that must be addressed from training research, because these reasons can vary depending on the cultural, economic, social context, etc.

Figure 1: Determinants of hand hygiene practice



Source: LSTM

#### b) Investment in infrastructure with convenient and desirable hygiene products are key to increasing adoption of the practice

For students in educational centers and the teaching and administrative team to practice hand hygiene, they need to have access to handwashing stations that are conveniently located, for example, they are close to classrooms, bathrooms, canteens, etc.; are equipped with the necessary inputs (soap and water) and are easy to use, this can have a positive impact on behavior in the immediate and long term.

In addition, evidence indicates that the use of signs<sup>10</sup> or reminders near handwashing stations can have a positive impact by indirectly reminding students to wash their hands. Reminders can take multiple forms and can address multiple determinants. In relation to educational centers, these reminders can help to; i) improve the functional design of objects for example

<sup>9</sup> Scott, B., Curtis, V., Rabie, T., & Garbrah-Aidoo, N. (2007). Health in our hands, but not in our heads: Understanding hygiene motivation in Ghana. *Health Policy and Planning*, 22(4), 225–233. <https://doi.org/10.1093/heapol/czm016>

<sup>10</sup> The contents referring to the reminders as well as the examples have been taken from next document: Watson Juliet; Dreibelbis Robert. Use of reminders to increase handwashing with soap as an interim measure in the context of COVID-19. Faculty of Hygiene and Tropical Medicine, University of London. Hygiene Hub COVID.19.



adapt hand washing stations for young children; ii) improve the aesthetics or attractiveness of the environment for example make sure that bathrooms are always clean; iii) place information in handwashing stations such as posters to incite action; (iv) modify the availability of objects e.g. placing more handwashing stations at key points, etc.

In Bangladesh, reminders of trails (footprints) were implemented that guided children from primary schools, from the bathroom to the handwashing station. The researchers observed that handwashing with soap after using the bathroom increased by 64% in six weeks after the installation of these reminders. Another reminder that has proven its usefulness is to place mirrors at handwashing points, people are attracted to mirrors and at that time they are reminded to wash their hands with soap and water. To a common practice such as looking in the mirror, a new one such as hand hygiene is added. The theory points out that it is easier to acquire a new habit when it is added to another that is practiced regularly.

The evidence also points out that it is possible to ensure that handwashing takes place in environments where it is observable because it can increase social pressure to motivate its practice. For example, students washing their hands in multiple and visibly located stations (bathroom exit, dining room entrance, etc.) for hand hygiene.

c) [Hand hygiene promotion programs are more effective and acceptable if they use behavior change theories and a systematic process for designing them.](#)

The use of behaviour change theories that guide the design of hand hygiene promotion plans and programmes is critical to ensuring that they are well targeted, context-appropriate, relevant, acceptable, resource-efficient and effective.

Therefore, developing rapid diagnoses or evaluations to listen to schoolchildren, teachers and school managers is central to be able to identify the barriers and facilitators of the adoption of the practice, know about their reasons for adopting it, their current practices in relation to hand hygiene etc. , in short, to be able to clearly identify the determinants that condition the adoption of the practice. If these determinants are known, more relevant strategies can be devised to address these determinants. There are many theories of behavior change and social norms<sup>11</sup> that help to explain why children, adolescents, teachers adopt or not the practice of hand hygiene, to understand the determinants and act on them. There are also planning tools and methodologies that can be used such as: COM-B; behavior-centered design; the integrated behavioral model for WASH and RANAS. Later in the online resources section we will give an scope on these resources.

Listening to and involving the participation of children and adolescents in the design and implementation of plans and programs to promote hand hygiene in schools is something that should not be omitted under any circumstances. Not only in the formative research phase but also in the planning and implementation of the activities that are prioritized to promote the adoption of the practice. Similarly, ensuring monitoring of progress with your participation will also help to identify early what works and what does not to develop relevant and timely adjustments.

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<sup>11</sup> [FROGS](#) It's a behaviour change model and an approach that has been applied to the promotion of hand hygiene. [The integrated model of behavior change in ASH](#) it is another that can be applied. The socio-ecological model can also be applied to promote hand hygiene. [FOAM](#) (focus, opportunity, ability and motivation) is another specific model for scaling the adoption of hand hygiene practice. See [Hand Hygiene HandBook](#) pages 28-30 for more information.

#### d) Behavior change requires sustained action, investment, and trained professionals

The promotion of hand hygiene has been identified as one of the most cost-effective public health interventions in general and for the prevention of COVID-19. While the evidence is still limited, it is believed that hygiene promotion can generate a return of \$2 to \$6 for every \$1 invested. However, in some cases the misinterpretation of profitability data can lead to hygiene programmes losing priority in relation to other aspects of ASH and not having sufficient resources (including financial, but not only) resources.

The promotion of hand hygiene in schools should not be considered as unique and isolated activities (delivery of hand washing stations, songs, handwashing days, delivery of brochures, etc.), without rather as a comprehensive process that combines strategic actions to address the identified determinants, ensure that all rural and urban educational centers have handwashing stations equipped with soap and water as well as actions that allow students to be motivated in a sustained manner to sustain the practice of hand hygiene at key moments. These actions aimed at changing behaviour and social norms can:



1) be incorporated into the school curriculum as a competence and transversal content throughout the educational process, 2) incorporate the joint hand washing of groups of students at key moments such as before taking the snack to encourage the adoption of practice among peers and reform 3) promote within existing groups of students, etc. In short, the idea is to combine different strategic actions adapted culturally, which help that in the day to day in educational centers, the practice of hand hygiene is present and reach 100% of children and adolescents, teachers and administrative / maintenance staff.

It also requires principals and teachers trained to promote this practice based on evidence, with knowledge about how people adopt behaviors, addressing the determinants or barriers that may be impeding the practice and not just delivering information.

## 5. Recommended immediate actions to achieve the universalization of hand hygiene in schools within the framework of the "new normal"

[The Global Hand Hygiene for All \(HH4A\)](#) Initiative was created in June 2020 under the leadership of the World Health Organization (WHO) and UNICEF to operationalize WHO recommendations related to the universalization of hand hygiene in multiple settings: home, schools, health facilities, workplaces, etc. The Initiative identifies three key pillars that need to be addressed: (i) high-level political leadership (ministro/a de educación, vicepresidente/a, president/a) clear, (ii) have an enabling environment, and <sup>12</sup>(iii) meet the supply and demand needs of hygiene services.

If we focus on the environment of educational centers, promoting the universalization of hand hygiene will require in the short term to meet the urgent needs to guarantee the safe return to the classrooms within the framework of the response to the pandemic, this also implies guaranteeing the conditions that make it possible for the practice of hand hygiene to develop. In the medium term, it means that countries will consider hygiene systems in schools and approaches to promote them, and in the long term ensure that practice is sustained and other water and sanitation services improved.

The global initiative calls on countries, in this case ministries of education (or those of health and social welfare often in charge of child development centers) that can lead the development of a comprehensive roadmap that unites national COVID-19 response plans with national plans for safe return to schools, with other sectoral plans and with national and subnational development plans, to ensure that hand hygiene is a pillar beyond this pandemic.

Within this framework, immediate strategic actions that can be promoted by countries to ensure that the universalization of hand hygiene in schools can be met below.

- a. To have the will and leadership of the Ministry of Education (or health, or social welfare for child development centres) and ideally the support/leadership of the country's president and/or president.
- b. Strengthen the leadership of ministries of education or secretaries of education to lead, hand in hand with other key sectors such as finance, health, public works, water and sanitation, subnational governments, civil society, private sector, etc., the development of a **national roadmap and subnational roadmaps for hand hygiene** <sup>13</sup> in schools that allow closing the existing gaps that prevent this practice from taking place in this environment, implementing improvements in the three pillars already mentioned, and encouraging investments and activities. National roadmaps identify strategic objectives and investment opportunities to improve hand hygiene and chart a path to prepare for and maximize future opportunities (i.e., upcoming reviews or development of new policies, national development plans, etc.).
- c. **Strengthen water, sanitation and hygiene monitoring and evaluation systems in schools** to make informed decisions. The incorporation of water, sanitation and hygiene in schools as part of the SDGs requires national estimates on the coverage of these services in this

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<sup>12</sup> Having an enabling environment means that: hand hygiene is identified as a priority and multisectoral public health policy or may be considered in existing policy, programmes, projects; (ii) What exist to institutional agreements between government and the private sector for example to ensure that the inputs required for hand hygiene are Accessible and affordable throughout the territory; (iii) ensure funding for priority environments such as educational centers more laggards to count with the conditions Basic so that the practice is sustained; (iv) information is available to ascertain and address gaps impeding practice; (v) the promotion of practice is planned strategically and on the basis of evidence; (vi) the capacities of key actors such as community actors, health personnel, teachers, etc. are strengthened.

<sup>13</sup> See examples of roadmaps [here](#).

environment. Without information on the state of hand hygiene in schools, it is not possible to make public policy decisions or monitor the progress that is being made. Countries are challenged to incorporate into their national surveys, school censuses, or other tools for regular measurement of indicators related to hand hygiene in schools (see [key questions recommended by the JMP](#)).

- d. **Ensure coordinated intersectoral actions** to ensure that schools have the conditions (infrastructure, supplies such as soap and water, personnel trained in infection prevention and control (PCI) and hygiene promotion, etc.). The same process of elaboration of the national roadmap led by the government should take advantage of the existing coordination mechanisms in the country such as the sectoral tables of ASH, or the tables of ASH in schools, or some other significant and representative coordination mechanism where key sectors such as health, finance, infrastructure, etc., are duly represented two and may commit joint actions to ensure that these conditions are assured.



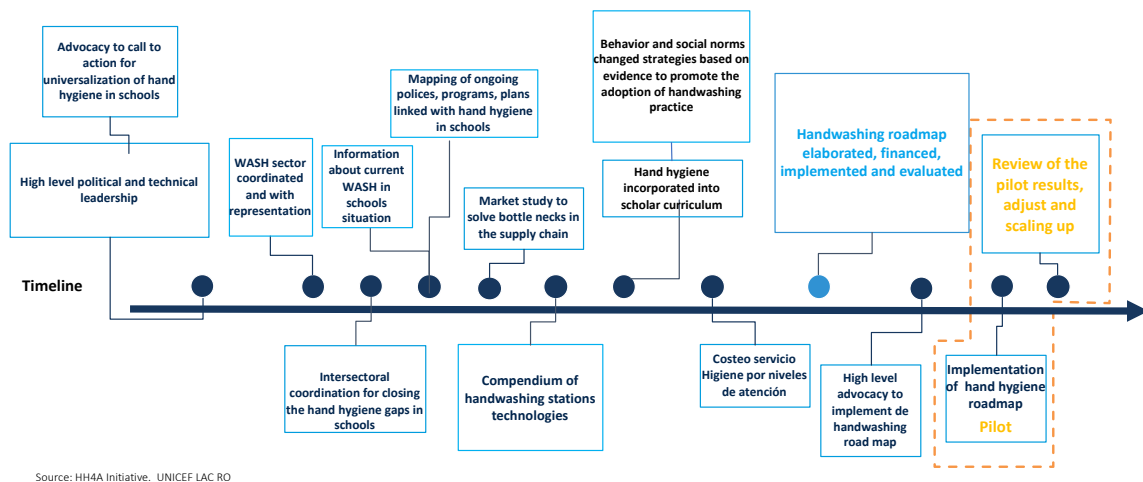
- e. **Secure funding for immediate investments to install, maintain and sustain multiple handwashing stations with soap and water** in strategic locations in schools. If it is easy to install a bucket with tap and soap at the entrance of a wave, the lasting management of it also requires that there is a maintenance budget of the dedicated educational center to replace soap, change the damaged key, etc. The budget and the mechanisms of operation and maintenance must be agreed prior to the installation of the units.
- f. **Strengthen evidence-based behavior change strategies and social norms** to promote hand hygiene and other COVID-19 prevention practices. Knowing the determinants of the behavior of children and adolescents is essential to be able to design communication programs for the change of behavior and social norms focused on overcoming these determinants. This requires qualitative and/or quantitative formative research to identify these determinants, it requires listening to children and adolescents, observing how they are developing the practice, knowing their motivations, etc. Similarly, these programs should be developed with a multisectoral approach and be part of a national roadmap for

the universalization of handwashing in all settings, but, if not possible, at least be part of the national and/or subnational roadmap to promote hand hygiene in schools.

- g. **Ensure coordination with policies, programs, ongoing projects** such as school feeding programs, national strategies aimed at improving nutrition in children and adolescents, water and sanitation programs aimed at closing infrastructure gaps, etc.

Figure 1 shows the recommended strategic actions that will also lead to achieving a roadmap at national or subnational level aimed at ensuring the universalization of hand hygiene in a priority environment such as schools.

Figure 1: Suggested chronological key steps to achieve the roadmap to promote hand hygiene in schools



## 6. The Hand Hygiene for All Initiative in LAC

During 2021, the Hand Hygiene for All Initiative (HH4A) has supported 19 countries in the region by identifying opportunities to continue strengthening government-led actions aimed at intensively promoting this practice in different environments. The progress and commitments expressed vary from country to country, however, the common need to strengthen actions in a priority environment such as school is clear.

Among some actions developed, the regional binary stands out: "[Hand hygiene in schools, opportunities and challenges](#)" which had the participation of more than 500 professionals from the region interested in this topic. On the other hand, diagnostic processes on ASH were accompanied, such as the development of the [WASH BAT](#)<sup>14</sup> in Bolivia and Paraguay that incorporated a specific discussion space for the school environment, in the same way the development of the [WASH FIT](#) study<sup>15</sup> promoted by the Ministry of Health of the Dominican Republic was accompanied by information that will be key to be able to think of a roadmap to help close the gaps related to hygiene and hands in health facilities. With the Ministry of Education of El Salvador, several coordination meetings were held and the possibility of being able to participate in the revision of the school curriculum that they have been updating and help ensure that hand hygiene is incorporated in a transversal way was opened. In the case of

<sup>14</sup> It is a methodology and one ASH Sector Bottleneck Analysis Tool

<sup>15</sup> Diagnostic tool to improve progresaSIVA of ASH services in health facilities



Brazil, hand in hand with PAHO/PAHO, it was achieved that the Ministry of Education and the Ministry of Health, through the National School Health Program, will agree to incorporate the [essential questions](#) of the JMP in hand hygiene in the School Census that is applied at the national level once a year, etc.

In 2022, the regional coordination group of the HH4A initiative under the leadership of UNICEF plans to concentrate its efforts in 10 countries due to the level of interest, progress and commitment demonstrated and will continue to promote regional actions with the partners of the Initiative such as PAHO, the World Bank, the International Federation of the Red Cross (IFRC), UNHCR, etc. Below is a summary of the key actions to be followed planned for 2022.

Regional level	
Launch of the WASH'Em online course	It is expected to train professionals from the clusters and / or sectoral groups of WASH, education, health of the countries to apply evidence-based strategies, aimed at promoting hand hygiene in contexts of emergency and / or humanitarian crisis.
Regional webinar on behavior change strategies and social norms to promote hand hygiene in different environments.	The webinar will present experiences from the region and models of change in behavior and social norms applicable to the promotion of hand hygiene in different environments.
Strengthen articulation with regional partners.	At the regional level, there is a working group with representatives of the partners of the Initiative with whom it is expected to specify joint actions to support the countries.
Review of the generic humanitarian response plan developed by the WASH-LAC Group for countries and review of national emergency preparedness and response plans to incorporate evidence-based strategic actions to promote hand hygiene.	It is hoped that these inputs will help ensure that the practice of hand hygiene is considered in the strategic actions of emergency response plans including the response to migration in LAC.
Support to countries	
Webinars concept notes to guide the promotion of hand hygiene in the school environment, health facilities, migration crisis / emergency.	Webinar 1: Hand hygiene in schools Webinar 2: Hand hygiene in the context of migration Webinar 3: Hand hygiene in health facilities
<b>Brazil</b> <ul style="list-style-type: none"> <li>- Support incorporating key hand hygiene questions into the School Census.</li> <li>- Support to the Municipal Selo Program that has incorporated a specific result for hand hygiene in schools.</li> <li>- Roadmap for hand hygiene in schools in prioritized municipalities (to be defined)</li> </ul>	
<b>Belize, Jamaica and Guyana</b> <ul style="list-style-type: none"> <li>- Technical support in strategies to promote hand hygiene in schools</li> </ul>	
<b>Ecuador</b> <ul style="list-style-type: none"> <li>- Technical accompaniment to the process of preparing a roadmap for hand hygiene.</li> <li>- Experience Case Study</li> </ul>	
<b>Guatemala</b> <ul style="list-style-type: none"> <li>- Technical support for the elaboration of the roadmap for hand hygiene articulated to the Great Crusade for Nutrition.</li> <li>- Preparation of a methodological guide for the promotion of hand hygiene (for municipal managers).</li> <li>- Training in the application of the methodological guide.</li> </ul>	
<b>El Salvador</b> <ul style="list-style-type: none"> <li>- Review of the contents of the new school curriculum to ensure the significant incorporation of hand hygiene in a transversal way.</li> <li>- Advocacy for the incorporation of JMP hand hygiene indicators and questions in school monitoring tools.</li> </ul>	
<b>Mexico</b> <ul style="list-style-type: none"> <li>- Support for the formation of a technical subgroup on hand hygiene in the ASH Sector Group for emergencies.</li> <li>- Technical support for the elaboration of the roadmap for hand hygiene in educational centers in a prioritized municipality.</li> </ul>	
<b>Dominican Republic</b> <ul style="list-style-type: none"> <li>- Advocacy so that the results of the WASH FIT are used to develop a roadmap for hand hygiene in health facilities.</li> </ul>	
<b>Venezuela</b>	

- Technical support to strengthen the promotion of hand hygiene in prioritized contexts.
Technical support to two countries that have been trained in the WASH'Em methodology and have managed to design a plan for the promotion of hand hygiene in the context of migration.

## 7. Online resources available

Below are resources and tools that can assist ministries of education and other key sectors, school principals, and teachers in the design and management of hand hygiene programs for schools:

<b>Planning Resources</b>
<p><a href="#">Methodology to design a roadmap for the universalization of hand hygiene in schools</a></p> <p>This document guides countries to identify actions that serve as a bridge between the response to COVID-19, as outlined in the Strategic Preparedness and Response Plan (SPRP), with medium- and long-term development programming to achieve SDG 6.2 and prepare for future pandemics. It is a methodology for multiple environments therefore applicable to schools.</p>
<p><a href="#">3-star approach to ASH in schools</a></p> <p>This practical guide is designed to improve the effectiveness of hygiene behavior change programs in schools. This approach ensures that healthy habits are taught, practiced, and integrated into daily school routines.</p>
<p><a href="#">Hand hygiene costing tool in schools</a></p> <p>The tool can support decision-making to integrate WASH into education sector planning by providing estimated capital and recurring costs.</p>
<p><a href="#">Compendium of Multiple Handwashing Stations</a></p> <p>The document presents the key principles that should be taken into account in the planning, construction and maintenance of group handwashing facilities. The publication presents different designs for group handwashing facilities, from basic, but functional designs that would allow schools to easily start implementing group handwashing to more sophisticated designs.</p>
<p><a href="#">Guidance notes on reopening schools in the context of COVID-19 for ministries of education in Latin America and the Caribbean.</a></p> <p>The objective of the document is to provide the authorities of the ministries of education at the national and subnational levels with recommendations and technical inputs to plan, prepare and implement a safe school reopening, it also includes specific recommendations on water, sanitation and hygiene.</p>
<p><a href="#">10 Immediate WASH Actions in Schools</a></p> <p>This document provides 10 immediate WASH actions to support school principals in managing their COVID-19 response and for school openings.</p>
<b>Tools for monitoring and evaluating hand hygiene in schools</b>
<p><a href="#">Questions and key indicators for monitoring water, sanitation and hygiene services in schools under the Sustainable Development Goals</a></p> <p>This paper presents the main recommended questions to support harmonized monitoring of WASH services in schools as part of the SDGs. The questions use the harmonized definitions of the "core" service indicators and reflect the service scales that can be used to monitor progress. They are designed for use in national or subnational surveys conducted in schools and in school censuses.</p>
<b>Hand hygiene program planning models based on behavior change and social norms</b>
<p><a href="#">Using reminders in the environment to improve handwashing with soap in children in schools</a></p> <p>The guide provides an overview of the scientific fundamentals of reminder-based handwashing interventions and the evidence supporting the use of reminders in the handwashing environment in schools in low-resource settings. Resources and tools are also provided to plan and lead practice to reminder-based interventions in schools.</p>
<p><a href="#">FOAM</a></p> <p>It is a methodological framework for analyzing the practice of hand hygiene to design effective programs for its promotion in resource-poor environments. Explores determinants related to i) portability, i.e. access to infrastructure, product attributes, social norms; ii) skills and iii) motivations related to beliefs, expectations, threats and intention to develop the practice,</p>
<p><a href="#">FROGS</a></p> <p>It is an easy-to-use method to measure behavioral factors (risk perception, attitudes, norms, skills, and regulation), evaluate their influence on behavior, design personalized strategies that change behavior, and measure their effectiveness. Includes a list of strategic activities for behavior change</p>

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The Hand Hygiene for All Initiative (HH4A), has as partners in Latin America and the Caribbean the International Federation of the Red Cross and Red Crescent (IFRC), the World Bank (WB), Sanitation and Water for All (SWA), the UN Refugee Agency (UNHCR), among others.

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