



REPUBLIC OF GHANA

MINISTRY OF  
SANITATION AND  
WATER RESOURCES

# Hand Hygiene for All (HH4A) Initiative – Ghana COMMUNICATIONS STRATEGY

October, 2023



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# **HH4A Communication Strategy**

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## ACKNOWLEDGMENT

The Hand Hygiene for All (HH4A) Communication Strategy is a result of sector-wide collaborative effort and a multi-stakeholder consultation among relevant Ministries, Departments and Agencies (MDAs), Metropolitan, Municipal and District Assemblies (MMDAs), Development Partners (DPs), Non-Governmental Organizations (NGOs), Civil Society Organisations (CSOs) and private companies.

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## ABBREVIATIONS AND ACRONYMS

ANC	Antenatal clinic
APDO	Afram Plains Development Organisation
BAC	Business Advisory Centre
CBC	Catholic Bishops Conference
CBO	Community-Based Organisation
CCG	Christian Council of Ghana
CHC	Community Health Committee
CHRAJ	Commission on Human Rights and Administrative Justice
COMOG	Coalition of Muslim Organisations, Ghana
CONIWAS	Coalition of NGOs in Water and Sanitation
CRS	Catholic Relief Services
CSO	Civil Society Organisation
CT	Critical Times
CWC	Child Welfare Clinic
CWSA	Community Water and Sanitation Agency
DA	District assembly
DHMT	District Health Management Team
DJ	Disc Joker
DoCD	Department of Community Development
DP	Development Partners
DSW	Department of Social Welfare
DSW&CD	Department of Social Welfare and Community Development
EHO	Environmental Health Officer
EHSD	Environmental Health and Sanitation Directorate
EHSU	Environmental Health and Sanitation Unit
FDA	Food and Drugs Authority
GC	Global Communities
GEA	Ghana Enterprises Agency
GES	Ghana Education Service
GES-SHEP	Ghana Education Service-School Health Education Programme
GHD	Global Handwashing Day
GHP	Global Handwashing Partnership
GHS	Ghana Health Service
GoG	Government of Ghana

## ABBREVIATIONS AND ACRONYMS cont'd

GPPC	Ghana Pentecostal and Charismatic Council
GSA	Ghana Standards Authority
GTA	Ghana Tourism Authority
GWCL	Ghana Water Company Limited
HCF	Healthcare facilities
HH4A	Hand Hygiene for All
HHTWG	Hand Hygiene Technical Working Group
HHTWG	Hand Hygiene Technical Working Group
HWWS	Handwashing with soap
IDD	Intellectual development disorders
IDP	Internally displaced persons
IFRC	International Federation of the Red Cross
ILO	International Labour Organisation
INGO	International Non-Governmental Organisation
IPC	Infection Prevention Control
KAP	Knowledge, attitudes and practices
KHM	Kings Hall Media
M&E	Monitoring and Evaluation
MC	Master of Ceremony
MICS	Multiple Indicator Cluster Survey
ML	Minimum Locations
MLGDRD	Decentralisation and Rural Development
MMDA	Metropolitan, Municipal and District Assemblies
MoH	Ministry of Health
MSWR	Ministry of Sanitation and Water Resources
MTAC	Ministry of Tourism, Arts and Culture
MWRWH	Ministry of Water Resources, Works and Housing
NADMO	National Disaster Management Organisation
NGO	Non-Governmental Organisation
OPD	Out-Patient Department
PDA	Persons Differently Abled
PHEC	Public Health Emergency Committee
RCCE	Risk Communication and Community Engagement
SBC	Social and Behavior Change

## ABBREVIATIONS AND ACRONYMS cont'd

SDG	Sustainable Development Goals
SEM	Socio-Ecological Model
SHC	School Health Club
SISO	School Improvement Support Officer
SMC	School Management Committee
SWA	Sanitation and Water for All
TBD	To Be Determined
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations Children's Fund
WAG	WaterAid Ghana
WASH	Water, Sanitation and Hygiene
WC	Water closet
WHHD	World Hand Hygiene Day
WHO	World Health Organisation
WHS	WASHealth Solutions
WSSDP	Water Sector Strategic Development Plan
WVG	World Vision Ghana

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## EXECUTIVE SUMMARY

In the wake of the global COVID-19 pandemic, the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF), in collaboration with other global partners, launched the Hand Hygiene for All (HH4A) Initiative in June 2020. The Initiative, which aligns with Sustainable Development Goal (SDG) 6.2, is a *call to action* for **ALL** of society to achieve universal access to hand hygiene. It has a three-tier approach as follows:

**R<sub>1</sub>**: *Respond* (**short-term**, focusing on controlling COVID-19);

**R<sub>2</sub>**: *Rebuild* (**medium-term**, focusing on building back better); and

**R<sub>3</sub>**: *Reimagine* (**long-term**, focusing on achieving a culture of hand hygiene).

Ghana is one of nine countries selected by UNICEF to pilot the HH4A Initiative. Following this, the Ministry of Sanitation and Water Resources (MSWR) constituted a Hand Hygiene Technical Working Group (HHTWG), comprising MSWR, the Ministry of Health, the Ghana Health Service, Ghana Education Service, the Ghana Enterprises Agency, Office of the Head of Local Government Service, Department of Community Development, Community Water and Sanitation Agency, UNICEF, World Health Organisation (WHO), the World Bank Group, Catholic Relief Services, WaterAid Ghana, the Coalition of NGOs in Water and Sanitation, World Vision Ghana, Global Communities, Plan Ghana, WASH Health Solutions and Kings Hall Media. Under the leadership of two designated focal persons from MSWR, the HHTWG operated as a sub-group of the National Technical Working Group on Sanitation (NTWGS) and provided oversight for implementation. Stakeholder engagements were undertaken at national, regional, district, electoral area, community, institutional and individual levels to solicit input that enriched the process followed in developing these Operational Guidelines.

With technical and financial support from UNICEF and in collaboration with other sector players, the MSWR led the development of the HH4A Communication Strategy as one of three key accompaniments to the already developed HH4A Strategy. The other two are the HH4A Minimum Standards to serve as benchmark for performance and a set of HH4A Operational Guidelines, covering five sectors/areas – sanitation, education, health, private sector and emergencies – to guide implementation. All these constitute a comprehensive systems strengthening mechanism for accelerated and sustainable hand hygiene delivery and uptake in the country. It falls in line with the second tier approach of the HH4A Initiative and would ultimately feed into the third tier.

The development of the HH4A Communication Strategy is in recognition of the critical role communications play in effecting and sustaining social and behaviour change in important matters such as hand hygiene. It targets two behaviours of interest. These relate to *when* and *where* to practice hand hygiene. 'When' refers to the **critical times** to practice hand hygiene and 'where' refers to the **minimum locations** that hand hygiene facilities are to be placed. Thus, the behaviours of interest for the Strategy are as follows:

- That people adopt the behaviour of practicing hand hygiene at defined *critical times* per setting; and
- That people responsible have the behaviour of regularly providing functional hand hygiene stations/facilities at defined *minimum locations* per setting.

For each of the 12 identified HH4A settings, the HH4A Communication Strategy does audience segmentation coupled with behaviour analysis and proceeds to recommend audience-specific hand hygiene messages and materials per setting. The HH4A Communication Strategy has a section dedicated to Risk Communication and Community Engagement (RCCE) to take care of emergency context or situations. It concludes with a Monitoring and Evaluation (M&E) framework to track progress.

The HH4A Communication Strategy represents yet another milestone in Ghana's quest to achieving universal access to hand hygiene by 2030 as envisaged by the SDGs, for which Ghana is a signatory and a co-chair. It is hoped that policymakers, programme managers, field facilitators, end-users and indeed, all stakeholders (public and private), would play their part to making hand hygiene a culture in Ghana.

## 1. INTRODUCTION

In line with national and international commitments, Ghana is in the process of rolling out the global World Health Organisation and United Nations Children’s Fund (WHO/UNICEF)-led Hand Hygiene for All (HH4A) Initiative. For instance, the Government of Ghana (GoG)’s vision of Water, Sanitation and Hygiene (WASH) is *“sustainable water and basic sanitation for all by 2025”* according to the Water Sector Strategic Development Plan (WSSDP): 2012-2025<sup>1</sup> developed by the then Ministry of Water Resources, Works and Housing (MWRWH) and now Ministry of Sanitation and Water Resources (MSWR). This vision, for practical purposes, means *“all people living in Ghana have adequate, safe, affordable and reliable access to a basic level of water service, practice safe sanitation and hygiene and that water resources are sustainably managed.”* The WSSDP’s overall goal is *“improved living standards of Ghanaians through increased access and use of safe water, sanitation and hygiene and sustainable management of water resources.”*

On the international front, Ghana has signed up to the Sustainable Development Goals (SDG), which among others, seek to *“Ensure availability and sustainable management of water and sanitation for all”* – SDG 6. In specific terms, SDG 6.2 (target) reads, in part, *“By 2030, achieve access to adequate and equitable sanitation and hygiene for all ...”*<sup>2</sup>, while SDG 6.2.1 (indicator) seeks to measure *“Proportion of population with basic handwashing facility on premises”*

The above highlight the fact that universal access to hand hygiene is Ghana’s commitment.

This HH4A Communication Strategy is meant to support Ghana’s universal hand hygiene drive. The development process was consultative and participatory. In addition to review of existing works on the subject and the general oversight provided by the Hand Hygiene Technical Working Group (HHTWG), the Social and Behavior Change (SBC) Unit within UNICEF Ghana Office, an in-house expert group provided technical guidance. There were two three-day stakeholder brainstorming sessions held across Ghana; first one in Accra for the Southern Sector from 04<sup>th</sup> – 06<sup>th</sup> July, 2022, while the second one was held in Tamale for the Northern Sector from 22<sup>nd</sup> – 24<sup>th</sup> August, 2022 which led to a draft strategy. A follow up stakeholder validation workshop was held in Accra on 8<sup>th</sup> November, 2022 to come out with this final version.

The HH4A Communication Strategy reviews the hand hygiene situation in Ghana and provides an overview of the HH4A Initiative before delving into specifics of the hand hygiene communication strategy. It states the goal and objectives of the strategy, outlines the behaviours of interest, details of the target audiences and their respective behaviours along with appropriate messaging, reviews available hand hygiene communication materials, undertakes gap analysis and makes recommendations, and suggests a Monitoring and Evaluation (M&E) framework for measuring progress.

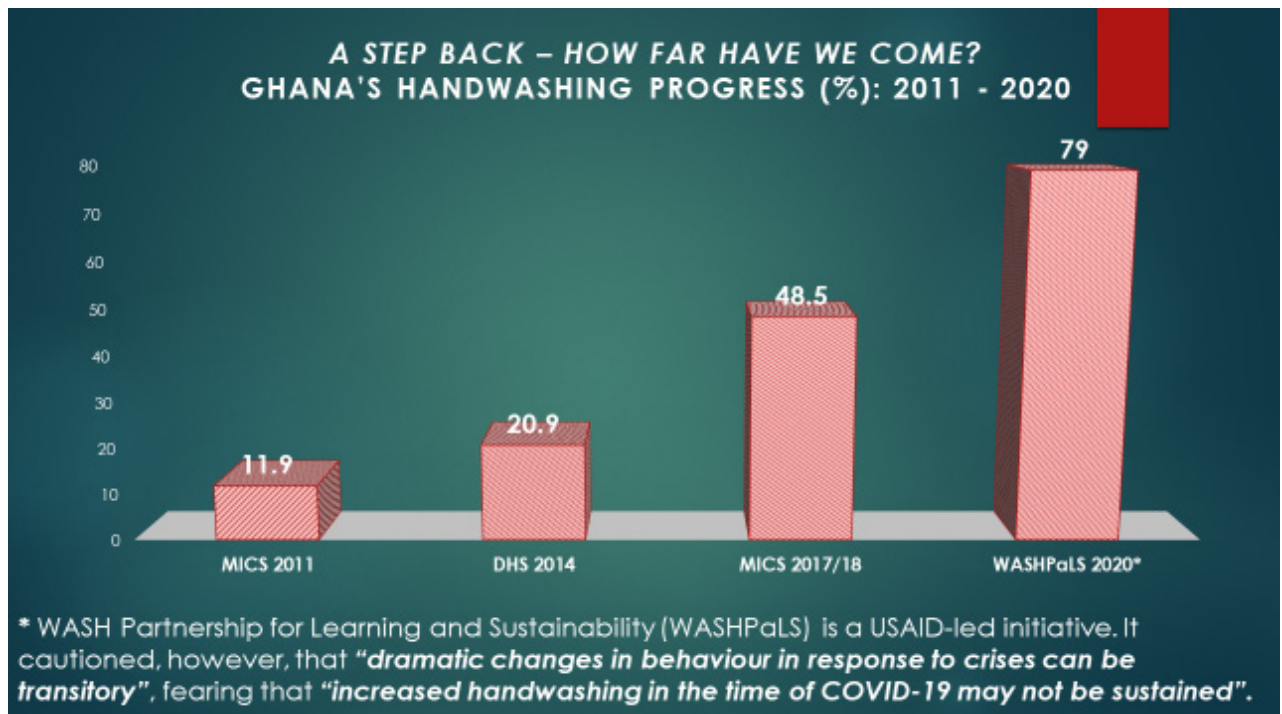
1 [https://www.washghana.net/sites/default/files/water\\_sector\\_strategic\\_development\\_\\_plan.pdf](https://www.washghana.net/sites/default/files/water_sector_strategic_development__plan.pdf)

2 <https://sdgs.un.org/goals/goal6>

## 2. HAND HYGIENE IN GHANA

Ghana's hand hygiene drive, initially focusing mainly on handwashing, gathered steam in the last two decades. In 2001, the Community Water and Sanitation Agency (CWSA) launched a national campaign, which was sponsored by the World Bank. There were posters developed and distributed as well as sustained radio and television advertisements that filled the airwaves with handwashing messages. Then in 2011, a full-fledge handwashing with soap strategy was developed to guide implementation. The Government of Ghana (GoG)-UNICEF WASH Programme has since 2012 made handwashing with soap a key priority and thematic area of focus with substantial investment over the years. Other WASH programmes and projects supported by various development partners such as WaterAid, World Vision, Global Communities and Catholic Relief Services (CRS) have contributed significantly to the handwashing effort in the country. Along these are key advocacy initiatives, particularly the annual commemoration of Global Handwashing Day (GHD) on October 15 and more recently, World Hand Hygiene Day (WHHD) on May 05. Cumulatively, all these have resulted in a nearly five-fold progress in handwashing in about a decade according to national statistics. The Multiple Indicator Cluster Survey (MICS) reports that Ghana moved from 12% in 2011 to 49% in 2017/18, as shown by Figure 1 below:

Figure 1: Ghana's Progress in Handwashing: 2011-2020



Following the COVID-19 pandemic, the scope has moved beyond handwashing to hand hygiene, which still emphasises handwashing with soap under running water, and additionally, hand sanitising with alcohol-based hand rubs as complementary and not replacement.

### 3. OVERVIEW OF THE HH4A INITIATIVE

The global COVID-19 pandemic is a stark re-affirmation of and re-awakening to the critical role hand hygiene plays in stopping the spread of infectious diseases, including COVID-19. Following this, the WHO and UNICEF launched the HH4A Initiative in June 2020 to accelerate the adoption of the practice of hand hygiene across all settings and contexts by 2030 and to sustain same into the future.

The thrust of the HH4A Initiative is a call to action and has a three-phase (3Rs) approach/strategy, namely:

- R<sub>1</sub>: Respond (short-term)**, focusing on controlling COVID-19);
- R<sub>2</sub>: Rebuild (medium-term)**, focusing on building back better); and
- R<sub>3</sub>: Reimagine (long-term)**, focusing on achieving a culture of hand hygiene).

It identifies *leadership, behaviour change and availability of supplies* as key underpinnings for success.

The HH4A Initiative has several global and local partners as shown in Table 1 below:

Table 1: HH4A Partners

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

The HH4A Initiative focuses on all contexts, which covers all locations (urban, peri-urban and rural) as well as normal development programming and emergencies. It is implemented across all settings and so far, 12 settings have been identified for rollout of the Initiative in Ghana. These are as follows:

1. Households or homes
2. Schools
3. Healthcare facilities (HCF)
4. Workplaces
5. Markets
6. Transport (terminal and travel)
7. Eateries
8. Worship and religious centres
9. Events and recreational centres
10. Childcare, Special Needs Children and Rehabilitation Homes
11. Correctional centres
12. Internally displaced persons (IDP) and refugee camps

To date, a Hand Hygiene Technical Working Group (HHTWG) under the leadership of the Ministry of Sanitation and Water Resources (MSWR) with two designated focal persons has been established and overseen the compilation of a compendium of handwashing facilities and the development of HH4A strategy, minimum standards and operational guidelines, among others. Field-testing (pilot) is on-going in some 28 electoral areas in 8 districts across the country with the support of UNICEF, World Vision, Global Communities and WaterAid. This is in strong collaboration with government partners, i.e. Metropolitan, Municipal and District Assemblies (MMDAs) – mainly Environmental Health and Sanitation Unit (EHSU) and Department of Social Welfare and Community Development (DSW&CD) – Ghana Education Service-School Health Education Programme (GES-SHEP), Ghana Health Service (GHS) and Business Advisory Centre (BAC).

## 4. GOAL OF THE HH4A COMMUNICATION STRATEGY

Enhance knowledge, attitudes and practices (KAPs) for positive hand hygiene behaviours across diverse audiences to drive increased uptake of hand hygiene products and services by all in Ghana.

## 5. OBJECTIVES OF THE HH4A COMMUNICATION STRATEGY

- a. Hand hygiene practice at setting-specific critical times triggered and sustained through audience-specific hand hygiene messages and materials by 2030.
- b. Hand hygiene stations/facilities at setting-specific minimum locations available and functioning regularly (i.e. operation and maintenance observed) through audience-specific hand hygiene messages and materials by 2030.

## 6. BEHAVIOURS OF INTEREST

The behaviours that the HH4A Communication Strategy seeks to address are derived from the objectives of the strategy as stated above. These relate to *when* and *where* to practice hand hygiene. 'When' refers to the **critical times** to practice hand hygiene and 'where' refers to the **minimum locations** that hand hygiene facilities are to be placed. Thus, the behaviours of interest for this strategy are as follows:

- That people adopt the behaviour of practicing hand hygiene at defined *critical times* per setting; and
- That people responsible have the behaviour of regularly providing functional hand hygiene stations/facilities (i.e. operation and maintenance observed) at defined *minimum locations* per setting.

The HH4A Minimum Standards defines setting-specific *critical times* for hand hygiene and *minimum locations* where hand hygiene facilities should be placed. Table 2 below provides details:

*Table 2: HH4A Minimum Standards – Critical Times for Hand Hygiene Practice & Minimum Locations for Hand Hygiene Facilities*

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
1	Households or Homes	<ol style="list-style-type: none"> <li>1. After using the toilet</li> <li>2. After changing a baby's diaper or helping a child use the toilet</li> <li>3. After returning from work or a socio-cultural gathering (farm, office, market, funeral, marriage ceremony, etc)</li> <li>4. After sweeping</li> <li>5. After visiting a public space, including public transportation, markets and places of worship</li> <li>6. After touching animals or pets</li> <li>7. After cleaning animal pen and hen kook</li> </ol>	<ol style="list-style-type: none"> <li>1. After touching animals and pets</li> <li>2. After coughing or sneezing</li> <li>3. After touching surfaces (especially outside the home, e.g. door knobs, railing, money, etc)</li> <li>4. After touching animals or pets</li> <li>5. After handshakes</li> <li>6. Before and after caring for (or attending to) a sick person</li> </ol>	<ol style="list-style-type: none"> <li>1. In the compound as appropriate to the household</li> <li>2. At the washroom of the household</li> <li>3. At the entrance of a gated community</li> </ol>	In the compound

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
1	Households or Homes	<ul style="list-style-type: none"> <li>8. Before preparing food</li> <li>9. Before eating</li> <li>10. Before feeding a baby/child</li> <li>11. Before and after changing menstrual pad</li> <li>12. Before and after caring for or attending to a sick person in the house</li> <li>13. Anytime hands are visibly dirty or soiled</li> </ul>			
2	Schools	<ul style="list-style-type: none"> <li>1. After using the toilet</li> <li>2. After sweeping or cleaning and/or collecting refuse</li> <li>3. After returning from playing, break and physical education (PE) session</li> <li>4. After teaching and handling books (e.g. marking class exercise/homework)</li> <li>5. Before entry into and exit from the school (including students returning from exeat and vacation for boarding schools)</li> <li>6. Before preparing food (for school kitchen staff and students who choose to cook)</li> <li>7. Before serving or dishing out food at dining and for food vendors</li> </ul>	<ul style="list-style-type: none"> <li>1. After coughing or sneezing</li> <li>2. After touching surfaces</li> <li>3. After handling books</li> <li>4. Before entering office/classroom</li> </ul>	<ul style="list-style-type: none"> <li>1. At school gate or entrance</li> <li>2. In front of classroom</li> <li>3. At the kitchen</li> <li>4. At the canteen or dining hall</li> <li>5. At the food vending area</li> <li>6. At the entrance of the dormitory (for boarding schools)</li> <li>7. At the washroom (toilet and urinal)</li> <li>8. At the playgrounds or area</li> <li>9. At the entrance to the assembly ground or hall</li> </ul>	<ul style="list-style-type: none"> <li>1. In the office or administration</li> <li>2. In the staff common room</li> <li>3. In the library</li> <li>4. At the infirmary</li> <li>5. In the worship centre(s)</li> <li>6. In classrooms</li> <li>7. In the dormitory</li> </ul>



No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
2	Schools	<ul style="list-style-type: none"> <li>8. Before eating and handling any food including fruits and vegetables</li> <li>9. Before and after changing menstrual pad</li> <li>10. Anytime hands are visibly dirty or soiled</li> </ul>		<ul style="list-style-type: none"> <li>10. At the entrance to the school administration</li> <li>11. At the entrance to the library and laboratory</li> <li>12. At the entrance to the infirmary</li> <li>13. At the entrance to the worship centre</li> <li>14. At teachers' quarters (staff bungalows)</li> </ul>	
3	Healthcare Facilities	<ul style="list-style-type: none"> <li>1. After using the toilet [all]</li> <li>2. After changing a baby's diaper or helping a child use the toilet [caregiver]</li> <li>3. After sweeping [cleaners]</li> <li>4. After risk of body fluid exposure [health worker]</li> <li>5. After visiting the mortuary [all]</li> <li>6. After consistently hand sanitising for five times [health worker]</li> <li>7. Before entry into and exit from the healthcare facility [all]</li> <li>8. Before and after making contact with a patient [health workers and caregivers]</li> <li>9. Before donning gloves and wearing personal protective equipment (PPE) [health workers]</li> </ul>	<ul style="list-style-type: none"> <li>1. After touching, attending to or examining a patient [health workers]</li> <li>2. After touching a patient's surroundings, including door knobs/handles, beds, etc [health workers and caregivers]</li> <li>3. After coughing or sneezing [all]</li> <li>4. After removal of PPE upon leaving the care area [health workers]</li> <li>5. Before a clean/aseptic procedure [health workers]</li> <li>6. Before dispensing medicine [health workers]</li> </ul>	<ul style="list-style-type: none"> <li>1. At the gate or entrance (entry and exit points)</li> <li>2. At the washroom (toilet/urinal) within 5 meters</li> <li>3. At all points of care (OPD, consulting room, laboratory, x-ray, ward, dispensary, ANC, CWC, labour or delivery room, theatre, ultrasound, etc)</li> <li>4. At the administration</li> <li>5. At the waiting room or area</li> <li>6. At the kitchen</li> <li>7. At the canteen, cafeteria or dining hall</li> </ul>	<ul style="list-style-type: none"> <li>8. In the office or administration</li> <li>9. At all points of care (OPD, consulting room, laboratory, x-ray, ward, dispensary, ANC, CWC, labour or delivery room, theatre, ultrasound, etc)</li> <li>10. At the mortuary</li> </ul>

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
3	Healthcare Facilities	<ul style="list-style-type: none"> <li>10. Before a clean/aseptic procedure [health workers]</li> <li>11. Before preparing and serving food [hospital kitchen staff and food vendors]</li> <li>12. Before eating [all]</li> <li>13. Before feeding a baby/child [caregivers]</li> <li>14. On entry into isolation room/area, e.g. theatre, etc [health workers]</li> <li>15. Anytime hands are visibly dirty or soiled [all]</li> </ul>	<ul style="list-style-type: none"> <li>7. Before taking medication [patient] or administering medication [health worker]</li> <li>8. Before and after taking laboratory sample [health worker]</li> <li>9. Before and after caring for a sick person [all]</li> </ul>	<ul style="list-style-type: none"> <li>8. At the food vending area</li> <li>9. At where PPE is being put on and taken off</li> <li>10. At where healthcare waste is handled</li> <li>11. At the mortuary</li> </ul>	
4	Workplaces	<ul style="list-style-type: none"> <li>1. After using the toilet or urinal</li> <li>2. After exposure to human excreta from cleaning or accidents, or from changing diapers</li> <li>3. After exposure to human biological liquids, such as nasal discharges while sneezing</li> <li>4. After exposure to dangerous materials, including animal waste, pesticides and toxic solvents</li> <li>5. After caring for infected or sick (or potentially infected or sick) persons or their contaminated materials</li> </ul>	<ul style="list-style-type: none"> <li>1. After handling or touching documents, computer, tools, money, etc</li> <li>2. After coughing or sneezing</li> <li>3. After touching surfaces and doorknobs</li> <li>4. After shaking hands with colleagues and guests</li> <li>5. Before taking snack (and eating 'small chops')</li> </ul>	<ul style="list-style-type: none"> <li>1. At the gate (entry and exit point)</li> <li>2. At the wash-room (toilet/urinal)</li> <li>3. At canteen/cafeteria</li> <li>4. At the kitchen (cooking facility or area)</li> <li>5. At the conference hall</li> <li>6. At the food vending area</li> <li>7. At workplace accommodation</li> <li>8. On various floors in the case of a storey building</li> </ul>	<ul style="list-style-type: none"> <li>1. At the front desk (office)</li> <li>2. In the offices (work stations)</li> <li>3. In the conference hall</li> <li>4. At teller stations</li> <li>5. At Automatic Teller Machines (ATMs)</li> <li>6. On the corridors</li> </ul>

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
4	Workplaces	<ul style="list-style-type: none"> <li>7. Before starting work</li> <li>8. Before eating or drinking</li> <li>9. Before handling or serving food or drink</li> <li>10. Before starting a new work activity or task where clean hands are important (i.e. handling patients in a health-care setting)</li> <li>11. Before going home</li> <li>12. Anytime hands are visibly dirty or soiled</li> </ul>			
5	Markets	<ul style="list-style-type: none"> <li>1. After using the toilet</li> <li>2. After sweeping/cleaning</li> <li>3. After exiting a shop/supermarket</li> <li>4. Before entry into and exit from the market</li> <li>5. Before entering a shop/supermarket</li> <li>6. Anytime hands are visibly dirty or soiled</li> </ul>	<ul style="list-style-type: none"> <li>1. After coughing or sneezing</li> <li>2. After touching surfaces and items (wares)</li> <li>3. After handling money and groceries</li> <li>4. After exiting a shop/supermarket</li> </ul>	<ul style="list-style-type: none"> <li>1. At the entry and exit points of the market</li> <li>2. In front of supermarkets or shops (including meat shops)</li> <li>3. At the washroom (toilet/urinal)</li> <li>4. At identifiable or vantage points (e.g. yam sellers corner, animal market, etc)</li> <li>5. At densely populated areas in the market</li> </ul>	<ul style="list-style-type: none"> <li>1. At the check-out counter/payment point of supermarkets and shops</li> <li>2. At places where not-processed-before-eating food is sold, e.g. 'gari', etc</li> </ul>

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
6	Transport	<ol style="list-style-type: none"> <li>1. After using the toilet (washroom)</li> <li>2. After sweeping/ cleaning</li> <li>3. At the end of a trip or after a round/ return trip (if there's no break) [for driver and mate]</li> <li>4. Before entry into and exit from the transport terminal</li> <li>5. After loading or removing luggage</li> <li>6. Anytime hands are visibly dirty or soiled</li> </ol>	<ol style="list-style-type: none"> <li>1. Before boarding</li> <li>2. After alighting</li> <li>3. After coughing or sneezing</li> <li>4. After touching surfaces</li> <li>5. After handling money, ticket and/or boarding pass</li> </ol>	<ol style="list-style-type: none"> <li>1. At entry and exit points</li> <li>2. At the waiting area</li> <li>3. At the food vending area</li> <li>4. At the washroom (toilet and urinal)</li> <li>5. At identifiable or vantage points (e.g. various destination stations, etc)</li> </ol>	<ol style="list-style-type: none"> <li>1. At the ticketing and/or waiting area</li> <li>2. At the boarding point or area</li> <li>3. In every public transport – taxi (including tricycles - 'yellow-yellow'); ride sharing arrangements such as uber and bolt; intra-city buses known as 'trotro'; inter-city bus; truck; ambulance; aeroplane (airplane); train; water transport (ship, boat, ferry); etc</li> </ol>
7	Eateries	<ol style="list-style-type: none"> <li>1. After using the toilet</li> <li>2. After sweeping / cleaning / collecting refuse / refuse disposal</li> <li>3. Before entry</li> <li>4. Before preparing food (for kitchen staff)</li> <li>5. Before dishing food</li> <li>6. Before eating</li> <li>7. Before feeding a baby or child</li> <li>8. Anytime hands are visibly dirty or soiled</li> </ol>	<ol style="list-style-type: none"> <li>1. After coughing or sneezing</li> <li>2. After touching surfaces / menu cards</li> <li>3. After handling money</li> <li>4. After shaking hands</li> <li>5. When leaving the eatery</li> </ol>	<ol style="list-style-type: none"> <li>1. At the eatery entrance and exit points</li> <li>2. At the eating area</li> <li>3. At the kitchen</li> <li>4. At the dishing point/area</li> <li>5. At the washroom (toilet)</li> </ol>	<ol style="list-style-type: none"> <li>1. At the dishing point or area</li> <li>2. On the eating table</li> <li>3. At the checkout counter or point of payment</li> </ol>

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
8	Worship and religious centres	<ol style="list-style-type: none"> <li>1. After visiting the washroom</li> <li>2. After changing a baby's diaper</li> <li>3. After sweeping / cleaning / collecting refuse / disposing off refuse</li> <li>4. After performance of traditional rites or rituals at the shrine</li> <li>5. Before entry into and exit from worship or religious centres</li> <li>6. Before performing 'ablution' (for Muslims)</li> <li>7. Anytime hands are visibly dirty or soiled</li> </ol>	<ol style="list-style-type: none"> <li>1. After holding/ using microphone and other musical instruments</li> <li>2. After touching pulpit</li> <li>3. After singing/ praying/ dancing</li> <li>4. After touching pews</li> <li>5. After coughing or sneezing</li> <li>6. After touching surfaces and doorknobs</li> <li>7. After handshakes following benediction in a Muslim congregational prayer</li> <li>8. After counting offering</li> <li>9. Before offering or receiving holy communion (for Christians)</li> </ol>	<ol style="list-style-type: none"> <li>1. At the entry and exit points of the worship house (church, mosque, shrine, etc)</li> <li>2. In front of all halls of meeting (including children and adult worship auditoria)</li> <li>3. At the washroom (toilet and urinal)</li> <li>4. On the compound</li> </ol>	<ol style="list-style-type: none"> <li>1. On the pulpit or altar</li> <li>2. At vantage points in the pew (worshippers)</li> <li>3. In offices</li> </ol>
9	Events & Recreational centres	<ol style="list-style-type: none"> <li>1. After visiting the washroom (toilet and urinal) of the event/recreational centre.</li> <li>2. After sweeping/ cleaning/disposing off refuse.</li> <li>3. After attending an event (e.g. festival, funeral, durbar, sporting activity, campaign rally, entertainment, etc)</li> </ol>	<ol style="list-style-type: none"> <li>1. After coughing or sneezing</li> <li>2. After touching surfaces</li> <li>3. After shaking hands or embracing</li> <li>4. After dancing</li> <li>5. After handling microphone and/or other musical instruments</li> </ol>	<ol style="list-style-type: none"> <li>1. At the entry and exit point(s)</li> <li>2. Around and/ or on the compound of the event venue</li> <li>3. At the kitchen of the event or recreational centre</li> <li>4. At the eating and drinking area</li> </ol>	<ol style="list-style-type: none"> <li>1. At the entry and exit point(s)</li> <li>2. In the office(s) of the event/ recreational centre</li> <li>3. Around and/ or on the compound of the event venue</li> </ol>

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
9	Events & Recreational centres	<ol style="list-style-type: none"> <li>4. Before entry into and exit from the event or recreational centre.</li> <li>5. Before cooking</li> <li>6. Before serving food and/or drinks</li> <li>7. Before eating and/or drinking</li> <li>8. Anytime hands are visibly dirty or soiled</li> </ol>	<ol style="list-style-type: none"> <li>6. After handling money</li> </ol>	<ol style="list-style-type: none"> <li>5. At the washroom (toilet/urinal)</li> <li>6. At the playground/ play area</li> <li>7. At the administration/ office of the event/ recreational centre</li> <li>8. Next to mobile toilet booth(s)</li> </ol>	<ol style="list-style-type: none"> <li>4. At the pay point and/ or checkout counter</li> </ol>
10	Childcare, Special Needs Children and Rehabilitation Homes	<ol style="list-style-type: none"> <li>1. After visiting the washroom (toilet/urinal)</li> <li>2. After attending to a child or assisting same to use the toilet</li> <li>3. After sweeping/ cleaning</li> <li>4. After playing or visiting the playgrounds</li> <li>5. Before entry into and exit from the childcare home</li> <li>6. Before preparing food</li> <li>7. Before eating [and after eating particularly for those with intellectual development disorders (IDDs)]</li> <li>8. Before feeding</li> <li>9. Before, during and after caring for a sick child</li> <li>10. Anytime hands are visibly dirty or soiled</li> </ol>	<ol style="list-style-type: none"> <li>1. After coughing or sneezing</li> <li>2. After touching surfaces and doorknobs</li> <li>3. After an embrace</li> </ol>	<ol style="list-style-type: none"> <li>1. At the entry and exit points</li> <li>2. On the compound</li> <li>3. At the kitchen</li> <li>4. At the eating area or dining hall</li> <li>5. At the washroom (toilet and urinal)</li> <li>6. By the classroom</li> <li>7. In the assembly hall</li> <li>8. At the infirmary</li> <li>9. At the playground / area</li> <li>10. At the administration</li> <li>11. At the teachers' quarters/ bungalow</li> <li>12. At the worship centre</li> <li>13. In front of dormitories</li> </ol>	<ol style="list-style-type: none"> <li>1. In the office</li> <li>2. In the class</li> <li>3. At the infirmary</li> <li>4. At the worship centre</li> <li>5. In the dormitories</li> </ol>

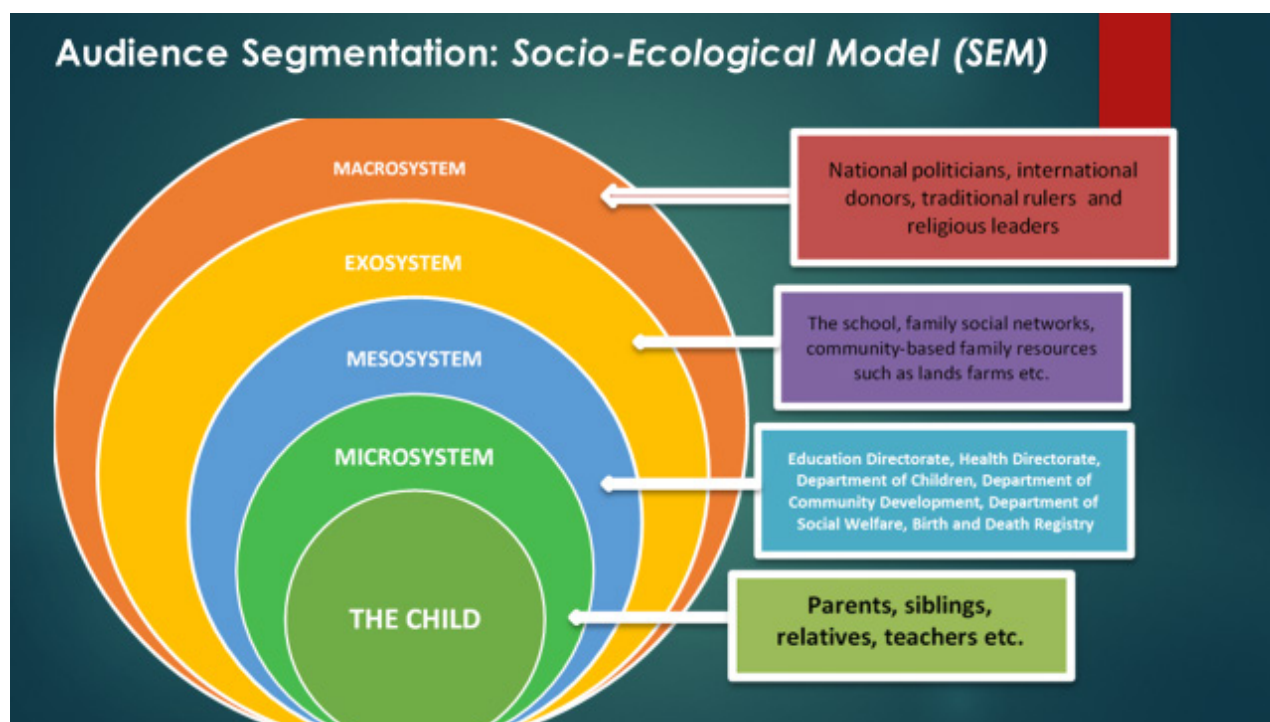
No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
11	Correctional centres	<ol style="list-style-type: none"> <li>1. After visiting the washroom</li> <li>2. After morning unlock</li> <li>3. After sweeping/cleaning</li> <li>4. After outside labour</li> <li>5. Before entry into and exit from the correctional centre</li> <li>6. Before preparing food</li> <li>7. Before serving food</li> <li>8. Before eating or taking ration</li> <li>9. Before administering and taking medication</li> <li>10. Before final lock-up</li> <li>11. Anytime hands are visibly dirty or soiled</li> </ol>	<ol style="list-style-type: none"> <li>1. After coughing or sneezing</li> <li>2. After touching surfaces and doorknobs</li> <li>3. After receiving visitors</li> <li>4. Before administering and taking medication</li> </ol>	<ol style="list-style-type: none"> <li>1. At the gate or entrance</li> <li>2. At the washroom</li> <li>3. At the four corners of prison yard</li> <li>4. At the kitchen</li> <li>5. In the cells</li> <li>6. At the canteen or cafeteria</li> <li>7. At the infirmary</li> <li>8. At the workshop</li> <li>9. At the labour site (outside the premises)</li> </ol>	<ol style="list-style-type: none"> <li>1. At the front desk (reception)</li> <li>2. In the offices</li> <li>3. In the cells</li> <li>4. At the infirmary</li> </ol>
12	IDP & Refugee camps	<ol style="list-style-type: none"> <li>1. After visiting the washroom (toilet/urinal)</li> <li>2. After attending to a baby or changing baby diaper</li> <li>3. After sweeping/cleaning/collecting refuse/disposing off refuse</li> <li>4. After using the playgrounds/social events</li> <li>5. After distributing relief items (mattresses, blankets, etc)</li> <li>6. Before entry into and exit from the camp</li> </ol>	<ol style="list-style-type: none"> <li>1. After handling documents, etc</li> <li>2. After coughing or sneezing</li> <li>3. After touching surfaces and doorknobs</li> <li>4. After shaking hands</li> <li>5. Before and after distributing food rations</li> </ol>	<ol style="list-style-type: none"> <li>1. At the entry and exit points</li> <li>2. On the compound</li> <li>3. At the kitchen</li> <li>4. At the eating area</li> <li>5. At the vending area</li> <li>6. At the washroom (toilet and urinal)</li> <li>7. By the tents of families</li> <li>8. At the distribution point or area</li> </ol>	<ol style="list-style-type: none"> <li>1. In the tents</li> <li>2. At vantage points in the compound</li> <li>3. By the camp infirmary, school, etc</li> </ol>

No.	Setting	Critical Times		Minimum Locations	
		handwashing	hand sanitising	handwashing facility	hand sanitiser
12	IDP & Refugee camps	7. Before preparing food 8. Before eating 9. Before feeding a baby 10. Before distributing food rations 11. Before and after changing menstrual pad 12. Before and after caring for or attending to a sick person 13. Anytime hands are visibly dirty or soiled		9. At playgrounds and social gathering points 10. By the camp infirmary, school, etc	



## 7. AUDIENCE SEGMENTATION

The segmentation involved placing the target audiences for hand hygiene communication into various strata (layers/levels) for targeting purposes based on a socio-ecological model hereunder illustrated:



The above was adapted for the brainstorming sessions and covered the following:

- **Level<sub>1</sub> - *Primary target audience*:** This refers to persons directly expected to practice the desired hand hygiene behaviour – handwashing and hand sanitising – as stipulated in the HH4A Minimum Standards. They are the behaviour change targets.
- **Level<sub>2</sub> - *Secondary target audience*:** This refers to influencers. That is, persons who have direct control or influence over the primary audience.
- **Level<sub>3</sub> - *Tertiary target audience*:** This refers to service providers. These are individuals and institutions that make hand hygiene products and services available for use by the primary audience.
- **Level<sub>4</sub> - *Macro target audience*:** This refers to policymakers or those in decision-making positions. They provide the enabling environment through policy decisions, resource allocation and/or regulation.

A template was, thus, developed to aid the brainstorming participants' discussions and Table 3 below contain the eventual outcome of the audience segmentation exercise:

Table 3: Audience Segmentation

No.	Setting	Primary Target [behaviour change target]	Secondary Target [influencers]	Tertiary Target [service providers]	Macro Target [policymakers]
1	Household / Home	Children (boys and girls)	Parents, grandparents, caregivers, older siblings	Environmental Health and Sanitation Directorate (EHSD), Community Water and Sanitation Agency (CWSA), Ghana Water Company Limited (GWCL), MMDAs, EHSU, Dep't of Community Development, Rent Control Dep't, NGOs, Community Neighbourhood Associations	Ministry of Sanitation and Water Resources (MSWR), Ministry of Health (MoH), Ministry of Works and Housing, Community Neighbourhood Associations, DPs and INGOs.
		Adult (men and women)	Elders (family/ community)		
		Landlord/landlady	Assertive tenants		
		Tenants	Landlord/landlady		
		House helps	Housemistress		
		Visitors	Host family		
2	School	Learners/students	Teachers, parents, school health club, School-based Health Co-ordinator,	School Management Committee, School Health Club, GES-SHEP (school, district, regional and national), School Improvement Support Officer (SISO), Environmental Health, GHS, parents association, NGOs/CBOs	Ministry of Education, education directorate (GES at district, regional and national levels), MMDAs, Parents Association, education sector DPs and INGOs
		Teachers	Head teacher, School Improvement Support Officer (SISO), School-based Health Co-ord.,	School Management Committee, GES-SHEP (school, district, regional and national), education directorate (GES at district, regional and national level), Environmental Health, GHS, NGOs/CBOs	Ministry of Education, education directorate (GES at district, regional and national levels), MMDAs, teacher association, education sector DPs and INGOs

No.	Setting	Primary Target [behaviour change target]	Secondary Target [influencers]	Tertiary Target [service providers]	Macro Target [policymakers]
2	School	Others: Non-teaching staff, (cleaners, security, drivers, administrators, cooks/matrons), vendors, visitors and residents on school campuses	Head teacher, School Management Committee, SISO	GES-SHEP, GHS, Environmental Health, community leadership, utility providers (GWCL, CWSA), Suppliers of goods and services	Ministry of Education, education directorate (GES at district, regional and national levels), MMDAs, education sector DPs and INGOs
3	Healthcare Facility (HCF)	Patients (in and out patients)	Health workers (doctors, nurses, laboratory technicians, dispensary staff, etc) and caregivers	MMDAs, District Health Management Team (DHMT), HCF management, local NGOs	Ministry of Health (MoH), health directorate (GHS at district, regional and national levels), health sector DPs and INGOs
		Caregivers (mothers, relatives, etc)	Health workers (doctors, nurses, laboratory technicians, dispensary staff, etc)		
		Clinical staff (doctors, nurses, laboratory technicians, dispensary staff, etc)	HCF Managers/ Supervisors, Infection Prevention Control (IPC) Focal Person		Ministry of Health (MoH), health directorate (GHS at district, regional and national levels), health worker associations, health sector DPs and INGOs
		Others: Non-clinical staff (administrators, cleaners, security, drivers), environmental health officers, vendors and residents on HCF premises, visitors.	HCF Managers, Infection Prevention Control (IPC) Focal Person, environmental health officers		Ministry of Health (MoH), health directorate (GHS at district, regional and national levels), health sector DPs and INGOs
4	Workplace	Staff/workers	Human Resource, Managers/ Supervisors	Management, Health and Safety Officer, Environmental Health Officers of MMDAs, Health Promotion Officer of GHS	Worker Associations, Employers (including gov't), Ministry of Employment and Labour Relations,
		Clients/customers	Workers		
		Vendors/suppliers	Management		
		Visitors	Workers, management		

No.	Setting	Primary Target [behaviour change target]	Secondary Target [influencers]	Tertiary Target [service providers]	Macro Target [policymakers]
5	Market	Patrons (producers, sellers and buyers)	Market executives/ managers	Market associations, Environmental Health, GHS, Dep't of Community Development, NGOs	Ministry of Local Government, Decentralisation and Rural Development (MLGDRD), MMDA, traditional authority, DPs and INGOs
6	Transport	Passengers	Drivers, driver's mate, station managers	MMDAs, transport unions, transport owners, Environmental Health, GHS, Dep't of Community Development, NGOs	Ministry of Transport, MMDA, transport unions, DPs and INGOs
		Drivers	Station managers, transport owners		
		Drivers' mates	Drivers		
		Cleaners	Station managers, supervisors, cleaning agency		
		Vendors	Station managers		
7	Eatery	Workers (cooks, waiters / waitresses / servers, security, cleaners)	Facility owners and managers/ supervisors	Environmental Health Officers (MMDA), Health Promotion Officer of GHS,	MMDAs, Environmental Health and Sanitation Directorate (EHSD) of Ministry of Sanitation and Water Resources (MSWR), Ministry of Health (MoH), Food and Drugs Authority (FDA), Ghana Tourism Authority (GTA), Ghana Standards Authority (GSA).
		Customers	Facility owners, managers and workers		
8	Religious and Worship Centre	Members / Worshippers	Religious leaders (Pastors, Imams, etc)	Leadership/ Management, Owners	Ministry of Chieftaincy and Religious Affairs, Religious bodies / groups (Christian Council of Ghana, Catholic Bishops Conference, Ghana Pentecostal and Charismatic Council, Coalition of Muslim Organisations, Ghana, etc), Leadership/ Management
		Workers	religious leaders/ supervisors, management		

No.	Setting	Primary Target [behaviour change target]	Secondary Target [influencers]	Tertiary Target [service providers]	Macro Target [policymakers]
8	Religious and Worship Centre	Vendors	religious leaders/supervisors, management	Owners and/or Leadership / Management of worship centres, Environmental Health Officers, District Assemblies, GHS	
9	Events and Recreational Centre	Patrons / Customers / Revelers	Facility managers, workers, event organisers, master of ceremony (MC), disc jockey (DJ)	Facility owner, event organisers, Environmental Health Officers (MMDA), Health Promotion Officer of GHS, NGOs	MMDAs, MLGDRD, Environmental Health and Sanitation Directorate (EHSD) of Ministry of Sanitation and Water Resources (MSWR), Ministry of Health (MoH), Food and Drugs Authority (FDA), Ghana Tourism Authority (GTA), Ministry of Tourism, Arts and Culture, DPs and INGOs.
		Workers (cooks, waiters / waitresses/ servers, security)	Facility managers/supervisors	Facility owner, event organisers, Environmental Health Officers (DA), Health Promotion Officer of GHS, NGOs	MMDAs, Environmental Health and Sanitation Directorate (EHSD) of Ministry of Sanitation and Water Resources (MSWR), Ministry of Health (MoH), Food and Drugs Authority (FDA), Ghana Tourism Authority (GTA), Ministry of Tourism, Arts and Culture, DPs and INGOs.

No.	Setting	Primary Target [behaviour change target]	Secondary Target [influencers]	Tertiary Target [service providers]	Macro Target [policymakers]
10	Childcare, Special Needs Children and Rehabilitation Home	Children (including those with special needs)	Attendants, parents	Home owners/ managers, Dep't of Social Welfare (district, regional and national levels), Environmental Health, GHS, NGOs, security services, utility providers (GWCL/ CWSA)	Ministry of Gender, Children and Social Protection, MMDAs, development partners and INGOs
		Attendants/ caregivers and other workers (cooks, cleaners, etc)	Home managers / supervisor,		
		Visitors	Gatekeepers/ security, home managers		
11	Correctional centre	Inmates (male, female, juvenal)	Prison officers	Management, Health and Safety Officer, Environmental Health Officers of MMDAs, Health Promotion Officer of GHS, Religious groups, Legal Aid, Human rights advocates	Ministry of Interior, Prison Council, Commission on Human Rights and Administrative Justice (CHRAJ), Human rights advocates, Development Partners (DPs), law courts
		Workers (prison officers, cooks, cleaners, etc)	Managers/ Supervisors		
		Visitors	Gatekeepers / security		
		Suppliers	Managers, procurement officers		
12	IDP/Refugee camp	Internally Displaced persons (IDPs)	Camp managers and attendants	MMDA, NADMO, Community Development and Social Welfare Department, Environmental Health, GHS, Public Health Emergency Committee (PHEC), Ghana Red Cross Society, NGOs,	Ghana Refugee Board, Ministry of Interior, NADMO, INGOs and DPs (e.g. UNHCR, UNICEF, WHO, Red Cross, etc)
		Camp attendants or workers	Camp managers		
		Visitors	Camp managers and attendants		

## 8. BEHAVIOUR ANALYSIS, MESSAGING & CHANNELS

The brainstorming sessions covered behaviour analysis of each segment of the setting-specific target audience with the aid of a template and proposed appropriate hand hygiene messages and communication channels through which they (audience) can be reached. The outcome is as presented in Table 4 below:

Table 4: Hand Hygiene Behaviour Analysis, Message &amp; Channel

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>HOUSEHOLD/HOME</b>								
<b>Primary Target [behaviour change target]</b>	<ol style="list-style-type: none"> <li>Children (boys and girls)</li> <li>Adult (men and women)</li> <li>Landlord / lady</li> <li>Tenants</li> <li>Visitors</li> </ol>	<ol style="list-style-type: none"> <li>Can find both positive and negative role models</li> <li>Presence of handwashing facility more at the toilet</li> <li>Absence of handwashing facilities in majority of households</li> </ol>	<ol style="list-style-type: none"> <li>Wash hands before eating, but not always with soap.</li> <li>Tend to wash hands with soap after eating</li> <li>Don't wash hands under running water</li> <li>Practice communal handwashing</li> <li>Don't use hand sanitiser</li> </ol>	<ol style="list-style-type: none"> <li>Always wash hands with soap</li> <li>Always wash hands under running water</li> <li>Always wash hands with soap under running water at critical times</li> <li>Complete handwashing with regular hand sanitising</li> </ol>	<ol style="list-style-type: none"> <li>Limited knowledge</li> <li>Absence of hand hygiene facilities</li> <li>Inadequate water</li> <li>Limited handwashing consumables</li> <li>Low risk perception with the common saying that African germs are not harmful</li> </ol>	<ol style="list-style-type: none"> <li>Availability and proximity of handwashing station and in line of sight</li> <li>Peer checking / monitoring</li> <li>Making handwashing stations salient through signages/ cues</li> </ol>	<ol style="list-style-type: none"> <li>Handwashing makes your hand clean and nice</li> <li>Practice proper handwashing</li> <li>Loving parents provide handwashing facilities at home</li> <li>Caring parents ensure children always wash their hands with soap under running water at critical times</li> <li>Good children practice handwashing with soap under running water at critical times to be healthy, strong and happy.</li> <li>Responsible landlords/ladies ensure safety of tenants. Hand hygiene guarantees safety!</li> <li>Hand hygiene is good for ALL</li> </ol>	<ol style="list-style-type: none"> <li>Poster</li> <li>Radio</li> <li>TV</li> <li>Home visit</li> <li>Social media posts</li> <li>Slogans</li> <li>Local songs</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
Secondary Target [influencers]	<ol style="list-style-type: none"> <li>Parents and grandparents</li> <li>Elders (family / community)</li> <li>Landlord / lady</li> <li>Host family to visitors</li> </ol>	<ol style="list-style-type: none"> <li>Some level of knowledge on hand hygiene</li> <li>Considerable level of influence exists</li> </ol>	<ol style="list-style-type: none"> <li>Partially share information on hand hygiene</li> <li>Provide little or no hand hygiene supplies</li> <li>Do not insist on hand hygiene</li> </ol>	<ol style="list-style-type: none"> <li>Share full information of hand hygiene, i.e. importance, critical times and steps</li> <li>Provide hand hygiene facilities and supplies</li> <li>Insist on practice of hand hygiene</li> </ol>	<ol style="list-style-type: none"> <li>Insufficient awareness</li> <li>Hand hygiene not prioritised</li> </ol>	<ol style="list-style-type: none"> <li>Knowledge, attitude and skills</li> <li>Logistics</li> <li>Materials</li> <li>Guidelines</li> </ol>	<ol style="list-style-type: none"> <li>Wash your hands with soap under running water at ALL critical times</li> <li>Provide facilities and supplies to facilitate the practice of hand hygiene by all within your sphere of influence</li> </ol>	<ol style="list-style-type: none"> <li>Radio</li> <li>Focus group discussions</li> <li>Posters</li> </ol>





Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>SCHOOL</b>								
<b>Primary Target [behaviour change target]</b>	<ol style="list-style-type: none"> <li>Learners / students</li> <li>Teachers</li> <li>Others: Non-teaching staff, (cleaners, security, drivers, administrators, cooks / matrons), vendors, visitors and residents on school campuses</li> </ol>	<ol style="list-style-type: none"> <li>Some do not wash/practice proper hand hygiene</li> <li>Some mostly touch what they see</li> <li>Some mostly use their leisure time to play</li> <li>Some have and use hand hygiene facilities</li> </ol>	High knowledge on hand hygiene, but low practice.	<ol style="list-style-type: none"> <li>Practice hand hygiene at critical times.</li> <li>Be Agents of change</li> </ol>	Limited resources (facilities, supplies) for hand hygiene	Availability of adequate handwashing stations and in line of sight	<ol style="list-style-type: none"> <li>Clean hands keeps sickness away</li> <li>Proper hand hygiene keep you in school to learn and excel</li> <li>Proper hand hygiene helps your parents save money for your needs</li> <li>Hand hygiene produces healthy and happy citizens</li> <li>Hand hygiene promotes good health</li> </ol>	<ol style="list-style-type: none"> <li>Poster / text-books</li> <li>Murals</li> <li>Songs / recitals / poems</li> <li>Games</li> <li>Drama</li> <li>TV</li> <li>School sessions</li> <li>Social media posts</li> <li>School assembly</li> </ol>
<b>Secondary Target [influencers]</b>	<ol style="list-style-type: none"> <li>Teachers</li> <li>Parents</li> <li>SHC</li> <li>SbHC</li> <li>Head teacher</li> <li>SISO</li> <li>SMC</li> <li>PTA</li> </ol>	<ol style="list-style-type: none"> <li>They barely wash their hands</li> <li>They teach about hygiene</li> <li>Their hands get easily contaminated</li> </ol>	Do not prioritize hand hygiene	<ol style="list-style-type: none"> <li>Be effective role models for hand hygiene</li> <li>Prioritize hand hygiene and adequately make provision for it.</li> <li>Teachers strengthen knowledge &amp; supervision of hand hygiene practice</li> </ol>	Weak appreciation of hand hygiene's impact on educational outcomes	<ol style="list-style-type: none"> <li>Right knowledge, attitude and skills</li> <li>Availability of hand hygiene facilities</li> <li>Provision of logistics, materials and guidelines</li> </ol>	<ol style="list-style-type: none"> <li>Proper hand hygiene enhances effective teaching and learning outcomes</li> <li>Hand hygiene produces healthy citizens</li> <li>Hand hygiene promotes good health</li> </ol>	<ol style="list-style-type: none"> <li>Poster</li> <li>Murals</li> <li>Songs</li> <li>Games</li> <li>Drama</li> <li>TV</li> <li>School sessions</li> <li>Social media posts</li> <li>In-service training</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Tertiary Target</b> [service providers]	<ol style="list-style-type: none"> <li>SMC</li> <li>SHC</li> <li>GES-SHEP</li> <li>SISO</li> <li>MMDA</li> <li>GHS</li> <li>PTA</li> <li>NGOs / CBOs</li> <li>Community leadership</li> </ol>	<ol style="list-style-type: none"> <li>Carry out hygiene promotion</li> <li>Provide hand hygiene facilities and supplies</li> </ol>	High knowledge on hand hygiene, but low practice.	Provide enabling environment for effective teaching and learning	Limited resources (facilities, supplies) for hand hygiene		<ol style="list-style-type: none"> <li>Hand hygiene keeps you in business</li> <li>Hand hygiene produces healthy citizens</li> <li>Clean hands promotes productivity</li> </ol>	<ol style="list-style-type: none"> <li>Radio</li> <li>TV</li> <li>Poster</li> </ol>
<b>Macro Target</b> [policy makers]	<ol style="list-style-type: none"> <li>Some mostly touch what they see</li> </ol>	Formulation of policies to enforce a hand hygiene	Aware of the importance of hand hygiene for good educational outcomes	<ol style="list-style-type: none"> <li>Formulate relevant policies on hand hygiene</li> <li>Allocate adequate resources for hand hygiene activities</li> <li>Conduct effective monitoring and evaluation</li> </ol>	Limited resource allocation to hand hygiene	<ol style="list-style-type: none"> <li>Commitment</li> <li>Political incentive</li> </ol>	<ol style="list-style-type: none"> <li>Proper hand hygiene facilitates good educational outcomes</li> <li>Allocate and spend resources on hand hygiene</li> <li>Build capacity for hand hygiene</li> </ol>	Advocacy

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>HEALTHCARE FACILITY</b>								
<b>Primary Target</b> [behavior change target]	Patients (in and out patients)	Clients are the recipients of the health services. Thus the sick and ailing.	<ol style="list-style-type: none"> <li>Poor attitude or apathy towards hand hygiene</li> <li>Forgetfulness</li> <li>Sometimes wash hands, but without soap</li> </ol>	<ol style="list-style-type: none"> <li>Regular practice of hand hygiene at critical times at the HCF</li> <li>Seeking knowledge on hand hygiene</li> </ol>	<ol style="list-style-type: none"> <li>Inadequate knowledge on hand hygiene</li> <li>Inadequate hand hygiene facilities</li> <li>Limited access to water for hand-washing;</li> </ol>	<ol style="list-style-type: none"> <li>Visible and accessible hand hygiene stations, i.e. ≤5 meters away from point of care.</li> <li>Appropriate and innovative hand hygiene technology.</li> <li>Visible posters on hand hygiene at vantage points</li> <li>Reliable water supply.</li> </ol>	<ol style="list-style-type: none"> <li>Observe hand hygiene before you take your medicines</li> <li>Wash your hands at critical times in the HCF, e.g. after visiting wash-rooms, after changing baby diapers and beddings, etc</li> <li>Regular hand hygiene prevents transmission of diseases</li> <li>Hand hygiene saves the individual from preventable diseases</li> <li>Pride yourself with/in regular hand hygiene practice</li> </ol>	<ol style="list-style-type: none"> <li>Child welfare clinic (CWC) sessions</li> <li>Info desk announcements</li> <li>Video screening in waiting rooms/rooms/areas (e.g. OPD, dispensary, etc) and wards</li> <li>Consulting room</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>HEALTHCARE FACILITY</b>								
Primary Target [behaviour change target]	Caregivers (mothers, relatives, etc)	Care givers are aids to the clients. They usually serve as a non-medical support to the client.				<ol style="list-style-type: none"> <li>5. Refresher training on hand hygiene for Health workers.</li> <li>6. Establishment of hand hygiene corners at HCFs.</li> <li>7. Sustained education and supervision on hand hygiene.</li> <li>8. Audios and Videos of hand hygiene screened in local languages.</li> <li>9. Availability of job aids on hand hygiene.</li> </ol>		

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Primary Target [behaviour change target]</b>	Clinical staff (doctors, nurses, laboratory technicians, dispensary staff)	Health workers deliver health care and services to the sick and ailing either directly as doctors and nurses or indirectly as aids, helpers, laboratory technicians, pharmacist, security, administrators or medical waste handlers.	<ol style="list-style-type: none"> <li>Poor attitude or apathy towards hand hygiene</li> <li>Negligence due to work pressure</li> <li>Dirty/unempt handwashing basins</li> <li>Broken down veronica buckets.</li> <li>Poor maintenance culture of hand hygiene facilities.</li> <li>Irregular refresher training on hand hygiene</li> </ol>	<ol style="list-style-type: none"> <li>Regular practice of hand hygiene at the HCF</li> <li>Regular staff capacity building (training) on hand hygiene</li> <li>Responsible use of hand hygiene facilities.</li> <li>Good maintenance culture.</li> <li>Availability of hand hygiene posters at vantage points</li> </ol>	<ol style="list-style-type: none"> <li>Inadequate hand hygiene facilities</li> <li>Limited access to water for hand washing</li> <li>Irregular hand hygiene supplies e.g. soap, detergents, sanitisers, etc</li> </ol>		<ol style="list-style-type: none"> <li>Observe the five (5) moments of hand hygiene (i.e. before touching the patient, after touching the patient, before any aseptic procedure, after body fluid exposure and after touching the patient's environment);</li> <li>Remind patients to practice hand hygiene frequently;</li> <li>Regular hand hygiene prevents transmission of diseases;</li> <li>Hand hygiene saves the individual from preventable diseases;</li> <li>Pride yourself with/in regular hand hygiene practice.</li> </ol>	<ol style="list-style-type: none"> <li>Staff durbars</li> <li>Clinical review meetings</li> <li>Training</li> <li>Notice boards</li> <li>Wall posters</li> <li>Video screening in waiting rooms/ areas and wards</li> <li>Social media platforms</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
Primary Target [behaviour change target]	Others: 1. Non-clinical staff (administrators, cleaners, security, drivers, etc) 2. Vendors 3. Residents on HCF premises 4. Visitors 5. Environmental health officers	Live and/or work in the healthcare facilities	1. Poor attitude or apathy towards hand hygiene 2. Forgetfulness 3. Sometimes wash hands, but without soap 4. Perceived as not critical in the HCF set-up (or in healthcare delivery)	1. Regular practice of hand hygiene at the HCF 2. Attitude of all hands on deck. 3. Capacity building for non-clinical staff	1. Inadequate hand hygiene facilities 2. Limited access to water for hand washing 3. Insufficient hand hygiene materials, e.g. soap, detergents, sanitizers 4. Dirty/unkept hand-washing basins 5. Broken Veronica buckets 6. Knowledge gaps on/in hand hygiene		1. Wash your hands at critical times in the HCF, e.g. after visiting wash-rooms, after changing baby diapers and beddings, etc 2. Regular hand hygiene prevents transmission of diseases 3. Hand hygiene saves the individual from preventable diseases 4. Pride yourself with/in regular hand hygiene practice	1. Staff durbar 2. Info desk announcements 3. Notice boards 4. Wall posts 5. Social media platforms

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Secondary Target [influencers]</b>	<ol style="list-style-type: none"> <li>HCF Managers</li> <li>Infection Prevention and Control (IPC) Focal Person</li> <li>Community Health Committee (CHC)</li> </ol>	Provide healthcare service	<ol style="list-style-type: none"> <li>Low prioritisation of hand hygiene by management</li> <li>Inadequate supplies</li> <li>Irregular supervision on hand hygiene</li> </ol>	<ol style="list-style-type: none"> <li>Management prioritise hand hygiene at HCF;</li> <li>Repair and/ or replace broken down hand-washing facilities</li> <li>Establish and follow Operation and maintenance (O&amp;M) system</li> <li>Conduct regular supervision</li> </ol>	<ol style="list-style-type: none"> <li>Limited awareness about hand hygiene protocols (e.g. the 5 moments of hand hygiene, etc)</li> <li>Inadequate or broken down hand hygiene facilities</li> <li>Limited hand hygiene supplies</li> <li>Language barrier</li> <li>Absence of the visuals</li> </ol>		<ol style="list-style-type: none"> <li>Invest in hand hygiene for productivity</li> <li>Always inspect hand hygiene facilities</li> <li>Monitor use of hand hygiene facilities</li> <li>Ensure adherence</li> </ol>	<ol style="list-style-type: none"> <li>Management meetings</li> <li>Quality assurance committee meetings</li> <li>Staff durbar</li> <li>Notice boards</li> <li>Social media platforms</li> </ol>
<b>Tertiary Target [service providers]</b>	<ol style="list-style-type: none"> <li>GHS</li> <li>Environmental health officers</li> <li>NGOs</li> </ol>		<p>High knowledge on hand hygiene, but limited enforcement.</p> <ol style="list-style-type: none"> <li>Provide conducive environment for effective healthcare delivery</li> <li>Increase access to hand hygiene facilities and supplies</li> </ol>	<ol style="list-style-type: none"> <li>Provide conducive environment for effective healthcare delivery</li> <li>Increase access to hand hygiene facilities and supplies</li> </ol>	<ol style="list-style-type: none"> <li>Limited resources (facilities, supplies) for hand hygiene</li> </ol>		<ol style="list-style-type: none"> <li>Hand hygiene enhances productivity</li> <li>Clean hands, good health!</li> <li>Allocate and spend resources on hand hygiene</li> <li>Build capacity for hand hygiene</li> </ol>	<ol style="list-style-type: none"> <li>Radio</li> <li>TV</li> <li>Poster</li> <li>Advocacy sessions</li> </ol>



Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Macro Target [policy makers]</b>	<ol style="list-style-type: none"> <li>1. MoH</li> <li>2. GHS</li> <li>3. DPs</li> <li>4. CSOs</li> <li>5. Worker as- sociations or unions (e.g. GMA, GRNMA, etc)</li> </ol>	<ol style="list-style-type: none"> <li>1. Policy making</li> <li>2. Funding</li> </ol>	<ol style="list-style-type: none"> <li>1. Aware of the importance of hand hygiene for good health outcomes</li> <li>2. Allocate less resources to hand hygiene</li> </ol>	<ol style="list-style-type: none"> <li>1. Formulate relevant policies/ protocols on hand hygiene</li> <li>2. Allocate adequate resources for hand hygiene activities</li> <li>3. Conduct effective monitoring and evaluation</li> </ol>	Limited resource allocation to hand hygiene			
<b>WORKPLACE</b>								
<b>Primary Target [behaviour change target]</b>	<ol style="list-style-type: none"> <li>1. Staff or workers</li> <li>2. Clients or customers or suppliers</li> <li>3. Visitors</li> </ol>	Engage in: <ol style="list-style-type: none"> <li>1. Production</li> <li>2. Sales / distribution</li> <li>3. Purchases / consumption</li> <li>4. Welfare issues</li> </ol>	Irregular handwashing and hand sanitising	Regular practice of hand hygiene at the workplace  Provide handwashing stations to remove the hassle of having to look for facilities	<ol style="list-style-type: none"> <li>1. Insufficient awareness</li> <li>2. Inadequate handwashing facilities and hand sanitizers (unavailable or broken down or inaccessible)</li> <li>3. Lack of water for handwashing (irregular supply/taps not flowing)</li> </ol>	<ol style="list-style-type: none"> <li>1. Adequate functioning hygiene facilities and in line of sight</li> <li>2. Constant reminders</li> </ol>	<ol style="list-style-type: none"> <li>1. Handwashing with soap under running water and regular hand sanitising:                             <ol style="list-style-type: none"> <li>a) prevents sickness;</li> <li>b) cuts down health expenditure;</li> <li>c) saves money or salary;</li> <li>d) increases productivity; and</li> <li>e) leads to higher income.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Staff durbars / meetings</li> <li>2. Training</li> <li>3. Notice boards</li> <li>4. Wall posters</li> <li>5. Video screening at reception</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Primary Target [behaviour change target]</b>					<ol style="list-style-type: none"> <li>4. Unavailability of soap for hand-washing</li> <li>5. Forgetfulness</li> <li>6. Handwashing stations or facilities not at vantage places (i.e. not in line of sight, not visible and/or not accessible)</li> </ol>		<ol style="list-style-type: none"> <li>2. Use hand hygiene stations responsibly for sustainability</li> <li>3. Door knobs &amp; Surfaces: Sanitise your hands after touching me!</li> <li>4. Gate: No handwashing! No entry!!</li> </ol>	<ol style="list-style-type: none"> <li>6. Social media platforms</li> <li>7. Visuals</li> <li>8. Animation</li> <li>9. Jingles</li> <li>10. Audios</li> <li>11. Slogans</li> </ol>
<b>Secondary Target [influencers]</b>	<ol style="list-style-type: none"> <li>1. Management</li> <li>2. Line managers or supervisors</li> <li>3. Human resource managers</li> <li>4. Health &amp; Safety Officer</li> <li>5. Security or gate-keeper</li> </ol>	Run offices	<ol style="list-style-type: none"> <li>1. Lack of or inadequate hand hygiene promotion at the workplace</li> <li>2. Poor attitude towards hand hygiene (not prioritised)</li> </ol>	Sustained hand hygiene promotion and practice	Inadequate hand hygiene facilities and supplies	Promotion materials	<ol style="list-style-type: none"> <li>1. Include hand hygiene promotion in engagement with staff/supervisors</li> <li>2. Be a role model in hand hygiene</li> <li>3. Place hand hygiene facilities at accessible points within the workplace.</li> </ol>	

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Tertiary Target [service providers]</b>	<ol style="list-style-type: none"> <li>1. Management Environmental Health Officers of MIMDAs</li> <li>2. Health Promotion Officer of GHS</li> </ol>	Health and hygiene promotion	<ol style="list-style-type: none"> <li>1. Hand hygiene not prioritised and provided for by management</li> <li>2. Lack of or inadequate hand hygiene promotion at the workplace</li> </ol>	<ol style="list-style-type: none"> <li>1. Sustained hand hygiene promotion and practice</li> <li>2. Regular supply, repair and/or replacement of hand hygiene facilities and supplies</li> <li>3. Include hand hygiene in organisational M&amp;E system</li> </ol>	<ol style="list-style-type: none"> <li>1. Insufficient awareness</li> <li>2. Inadequate funding/budgetary allocation</li> <li>3. Poor attitude towards hand hygiene (not prioritised)</li> </ol>	Logistics	<ol style="list-style-type: none"> <li>1. Provision of <u>information</u> and <u>facilities</u> is critical to practicing hand hygiene</li> <li>2. Hand hygiene at the workplace contributes to higher productivity</li> <li>3. Include hand hygiene in organisational M&amp;E system</li> <li>4. Designate hand hygiene focal person to ensure compliance</li> </ol>	<ol style="list-style-type: none"> <li>1. Policy brief</li> <li>2. Advocacy</li> <li>3. Training</li> </ol>
<b>Macro Target [policy makers]</b>	<ol style="list-style-type: none"> <li>1. Worker associations/unions</li> <li>2. Employers (including gov't)</li> <li>3. Ministry of Employment and Labour Relations</li> </ol>	Production, sales and welfare policies				Guidelines		

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>MARKET</b>								
<b>Primary Target [behaviour change target]</b>	<ol style="list-style-type: none"> <li>Producers</li> <li>Sellers</li> <li>Buyers</li> <li>Head porters ('kayayee')</li> </ol>	<ol style="list-style-type: none"> <li>Handle money</li> <li>Touch their tongue for saliva to moisten their fingers in counting money</li> <li>Touch surfaces a lot</li> <li>Attend to children</li> <li>Handle food</li> <li>Use wash-room</li> <li>Touch wares</li> <li>Exchange pleasantries (including handshakes)</li> </ol>	High awareness, but low practice of hand hygiene	Awareness translated into practice	<ol style="list-style-type: none"> <li>Weak sensitisation</li> <li>Inadequate and in many markets, no or broken down hand hygiene facilities (de-vices, water, soap, hand sanitisers)</li> <li>The people's own poor attitudes</li> </ol>	<ol style="list-style-type: none"> <li>Constant supply of water</li> <li>Enforcement</li> <li>Monitoring</li> <li>Availability of hand hygiene facilities and that in line of sight</li> <li>Hand hygiene education</li> <li>Informative pictures</li> </ol>	<ol style="list-style-type: none"> <li>Wash your hands before eating and after visiting the washroom</li> <li>Sanitise your hands after handling money and touching surfaces</li> <li>Hand hygiene keeps you clean and healthy to make more money</li> <li>Germs kill. Kill them first through hand hygiene.</li> </ol>	<ol style="list-style-type: none"> <li>Posters</li> <li>Animations</li> <li>Reels</li> <li>Murals</li> <li>Emoji</li> <li>Information van</li> <li>Public address system</li> <li>Jingles</li> <li>Flyers</li> <li>Tiktok</li> <li>Other social media handles</li> </ol>
<b>Secondary Target [influencers]</b>	Market executives / managers	<ol style="list-style-type: none"> <li>Do all that primary audience do</li> <li>Serve as mouthpiece of sellers</li> <li>Mediate conflicts between sellers and buyers</li> </ol>	Do not frequently talk about hand hygiene	Hand hygiene standards instituted, disseminated and complied with.	Hand hygiene not considered part of their role and responsibilities.			

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Tertiary Target [service providers]</b>	<ol style="list-style-type: none"> <li>1. Environmental Health</li> <li>2. GHS</li> <li>3. Dep't of Community Development</li> <li>4. NGOs</li> </ol>	<ol style="list-style-type: none"> <li>1. Carry out health and hygiene promotion / education</li> <li>2. Screen and certify food vendors</li> <li>3. Conduct inspections</li> <li>4. Enforce sanitation and hygiene by-laws</li> <li>5. Organise clean-ups</li> <li>6. Advocate for provision of hand hygiene facilities</li> </ol>	<ol style="list-style-type: none"> <li>1. Visit markets for inspection</li> <li>2. Weak dissemination of environmental health regulations on market operation</li> </ol>	Widely disseminate environmental health regulations	<ol style="list-style-type: none"> <li>1. Inadequate logistics</li> <li>2. Inefficiencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Commitment</li> <li>2. Logistics</li> </ol>	Universal hand hygiene as required by SDG 6.2 includes market setting	Policy briefs
<b>Macro Target [policy makers]</b>	<ol style="list-style-type: none"> <li>1. MLGDRD</li> <li>2. MMDA</li> <li>3. Traditional authority</li> <li>4. DPs</li> <li>5. Market Associations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Make hygiene policies, by-laws, decisions</li> <li>2. Design and provide sanitation and hygiene facilities, logistics and training (litter bins, hwf, toilet, promotion materials, fuel, transport, etc)</li> </ol>	Weak dissemination of environmental health regulations on market operation					

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>TRANSPORT</b>								
Primary Target [behaviour change target]	<ol style="list-style-type: none"> <li>1. Bookman (ticketing officer)</li> <li>2. Drivers</li> <li>3. Passengers</li> <li>4. Bus conductor/driver's mate</li> <li>5. Loading boys</li> <li>6. Head porters ('kayayee')</li> <li>7. Vendors</li> <li>8. Visitors</li> </ol>	<ol style="list-style-type: none"> <li>1. Handle money</li> <li>2. Handle tickets/boarding pass</li> <li>3. Touch tongue for saliva to moist fingers in counting money and issuing ticket</li> <li>4. Touch surfaces (vehicle steer, seats, etc)</li> <li>5. Attend to childre</li> <li>6. Handle food</li> <li>7. Use wash-room</li> <li>8. Handle luggage</li> <li>9. Exchange pleasantries (including handshakes)</li> <li>10. Sleep there</li> </ol>	No handwashing before, during and after boarding	Wash hands with soap under running water upon entry and exit of transport terminal	<ol style="list-style-type: none"> <li>1. Weak sensitisation</li> <li>2. Inadequate and in many transport terminals, no or broken down hand hygiene facilities (devices, water, soap, hand sanitisers</li> <li>3. The people's own poor attitudes</li> <li>4. Vandalisation of handwashing stations</li> <li>5. Insufficient provision of consumables</li> <li>6. Weak sense of responsibility</li> <li>7. Non-prioritisation</li> </ol>	<ol style="list-style-type: none"> <li>1. Presence of fixed handwashing stations in line of sight</li> <li>2. Provide queues or prompts at transport terminals</li> </ol>	<ol style="list-style-type: none"> <li>1. Wash your hands before eating and after visiting the washroom</li> <li>2. Sanitise your money and touching surfaces</li> <li>3. Hand hygiene keeps you clean and healthy to make more money</li> <li>4. Germs kill. Kill them first through hand hygiene.</li> <li>5. Travel clean</li> </ol>	<ol style="list-style-type: none"> <li>1. Posters</li> <li>2. Animations</li> <li>3. Reels</li> <li>4. Murals</li> <li>5. Emoji</li> <li>6. Information van</li> <li>7. Public address system</li> <li>8. Jingles</li> <li>9. Flyers</li> <li>10. Tiktok</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Secondary Target [influencers]</b>	<ol style="list-style-type: none"> <li>Managers</li> <li>Executives</li> <li>Vehicle owners</li> </ol>	<ol style="list-style-type: none"> <li>Organise / mobilise drivers</li> <li>Disseminate information</li> <li>Settle disputes</li> </ol>	<ol style="list-style-type: none"> <li>Do not insist on handwashing</li> <li>Handwashing not prioritized</li> </ol>	Make handwashing a norm	Hand hygiene not considered part of their role and responsibilities.			
<b>Tertiary Target [service providers]</b>	<ol style="list-style-type: none"> <li>Public health workers (environmental health officer, health promotion officer, etc)</li> <li>Managers</li> </ol>	<ol style="list-style-type: none"> <li>Carry out health and hygiene promotion/ education</li> <li>Screen and certify food vendors</li> <li>Conduct inspections</li> <li>Enforce sanitation by-laws</li> <li>Organise clean-ups</li> </ol>	Rarely visit lorry stations for sensitisation and inspection	Regular visits for hand hygiene promotion	<ol style="list-style-type: none"> <li>Inadequate logistics</li> <li>Unavailability of guidelines and promotion materials</li> </ol>	<ol style="list-style-type: none"> <li>Logistics</li> <li>Guidelines</li> <li>Promotion materials</li> </ol>	<p>Transport terminals deserve focus</p> <ol style="list-style-type: none"> <li>Training</li> <li>Advocacy</li> </ol>	

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Macro Target [policy makers]</b>	<ol style="list-style-type: none"> <li>1. Transport Unions</li> <li>2. Ministry of Transport</li> <li>3. Ministry of Roads and Highways</li> <li>4. Ministry of Health</li> <li>5. MSWR</li> <li>6. Ministry of Gender, Children and Social Protection</li> <li>7. Ministry of Finance</li> <li>8. Ministry of Information</li> <li>9. National Road Safety Authority</li> <li>10. DPs</li> </ol>	<ol style="list-style-type: none"> <li>1. Make hygiene policies, by-laws, decisions</li> <li>2. Design and provide sanitation and hygiene facilities, logistics and training (litter bins, hwf, toilet, promotion materials, fuel, transport, etc)</li> </ol>	No policy on health screening of drivers	<ol style="list-style-type: none"> <li>1. Institute policy on health screening and certifying drivers / mates / loading boys / bookman</li> </ol>	Not prioritised	Commitment		



Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>EATERY</b>								
<b>Primary Target [behaviour change target]</b>	<ol style="list-style-type: none"> <li>1. Cooks</li> <li>2. Servers (waiters / waitresses)</li> <li>3. Patrons/ clients</li> <li>4. Cleaners</li> <li>5. Security (gate person)</li> </ol>	<ol style="list-style-type: none"> <li>1. Cook, dish, serve and eat food</li> <li>2. Mostly younger men and ladies are involved</li> <li>3. Handle money</li> <li>4. Cleaning of premises</li> </ol>	<ol style="list-style-type: none"> <li>1. High level of awareness</li> <li>2. Limited practice of hand hygiene</li> <li>3. Inadequate hand hygiene facilities</li> <li>4. Use of dirty soapy water to wash without change lead to contamination of bowls</li> </ol>	Handwashing before handling food at all levels (cooking, dishing, serving and eating) is a norm	<ol style="list-style-type: none"> <li>1. Weak sensitivity</li> <li>2. Non-availability of handwashing facilities</li> <li>3. Apparent untidiness of handwashing facility or area</li> </ol>	<ol style="list-style-type: none"> <li>1. Presence of handwashing station in line of sight</li> <li>2. Handwashing 'perfect' at the eatery</li> </ol>	<ol style="list-style-type: none"> <li>1. Dirty hands breeds germs</li> <li>2. Wash your hands with soap under running water before cooking, dishing, serving and eating</li> <li>3. Handwashing with soap saves lives</li> <li>4. Your health is important, always wash your hands.</li> </ol>	<ol style="list-style-type: none"> <li>1. Posters</li> <li>2. Animations</li> <li>3. Radio</li> <li>4. Artworks</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
Secondary Target [influencers]	<ol style="list-style-type: none"> <li>1. Owners</li> <li>2. Managers</li> <li>3. Supervisors</li> </ol>	<ol style="list-style-type: none"> <li>1. Issue instructions</li> <li>2. Supervise workers</li> <li>3. Provide facilities</li> <li>4. Enforce compliance</li> <li>5. Handle monkey</li> </ol>	<ol style="list-style-type: none"> <li>1. At least, a jug is placed on dining table for purposes of handwashing</li> <li>2. Not consciously / particularly promoting and/or ensuring handwashing</li> </ol>		Don't have by-laws/guidelines		<ol style="list-style-type: none"> <li>1. Clean hands leads to a healthy community and a healthy community is the source of more customers</li> <li>2. Handwashing before eating is so critical</li> <li>3. HWWS protocols save lives, enforce them!</li> <li>4. Breaking the regulations on hand hygiene is punishable by law, be alert!</li> <li>5. Presence of hand hygiene facilities is a sign of a healthy eatery</li> <li>6. Availability of hand hygiene facilities attracts more customers</li> </ol>	Manuals

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Tertiary Target [service providers]</b>	<ol style="list-style-type: none"> <li>1. Environmental Health Officers (MMDA)</li> <li>2. Health Promotion Officer (GHS)</li> <li>3. Ghana Tourism Authority (GTA)</li> </ol>	<ol style="list-style-type: none"> <li>1. Carry out health and hygiene promotion/education</li> <li>2. Screen and certify food vendors</li> <li>3. Conduct inspections</li> <li>4. Conduct training</li> <li>5. Design and distribute promotion materials</li> <li>6. Enforce sanitation by-laws</li> </ol>	<ol style="list-style-type: none"> <li>1. No conscious effort at disseminating environmental health regulations</li> <li>2. Weak hygiene promotion</li> <li>3. Weak enforcement of screening and certification</li> </ol>	<ol style="list-style-type: none"> <li>1. Widely disseminate environmental health regulations</li> <li>2. Review of the available DA by-laws to include hand hygiene.</li> </ol>	<ol style="list-style-type: none"> <li>1. Inadequate logistics</li> <li>2. Unavailability of promotion materials</li> <li>3. Political (leadership) interference</li> </ol>	<ol style="list-style-type: none"> <li>1. Prioritisation</li> <li>2. Commitment</li> <li>3. Logistics</li> </ol>	<ol style="list-style-type: none"> <li>1. Hand hygiene across all settings is critical to meeting SDG 6.2</li> <li>2. Disseminate environmental hygiene regulations on eatery establishment and operation</li> <li>3. Enforce regulations without fear or favour</li> </ol>	<ol style="list-style-type: none"> <li>1. Presentations</li> <li>2. Manuals</li> </ol>
<b>Macro Target [policy makers]</b>	<ol style="list-style-type: none"> <li>1. MMDA</li> <li>2. EHSD of MSWR</li> <li>3. MoH</li> <li>4. FDA</li> <li>5. Ghana Tourism Authority (GTA)</li> <li>6. Ministry of Tourism, Arts and Culture (MTAC)</li> <li>7. DPS</li> <li>8. GSA</li> </ol>	<ol style="list-style-type: none"> <li>1. Make hygiene policies, by-laws, standards</li> </ol>	No funds provided for disseminating environmental health regulations		<ol style="list-style-type: none"> <li>2. Review of the available DA by-laws to include hand hygiene.</li> </ol>		<ol style="list-style-type: none"> <li>2. Hand hygiene across all settings is critical to meeting SDG 6.2</li> <li>2. Provide funding for dissemination of environmental hygiene regulations on eatery establishment and operation</li> <li>3. Interfering with enforcement puts all of us at risk</li> </ol>	<ol style="list-style-type: none"> <li>3.</li> <li>1. Media</li> <li>2. Advocacy sessions</li> <li>3. Policy dialogues</li> <li>4. Policy briefs</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>RELIGIOUS AND WORSHIP CENTRE</b>								
<b>Primary Target [behaviour change target]</b>	<ol style="list-style-type: none"> <li>Worshippers</li> <li>Workers</li> <li>Vendors</li> </ol>	<ol style="list-style-type: none"> <li>Congregate in large numbers</li> <li>Leaders serve as role model</li> <li>Members respect and obey religious leaders</li> </ol>	No regular hand hygiene practice	Sustained hand hygiene practice	No or inadequate hand hygiene facilities and supplies	<ol style="list-style-type: none"> <li>Presence of hand-washing station in line of sight</li> <li>Hand-washing 'prefect' at the religious centre</li> <li>Clergy mention during preaching or delivery of sermons</li> </ol>	<ol style="list-style-type: none"> <li>Cleanliness is next to godliness</li> <li>God expects / commands / enjoins the practice of hand hygiene</li> <li>2a) "...he that hath clean hands shall be stronger and stronger" - Job 17:9 [KJV]</li> <li>2b) "Who shall ascend into the hill of the LORD? ... He that hath clean hands..." - Psalm 24:3&amp;4 [KJV]</li> <li>2c) "Cleanse your hands" - James 4:8 [KJV]</li> <li>2d) "Truly, Allah loves those who turn unto him in repentance and cleaning and washing thoroughly their private parts, body for their prayer" - Quran 2:222</li> <li>3. Proper hand hygiene promotes a healthy society</li> </ol>	<ol style="list-style-type: none"> <li>Pulpit</li> <li>Posters</li> <li>Radio/Tv</li> <li>Convention Centres</li> <li>Prayer Camps</li> </ol>
<b>Secondary Target [influencers]</b>	Religious leaders, i.e. Priests, Pastors, Imams, ushers, group leaders, 'Mu'azeen' (Islamic prayer callers), etc		<ol style="list-style-type: none"> <li>Limited hand hygiene motion</li> <li>Inadequate hand hygiene facilities/supplies on premises of worship centres</li> </ol>	<ol style="list-style-type: none"> <li>Hand hygiene features in sermons</li> <li>Provide adequate hand hygiene facilities and supplies</li> </ol>	Hand hygiene not prioritised			
<b>Tertiary Target [service providers]</b>	<ol style="list-style-type: none"> <li>Owners and/or Leadership / Management of worship centres</li> <li>Environmental Health Officers</li> <li>Health promotion officers</li> </ol>	<ol style="list-style-type: none"> <li>Provide sanitation and hygiene facilities and logistics</li> <li>Provide health and hygiene promotion</li> </ol>						

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Macro Target [policy makers]</b>	<ol style="list-style-type: none"> <li>District Assemblies</li> <li>Ministry of Chieftaincy and Religious Affairs</li> <li>Religious bodies/groups: Christian Council of Ghana (CCG), Catholic Bishops Conference (CBC), Ghana Pentecostal and Charismatic Council (GPCC), Coalition of Muslim Organizations, Ghana (COMOG), etc</li> <li>Owners / founders / board of specific religious or worship centres</li> </ol>	Make hygiene policies, by-laws, standards and guidelines	Promotion and practice of hand hygiene left to the discretion of the worship centre	Hand hygiene standards instituted and complied with	No regulation / standards	Commitment	Institutionalise the promotion and practice of hand hygiene at worship centres as a public place	

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>EVENTS AND RECREATIONAL CENTRE</b>								
<b>Primary Target [behaviour change target]</b>	<ol style="list-style-type: none"> <li>Patrons / customers / revelers / sympathisers</li> <li>Attendants (cooks, waiters or waitresses or servers, security)</li> </ol>	<ol style="list-style-type: none"> <li>Exchange pleasantries (including handshakes)</li> <li>Handle food</li> <li>Handle money</li> <li>Touch tongue for saliva to moist fingers in counting money</li> <li>Touch surfaces</li> <li>Use wash-room</li> <li>Attend to children</li> <li>Sleep over</li> </ol>	<ol style="list-style-type: none"> <li>High level of awareness</li> <li>Low practice of hand hygiene</li> </ol>	<ol style="list-style-type: none"> <li>Hand hygiene before, during and after events is a norm</li> <li>Create enabling environment for proper hand hygiene practices</li> </ol>	<ol style="list-style-type: none"> <li>Weak sensitisation</li> <li>Non-availability of handwashing facilities</li> <li>Apparent untidiness of handwashing facility or area</li> </ol>	<ol style="list-style-type: none"> <li>Presence of handwashing station in line of sight</li> <li>Hand hygiene 'perfect' at event centre</li> </ol>	<ol style="list-style-type: none"> <li>Dirty hands breeds germs</li> <li>Wash your hands with soap under running water before cooking, dishwashing, serving and eating</li> <li>Handwashing with soap saves lives</li> <li>Your health is important, always wash your hands.</li> </ol>	<ol style="list-style-type: none"> <li>Posters</li> <li>Animations</li> <li>Radio</li> <li>Artworks (murals)</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
Secondary Target [influencers]	<ol style="list-style-type: none"> <li>1. Facility managers</li> <li>2. Attendants</li> <li>3. Event organisers</li> <li>4. Master of Ceremony (MC)</li> <li>5. Disc jockey (DJ)</li> </ol>	<ol style="list-style-type: none"> <li>1. Organise the event</li> <li>2. Moderate participation</li> <li>3. Provide hand hygiene facilities and supplies</li> <li>4. Settle disputes/conflicts</li> <li>5. Operate and maintain the event facility</li> </ol>	<ol style="list-style-type: none"> <li>1. At least, a jug is placed on dining table for purposes of handwashing</li> <li>2. Not consciously promoting and/or ensuring proper hand hygiene</li> </ol>		Don't have by-laws/guidelines		<ol style="list-style-type: none"> <li>1. Clean hands leads to a healthy community and a healthy community is the source of more customers</li> <li>2. Handwashing before handling food is so critical</li> <li>3. HWWWS protocols save lives, enforce them!</li> <li>4. Breaking the regulations on hand hygiene is punishable by law, be alert!</li> <li>5. Presence of hand hygiene facilities is a sign of a healthy events and recreational centre</li> <li>6. Availability of hand hygiene facilities attracts more customers</li> </ol>	<ol style="list-style-type: none"> <li>1. Manuals</li> <li>2. Verbal announcements</li> <li>3. Presentations</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Tertiary Target</b> [service providers]	<ol style="list-style-type: none"> <li>1. Facility owner</li> <li>2. Event organisers</li> <li>3. Environmental Health Officers (DA)</li> <li>4. Health Promotion Officers (GHS)</li> <li>5. NGOs</li> </ol>	<ol style="list-style-type: none"> <li>1. Carry out health and hygiene promotion/education</li> <li>2. Screen and certify cooks and food servers</li> <li>3. Conduct inspections</li> <li>4. Carry out enforcement</li> </ol>	<ol style="list-style-type: none"> <li>1. No conscious effort at disseminating environmental health regulations</li> <li>2. Weak hygiene promotion</li> <li>3. Weak enforcement of screening and certification protocols</li> </ol>	Regular engagement with event centre managers and organisers	<ol style="list-style-type: none"> <li>1. Inadequate logistics</li> <li>2. Unavailability of promotion materials</li> <li>3. Political (leadership) interference</li> </ol>	<ol style="list-style-type: none"> <li>1. Logistics and enforcement of by-laws</li> </ol>	<ol style="list-style-type: none"> <li>1. Hand hygiene across all settings is critical to meeting SDG 6.2</li> <li>2. Disseminate environmental hygiene regulations on eatery establishment and operation</li> <li>3. Enforce regulations without fear or favour</li> </ol>	<ol style="list-style-type: none"> <li>1. Presentations</li> <li>2. Manuals</li> </ol>
<b>Macro Target</b> [policy makers]	<ol style="list-style-type: none"> <li>1. MMDA</li> <li>2. EHSD of MSWR</li> <li>3. MoH</li> <li>4. FDA</li> <li>5. Ghana Tourism Authority (GTA)</li> <li>6. Ministry of Tourism, Arts and Culture (MTAC)</li> <li>7. DPs / IN-GOs.</li> </ol>	Make policies/by-laws/standards/guidelines	No funding for disseminating environmental health regulations	<ol style="list-style-type: none"> <li>1. Institute and enforce a <i>No Hand Hygiene Station, No Operating Permit</i> policy</li> <li>2. Create enabling environment for proper hand hygiene practices</li> </ol>	<ol style="list-style-type: none"> <li>1. Inadequate funding</li> <li>2. Political interference</li> </ol>		<ol style="list-style-type: none"> <li>1. Hand hygiene across all settings is critical to meeting SDG 6.2</li> <li>2. Provide funding for dissemination of environmental hygiene regulations on eatery establishment and operation</li> <li>3. Interfering with enforcement puts all of us at risk</li> </ol>	<ol style="list-style-type: none"> <li>1. Media</li> <li>2. Advocacy sessions</li> <li>3. Policy dialogues</li> <li>4. Policy briefs</li> </ol>



Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>CHILDCARE HOME &amp; REHABILITATION CENTRE</b>								
<b>Primary Target [behaviour change target]</b>	<ol style="list-style-type: none"> <li>Children (boys and girls)</li> <li>Attendants</li> <li>Other workers (cooks, etc)</li> <li>Visitors</li> </ol>	<ol style="list-style-type: none"> <li>Attendants see to the general well-being of the children in the Centre. Thus, they are in charge of the mental and psychological development of the child.</li> <li>Children in childcare homes are largely between the ages of 2 weeks and 18 years. Most of them have special needs and cannot take care of themselves.</li> <li>Visitors mostly go to childcare homes to make donations</li> </ol>	<ol style="list-style-type: none"> <li>Adequate knowledge about proper hand hygiene</li> <li>Weak commitment towards hand hygiene</li> <li>Low practice of hand hygiene</li> </ol>	Hand hygiene at critical times observed	<ol style="list-style-type: none"> <li>Inadequate appropriate hand hygiene facilities and supplies</li> <li>Absence of the visual aids</li> <li>Limited access to clean water</li> <li>Nobody designated to ensure the practice of hand hygiene in the Home</li> </ol>	Presence of disability-friendly handwashing station in line of sight	<ol style="list-style-type: none"> <li>There are germs in the palm, wash it!!!</li> <li>Hand hygiene is a must do for all!</li> </ol>	<ol style="list-style-type: none"> <li>Posters</li> <li>Audio -visuals</li> <li>Songs and rhymes</li> <li>Jingles on hand hygiene played during break time</li> <li>Birthday celebration (e.g. hand hygiene talk, competition, etc)</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
Secondary Target [influencers]	<ol style="list-style-type: none"> <li>1. Attendants</li> <li>2. Managers / Supervisors</li> <li>3. Gatekeepers (security)</li> <li>4. Parents</li> </ol>	<ol style="list-style-type: none"> <li>1. Attendants and managers see to the general well-being of the children in the Home. Thus, they are in charge of the physical, mental and psychological development of the child.</li> <li>2. Parents pay periodic visits to the Home and are usually checked at the gate by security guards.</li> </ol>	<ol style="list-style-type: none"> <li>1. Limited hand hygiene promotion</li> <li>2. Inadequate hand hygiene facilities/supplies on premises of childcare homes</li> </ol>	Hand hygiene at critical times enforced				Staff meetings

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Tertiary Target [service providers]</b>	<ol style="list-style-type: none"> <li>Home owners / managers</li> <li>Department of Social Welfare (DSW)</li> <li>Environmental Health Department</li> <li>GHS</li> <li>NGOs</li> <li>Law enforcement agencies</li> </ol>	<ol style="list-style-type: none"> <li>Carry out health and hygiene promotion / education</li> <li>Screen and certify food vendors</li> <li>Conduct inspections</li> <li>Conduct training</li> <li>Design and distribute promotion materials</li> <li>Carry out law enforcement</li> </ol>			Inadequate logistics	Commitment, provide adequate funds for hand hygiene/ budget allocation	<ol style="list-style-type: none"> <li>Hand hygiene across all settings is critical to meeting SDG 6.2</li> <li>Remember SDG commitment: Leave no one behind!</li> <li>Special children matter</li> <li>Provide funding for hand hygiene</li> <li>Establish policy guidance on hand hygiene for all</li> </ol>	<ol style="list-style-type: none"> <li>Policy brief</li> <li>Advocacy</li> <li>Training</li> <li>Guidelines</li> </ol>
<b>Macro Target [policy makers]</b>	<ol style="list-style-type: none"> <li>Ministry of Gender, Children and Social Protection</li> <li>Department of Social Welfare</li> <li>MMDA</li> <li>DPs</li> <li>CSOs</li> </ol>	<ol style="list-style-type: none"> <li>Formulate policies</li> <li>Provide funding for implementation</li> </ol>	Inadequate funds for hand hygiene					

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>CORRECTIONAL CENTRE</b>								
<b>Primary Target [behaviour change target]</b>	<ol style="list-style-type: none"> <li>Inmates (male, female, juvenal)</li> <li>Workers (prison officers, cooks, cleaners, etc)</li> <li>Visitors</li> <li>Suppliers</li> </ol>	<ol style="list-style-type: none"> <li>Sober and obedient mood</li> <li>Restricted in movement</li> </ol>	Limited hand hygiene practice	<ol style="list-style-type: none"> <li>Provide hand hygiene stations at all vantage points</li> <li>Grant inmates unrestricted access to and use of hand hygiene facilities</li> </ol>	Limited access to hand hygiene facilities/supplies in prisons	Presence of hand hygiene stations in line of sight	Hand hygiene prevents spread of infection	<ol style="list-style-type: none"> <li>Posters</li> <li>Meetings / promotion sessions</li> <li>Training</li> <li>Court room (open court)</li> </ol>
<b>Secondary Target [influencers]</b>	<ol style="list-style-type: none"> <li>Managers</li> <li>Prison officers</li> <li>Security / gatekeepers</li> <li>Procurement officers</li> </ol>	<ol style="list-style-type: none"> <li>Restrictive for security reasons (security vigilance)</li> <li>Regulate prison life</li> <li>See to welfare issues</li> </ol>	Limited hand hygiene promotion	<ol style="list-style-type: none"> <li>Promote hand hygiene practice</li> <li>Train inmates in hand hygiene (soap making, device fabrication, etc)</li> </ol>	<ol style="list-style-type: none"> <li>Limited knowledge</li> <li>Absence of training facilities</li> </ol>	Guidelines	<ol style="list-style-type: none"> <li>Hand hygiene prevents spread of infection</li> <li>Build capacity in hand hygiene</li> </ol>	

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Tertiary Target [service providers]</b>	<ol style="list-style-type: none"> <li>1. Management Health &amp; Safety Officer</li> <li>2. Environmental Health Officers of DAs</li> <li>3. Health Promotion Officer of GHS</li> <li>4. Religious groups</li> <li>5. Legal Aid</li> <li>6. Human rights advocates</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct health screening</li> <li>2. Carry out health and hygiene promotion</li> <li>3. Engage in advocacy</li> </ol>	Hand hygiene promotion experts (environmental health and health workers) hardly visit correctional centres	Regular visits to correctional centres for hand hygiene promotion	Security restrictions	Guidelines	<ol style="list-style-type: none"> <li>1. Correctional centres are part of society and therefore should be reached on a regular basis</li> <li>2. Collaborate with managers of correctional centres and work through workers/officers</li> </ol>	
<b>Macro Target [policy makers]</b>	<ol style="list-style-type: none"> <li>1. Ministry of Interior</li> <li>2. Prison Council</li> <li>3. Law courts</li> <li>4. Development Partners/NGOs</li> <li>5. Commission on Human Rights and Administrative Justice (CHRAJ)</li> <li>6. Human rights advocates</li> </ol>	<p>Policymaking and advocacy</p>	<ol style="list-style-type: none"> <li>1. Inadequate funding for hand hygiene</li> <li>2. No comprehensive guidelines on promoting hand hygiene in correctional centres</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase funding for correctional centres to cover cost of hand hygiene</li> <li>2. Provide guidelines on promoting hand hygiene in correctional centres</li> </ol>	Hand hygiene not prioritised	Commitment	<ol style="list-style-type: none"> <li>1. Prioritise hand hygiene in correctional centres</li> <li>2. Allocate resources for hand hygiene</li> </ol>	<ol style="list-style-type: none"> <li>1. Meetings</li> <li>2. Advocacy sessions</li> <li>3. Policy briefs</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>REFUGEE/INTERNALLY DISPLACED CAMP</b>								
<b>Primary Target [behaviour change target]</b>	<ol style="list-style-type: none"> <li>1. Internally Displaced Persons (IDPs)</li> <li>2. Refugees</li> <li>3. Visitors</li> <li>4. Vendors (food, provisions, etc)</li> <li>5. Attendants, e.g., Cooks, cleaners, etc.</li> </ol>	<ol style="list-style-type: none"> <li>1. IDPs / refugees are vulnerable, in panic/ trauma mood and usually make themselves available for services (including hand hygiene sensitization and training)</li> <li>2. Attendants provide relief support (including hygiene kits)</li> <li>3. Visitors donate and vendors supply/sell essential commodities such as toiletries, food, etc</li> </ol>	<ol style="list-style-type: none"> <li>1. In panic/trauma mood</li> <li>2. Some knowledge on hand hygiene</li> <li>3. Low practice of hand hygiene</li> <li>4. Low sensitization on hand hygiene</li> </ol>	Hand hygiene at critical times observed	<ol style="list-style-type: none"> <li>1. Absence or inadequate hand hygiene facilities</li> <li>2. Inadequate knowledge on the importance of hand hygiene</li> <li>3. Lukewarm attitude of people towards hand hygiene</li> <li>4. Less priority to hand hygiene than to food</li> </ol>	<ol style="list-style-type: none"> <li>1. Sustained sensitization and awareness creation</li> <li>2. All stakeholder involvement (CBOs, CSOs, chiefs, elders, opinion leaders, etc. Disease outbreaks could be used to prime hand hygiene as preventive measure</li> </ol>	Hand hygiene at critical times would lessen your chances of contracting diseases in this difficult times	<ol style="list-style-type: none"> <li>1. Poster</li> <li>2. Face-to-face</li> <li>3. Info van</li> </ol>

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
<b>Secondary Target [influencers]</b>	<ol style="list-style-type: none"> <li>Camp managers/ attendants</li> <li>Ghana Refugee Board</li> <li>National Disaster Management Organisation (NADMO)</li> </ol>	<ol style="list-style-type: none"> <li>Provide relief</li> <li>Carry out sensitisation</li> <li>Organise camp</li> <li>Register and keep up to date record of IDPs/refugees</li> <li>Carry out health screening</li> </ol>	Hand hygiene not prioritised among emergency response measures	Hand hygiene at critical times enforced	<ol style="list-style-type: none"> <li>Unsustainable hand hygiene sensitization and awareness creation</li> <li>Inadequate knowledge on the importance of hand hygiene</li> <li>Weak capacity in WASH in Emergencies</li> </ol>			
<b>Tertiary Target [service providers]</b>	<ol style="list-style-type: none"> <li>NADMO</li> <li>Health-care workers</li> <li>Department of Social Welfare and Community Development (SW&amp;CD)</li> <li>Environmental Health Officers (EHO)</li> </ol>				<ol style="list-style-type: none"> <li>Low investment in hand hygiene facilities</li> <li>Lack of more government policies to promote hand hygiene</li> </ol>	<ol style="list-style-type: none"> <li>More Government Policy Direction towards hand hygiene</li> <li>Increased investment in hand hygiene promotion</li> </ol>		

Level	Audience	Knowledge about Audience	Current Behaviour [knowledge, attitude and practice - KAP]	Desired Behaviour	Barriers	Enablers	Message	Channel
Macro Target [policy makers]	<ol style="list-style-type: none"> <li>Ministries               <ol style="list-style-type: none"> <li>Gender, Children and Social Protection</li> <li>Sanitation and Water Resources</li> <li>Local Government, Decentralisation and Rural Dev't (MLGDRD)</li> <li>Health</li> <li>Education</li> <li>Interior</li> <li>Finance</li> </ol> </li> <li>DPs (UN-HCR, WFP, UNICEF, WHO, Red Cross, etc.)</li> </ol>	<ol style="list-style-type: none"> <li>Make policies</li> <li>Provide funding</li> </ol>						



## 9. MATERIALS' REVIEW:

A variety of communication materials on hand hygiene were collated from a total of 10 partner-institutions – CWSA, GES-SHEP, GHS, EHSU, World Vision, WaterAid, CRS, Global Communities (GC), Afram Plains Development Organisation (APDO) and UNICEF. The review of the available materials set the basis to consider the development of additional ones. Table 5 below is the outcome of the material review exercise:

Table 5: Review of Existing Hand Hygiene Communication Materials

Partner	Description of Material e.g. poster, flipchart, etc	Key Message(s)	Target Audience	Channel	Applicable Setting(s)	Gap(s) (if any)	Suggestions for Improvement (if any)
EHSD/U	Tippy-tap poster	<ol style="list-style-type: none"> <li>How to own a hand-washing facility by constructing and maintaining a low cost, less water, hands-free hand-washing facility (the tippy-tap)</li> <li>Products available to facilitate behaviour change</li> </ol>	Primary and secondary audience	Walls, Notice boards	<ol style="list-style-type: none"> <li>Household</li> <li>School</li> <li>Worship centres</li> <li>Eateries</li> </ol>	Technology itself easily breaks down (doesn't last long)	Show improved material and make that reflect sustainability. E.g. metal, adjustable, drainage,
GHS	Video	Wash and/or sanitise hands to break the chain of disease transmission	Primary and secondary audience	Community sessions, school sessions, public viewing, TV	<ol style="list-style-type: none"> <li>HCF</li> <li>Schools</li> </ol>	Not available in local language, use of foreign context/background	<ol style="list-style-type: none"> <li>Dissemination</li> <li>Translate into local dialects or languages</li> <li>Use local contexts</li> </ol>
	Animation	Moments for hand hygiene, Importance of Hand hygiene	Primary and secondary audience	TV, video screening,	HCF	Persons with special need can't see, Language barrier	Should be inclusive to cater for persons with special needs
	Posters	Moments for hand hygiene, Importance of Hand hygiene	Primary and secondary audience	Walls, Notice boards	HCF	Persons with special need cannot see, Language barrier	Should be inclusive to cater for persons with special need

Partner	Description of Material e.g. poster, flipchart, etc	Key Message(s)	Target Audience	Channel	Applicable Setting(s)	Gap(s) (if any)	Suggestions for Improvement (if any)
CWSA	Posters, Artwork & Animation	Critical times of hand washing, steps of proper hand washing, effects of poor hand washing, Faeca oral transmission	Primary and secondary audience	Community notice boards, Sign post, School & office building walls, Canteen, video screening	<ol style="list-style-type: none"> <li>1. Community / household</li> <li>2. School</li> <li>3. Workplace</li> <li>4. HCF</li> <li>5. Correctional Centres</li> </ol>	Persons with sight impairment can't see; Persons with deficiency in literacy or the language used may not understand the message; ash is indicated as an alternative to soap.	Provide voice-over or audio versions for visually impaired; Add video interpretation for illiterates; and take out ash.
	Jingles, Songs & Announcements	Critical times of hand washing, steps of proper hand washing, effects of poor hand washing, Faeca oral transmission	Primary and secondary audience	Information centres, Radio, Information Van	<ol style="list-style-type: none"> <li>1. Markets</li> <li>2. Communities</li> <li>3. Churches</li> <li>4. Mosque</li> </ol>	Persons with special need (Hearing Impaired audience) may not get the message	Sign language interpretation should be attached
	Advertisements	Critical times of hand washing, steps of proper hand washing, effects of poor hand washing, Faeca oral transmission	Primary and secondary audience	TV, Information centres, Radio, Information Van, Social Media	All		
	Videos	Critical times of hand washing, steps of proper hand washing, effects of poor hand washing, Faeca oral transmission	Primary and secondary audience	TV, Projected Screens, Social Media	<ol style="list-style-type: none"> <li>1. Markets</li> <li>2. Communities</li> <li>3. Churches</li> <li>4. Mosque</li> </ol>	Visually impaired cannot see	Develop audio for visually impaired since the target is for all audience

Partner	Description of Material e.g. poster, flipchart, etc	Key Message(s)	Target Audience	Channel	Applicable Setting(s)	Gap(s) (if any)	Suggestions for Improvement (if any)
	Drama/Poems	Critical times of hand washing, steps of proper hand washing, effects of poor hand washing, Faecal oral transmission	Primary and secondary audience	Congregate sessions	<ol style="list-style-type: none"> <li>Schools</li> <li>Markets</li> <li>Churches</li> <li>Mosque</li> </ol>	Not everyone can relate or interpret the message behind the poem or drama	Interpretation should accompany the act
CWSA	Booklets	Advocacy	Tertiary and macro audience	Written communication	All	Some targeted institutions may not use it	
	Handwashing facilities	To attract people to wash hands	Primary and secondary audience	Physical Structure	<ol style="list-style-type: none"> <li>Schools</li> <li>HCF</li> </ol>	Poor management and condition may affect sustainability	
GES-SHEP	Posters on germ transmission (F-Diagram)	Faecal-oral route of germs transmission	Primary, secondary and tertiary audience	inter-personal, walls, containers	<ol style="list-style-type: none"> <li>Schools</li> <li>Workplaces</li> <li>Eateries</li> </ol>	Persons with special need can't see, Persons with deficiency in literacy or the language used may not understand the message	Addition of video interpretation is needed if the target is for all audience, a brail version
	Poster on critical time for hand washing	When to wash your hands	Primary, secondary and tertiary audience	walls, containers, trees	<ol style="list-style-type: none"> <li>Schools</li> <li>Workplaces</li> <li>Eateries</li> </ol>	Persons with sight impairment can't see, Persons with deficiency in literacy or the language used may not understand the message	Addition of video interpretation is needed if the target is for all audience

Partner	Description of Material e.g. poster, flipchart, etc	Key Message(s)	Target Audience	Channel	Applicable Setting(s)	Gap(s) (if any)	Suggestions for Improvement (if any)
GES-SHEP	Poster on handwashing demonstration	Steps in handwashing	Primary, secondary and tertiary audience	walls, containers, trees	1. Schools 2. Workplaces 3. Eateries	Visually impaired can't see, illiterate cannot read	Addition of video interpretation is needed if the target is for all audience
WaterAid	Cap	Clean community- it is in our hands; clean home - is in my hands	Primary and secondary audience	campaigns, meetings	1. Household 2. Schools 3. Market 4. Workplace 5. Eatery 6. HCF	Most of the posters did not have writings	Consider putting all the materials together as a set
	Badge	Clean hands are nice hands, wash your hands with soap under running water	Primary and secondary audience	campaigns, meetings	1. Schools 2. Workplace 3. Recreational centres		
		Real men have toilets. Build one	Secondary audience	campaigns, meetings	4. Displaced camps		
		Clean home, clean community	Secondary and tertiary audience	campaigns, meetings	5. Household		
		Help your children develop handwashing skills	Secondary audience	campaigns, meetings	6. Market place		
Posters	Hand washing with soap under running water at the healthcare facility	Primary and secondary audience	Walls, Notice boards	HCF			

Partner	Description of Material e.g. poster, flipchart, etc	Key Message(s)	Target Audience	Channel	Applicable Setting(s)	Gap(s) (if any)	Suggestions for Improvement (if any)
WaterAid	Posters	Frequently wash hands with soap & water for at least 20 seconds	Primary and secondary audience	Walls, Notice boards	<ol style="list-style-type: none"> <li>1. Transport terminals</li> <li>2. Religious centre</li> <li>3. Work place</li> <li>4. Market place</li> <li>5. Displaced camp</li> <li>6. Events centre</li> <li>7. Recreational centre</li> <li>8. Childcare home</li> </ol>		
		Hand washing with soap under running water before meals	Primary and secondary audience	Walls, Notice boards	<ol style="list-style-type: none"> <li>1. Eatery</li> <li>2. Home</li> <li>3. Work-place</li> <li>4. Market</li> <li>5. Events centre</li> <li>6. Schools</li> </ol>		
		Hand washing with soap under running water after using the toilet	Primary and secondary audience	Walls, Notice boards	All		
		Handwashing with soap under running water at the health facility	Primary and secondary audience	Walls, Notice boards	HCF		
	Scarves	Vielong Ma (translates into hygiene queen)	Secondary and macro	Distribution	<ol style="list-style-type: none"> <li>1. Market place</li> <li>2. Religious Centre</li> <li>3. Households</li> </ol>		

Partner	Description of Material e.g. poster, flipchart, etc	Key Message(s)	Target Audience	Channel	Applicable Setting(s)	Gap(s) (if any)	Suggestions for Improvement (if any)
WaterAid	Certificates	Recognition	Secondary, tertiary and macro audience	Distribution	1. Household 2. Workplace		
	Exercise books	Handwashing	All	Distribution	1. Schools 2. Workplace 3. Household		
	Wrist bands	illustration of clean hands	Primary and secondary audience	Distribution	All		
	Games – snake & ladder ludu	good and bad hygiene behaviours depicted	Primary, secondary and tertiary audience	Face-to-face sessions	1. Household 2. Schools		
	Ring and target game	good and bad hygiene behaviours depicted	Primary, secondary and tertiary audience	Face-to-face sessions	3. Event centre		
	Jingles	hand washing at critical times	Primary and secondary audience	Audio-Community durbars, radio, public address systems, community information centres	1. Market place 2. Religious Centre		
	Hands-free handwashing facility	1. How to own a hand-washing facility by constructing and maintaining a hands-free hand-washing facility 2. Products available to facilitate behaviour change	Secondary, tertiary and macro audience	Physical Structure	1. Markets 2. Transport terminals 3. Events and recreational centres 4. Religious/worship centres		

Partner	Description of Material e.g. poster, flipchart, etc	Key Message(s)	Target Audience	Channel	Applicable Setting(s)	Gap(s) (if any)	Suggestions for Improvement (if any)
GC	Jingles	Hand washing before eating and after defecating	Primary and secondary audience	Social media, Information van, Information centre, Radio stations	All	Limited in other languages, hearing impairment	sign language
	Facts sheet	Salient points on hand washing	Secondary, tertiary and macro audience	print media	All	Visual impairment and those who cannot read English not catered for	translate it into other languages
	Poster on steps in handwashing	Steps in hand washing	Primary, secondary and tertiary audience	print media	All	Pictures are not clear, visually impaired not taken care of	translate it into braille, provision of tactile materials
	Drama	Importance of hand washing, what hand washing is, critical time to wash hands	Primary and secondary audience	Face-to-face sessions	1. Schools 2. Religious centre 3. Displace camps 4. Correctional centre 5. Childcare homes	Hearing impaired / visually impaired	translators of sign language
	Talk show guide	Importance of hand washing, what hand washing is, critical time to wash hands	Secondary and tertiary	TV, radio, meetings	1. Schools 2. Religious centre 3. Displace camps 4. Correctional centre 5. Childcare homes	Hearing impaired / visually impaired	someone who cannot read and write



Partner	Description of Material e.g. poster, flipchart, etc	Key Message(s)	Target Audience	Channel	Applicable Setting(s)	Gap(s) (if any)	Suggestions for Improvement (if any)
GC	WASH ludu game	Good and bad hygiene behaviours through fun	Primary, secondary and tertiary audience	Small group sessions	<ol style="list-style-type: none"> <li>1. Household / home</li> <li>2. School</li> <li>3. Transport terminals</li> <li>4. Childcare homes</li> <li>5. Correctional centres</li> <li>6. IDP / Refugee camp</li> </ol>	Not self-explanatory enough	<ol style="list-style-type: none"> <li>1. Training and dissemination</li> <li>2. Provide footnotes or attach user-guide</li> </ol>
Afram Plains Dev't Org. (APDO)	Picture cards (pile sorting)	Positive and negative hand hygiene behaviours illustrating a before and after situation (story with a gap).	Primary and secondary audience	Small group sessions	<ol style="list-style-type: none"> <li>1. Household</li> <li>2. Schools</li> <li>3. Eateries</li> </ol>		Incorporate hand sanitising
	Workbooks (learning materials)	Provide knowledge on hand hygiene	Primary, secondary and tertiary audience	Distribution	<ol style="list-style-type: none"> <li>1. School</li> <li>2. HCF</li> <li>3. Household</li> <li>4. Worship centre</li> </ol>		Dissemination
	Agoo video	Wash your hands with soap	Primary and secondary audience	Social media, Information van, Information centre, Radio stations	All		Incorporate hand sanitising

Partner	Description of Material e.g. poster, flipchart, etc	Key Message(s)	Target Audience	Channel	Applicable Setting(s)	Gap(s) (if any)	Suggestions for Improvement (if any)
World Vision	Flipchart	Product availability	Primary, secondary and tertiary audience	1. Face-to-face 2. Wall poster	1. Household 2. School	Inscription of 'WC' is limiting or skewed and may not readily be understood by especially rural people.	Use 'Toilet' or 'Latrine' as inscription on pictures instead of 'WC'
		Efficacy of soap					
		Critical times to wash hands					
		Assisting children to wash hands					
		Steps in handwashing					
		Importance of washing under running water					
		Capacity building on tippy-tap construction					
CRS	Posters and Videos	Critical times to wash hands	Primary, secondary and tertiary audience	1. Video screening 2. Wall poster 3. Face-to-face	1. HCF 2. Schools 3. Household		
		Steps in handwashing					
		Importance of washing under running water					
UNICEF	Poster & Leaflet	Tippy-tap: construction, use and benefits	Primary, secondary and tertiary audience	1. Wall posts 2. Distribution 3. Web / online post	1. Schools 2. HCF 3. Homes / households 4. Eateries	Not widely disseminated	Organise dissemination
	Booklet	Compendium of handwashing facilities	Tertiary and macro audience	1. Distribution 2. Web/ online post	All		

Partner	Description of Material e.g. poster, flipchart, etc	Key Message(s)	Target Audience	Channel	Applicable Setting(s)	Gap(s) (if any)	Suggestions for Improvement (if any)
UNICEF	Video	How to construct tippy-tap	Primary and secondary audience	<ol style="list-style-type: none"> <li>1. Face-to-face screening</li> <li>2. Web / online screening</li> <li>3. Social media post</li> </ol>	<ol style="list-style-type: none"> <li>1. Schools</li> <li>2. Homes</li> <li>3. Eateries</li> </ol>		
	Posters	Handwashing and COVID-19 prevention	Primary and secondary audience	<ol style="list-style-type: none"> <li>1. Walls</li> <li>2. Notice boards</li> </ol>	Workplaces	Message appears to be abstract (complex)	Make the message more direct

## 10. GAPS AND RECOMMENDED ACTIONS/ACTIVITIES

### a. The Gaps:

Following the audience behaviour analysis and review of existing communication materials on hand hygiene, this section seeks to identify gaps for possible redress. Premised on the two behaviours of interest (hand hygiene at *critical times* and hand hygiene facilities at *minimum locations*), a mapping matrix was developed, using level of messages and materials available on the respective settings. The mapping makes use of the proverbial traffic light colour codes as follows:



**Green**, which implies ‘sufficiently covered’ means that there are, at present, enough hand hygiene communication messages and/or materials regarding a particular setting as far as critical times for hand hygiene and minimum locations for hand hygiene facilities are concerned. It should, however, be noted that this definition does not suggest absolute or outright rule out of possible room for improvement.

**Amber** implies ‘partially covered’ and that means that there are, at present, some hand hygiene communication messages and/or materials regarding a particular setting as far as critical times for hand hygiene and minimum locations for hand hygiene facilities are concerned. That is, there is a clear case for improvement.

**Red** is ‘not covered’, which means that there are, at present, no hand hygiene communication messages and/or materials regarding a particular setting as far as critical times for hand hygiene and minimum locations for hand hygiene facilities are concerned. It should, however, be noted that this definition does not suggest absolute or outright non-existence of any message or material, but even where there exists something, it is considered insignificant.

Table 6 below presents the setting-by-setting hand hygiene communication matrix:

*Table 6: Gap Analysis of Hand Hygiene Communication*

Analysis of Hand Hygiene Communication									
No.	Setting	Critical Times [CT]				Minimum Locations [ML]			
		handwashing		hand sanitising		handwashing facility		hand sanitiser	
		Messages	Materials	Messages	Materials	Messages	Materials	Messages	Materials
1	Households/Homes	Green	Yellow	Yellow	Red	Green	Red	Yellow	Red
2	Schools	Green	Yellow	Yellow	Red	Green	Red	Yellow	Red
3	Healthcare Facilities	Green	Green	Green	Yellow	Green	Yellow	Yellow	Red
4	Workplaces	Yellow	Red	Yellow	Red	Red	Red	Yellow	Red
5	Markets	Yellow	Red	Yellow	Red	Red	Red	Red	Red
6	Transport	Yellow	Red	Yellow	Red	Red	Red	Red	Red
7	Eateries	Yellow	Red	Yellow	Red	Yellow	Red	Red	Red
8	Worship & Religious Centres	Yellow	Red	Green	Red	Red	Red	Yellow	Red
9	Events & Recreational Centres	Yellow	Red	Yellow	Red	Red	Red	Yellow	Red
10	Childcare Homes & Rehabilitation Centres	Yellow	Red	Yellow	Red	Red	Red	Red	Red
11	Correctional Centres	Yellow	Red	Yellow	Red	Red	Red	Yellow	Red
12	Internally Displaced Persons (IDP) & Refugee Camps	Yellow	Red	Red	Red	Red	Red	Red	Red

From the above, a number of observations can be made, namely:

### 1. Skewness

- There is relatively more hand hygiene communication on CT than ML as there are 6 greens, 21 ambers and 21 reds on the CT side compared to 3 greens, 9 ambers and as many as 36 reds on the ML side.
- Hand hygiene communication slightly tilts towards handwashing than hand sanitising. Altogether, communication messages and materials on handwashing at CT and handwashing facilities at ML has 7 greens, 13 ambers and 28 reds, while same on hand sanitising has 2 greens, 17 ambers and 29 reds.

### 2. Message-Material Gap

Between messages and materials, the evidence suggests that there are many hand hygiene messages out there that are not conveyed by a material. The mapping shows that there are 8 greens, 26 ambers and 14 reds on messages and 1 green, 4 ambers and 43 reds on materials. While admitting that this is expected, the gap appears too wide to go unnoted or unnoticed. What this means is that there are so many things being said about hand hygiene at CT and hand hygiene facilities at ML out there that do not go with any material to support the memory span of the audience about the message in order to help them adapt and practice the desirable behaviour.

### 3. Hand Hygiene Communication Coverage on Settings

All 12 settings have gaps in hand hygiene communication. However, of the 12 settings, hand hygiene communication at HCFs appear to be better than the rest given that it has the highest number of greens, 4 out of 8 in all. The remaining 4 for HCF are 1 red and 3 ambers. Households or homes and schools follow with 2 greens each out of the 8 (remaining 6 are 3 reds and 3 ambers), worship and religious centres is next with 1 green, 2 ambers and 5 reds. None of the rest has any green. The worst is IDP & refugee camps with 7 reds and 1 amber, making the total of 8, followed by markets, transport and childcare homes & rehabilitation centres with 6 reds and 2 ambers each and workplaces, eateries, events & recreational centers and correctional centres just being slightly better with 5 reds and 3 ambers each.

### 4. Targeting

Further analysis show gaps in targeting as well. For instance, the health sector has “*your five moments of hand hygiene*” that clearly communicates when to observe hand hygiene. It, however, largely targets clinical staff than other critical segments of the population within a healthcare facility, e.g. non-clinical staff, patients, caregivers, etc. It is therefore important to broaden the scope to ensure everybody in the loop is covered. Another critical targeting issue of concern is that the existing hand hygiene communication materials in circulation miss out on who are described as ‘the significant others’ in behaviour change. These are those other than the primary target audience. Tailor-made communication would have to be developed targeting influencers, service providers and decision-makers as well. There appear to be very little, if not nothing at all, that targets persons differently abled (PDA).

### 5. Channels

On communication channels, the observation is that use of social media has not been very much explored for hand hygiene communication. The existing hand hygiene communication is heavy on traditional channels that are largely paper-based (e.g. posters) and/or face-to-face sessions albeit a few such as the Agoo platform exist. Given how social media has gained prominence and become a powerful channel of communication, it remains a gap yet to be filled for hand hygiene communication.

### 6. Visibility

Finally, for the hand hygiene agenda to thrive, visibility is key. Currently, hand hygiene visibility (profile) in Ghana is low, a gap communication can greatly help to fill.

## b. The Recommended Actions/Activities:

From the foregoing, the following are recommended for consideration in any hand hygiene messaging and material development effort in order to realise the objectives of this strategy:

1. Bridge the message-material gap by focusing more on the development and production of setting-specific and/or across-setting materials in consultation with experts or professionals in the creative industry. In doing this, audio-visuals should be prominent than texts to accommodate those that have reading limitations.
2. Give attention to designing and targeting hand hygiene messages and materials on MLs as much as with CTs. This should as well strongly convey information on available hand hygiene facilities and supplies.
3. Hand sanitising constitute part of the hand hygiene package. However, right communication on it is limited. There is, therefore, the need to give it attention by developing messages backed by appropriate materials to facilitate the practice of hand sanitising. Such communication should, as a matter of necessity, reflect hand sanitising as complementary to handwashing and not a replacement.
4. There should be effort at saturating the currently low-hyped public place settings (markets, transport, eateries and events centres) and institutions (workplaces, worship centres, childcare centres and correctional centres) with hand hygiene messages and materials, while increasing and sustaining the on-going efforts in households, schools and healthcare facilities.
5. The IDP/Refugee setting, which primarily reflects emergency context, should be given due prominence in any hand hygiene communication as described in the RCCE section.
6. In addition to primary target audience, develop tailor-made hand hygiene communication (messages and materials) targeting the 'significant others' – secondary (influencers), tertiary (service providers) and macro (decision-makers) target audiences. Already, the HH4A Minimum Standards and Operational Guidelines are a part of this. Additionally, there has to be carefully crafted communications such as factsheets, abridged versions larger documents, concise ppt presentations, policy briefs, technical briefs, user manuals, training sessions and advocacy engagements to elicit the needed action from them to facilitate the practice of hand hygiene by all everywhere and any time.
7. Produce braille versions of hand hygiene materials for the visually impaired, sign language for those with hearing impairment and generally in accessible formats (disability-inclusive) for the physically challenged.
8. Given how social media has gained prominence and become a powerful channel of communication, the use of various social media handles should be explored and made a mainstream channel for propagating hand hygiene messages. Professional online content creators can be consulted to provide expert support in this direction.
9. Raise hand hygiene profile (visibility) in Ghana through strategic communication actions, including high level engagement, alliance building, working with celebrity influencers and media engagement. This, at the least, would bring issues affecting hand hygiene to the attention of decision-makers, increase resource allocation and, ultimately, improve the hand hygiene situation.

## 11. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

### a. Definitions:

This section begins with providing some operational definitions to put matters in perspective. These are as follows:

- *Risk* refers to threat of danger
- *Communication* is timely information exchange to elicit a desired action
- *Risk communication*, then, is the exchange of real-time information in order to identify, understand and undertake appropriate action(s) to prevent, control or avert the occurrence of the likely danger.
- *Community* is a group of people connected or living within the same settlement and refer to themselves by a common name.
- *Engagement* is a collaborative effort between or among parties that own both the process and outcome of a course of action.
- *Community engagement*, then, is a collaborative process that involves community members identifying and understanding the risk they face and developing response strategies or practices or behaviours that they deem workable or acceptable to them. The aim is empowerment and shared responsibility.
- Therefore, *RCCE* is about exchanging life-saving information and engaging community members on how to reduce their risk and better protect themselves.

Under emergency context or situation such as disease outbreak (either of epidemic or pandemic proportions), disaster (floods, drought, fire, etc) and conflict (ethnic, chieftaincy, land dispute, etc), the need for timely, accurate, up-to-date and trusted information on hand hygiene cannot be overemphasised. The COVID-19 pandemic and the role hand hygiene played in bringing the situation under control is a typical example and, indeed, informs this assignment. Both the HH4A Minimum Standards and the HH4A Operational Guidelines do recognise this and provide for IDP/Refugee Camp settings and emergency response respectively.

### b. Approach:

Below is an outline of the RCCE approach to use during emergencies:

#### **1. People-centred and Rights-based**

Saving the lives of people would be the overarching consideration in RCCE. While upholding prudence, cost would not be the first driver in RCCE decisions and actions. Rather, it would be lives first. Thus, a people-centred and rights-based approach would be employed in hand hygiene communication during emergencies.



## **2. Data-driven**

The essence of this is to provide evidence-based communication. In addition to working with available or existing information, a rapid assessment (qualitative or quantitative or both) is proposed. This would cover key issues such as knowledge, attitudes and practices (KAPs) of the people, who is affected by the situation and how, predominant language(s) of the people, dominant and trusted channels/sources of information in the area and influencers. Being emergency context, this can be conducted through desk work (i.e. reviewing official reportage on the situation) and virtual interviews of key informants. Field visits should be sparingly employed to avoid undue delay in decision-making and response.

## **3. Systems-strengthening**

Existing co-ordination mechanisms would be activated for hand hygiene RCCE at all levels – district, regional and national – during emergencies, and where critically required, new ones established for purposes strengthening what already exists or fill-in gaps identified. Hand hygiene being a WASH-sector thematic area, it is anticipated that the MSWR would play the lead role in co-ordinating all RCCE and RCCE-related activities. The HHTWG would provide oversight in this regard and all stakeholder unique and collective strengths harnessed to deliver an effective RCCE at all levels.

## **4. Objective-guided**

Based on analysis of the data collected (including the afore-mentioned rapid assessment), specific objectives would be set to reflect the issues of concern. Therefore, the RCCE would be intentionally be designed to achieve those objectives. Depending on what the evidence point to, RCCE would aim at, for example, making life-saving information available for people to protect themselves and others; combating misinformation, under-information and 'infodemic' (i.e. information overdose); reducing stigma; etc.

## **5. Audience-specific**

Under emergency context, target audience would be broadly segmented into two – the core and the influencers. The core is the primary target audience, while the influencers include service providers and decision-makers as well. To provide focus in rolling out a hand hygiene RCCE, the core would be further segmented into '*most at risk*', '*at risk*' and '*less at risk*'. For instance, populations living in epi centres would be considered most at risk and therefore receive more attention in RCCE than those living in other parts of the community, district, region or the country as a whole.

## **6. Content-oriented**

Following the objectives, information content would be designed for use in the rollout of the RCCE. This would come in the form of tailor-made hand hygiene messages and materials already in circulation or yet to be developed for the purpose. Content would serve as the '*weapon of war*' in RCCE during emergencies.

### **7. Behaviour-led**

As with normal times or regular programming, the overarching behaviours of interest in a RCCE are the practice of hand hygiene at setting-specific critical times and the provision of hand hygiene stations at minimum locations within a setting.

### **8. Channel-appropriateness**

The rapid assessment would inform of available channels, the most dominant and the most trusted. Programme managers would ensure the right balance in selecting communication channels that would make the most impact. These would include interpersonal or mass communication channels, print or electronic, text or audio-visuals, traditional or social media, etc.

### **9. Capacity-building**

Another critical factor in the hand hygiene RCCE rollout approach is capacity building. Environmental Health Staff, Health Promotion Officers, Community Development Officers and other social intermediation officers (including CSO/NGO staff) would be mobilised and empowered with the requisite knowledge and skills to be able to deliver an effective RCCE programme.

### **10. Do-no-harm**

Adapted from the UN, this is to ensure that no injurious information on hand hygiene is provided and/or consumed in the name of delivering RCCE. This could be in the form of misinformation, under-information and infodemic (i.e. information overdose). Therefore, a system of vetting and approving RCCE content before it is put out would be instituted. This is also to ensure consistency and harmony in communication across board (i.e. among all partners/stakeholders and at all levels).

### **11. Monitoring**

The rapid assessment would constitute baseline or reference point for measuring progress in the RCCE. Progress indicators would include number of engagement sessions held, number of hand hygiene stations (device, water and soap) installed as proxy to determining practice, etc. A monitoring team would be constituted for the purpose and frequency of data collection would be linked to the implementation plan developed for the RCCE. Analysis would be conducted and reports published/shared for management decisions. Plans and strategies would be reinforced or reviewed for better results based on monitoring outcomes.

The above applies in all emergencies, including, but not limited to COVID-19.

## 12. MONITORING AND EVALUATION

Monitoring tracks progress, while evaluation assesses impact. This makes Monitoring and Evaluation (M&E) very strategic and useful as it provides feedback for learning, corrective measures, review and re-planning for better results.

Table 7 below provides a proposed M&E framework for the Hand Hygiene Communication Strategy:

*Table 7: M&E Framework for Hand Hygiene Communication Strategy*

Proposed M&E Framework for Hand Hygiene Communication Strategy							
No.	Result	Baseline	Target	Indicators	Data Sources	Frequency	Responsibility
<b>Impact:</b>							
1	Increased uptake of hand hygiene products and services by all through improved setting-by-setting audience-specific knowledge	48.5%	100%	% of access to hand hygiene	MICS, DHS & JMP	Annual for JMP and about 5 years for DHS and MICS	Ghana Statistical Service (GSS)
<b>Outcomes:</b>							
1	Triggered and sustained hand hygiene practice at setting-specific critical times by 2030	48.5%	100%	% of access to hand hygiene	MICS/DHS/JMP Mid-term review Evaluation	Annual Mid-term End-term	GSS MSWR MSWR
2	Functioning hand hygiene stations at setting-specific minimum locations by 2030	48.5%	100%	% of access to hand hygiene	MICS/DHS/JMP Mid-term review Evaluation	Annual Mid-term End-term	GSS MSWR MSWR
<b>Outputs:</b>							
1	More hand hygiene materials developed to proportionately match available hand hygiene messages	TBD	TBD	# of hand hygiene materials developed	Baseline survey Progress reports Reviews	Annual	MSWR
2	Hand hygiene messages and materials on setting-specific MLs increased proportionately as much as there are on CTs	0	12	# of hand hygiene messages and materials developed on setting-specific MLs	Baseline survey Progress reports Reviews	Annual	MSWR
3	Messages and materials on hand sanitising increased	1	3	# of messages and materials developed on hand sanitising	Progress reports Review	Annual	MSWR

Proposed M&E Framework for Hand Hygiene Communication Strategy							
No.	Result	Baseline	Target	Indicators	Data Sources	Frequency	Responsibility
4	Hand hygiene communication (messages and materials) on public places and institutions hyped	Low	High	Level of hand hygiene communication on public places and institutions	Baseline survey Progress reports Reviews	Annual	MSWR
5	RCCE timely carried out during emergencies	1	As and when	Timeliness of RCCE	Progress reports	Annual	MSWR
6	Tailor-made hand hygiene communication (messages and materials) developed for secondary (influencers), tertiary (service providers) and macro (decision-makers) target audiences.	0	TBD	# of tailor-made hand hygiene communication (messages and materials) developed for secondary (influencers), tertiary (service providers) and macro (decision-makers) target audiences.	Baseline survey Progress reports Reviews	Annual	MSWR
7	Disability-inclusive hand hygiene materials produced	0	TBD	# of disability-inclusive hand hygiene materials produced	Progress reports Reviews	Annual	MSWR
8	Social media utilised as a channel for delivering hand hygiene messages	Low	High	1. # of social media content on hand hygiene created 2) # of likes 3) # of shares	Baseline survey Progress reports Social media scan	Semi-annual	MSWR
9	Profile (visibility) of hand hygiene in Ghana raised	Low	High	1. # of engagements (advocacy, media, etc) conducted 2. # of learning products (fact-sheets, technical briefs, policy briefs, etc) produced and shared	Baseline survey Progress reports Reviews End-line survey	Annual	MSWR

## 13. CONCLUSION

The HH4A Communication Strategy provides pointers or leads to what and how to focus hand hygiene communication to make the greatest impact. It is premised on a thorough analysis of setting-specific target audience and their current and desired behaviours. It also identifies barriers and enablers to hand hygiene behaviour change, and suggests messages and channels for consideration. To maximise its benefit(s), this Strategy would have to be actioned (disseminated and utilised) to aid the realisation of Ghana's quest for universal access to hand hygiene by 2030.



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