



JMP 2020 data: household, school and HCF overview



Household

96%

of the population have basic handwashing facilities with the essential handwashing agents soap and water

Basic hand hygiene coverage is usually higher in urban than in rural areas 97% in urban and 95% in rural. There are also disparities in coverage of basic hand hygiene services between sub-national regions



School

100%

of schools in the Maldives have access to basic hand hygiene facilities. Soap and water is available at all schools

Colleges and universities differ in the provision of these services - availability of soap can be a problem in some colleges



Health Care Facility (HCF)

According to the Ministry of Health (MoH),

of HCF have hand hygiene 100% of HCF have hand hygiene materials at points of care









Enabling environment

	Policies	The School Health Policy (2011) indicates that handwashing stations have been established in all the schools. Under the policy schools are expected to make soap and hand washing facilities accessible to the whole school community. The Public Health Protection Act (2012) establishes policies for the protection of public health, identifies persons responsible for protection of public health, and defines how public health protection policies will be implemented. The Health Protection Agency (HPA) guidelines are enforced by MoH and hand hygiene awareness messages were provided by HPA and during COVID-19.
血	Institutions	The HPA was formed to protect and maintain public health and to increase awareness of citizens of Maldives and people living in the Maldives
<u>(S)</u>	Financing	There is no separate budget line for hand hygiene. The Ministry of Education (MoE) provides soap to schools. Budget is required for handwashing facilities in public places frequented by migrants, and workplaces. Private institutes and care facilities provide their own budget for hand hygiene.
S##S	Coordination	There is no coordination mechanism for hand hygiene
40	Monitoring	City Council and island councils have a role in monitoring that hand hygiene is practiced by the communities and that hand hygiene facilities are available and maintained in public places and homes. The National Bureau of Statistics captures WASH data. Data is also collected by the Demography and Health survey and the Population and Household survey. The MoE monitors hand hygiene in schools and this is being incorporated as part of school health data collected through Maldives Education Management Information System. (MEMIS).
	Capacity	Awareness raising and training is offered to councils and community health centres as well as employers to strengthen hygiene measures in homes and workplaces.



Hand hygiene behaviour change approaches

Muslims in the Maldives perform five obligatory daily prayers. The prayers require ablution which starts with the washing of hands. Hence handwashing/ablution facilities are available in all the mosques around the country.

Dhamanaveshi (Urban Primary Healthcare Centre) promote hand hygiene as part of their community health promotional activities including their family health monitoring systems.

Prior to COVID-19, hand hygiene programmes were only supported in schools. The hand hygiene education programme, run by MoE with UNICEF support, included the development of classroom materials for teaching hygiene education. All staff and children at schools knew how to wash their hands properly. Advocacy to parents and staff is still needed for continued behaviour change.

Hand hygiene technologies and products

Most homes have running water and basic hand washing facilities, and toilets fitted with handwashing stations. Soap is available. However residential areas for expatriate workers and labour quarters may lack these. Prior to COVID-19, handwashing facilities were not widely available in public places such as markets, beaches and parks, including greater Male' area.

Hand hygiene response to COVID-19 pandemic

Handwashing stations have been installed in public places, schools, colleges and universities, cafés and restaurants, with running water, soap and sanitizer as per HPA guidelines. UNICEF in collaboration with Male' City Council led an initiative to provide public parks in the Male' region with handwashing stations. Foot and knee-operated hand washing facilities installed in parks in the capital Greater Male' area with stations accessible to people with disabilities. Four month's supply of liquid soap has been provided for these hand washing stations. which are to be maintained by the City Council

The MoE issued its Circular no: 22-E/CIR/2020/22 (signed by the Minister), instructing schools to emphasize the importance of proper handwashing, teach all students to properly hand wash, and ensure that all schools have proper and adequate handwashing facilities. Even prior to the Circular, information sessions on COVID-19 and awareness on general hand hygiene was conducted in many schools. Handwashing stations with running water and soap is made available in all schools across the country. During the pandemic, with support from UNICEF, 42 handwashing stations were installed in 21 schools that did not have adequate handwashing stations for students and staff. Standard Operating Procedures on COVID-19 were developed by MoE through technical support from the HPA and WHO Maldives. Materials on hand hygiene were prepared by the CARE Society for children with special needs including children with autism and intellectual impairments.

A behaviour change approach was used in the design of hand hygiene activities and products to better address the various key determinants for handwashing among different audiences and settings. A social media campaign was used to support, reinforce and mainstream handwashing during and beyond COVID-19. The objective is to form a culture of washing in the critical moments and regard it as a key practice that reduces the spread of diseases. Other awareness programmes included targeting behaviour changes through continued use of mass media, Viber messaging, the MoE's twitter feed, and regular TV transmission. Once the schools reopened, additional strategies through in-school orientation and practice sessions were utilised. UNICEF reached over 281,529 people through its social media channels.

UNICEF provided Infection and Prevention Control (IPC) supplies to schools and healthcare facilities, by procuring and delivering IPC and WASH supplies, including hand soap and hand sanitizers to 25 healthcare facilities and 214 government schools. Around 70,000 students and teachers, and 1,000 health workers and patients benefitted from these supplies. UNICEF are continuing to purchase supplies for schools (soap, surface disinfectants and Information, Education and Communication (IEC) materials)



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