HYGIENE IMPROVEMENT PROJECT

Year Four Annual Report

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ACRONYMS

AED	Academy for Educational Development
ARD	Associates in Rural Development
BC	Behavior change
CBO	Community-based organization
CDC	Center for Disease Control
CLTS	Community-led total sanitation
CRS	Catholic Relief Services
CS	Colloidal silver
CSB	Centre de Santé de Base (WASH-Friendly Health Center)
CTO	Cognizant technical officer
DNS	Dirección Nacional de Saneamiento
ENPHO	Environment and Public Health Organization
HBC	Home-based care
HIP	Hygiene Improvement Project
HI	Hygiene improvement
HW	Hand washing
IQC	Indefinite Quantity Contract
IRC	IRC International Water and Sanitation Centre
ISH	Improved Sanitation and Hygiene Promotion Financing Strategy
KM	Knowledge management
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and evaluation
MIT	Massachusetts Institute of Technology

MSH	Management Sciences for Health
NGO	Nongovernmental organization
PEPFAR	President's Emergency Plan for AIDS Relief
POU	Point of use
PPPHW	Public-Private Partnership for Handwashing
PLWHA	People living with HIV/AIDS
POU	Point-of-use
PVO	Private voluntary organization
SAIS	School of Advanced International Studies, Johns Hopkins University
SNA	Support network agents
TDY	Temporary duty
TIPs	Trials of Improved Practices
TOR	Terms of reference
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UWASNET	Uganda Water and Sanitation NGO Network
VaRG	Valley Research Group
WAWI	West Africa Water Initiative
WASH	Water, sanitation, and hygiene
WHO	World Health Organization
WSP	Water and Sanitation Program

Introduction

HIP is a five-year (2004-2009) IQC funded by USAID, led by the Academy for Educational Development, in partnership with ARD Inc., the IRC International Water and Sanitation Centre in the Netherlands, and the Manoff Group. Building on more than 30 years of USAID investments in promoting access to clean water, improved sanitation, and better hygiene practices, HIP aims to reduce diarrheal disease prevalence and improve child survival through the promotion of three key hygiene practices: hand washing with soap, safe feces disposal, and safe storage and treatment of drinking water at the household level.

Project Overview

Task Order 1 (the sole task order awarded to date under HIP) issued by the USAID Bureau for Global Health's Office of Health, Infectious Diseases and Nutrition consists of six tasks:

1. Prepare a detailed five-year field strategy for hygiene improvement (HI)
2. Provide support for HI field implementation
3. Develop and document program approaches to integrate HI into other health and non-health areas (e.g., HIV/AIDS, nutrition, education, etc.)
4. Provide support for USAID participation in global leadership on HI
5. Provide support and liaison to PVOs and NGOs to strengthen their HI programming
6. Provide support for knowledge management in HI

At the country level, HIP looks for opportunities to collaborate with the widest range of traditional and nontraditional partners to achieve hygiene improvement at scale. This allows coordinated efforts that bring together hardware, policy, institutional and individual capacity building and a range of marketing and promotion approaches, focused on the consistent and correct application of the three hygiene practices outlined above.

HIP seeks to promote sustainable improvements in hygiene behavior "at scale" in two countries—Ethiopia and Madagascar—and provides technical support for hygiene promotion efforts in Nepal, Peru, Uganda, and the West Africa Water Initiative countries—Ghana, Mali, and Niger.

The ceiling cost for Task Order 1 is $22,033,000. Obligations to date through FY08 total $14,601,671.

The following report accounts for project accomplishments and status in FY08, October 1, 2007, through September 30, 2008.

Year Four Program Highlights

The United Nation's declaration of 2008 as the Year of Sanitation raised the profile of basic hygiene among the international community. It was an ideal year for HIP to heighten awareness of the importance of improved sanitation (and hygiene in general) for public health and achievement of the millennium development goals; to expand efforts to integrate hygiene into schools, health centers, and HIV/AIDS home-based care; to boost awareness of the small doable actions that can achieve concrete behavior change results; and to activate the tools, training, partnerships, and monitoring that ensure hygiene programming reaches scale.

In Year Four HIP's commitment to provide support for USAID participation in global leadership on hygiene improvement included technical and facilitation assistance to plan and conduct the USAID Sanitation Consultation. This day and a half workshop in June brought together USAID

decision makers and specialists in water/sanitation and public health with a select group of international sanitation experts to identify specific program approaches that USAID should take to increase access to and use of basic sanitation over the next three to five years. HIP prepared the background paper that provided context for the meeting and a springboard for discussions, produced subsequent reports, and provided support for follow-up meetings.

HIP (through Sarah Fry) actively participated in the planning for Global Handwashing Day (October 15) together with WSP, UNICEF, CDC, Unilever, and Procter & Gamble on the PPPHW schools working group subcommittee for this day. And HIP/Madagascar planned intensively to celebrate the day with a number of events, including school activities and a parade of students through the capital city.

Efforts to deepen HIP's integration focus have taken off in Year Four, with activities to support the integration of safe water, hygiene, and sanitation initiatives into HIV/AIDS home-based care progressing on both the global and country levels. In October, HIP co-hosted with WHO and CRS a country-level meeting on integrating HIV/AIDS programming with water, sanitation, and hygiene programming in Malawi. New staff and consultants have been brought on board in Ethiopia and Uganda to train researchers and conduct TIPs research; develop an advocacy/technical work plan to integrate hygiene improvement into USAID's HIV/AIDS programming; and train home-based care workers to integrate hygiene practices into their care regimen for people living with HIV/AIDS.

The WASH in schools integration activity progressed as well with the development of a range of materials for the WASH-friendly schools initiative in both Ethiopia and Madagascar. In Madagascar, the WASH in schools activity there has trained thousands of teachers and administrators in the WASH-friendly approach and hundreds of schools are working toward achieving WASH-friendly status.

Ethiopia and Madagascar continue to be the focus of HIP's at-scale efforts. The push for the Amhara region of Ethiopia to ignite and mobilize for Total Behavior Change for Sanitation and Hygiene is taking place at the district, village, and household level. HIP began documenting its at-scale approach this year so that it may be shared with other districts and replicated. HIP/Madagascar's campaign to make schools and health centers WASH-friendly (fulfilling the criteria of hand washing with soap, clean latrine usage, and drinking purified water) has reached all schools in the HIP regions and expanded significantly to include a push to certify 100 health centers as WASH-friendly by the end of 2008.

In other HIP country activities, Uganda's sanitation marketing effort has been on the fast track. The project has gone from the information gathering phase to field implementation of a pilot program in the course of a year. HIP has charted an ambitious course in this country for the remaining year of the project focused on technical assistance and development of a guidance manual for sanitation marketing and HIV/AIDS and hygiene integration. Point-of-use research of water treatment options conducted in schools in Nepal has led to the piloting of different water treatment technologies in 50 schools. This activity is ongoing despite the fact that HIP's involvement is scheduled to conclude at the end of 2008. Promising partnerships with local NGOs, government agencies, and UNICEF have the potential to keep that activity going even after HIP support concludes.

With help from partner Management Sciences for Health, in Peru HIP conducted a series of trainings for master trainers, community workers, and staff in seven target regions as part of the Healthy Municipalities activity. During the trainings, participants learned how to carry out activities with families in their communities on POU treatment (chlorination, boiling, and SODIS); appropriate water transportation, storage, and use; protection of water sources; hand washing; and proper feces disposal. Materials developed for the trainings—user reminder materials, an outreach worker reference guide, and training manuals—were updated to reflect changes identified through the trainings, posted on the HIP website for broader sharing, and translated into English.

Administration and Management

Hygiene Advisor John Odolon left his position in Uganda and was replaced by Teresa Nannozi. Jessica (Jess) Thimm joined HIP as a new part-time program associate. Elizabeth Younger was brought on board to replace Catherine O'Brien as HIP senior behavior change advisor and she now oversees the Uganda program, POU activities in Peru, and the development of global resource materials. In addition, Francisco Sequeira joined HIP as the new finance manager.

Activities by Task

Task 1—Strategy

Activity under this task was largely completed with the submission and acceptance of HIP's five-year strategy. Activities in Year Four were limited to annual work planning and quarterly reviews and reports. FY08 obligations were received by the project at the end of September including, in addition to incremental core funds, new funds from the Africa Bureau, USAID/Madagascar, and USAID/India. A work plan for the new funding from India will be developed in the first quarter of Year Five. The work plan for Year Five was prepared and submitted to USAID in early October.

Task 2: Country Implementation

Ethiopia

Harnessing the huge influx of water dollars from the donor community, champions of sanitation and hygiene in Ethiopia have been working toward a more coordinated effort on the part of government ministries this year to budget, plan, and implement a range of water, hygiene, and sanitation programs. This commitment from the bottom up and top down indicates a great policy victory, and represents increased capacities at the regional, district, and community levels.

In Year Four, activities in Ethiopia have been moving forward on many fronts, and efforts are starting to pay off with concrete results. The Amhara region of 20 million is "igniting" for total sanitation and hygiene, training, and mobilizing community by community with local districts leading the way. HIP, together with partners in the Water and Sanitation Program (WSP)/World Bank-AF, put a special focus on building capacity and supporting implementation in high intensity districts or *woredas* (four in total) and moderate intensity districts (another seven), with an emphasis on community- and household-level change through house-to-house and community approaches, including non-branded total sanitation. Much time and effort was spent developing the

Family members using a household hand washing station. (photo: J. Rosenbaum)

tools, materials, and guidelines needed to support this district implementation.

Four woredas have thus far participated in the ignition process to promote improvements in sanitation and hygiene, and new partnerships have taken root and produced tools that will foster at-scale hygiene and sanitation in the entire region. Ignitions have featured government-hosted kick-off meetings and HIP-supported workshops and trainings on topics such as Total Sanitation, improved behavior change approaches, and monitoring and data collection for WASH.

Intensive effort this year went into completing key reference and resource documents. After months of collaborative effort, the "Woreda (District) Resource Book for Community-Led Total Behavior Change in Hygiene and Sanitation" was launched, endorsed, and distributed in May. This resource book has become the main reference document for the region's approach to achieving universal access and total behavior change by 2012. Four other manuals, which are in final draft and being vetted with key stakeholders, outline an innovative approach that combines participatory community mobilization with state of the art household behavior change techniques. The five documents create a complete set of guidance and capacity building tools for local implementation and replication elsewhere in other regions within Ethiopia as well as in other countries around the globe. They include the Facilitators and Participants Workbook for training health extension workers, development agents, and other district personnel in total behavior change in hygiene and sanitation and negotiation of behavior change, and parallel guides, training and participant manuals for village-level volunteers.

To strengthen the household behavior change program, HIP/WSP developed the guides to ignition mentioned above as well as a job aid, called the MIKIKIR or Negotiation Card, with assistance from the USAID Health Communication Partnership project. Local health extension workers will use these job aides in Amhara to assess the current WASH practice and negotiate "small doable actions," MIKIKIRs, in their communities to improve family hygiene in HIP's three key behaviors.

The MIKIKIR card in Amharic

Earlier in the year, informal monitoring of total sanitation support in Amhara districts showed that following the ignition program in four woredas, health extension workers and the kebele administrators focused more on latrine construction than on actual behavior change in the households carried out through negotiating improved practices. Monitoring also showed that ignition was not "spreading enough to reach scale. To address these issues, the Regional Health Bureau rallied even more support and budget allocation, and established support and supervision through zonal "cluster" centers, and establishment of a new cadre of Volunteer Community Health Promoters to reach more intensively into communities and households.

HIP also worked intensively this year on the integration of safe water, hygiene, and feces management into HIV/AIDS home-based care. HIP welcomed Mesfin Tesfay as its new long-term consultant working in this area. Mr. Tesfay began his nine-month consultancy by supporting the development of training materials for HIP/WSP's collaboration with Abt/PSI and Save the

Children/USA in Bahir Dar. The Bahir Dar pilot is one of four sites exploring effective modalities for reaching people living with HIV/AIDS (PLWHA) with safe water. Working with partners, HIP/WSP piloted a training of trainers in late September to build the competencies of over 450 home-based care (HBC) workers to integrate WASH into their home visits.

In a parallel but related activity, HIP/WSP worked with a broader community of practice (Catholic Relief Services [CRS], Christian Children's Fund, Save the Children, CARE, and others) to launch a small operations research activity to better understand some key feces management, water storage, and menstruation management behaviors as they relate to HBC. AED's Dr. Eleonore Seumo returned to Ethiopia in June to train HBC workers to collect this key information through home visits using the Trials of Improved Practice (TIPs) methodology, which invites households affected by HIV/AIDS to "try" hygiene and sanitation improvement, provide feedback, and modify if needed to increase the feasibility of carrying out the improved practices. Mr. Tesfay and partner groups provided support in carrying out the research in three sites. Research and analysis of the TIPs was complete by the end of Year Four in time to reflect findings in the September training of trainers activity in Bahir Dar. The research enabled implementers participating in the community of practice to complete the "menu" of small doable actions for hand washing and feces, diarrhea, menstruation and water management that are being incorporated into guidelines, capacity building (training and supervisory) materials, job aides, and home reminder materials that are being developed and distributed in partnership with Save the Children and other members of the COP. See Task 3 for details.

School Consultant Anbesu Biazen worked with IRC Specialist Marielle Snel to develop school curricular materials, including teacher guides, student reading books, activity sheets, and a picture book for younger children, as well as a guide for school club activities on water, sanitation, and hygiene topics. HIP has identified organizations and projects with school-based activities in Amhara and will be disseminating the materials along with supporting WASH in Schools program enhancements. See Task 3 for details.

A number of activities have taken place this year to develop the WASH Resource Center in the Amhara Regional Health Bureau. Jaap Pels, senior program officer for knowledge management with HIP subcontracting partner the IRC Water and Sanitation Centre, traveled to Ethiopia at the end of November to work with HIP/WSP to plan the physical set up of the resource center, meet with key stakeholders to build support for the center, and develop a plan of action to position the center as a hub of information and experience sharing in the region. Books and other resources in the center have been categorized, listed, and labeled. Local consultant Thomas Wögerbauer performed an assessment of the center's computer set-up in order to develop a proposal, including a detailed implementation plan and budget, for connecting the center to the Internet. Connection to the Internet has been delayed by procurement issues, but they are being resolved and the process should be completed in the first quarter of Year Five.

HIP finalized the monitoring and evaluation framework and approach for evaluating the entire Learning by Doing At Scale Hygiene and Sanitation Behavior Change activity. The approach outlines indicators for the multiple levels and stages of the scale approach, including partnering, capacity development, coordinated planning and investment, and household-level behavior change. The research firm Michael Dejene Public Health Consultants was hired to conduct the baseline to ensure that HIP will be able to quantify changes in practice. Instruments for households and institutional surveys to set the baseline were translated into Amharic, pretested, and revised prior to

initiation of field data collection activities. Despite a four-week delay in getting the data collection teams to the field, more than 2,000 households were visited during the baseline household survey. Data analysis of both quantitative and qualitative data looked at three different groups of woredas based on level of intensity of the intervention: high, low, and none. Preliminary findings suggest that 36.1 percent of households have improved sanitation facilities meeting minimum standards, 5.6 percent have hand washing stations with soap and water within the house, 0.3 percent have hand washing stations with needed supplies near latrines, 5 percent practice effective water treatment, and 37.5 percent practice effective drinking water storage.

Madagascar

HIP's intense and persistent advocacy strategy spearheaded by Country Representative Dr. Odile Randriamananjara has paid off in the creation of a Ministry of Water where Diorano-WASH is now embedded instead of being a free-floating platform, in the signing of the National Sanitation Policy and Strategy, and in a commitment to water and sanitation coverage at the highest (presidential) levels. HIP will continue to work with the new Water Minister and Diorano-WASH to shape policies and programs.

Throughout the year, the HIP team working at the national level has been involved in a wide range of advocacy and training activities in concert with government and international agencies: participating in World Water Day and International Year of Sanitation programs and a USAID partners meeting to coordinate community outreach approaches; advocating for WASH programs with the World Bank; elaborating a hygiene and sanitation component in the National Nutrition, Feeding and School Health Program; and introducing WASH and PAFIs (small doable actions) to a range of partners. Collaboration agreements between HIP and the Malagasy Red Cross promises to extend WASH/HIP training far beyond current areas through the field agent networks of these two organizations.

The launch phase of the WASH-friendly schools activity was completed earlier in the year with staff from all schools with a HIP presence receiving training. The WASH-Friendly Health Centers (CSB) Campaign moved from a pilot activity to a program-wide challenge to create 100 CSB "Amis de WASH" by the end of 2008. In response to an increased need for a pool of skilled trainers as HIP and the Ministry of Health take on this challenge, HIP/Madagascar organized a major capacity building initiative—a training of trainers with the top trainers of the country. A CSB guide was also developed. The big challenge facing HIP is how to help the CSBs address the hardware needs that are necessary for becoming WASH-friendly. HIP is identifying technical assistance and partnerships in this area. The WASH-friendly movement is now branching out to include markets, transportation hubs, tourist attractions, and journalists.

A WASH-friendly school (photo: C. Thomson)

A major decision was made to reignite the National WASH Campaign by (re)launching the third theme—Drink Potable Water—with much media and other attention and coordinating this

campaign with PSI, Voahary Salama, and others with activities for improving access to clean drinking water.

A field visit by HIP Country Coordinator and Senior Hygiene Programming Advisor Sarah Fry focused on several new learning by doing initiatives with a range of partners that will figure in the Year Five annual work plan. Key initiatives are the CLTS approach, for which HIP's regions will be the testing grounds for a Malagasy adaptation; the launch of sanitation as a business with market research, consumer surveys and pilot activities to be carried out in the four regions; and Global Handwashing Day (October 15). HIP, along with all WASH and numerous private sector partners, has been heavily involved in promoting the upcoming event and planning for a high visibility weeklong series of events.

HIP Documentation Consultant Crystal Thompson has produced success stories, drafts of briefs, and numerous trip reports from her participation in HIP activities in the regions. She also has created a photo website with extended captions at: http://picasaweb.google.com/hipmadagascar.

HIP Sanitation Marketing Consultant Chris Dunston prepared a report on proposed sanitation marketing pilot activities in HIP's four regions, which will be a big focus in the coming year. HIP national and regional staff received a thorough introduction and a debriefing presentation on sanitation as a business from two Malagasy companies that carried out test market and feasibility surveys to help plan for pilot sanitation as a business projects that will include franchises of privately owned public toilet, shower and laundry facilities, and demand driven sanitation and hygiene products production for local sale.

AED's Didi Houessou traveled to Madagascar and spent 10 days providing technical support in finance and administration (F&A) management to HIP national and regional staff, including HIP's new F&A Associate Voahirana Stephenson.

Orlando Hernandez, HIP's monitoring and evaluation specialist, went to Madagascar in January to work with HIP M&E specialist Clement Randriatelomanana and present the findings of the 2007 baseline to different audiences. The data are drawn from a household survey and surveys among basic health care centers and schools. This year's LQAS or midpoint survey was conducted by PENSER, a local research organization, and included a household survey as well as a health facility survey. The instruments were modified to include additional questions in response to programmatic changes or suggestions made by reviewers of the baseline data collected in the summer of 2007 and the latest thinking on what defines a WASH-friendly facility. The survey to assess progress in achieving targets in schools was implemented in September. Personal digital assistants were used to collect information at households and health facilities.

In the regions, this year marked a significant expansion beyond teachers and health care staff of HIP's WASH/PAFI training. New audiences for hygiene promotion messages identified by HIP regional coordinators Annick, Joelina, Tovo and Jose, included pharmacists, sociologists, camp counselors, taxi drivers, fast food providers, scouts, and truckers, to name a few. Thousands of people received WASH-friendly messages and demonstrations through HIP's local involvement in festivals, sporting events, the litchi harvest, and health campaigns and through the broadcast of radio spots. In all regions, HIP was a key organizer for events marking World Water Day, sometimes with a splashy presence that included demonstrations, giveaways (small soap bars and bottles of Sur'Eau), and the dissemination of IEC materials and radio/TV spots on the three key practices.

Nepal

USAID/HIP continued to work through UNICEF, local NGOs, and the private sector to encourage households to treat their water to protect themselves and their families from water-related illnesses. Due to the challenge of working in the unstable political environment in Nepal, USAID has a unique arrangement to fund UNICEF to support and implement in focal districts. This year's activities focused on exploring appropriate technologies for school water treatment, and mechanisms for maintaining safe water in schools. Through our partnership with UNICEF, HIP also worked to improve supply of a range of point of use water treatment options, as well as building demand for those options. Pilot efforts were expanded, and through a new agreement with the WHO/UN-Habitat, rural approaches and materials were adapted and applied to peri- and urban settings, with implementation funded by the Coca-Cola Company.

School point-of-use water treatment was a significant intervention in Year Four in Nepal. The research to explore the effectiveness of high-yield water treatment methods and mechanisms for maintaining treatment systems in the school environment started in September with 12 schools. Installed technologies included the colloidal silver (CS) filter with regular household capacities (for every class), high volume CS, Biosand filters, solar water disinfection, and tank chlorination. HIP partners, the Environment and Public Health Organization (ENPHO) and Solutions Consultant, conducted the field work. At the completion of this trial, guidelines for school point-of-use promotion were developed and subsequently implemented in 50 schools in four districts of Nepal. ENPHO assisted the district team in installing the POU options in schools, and field technicians have been trained to provide technical monitoring after installation. School children during the trial were observed transferring the idea of water treatment to their homes. As HIP's activities in Nepal conclude in 2008, it is encouraging that UNICEF is scaling up POU and hand washing in schools and will integrate these activities into a School Sanitation and Hygiene Education component in its new work plan and into government programs.

HIP continued to monitor and encourage POU product availability during visits to the field. Solution Benefiting Life, local producer of the CS filter, expanded its production and network into project areas with HIP and UNICEF support. Piyush hypochlorite solution is being made available in 6,000 traditional outlets and 10,000 nontraditional outlets that reach all 75 districts of Nepal, including HIP's target districts, thanks to an agreement between its producer ENPHO and AED's N-MARC project. Similarly, PSI agreed to support local/grassroots agents by making its WaterGuard product more readily available at the village level. A school-level promotion is under way to introduce SODIS technology at the Village Development Committees level since uptake has been limited to certain communities. Schools have been provided with 100 bottles for demonstration. At HIP's suggestion, Medentech launched its product Aquatabs in Nepal with the Center for Social and Economic Development.

School club members put SODIS bottles out for treatment. The stand holds 25 bottles and is tilted on one side for proper sun exposure. (Photo: A. Shrestha)

The company's plan is to sell one million tablets of Aquatabs in six months through 3,500 nontraditional outlets such as HIV/AIDS awareness programs for transportation workers.

In a new approach under this project to ensure availability of POU products, the Water Supply and Sanitation Division Office trained 10 community-based organizations (CBOs) with support from Nepal Country Coordinator Arinita Shrestha and agents of featured POU products. Producers attended the training to talk about their products and the margins CBOs will earn by selling them. This is one of the approaches HIP is using to make POU products visible and available in communities where the local market is inaccessible. This approach will be combined with a local effort to create awareness of improved drinking water treatment and hygiene practices.

Two hundred people participated in the launch of the UN-Habitat/Coca-Cola Partnership for Safe Water in Bharatpur, the first city targeted in this new point-of-use and community sanitation effort focused on peri-urban and urban areas. HIP supported the preparation of the launch plan, helped devise the media campaign, identified local partners for project implementation, and provided technical input as needed. Using its marketing network, the Coca-Cola Company hopes to raise awareness on a massive scale about safe water issues. Coca-Cola delivery trucks and selected outlets of Coca-Cola in Bharatpur are now the scene of mobile information systems such as POU information boards.

As part of HIP's support to the national POU campaign, Arinita Shrestha, HIP's country advisor in Nepal, was involved in numerous trainings and field visits throughout the year. Ms. Shrestha coordinated with the Department of Water Supply and Sewerage and UNICEF to prepare for a series of national and regional POU training of trainers, held from October-December. The WHO-sponsored Philippines POU Country Implementation Workshop enabled Ms. Shrestha to showcase Nepal's pioneering approaches to hygiene improvement. Other work this year included holding a half-day orientation on water quality, safe water options, and hygiene practices to prevent waterborne disease for rapid response health personnel at the request of Nepal's Epidemiology and Disease Control Division. Discussions were also held with the Department of Health on a possible high-level stakeholders meeting for integrating a point-of-use and hygiene component into its nationwide program of waterborne disease prevention.

After drafting terms of reference and evaluating proposals from four research agencies, Valley Research Group (VaRG) was officially selected by UNICEF's Contract Review Committee to conduct the evaluation of the Point of Use and Hand Washing Project that ends in mid-2008. Ms. Shrestha and HIP HQ staff worked with VaRG on developing research instruments in support of the evaluation task force. Household surveys for the POU final evaluation were completed in September in three districts. The collected forms are now being checked for further data cleaning and data entry.

Peru

Healthy Municipalities Activity

HIP Senior Behavior Change Advisor Elizabeth Younger worked with partners at Management Sciences for Health (MSH) to develop a behavior change strategy focused on reducing diarrhea and to develop a training manual, training tools, and household-level reminder materials which emphasize point-of-use water treatment, hand washing and proper feces disposal. The training strategy and materials were piloted in the Curimana district in the Ucayali region in December. The strategy focuses on training members of volunteer community-level committees, known as Juntas Vecinales, on the contamination/diarrhea cycle; use of chlorination, SODIS, or boiling to treat drinking and cooking water; methods to prevent contamination of water sources; and proper hand washing and feces disposal. The Junta Vecinal members then implement activities directly with

families in their communities during community-wide group meetings. The pilot project was well received and the local government demonstrated its enthusiasm for the project by buying water storage containers (with tight fitting lids and spigots) for every family in the communities where the project activities were carried out.

MSH built into their annual plan the replication of the project activities in an additional 30 districts in seven regions of Peru. MSH staff continued to train local government officials and community volunteers throughout the year to work with families to increase the number of households following HIP's three key practices. As of September, 2008, the number of Junta Vecinal members trained directly by MSH was 1,964 and the number of community members (i.e. families) trained by the Junta Vecinal members was 5,892. The number of people who have been reached with WASH info (radio, the materials we developed, etc.) was 27,724 and the number of people with access to "improved" water was 29,149 (10,761 are boiling, 2,896 are chlorinating, 260 are using SODIS).

Conducting the training of trainers in Curmina, Peru.
(photo: E. Younger)

Sanitation as a Business Initiative

HIP hired Cecilia Sanchez Carrion for a 12-month consultancy to support knowledge management and monitoring/evaluation aspects of the Sanitation as a Business Initiative. Throughout the year, she documented various aspects of the initiative's work at the national level and in the pilot regions, including the advocacy and consensus building process, formation of local steering committees, and the development of integrated sanitation packages for pilot communities. She also collected data on field visits to document the advocacy process and participated in programming workshops held for local operators to identify lessons learned. A new consultant will take over where Ms. Carrion left off in Year Five.

HIP Sanitation Advisor Scott Tobias of ARD provided technical support for a workshop held in Iquitos in February to explore ways to address the technological challenges of developing feasible sanitation options in flood-prone lowland areas. This project is examining sanitation marketing approaches to reach sanitation coverage goals in five regions in Peru. HIP worked with the WSP/Peru team, putting together presentations and resources on the technical/hardware options available to planners who are looking for "cradle-to-grave" solutions for fecal materials generated in these flooded environs. The cost and management implications of these technology choices were also addressed.

WSP produced and circulated a final version of the project hardware catalogue that was compiled with significant input from HIP. This catalogue covers household options for feces disposal that range from dry pit and ecosan technologies to water-based disposal options. The catalogue describes each technology, where it is most appropriate, its relative cost, and its operation and maintenance needs, thus providing potential consumers with the information required to make an informed

sanitation infrastructure choice. Mr. Tobias made significant structural and technical contributions to the catalogue prior to its presentation to Peru's DNS (Dirección Nacional de Saneamiento) in July. WSP is working with the DNS to further refine the catalogue, using it as a basis for National Norms for Sanitation Technologies.

Orlando Hernandez worked with Ms. Carrion and WSP staff to help identify the indicators that WSP/HIP will use to track the sanitation marketing pilot program. He also provided advice on measuring behavior change's impact on health.

HIP Director Sandy Callier participated by video conference in the sixth meeting of the steering committee of the Alternative Pro-poor Sanitation Solutions in Peru Initiative. Progress in four of the six pilots has proceeded pretty much as planned with a range of stakeholders engaged in ongoing work encompassing demand creation activities and development of technology options and financing packages. HIP contracted a new local consultant to work with HIP and the WSP/Peru team that coordinates the initiative. Patricia Fuertes, supported by HIP headquarters staff, will provide in-country assistance to the initiative in knowledge management and monitoring and evaluation.

HIP will continue its support during the coming year in sanitation technologies, monitoring and evaluation, knowledge management, and behavior change communications.

Task 3—Integration

HIV/AIDS

HIP's efforts in Year Four to support the integration of safe water, hygiene, and sanitation initiatives into HIV/AIDS home-based care progressed on both the global and country levels. In October, HIP, WHO, and CRS hosted a country-level meeting on integrating HIV/AIDS programming with water, sanitation, and hygiene programming in Malawi. The meeting brought together stakeholders from the HIV/AIDS, water, and sanitation sectors to build support and draft guidelines for their sectors. Documents prepared for and generated from the meeting—a resource list of available guidance and support materials, annotated bibliography, literature review, and programming guidance— have relevance and application far beyond the Malawi country context and are now available on the Environmental Health at USAID (and HIP) website at: http://www.ehproject.org/ehkm/hiv_watsan.html.

Consultant Julie Chitty and AED's Renuka Bery worked with HIP to help advance the global agenda by providing global-level policy and programming guidance; developing an advocacy/technical work plan to integrate hygiene improvement into USAID's HIV/AIDS programming; and providing technical assistance to USAID's Office of HIV and AIDS. Ms. Chitty also developed technical considerations on WASH to include in the Country Operational Plans with the goal of including WASH in various technical working groups, and drafted a Toolkit for COP planning, including useful wording, budgets and country examples. HIP had an active though informal presence at this year's HIV Implementers Meeting in June in Kampala, Uganda, bringing the issue of WASH integration to the attention of global and country implementers; presenting a poster on "Meeting the Hygiene, Safe Water and Sanitation Needs of People Living with HIV/AIDS"; disseminating the newly updated WASH Integration Brief; and interjecting integration openings at every opportunity in presentations and fora.

In Ethiopia this year, HIP moved forward with two initiatives to spearhead the integration of WASH into home-based care programs. During the second quarter, HIP hired a consultant and developed an agreement with Save the Children to further HIV and hygiene integration work globally and in Ethiopia. HIP hired a program coordinator in Ethiopia, Mesfin Tesfay, to manage the two integration activities: 1) planning, conducting, and analyzing applied research under the direction of AED's Dr. Eleonore Seumo; and 2) integrating comprehensive hygiene improvement into a PEPFAR funded pilot to explore modalities for bringing safe water to people living with HIV/AIDS (PLWHA). Mr. Tesfay devoted a significant amount of time to nurturing a national-level community of practice, and working to plan and organize the TIPS formative research and a training of trainers with home-based care workers in Bahir Dar under the direction of Marie Coughlan (CRS), HIP Deputy Director Julia Rosenbaum and Renuka Bery.

The TIPs research was carried out in Alem Tena, Wonji, and Adama, Ethiopia, by researchers from CRS and Save the Children, local partners already working in the regions. From June through August, the TIPs researchers visited 62 households of people living with HIV on four separate occasions to gather information on existing water and sanitation practices; negotiate with each household a set of small doable actions to be implemented; and carry out follow-up visits to identify the constraints, benefits, and motivations for implementing the set of practices. Among the potential constraints to improving and sustaining WASH practices mentioned by participants: lack of access to a latrine in urban areas because PLWHA cannot pay or because of stigma; inability to purchase Wuha Agar (a water treatment product) consistently; and the need to substitute ash for soap when soap is not available. Findings from the TIPs will be disseminated in October. The findings from the TIPS will complete the list of small doable actions that will be the basis for integration programming guidance for home-based care organizations.

Pilot testing the small doable actions with the community of practice (COP) partners—CRS, Save the Children, MSH, and Christian Children Fund and others— will help WSP/HIP to complete an Integration Toolkit for Ethiopia and global application. The toolkit will consist of programming guidance, training materials, job aids, home-reminder materials and other support materials to support integration of a hygiene and sanitation component in HIV home-based care activities.

As part of the initiative with PSI and Abt Associates, HIP worked with Save the Children to develop and host a course for trainers who in turn trained the nearly 450 home-based care workers in Bahir Dar who are currently working with the PEPFAR-funded safe water pilot project. The training of trainers instructed home-based care workers to effectively integrate WASH small doable actions into their care activities with PLWHA and their families. Preparation for the TOT included the design of the module, the finalization of counseling cards which complement existing PSI counseling cards, and the identification of the trainers to eventually train Bahir Dar and Addis-based home-based care workers in key competencies for integration.

In Uganda, HIP is supporting efforts to develop guidelines and tools for integrating hygiene and sanitation into care and support programming for PLWHA. A national working group has been formed and mandated to steer the process forward and to deliberate on behalf of the wider stakeholder community to: identify priority needs for hygiene improvement promotion; assist in partner, site, and approach selection for the planned pilot; review existing HBC, sanitation, and hygiene guidelines and materials; and develop tools to guide integration of hygiene and sanitation improvement in HBC and palliative care programs for PLWHA. See Uganda Task 5 for details.

Schools

In Madagascar, the WASH-Friendly Schools Guide and the Training of Teachers in WASH module have been completed. As of this year, 8,000 teachers have been trained by HIP to integrate WASH in schools, and more than 280 WASH-friendly schools are in the process of being established. See Madagascar Task 2 for more details.

IRC consultant Dr. Marielle Snel worked with Anbesu Biazen, HIP's Ethiopian school materials development consultant, to develop materials for the WASH-friendly schools initiative. The effort began with a review of existing educational materials in Ethiopia and an examination of school sanitation and hygiene education best practices throughout Africa. Twenty-three stakeholders from various professional backgrounds participated in a two-day start-up workshop in Bahir Dar, Ethiopia, in April, which focused on setting objectives, target groups, and content for the reading materials and modules. The team has completed drafts of the school WASH materials: a teacher's guide, student reading materials and worksheets, and school club activities and also proposed that a pretest take place as the school year begins. WSP/HIP worked to ensure the materials are integrated into broader at-scale efforts in the region.

In addition, HIP supported USAID/Kenya's education programming by developing and sending guidelines on integrating water, sanitation, and hygiene into teacher training programs. These guidelines were adapted into a brief, "A Compendium of Resources: Integrating Water, Sanitation, and Hygiene, into Primary Schools and Teacher Training," available on the HIP website at http://www.hip.watsan.net/page/2827. Ms. Fry provided a technical review and feedback on a manual for teachers called "Health is in Our Hands," written by a group of volunteer students associated with Berkeley and intended for use in the urban slums of India. The manual was first developed in Madagascar, and HIP will provide technical assistance for its revision, finalization, and publication in French and Malagasy.

Task 4—Global Leadership

Sanitation Consultation

Responding to increased international recognition of sanitation's critical public health role, as well as internal interest in water supply and sanitation programming, HIP has been working with USAID Global Health and Economic Growth Bureau staff to help the Agency articulate a sanitation programming strategy for its health-focused programs. The centerpiece of this work was a USAID Sanitation Consultation, a one-and-a-half day workshop held in June at AED's Conference Center. Approximately 35 people attended, including USAID decision makers from diverse bureaus, offices, and Missions, as well as several external sanitation specialists who offered an overview of state-of-the-art sanitation programming along with reflections on implications and opportunities for USAID.

Following the consultation, HIP provided summary notes to participants and prepared a synthesis report intended for general information and distribution. The "USAID Sanitation Consultation Synthesis Report" can be accessed at http://www.ehproject.org/PDF/ehkm/sc-synthesis.pdf. HIP staff also provided planning and technical input for two key meetings held during the final week of August. HIP's project director facilitated a meeting to help build consensus and a joint plan for developing guidance on WASH programming for USAID field staff. HIP staff will contribute to the drafting of programming guidance, primarily in the area of sanitation. HIP also assisted in the planning and preparations for the initial meeting of a USAID Sanitation Working Group convened by the Global Health Bureau on August 27. Creation of such a group was a key recommendation of

the Sanitation Consultation. Objectives of the first meeting were to agree on terms of reference and a short term set of actions for the group. The latter includes mapping USAID's current sanitation activities, communicating with field staff, developing the WASH programming guide, and forming an external advisory group on sanitation (another recommendation from the Sanitation Consultation). The next meeting of the working group is scheduled for October.

Behavioral Outcomes Indicators Manual
Orlando Hernandez completed a draft of HIP's Behavioral Outcomes Indicators Manual and circulated it among internal reviewers. Publication is scheduled for early in Year Five.

Public-Private Partnership for Handwashing (PPPHW)
HIP staff participated in a number of PPPHW working groups this year, including Handwashing in Schools Working Group, Behavior Change Technical Working Group, M&E Working Group as well as on the Steering Committee. As a member of the M&E Working Group, HIP helped develop the proposal on hand washing (HW) indicators for UNICEF's Multiple Indicator Cluster Survey. There was general agreement that the indicators should include knowledge of critical junctures for HW with soap to prevent diarrheal disease, presence of needed supplies at a commonly used HW station within a household, and exploration of the use of other cleansing agents. The final version of hand washing indicators has been submitted to UNICEF.

Sandy Callier participated in a teleconference in mid-February to help develop a training module on "Taking Handwashing Behavior Change to Scale" for use at International Year of Sanitation events and other opportunities to introduce potential stakeholders across a range of sectors to the public health benefits of hand washing with soap and the PPPHW approach to bringing about hand washing behavior change.

Julia Rosenbaum and Elizabeth Younger participated in a two-day Behavior Change Think Tank in April, sponsored by the Behavior Change Working Group, which was held with objectives to ensure state-of-the-art behavior change programming for the PPPHW, and foster strong working relationships and networks among members and partners of the BC Technical Group.

HIP staff also refined the protocol for a study on hand washing technique to be submitted to PPPHW for funding; provided input for a preliminary monitoring approach to be used in the PPPHW scale-up countries; and reviewed terms of reference for the study of behavioral determinants of hand washing practices being implemented by PPPHW in Senegal, one of the Gates-funded scale-up countries.

Global Handwashing Day
HIP's Sarah Fry has been participating with WSP, UNICEF, CDC, Unilever, and Procter & Gamble on the PPPHW schools working group subcommittee for Global Handwashing Day scheduled for October 15. This year's focus will be on hand washing in schools, with a global challenge to mobilize school children throughout the world to simultaneously wash their hands with soap at a predetermined time (lunch time). After multiple international teleconferences among the planning committee members, including HIP, all pieces of the day are in place: the Planner's Guide (also translated into French), a promotional PowerPoint presentation, a website www.globalhandwashingday.org, a suggested process for start-up in "hero" countries, and after multi-country testing by Procter & Gamble, a fabulous logo. One of the 50 expected countries to

participate, Madagascar, has been organizing its WASH members for this global day. The group made official announcement plans at World Water Week in Stockholm in August.

POU Partners
With support from HIP, the Sub-Group on POU Materials, part of the USAID POU Partners Working Group, met to assess progress in developing a set of materials to build and promote capacity for household water treatment and storage practices. The group reviewed 12 fact sheets, some of which have been finalized and are now available on the Environmental Health at USAID website at: http://www.ehproject.org/ehkm/pou_bib2.html. Additional materials are under development including Global WASH Resource Materials.

HIP is developing this set of Global WASH Resource Materials to serve as a resource for hygiene programming for two separate audiences—program managers/NGO partners and community-level health/outreach workers. Consultant Tom Leonhardt has submitted a first draft of HIP's training manual that will be used by NGOs/program managers/Ministry of Health staff to train community outreach workers on how to implement activities that will lead to improved behavior in POU water treatment, hand washing, and feces disposal. He has begun work on the Reference Guide for Community Outreach Workers.

WHO Network
As part of HIP's effort to support the WHO's International Network to Promote Household Water Treatment and Safe Storage, Orlando Hernandez surveyed the variety of different POU technologies available in Ethiopia during a November field visit. MIT students are following up by examining the range of POU efforts initiated by the private sector and are developing and pretesting financial indicators and behavioral outcome indicators to track their performance. These indicators will become part of a compendium of indicators that HIP/MIT will collaborate on and submit to the WHO Network.

APHA and GHC Meetings
HIP presented a paper along with PSI, CDC, and UNICEF at the American Public Health Association's annual meeting in early November as part of the panel on "What Is the Role of Household Hygiene and Safe Water in the Child Health Agenda?" The panel, organized by HIP's CTO Merri Weinger, featured four papers, including the HIP-authored "Bringing the Consumer to the Table: A Research Tool for Assessing Consumer Perceptions & Practice of Household Water Treatment Methods in Nepal," presented by Julia Rosenbaum.

LATINOSAN 2007
Scott Tobias along with HIP's CTO represented HIP at the LATINOSAN 2007 Conference in Cali, Colombia, in November. Ministers from around Latin America issued the Cali Declaration, which reaffirmed the commitment of participant nations to attain millennium development goals in sanitation and the objectives of the International Year of Sanitation. HIP attendance focused principally on sessions of interest to HIP work with the WSP/Peru Sanitation Marketing Initiative—technologies and management approaches. Contacts were made with groups working on ecosan, water and sanitation partnerships, appropriate technologies, and hygiene promotion.

AfricaSan 2008
HIP Madagascar Country Representative Dr. Odile Randriamananjara and Sarah Fry joined a solid delegation from Madagascar to participate in the AfricaSan 2008 conference in Durban, South

Africa. The HIP/Madagascar team presented the "Trials of Improved Practice" experience to the post-AfricaSan WSP workshop on sanitation behavior change.

World Water Day
To call attention to World Water Day 2008, celebrated on March 20, HIP sent out facts about water, sanitation, and hygiene to staff at AED headquarters and held an open house to explain and demonstrate some of its POU and hand washing approaches. HIP also prepared highlights about its work in sanitation for the USAID web page to mark the day. Ms. Callier participated in a panel on "Water and Sanitation: The Critical Connection" at the World Water Day Summit held at SAIS, Johns Hopkins University.

WEDC Conference
HIP was involved in the preparation and presentation of two papers and a poster at the 33rd WEDC Conference in Accra, Ghana, in April. Orlando Hernandez delivered a presentation on the paper entitled "Measuring Behavioral Outcomes When Promoting Household Water Treatment and Storage." The WAWI hygiene improvement behavior change specialist working in Ghana, Sumaila Saaka, presented a paper entitled "Sustaining Point-of-Use Water Quality Interventions in Ghana: The Behavioral Perspective." AED's Lonna Shafritz and Dr. Hernandez facilitated a discussion session associated with a poster prepared by HIP entitled, "Meeting the Hygiene, Safe Water, and Sanitation Needs of People Living with HIV/AIDS," which highlighted small doable actions for integrating hygiene into HIV/AIDS home-based care programs.

HIV Implementers' Meeting
Julia Rosenbaum attended the 2008 HIV Implementers' Meeting in Kampala, Uganda, in June. The meeting, Scaling Up through Partnerships: Overcoming Obstacles to Implementation, was sponsored by PEPFAR, the Global Fund, UNAIDS, UNICEF, WHO, the World Bank, and the Global Network of People Living with HIV/AIDS. In addition to a poster presentation sharing the Ethiopia approach to integrating water, sanitation, and hygiene into HIV home care, Ms. Rosenbaum used the gathering to advocate for "the integration cause."

UNICEF Meeting
In July, Ms. Rosenbaum was invited to present the WSP/HIP collaboration at a UNICEF meeting of water and sanitation officers from around the globe and join the group discussions on sanitation innovations and sustainable programming. Approximately 30 officers were in attendance, including Kamal Kar, the "godfather" of the CLTS approach.

World Water Week
Two HIP staff participated in the Stockholm 2008 World Water Week in August. Dr. Hernandez was an invited speaker at the workshop Changing Human Behavior, Prospects for Change. He delivered a presentation entitled "Effective Behavior Change Interventions Based on HIP's Trials of Improved Practice in Madagascar," which addressed the importance of program focus, target audiences, small doable actions, and incremental behavior change. Ms. Rosenbaum made a presentation on HIP's Ethiopia experience entitled "A Hybrid Approach in Hygiene and Sanitation Promotion to Achieve MDGs: The Case of the Learning by Doing Initiative in Amhara, Ethiopia." These presentations were well received and generated considerable substantive debate among participants.

Other Task 4 work this year included a presentation on behalf of the Africa Bureau and Global Health Bureau Environmental Health Team at USAID/Washington on "Going to Scale? The Potential of Community Led Total Sanitation" and work with partners to develop three panels to submit for the 2008 Global Health Council meeting on the topics of WASH at scale; integrating safe water, sanitation, and hygiene into HIV home-based care; and innovative approaches to sanitation.

Task 5—Capacity Development with PVOs and NGOs

Uganda

A number of staffing issues needed to be addressed this year in the wake of John Odolon's departure. HIP welcomed Teresa Nannozi as the new HIP/Uganda advisor working on the sanitation marketing effort and integration of hygiene improvement into home-based care of PLWHA. Sam Watasa also joined the team as the sanitation specialist consultant for the HIP/Uganda program, supporting the HIP hygiene improvement resident advisor in the implementation of HIP/Uganda activities, with special emphasis on sanitation marketing. The HIP assistant position in Uganda was upgraded to the position of HIP coordinator, and Carol Nabalema was hired for the job. Multiple meetings were conducted and documents drafted to ensure a smooth transition and incorporation of the new staff into the project activities. Finally, the HIP team moved offices from Plan Uganda to the UWASNET offices.

Sanitation Marketing

Much of the work at the beginning of Year Four focused on the sanitation marketing technical assistance trip of Mimi Jenkins, Tom Outlaw, and Beth Scott to Uganda in October. The goal of the trip was to help HIP determine the concrete actions it can undertake within the next 18 months in partnership with other stakeholders in the sector to develop a sanitation marketing approach. The TDY team presented their draft findings at a stakeholder meeting in Uganda. A final report, "Opportunities for Sanitation Marketing in Uganda," which highlights the key findings and recommendations from their sanitation marketing trip, on the HIP's website at: http://www.hip.watsan.net/page/2268. It concluded that sanitation marketing is a viable (and needed) approach to increase sanitation uptake among rural households in Uganda and recommended that HIP consider focusing on policy, advocacy, and programming as possible interventions in the short to medium term to promote sanitation marketing.

HIP collaborated with WSP/Uganda to develop a proposal to fund an expansion of the sanitation marketing pilot and materials development activities, and by the end of Year Four HIP and WSP has agreed to collaborate in this area. The collaboration is aimed at enhancing the enabling environment for sanitation marketing at all levels in Uganda and establishing a programmatic foundation for sanitation marketing in rural areas. WSP plans to implement a pilot in Namutumba District and will use the tools HIP develops for its pilot in Tororo.

Consultant Beth Scott (formerly of the London School of Hygiene and Tropical Medicine and now with DFID) was contracted to contribute to and coordinate development of the sanitation marketing guidance manual and tools and to help train field staff in the use of the tools for field testing and validation. Ms. Scott and Scott Tobias of ARD traveled to Uganda in June to assess the need for and clarify the content of the guidance manual and tools; provide initial inputs to design the pilot activity; and work with HIP/Plan Uganda staff on developing a budget and work plan for the sanitation marketing activities. In addition, a plan for the pilot sanitation marketing activity in Tororo District was developed. The team in Uganda traveled to Tororo to formally introduce Ms.

Nannozi and Mr. Watasa to Plan/Uganda Tororo staff, key local political leaders, and health officials with whom HIP needs to engage to do work in Tororo.

A Sanitation Marketing Kick-Off Workshop was held in Tororo on August 5–6, to introduce the concept of sanitation marketing and orient the sanitation marketing core team and other stakeholders to the planned sanitation marketing pilot. The district health inspector for Namutumba is participating in ongoing HIP training activities in Tororo to build his understanding of the concept and to prepare for the deployment of HIP tools in his district. HIP/Uganda staff trained the district team, including the health inspector, health assistants, village health teams and Plan district staff, in the use of quantitative and qualitative data gathering tools in order to field-test them in the project area and build capacity for the sustainability of the pilot once HIP funding ends. Quantitative field-testing of demand and supply side tools was completed in September. Qualitative testing is ongoing. HIP and WSP are also jointly planning a national sanitation marketing workshop in October 2008 and HIP was invited to make a presentation at the workshop on its work in Tororo District.

HIV/AIDS Home-Based Care

International HIV/AIDS Consultant Julie Chitty traveled to Uganda to work with Mr. Odolon and HIP/Uganda HIV/AIDS consultant Lucy Korukiiko to outline the tasks and timing of HIP's technical assistance in integrating hygiene and sanitation into care and support programming for PLWHA. Key stakeholders were identified to participate and steer the HIP/Plan International process. HIP held a national-level stakeholders' consultative workshop in April to secure stakeholder buy-in. The workshop was attended by over 70 participants drawn from government ministries, international and local NGOs, faith-based organizations, WHO, academia, members of the national UNICEF-led WASH cluster, social marketing groups, the National Hand Washing Campaign, and media representatives. A National Working Group was formed and mandated to steer the process forward and to deliberate on behalf of the wider stakeholders on issues related to integration of hygiene improvement into HIV/AIDS care and support programming.

Sarah Kabasa (left), a Plan health coordinator in Uganda, visits with clients who use services provided by home-based care workers that HIP/Plan trained in Uganda. (photo: E. Younger)

Ms. Younger traveled to Uganda in May to work with Plan Uganda staff, HIP's Ugandan HIV/AIDS consultant, newly hired Ugandan research consultant Xavier Nsabagasani, and South African research consultant Brendon Barnes. The focus of the trip was to initiate the formative review process to gather information about existing HBC activities regarding water, sanitation, and hygiene for PLWHA and to identify small doable actions that could be tried using the TIPs methodology. A team of research consultants completed focus group discussions and in-depth interviews in Kampala (urban) and Kamuli (rural) to generate critical data about hand washing, POU water treatment, feces/menstrual management, and care provision. Data from the discussions and

interviews were analyzed and used to identify small doable actions that were tested using TIPs methodology during July and August. Each household was visited three times.

The outcome of the TIPs research will inform design of the pilot and the materials that are being developed to support and train HBC workers. The formative review consultants presented the findings of the focus group discussions, interviews, and TIPs at a stakeholders' workshop on August 29. HIP finalized the terms of reference (TOR) for hiring a consultant who is helping write the tools and manuals that will be used to train the staff of the HBC organizations on how to integrate the small doable actions into their work and to help them negotiate the behavior changes with their clients (PLWHA) and caregivers in the home. The tools will include a Reference Guide that the HBC provider will use during his/her training and while working with patients and caregivers in the household; a Training of Trainers Manual that HBC organizations will use to train their staff; and pictorial household assessment/counseling cards that HBC providers will use to negotiate behavior change with their clients (PLWHA) and their caregivers in the home. A TOR was also drafted to hire an artist to help create images for the tools.

Prior to his departure, Mr. Odolon served as one of the facilitators in the northern WASH cluster hygiene improvement workshop for NGOs involved in the promotion of sanitation and hygiene in Gulu, Uganda. The workshop theme was "Hygiene Promotion: Getting Results!" The three-day workshop contributed to mapping the approaches and tools currently in use for hygiene and sanitation promotion, which in turn will complement HIP's effort to put together a behavior change toolkit. Mr. Odolon also participated in a training for support network agents (SNAs) provided by the International HIV/AIDS Alliance in Iganga, and briefed participants on HIP, its objectives, and identified relevant hygiene messages that the SNAs could deliver to HIV/AIDS home-based caregivers. The trainees will cover two districts, Kamuli and Iganga.

Ms. Nannozi contributed to an information brief about the project for a special section on sanitation in the Water and Sanitation Sector Performance 2008 report, which was initiated to mark the International Year of Sanitation 2008. Input about HIP activities was also prepared for the UWASNET newsletter, which is also widely distributed in the sector, and whose members constitute key partners for HIP. Dr. Korukiiko represented HIP at the UWASNET Annual General Meeting in September and provided an update on HIP/Uganda activities, explaining how the interventions can be adopted by the sector. Terms of reference were developed to hire two consultants, an engineer and a consumer researcher, who are expected to begin work in September.

The Water Supply and Sanitation Collaborative Council in Geneva has given $5 million to Uganda to support implementation of the Improved Sanitation and Hygiene (ISH) Financing Strategy, under the broad supervision of the National Sanitation Working Group. The HIP advisor reviewed the scope of work proposed by consultants for the Global Sanitation Fund. The fund is an excellent opportunity for scaling up HIP-developed strategies for both sanitation marketing and hygiene integration in HIV/AIDS home-based care. HIP and IRC are working closely to develop a sustainability strategy for building stakeholder buy-in and facilitating up-scaling of both Uganda activities.

CORE Group Meeting

Ms. Younger organized and conducted two sessions at the CORE Group meeting in Atlanta, Georgia, to obtain feedback on and discuss pretesting of the global resources materials HIP is developing. HIP held meetings with staff of the Christian Children's Fund and the Peace Corps.

Another session was held to obtain information from conference participants on integrating hygiene improvement into home-based care of PLWHA.

West Africa Water Initiative (WAWI)

HIP continued its technical support to the behavior change (BC) specialists in the three WAWI countries. Hygiene promotion/behavior change around the three key hygiene interventions—safe disposal of feces, hand washing at critical times, and ensuring access to adequate safe water at the point of use—continued to gain wider acceptance among WAWI partners in Ghana. POU promotion, for example, is being incorporated into two proposals developed by WAWI partners. This year HIP-suggested indicators for hand washing and sanitation were incorporated into World Vision's proposal for the second phase of WAWI in northern Ghana. HIP also helped develop a BC strategy for guinea worm eradication to be implemented through collaboration between WAWI and the Ghana Sustainable Project; participated in reviewing data collected by World Vision in three villages using a WASH assessment tool to help plan upcoming hygiene promotion activities; and co-facilitated a workshop to train 34 participants on CLTS for district extension officers of UNICEF's Integrated Water, Sanitation and Hygiene project.

In Mali, HIP participated in the organization of a National Hand Washing Day celebration and the training of radio journalists in hand washing in the Segou region, which resulted in the donation of air time to broadcast 30 minute tapes on hand washing three times a day for 30 days. The HIP behavior change specialist persuaded implementation partners to include hand washing with soap at critical junctures in the different promotional efforts to fight trachoma in geographic areas where trachoma is endemic and has made several presentations on the importance of providing appropriate access to water and sanitation facilities to vulnerable populations, including handicapped individuals, to different WAWI partners. Over the course of the year, a series of events and workshops targeting different audiences, such as food handlers, day care and preschool facilities, and journalists, focused on hand washing.

The BC specialists continued to be instrumental in obtaining funds to carry out BC activities by different WAWI partners. In Niger, the BC specialist helped public sector partners develop and submit proposals to the WAWI Secretariat to implement BC activities. Once the funds were available, the BC specialist helped recipients implement activities using those funds. The BC specialist was also involved in drafting a training module on how to organize water point maintenance committees; co-facilitating training activities implemented by World Vision to incorporate hand washing with soap into the skills development workshops targeting community members who will be managing water points; and helping trachoma partners develop a script for a media program. In June, Niger's BC specialist resigned from his position. WAWI II may be receiving additional funding to implement activities in Niger, which will help determine staffing patterns and the roles and responsibilities of a new BC specialist.

In March and April HIP hosted a training workshop in all three countries on Facilitating Change for individuals working on behavior change in the WAWI partner institutions. The workshops emphasized community-led total sanitation (CLTS) and individual household negotiation. HIP used materials developed for trainings in Ethiopia as the basis for the sessions on these two topics. Eighteen participants attended the workshop in Niger, 20 attended the workshop in Ghana, and 16 attended the Mali workshop. Ghana's BC specialist co-facilitated a CLTS training with WaterAid based on skills developed during the behavior change workshop.

HIP worked with the USAID/WAWI contractor ARD in (re)defining its current activities, and planning for future activities in light of the first phase of the WAWI partnership ending in September 2008. HIP provided technical assistance and guidance to the three BC specialists to develop a 12-month work plan covering the period April 2008 to March 2009, which has three objectives: increase funding made available by WAWI partners to implement hygiene promotion activities; 2) develop the institutional capacity of WAWI partners to implement behavior change activities; and 3) expand the breadth of BC activities implemented by WAWI partners. The three BC positions in WAWI countries will change from consultancies to permanent positions during this new phase of the initiative. As of September, plans for restructuring the BC specialist positions were in process. Given these changes and delays and HIP's short timeframe in its final year, it was decided to phase out HIP's involvement with WAWI early in Year Five.

Task 6—Knowledge Management

HIP Knowledge Management Specialist Patricia Mantey worked with IRC to prepare for Jaap Pels' trip to Ethiopia to initiate HIP/WSP support for the development of a water, sanitation and hygiene Resource Center in Amhara (see Task 2, Ethiopia). She also worked with the WSP office in Washington to identify and send relevant WSP materials for the planned resource center and obtained and sent IRC, USAID, other WASH-related materials as well.

KM staff supported publication of a number of documents this year including an issue brief highlighting the TIPs conducted in Madagascar; the "Opportunities in Sanitation Marketing in Uganda" report; the "Woreda Resource Book for Community-Led Total Behavior Change in Hygiene and Sanitation" for HIP/WSP in Ethiopia; the revision of HIP's brief on integrating hygiene improvement in palliative care for PLWHA, "Programming Guidance for Integrating Water, Sanitation, and Hygiene into HIV/AIDS Programs"; the "Toolkit for FY 2009 Planning: Programming Water, Sanitation and Hygiene (WASH) Activities in U.S. Government Country Operational Plans," and "Integrating Water, Sanitation, and Hygiene into Primary Schools and Teacher Training: A Compendium of Resources." The HIP website was updated throughout the year with new HIP products and resources and an enhanced publications section makes it easier to find these HIP products http://www.hip.watsan.net/page/311.

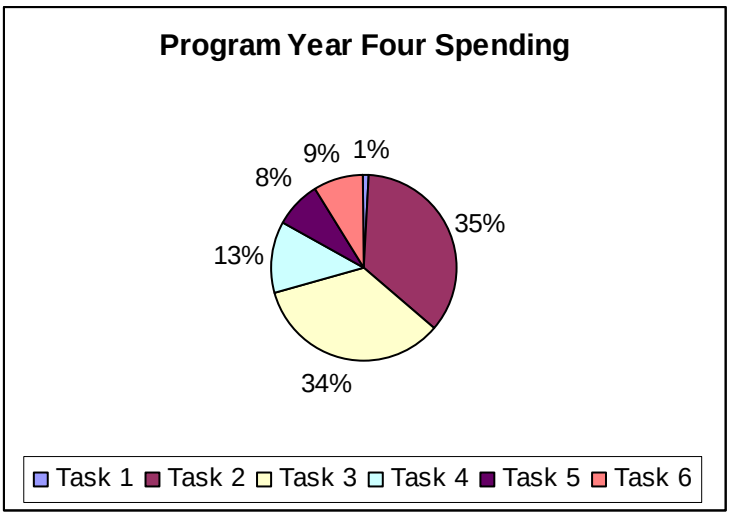
KM staff also supported preparation for a number of conferences this year: the WEDC conference (conference poster and presentations); the USAID Sanitation Consultation (background documents, synthesis report, and creation of a webpage for the consultation on the Environmental Health in USAID website); World Water Week in Stockholm (creation of a CD to distribute with information about HIP and other USAID-supported water and environment projects implemented by AED); and the Global Health Council meeting (HIP outreach materials). Other outreach support included preparing highlights of HIP activities in sanitation to promote World Water Day (March 20) on the AED and USAID websites and as well as information in preparation for Global Handwashing Day in October.

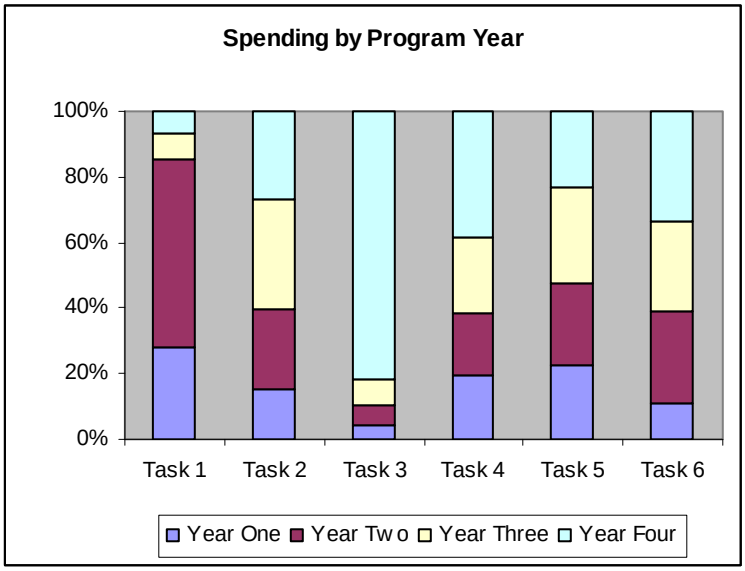
HIP also developed an online "WASH in Schools" Community on the Global Learning Portal for USAID and its partners interested in learning about and sharing information on how to integrate water, sanitation, and hygiene into primary school settings. Anyone can participate in the community, at: http://www.glp.net/web/washinschools/home.

Annex 1 – Financial Information

USAID Hygiene Improvement Project
Year Four – FY 08

Expenditures by Task	Year One	Year Two	Year Three	Year Four	Total
Task 1	$161,775	$326,542	$45,220	$37,715	$571,252
Task 2	$684,641	$1,123,972	$1,532,226	$1,211,426	$4,552,265
Task 3	$57,111	$93,716	$108,786	$1,161,101	$1,420,714
Task 4	$218,071	$213,440	$262,083	$430,536	$1,124,130
Task 5	$275,421	$305,083	$356,239	$284,960	$1,221,703
Task 6	$96,442	$255,870	$246,443	$298,026	$896,781
Total Expenditures	**$1,493,461**	**$2,318,623**	**$2,550,997**	**$3,423,765**	**$9,786,845**





Annex 2 – HIP Staff Year Four Travel

Destination	Purpose	Traveler	Date of Travel
Ethiopia	Launch TIPs, finalize the design, train researchers	Eleonore Seumo	May 30-June 28, 2008
Ethiopia	Collect info, finalize planning and site selection	Eleonore Seumo	April 13-23, 2008
Ethiopia	Work with HBC NGOs to build capacity and meet with Community of Practice NGOs	Eleonore Seumo	Dec 12-21, 2007
Ethiopia	Technical Assistance	Jaap Pels	Nov 24-Dec 2, 2007
Ethiopia	Official launch of the "Woreda Resource Book," technical assistance, meet with Health Communication Partnership	Julia Rosenbaum	May 19-June 1, 2008
Ethiopia	Update the HCSP training module, facilitate four-day training of trainers in Bahir Dar	Marie Coughlan	Sept 24-Oct 11, 2008
Ethiopia	Technical Assistance	Marielle Snel	April 1-12, 2008
Ethiopia	Finalize M&E plan, coordinate costs, meet with vendors, attend WHO Network for Home Treatment and Safe Water Storage Meeting	Orlando Hernandez	Oct 26-Nov 9, 2007
Ghana	Present at 33rd WEDC Conference, obtain input to revise annual work plan	Orlando Hernandez	April 6-11, 2008
Madagascar	Technical Assistance	Didi Houessou	February 11-22, 2008
Madagascar	Familiarize interested HIP, WASH and GOM parties with results of baseline LQAS	Orlando Hernandez	January 13-18, 2008
Madagascar	Technical Assistance	Sarah Fry	June 16-July 10, 2008
Malawi	Technical Assistance	Julia Rosenbaum	Oct 27-Nov 3, 2007
Niger Ghana Mali	Increase capacity in behavior change participatory training skills with WAWI partners	Lonna Shafritz	March 20-April 17, 2008
Peru	Work with MSH staff to finalize logistics and co-facilitate trainings	Elizabeth Younger	Dec 2-13, 2007

Uganda	Meet with Plan Uganda team to map out Sanitation Marketing options, develop pilot activities, begin development of sanitation marketing guides	Beth Eleanor Scott	June 23-27, 2008
Uganda	Technical Assistance	Beth Eleanor Scott	Sept 23-Oct 3, 2008
Uganda	Work with Plan Uganda to develop sanitation marketing pilot activities, begin sanitation marketing manual and toolkit	Catherine O'Brien	June 23-July 6, 2008
Uganda	Assist in identifying and creating the methodology and tools	Elizabeth Younger	May 11-23, 2008
Uganda	Help to develop draft work plan, develop draft TOR	Julie Chitty	February 3-8, 2008
Uganda	Work with Plan Uganda Staff, key stakeholders and pilot partners to further the development of a reference guide and training manual	Julie Chitty	Sept 21-27, 2008
Uganda	Technical Assistance	Morris Israel	Sept 28-Oct 8, 2008
Uganda	Work on four-month design phase of the sanitation marketing pilot activity	Scott Tobias	June 23-July 2, 2008
Uganda	Carry out field-based inquiry, meet with stakeholders, conduct field visits	Tom Outlaw Mimi Jenkins	October 4-25, 2007

Annex 3 – HIP Staff Year Four Conference Attendance

Conference	HIP Presenters	HIP Attendees	Date and Place
USAID Global Health Mini-University	Scott Tobias		October 5, 2007 Washington, DC
Integration of Water, Sanitation, and Hygiene Programming into HIV/AIDS Home-based Care Strategies Workshop	Julia Rosenbaum		Oct. 29 - Nov. 1, 2007 Lilongwe, Malawi
WHO International POU Meeting		Orlando Hernandez	Oct. 27- Nov. 1, 2007 Addis Ababa, Ethiopia
American Public Health Association	Julia Rosenbaum		November 3-7, 2007 Washington, DC
LatinoSan		Scott Tobias,	November 12-15, 2007 Cali, Columbia
AfricaSan and WSP Sanitation BC Workshop	Sarah Fry	Odile Randriamananjara	February 18-20, 2008 Durban, South Africa
World Water Day Summit, SAIS, Johns Hopkins Univ.	Sandy Callier		March 22, 2008 Washington, DC
33rd International WEDC Conference	Orlando Hernandez Sumaila Saaka Lonna Shafritz		April 7-11, 2008 Accra, Ghana
CORE Group Spring Meeting	Elizabeth Younger		April 14, 2008 Atlanta, GA
PPPHW, BC Think Tank		Julia Rosenbaum Elizabeth Younger	April 24-25, 2008 Washington, DC
Global Health Conference	Scott Tobias Orlando Hernandez		May 27-31, 2008 Washington, DC
HIV/AIDS Implementers' Meeting	Julia Rosenbaum		June 3-7, 2008 Kampala, Uganda
USAID Sanitation Consultation		Julia Rosenbaum Morris Israel Orlando Hernandez Scott Tobias Sandy Callier	June 19-20, 2008 Washington, DC
UNICEF Forum on Total Sanitation Approaches	Julia Rosenbaum		July 1-3rd, 2008 New York, NY
World Water Week	Orlando Hernandez Julia Rosenbaum		August 17-23, 2008 Stockholm, Sweden
USAID Global Health Mini-University	Julia Rosenbaum Scott Tobias		September 12, 2008 Washington, DC

Annex 4 – HIP Local Hires and Consultants

Consultant Name	Period of Performance	Location of Consultant Work
Julie Chitty	Jan 21 – July 31, 2008 Sept 15, 2008 – Jan 31, 2009	Uganda, Global
Chris Dunston	Feb 11 – March 14, 2008	Madagascar
Thomas Leonhardt	April 4 – 30, 2008 July 7, 2008 – Feb 28, 2009	Peru, Madagascar, Ethiopia, Global
Janice Murphy	May 2 – 28, 2008	Peru
Lawrence T. Outlaw	Sept 15 – Nov 30, 2007	Uganda
Crystal Thompson	Jan 21 – Sept 30, 2008	Madagascar

PSC Name	Period of Performance	Location of Work
Anbesu Biazen	Jan 28 – June 2, 2008	Ethiopia
Simon Bibby	Sept 15 – Dec 31, 2007 Jan 1 – Feb 29, 2008	Ethiopia
Cecilia Sanchez Carrion	Nov 11, 2007 – July 31, 2008	Peru
Lucy Korukiiko	Jan 2, 2008 – June 30, 2009	Uganda
Patricia Fuertes Medina	Sept 22, 2008 – June 30, 2009	Peru
Alebatchew Reda	Aug 17 – Sept 10, 2008	Ethiopia
Mesfin Tesfay	May 1, 2008 – Jan 31, 2009	Ethiopia
Sam Watasa	June 16, 2008 – May 30, 2009	Uganda
Thomas Woegerbauer	April 1 – May 30, 2008	Ethiopia

Local Hire	Employment Start Date	Location of Employment
Voahirana Stephenson	February 19, 2008	Madagascar
Dallin Rafalimanana Tombozandry	January 14, 2007	Madagascar