

Presentation

Presentation from the 2009 World Water Week in Stockholm
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WORLD
in Stockholm,
August 16–22, 2009 **WATER**
WEEK



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FROM THE AMERICAN PEOPLE

HIP HYGIENE IMPROVEMENT
PROJECT

Who gives a @#!&? We doo...

Lessons Learned to Improve Basic Sanitation Practices



Merri Weinger , USAID

World Water Week 2009



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The Hygiene Improvement Project (HIP) is:

- A **6-year** project (2004-2010) led by AED in partnership with ARD, the Manoff Group, and IRC Netherlands
- To achieve **at-scale** hygiene improvement in at least **2 countries** (Madagascar & Ethiopia)
- With **selected, strategic activities** in 7 other countries
- With targeted focus on WASH in schools, integration of WASH into HIV/AIDS care and support and sanitation marketing
- Centered on **3 key hygiene practices**: hand washing with soap, household water treatment and safe storage, safe disposal of feces



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Safe Feces Disposal



Hand Washing



Safe Storage & Treatment of Water

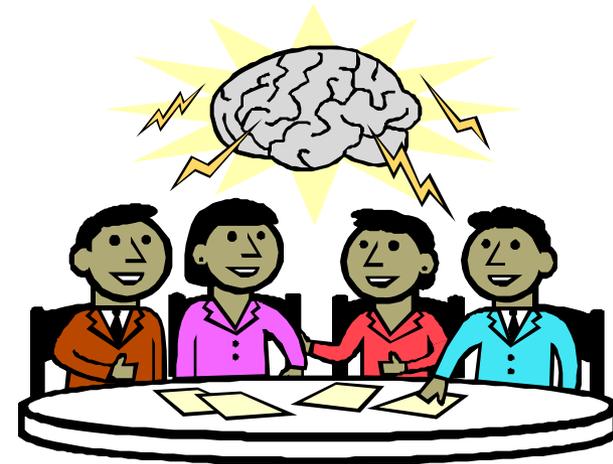


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Focus on Lessons Learned

1. Must “get real” and start where people are
2. Health benefits are rarely a motive
3. CLTS is the spark, but must be supported by solid programming
4. Sanitation marketing: Need for paradigm shift among local actors-NGOS and community
5. Economic status does not necessarily determine sanitation aspirations
6. Importance of sanitation promotion through WASH-friendly health centers and schools
7. Potential adverse environmental impacts of successful sanitation marketing





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Lesson #1

We must “get real” and start where people are

- Find out what people can really do, what is feasible in their resource context
- Promote
SMALL DOABLE ACTIONS
... and help people up the sanitation ladder



የምክክር ካርድ

የአባት/የእናት ስም _____ የጤና ሰራተኛው ስም _____

መንገድ _____ የጉብኝት ቀናት _____

1. እያንዳንዱ ቀልፍ ባህሪያት መካከል ቤተሰቡ ምን እየደረገ እንደሆነ ይረዳና አቡን እየተዘጋጀ ያለው ላይ ተስተካኝ ሳጥን ውስጥ ምልክት ያደርጉ።
2. በምክክር ሊሻሻል የሚችል አንድ ወይም ሁለት ተግባራትን ይምረጡና ለችግሩ መፍትሄ ምን እንደሆነ ዘቢተሰቡ ጋር ይወያዩ። ሁሉንም ነገር በአንድ ጊዜ ለማድረግ አይቀጥኩ። በመተግበሩም የሚከተሉትን ተያይዞች ይጠይቁ።
 - የትኞቹን መቀከር የሚችሉ ይመስላሉ?
 - እንደት ቀለል ማድረግ ይቻላል?
 - ከቤተሰብዎ መካከል የሚታወቁት ካለ ምን በማድረግ ሊረዳዎት ይችላል?
3. "በተላላ ሊደረግ የሚችል" ተግባር ላይ ተሰማሙና ምልክት ያደርጉበት። በመተግበሩ ወደ ቀን ያለውን ተግባር ላይ ተመስክሩ። በስተቀኝ ያሉት ተግባራት በስተግራ ካሉት ተግባራት የተሻሉ ናቸው።
4. ቤተሰቡ ለመፈሰስ የተሰማግበት ተግባር ላይ ምልክት በማድረግ ቃል እንዲገቡ ያደርጉ። ምን ለመሰራት እንደተሰማሙ ያስታውሷቸው። ካርዱንም ግድግዳ ላይ በመለጠፍ ወይም የቤተሰብ ጤና ካርድ ውስጥ በማስቀመጥ በጥንቃቄ እንዲያይዙት ይነገሯቸው።

"ጣዳ ላይ በመስፈርትና ንጹህና በጉዳዩ ልምድ የሚመጡትን በሽታዎች ማቆም የሻ ጋላፊነት ነው!"

ሀ. አይነ ምድርን ማስወገድ



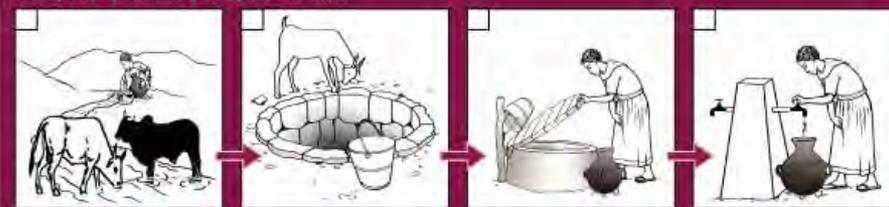
ለ. የልጆች እይነ ምድርን በጥንቃቄ ማስወገድ



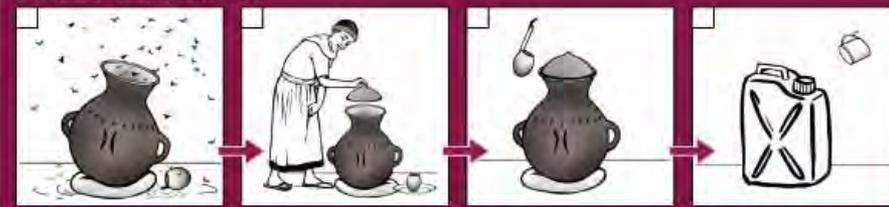
ሐ. ከተፀዳጽን በኋላ እጅ መታጠብ



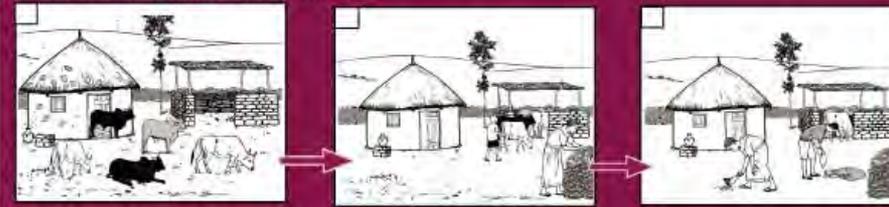
መ. የውሃ ምንጮችንን ንጹህና መጠበቅ



ሠ. የውሃ ንጹህና አጠባበቅ



ረ. የቤት እና የአካባቢ ንጹህና አጠባበቅ



ሰ. የፊት ንጹህና



እጅ መታጠብያ ጊዜያት፣ ሁሉም አስፈላጊ ጊዜያት ናቸው።





Eau
Assainissement
Hygiène

ELIMINATION DES EXCREMENTS

Outil de négociation

Où est-ce que les adultes font leurs besoins ?



Dans la nature



Dans un trou qu'ils recourent ensuite de terre



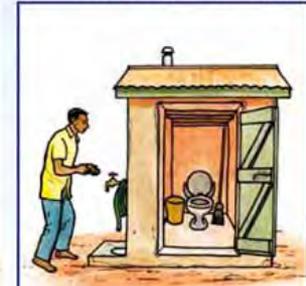
Dans une latrine à plancher artisanal en terre battue ou en bois, sans toit ni porte



Dans une latrine à dalle artisanale en terre battue ou en bois, munie d'une porte, de murs, d'un toit et d'un dispositif LMS



Dans une latrine lavable munie d'un toit, d'une porte et d'un dispositif LMS



PRATIQUE OPTIMALE

Dans une latrine lavable et nettoyée munie d'une chasse d'eau et d'un dispositif LMS

Où est-ce que les enfants font caca ?



Dans la nature



Dans une couche en toile ou leur culotte. Les excréments sont ensuite jetés dans la cour.



A l'intérieur d'un pot pour enfant. Les excréments sont ensuite jetés hors de la maison.



Dans une couche en toile ou dans un pot pour enfant. Les excréments sont ensuite jetés dans une latrine, puis la couche ou le pot est lavé(e) au savon.



PRATIQUE OPTIMALE



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Lesson #2

Health benefits are rarely a motive!! Find out what people really care about and build programs around those motivations

Diarrhea prevention matters,
but

- dignity,
- privacy,
- safety,
- cleanliness
- can be stronger motivators
for action





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Lesson #3

CLTS is the spark, but it must be supported by solid programming





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All comes together as... **Community-led Total Behavior Change in Hygiene & Sanitation**

- Embedded in a national and regional process
- Built around Health Extension Program
- Regional Behavior Change Strategy including:
 - Advocacy, community ignition, household visits ---ODF
 - Multiplying the message with communication and media
 - Promotion of HW and safe water handling
 - School WASH





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Lesson #4

Sanitation Marketing: Need for paradigm shift among local actors

- Subsidized sanitation programs are not having positive sanitation impacts in poor communities
- Include the private sector in marketing sanitation solutions to all customer segments





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HIP Madagascar's sanitation marketing activities include:

- Consumer and market research
- Demand creation through multi-channel hygiene promotion (HIP, NGOs and community health agents)
- Range of hygiene and sanitation products developed and sold through local vendors
- Privately leased/managed public toilet/shower/laundry facilities with public support
- Partnerships with banks for sanitation upgrade loans for salaried urban dwellers



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Because one size does not fit all!!



- Marketing of hygiene/sanitation products brings choice to consumers



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Lesson #5

Economic status does not necessarily determine sanitation aspirations





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Integrated communication & marketing strategy



SOLUCIONES ALTERNATIVAS PARA EL SANEAMIENTO



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Lesson #6

Importance of sanitation promotion through WASH-friendly health centers and schools





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Lesson #7

Environmental impact of a successful regional or national sanitation marketing may pose significant risk to country's surface water





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HIP Sanitation Improvement Approaches

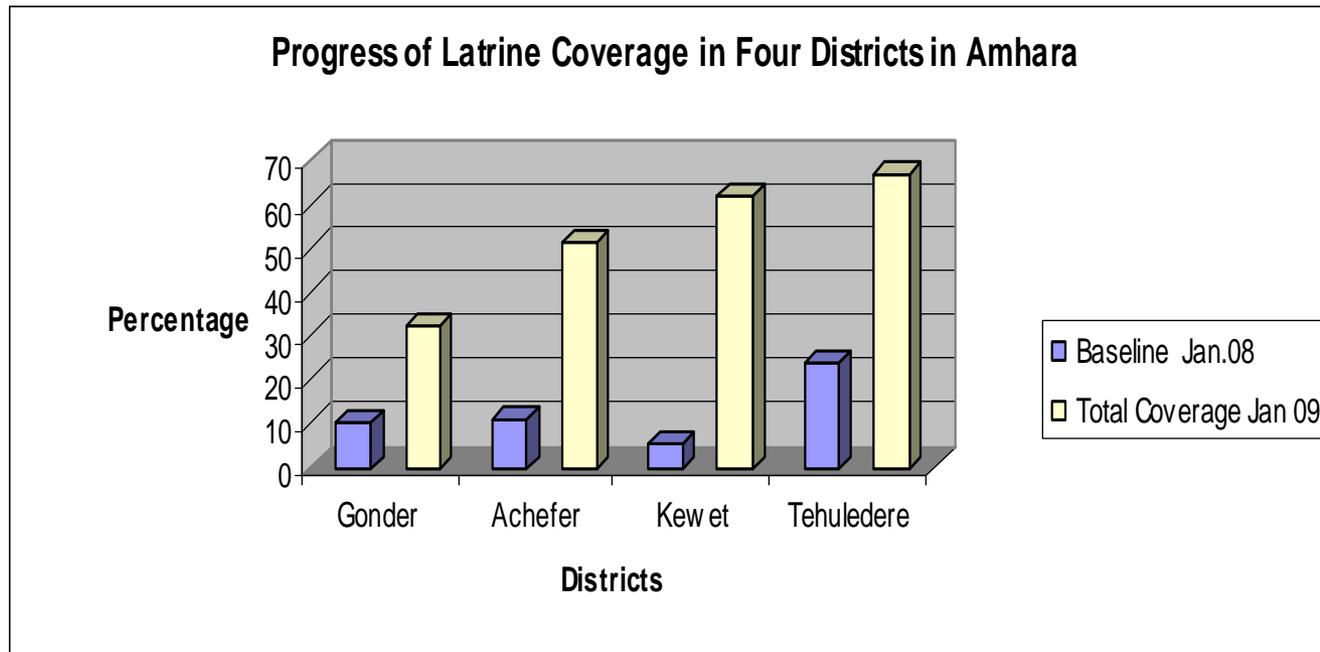
- CLTS Hybrid – focus on behavior, not just coverage
- CLTS linked to sanitation marketing and household hygiene promotion
- Sanitation marketing through private sector
- Public-private partnerships
- WASH-friendly approach – schools, health centers, communities, marketplaces, transportation hubs etc.



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Progress Results - Ethiopia





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Progress Results - Madagascar

Comparison between 2007 and 2008
Program Outcome Monitoring (%):

Component	Variables	2007	2008
Sanitation Access	Open defecation	39	18
	Flush toilets or latrines with Slabs	3	7
	Simple latrines with no slab or bucket latrines	58	75



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Progress Results - Madagascar

Comparison between 2007 and 2008
Program Outcome Monitoring (%):

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Sanitation Access	Open defecation	39	18
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