HYGIENE
IMPROVEMENT
PROJECT

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HYGIENE IMPROVEMENT PROJECT

Year One Annual Report

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Overview

During a recent visit to Ambotofaritana, a small village of some 200 persons in Madagascar, villagers proudly showed HIP staff the new gravity flow water system built with assistance from the local Peace Corps volunteers and sent the team over to the local school to visit the latrine built a few years previously, also with Peace Corps assistance. Difficult to find at first, the building's roof had collapsed, vines and undergrowth obscured the way and the lack of a path indicated it was no longer in use. Sadly, a worthwhile endeavor was no longer viable.

The behavior changes necessary to support water, sanitation and hygiene over time need to include the range of behaviors, from learning how to empty a full latrine, or keeping it clean, to ensuring maintenance and re-construction. HIP's primary responsibility, in Madagascar and in its other focal countries, is to ensure that the behaviors for sustainability of such worthwhile efforts are included in sanitation and water programs from the start while also ensuring that more and more people have access to the technologies—we work at the nexus where people meet technology.

The **Hygiene Improvement Project's** (HIP) first year has been interesting and challenging. While the HIP IQC has received no new task orders, Task Order One is already providing expertise in a variety of areas and has received funding from Madagascar and Nepal and the promise of funding from India. HIP has made substantial progress on all tasks established under Task Order One and has completed almost all work plan deliverables. Preliminary hygiene improvement efforts to work "at scale" have begun in two countries. Staff and partners have become more conversant with field issues and best practices, and they better understand current models for implementation. HIP staff participated in important international events, including the World Bank Water Week and the Learning Alliances Symposium. They also began developing close relationships to the water, sanitation and child health communities, including CORE group members and several international agencies such as the PPPHW the International Network to Promote Household Water Treatment and Safe Storage, WHO, CDC, the WELL Group and WSSCC. HIP has also begun efforts to integrate hygiene improvement into HIV/AIDS and nutrition programs and is currently investigating integration opportunities with education.

Each of HIP's six tasks under Task Order One has differing needs and requirements. Additionally, HIP must address cross-cutting tasks such as monitoring and evaluation. While many of HIP's activities and approaches are directed at achieving Task 2, HIP has spent considerable effort in addressing all tasks. Some tasks, such as Task 5, have proven to be dynamic in ways not previously foreseen. HIP has supported this task with its own core funds and through planning activities in collaboration with several PVOs and NGOs.

To achieve these diverse tasks, HIP assembled a skilled staff with expertise in various areas. AED and its subcontractors, The Manoff Group, ARD and IRC/Netherlands, can fulfill administrative needs as well as an array of technical and management functions. HIP staff's many years of experience and range of skills, as well as HIP's particular approach seem to resonate well with USAID missions. The marketing and M&E specialists work part time on HIP, and the knowledge management specialist has transitioned to HIP over the course of the year. While USAID mission field support has not been as robust as predicted, to date, two USAID missions have invested in hygiene improvement work through HIP and a third is anticipated. Among USAID missions there seem to be similarities in needs and goals

some of which are not directly expressed but which USAID field staff recognize as key to their SO successes. HIP has been sensitive to these needs from the start. These are to ensure that HIP work does not overly increase the management burden of missions; that our implementation is highly participatory, building on existing USAID local and international partners in the field; and that we help missions to achieve scale in their activities.

In sum, the development environment has changed considerably in recent years, and the political environment in which HIP functions has impacted the project's ability to progress on its work plan. HIP is therefore proud, despite the constraints, of its accomplishments.

Challenges

HIP focused on developing its work plan and strategy until February 2005 when USAID appointed a new cognizant technical officer (CTO) and continued the work under her guidance. HIP began developing promotional materials once the new USAID branding guidelines were formalized and fully understood. HIP needed resolution on certain outstanding issues such as the website and indicators, before it could proactively proceed. On some items, HIP takes its cues from USAID directly, including attendance at conferences, country contacts and country implementation opportunities.

1. USAID missions have easily grasped HIP's mandate. Missions seem to understand scale approaches. However, accepting an additional management portfolio for behavior change is difficult because missions do not have a strategic objective directly dealing with this area, and few discretionary funds are available.

Health and water teams within missions do not always see the benefits of coordinating efforts for maximized impact.

2. HIP has found fewer opportunities to work with USAID missions than originally predicted. HIP assumed that a novel intervention such as point-of-use water (POU) treatment and storage would resonate with missions and facilitate entry for HIP's other activities, and must now seek other tactical advantages.

Given these realities, HIP may have to reexamine its approach to working at scale in the coming year. This may mean that HIP will only be able to test a "starting-at-scale" model in a few countries or simply initiate the process with others who have access to the necessary resources to proceed. Alternatively, HIP may facilitate the efforts of others or provide technical inputs around key innovations and capacity building.

Administration and Management

Over the course of Year One HIP established administrative and managerial operations to meet the requirements of the contract. HIP designed a financial management system that now generates monthly, quarterly and annual financial reports, including financial tracking for individual HIP activities. The HIP award only mandates annual reports, but HIP recognizes the need to keep USAID fully informed and therefore produces these additional reports. HIP developed management systems to track technical assistance requests, including review of HIP partner documents and proposal responses to USAID requests for support, e.g. drafting the WWF/Mexico City proposals for IWA and UNICEF, and preparation of PowerPoint presentations for the CTO. Weekly meetings of the CTO, Project

Director and Deputy Project Director have helped to clarify USAID expectations of HIP. Travel with the CTO has also improved understanding of USAID's expectations for Tasks 3 and 4.

The first amendment to the HIP contract, completed in May, simplified the language of the award and clarified some administrative procedures. A second amendment in late September provided funding for 2005-2006, including funds from a Madagascar MAARD (Modified Acquisition & Assistance Request Document) and Nepal field support.

Task 1: Detailed Five-Year Strategy

Overview

Throughout the process of drafting its Five-Year Strategy, HIP has expanded its knowledge about hygiene improvement and its understanding of USAID expectations for HIP. To prepare to write the strategy, HIP performed a desktop review of available literature and subsequently developed three key documents on safe disposal of feces, safe treatment and storage of water and hand washing. HIP drew upon previous experience and shared new information among HIP partners. Guest visitors from experts in the field of hygiene and sanitation such as Susan Murcott, Val Curtis, Eckhard Kleinau, Eddy Perez and Robert Quick, facilitated the learning process by sharing their experiences from and understanding of the field and its needs. Previous Environmental Health Project (EHP) staff and subcontractors (Scott Tobias, Chris McGuahey) also contributed their understanding of the EHP program and its successes.

In order to be as participatory as possible, HIP staff and subcontractors held three meetings, two at the beginning of the project and one to review and revise the strategy document in July 2005. HIP included the CTO in all strategy meetings. HIP submitted the strategy on time in January, following the timely submission of the Year One Work Plan, and received feedback from USAID requesting revisions. The work plan was approved in August. Subcontractors provided substantial input on both documents through in-person and electronic conferencing. HIP revised and resubmitted the Year One Work Plan in early August, and USAID accepted it. HIP will resubmit the Five-Year Strategy at the end of October.

Constraints

Delays in submission of these revised documents, though initially delivered on time, are due to the busy travel schedules of those writing and reviewing the document as well as USAID encouragement to take time to thoughtfully review and revise. Benefiting from a year's hindsight and overview of the field, the final strategy is a much more thoughtful and focused document. In fact the revision process has allowed substantial intellectual discussion to occur around the goal, the strategy, the tactics, etc. All of these seminal documents are conceived and written by HIP with substantial input from all subcontracting partners and thus they benefit from the diverse experiences of everyone involved.

Implementation

In the Year One Work Plan, HIP expected that at least one country would be designated a focal country. To date HIP is working in four potential countries, two of which are clearly focal countries. Core to the strategy is the elaboration of a systems approach to scale and the clarification as to what it takes to achieve scale—in resources, in funding, in manpower—and that under the present constraints it is may be difficult for HIP, under Task Order One, to actually achieve scale, although it can be central to the conceptual thinking around it in the field. In addition the concept of behavior change is

also explored and best practices reviewed. The strategy is therefore a very realistic document, reflecting, not just U.S.-centered opinion and input but also reflecting input from our European partners.

Under Task One, HIP expected to make at least eight presentations as a first-line marketing effort and has achieved more than this. HIP presented to USAID in Nepal, Tanzania, Madagascar, India, Cambodia, Ethiopia and several times to partners, such as the CORE group and WAWI, who have relationships with in-country missions. Additional promotional presentations have been made but are reflected in Task 4 activities. An M&E plan was delivered to USAID as requested on time in January but was later folded into the overall strategy and annual work plans. This is also true for a requested Knowledge Management Strategy. Thus all Task 1 requirements and deliverables for Year One have been achieved.

Task 2: Field Implementation

Overview

During Year One HIP exceeded work plan expectations despite the above-noted constraints. HIP issued a challenge to missions offering a $100,000 commitment to those interested in HIP services. While the challenge did not prove fruitful, HIP independently visited six countries (Ethiopia, Madagascar, Tanzania, Cambodia, India, Nepal) to encourage mission support for hygiene improvement activities. Some visits also fulfilled other HIP tasks, e.g. Ethiopia and Tanzania also supported Task 4 Global Leadership goals, as HIP provided the principal technical behavior change inputs into WSP and PPPHW strategic design and programs. Collaborating with WSP in Ethiopia has contributed towards HIP's Task 3 integration goals, as HIP developed concept papers on integrating hygiene into HIV/AIDS care and support and into family health home extension activities. Tanzania requested a return visit for potential 2006-2007 support, which HIP will complete in Year Two. Three countries (India, Madagascar and Nepal) responded positively, and HIP drafted interim country-specific work plans. Two work plans prepare for implementing a hygiene improvement effort at scale. In Madagascar, the mission provided $100,000 to start in-country activities, and HIP expects additional funds next year. HIP invested more than $200,000 of its core funds in Madagascar. HIP also provided core funds to develop activities in India and in Ethiopia. Field support received initially from Nepal and later supplemented by $140,000, enabled HIP to develop a formative research tool to explore consumer perceptions of various point-of-use disinfection techniques and provide technical assistance in POU and hand washing to the mission grantee, UNICEF. HIP will generalize this tool for use in multiple country settings. HIP also shared this research with the International Network to Promote Household Water Treatment and Safe Storage.

Constraints

Implementing hygiene activities at scale in at least five countries requires USAID country mission interest and some substantive level of field support. In Year One, HIP has laid the groundwork for implementation at scale. HIP has begun to understand better the funding and programming context within USAID as well as potential collaborating agencies for country-level implementation. The challenge of obtaining solid mission support for implementation at scale is immense given the extensive competition for field support funds.

HIP pursued potential field activities, working in concert with USAID to nurture existing opportunities and to identify new ones. USAID/Mission interest has not been as forthcoming as HIP had hoped, so HIP began strategizing alternative funding configurations and methods to identify countries for implementation at scale.

Marketing HIP
As a new project, HIP participated in hygiene-related meetings to learn about the work of others in hygiene and to introduce and position HIP as a resource with an innovative mandate: to bring new approaches that work at scale rather than on focused or pilot efforts; to bridge the gap between technology and people; to integrate hygiene into other health and non-health technical areas for greater uptake of hygiene behaviors and more sustainable programming.

HIP met with USAID to review pre-award marketing responses and discuss post-award marketing strategy. Based on initial interest from missions to the Award Announcement and an assessment of additional USAID mission interest, HIP prepared the HIP Hot Prospects, an annotated list of potential countries for intervention at scale. HIP subsequently prepared the HIP Country Matrix, a list of programs and activities AED and HIP Partners were managing in countries included on the HIP Hot Prospects. HIP researched HIP Hot Prospects to identify key positioning for HIP based on the particular country context, and then drafted correspondence for USAID to use to promote HIP to missions. The objectives of the correspondence were to confirm mission interest, to initiate dialogue with missions, and to generate an invitation for a country exploratory visit.

After several discussions on HIP's marketing strategy, USAID circulated a HIP-drafted Mission Challenge. This document outlined a competitive process for missions to receive HIP core funds by demonstrating commitment to hygiene and opportunities for implementation that would be later supported through mission funding. Though this process did not directly lead to field support, it served to raise the HIP profile within USAID missions around the world.

As Task 5 Capacity Strengthening work advanced, HIP realized the potential for a new approach to reaching scale – intensive collaboration with PVOs and NGOs in one country to address hygiene improvement collectively. HIP drafted a concept paper on collaboration with the PVO/NGO community to identify opportunities for implementation at scale. USAID accepted this approach for hygiene improvement at scale, and HIP quickly proceeded with a group of interested PVOs and NGOs to collaborate on a strategy and an action plan for moving forward. The PVO/NGO group identified a shortlist of potential countries meeting essential criteria, and HIP will partner with representatives from these PVOs and NGOs to make at least two assessment visits.

HIP staff also met over time with several of the World Bank's divisions to discuss their activities and opportunities for collaboration. In addition to promoting hygiene improvement within water supply loans to countries, the World Bank serves as the current Secretariat to a few key programs and partnerships, specifically the Water and Sanitation Program (WSP) and the Public-Private Partnership for Handwashing with Soap (PPPHW). HIP met with in-country WSSCC (now Water and Sanitation Council) partners forming the WASH groups and attended the PPPHW mini-university. HIP staff also initiated contact with the Rural Water Supply and Sanitation (RWSS) and the WSP and engaged in general and specific discussions around collaborating in Ethiopia and Tanzania.

Specific Country Activities
Tanzania
The World Bank/WSP team invited HIP to participate in assessing PPPHW opportunities in Tanzania. HIP also used this opportunity to explore possibilities for a complementary HIP activity in Tanzania. The WB/WSP team leader supports hand washing and the HIP comprehensive hygiene approach.

USAID/Tanzania, however, indicated that hygiene activities would not be considered before 2007. This visit did not yield mission support, but it solidified HIP's relationship with the World Bank and WSP. This relationship has contributed to Task 4 and has enabled HIP to pursue collaborative opportunities elsewhere.

Nepal

As part of the original contract, HIP received field support from USAID/Nepal to work with UNICEF and other implementation partners to develop a marketing plan for point–of-use water disinfection. During an initial assessment visit in March 2005, HIP staff reviewed the UNICEF work plan and formative research plans. HIP suggested technical and programmatic improvements and assisted UNICEF in developing a strategic marketing plan. HIP staff recommended that UNICEF add a product trials research component to its formative research to explore the acceptability of the concept of water disinfection and of various point-of-use products from the consumer point of view.

At the request of USAID/Nepal, HIP developed scopes of work and budgets for technical assistance and expanded activities, and the mission increased field support by $140,000. HIP and USAID/Nepal will discuss an ongoing role for HIP during an upcoming November technical assistance visit.

The additional field support allowed for more robust technical assistance to the UNICEF-managed effort. HIP hired a country coordinator for one year to work with the team in Nepal on more broadly assisting with the entire formative research activity (which included developing and implementing an extensive and abbreviated baseline survey; in-depth interviews, and focus groups as well as the consumer product trials). HIP developed the research protocols, instruments and training materials for point-of-use consumer product trials, implemented the survey, and is currently finalizing the analysis. PSI and CDC collaborated on the product trials.

Solutions, Consultant P Ltd., a local marketing firm that worked with UNICEF on the more extensive POU formative research, carried out the research. Solutions strengthened research instruments, maintained technical quality and solid logistical support and even negotiated the release of the team of interviewers detained by Maoist rebels in rural Panchtar. HIP will organize a participatory strategy session early in Year Two to review findings and to apply them to the Point-of-Use Water Disinfection Strategy and Marketing Plan. HIP hopes to guide the development of a more comprehensive national hygiene improvement strategy as well. Security issues and civil war feature prominently in Nepal and may limit interventions at scale.

HIP will assess the research tool and adapt it for use in multiple country settings. HIP will disseminate it through its knowledge management function and global leadership task. HIP began collaboration with the International Network to Promote Household Water Treatment and Safe Storage, and the Implementation Task Force will review and adapt the tool.

HIP collaborated with PSI to develop some general hygiene promotion media to accompany the launch of the PSI-supported POU product, WaterGuard.

Ethiopia

The CTOs encouraged HIP to pursue hygiene activities at scale in Ethiopia. HIP met with several organizations and projects already working in Ethiopia such as USAID/ESHE (JSI/AED), the World Bank, WSP and CARE to discuss HIP's potential contribution to hygiene improvement. While at the World Bank Water Week, HIP met with the director of the environmental health department within

Ethiopia's Ministry of Health and set the stage for working with the ministry at federal and regional levels during an upcoming assessment visit.

HIP participated in several World Bank meetings during the first two quarters. Since HIP's inception, the World Bank, WSP and HIP have sought concrete areas for collaboration. Ethiopia presented one such area. The World Bank invited HIP to provide intellectual leadership and key technical inputs to guide Ethiopia's implementation of its National Hygiene and Sanitation Strategy and to support the hygiene and sanitation component of the World Bank investment. Specifically, the World Bank asked HIP to outline a process for developing implementation guidelines to facilitate the consistent, integrated and quality implementation of water, sanitation and hygiene programs at federal, regional and district (*woreda*) levels.

HIP staff visited Ethiopia in June to collaborate with the WSP, the World Bank, CARE/Atkins and the ministries of Health and Water Resources to outline a concrete process for implementing the National Strategy. The collaboration also focused on ensuring that hygiene and sanitation promotion strategies would be implemented in all communities, not just those receiving improved water supply through the World Bank.

HIP staff recommended that USAID/Ethiopia expand its role in hygiene and sanitation by participating in the WASH group and the newly forming National Coordinating Forum and allowing USAID's Health Communication Partnership (JHU/AED) project to support selected hygiene promotion activities. HIP staff proposed to help to strengthen and to harmonize hygiene and sanitation behaviors throughout USAID health and education projects such as ESHE and BESO. HIP staff also proposed to assist in galvanizing implementation at scale in one region where USAID projects and others would participate.

At USAID/Ethiopia's request, HIP staff developed a proposal with the U.S. Centers for Disease Control to apply for President's Emergency Plan for AIDS Relief (PEPFAR) funds, which HIP estimates would reach some 10 percent of people living with HIV and AIDS (PLWHA) given the overall estimated infection rate of 17 percent in that region. The proposal focused on integrating hygiene and sanitation into clinic- and home-based care programs in the Amhara Region of Ethiopia. PSI submitted a complementary proposal for collaboration. HIP is still waiting for a response to this proposal.

HIP also submitted a proposal to WSP for hygiene improvement at scale in one region (Amhara was tentatively identified) as part of developing guidelines for implementing the newly endorsed National (Hygiene and) Sanitation Strategy. HIP proposed to stimulate government, NGOs, the nascent private commercial sector and other USAID collaborating agencies in hygiene improvement, beginning with a SCALE participatory strategic planning meeting and continuing with independent, coordinated activity towards the common goal of total hygiene and sanitation. HIP proposed to offer a full-time regional advisor and extensive technical assistance to develop local capacity and support training and curriculum development. This unique funding partnership would use HIP technical expertise and core funds to leverage WSP funding in the context of extensive improvement in water supply in half the *woredas* in the country and dedicated implementation funds from other organizations. HIP has recently heard that UNICEF will also provide additional collaborative funding for this activity. To date HIP is awaiting USAID/Ethiopia approval for beginning this work with WSP.

Should HIP receive this approval from USAID, HIP activities would potentially reach an estimated 17,015,000, people in the Amhara region, about 91 percent of whom live in rural areas and 9 percent in urban areas. Of that group some 26 percent have access to safe water, 28 percent possess and use a latrine. Forty percent of 6-11 month old infants are moderate to severely malnourished. Diarrheal diseases are, it goes without saying, endemic. Such is the demand in Amhara for HIP services.

Madagascar

HIP met with representatives of USAID/Madagascar in Washington in February to discuss how HIP might contribute to USAID's work in Madagascar. The USAID health, population and nutrition team explained current work and invited HIP to visit.

HIP conducted an exploratory visit to Madagascar in April/May to determine its viability as a HIP focal country. The team explored ways to strengthen hygiene improvement activities with the USAID mission and its implementing partners (PSI, Title II: ADRA, CARE, CRS, Voahary Salama, Santénet, etc.). HIP also identified key sectors and organizations that might be involved in a hygiene improvement effort at scale; began examining the human, technical and financial resources available for hygiene improvement efforts in Madagascar; and delineated leveraging opportunities for an effort at scale. USAID/Madagascar was excited about working with HIP and secured $100,000 in field support to begin activities before the next funding cycle.

In July/August, HIP worked with USAID/Madagascar and the national Water, Sanitation and Hygiene (WASH) committee to prepare for a hygiene improvement effort at scale. HIP explained its systems approach to achieving scale and worked with the WASH committee on relationship mapping. HIP, with the WASH committee, developed a set of actions to prepare for launching the hygiene improvement effort at scale. These steps were incorporated into the WASH 2005-2007 Plan of Action. HIP also encouraged individual WASH members to include these actions in individual action plans. As an example, the Madagascar WASH committee has already set certain targets that will be part of an at-scale hygiene improvement effort. One such target is that all primary schools will be provided with a source of water, separate latrines for girls and boys and hand washing stations. Since the 2003-2004 Demographic Health Survey shows that about 75 percent of all children are of primary school age, interventions could reach 5,815,000 children before 2015.

HIP assessed the market for sanitation improvement by collecting information on sanitation product development and by gathering distribution information from importers and distributors of sanitation hardware, household products and other consumer goods. HIP also provided technical assistance to Frère San Gabriel, an NGO member of the WASH committee, on manufacturing ceramic latrine slabs. The option to manufacture ceramic latrines at a large scale would require important capital financing that is not currently available. HIP recommends a serious feasibility study based on a five- to ten-year business plan before committing any funding to large scale manufacturing of ceramic slabs.

HIP recommended that USAID/Madagascar assess the availability of sanitation options before supporting a proposal to manufacture sanitation hardware locally. HIP suggested that importing ceramic slabs be considered as an option because local sanitation hardware importers have had successful experiences in distribution and sales. HIP also suggested exploring decentralized local manufacturing of ceramic slabs at regional level to allow adequate distribution in selected regions. This would allow technology transfer to be local and would create manufacturing, promotion, sales and distribution jobs in different regions.

In late September, a selection committee comprised of representatives from USAID, HIP and the WASH Committee interviewed finalists for the HIP representative position. HIP hired Dr. Odile Michele Randriamananjara as a consultant. HIP established an office in the Catholic Relief Services building in Antananarivo and finalized contractual/payment arrangements, operating procedures, rights and responsibilities. HIP is also holding a two-day workshop in October with WASH committee members to define the hygiene improvement effort in Madagascar and to begin mapping relationships between the various members.

India

At the request of USAID/India's health officer, Dr. Massee Bateman, HIP visited New Delhi to discuss possible roles for HIP within the mission portfolio. Discussions focused on hand washing with soap, in particular, on developing a Public-Private Partnership to Promote Hand Washing with Soap. At the request of USAID/India, HIP submitted a brief proposal outlining the first phase of organizing a PPPHW Initiative in three states in northern India. USAID/India accepted the proposal, and HIP is currently investing limited core funds to finance the initial, exploratory phase of the PPPHW activity. USAID/India has not committed FY 2007 funds. If the assessment concludes that a PPPHW is a viable initiative, USAID/India will help raise the necessary funds for a continued initiative through field support, UNICEF and other donors. A Mumbai-based marketing consultant is conducting the assessment in collaboration with HIP, and early contacts have already been made with key soap manufacturers and associations of soap manufacturers to determine the level of potential collaboration that can be expected. HIP will complete the assessment by December, when key stakeholders will gather to review the assessment findings and to identify whether to pursue a PPPHW initiative.

USAID/India requested that HIP begin working in the three northern states of Uttaranchal, Jharkand and Uttar Pradesh. Should efforts be successful in the long run, the initiative could conceivably expand to the rest of the Hindi belt. These three states between them have a population of over 201,441,000—which can be easily considered a scale activity if not a national program, even if HIP concentrates heavily on rural areas.

Cambodia

USAID/Cambodia expressed interest in a water, sanitation and hygiene program and requested more information from HIP's CTO. Following a conference of the International Network to Promote Household Water Treatment and Safe Storage in Bangkok, a HIP marketing specialist traveled to Cambodia to participate in two field trips and to explore USAID/Cambodia support for hygiene improvement activities. At the mission's request, HIP submitted a concept paper on how HIP could work in Cambodia. HIP is still waiting for the mission's response and plans to pursue possible intervention in Cambodia during the next fiscal year.

Haiti

HIP initiated discussions with July Gillens of FOCAS/Haiti and Dr. Olbeg of USAID/Haiti. HIP will consult Dr. Rochelle Rainey before proceeding with assessment visit discussions.

In addition to describing field and country activities, the HIP Task 2 annual work plan discussed the role of M&E in ensuring that country objectives would be met. HIP M&E staff has developed a list of indicators to monitor HIP field work and have developed an Effort Index to monitor the effectiveness of the scale model to achieve behavior change in HI. Two sessions have been held to outline the M&E indicators and programs, both of which included subcontractors.

Because no implementation at scale has yet taken place, development of an M&E curriculum has been deferred to Year Two, although draft indicators were discussed at a joint meeting of interested and participating donors attended by HIP staff.

In sum, all Task 2 activities have been achieved and exceeded.

Task 3: Integration

Overview

One important feature of HIP's strategy to improve key hygiene practices is recognizing the need to integrate hygiene improvement into other health and non-health technical areas and into all sectors of society to achieve impact at scale. Hygiene improvement is a multi-sectoral issue requiring multi-sectoral approaches. Beginning at scale implies that no single sector of society (public, private, civil) or individual development program/platform (health, agriculture, education, environment, water and sanitation, etc.) is likely to be able to effect large-scale change. Therefore, all sectors and development programs/platforms must be involved in the effort.

In addition, certain groups within society are particularly vulnerable to diarrheal disease related to water. PLWHA in particular are vulnerable and HIP intends to address this key group as soon as possible. HIP had scheduled a technical advisory group meeting during this first year to bring some experts together to discuss this topic but will do so instead in Year Two. Additional activities in Year Two for which HIP has begun preliminary learning are hygiene issues related to avian influenza.

Much of HIP work is conceived to alleviate existing problems and crises in water and sanitation. At the same time, however, long term educational efforts are necessary if the problems are not to continue into the future and continue also to be a burden to the countries. HIP work in Task 2, therefore, also involves extending HIP activities into educational systems where we have the most likelihood of educating and informing a generation of youth to practice good hygiene, to value good sanitation facilities. This kind of integration is two-fold: providing sanitary facilities and infrastructure at schools and at the same time providing curricula, teacher training and reference materials. HIP has held discussions with UNICEF, and through our subcontractor IRC, to determine how this community might best be approached. At present in Nepal, discussions with UNICEF on this subject are the only place where HIP is actively, albeit modestly, engaged.

Constraints

While a strong conceptual basis has been established for the links between water, sanitation and hygiene and HIV/AIDS, nutrition and other sectors, operations research at the program level has been limited. Further, those performing operations research have not effectively shared their findings on the impact of programmatic integration at the field level, and thus gaps still exist. Without strong findings to support the effectiveness of integrating hygiene into other sectors, USAID missions have been reluctant to allocate their funds to support integration activities.

HIP does not currently know how and where water, sanitation and hygiene programming is being integrated into other health and non-health programs. In cases where HIP does know that integration is taking place, HIP cannot gauge the quality and impact of the integration attempts because of limited access to information. While HIP has gathered anecdotal evidence from experts about hygiene improvement integration into community-based HIV/AIDS and nutrition programs, it lacks factual information about exactly how hygiene is being integrated, e.g. whether materials contain key hygiene

messages, or whether training programs for home-based care providers or nutrition counselors include a hygiene component.

For example, integrating hygiene improvement into HIV/AIDS programs requires considerations that might not be necessary for improving hygiene practices of healthier populations. The paucity of information in the literature suggests that HIP activities might be welcome and that operations research might benefit the field. The CDC and other researchers have begun to build an evidence base for the health benefits of safe storage and treatment of water for PLWHA, but nothing has been done to build the evidence base for the other two key practices – safe disposal of excreta and hand washing with soap.

While the HIV/AIDS community has considerable funding at its disposal, accessing it for hygiene improvement programming has not been easy. HIP and CDC submitted a PEPFAR proposal to USAID/Ethiopia in early August we had not yet received a response.

Implementation

Integrating hygiene into health and non-health programs is a key task that will allow HIP to increase scale, impact and sustainability of hygiene improvement programming. The likelihood of integrating hygiene improvement into other health and non-health programs is one of the key criteria for selecting HIP focal countries. For example, preliminary plans in Madagascar include integrating HI into economic development, school and education, governance and democracy, child survival and population programs. This integration will take place through multiple agencies at multiple levels. While waiting for country implementation to take off, in Year One HIP has begun integration efforts at the global level.

Hygiene and HIV/AIDS

HIP developed a proposal for the President's Emergency Plan for AIDS Relief in Ethiopia. The project proposed to collaborate with CDC and PSI to support USAID/Ethiopia's Country Operating Plan through a comprehensive intervention to integrate hygiene improvement into HIV palliative care and prevention of mother-to-child transmission of HIV programs for reduced diarrheal morbidity among PLWHA and their families. Each institution had a distinct but coordinated role in incorporating the three key hygiene practices into guidelines, curriculum and practice. HIP proposed that this activity, through documentation and evaluation, would provide the next generation of evidence: documenting effectiveness of program approaches; delivery methods; and the minimum cost-effective, customized care packages necessary to reduce the diarrheal disease burden among PLWHA and their families.

HIP has held preliminary discussions with other agencies holding large contracts in HIV/AIDS to see if it is possible to integrate HI into their activities in as non-disruptive a way as possible.

Collaboration with other USAID projects

HIP initiated collaborative efforts with several Washington, DC-based USAID projects to begin integration. As central projects adopt HI guidelines, they disperse them through alternative channels from HIP to the field, creating synergies at minimum cost. HIP met with USAID's Food and Nutrition Technical Assistance (FANTA) project to discuss how HIP might be able to integrate hygiene messages into the project's nutrition and food security activities and publications. FANTA was in the process of finalizing a series of counseling cards on HIV and nutrition. HIP offered substantive suggestions to improve and increase the hygiene messages. As a result, FANTA developed a new card on the

importance of safe water for people living with HIV/AIDS. While this set of counseling cards is being developed for Rwanda, it will also serve as a model for similar cards in other countries. FANTA is producing 1,500 copies for home-based care and community volunteers to use in the community and for health service providers to use in the government health system.

HIP reviewed the EHP-initiated revisions to the M&E document "Rapid Knowledge, Practices and Coverage," produced for the CORE Group. This document has been finished and is now available online.

Operations Research Opportunities
Early in the project, HIP pursued collaboration possibilities with the South African Medical Research Council (SAMRC) on operations research to explore the role of improved hygiene in reducing diarrheal morbidity in HIV-positive children. SAMRC's research protocol focused more on efficacy studies, and HIP decided not to collaborate in the studies. However, HIP may participate in future research activities once the efficacy studies are completed.

Technical Reference Material (TRM) Review
The technical reference materials are guides given to NGOs and PVOs who are applying to USAID for Child Survival and Health Grants (CSHG). These materials assist the organizations to develop programs. Incorporating hygiene into these materials ensures that organizations will include hygiene components in their CSHG proposals. HIP collaborated with FANTA, USAID and the Child Survival Grants Group to revise the Nutrition and Micronutrient TRMs. HIP wrote a section on hygiene improvement to include in the Nutrition TRM. HIP also prepared a brief case study on integration of hygiene and C-IMCI in the Democratic Republic of Congo for the Nutrition TRM. The TRMs have since been approved and adopted and are currently on the USAID website. HIP also reviewed and extensively re-wrote the Behavior Change and Control and Prevention of Diarrheal Diseases TRMs. Many of the suggested changes were incorporated into the 2005 guidelines. These have also been approved and are available on the USAID website.

During Year Two HIP will focus on collaborating with the CORE Group and those responsible for the CSHG Program at USAID to rewrite the grant approval criteria to ensure that including hygiene improvement is factored into the scoring and ranking of applications.

Hygiene and Education
HIP is vigorously exploring current hygiene efforts in the education sector and seeking opportunities to increase hygiene improvement through curriculum design, teacher training and model schools. HIP has discussed hygiene improvement with education authorities during country implementation visits to Ethiopia and Madagascar. HIP's work with UNICEF in Nepal and discussions with UNICEF in India may also yield opportunities where HIP could contribute to UNICEF's school sanitation and hygiene education efforts. HIP is also collecting potential HI educational materials for grades K-12 and teacher reference as well as training materials, to be used when an implementation opportunity presents itself.

Hygiene and Population, Health and Environment
HIP visited sites in Madagascar where Santénet and the Eco-Regional Allliance (ERI) are integrating environment and health activities, including gravity low water system construction. These organizations work with seven NGOs using the Champion Commune approach to improve the health and agricultural practices of households in the eco-regional corridor of Fianar Province. HIP invited Santénet and ERI to become active members of the WASH group and discussed ways that they could

more significantly integrate water, sanitation and hygiene into the health subdivision of the Nature, Health, Wealth and Power framework in their four focal provinces.

Finally, all of the deliverables due in the fiscal year 2005 work plan executed by HIP and USAID were completed in a timely manner.

Task 4: Global Leadership

Overview
HIP's collaborative activities with WSP have given HIP credibility and advanced USAID's global leadership efforts. HIP contributed significant revisions to World Bank documents, such as terms of reference for Ghana, Madagascar and Senegal field programs and proposals for World Bank activities. In its most supportive role, as stated earlier under Task 2, HIP provided intellectual leadership and key technical inputs in developing a key principles document to guide the implementation of Ethiopia's National Hygiene and Sanitation Strategy and to support the hygiene and sanitation component of the World Bank investment. In smaller ways HIP helped UNICEF and International Water Association to prepare panels for the 2006 World Water Forum in Mexico City by finding and contacting relevant panelists and submitting documentation to the conference organizers. Both groups appreciated HIP's input.

As HIP engages in activities, a surprising number of opportunities for leadership have arisen. In Madagascar, HIP is collaborating with the WASH consortium to design strategic efforts around critical issues in hygiene improvement to be implemented as a single program. HIP has been written into the WSSCC support funding (provided by the Government of Netherlands) to assist in focusing their funding efforts in sanitation. In Ethiopia, the key principles document HIP wrote will provide the guiding structure to implement the national hygiene strategy. HIP has emerged as a leader in Madagascar because its approach to scale is novel and its ways of working are inclusive. HIP expects other such opportunities to arise as it begins to work in other countries.

At the request of USAID, HIP is providing leadership in professional groups and associations working in the arena of point of use. HIP is also working on monitoring and evaluation (M&E) issues internationally and with USAID partners.

Constraints
Assisting USAID with global leadership efforts has been relatively straightforward as the impetus for action has come primarily from USAID. HIP also attempted to integrate itself into the larger international community and to gain recognition for its knowledge and expertise.

HIP is slowly gaining recognition for its technical expertise, particularly through its connection with the World Bank's Water and Sanitation Program. On several occasions HIP has provided direct technical assistance to the World Bank on country activities in Ethiopia and Tanzania and on document reviews. The World Bank praised these contributions and hopes to continue the collaboration.

Once country programs are under way, HIP expects that leadership opportunities for USAID through HIP will increase. This seems to be true in Madagascar and in Ethiopia and may be reinforced when the PVO/NGO Task 5 activities begin.

Implementation

Representing USAID at International Forums

HIP supported the Joint Monitoring Programme (JMP) efforts. HIP is not to date, technically a JMP member, so its support has been sporadic.

HIP participated in 10 international conferences during Year One:

1. Public-Private Partnership for Handwashing Conference
2. World Water Week 2005
3. Commission on Sustainable Development
4. CORE Group Spring Meeting
5. Third Annual Meeting of the International Network to Promote Household Water Treatment and Safe Storage
6. 2005 International Symposium on Household Water Management
7. Child Survival Technical Support (CSTS) Mini-University
8. Learning Alliance Conference
9. World Water Week in Stockholm
10. CORE Group Fall Meeting

HIP will support USAID on the PPPHW steering committee, but its role on this committee is still being defined. PPPHW and HIP staff have good technical relations, and PPPHW has requested that HIP review three documents (Ghana, Peru, Senegal). In addition, HIP and PPPHW have exchanged technical information regarding HIV/AIDS, avian flu and hygiene improvement, and HIP has shared contacts and information with PPPHW staff traveling to countries where HIP has experience.

Collaboration at Country Level

HIP assisted USAID in establishing collaborative relationships with CDC. In Nepal (POU) and potentially in Ethiopia (HIV/AIDS), HIP and CDC have explored opportunities to collaborate.

HIP drafted the implementation guidelines for WSP in Ethiopia and is ready to further assist WSP. To date HIP has committed $180,000 of obligations and expenses to this activity.

Working closely with UNICEF in Nepal, HIP provided technical assistance for POU and hand washing programs. HIP developed a formative research protocol to assess public perception of various POU technologies. HIP provided UNICEF with ongoing marketing assistance in drafting a POU marketing plan and strengthened capacity through guided practice with UNICEF key staff.

HIP is partnering with UNICEF in India to assess the feasibility of developing a strategy for hand washing that includes the private sector and will again collaborate with UNICEF in Ethiopia.

Delayed Activities

HIP did some preliminary planning for the first mini-think tank to be devoted to HIV/AIDS. This activity has been postponed in the short term.

HIP also expected to develop a strategy and protocol for developing indicators in hand washing and anticipates that this activity will advance in the coming year.

All other goals and deliverables under this task were met.

Task 5: PVO/NGO Support

Overview

This has been one of the most dynamic tasks afforded HIP to date and has some very positive results. The HIP team worked with USAID to identify PVOs and NGOs for possible collaboration and capacity development. HIP staff built on existing professional relationships, while simultaneously developing new ones to introduce HIP as a new project able to provide technical assistance and partnership in hygiene improvement. The HIP team initiated communication, organized meetings and planned possible collaboration with identified PVOs/NGOs. HIP engaged in small activities, such as reviewing Counterpart International's detailed implementation plan and reviewing the terms of reference for evaluation for the Ghana PPPHW partnership. HIP drafted a Task 5 plan of action that eventually was transformed into a framework for the PVO/NGO partnership that was launched in July. A summary of HIP's major activities with key groups appears below.

Constraints

This task focuses on building relationships with organizations and collaboratively identifying information and expertise that will be useful to these organizations in their current work. Building relationships takes time, and HIP has explored many different ways to share its expertise and to foster trust among NGO and PVO groups.

Implementation

CORE

HIP has developed and deepened its relationship with the CORE Group PVOs and NGOs throughout Year One through meetings to identify opportunities for HIP to work with the CORE Group members. HIP presented at the Child Survival Health Grants Program roundtable and discussed capacity-building opportunities with CORE members. HIP also participated in email discussions with the Social and Behavior Change Working Group. HIP facilitated a session on HIP's behavior-focused approach to hygiene improvement at scale at the CORE annual meeting in April along with Eric Mintz from CDC, who presented on point-of-use water treatment and storage techniques. HIP also facilitated a three-hour session on "Hygiene Behavior Change at Scale" for the Child Survival Technical Support Mini-University in June. CORE PVOs/NGOs, USAID missions and in-country PVOs/NGOs attended, and the session was well-received. In addition, HIP developed an M&E concept paper for testing core indicators and a standardized collection methodology and submitted both to the M&E working group. Further discussions will be held early in Year Two to move this forward with CORE members.

West Africa Water Initiative (WAWI)

Following discussions with ARD and USAID on the WAWI partnership, HIP participated in the WAWI annual headquarters meeting in New York to discuss supporting a regional behavior change specialist for one year to be located in Bamako, Mali. During this meeting, WAWI also formed a Hygiene Behavior Change Working Group. WAWI accepted HIP's offer and HIP developed a scope of work, job description and budget and assisted WAWI and ARD to form a search committee and advertise the position. The search committee, ARD and HIP staff interviewed the top three candidates in late September and a final decision will be made early in Year Two. ARD will be managing this activity with direction from the Task 5 team leader.

At the request of USAID, HIP has recently begun efforts to provide capacity building to WAWI in M&E and this activity will be intensified in Year Two.

PVO/NGO Partnership
HIP proposed to implement a dual strategy to accelerate the identification of countries in which HIP might work at scale. Thus, in addition to seeking mission interest, HIP approached PVOs/NGOs to gauge their interest in developing a hygiene improvement effort at scale in a country of mutual interest. HIP's rationale was that once country missions understood its approach to hygiene improvement at scale, they would be more eager to participate in a HIP-coordinated program whether or not they invest initially in the process. This capacity strengthening approach has found partners willing to participate and offered a wealth of experience and expertise.

PVO/NGO interest in HIP was strong, particularly as many organizations are investing heavily in water and sanitation. They recognize the value of hygiene behavior change but lack the skills to accomplish it at scale effectively. Moreover, most organizations were willing to contribute financially to a hygiene improvement effort, complementing HIP technical assistance. Engaging PVOs and NGOs in a hygiene improvement effort at scale in a country would allow HIP to identify a potential focal country more quickly. HIP would also be able to test and choose selected strategic activities that would reinforce its mandate.

HIP responded to PVO/NGO enthusiasm by organizing a one-day planning meeting to provide momentum for this venture. HIP identified interested PVO/NGOs, explored this voluntary consortium of experienced partners and agreed on a joint effort at scale coordinated by USAID/HIP. Nine organizations attended the planning meeting in addition to HIP, including subcontracting and resource partners. Representatives from Catholic Relief Services, Christian Children's Fund, CORE Group, Counterpart International, International Rescue Committee (IRC/NY), International Water and Sanitation Centre (IRC/Netherlands), the Manoff Group, Plan International and Population Services International were present.

The participants identified several countries/large states to explore for their joint effort at scale. The list of countries/regions included Haiti; Mozambique; Uganda; Amhara, Ethiopia; Rajasthan, India and Uttar Pradesh, India. HIP and PVO/NGO participants developed more specific criteria to research these countries. The group will narrow the choice to two. In Year Two a team will visit these two countries to explore opportunities for hygiene improvement at scale. The participants also identified three priority capacities to strengthen: systems approach, policy development and knowledge management. HIP staff drafted a "systems" thinking paper and a policy development paper and from these two, extracted skills needed for implementation. HIP distributed the first skills list to determine capacity amongst partners on the systems approach at the end of September along with a HIP capacity statement. HIP will distribute the remaining assessments early in Year Two. HIP will work with the partners to develop plans of action around developing capacity in these three areas.

USAID has emphasized that Uganda might be an excellent country in which to engage the PVO/NGO partnership. HIP anticipates Uganda will be one of the two countries chosen by the partnership to explore. The PVO/NGO model would galvanize a critical mass of NGOs that have activities and available resources, and HIP could provide strategic group planning and cohesion among these activities.

Finally, all of the deliverables due in the fiscal year 2005 work plan executed by HIP and USAID were completed and exceeded in a timely manner.

Task 6: Knowledge Management

Overview

As HIP started its work through exploratory country visits and other start-up activities, the knowledge management (KM) team initially focused on establishing the groundwork and the systems necessary to collect relevant information and to store it in ways that others can easily access. While HIP recognizes that knowledge sharing and capacity strengthening depend more on face-to-face and interpersonal methods than digital contacts, the HIP website will function as the central repository of information.

HIP's specific KM goal is to "provide support for improved knowledge management in hygiene improvement." In HIP's five-year strategy, KM has two distinct mandates to ensure that information is flowing and that knowledge is developed and shared appropriately: an internal and external communication mandate. *Internal communication* supports HIP tasks and ensures that all partners understand HIP's ongoing and prospective activities. *External communication* will enable HIP to get the right information to the right people at the right time in a manner that is readable, usable, able to be passed on or adapted, etc and to build the capacity of others to do the same so that quality hygiene knowledge is widely available and used to improve hygiene practices.

HIP defined knowledge as "information in use." This unites KM's two main characteristics: information and using that information. This second characteristic relates directly to involving people. Combining these two aims to improve organizational or network knowledge sharing mechanisms and practices.

Constraints

Since HIP is in the early phases of implementation and has not yet developed a body of knowledge of best practices, technical guidance and lessons learned to share, the project has instead focused on the information component of KM: gathering and/or packaging knowledge that is explicit, creating connections, and forming platforms. Creating information will continue throughout the project. In later years, KM will focus on the human component: strengthening capacity for gathering and disseminating information and helping to create conducive environments, including communities of practice and learning alliances for networking and strategic knowledge sharing.

Implementation

In this first year, the KM team developed a knowledge management strategy to guide implementation of KM under HIP. This strategy is being shared internally and when refined will be sent out for peer review within the KM community of water, sanitation and hygiene improvement.

Internal Communication

HIp-LIGHTS

HIP developed a semi-monthly summary of current and upcoming HIP activities called *HIp-LIGHTS* to facilitate communication among USAID/HIP partners. The circulation has increased since March when HIP initiated this update and HIP now sends the the e-newsletter to 36 people at 10 institutions. While HIp-LIGHTS is not intended to be a technical document, it reports HIP staff and subcontractor activities and serves to highlight important activities and events that fulfill HIP tasks. HIP has solicited the input of its subcontractors and will continue to make the document more than just a record of HIP day-to-day activities. Those receiving Hip-LIGHTS have found it informative, and it has served to

provide synergy. For example, when PPPHW director read in HIp-LIGHTS that HIP was sending a team to Ethiopia, she was able to link the team with her own contacts.

Project Documentation and Deliverables
HIP established formal internal processes for handling contractual deliverables such as the strategy document and the work plan documents. HIP edited and submitted these contractual deliverables. Deliverables included first drafts of HIP's five year strategy, work plans for years one and two and quarterly activity reports for the first three quarters. To facilitate information sharing, HIP has debriefed the CTO after every trip and submitted 18 trip reports – as non-contractual deliverables.

Subcontractor Activities
HIP is proud of the subcontractors it has chosen. HIP is using the subcontractors in imaginative and useful ways. The IRC Water and Sanitation Centre, in particular, was selected as a contractor for diverse reasons, as much because they host one of the most useful water and sanitation websites, as because their staff is well integrated into European and other non-USAID activities. During this past year, HIP utilized IRC's strengths to develop the work plan and strategies; IRC staff attended two meetings on these deliverables and reviewed documents on-line.

HIP's relationship with IRC, facilitated by regular phone and email contact, has steadily grown so that by the end of Year One, IRC is more engaged in HIP activities and is serving as a resource to explore new opportunities.

Knowledge Sharing
As part of knowledge sharing on hygiene improvement, behavior change and past and current hygiene related activities, HIP organized a series of technical seminars at lunch time to learn about state-of-the-art approaches and programs related to hygiene improvement. The purpose of these seminars was to inform HIP and USAID staff about current activities and to guide HIP in implementing its strategy. HIP organized seven technical seminars.

External Communication

Marketing Materials Development
HIP oversaw several activities aimed at strategically positioning HIP as a hygiene project within USAID and internationally. HIP developed interim materials to introduce HIP to the global community. In January, USAID published new branding guidelines with which HIP became familiar. HIP ensures that materials comply with the guidance. In collaboration with USAID, HIP developed the Hygiene Improvement Challenge, a strategic offering of HIP's core funds**.** This innovative marketing strategy offered an initial outlay of $100,000 – $200,000 of HIP core funds to selected USAID countries that expressed an interest in the HIP approach to hygiene improvement at scale and that documented a current or future financial commitment to hygiene improvement activities. While the first dissemination of the HIP Challenge by email brought little concrete response, the general approach has served the project well in providing an entry point for HIP through personal contact with interested health officers in the missions. Additionally, HIP developed a project identity in keeping with USAID's branding guidelines. This look is replicated on all HIP generated materials and positions the project as part of USAID's environmental health activities. Finally, HIP developed the HIP brochure, which has been informally distributed. At USAID's request, the brochure will be finalized and officially printed early in the next fiscal year.

Technical Materials Development and Dissemination
HIP is working with IRC to refine the three state of the art literature reviews that HIP conducted while developing its five-year strategy. IRC is documenting evidence from behavior change programs/activities in the three key hygiene practices and developing a shorter analytical piece. While projected for completion by the end of Year One, these have been delayed and will be ready by the end of the first quarter of Year Two.

HIP is working on a journal article based on EHP work in the Democratic Republic of Congo. HIP has a penultimate draft; HIP will resolve a few issues before circulating the article to relevant journals.

HIP has established a resource center in the AED offices and responds to relevant requests for information. Appropriate documents from the Environmental Health Project's documentation center were delivered to HIP, which HIP distributes on request.

Electronic Presence
HIP is engaged in several activities to promote the visibility of HIP, especially electronically. In consultation with USAID, HIP is developing a website, an activity led by IRC. HIP and IRC presented the website to the USAID CTO and subcontractors in July. Following up on suggestions, the team is refining the framework so that information will be easily accessible. HIP expects to launch its website by the end of October 2005.

HIP drafted language about the project to include on the new environmental health pages of USAID's website. The HIP CTO forwarded these documents to the web master, and HIP is following up to ensure that these will be posted on the USAID website. In future, HIP will ensure that updates are sent to the web master on a regular basis to facilitate knowledge sharing.

Finally, HIP participated in several electronic forums on knowledge sharing and health and hygiene. For example, HIP contributed to IRC's KM forum in both June and September and monitored the ICT and health conference hosted by HealthLink and DFID.

Building Relationships/Forum Participation
In June, IRC hosted the Learning Alliance Symposium to discuss a new model – Learning Alliances – that it has developed and is testing for taking water, sanitation and hygiene programs to scale. Because HIP is interested in new models for scale programming and IRC is a HIP partner, USAID and HIP attended this conference. HIP presented a paper comparing and contrasting HIP's scale approach: starting at scale with strategic planning conferences. HIP presented this concept at the parallel session on Hygiene Education. A second workshop on HIP's tools used in scale strategic planning was also presented.

HIP attends quarterly HIPnet meetings, a gathering of information and knowledge management specialists from USAID projects funded by the Bureau for Global Health. As part of the HIPnet subgroup on monitoring and evaluation of information and communication, HIP participated in refining a set of information dissemination and knowledge management indicators.

Finally, except for the two delays mentioned (state-of-the-art papers and website), all of the deliverables due in the FY 2005 Work Plan executed by HIP and USAID were completed in a timely manner.

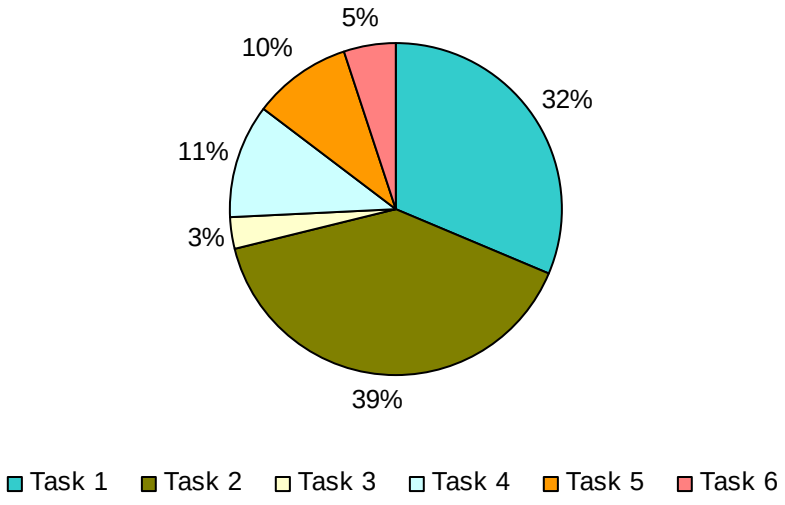
Conclusion

HIP has met all of the objectives required from USAID in this first year and in several cases has exceeded them. HIP looks forward to a second fruitful year implementing the approved work plan.

Annex 1

Financial Information

Expenditures by Task	Total
Task 1	$470,606
Task 2	$593,195
Task 3	$43,660
Task 4	$167,080
Task 5	$145,044
Task 6	$73,877
Total Expenditures Year 1	**$1,493,462**



Annex 2

HIP Year One Travel

Destination	Purpose	Traveler	Dates of Travel
Tanzania	Work with PPPHW	Camille Saade	01/29/05 – 02/10/05
England	Meeting with DFID	Camille Saade	02/10/05 – 02/11/05
Tanzania	HIP Assessment	Lynne Cogswell	02/04/05 – 02/16/05
Nepal (Kathmandu)	HIP Assessment	Camille Saade	02/20/05 – 03/03/05
India (Mumbai)	HIP Assessment	Camille Saade	03/03/05 – 03/05/05
Nepal (Kathmandu)	HIP Assessment	Mona Grieser	02/20/05 – 03/03/05
India (Mumbai)	HIP Assessment	Mona Grieser	03/03/05 – 03/05/05
New York, NY	CSD Conference	Camille Saade	4/12/05 – 4/13/05
West Point, NY	CORE Meeting	Brandt Witte, Lynne Cogswell	4/19/05 – 4/21/05
Kathmandu, Nepal	Technical Assistance	Camille Saade, Julia Rosenbaum	4/26/05 – 5/8/05
New Delhi, India	HIP Assessment	Camille Saade, Julia Rosenbaum	5/8/05 – 5/11/05
Atlanta, Georgia	CDC Meeting	Mona Grieser, Brandt Witte, Orlando Hernandez	5/3/05
New York, NY	WAWI HQ Meeting	Lynne Cogswell	5/4/05 – 5/6/05
Antananarivo, Madagascar	HIP Assessment	Lynne Cogswell, Brandt Witte	5/13/05 – 5/28/05
Addis Ababa, Ethiopia	HIP Assessment, Technical Assitance to WSP	Julia Rosenbaum, Scott Tobias	5/24/05 – 6/11/05
Bangkok, Thailand	Network Conference	Camille Saade	5/29/05 – 6/3/05
Phnom Penh, Cambodia	Network Field Trips, HIP Assessment	Camille Saade	6/3/05 – 6/7/05
Delft, Netherlands	Learning Alliances	Mona Grieser	6/5/05 – 6/10/05
Delft, Netherlands	Learning Alliances	Renuka Bery	6/5/05 – 6/11/05
Geneva, Switzerland	WHO, WSSCC Meetings	Mona Grieser	6/12/05 – 6/15/05
ondon, UK	WEDC, LSHTM Meetings	Mona Grieser	6/15/05 – 6/18/05
Antananarivo, Madagascar	Technical Assistance	Camille Saade	7/10/05-7/27/05
Antananarivo,	Technical Assistance	Lynne Cogswell	7/22/05-8/6/05

Madagascar			
Stockholm, Sweden	World Water Week	Camille Saade	8/20/05-8/26/05
Mumbai, Delhi & Lucknow, India	Technical Assistance	Camille Saade	9/10/05- 9/24/05
Antananarivo, Madagascar	Technical Assistance	Brandt Witte	9/24/05-10/11/05
Bamako, Mali	Technical Assistance	Lynne Cogswell	9/25/05- 10/1/05

Annex 3

HIP Conference Attendance

Conference	HIP Presenters	HIP Attendees	• Date and Place
Public-Private Partnership for Handwashing Conference		Lynne Cogswell, Mona Grieser, Julia Rosenbaum, Camille Saadé, Brandt Witte	• March 7-10, 2005 • Washington, DC
World Water Week 2005		Lynne Cogswell, Jessy Donaldson, Julia Rosenbaum, Brandt Witte	• March 1-3, 2005 • Washington, DC
Commission on Sustainable Development		Camille Saadé	• April 12-13, 2005 • New York, NY
CORE Group Spring Meeting	Brandt Witte and Lynne Cogswell – "New Approaches in Environmental Health"		• April 19-21, 2005 • West Point, NY
Third Annual Meeting of the International Network to Promote Household Water Treatment and Safe Storage 2005 International Symposium on Household Water Management	Camille Saadé – "Bringing the Consumer to the Table: A Formative Research Model to Ensure Consumer Preferences"		• May 30-June 2, 2005 • Bangkok, Thailand
Child Survival Technical Support (CSTS) Mini-University	Lynne Cogswell, Brandt Witte, Jessy Donaldson – "Hygiene Behavior Change at Scale"		• June 6-10, 2005 • Baltimore, MD
Learning Alliance Conference	Mona Grieser facilitated a session on strategic planning for working at scale. Renu Bery – "Hygiene Improvement At Scale"		• June 6-10, 2005 • Delft, Netherlands

World Water Week in Stockholm	Camille Saadé – "Marketing Sanitation and Hygiene: How Do We Sell Toilets Like We Sell Toothpaste?"		• August 21-27, 2005 • Stockholm, Sweden
CORE Group Fall Meeting		Lynne Cogswell	• September 12-13, 2005 • Washington, DC

Annex 4

HIP Meetings

February 2005

- Meeting with Greg Allgood, Associate Director of Safe Drinking Water at Proctor & Gamble

March 2005

- Met with Val Curtis, Director of the Hygiene Center at the London School of Hygiene and Tropical Medicine, to discuss possible collaborations and at her request, prepared the above Resource List for inclusion in the PPPHW Handbook.
- Met with Susan Murcott, lecturer at MIT and research engineer at Ecosystems Engineering, who provided an overview of work in Nepal and on water treatment options tested there.
- Met with Chris McGahey, Senior Program Developer of IDE, to discuss his comments on Brandt Witte's strategy section on point-of-use water treatment
- Met with Luis Tam, Senior Technical Officer for Public Health for Plan USA, to discuss how HIP and Plan might collaborate in general and in Ethiopia.
- Met with Phil Roark of ARD on March 23rd to discuss how HIP might be involved in WAWI and what we could do at upcoming WAWI conference.
- Met with Robert Gurevich and Edward Jay Allan of World Learning to discuss how USAID and/or HIP might collaborate with World Learning in Ethiopia. Concluded by informing World Learning that we would look for opportunities to collaborate if we are able to work in Ethiopia.
- Met with Peter Lochery, Senior Water, Sanitation, and Hygiene Promotion Advisor for Care USA on March 22nd. HIP discussed possibilities for collaboration in Ethiopia.
- Met with Circe Trevant of Christian Children's' Fund on March 17th to discuss possibilities for TA and/or collaboration with HIP.

April 2005

- Arranged and facilitated a Brown Bag lunch by Marco Polo Torres of The Manoff Group on "Behavior Centered Programming: Experiences in Dominican Republic, Nicaragua, and Peru."

May 2005

- Arranged and facilitated a Brown Bag lunch by Eddy Perez, Senior Water and Sanitation Consultant from the World Bank, on "Current, State-of-the-Art Approaches to Sanitation Programming."

June 2005

- Met with Suzanne Hanchett, Partner at Planning Alternatives for Change, LLC and a potential consultant for Madagascar, who presented on her MIT student's experience in POU in Nepal.

July 2005

- Met with Michael Carson, Program Director at Partners for Development, to discuss possible collaboration in Cambodia on point-of-use and general hygiene improvement.

August 2005

- Met with Peter Lochery, Senior Advisor of Water, Sanitation and Environmental Health at CARE, regarding Ethiopia collaboration

- Met with Glenn Austin of PATH to discuss future collaborative activities in the field
- Met with Sally Collier regarding collaboration with PSI in the field.

September 2005

- Met with Dr. Muhadi of FHI to discuss integrating hygiene improvement into HIV/AIDS programs
- Met with Dr. Asif Sheikh, President of IRG, and Senior Manager Robert Winterbottom to discuss potential collaborative activities
- Met with Dr. Peter Lamptey, President Institute for HIV/AIDS at FHI, to discuss integrating hygiene improvement into HIV/AIDS programs
- Met with Darren Saywell, Regional Director at IWA, to discuss IWA and HIP's panel at the World Water Forum in Mexico City and future collaborative activities.
- Met with Lou Marciano, Assistant General Coordinator of Rotary's Global Water, Health and Hunger Concerns Resource Group about collaborative efforts

Annex 5

Technical Review Requests

Document Name	Date	Hours	Task
Rapid Knowledge, Practices and Coverage (KPC) Survey REVISED MODULE #: HOUSEHOLD WATER SUPPLY, SANITATION AND HYGIENE for CORE Group	2/4/2005	2	4
WHO Harmonization Guide for Water Supply, Sanitation and Hygiene Related Survey Questions - JMP	2/23/05	2	4
Diarrheal Disease Control TRM for CORE Group	5/16/05	8	3
Nutrition and Micronutrient TRM for CORE Group	7/15/05	16	3
Terms of Reference for the WASH/Madagascar Monitoring and Evaluation Sub-committee	6/15/05	2	2
Madagascar Rural Water and Sanitation Procedures Manual	7/5/05	4	2
Peru Hand washing Strategy Review	6/05	3-4	4
Hand washing Coordinator Terms of Reference for Peru	6/05	1	4
Senegal Review of RFP's for Hand washing campaign	1/05, 6/05	8	4