HYGIENE IMPROVEMENT PROJECT

Year Two Annual Report

October 1, 2005- September 30, 2006

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TABLE OF CONTENTS

Overview…….6

Challenges……..6

Program Highlights……...……7

Administration and Management……..…...8

Task 2…….……9

Task 3…….……16

Task 4…….……17

Task 5……18

Task 6…….……19

Annex 1 – Financial Information...……..……22

Annex 2 – HIP Staff Year Two Travel……...……...……..23

Annex 3 – HIP Staff Conference Attendance……25

Annex 4 – HIP Workshops……..26

Annex 5 – HIP Local Hires and Consultants……...….27

ACRONYMS

AAR	After Action Review
AED	Academy for Educational Development
ARD	Associates in Rural Development
CA	Cooperating Agency
CHW	Community Health Worker
CSP	Capacity Strengthening Partnership
CTO	Cognizant technical officer
DFID	United Kingdom Department for International Development
EHP	Environmental Health Project
HIP	Hygiene Improvement Project
HI	Hygiene Improvement
HWTS	Household Water Treatment and Storage
IRC	IRC International Water and Sanitation Centre
JMP	Joint Monitoring Programme
KM	Knowledge management
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MSH	Management Sciences for Health
NGO	Non-governmental organization
PEPFAR	President's Emergency Plan for AIDS Relief
POU	Point of use
PPPHW	Public-Private Partnership for Hand Washing

PLWHA	People living with HIV/AIDS
PVO	Private volunteer organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UWASNET	Uganda Water and Sanitation NGO Network
WAWI	West Africa Water Initiative
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSP	Water and Sanitation Program
WSR	Whole System in a Room

Overview

In its second full year of activities HIP has clearly shown that there is demand for hygiene improvement (HI) technical expertise. Beyond the collaborative relationships that have been fostered at the country level, the project received field support funding from Madagascar and Peru and developed innovative relationships with other funding agencies to pay for field activities related to programs in Peru and Ethiopia. Additional collaborative relationships with the Public-Private Partnership for Hand Washing (PPPHW), the World Bank's Water and Sanitation Program (WSP), the Joint Monitoring Programme (JMP), the WHO Network on Household Water Treatment and Safe Storage, and with the PVO and NGO community have established HIP as being in the forefront of critical technical issues related to HI, especially in terms research and evaluation, scale, and strategic design. In the coming year, HIP will further develop collaborative relationships with other agencies and programs related to integrating HI into HIV/AIDS and nutrition activities.

As part of its strategic approach to achieving hygiene improvement at scale the HIP team held a collaborative "Whole System in a Room" conference in the beginning of 2006 to mobilize more than 150 field agencies, NGOs, donors, and other institutions. The enthusiasm of the partners that characterized this Madagascar conference is a hallmark of HIP's approach to field activities this year. The conference focused on the single goal of reducing diarrheal disease among at-risk populations through the adoption of three simple practices: improved hand washing, improved sanitation practices, and improved quality of drinking water through a variety of treatment options. HIP has institutionalized into the Santénet program (a USAID-funded health and child survival project) these three simple practices as "small doable actions," which it is now exporting to other sites and other countries. It is part of HIP's global effort to demystify hygiene improvement, integrate it into as many platforms as possible, and consequently make a serious *at-scale* impact on diarrheal disease rates for the under-five population.

"Whole System in a Room" meeting in Madagascar

Challenges

Despite USAID's and HIP's heroic efforts to promote HIP services to missions, relatively few country officers have been able to find the necessary funding to support HIP efforts in the field. In almost every case in its current portfolio HIP is using core funds to both seed activities and implement them. Despite substantial effort in India to support the USAID mission's diarrheal disease reduction goals, HIP was unsuccessful in obtaining India as a potential HIP field country. Cuts in mission funding, coupled with changes in mission interests and funding from other donors, made last minute field support unobtainable. In Peru, the funding levels initially promised were reduced by half. In Madagascar, generous field support for one year was provided with a caveat that the same level of funds might not be available in coming years. At current levels of funding, HIP is unlikely to achieve the $22 million life-of-project ceiling anticipated at award. USAID has indicated its willingness to consider a Task Order modification, including reduced deliverables, to accommodate this reality.

HIP went through a learning curve in its relations with the field with some of the disappointment in lack of field support resulting partially from HIP action and partially from funding realities and priorities in the field. In a very few countries HIP activities were either delayed ore technically incomplete resulting in reduction of promised funds or no field support funding at all. Secondly, most countries with high diarrheal disease rates where HIP work should be most valuable, have no strategic objectives in hygiene. The lack of a specific Strategic Objective makes it difficult for some Missions to justify allocating field support funds to HIP.

Finally, HIP faced additional internal challenges this past year that included the departure of some key personnel and unanticipated delays in replacing them with qualified professionals. At present HIP is still missing a senior water and sanitation specialist but all other positions have now been filled with able and competent professionals who have already shown their value to the project since they joined it.

Program Highlights

Despite these challenges, several seminal highlights in HIP's work this year demonstrated that HIP is maturing as a project. Among them, the holding of HIP's first Whole System in a Room conference in Madagascar in February 2006 (managed by Brandt Witte, HIP's senior technical specialist) attended by more than 150 representatives from 75 different organizations and from which HIP staff learned a great deal about starting an *at-scale* effort. In addition, the completion of the Consumer Preference Study and Effectiveness Trial in Nepal (coordinated by Julia Rosenbaum, HIP's field coordinator and deputy director), which was adapted into a new point of use behavioral tool for use in other settings. That effort broke down the "behavior" of water treatment, often considered a single behavior by promoters of point-of-use products, to demonstrate how to better target water treatment promotion for increased uptake. The study also measured the effectiveness of actual household practice and highlighted design and use issues that dramatically altered the effectiveness of products once they left the laboratory. A third highlight was the e-conference (managed by HIP's knowledge management specialist, Renuka Berry, with substantial assistant from Jaap Pels of the IRC International Water and Sanitation Centre) on point-of-use (POU) household water treatment and storage that invited more than 550 participants from approximately 15 countries to share experiences and contribute to the literature on the topic. Discussions covered a range of POU technologies and participants shared hands on experience promoting the use of these technologies in a number of developing countries. Comments included the need to consider the differences in rural and peri-urban environments when selecting technologies to promote as well as the importance of considering financing along with technologies. This conference indicates there is real demand for such fora where field practitioners can share ideas, approaches, and technologies. This year also marked the debut of the HIP website, which receives approximately 1,000 hits a month.

In other ways HIP's contributions in the international setting have also been noteworthy. HIP staff member Orlando Hernandez is now the head of the subcommittee on monitoring and evaluation (M&E) for the Public Private Partnerships for Hand Washing (PPPHW), subsidized jointly by USAID and the WSP. This high profile position has enabled HIP to conduct dialogues with some of the major researchers in the field of hand washing and use its resources to enhance and improve the work done by others in the sector. HIP provided on-site support to a PPPHW program in Peru with M&E design activities and continues to provide expert "virtual" assistance to PPPHW programs in other countries (Vietnam, Ecuador, Colombia, and Nicaragua).

HIP staff participated in a number of international conferences. Marketing Specialist Camille Saadé gave presentations to expert groups at last year's World Water Week Stockholm conference and represented HIP again at the Mexico City Water and Sanitation conference. Orlando Hernandez represented HIP at the Joint Monitoring Programme activities in India and at the Safe Water Alliance Meeting held in Quito, Ecuador. Julia Rosenbaum attended the WHO International Network on Household Water Treatment and Safe Storage in London to present the Consumer Preference Tool and contribute a behavioral perspective to network strategic planning. In addition, HIP is consistently sought out by other donors (WSP, DFID, for example) for M&E advice but is limited from taking on more technical support activities by lack of time, personnel, and funds. In recognition of HIP's competence in this area, Orlando Hernandez's part-time M&E position became a full-time appointment. Finally, HIP knowledge management activities were enriched by the addition of a technical brief on the integration of hygiene improvement activities into home-based care programs for people living with HIV/AIDS.

Administration and Management

During this year, two senior staff persons left the project and have been replaced. Patricia Mantey replaced HIP Knowledge Management Specialist Renuka Berry in June. Mantey's previous experience with the DIS project in the Africa Bureau makes her particularly suited for this position. The departure of Lynne Cogswell in January made room for Catherine O'Brien of The Manoff Group to join the team. O'Brien has experience in water and hygiene and is also a specialist in behavior change approaches. Finally, HIP Marketing Specialist Camille Saadé left the team to become director of the USAID–funded POUZN project. Saadé remains an on-call marketing specialist for HIP.

Several local staff have also greatly assisted HIP this past year and HIP owes them a great debt of gratitude. They include Dr. Karuna Onta in Nepal, responsible for supporting HIP's POU activities with UNICEF, who served with HIP for approximately six months. She was succeeded by Arinita Maskey Shrestha, a renowned Nepali professional with extensive POU experience, who ushered HIP into the implementation phase of the UNICEF–managed POU Initiative in Nepal. After a gap in contracting procedures, HIP was able to temporarily hire Siddhartha Shrestha of UNICEF, which allowed for continuous activity at a critical time in the project launch. In India, Deepak Saksena joined the project to develop the baseline data necessary for HIP's presentations to the USAID/India mission. In Madagascar, HIP acquired the services of Dr. Odile Randriamananjara, Jacob Ramifehiarivo, Annick Ranirisoa, and Jose Ranaivosoaina. The latter two are based in the field as regional coordinators.

HIP discovered this past year that the start-up time for a country program often takes much longer than initially planned. Delays are often seen in drafting and obtaining mission approvals for proposals and getting preliminary technical data necessary to write proposals. Because of this, HIP's second year has been primarily committed to accomplishing the processes necessary to get programs started rather than beginning direct implementation. This labor-intensive model has also placed great strain on HIP's personnel resources with staff working many hours and trying to accomplish large-scale strategic goals with limited administrative and financial resources.

A HIP retreat in July 2006 for project and subcontractor staff was supplemented by the presence of two of the field staff: Dr. Odile Randriamananjara from Madagascar and Awa Sylla from Mali/West Africa Water Initiative (WAWI), both of whom substantially enriched the discussions. The retreat was an excellent opportunity for field staff to learn more about activities at project headquarters and

to understand HIP's goals and objectives. It was also an excellent opportunity for USAID staff to make clear to the HIP and subcontractor consortium their own expectations for the project and to further clarify the reality of USAID funding. In response to this latter discussion between USAID and HIP, HIP's project proposal will be amended to reduce the number of deliverables that can be expected to be completed by the end of the project.

Task 2: Field Implementation

Overview

Country implementation activities in Task 2 accelerated considerably during the past year, allowing HIP not only to establish a field presence to build capacity for scale activities but also permit exploration of innovative methods and approaches. Regional field offices in the Antananarivo region of Madagascar and in two other regions where HIP hopes to work in partnership with the national Water, Sanitation and Hygiene (WASH) committee and the USAID health project networks substantially expand HIP's reach. In Ethiopia, HIP reached an agreement with the WSP to collaboratively fund the launch of an *at-scale* effort in the Amhara region. This included the hiring of a senior Ethiopian regional advisor who is paid and administratively supported by the World Bank's WSP and is entirely dedicated to local implementation of a scale effort. Dubbed "Learning by Doing," the effort focuses on applying the same scale methodology used in Madagascar as the vehicle to implement the newly endorsed Hygiene and Sanitation Strategy. In Nepal, despite the constant turmoil of political unrest, HIP was able to complete its Consumer Preference Survey, which has become an important tool in identifying subtle but critical barriers to adoption and maintenance of new treatment and storage behaviors and negotiating feasible and effective solutions for uptake. HIP's first country coordinator left the consultancy to accept a long-term offer with CARE/Nepal but continued to support the transition to our new advisor Arinita Maskey Shrestha. In addition, HIP temporarily hired Siddhartha Shrestha, the UNICEF communication and marketing specialist who coordinates their PPPHW and Water Treatment Initiatives. HIP's hiring of Mr. Shrestha ensures a continuation of technical support for the POU field activities. In Peru, we are again collaborating with the WSP to jointly fund a full-time coordinator to focus on launching a "Sanitation as a Business" activity. Hiring is in its final stages. A full list of HIP field staff and personal service contractors is available at the end of this report.

To support and sustain field activities, HIP initiated several international consultant visits, although for in-country activities HIP is relying more and more on local expertise for consultants and is developing a cadre of individuals familiar with HIP's goals and methods of operation. In Madagascar, HIP introduced behavior change approaches to the WASH group there through a series of applied research and workshops using a combined team of local consultants, HIP staff, and expert international consultants. The mapping activities, preliminary to the development of a scale strategic plan, included HIP staff, local consultants, local NGOs, and government and international experts. The participatory approach that HIP uses in all its work ensures that models for achieving scale, acquiring partnerships, and expanding reach are thoroughly institutionalized. HIP has found that both governments and donors are extremely supportive of this approach, which focuses and builds on synergies existing already in-country. HIP has noticed the interest in its scale/partnership model from other agencies and programs. Some have already requested copies of the draft tools and methods that HIP hopes to have available by the end of Year Three.

As stated earlier, HIP is capitalizing on its country-level work to identify gaps in the HI sector and applying innovative solutions to those gaps. For example, to promote the third goal in HIP's mandate, improved sanitation, HIP is exploring models of sanitation marketing in several countries, especially Ethiopia, Uganda, and Madagascar. An opportunity in Peru to work with the WSP in sanitation marketing is also being exploited using core funding.

The introduction of behavior change tools and approaches is contributing to improved implementation in some HIP countries and will be applied in others. In Madagascar, HIP has implemented a study to determine barriers to accepting and adopting POU, hand washing, and sanitation. Following the barrier survey, HIP implemented a consumer preference survey for these technologies. That survey will be completed in the coming year and two additional regions will be added for further expansion in Year Three.

Perhaps HIP's most innovative work this past year has been the implementation of activities leading to the level of partnership necessary to consider a program at scale. HIP held a Whole System in a Room (WSR) conference in Madagascar, which enabled 150 potential partners to develop the necessary relationships to saturate the two regions with hygiene promotion activities. Prior to the WSR, HIP collected information on where each partner was currently working, what technical specialty each had, where the gaps in service or promotion were, and how the various groups could interact without affecting their individual mandates. This model of obtaining commitments based on actual data for a large number of participants is to be replicated in Ethiopia and potentially in Uganda in Year Three. USAID/Madagascar has been most pleased with the approach. Not only has it provided the synergy the mission hoped to see in its considerable investment, but the mapping exercise has enabled donor organizations to review the level of their investment in each of the three hygiene areas and shore up the gaps. The Japanese investment in sanitation, which has increased considerably, is a good example. The Japanese government has moved rapidly to commit funds and implement programs supporting HIP scale efforts in the different regions in which it works.

Country Program Activities

Madagascar

In general, the Madagascar program this past year focused on establishing its offices and acquiring the necessary staff for implementation. At the same time, HIP staff looked to see where its own value-added efforts could augment and enhance existing programs of other organizations. HIP has settled on the following two strategic approaches:

a) The first is the development of materials and curricula based on simple, feasible principles that a wide range of organizations can use to integrate hygiene messages into existing platforms with little extra effort. By demystifying hygiene improvement messages and approaches, HIP hopes to persuade a large number of NGOs, projects, government programs, and donor programs to incorporate these same principles and materials into their activities.

HIP would consider this working at scale. During this past year, HIP did develop a short list of essential messages called "small doable actions" for each of the three behaviors HIP promotes and prepared draft materials for Santénet (a USAID bilateral health partner) to include in its flipchart materials for their community health worker (CHW) field agents.

Although based on substantial HIP field research, the flipcharts, animator, and CHW training were rushed into production to meet Santénet's timeline and have not been extensively field tested in their final form. HIP will need to monitor these materials in the coming year and modify them as necessary. These same materials will be converted into other reference materials (e.g., posters for clinic nurses reminding them to speak about the three hygiene messages at every interaction with a mother; materials for schools and for teachers; reference materials for other NGO; and even simple reference materials for homeowners).

b) Second, rather than acquiring a large field office with numbers of field agents, HIP hopes first to persuade those partners that can integrate HI into their existing platforms to do so at little or no additional expense, especially if HIP provides the training and promotional materials. However, HIP anticipates that it will need to provide some funding to certain NGOs, subcontracting with them. A small additional sum of money will enable these NGOs to expand their work to other areas; support other field agents with expert training; intensify their own activities in their current locales; and provide the monitoring and supervision that HIP cannot.

In two regions, HIP has researched possible partners with whom it can work with little extra incentives and has already identified those with whom it wishes to develop a subcontractor relationship. Strategic planning is under way to ensure that specific targets and objectives are being reached by each partner prior to drafting the subcontract or MOU. At least two such agreements will be completed per region in the coming year.

During Year Three HIP expects to make major movement toward *at-scale* implementation in Madagascar. The USAID mission there has been very supportive in this activity, and HIP owes considerable thanks to mission staff and to its own CTOs for their continued involvement. Discussions with Santénet in the past year have led to agreements over the integration of hygiene efforts into the work of their many community health workers and supported by that program. HIP's strategy in Madagascar is to increase the number of partners with field agents who can interact with the population in a direct and personal way. This is why the Santénet effort is so crucial. By the end of Year Three, a network of some 6,000 CHWs will be promoting a range of health-related principles as well as directly selling health products. The combination of professional expertise plus economic gain makes these CHWs a potent force for behavior change. HIP is actively recruiting other platforms with similar field access as partners.

In Madagascar, some of HIP's partnership activities are focused on areas where a small initial investment may have a large impact later. Investing in the future generation is one such example. HIP and UNICEF are exploring opportunities for collaboration in schools and with children in the non-formal sector. HIP plans develop a book of exercises, games, and science experiments geared to the appropriate age levels and tied to the national curriculum. HIP will hire a national expert to assist with this activity. In tandem with its UNICEF work, HIP (together with the Ministry of Education) is exploring how to train teacher-trainers to use these books and visual material more effectively.

Finally, in its efforts to fulfill the second principle for adoption of new behaviors (creating necessary public awareness), HIP is working with local and national radio stations, with regional government, and other entities to develop appropriate programs, spots, and secondary promotional efforts. The private sector will likely run some of these activities—one-day events, competitions, campaigns, etc.—and HIP is positioning itself to become an active partner rather than an observer of the promotional process. The private sector will be key to the sanitation marketing initiative and also to hand washing promotion efforts.

Ethiopia

Serving as HIP's second *at-scale* effort, Ethiopia has taken off under a model quite different from Madagascar. However, a common theme underlying both country approaches is the cultivation of extensive partnerships, and bringing together both likely and unlikely partners all doing their part to meet shared goals related to hygiene and sanitation.

Because of an already high management burden and extensive commitments to other cooperating agencies and development organizations, USAID/Ethiopia was unable to dedicate much time or any field support to HIP efforts. Yet the mission recognized HIP's contribution and gave the project leeway to dedicate its efforts over the past 16 months to building essential relationships with key counterparts in the WSP, the national and regional health bureaus, WASH, WaterAid, UNICEF, Catholic Relief Services, and others. The hiring this past summer of Regional Advisor Kebede Faris is really the culmination of the planning and partnering phase for HIP in Ethiopia.

While laying the foundation, HIP contributed at the national level to implementation of the newly endorsed Hygiene and Sanitation Strategy. To improve uptake and accessibility, HIP suggested and produced a shorter synthesis document, "Key Principles of the Ethiopian National Hygiene and Sanitation Strategy," which identifies the key programming implications of the strategy and provides easy access to national norms and standards for hygiene and sanitation.

Rather than develop extensive guidelines for then implementing the strategy, HIP suggested we collaboratively undertake a process of "Learning by Doing" in one region (of 20 million people), and through this process "back out" the necessary inputs, supports, tools and guidelines for replicating a sustainable process in other regions. We've begun by developing a shell of a toolkit, following the six phases of *SCALE* implementation, and adding tools for on the ground implementation of each phase including mapping the context, partnering, finding solutions, acting, monitoring and evaluation. This toolkit will be disseminated not only throughout Ethiopia, but to programmers globally, to provide solid tools and guidance for implementing at hygiene improvement at scale.

Collecting and organizing data for decision-making is currently underway in Ethiopia. Graphic representation of resources, gaps and relationships are being produced, and will be shared and applied at the October 2006 Whole System in the Room multi-stakeholder planning meeting. Much like the Madagascar WSR, this meeting will galvanize a common action agenda for multiple stakeholder groups, and is being billed as "Leading the Sanitation Revolution" in Amhara. The enthusiasm is palpable, and expectations high for using this catalytic event to develop and implement a region wide "movement" for total sanitation and hygiene improvement.

In the coming fiscal year HIP hopes to add an additional regional advisor to support our implementing partners in realizing their commitments and action agenda developed in the WSR. Efforts in Amhara will be as wide-ranging as the partnerships, but will focus on total sanitation,

including a robust component on school sanitation and school-based hand washing promotion; encouraging artisanal/small business involvement in sanitation and hand washing; and like in Madagascar, the dissemination of small doable actions into a range of technical approaches, including more unlikely channels like women's and religious organizations, youth groups, schools, tourism, and more.

HIP will launch an important initiative to integrate hand washing, sanitation and safe water practices into home-based and palliative care for people living with HIV and AIDS (PLWHA). This initiative will help to build the evidence base and provide concrete programming guidance at a global level. While the evidence base is stronger around the impact of safe water on HIV-positive households, development of small doable actions related to feces disposal for PLWHA will be an important contribution.

Peru

Based on two brief assessment trips (Weinger, September 2005 and Rosenbaum, March 2006) and intensive follow-up discussions, USAID/HIP and the USAID Health Office in Peru identified two main areas for HIP technical assistance:

1. To address water quality issues through introducing/strengthening the household water treatment component within water, sanitation and hygiene activities and within diarrheal disease control activities; and

2. To provide expertise to a planned World Bank/Water and Sanitation Program initiative on Sanitation as a Business. HIP's primary role will include providing assistance in designing an M&E framework for the activity; and supporting the formative research component by helping to select a local research company and providing guidance and technical assistance on research objectives, methods, analysis and application. HIP will also actively participate in the Action Learning Process, including developing and disseminating a regional model from the experience.

USAID/Peru has underscored that any HIP scope must build on existing mission strategy and commitments. Specifically, the mission asked HIP to develop a scope that includes assistance in identifying, adapting, and developing materials, strategies, and tools for hygiene improvement and institutional strengthening. The mission requested that HIP consider the best means to support other USAID/Peru technical assistance providers to work with municipalities and communities, many of which have listed water, hygiene, diarrhea, and malnutrition as priorities during their community planning processes.

Field support received was reduced by half of what was originally expected. To compensate for reduced funding, HIP proposed a reduced implementation person (from 2 years to 16 months of assistance, and at a reduced level.)

HIP also made the decision to dedicate core funds to support the Sanitation as a Business component of our proposed work in Peru, because it provided an opportunity with implications even beyond Peru and the LAC region. In the international arena, sanitation marketing is one of the most promising new strategic approaches to confront the global challenge of limited access to sanitation in much of the developing world and to help expand access at the pace required by the Millennium Development Goals. While addressing sanitation needs at the national level, the

initiative will also strengthen the evidence base to guide future sanitation programming and investments.

During the late part of last fiscal year, HIP focused on reaching agreements with USAID and counterpart institutions, essentially laying the ground work for the coming year. To this end, last July HIP sent Scott Tobias (ARD) and Sandy Callier (AED) to Peru to work intensively with Management Sciences for Health (MSH), which manages the recently awarded implementation contract for the Healthy Municipalities and Healthy Communities Initiative, also supported by the Pathfinder Fund. Together, the team developed a coordinated work plan to clearly synchronize activities and clarified financial and level of effort commitments to assure coordination execution and integration of POU into the Healthy Municipalities and Health Communities Initiative. HIP and MSH agreed on a formal Letter of Agreement, which is in final stages of signing after multiple drafts.

In the coming year, HIP will work closely with MSH and district counterparts in the city of Pucallpa to develop the System to Monitor and Improve Water Quality. HIP hired two local consultants to explore household water quality, investigate why half of new community water systems in our project area are not fully operational, and begin an initial qualitative investigation of household water handling, any existing treatment practice, and household understanding of the link between drinking water and disease.

All this information will feed into the development of the System to Monitor and Improve Water Quality at the Household and Community Levels. Part of this system includes building capacity of local outreach agents and MSH community workers to work within existing outreach and promotion platforms, with a focus on water quality. HIP will develop a capacity building strategy, training of trainers program and guide, a participant training manual, and finally a set of support materials for implementing POU water treatment. We're committed to developing a monitoring system as well, to follow the quality of trainings as they cascade to a larger scale, and to see the impact on key practices in the community.

Currently, at the request of USAID/Peru and MSH, the focus is on 2,500 households (15,000 people) within 26 communities in one district (Curimana) within Pucallpa. The design, however, is to create a sustainable system that can easily be replicated within the entire Healthy Municipalities Initiative and attain much wider reach. Lastly, HIP will liaise with the Healthy Schools Initiative to adapt the System to Monitor Water Quality and related capacity building to the school setting.

In addition, we've engaged our subcontractors the Manoff Group and ARD, as well as key consultants, as integral inputs into next year's work plan. The POU initiative will be coordinated with other country activities. For instance, Peru is currently liaising with our Nepal advisor who is also nurturing the development of a POU curriculum for communities and schools to share resources and ideas across countries.

By the end of this year HIP plans to have curricular and support materials available for adaptation in other country settings and hopes to contribute to the evidence base of appropriate programming approaches for integrating POU into other initiatives. The background behavior research to develop small doable actions related to household handling, storage, and treatment will have utility far beyond the specific country application.

Sanitation as a Business
The World Bank's Water and Sanitation Program is launching a new initiative that will adapt the very successful Vietnam Sanitation Marketing experience to the Peruvian environment. The approach rejects the unsustainable provision of subsidized or free latrines, and involves a public-private sector approach to build a cadre of commercial sector businesses and artisans for building, distributing, and maintaining a range of sanitation options to stimulate local markets and to stimulate demand primarily through promotion and micro-credit schemes. WSP recently circulated a concept paper (to which HIP provided input) that is now being revised and finalized.

WSP envisions this initiative as a learning experience and requested that USAID/HIP play a role in the effort, based on their expertise and experience in behavior change and social marketing. Specifically, WSP has asked HIP to provide technical assistance to develop formative research guidelines; develop a monitoring and evaluation framework for implementation by program partners; serve on an action learning group to grow a model out of this experience; and assist in documenting and disseminating the learning throughout the country and internationally. Lessons and approaches would be rapidly disseminated to the Healthy Municipalities as well as the PRAES-supported regional initiatives to correspond to the strategic objective of improving quality and increasing coverage of water and sanitation services. HIP is working closely with WSP to finalize a Letter of Agreement between our institutions, assure coordination of objectives and inputs, and clarify financial commitments needed for implementation.

HIP has drafted terms of reference for an activity coordinator who we will jointly hire and technically support. WSP will provide all administrative support for the position, a contribution that makes for an ideal in-country arrangement. The coordinator will direct all HIP inputs and will facilitate USAID/HIP assistance in the formative research, strategic planning, and monitoring and evaluation phases.

HIP hopes next year to gain USAID mission support and specifically field support for the Sanitation as a Business component of our assistance. For a relatively small investment, USAID can further support this exciting and innovative approach to increasing sanitation coverage, implementing an approach that promises to be sustainable after funding wanes.

The potential for backing out "lessons learned" and tools is immense and promises to provide a learning ground for international as well as national and regional partners.

Nepal
HIP received Nepal field support at contract signing with the explicit scope to support UNICEF and local implementation partners in introducing point-of-use water treatment at the household level. HIP quickly integrated a marketing and consumer perspective to the UNICEF promotion effort by developed and implementing a Consumer Preference Study and Effectiveness Trial formalizing a national marketing strategy, and working with local water treatment manufacturers and distributors to assure the effectiveness and availability of a range of POU water treatment products.

The political climate in Nepal directly affects both implementation (for instance, our research field teams were detained on several occasions by Maoist rebels) and overall funding streams, making future field support highly unlikely.

Nevertheless, HIP has proposed dedicating limited core funds in the coming fiscal year in order to accompany POU implementation through to the initial evaluation wave. We will continue to fund a fulltime country coordinator to focus on integrating POU into health and education initiatives, and strengthen integration with the PPPHW initiative in Nepal. The country coordinator, together with UNICEF, will continue work with local filter producers to improve effectiveness and availability in homes and schools, and assure availability of the two hypochlorite bleach products. HIP will continue our low-level support to UNICEF and the Environment and Public Health Organization to partner with the Coca Cola Company in the innovative promotion of solar and hypochlorite water disinfection. We will support the planning, implementation, and application of the follow-up evaluation survey. Together, all these efforts will strengthen the country effort, and allow for linking lessons and tools to other country settings and build the programming guidance in this important area.

Task 3: Integration

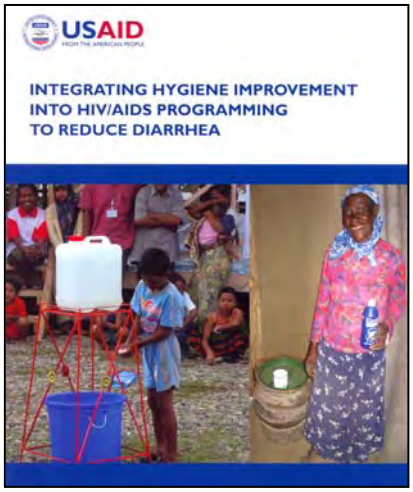
Overview

The goal of Task 3 has been to integrate hygiene improvement into existing health and non-health platforms. HIP has worked on several fronts in this area and has developed materials conducive to integration into nutrition and HIV/AIDS programming. Two current activities are particularly relevant:

a) Development of a proposal to President's Emergency Plan for AIDS Relief (PEPFAR) for HIP to work with other cooperating agencies (CAs) to implement a hygiene-related HIV/AIDS program.

b) Development of an HIV/AIDS briefing document to promote HIP's interest in hygiene integration to relevant mission health officers.

HIP's proposal for PEPFAR funding regrettably was rejected, but the lengthy and deliberative process (encouraged by the HIP CTO) provided HIP with an opportunity to learn more about weaknesses in HI and home-based care. This information was most useful for the development of the briefing document. Earlier in the year, HIP staff and the CTO visited with major USAID CAs, Global Bureau Office of HIV/AIDS staff, and others to discuss integration and promotion efforts and to learn more about what was already being developed in the way of materials and training programs.



An issues paper on *Integrating Hygiene Improvement into HIV/AIDS Programming to Reduce Diarrhea* was launched at the international AIDS conference in Canada in August 2006. In addition, a companion two-page brief summarizing PEPFAR guidelines related to hygiene has been developed for distribution to USAID missions and is slowly making its way through the approval process. The document should be ready for dissemination in early FY 07.

Implementation
In developing its annual work plan for Year Three, HIP added an activity to initiate an HIV/AIDS integration program in Ethiopia and Uganda using core funds. As of this writing, the funding has not been released. HIP, however, is grateful to be the recent recipient of supplemental Africa Bureau funds for FY 07 and intends to spend some of them on developing innovative HIV/AIDS and hygiene integration approaches with local partners in these two countries. By February 2007, HIP will have developed two strategic plans to integrate HI into HIV/AIDS in Ethiopia and Uganda. HIP will also develop a plan for integrating HI into nutrition programs in Uganda.

Task 4: Global Leadership

Overview
HIP's international partners have been appreciative of its global leadership efforts under Task 4, particularly in the area of monitoring and evaluation. M&E activities this year have grown exponentially with much demand made on HIP's M&E Specialist, Dr. Orlando Hernandez. Consequently, he has been moved from a half-time to full-time position with the project. In addition, Carol Baume, an AED consultant, has worked as Peru's M&E point person.

Implementation
In the spring of 2006, HIP participated in the WSP's Hand Washing University and was asked to provide a critique of the M&E Framework of the Public-Private Partnership for Hand Washing. HIP has also convened virtual meetings with international researchers and implementers, including staff members of ORC Macro who are involved with the Demographic and Health Survey to discuss ways to improve the measurement of hand washing practices.

Within the context of PPPHW, HIP suggested adapting tools AED developed to conduct behavioral analysis in other health sub-sectors to the hygiene field; modifying the structured observation methodology to increase reliability; and adding self reports using aided recall as a follow-up measurement to structured observations, among others.

Other issues that have been brought to the discussion table include: how to measure incremental changes in hand washing and ways to adopt and measure a behavioral sustainability approach to the interventions. HIP's involvement in the preparation of the terms of reference for formative research in Vietnam and Peru and the terms of reference for the baseline measurement of the PPPHW initiative in Peru proved useful venues for making such recommendations. In a recent communication from the director of the Hygiene Center of the London School of Hygiene and Tropical Medicine, HIP was informed that the center would make a number of modifications to its M&E efforts in the field based on HIP's recommendations. This is an indication of the type of contribution HIP has made and can make at the global level.

As part of this effort, HIP has also provided guidance to the Child Survival and Health Grant Program regarding the indicators and the methodology to use in measuring hand washing practices. To that end, the conclusions of the international discussion group mentioned above have been extremely useful.

HIP also participated in the WHO's Joint Monitoring Programme meeting held in India in November 2005, where the project defended the need to include measurement of hygiene practices

to complement the data that is currently being collected worldwide regarding access to safe water to track progress in hygiene and sanitation for the Millennium Development Goals.

Task 5: PVO/NGO Support

Overview

Under Task 5, HIP continues to provide support and technical assistance to increase the HI programming capabilities of selected PVO/NGO partners and networks in HIP's *at-scale* countries of Ethiopia (in the Amhara Region) and Madagascar (with the WASH committee). The field lessons learned in these two countries in the development of at-scale hygiene behavior change focused programming will be used to help develop a package of generic training curricula and materials for managers responsible for hygiene programming. HIP continues to seek a feasible model to develop a strategy for promoting hygiene behavior change within the WAWI partnership organizations in Ghana, Mali, and Niger. In addition to the WAWI network, HIP has developed and is deepening its working relationships with the Uganda Water and Sanitation NGO Network (UWASNET) with the assistance of HIP's PVO/NGO partners from the CORE Group. This sub-group of PVO/NGOs drawn from CORE, which comprise the Capacity Strengthening Partnership (CSP), are particularly interested in hygiene programming. The CSP has been instrumental in leading and developing HIP's program in Uganda during Year Two and will remain instrumental in the project launch in Year Three.

All of these activities build upon and continue work that HIP carried out during the first two years of the project's life. This includes the regular engagement of HIP staff in the proceedings of the CORE Group's Social and Behavior Change Subcommittee in addition to their attendance and presentations at CORE group meetings and events.

Implementation

Uganda/Capacity Strengthening Partnership

Another exciting development from HIP's efforts in Year Two was a joint HIP/CSP assessment mission to Uganda to determine if a need existed for HIP expertise. The result will be the launching in Year Three of a HIP initiative designed to help the national hygiene and sanitation organization network, UWASNET, develop the behavior change programming skills required to operationalize the country's national sanitation policies. HIP's Capacity Strengthening Partnership NGOs have played and will continue to play an integral role in the unfolding of HIP's work in Uganda, which has also led to a deepening of ties with the World Bank's WSP initiative, an important HIP ally in the development of the planned programming. HIP and its partners in Uganda will work together to develop a model for fielding and supporting a local representative charged with implementing the sanitation policy and inculcating effective hygiene behavior change programming skills within the sanitation sector. With the assistance of the CSP members working in Uganda, UWASNET, and WSP, HIP anticipates that the Uganda program will provide a unique opportunity to field test hygiene behavior change curricula and other material that HIP develops.

West Africa Water Initiative

Year Two saw HIP undertake a series of activities designed to engage the WAWI partner network in Mali, Ghana, and Niger in behavior change programming development across the partners' differing hygiene and sanitation foci. During Year Two, HIP fielded a regional behavior change consultant

based in Bamako, Mali, to provide technical assistance to the WAWI partners and develop a common behavior change strategy for hygiene and sanitation. The consultant was able to hold consultative meetings with WAWI partners in all three countries and conducted an initial workshop leading to partners agreeing on the necessity for a common behavior change strategy in Mali. In Year Three there will be a shift away from the single regional consultant model to the fielding of a dedicated HIP consultant in each country, supported by an infusion of tailored technical assistance.

In addition, at the request of USAID, HIP provided M&E technical assistance to WAWI to determine the extent to which partners in the three countries were using indicators that had been developed under USAID's Environmental Health Project (EHP) to track the partnership's four objectives: to increase the access to sustainable, safe water and environmental sanitation; to reduce the prevalence of water-borne and sanitation-related diseases; to ensure ecologically, financially, and socially sustainable management of water quantity and quality; and foster a new model of partnership and institutional synergy. The conclusions from this assistance are that there are three major obstacles: inconsistent or conflicting contractual reporting obligations, lack of effective WAWI-side data collection and management system; and lack of sufficient resources to collect data on WAWI core indicators. Different solutions are possible including limiting indicators used to resources available; collate data that are already available and continue the collation exercise in the future in a coordinated fashion across partners; have a WAWI M&E expert at the country or regional level provide input into the different protocols to guarantee comparability of data and results across partners; increase sharing of results across partners; and have one agency take the lead in showing to other partners how data on the more difficult and more expensive indicators can be collected.

CORE Group

HIP remains actively engaged with the CORE Group of USAID Child Survival funding grantees. The HIP deputy director is an active member of the CORE Group's Social and Behavior Change subcommittee and presented HIP's program approach and activities at the CORE Group's annual meeting in 2006. Task 5 continues to be a dynamic task, yielding interesting opportunities for learning and growing for Year Three.

Challenges

A leading challenge for HIP under Task 5 is to maintain and nurture the relationships developed with network and PVO/NGO partners from the CORE Group, CSP (in Uganda), Madagascar, and Ethiopia, and of course with WAWI. HIP will continue to strive to provide timely, consistent technical assistance to this broad array of partners as they develop and build the skills needed to mount effective, hygiene-focused behavior change programming.

Task 6: Knowledge Management

Overview

Knowledge management (KM) activities during the year continued to focus on the development of tools and approaches to enable HIP to more effectively capture, manage, and share hygiene-related information with targeted audiences. Highlights include the launch of HIP's website and an e-conference on household water treatment and storage. HIP continued its efforts to build up the HIP knowledge base and website resources. As country programs progress, this knowledge base will greatly expand.

Implementation

HIP Website

The HIP website (www.hip.watsan.net) was launched in early 2006 with assistance from its partner the IRC International Water and Sanitation Centre, which hosts the site. The number of monthly website visitors averages more than 1,000 per month. It is not possible to know the country of origin of all website visitors, but those that could be identified came from more than 20 countries in the north and south.

HIp-Lights

HIP continued to distribute its bi-monthly electronic newsletter, *HIp-Lights*, to approximately 35 partners and organizations. The newsletter is valued for its updates on HIP team and program activities as well as information about upcoming HIP trips and events. At the end of the summer, HIP switched the newsletter to a monthly format to reduce staff time spent on its production and improve the quality of each issue.

Publications

A number of HIP publications were completed or under development during the year. An issues paper on *Integrating Hygiene Improvement into HIV/AIDS Programming to Reduce Diarrhea* was published and first distributed at the International AIDS conference in Toronto in August 2006, and is available electronically on HIP's website. A two-page brief targeted at USAID missions to accompany the issues paper is under development. Other publications nearing completion include a French version of HIP's general brochure, a state-of-the-art paper on hand washing, and a paper on integrating hygiene into avian influenza activities. As HIP's country programs expand, the lessons learned, key products, and results from program activities will be published in electronic or print formats and made available to other HIP programs and partners via the website and other distribution channels.

HIP Resource Room

During the summer, HIP finished setting up its resource room at AED Headquarters, which contains more than 500 documents and CDs, including EHP reports, on a wide range of hygiene and sanitation related topics. The holdings are cataloged electronically in a spreadsheet.

HWTS E-Conference

HIP held an electronic conference May 12-22, 2006 on household water treatment and safe storage (HWTS), with technical assitance from IRC. The e-conference addressed two themes: household water treatment and safe storage: what can the poor afford? and how do programs promote water treatment and ensure that the government continues to supply improved drinking water sources? HIP invited 550 participants from nearly 15 countries, and 50 actively participated. In addition, many invitees read messages but chose not to participate in the discussions. HIP compiled a summary of the e-conference discussions and posted them on the HIP website. Feedback from participants indicated that the conference was an excellent opportunity to share ideas and experiences and to promote networking. An After Action Review (AAR) of the conference was held in June with HIP and USAID staff, and lessons learned from the AAR will be applied to future e-conferences. Among the suggestions: more hands-on moderation of discussions to keep them on track, daily e-mail summaries, and simpler technology.

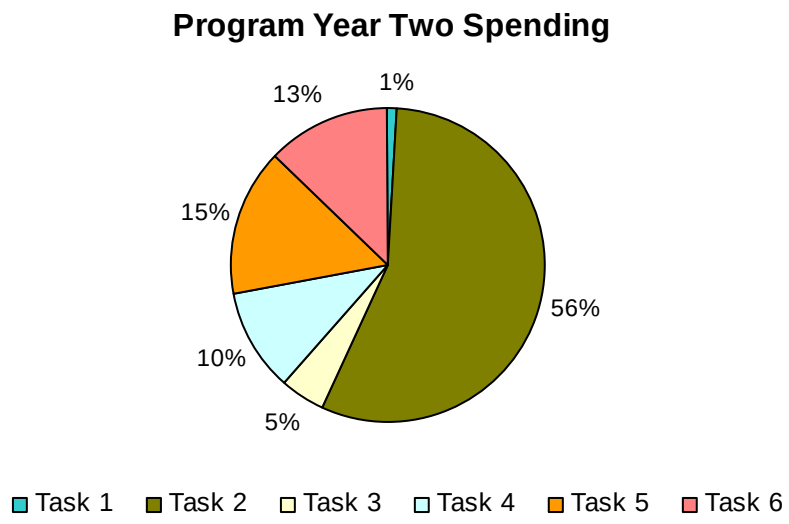
Knowledge Management in Country—Madagascar

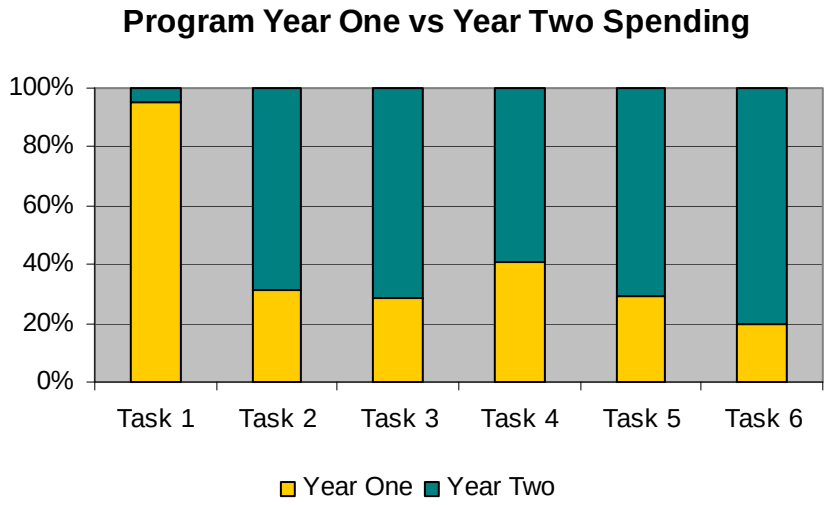
HIP's knowledge management specialist and director visited Madagascar in September to meet with HIP/Madagascar staff, USAID, and various HIP partners and international organizations. HIP held a meeting with members of the WASH committee to discuss the concept of knowledge management, explore how KM could be applied to WASH efforts, and what role HIP might play. As KM next steps, the WASH representatives decided to explore the development of a WASH website and the creation of smaller communities of interest. These activities are pending the results of a research center feasibility study that WASH will conduct with financing from WaterAid and UNICEF. It is clear that the WASH group has a strong interest in learning more about KM and how it might support its efforts to improve hygiene, water supply, and sanitation in Madagascar. As the group moves forward with its interest in KM and prepares to implement ideas, HIP will offer to provide a workshop on developing a KM plan and support the creation of a resource center.

Annex 1

Financial Information

Expenditures by Task	Year One	Year Two	Total
Task 1	$470,606	$24,485	$495,091
Task 2	$593,195	$1,292,425	$1,885,620
Task 3	$43,660	$107,630	$151,290
Task 4	$167,080	$241,345	$408,425
Task 5	$145,044	$353,349	$498,393
Task 6	$73,877	$299,376	$373,253
Total Expenditures	**$1,493,462**	**$2,318,610**	**$3,812,072**





Annex 2 - HIP Staff Year Two Travel

Destination	Purpose	Traveler	Date of Travel
Ecuador	Presentation at the Conference "Alliance for the Promotion of Safe Water in Latin America."	Dr. Orlando Hernandez	October 5-7, 2005
Ethiopia	Work with WSP and meet with USAID/Ethiopia	Julia Rosenbaum	February 3-9, 2006
Ethiopia	Technical Assistance	Julia Rosenbaum, Della Dash*	July 6-21, 2006
Ghana	Technical Assistance	Dr. Orlando Hernandez	June 22-July 7, 2006
India	HIP Assessment, Technical Assistance	Mona Grieser, Camille Saadé	December 6-17, 2005
India	HIP Assessment	Mona Grieser, Camille Saadé	January 21-February 2, 2006
India	Joint Monitoring Programme Meeting	Dr. Orlando Hernandez	December 5-9, 2005
Madagascar	Technical Assistance, Country Start-up	Lynne Cogswell, Brandt Witte	September 24-October 28, 2005
Madagascar	Technical Assistance, WSR	Patrick Papania**, Brandt Witte	January 28-February 18, 2006
Madagascar	Technical Assistance	Linda Morales*	May 3-23, 2006
Madagascar	Technical Assistance	Linda Morales*, Catherine O'Brien	June 20-July 10, 2006
Madagascar	Technical Assistance	Dr. Orlando Hernandez	July 8-July 21, 2006
Madagascar	KM Assessment, Technical Assistance	Mona Grieser, Patricia Mantey	September 9-22, 2006
Mali	Technical Assistance	Dr. Orlando Hernandez	March 28-April 5, 20006; April 8, 2006
Mali	Technical Assistance	Dr. Yaya Drabo**	June 10-June 29, 2006
Mexico	Attend World Water Forum	Camille Saadé	March 16-March 21, 2006
Nepal	Technical Assistance	Julia Rosenbaum, Camille Saadé	November 1-20, 2005
Niger	Technical Assistance	Dr. Orlando Hernandez	April 5-7, 2006
Peru (Lima)	HIP Assessment	Julia Rosenbaum	March 5-11, 2006
Peru	Technical Assistance	Dr. Carol Baume**	June 10-June 21, 2006
Peru	HIP Assessment, Technical Assistance	Sandra Callier**, Scott Tobias	July 17-28, 2006
Uganda	HIP Assessment	Brandt Witte	March 25-April 7, 2006

United Kingdom (London)	Attend WHO Intl. Network for POU	Julia Rosenbaum	June 2-June 7, 2006
United States	Attend HIP Annual Retreat	Jaap Pels, Dr. Odile Randriamananajara, Awa Sylla*	July 22-August 1, 2006

* denotes a consultant traveling on behalf of HIP
** denotes AED staff traveling on behalf of HIP

Annex 3 - HIP Staff Conference Attendance

Conference	HIP Presenters	HIP Attendees	Date and Place
Alliance for the Promotion of Safe Water in Latin America	Dr. Orlando Hernandez		October 5-7, 2006 Quito, Ecuador
Joint Monitoring Programme Meeting		Dr. Orlando Hernandez	December 5-9, 2006 New Delhi, India
World Water Forum	Camille Saadé		March 16-March 21, 2006 Mexico City, Mexico
WHO International Network for POU	Julia Rosenbaum		June 2-June7, 2006 London, United Kingdom
PPP Hand Washing University	Mona Grieser Dr. Orlando Hernandez		May 1-3, 2006 Washington, DC
World Bank Development Marketplace		Mona Grieser Julia Rosenbaum Brandt Witte	May 8-9, 2006 Washington, DC
CORE Group Annual Spring Meeting	Julia Rosenbaum		April 27, 2006 Easton, Maryland
CSIS Water Metrics Meeting		Dr. Orlando Hernandez	May 31, 2006 Washington, DC

Annex 4 – HIP Workshops

Workshop	Place	Date
Whole System in a Room	Antananarivo, Madagascar	February 14-15, 2006
E-Conference on Household Water Treatment and Storage	Online conference	May 12-22, 2006
Improved Hygiene Practices in Madagascar	Amoron'i Mania, Madagascar	June 7-9, 2006
BC Workshop	Antananarivo, Madagascar	June 28-30, 2006

Annex 5 – HIP Local Hire Staff and Consultants

Local Hire	Employment Start Date	Location of Employment
Andry Raherimampiandra		Antananarivo, Madagascar
Jacob Ramifehiarivo	September 1, 2006	Antananarivo, Madagascar
Jose Ranaivosonina		Analamanga, Madagascar
Dr. Odile Randriamananjara	August 1, 2006	Antananarivo, Madagascar
Annick Ranirisoa		Amoron'i Mania, Madagascar

Consultant Name	Period of Performance	Location of Consultant Work
Della Dash	June 1 -December 31, 2006	Ethiopia & US
Dr. Susan Murcott	February 15 -June 30, 2006	US
William Oswald	October 1-November 30, 2006	Peru
Paula Whitacre	May 15- July 10, 2006 September 1 – 30, 2006	US

PSC Name	Period of Performance	Location of Work
Landy Andriamahefarivo	June 1-July 31, 2006	Madagascar
Fiankinana Andrianasolo		Madagascar
Louis Joseph Rajohnson	May 30-July 5, 2006	Madagascar
Hery Andry Rakotonanahary	May 30-July 5, 2006	Madagascar
Jacob Ramifehiarivo	May 2-August 31, 2006	Madagascar
Brune Estelle Ramiranirina	December 30-May 1, 2006	Madagascar
Yvan Ranaivoson	February 7-15, 2006	Madagascar
Jose Ranaivosonina	June 30-August 28,	Madagascar

	2006	
Dr. Odile Randriamananajara	January 25-July 31, 2006	Madagascar
Annick Ranirisoa	June 6-August 30, 2006	Madagascar
Tovoherisoa Ratefy	December 16, 2005-September 25, 2006	Madagascar
Karuna Onta	June 4-December 31, 2005	Nepal
Arinita Maskey Shrestha	May 15-November 15, 2006	Nepal
Siddartha Shrestha	July 10-October 13, 2006	Nepal
María Milagros Cadillo La Torre	October 1-November 30, 2006	Peru