USAID
FROM THE AMERICAN PEOPLE

# HYGIENE IMPROVEMENT PROJECT

## Diarrhea, largely resulting from unsafe water, inadequate sanitation and poor hygiene, accounts for nearly 20 percent of child deaths worldwide. Yet simple, low cost, high impact interventions exist to prevent diarrhea.

The **Hygiene Improvement Project (HIP)** is the latest generation of USAID health investments in water and sanitation intended to reduce diarrheal disease and to improve child survival. HIP builds on the Agency's thirty-year experience in water, sanitation and hygiene.

HIP brings to the sector a strong focus on sustainable improvements at scale in three key hygiene practices:

- Safe feces disposal
- Hand washing with soap
- Safe storage and treatment of water at point-of-use (POU)

Each practice typically results in a 30–40 percent reduction in diarrhea prevalence.

Scale is reached when substantial numbers of people adopt and sustain the key hygiene practices.

Key HIP tasks include:

- Implementing hygiene improvement at scale in at least five countries
- Integrating hygiene considerations into existing programs
- Sharing USAID's global experience and knowledge in the field and advocating for hygiene improvement
- Providing support and capacity strengthening to PVOs, NGOs and networks working in the field.

Julia Rosenbaum

Underlying each of these tasks, HIP's approach aims to strengthen partnerships, to coordinate efforts to maximize synergies in hygiene improvement programming and to engage the private and commercial sectors to ensure availability of products and services.

Juliet Rosenbaum

Bernd Wit

Juliet Rosenbaum

# BEHAVIOR FIRST

Too often, the impact of environmental health interventions has been limited by the failure to understand and influence human behavior. Technology alone is rarely sufficient to solve an environmental health problem or change cultural behaviors. In many instances people have received latrines, improved water systems or water treatment options but have not used them as intended.

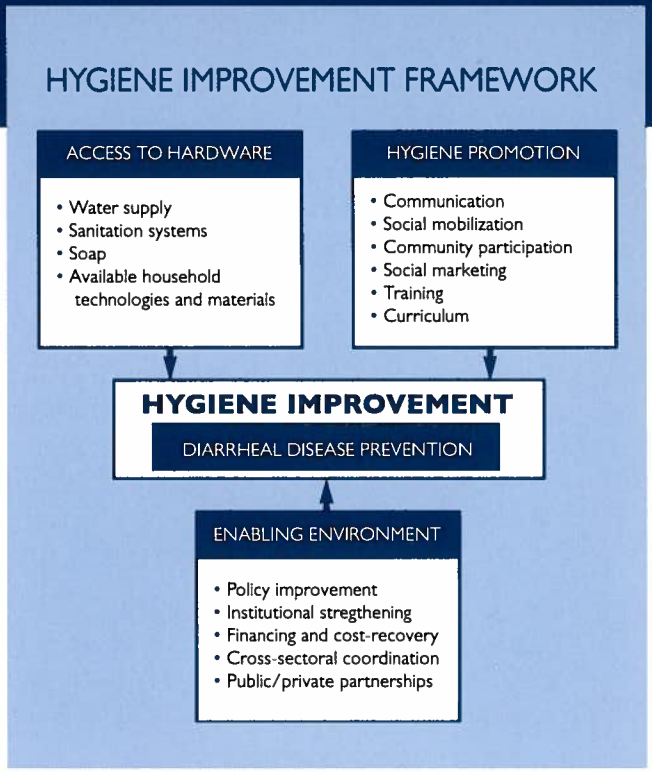
Considering "behavior first," allows for

- Identifying, promoting and facilitating improved behaviors that have significant positive impact on health and are also feasible for users, i.e. people both willing and able to make changes
- Designing program interventions that motivate and facilitate improved behaviors

Based on behavior first, HIP and its stakeholders will develop country behavior change strategies for hygiene improvement at scale.

*Technology alone is rarely sufficient to change behavior. HIP works at the nexus where technology and people meet.*

# WORKING AT SCALE




USAID's Hygiene Improvement Framework illustrates the interconnected components necessary to design an effective hygiene improvement strategy to achieve public health impact: **access to hardware, hygiene promotion and enabling environment.**

Building on this framework, HIP focuses on hygiene promotion techniques such as communication, training, community mobilization and social marketing and involves the private sector to motivate and maintain positive hygiene practices. HIP ensures that infrastructure and water and sanitation technologies such as latrines, water pumps, soap, improved water containers and water treatment options are available; and policy, systems issues, advocacy, and financing schemes are addressed to assure a conducive environment for sustainability.

HIP brings key stakeholders together to develop a shared vision and action plan to improve hygiene with approaches that reach people where they live, work, worship, shop, study and play. Often, innovative approaches to hygiene improvement are implemented through pilot efforts with the intention to "scale up" later. HIP defines starting at scale as the coordinated actions of many stakeholders working on a common goal to the social benefit of targeted groups. It is the convergence of skills, interventions and availability of products and services at the same time, in the same places to benefit the same targeted communities reaching enough people to have a health impact.

Lasting change ultimately depends on a critical mass of people practicing improved behaviors. These actions are motivated and maintained through access to infrastructure, promotion, policies, regulation and influential social norms that direct positive hygiene practices. Change can be sustained when individuals encounter the same message at every key contact point in their lives.

# CHARACTERISTICS OF HYGIENE IMPROVEMENT EFFORTS AT SCALE

To start at scale and sustain change, HIP

- Catalyzes **participation** of multiple kinds of stakeholders at multiple levels, using multiple interventions.
- Encourages **collaborative and combined efforts** that are decentralized, vested in and managed by field agencies rather than by HIP. Program ownership is key to sustainability.
- Ensures that **hygiene improvement is fully integrated** into health and non-health platforms such as school curricula, which can enhance and increase impact.
- Collaborates closely with other donors and their programs to **harmonize goals and objectives and promote implementation synergies.**
- Identifies infrastructure needs required for sustaining improved practices and encourages **culturally appropriate hardware**.
- Collaborates with the **private sector** using state-of-the-art marketing tools to promote appropriate products related to hygiene improvement.
- **Accesses knowledge and shares findings** with partners.

Brandt Witte

## ILLUSTRATIVE HIP ASSISTANCE

HIP technical assistance can help to:

- Incorporate hygiene improvement into existing child survival programs.
- Integrate hygiene improvement into other programs such as HIV/AIDS, education, nutrition, food security, immunization and environment.
- Design, plan, implement and monitor hygiene improvement programs at scale that promote hand washing, sanitation and safe drinking water at point-of-use.
- Assure and use the right mix of approaches and interventions, e.g., social marketing, systems, community mobilization, communication and infrastructure development to promote healthy hygiene practices at scale.
- Build coalitions and develop capacity of interested stakeholders, e.g., government, local/international NGOs, networks and donors to implement hygiene improvement programs, to advocate and to formulate policy.
- Use hygiene improvement to engage private sector partners, e.g. soap manufacturers, distributors, shopkeepers and other commercial partners.
- Complement hygiene and sanitation infrastructure investments and systems approaches with strong individual hygiene behavior change programming for improved health outcomes.

# HOW HIP OPERATES

1. HIP is **identifying countries** where USAID missions are interested in collaborative hygiene improvement efforts at scale. HIP offers modest start-up funding where missions have indicated long-term interest. USAID missions in India, Madagascar and Nepal currently are working with HIP. Interested missions can contact HIP directly for further information.

2. HIP is **developing partnerships with private voluntary, non-governmental and private sector commercial organizations** to build the capacity of program implementers in hygiene behavior change, to exchange knowledge and to strengthen hygiene programs. A number of agencies are working with HIP including CARE, Catholic Relief Services, London School of Hygiene and Tropical Medicine, Plan International, Population Services International and West Africa Water Initiative. Interested organizations should contact HIP to get involved in hygiene improvement.

3. HIP is **forging collaborative relationships with other agencies and institutions working in this sector** to exchange information and collaborate in the field. These include CDC, WHO, International Network to Promote Household Water Treatment and Storage, Water Supply and Sanitation Collaborative Council, Public Private Partnership for Handwashing and the Water and Sanitation Program based at the World Bank. Other groups interested in collaboration should contact HIP.

4. HIP is **creating working relationships with other health and non-health programs** where hygiene improvement would enhance the goals of these sectors. For example, HIP is pursuing opportunities with USAID's Food and Nutrition Technical Assistance project in nutrition and food security; with the President's Emergency Plan for AIDS Relief programs in Africa; and with UNICEF's school health programs in India and Nepal. HIP welcomes the opportunity to develop other relationships.

HIP
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Hygiene Improvement Project
Academy for Educational Development
1825 Connecticut Avenue, NW
Washington, DC 20009-5721
202-884-8700
hip@aed.org
www.hip.watsan.net

HIP is led by the Academy for Educational Development (AED), partnering with ARD, Inc., the Manoff Group Inc. and the International Water and Sanitation Centre (IRC) based in the Netherlands. HIP's resource partners are: Aga Khan Foundation, Hindustan Lever and the International Rescue Committee.

*Cover: AED File Photo*