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HIP HYGIENE IMPROVEMENT
PROJECT

HYGIENE IMPROVEMENT PROJECT

Year Three Annual Report

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ACRONYMS

AED	Academy for Educational Development
ARD	Associates in Rural Development
AI	Avian influenza
BC	Behavior change
CRS	Catholic Relief Services
CTO	Cognizant technical officer
FID	Fonds d'Investissement pour le Developpement
HIP	Hygiene Improvement Project
HI	Hygiene improvement
HWTS	Household water treatment and storage
IEC	Information, education, and communication
IRC	IRC International Water and Sanitation Centre
ISH	Improved Sanitation and Hygiene Promotion Financing Strategy
KM	Knowledge management
M&E	Monitoring and evaluation
MSH	Management Sciences for Health
NGO	Non-governmental organization
PEPFAR	President's Emergency Plan for AIDS Relief
PHAST	Participatory Hygiene Assessment
POU	Point of use
PPPHW	Public-Private Partnership for Handwashing
PLWHA	People living with HIV/AIDS
PVO	Private voluntary organization

RECO-MAP	Red Comunitaria para el Manejo del Agua Potable
RFP	Request for proposals
TDY	Temporary duty
TIPs	Trials of Improved Practices
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

Introduction

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

Project Overview

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

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

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

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

The ceiling cost for Task Order 1 is \$22,033,000. Obligations to date through FY06 total \$11,201,671.

The following report accounts for project accomplishments and status in FY07, October 1, 2006 through September 30, 2007.

Year Three Program Highlights

HIP advanced both its field-based programs and contributions to USAID's global hygiene improvement agenda in several important ways. Probably the most significant opportunity for HIP this year was being awarded one million dollars in USAID Africa Bureau regional funds to build the African experience base in school-based hygiene improvement, sanitation marketing, and the integration of hygiene and sanitation within HIV/AIDS home care activities. These important new resources build on the programmatic base that HIP has established in three African countries (Ethiopia, Madagascar and Uganda) to achieve country-specific outcomes and is regionally cross-cutting, so that implementation experience

is used to develop concrete programming guidance, tools, and approaches for application in other African countries.

Field activities included important strategic and operational advances in HIP's at scale countries—Madagascar and Ethiopia—and the critical selection and hiring of three country coordinators for HIP's work with the West Africa Water Initiative. Madagascar and Peru both completed important formative research activities and Ethiopia completed a Whole System in a Room Multi-stakeholder Meeting resulting in a common action agenda in eight priority areas. In Uganda, an RFP was issued to subcontract a partner NGO: Plan International was selected and began implementation of HIP's program to support key national NGOs and other partners to develop and operationalize the behavior change component of the Government of Uganda's Ten-Year Improved Sanitation and Hygiene Promotion Financing Strategy.

A national hygiene campaign in Madagascar and a national as well as multi-district household water treatment campaign in Nepal got under way with HIP support through strong partnerships with host-country governments and implementing partners. HIP staff traveled to Ethiopia, Peru, West Africa, and Uganda to meet with national and regional counterparts, which helped move along many elements of HIP's work plan, such as behavior change training and the integration of safe water, sanitation, and hand washing into HIV/AIDS home-based care.

In addition, HIP staff continued to participate actively within the Public-Private Partnership for Handwashing (PPPHW) including co-chairing the Monitoring and Evaluation subcommittee and, serving on the Steering Committee and the Behavior Change and Schools subcommittees. HIP participated in the collective strategic review and planning for the PPPHW initiative's next year operations.

HIP responded to a request to strengthen its role in providing M&E leadership related to POU, both within the USAID community and the international POU network. For example, HIP held its second e-conference in January on the topic of Measuring Behavioral Outcomes for Household Water Treatment and Storage, and used the ideas generated during the conference to provide input on indicators for USAID for discussion at international fora such as the International Network to Promote Household Water Treatment and Safe Storage.

Administration and Management

HIP was challenged during the year by important staff changes including the project director, the financial manager and program associate. A new program associate, Meredith Gavilan, joined HIP in December and the new project director, Sandra Callier, was approved by USAID. James Willis, joined HIP in February as the new financial manager, but resigned in September. Recruitment for a water and sanitation specialist was initiated, but despite intensive recruitment efforts, a suitable external candidate was not available to fill this position. HIP therefore decided to make use of the available expertise of our ARD partner, and Scott Tobias and Morris Israel will provide the high-level sanitation related expertise needed by HIP on a long-distance basis from their offices in Vermont. In addition, HIP welcomed Sarah Fry as the senior hygiene programming advisor to assist with oversight of our program in Madagascar.

Task 1: Strategy

Activity under this task was largely completed with the submission and acceptance of HIP's five-year strategy. Activities in year three were limited to annual work planning and quarterly reviews and reports. The work plan for year four was prepared and submitted to USAID in early October.

HIP moved forward with a request to formally amend its contract in order to focus on two "at scale" country programs; this change brings expectations more in line with resource availability. At year's end, formal USAID approval was expected, although not yet received.

Task 2: Country Implementation

Ethiopia

Ethiopia's Whole System in a Room (WSR) Multi-Stakeholder meeting in October 2006 set the stage for the year to come. The goals of the meeting were resoundingly accomplished: to collectively identify priority action areas, construct a Shared Action Agenda, and draft short- and long-term action plans with stakeholder groups.

Early in 2007, HIP worked with its World Bank Water and Sanitation Program (WSP) partners to launch at scale activities in the Amhara Region to support the Government of Ethiopia's program: Learning by Doing: At Scale Hygiene and Sanitation Improvement. A series of "mini-WSRs" were conducted through the summer of 2007 to get support for the nine key issues in the Shared Action Agenda and begin the short-term planning for WASH promotion at the zonal and district levels. The WSP/HIP team also laid important groundwork for the future regional activities: formalizing the WSR Task Force as a Regional Steering Committee; facilitating the signing of a Regional Memorandum of Understanding between the bureaus of Education, Health, and Water Resources; and working with WASH signatories and NGOs to develop a framework and process for the creation of a Regional Strategic Coordinated Action Plan to ignite at-scale sanitation and hygiene in the districts.



Photo: K. Weller/ODI

The integration of a foot-controlled "tippy tap" with this latrine is the kind of innovation HIP seeks to replicate in its at scale activities in Ethiopia.

Activities focusing on behavior change got off the ground in year three. The focus of these efforts at the regional, zonal, and *woreda* levels and have included delivery of a training of trainers with WASH geared toward sanitarians and health promotion and program supervisors; the completion of a Regional Behavior Change Strategy for Amhara; and translation of locally developed WASH tools into Amharic.

Inroads continue to be made in integrating safe water, sanitation, and hand washing into schools and HIV/AIDS home-based care. HIP is in the process of hiring an educational specialist consultant to strengthen school curricula, school clubs, and other school-focused WASH activities. This year HIP hosted a roundtable discussion with USAID PEPFAR partners in Ethiopia on HIV/AIDS integration, met with home-based care NGOs to discuss possible intervention strategies, and continued its work with Abt Associates and Population Services International to launch a pilot home-based care activity.

In an effort to measure the impact of its scale intervention, HIP worked with stakeholders to create a monitoring and evaluation framework for the Learning by Doing at Scale Sanitation and Hygiene Promotion activity. This framework will constitute the basis for the collection of baseline information for different aspects of the program in Ethiopia: network development, institutional performance at the woreda level, school-based activities, and behavior change at the household level. HIP also moved ahead with additional mapping of resources in Amhara. HIP Regional Advisor Kebede Faris worked with HIP staff and finalized the “Mapping the Context” report, which highlights regional resources, relationships, and statistics. HIP explored using GIS technology to develop a user-friendly way of linking the SPSS database with spatial mapping of regional information.

HIP developed a background note to initiate planning for the development of a WASH Resource Center to be housed in the Amhara Regional Health Bureau. A visit by Jaap Pels, a senior knowledge management officer with HIP’s subcontractor IRC, to support the creation of the resource center was delayed due to Millennium celebrations, but the visit is back on track for late November.

Hygiene and sanitation were elevated to the departmental level within the Regional Health Bureau, giving additional budget and resources to the area. However, the year ended with several new and existing key positions vacant and waiting to be filled at the regional level.

Looking ahead, the work plan for year four includes a strategic decision to add a district focus in addition to the current regional focus. This new focus will begin with support to partners in one district (population 400,000) and quickly fan out to 10 more districts.

Madagascar

At the end of year three in Madagascar, under the leadership of HIP Country Program Manager Dr. Odile Randriamananjara, HIP’s efforts are being strongly felt at the regional levels, and new partnerships are also beginning to reach out nationwide. The national year-long WASH campaign promoting the three hygiene behaviors was launched with great fanfare in Tamatave in April. Minister of Health Jean Louis Robinson represented the Government of Madagascar and fully participated in the entire event. The 12-month effort to nationally promote each of HIP’s three key hygiene behaviors in turn began with hand washing, is focusing on sanitation during the second phase, and will conclude with water treatment at the point of use. This initiative has clearly shown the link between basic hygiene promotion and political will, economic growth, and poverty reduction.

Building on work carried out in year two and working with key water and sanitation partners in Madagascar, HIP completed its research for a series of Trials of Improved Practices (TIPs) to test the feasibility of promoting a set of small doable actions in water, sanitation, and hygiene in the four regions where HIP works. HIP explored the extent to which some 100 families in four regions could implement small doable actions (*petites actions faisables et importantes*, or PAFIs, as they are known in French) associated with HIP's three hygiene behaviors within their households. Ms. Bérengère de Negri, a formative research and behavior change specialist at AED, oversaw the training of the researchers, the implementation of the TIPs in the field, and the analysis and application of the results. The results have been incorporated into plans under development for improved hygiene promotion efforts across the constellation of HIP Madagascar partners.



Photo: R. Wilson

Members of the HIP Madagascar Team wearing the logo (designed in coordination with HIP) from the national WASH campaign.

The Madagascar team also developed a comprehensive behavior change strategy in water, sanitation, and hygiene based on the outcome of the TIPs and previous HIP activities. HIP staff traveled to the regions and held a series of behavior change strategy validation workshops with key partners in each region. The strategy is intended to be tailored to meet varying regional needs as required.

HIP's efforts to put into place and consolidate the necessary elements of an at scale program have focused on selecting and contracting local NGOs to implement hygiene behavior change promotion strategies; establishing offices for two additional HIP regional coordinators in Haute Matsiatra and Antsinanana; and developing a series of training and orientation guides on negotiating PAFIs with target populations (communities, households, schools, and health centers). HIP/Madagascar's partnership with FID (Fonds d'Investissement pour le Développement), a World Bank-funded project, to train FID's field agents and partners in all of Madagascar's 22 regions in HIP/WASH key practices, is a significant achievement in moving the at-scale effort forward.

Playing a key technical and financial role in various WASH and other committees, HIP/Madagascar has worked on integrating hygiene into school curricula and health and development programs. Efforts at the school level include the development of pedagogical materials for grades 1-5, in collaboration with UNICEF and WaterAid, which include WASH messages for the three hygiene behaviors, and the development of PHAST-based teacher training modules and guides. Working closely with representatives from the Ministry of Health and Family Planning, HIP has developed criteria for its WASH-friendly Health Centers concept and is in the process of launching pilot activities in HIP's four regions. As a

result of these activities, HIP has trained more than 4,000 teachers, 80 health workers, and 2,580 community workers in hygiene improvement and promotion.

The DIORANO-WASH group in Madagascar has incorporated some evaluation indicators suggested by HIP into their M&E program. HIP hired the local research firm PENSER to collect baseline data related to water access, message exposure, behavior change, and general state of health. The activity was conducted in collaboration with FANTA, a USAID-funded program working in Madagascar and elsewhere. Households with children from age seven to 24 months were the target audience of the data collection. Data was also collected from schools and clinics—future venues for HIP hygiene promotion in Madagascar. Results from data collected found a statistically significant relationship between the two measures of hand washing used in the survey—spot checks and self-reports via indirect questions: e.g., “Did you use soap yesterday and what for?” Data showed that 87 percent of those who were self-reporting hand washing via indirect questioning had observable soap at a hand washing station in the household. No relationship was found between the practice and the presence of water at the hand washing station or the presence of a hand washing station at different locations within the house.

In other M&E developments, HIP provided hygiene indicators to USAID/Madagascar partner Santénet for use in their Champion Community Program to reward communities for their hygiene efforts. And finally, the HIP/Madagascar office recruited for a new position—a monitoring and evaluation specialist—to manage all HIP M&E efforts, represent HIP at WASH M&E meetings, and train implementing NGOs and other partners in M&E methods related to the three key behaviors.

This year HIP expanded its program from two to four regions and the new regional coordinators installed in Antsinanana and in Haute Matsiatra have been revitalizing the regional WASH committees and reaching out to NGO representatives seeking opportunities to collaborate and participate as part of HIP’s at-scale through partnerships strategy.

Nepal

Nepal’s national Campaign to Promote Household Water Treatment was launched April 23, with guidance from HIP Country Coordinator Arinita Shrestha and her UNICEF counterparts. The launch was a collaborative effort of the Nepali government, USAID, UNICEF, local NGOs, and the private sector to encourage households to treat their water to protect themselves and their families from water-related illnesses. District launches continued into May in Panchthar, Kapilvastu, Parsa, and Dang, which reached 5,000 households through activities to encourage the use of POU products. Each launch was accompanied by a two-day training of trainers for frontline workers, as well as a “kick-off” of mass media materials.



Poster from the Nepal household water treatment campaign.

In other work with partners, HIP/Nepal contributed to the development of a water safety plan for Nepal, which covered household water safety in emergencies; attended several stakeholder meetings held in response to a cholera outbreak and accompanied a Red Cross Society awareness team to affected areas; and coordinated with UN-HABITAT to share approaches in support of its newly funded point-of-use promotion initiative in urban areas.

HIP signed an agreement with the Environment and Public Health Organization and Solutions Consultant to conduct school POU research in regions where the UNICEF–HIP project is active. The goal of the research is to identify viable POU technology options—such as high volume colloidal silver and Biosand filters—that can be successfully managed at the school level with active participation of school children and the community. Twelve schools were selected to participate. A variety of filters were installed and pre-testing began over the summer.

To improve the effectiveness and availability of POU products in the target districts, HIP has been exploring both the manufacture and assembly of colloidal silver filters in the regions. Ms. Shrestha and UNICEF officials have also met with producers of other POU options, including hypochlorite solution (bleach), in the pilot regions to discuss ways to increase the availability of their products.

Finally, the monitoring format for POU promotion that will be used at the village development committee level and also by the district program office has been finalized and translated into Nepali and English.

Peru

Healthy Municipalities. HIP has focused on identifying appropriate water treatment options and developing and implementing a Network to Improve Household Water Quality, known by its Spanish acronym RECO-MAP (Red Comunitaria para el Manejo del Agua Potable), and a related capacity building plan. This water quality improvement activity is part of USAID/Peru’s Healthy Municipalities, Healthy Schools Initiative managed by Management Sciences for Health (MSH).

The Manoff Group’s Senior Advisor for Behavior Change Communication, Elizabeth Younger, has led HIP’s technical support, working closely with MSH colleagues to implement the RECO-MAP, develop training-of-trainers activities, and prepare and test IEC support materials, with a scheduled launch for this activity in early December. This activity was scheduled to conclude at the end of September, but was extended by USAID/Peru to provide HIP with more time to adequately test and revise materials and implement the training activity, after delays due to a series of strikes and natural calamities.



Photo: E. Younger/Manoff

Pretesting materials for community behavior change activities.

The intricacies of establishing the RECO-MAP activity attested to the challenge of promoting household water treatment in an environment where no commercial hypochlorite product is available for promotion. Dosage, bottling, quality control all provided challenges to the art and science of promoting water treatment (e.g. How can communities measure 4 drops/20 liters treated, when no droppers are available?) Also challenging was determining which roles the various community and district personnel could play, given existing responsibilities and resources.

Evidence of local enthusiasm for the activity was underscored when the local government decided to purchase the recommended “safe storage” containers for all families participating in the workshops in the pilot communities, once they’ve reached certain benchmark accomplishments. And HIP’s local collaborating partner MSH has built into their annual plan for the coming year the replication of the project activities in an additional 30 districts in seven regions in Peru.

Sanitation as a Business. HIP’s other work in Peru supports the Sanitation as a Business Initiative, an ambitious two-year sanitation marketing initiative in five regions of the country managed by the World Bank Water and Sanitation Program. HIP participates in the steering committee for the initiative and has provided ongoing technical support to the initiative since its inception in 2006, particularly in the areas of formative research, and monitoring and evaluation. At the beginning of 2007, Malva Baskovich, the sanitation as a business coordinator, came on board. This position was originally intended to be co-financed by WSP and HIP, but is now fully funded by WSP.

In response to a request from the initiative, HIP Sanitation Specialist Scott Tobias traveled to Lima this August to work with a WSP team to review the results of six months of formative research and develop the operational objectives for WSP and the three NGOs that will implement the pilot field activities in five sites. Mr. Tobias focused specifically on the “end-game products”—the tools, templates, approaches, and systems that must be produced and captured in order to scale up and replicate the sanitation marketing activities elsewhere in Peru and the Latin America and Caribbean region.

HIP also began the process of contracting a local knowledge management specialist to work half-time as a member of the initiative team and document these end-game products as well as support project M&E and capture project achievements and stories for different audiences.

Task 3: Integration

Africa Bureau Funding

The aforementioned Africa Bureau funding has been programmed in three domains, focusing primarily on the integration of water, sanitation, and hygiene activities into HIV home-based care and into schools. The third area into which funding was programmed is sanitation marketing. While little actual spending occurred in year three, important partnerships were developed and planning took place in HIP’s three focal countries of Ethiopia, Madagascar, and Uganda, as well as a smaller activity in Malawi. The platform is in place for extensive activities in these countries in the coming year.

HIV/AIDS and Hygiene Integration

HIP collaborated with the World Health Organization and Catholic Relief Services (CRS) to plan a country-level meeting on integrating HIV/AIDS home-based care into water, sanitation, and hygiene programming in Malawi in October 2007. The workshop, for which CRS had lead responsibility, was developed to bring together practitioners from both sectors with the intention of developing: (1) hygiene and sanitation guidelines for use within palliative and home- or community-based care programs, and (2) guidelines for the water and sanitation sector on addressing the special needs of people living with HIV/AIDS in program design. It is hoped that this Malawi-centered activity will lead to actions, tools, and guidelines that will be relevant to a broader audience. HIP, with assistance from Dan Campbell, manager of the Environmental Health at USAID project website, was responsible for preparing a literature review of research on WASH and HIV/AIDS, existing resources, and program implications, based on a related review conducted by Dr. Kate Tulenko of the World Bank Water and Sanitation Program.

In late July, HIP joined with the Centers for Disease Control to provide an in-service training via teleconference for the USAID Home-Based and Palliative Care Working Group of the USAID's Office of HIV/AIDS and the President's Emergency Plan for AIDS Relief (PEPFAR) Program. The focus of the training was Integrating Hygiene Improvement into HIV/AIDS and Palliative Care Programming. Fourteen USAID representatives from the United States and Africa participated in the teleconference. Following the training, the group generated a list of potential follow-up actions, including: share best practices, provide input and resources to the PEPFAR website, and integrate HI into orphans and vulnerable children programs through schools. These suggestions, as well as thoughts on potential areas of collaboration, were to be discussed at a later Palliative Care Working Group meeting.

An important document for USAID Mission PEPFAR programs and implementation partners outlining "tips" for integrating safe water, hand washing, and feces management into home-based care programming was finalized. The draft document along with HIP's issue brief on "Integrating Hygiene into HIV/AIDS Programming to Reduce Diarrhea" was distributed at the 2007 HIV/AIDS Implementers Meeting held in June in Rwanda, which was attended by approximately 1,500 USAID/PEPFAR staff and implementing partners from around the globe.

In addition, HIP did a special mailing to USAID Mission health officers and sent copies of its hygiene integration and HIV/AIDS issue brief mentioned above, together with a targeted memo outlining specific technical support that HIP could provide in this area to USAID missions and their partners.

School Sanitation and Hygiene Promotion

HIP worked to identify long-term technical expertise to provide input to country and cross-cutting programming to ensure both best practice in its country applications and overall global leadership. An agreement with the IRC International Water and Sanitation Centre to provide technical support to school sanitation initiatives in Uganda, Madagascar, and Ethiopia is pending. HIP is already working in Madagascar with the Ministry of Education, UNICEF, and WaterAid to develop a "WASH-friendly" school approach to hygiene improvement for school curriculum and teacher training.

Task 4: Global Leadership

Public-Private Partnership for Handwashing

HIP's involvement in the M&E Working Group of the Public-Private Partnership for Handwashing (PPPHW) initiative in year three included hosting the initial meeting of the group in December where issues discussed included the creation of valid methodologies to measure hand washing practices at the household level, which will be used in upcoming evaluations. HIP chaired and attended subsequent meetings of the group in which key recommendations for WSP's Scaling Up Hand Washing Behavior Change Project and upcoming studies were discussed and developed and specific measures to assess hand washing practices delineated.

Other work for the initiative included designing terms of reference for baseline data collection in PPPHW countries; developing a behavior change framework that can be used in M&E activities within the initiative; recommending intermediate measures to be used in the evaluation designs of PPPHW countries undergoing baseline/endline efforts (Ecuador, Peru, Vietnam and Uganda); and reviewing the terms of reference for hiring a specialist to develop a monitoring and evaluation plan in Colombia. HIP staff worked with PPPHW Secretariat and Steering Committee colleagues to develop two key concept notes for the June committee meeting. These concept notes, "Monitoring and Evaluation" and "Hand Washing Advocacy," together with notes on two other priority topics, contributed to setting priorities for the Secretariat and Steering Committee's efforts in the coming year.

HIP also provided input and support on several studies under way. HIP M&E Specialist Orlando Hernandez reviewed a Bangladesh indicator study to establish the best measures to track hand washing practices and made recommendations to the research team. This study is financed through the Handwashing Scale Up implemented by WSP with Gates Foundation funding and it is crucial to determine the health impact of hand washing for that component of WSP's hand washing portfolio. As a member of WSP's M&E subcommittee, HIP also weighed in on the research design of an impact evaluation of hand washing behavior change interventions. HIP participated in the review of the protocol to conduct research to refine indicators for hand washing and submitted a draft outline to the subcommittee to facilitate the preparation of an M&E manual.

In addition, HIP provided substantial support to the World Bank/WSP's annual University of Handwashing held Sept. 12-14. Renny Seidel of AED facilitated a day-long strategic planning meeting of the PPPHW Steering Committee. HIP also sponsored a hands-on training session on "Designing a National Handwashing Initiative: Translating Research into Practice," presented by Ann Jimerson of AED.

E-Conference on Measuring Behavioral Outcomes for HWTS

HIP hosted an e-conference on Measuring Behavioral Outcomes for Household Water Treatment and Storage, January 22-31. Prior to the conference, Orlando Hernandez wrote and distributed a discussion paper, "Measuring Behavioral Outcomes When Promoting Household Water Treatment and Storage," to facilitate conversation. More than 60 participants were invited to participate and receive e-mail notification of messages exchanged between participants. Conference participants were asked to comment on two proposed indicators to measure household water treatment and storage practices and on additional

indicators to measure behavioral determinants. The ideas generated during the e-conference were used to provide input on indicators to USAID for discussion at international fora such as the International Network to Promote Household Water Treatment and Safe Storage.

M&E Support to USAID

To assist the Environmental Health Team within USAID, Orlando Hernandez participated in the identification and write up of both output and outcome F level indicators related to hygiene promotion. A questionnaire to measure the outcome indicators and a tabulation plan for their analysis was drafted to facilitate discussion.

USAID Partners POU Working Group

HIP staff members Julia Rosenbaum and Dr. Hernandez participated in quarterly meetings of USAID POU partners where they gave updates of HIP's global and country-specific activities in support of POU and contributed to the development of the LQAS evaluation methodology and other POU indicators. HIP contributed significantly to a quarterly meeting focused on integrating WASH into HIV programming. In addition, HIP worked with the USAID POU Partners Materials Sub-group on the development of a set of resource materials (such as fact sheets, charts, curricula) for USAID partners and others to use for POU programming.

Other Activities

Dr. Hernandez attended the World Water Week in Stockholm and became acquainted with the plans of various current and potential partners related to the International Year of Sanitation, the suggestions of the international community to improve the measurement of progress towards achieving MDGs in water and sanitation, and the progress made regarding tracking WASH sector achievement per country (given Dr. Hernandez's involvement in helping design the M&E system for the sector in Ethiopia).

Task 5: Capacity Development with PVOs and NGOs

Uganda

HIP's selection of Plan International as its subcontractor and the hiring of a local senior level hygiene improvement advisor paved the way forward for HIP's newest country program, which will support water and sanitation activities in Uganda. The focus of HIP's Uganda activity is to work with key national and international NGO/PVO partners through the National Sanitation Working Group and the Uganda Water and Sanitation NGO Network (UWASNET) to help develop and operationalize the behavior change component of the Government of Uganda's Ten-Year Improved Sanitation and Hygiene Promotion Financing Strategy (ISH). Principal areas of emphasis for hygiene behavior change activities include school hygiene and sanitation, sanitation marketing, and the integration of hygiene improvement into HIV/AIDS care and support.

To help launch the project, facilitate work plan development, and explore a myriad of partnership opportunities, HIP fielded a TDY Team to Uganda in June, consisting of a sanitation specialist from ARD, the HIP USAID CTO, and the HIP behavior change specialist, to work with John Odolon, the newly hired hygiene improvement advisor. During the TDY, the team met with representatives of HIP's partners in Uganda and formed an Expanded Working Group on Hygiene and Sanitation linked strongly into the existing

National Sanitation Working Group. This Expanded Working Group will work with the HIP advisor to gain major stakeholder support across the board for improved hygiene programming and support the behavior change component of the national ISH Strategy.

Following the TDY, the HIP/Uganda and Washington team prepared an initial three-month work plan, which focused on developing and managing a solid partnership across the sectors of hygiene and sanitation. The work plan was completed and accepted and will be revised after a key stakeholders' planning meeting in October. Hiring is under way for a set of technical assistant consultants to help jump start project development in multiple areas: a sanitation marketing feasibility study, a critical assessment of behavior change materials and approaches in hygiene, and HIV/AIDS care and support.



Photo: M. Weinger/USAID

HIP Advisor John Odolon and ARD's Morris Israel visit the town of Tororo and assess field conditions as part of work planning for HIP's activities in Uganda.

Links with key government, NGO, and private sector contacts continue to grow as Mr. Odolon worked with leaders and members of the UWASNET network of NGOs active in Uganda's dynamic water and sanitation sector as well as WSP and government actors to spread the word about HIP. Recent examples include discussions with UNICEF regarding assistance for a planned NGO hygiene capacity strengthening workshop in the North; an invitation to present HIP's proposed activities at the Technical Support Unit software meeting organized by the Government of Uganda's Directorate of Water Development; and continued support for HIP's efforts from partners such as WSP Uganda, which shared a copy of their recent formative research report focused on hand washing practices. Mr. Odolon began cultivating contacts in the HIV/AIDS sector with key Government of Uganda and NGO stakeholders in advance of developing a mechanism for negotiating a more robust set of hygiene integration actions into existing care and support guidelines. He facilitated a training session on hygiene improvement for local care and support volunteers working under the auspices of the International HIV/AIDS Alliance.

A visit by a HIP sanitation marketing team was scheduled to kick off activities for year four, during which time the team would assist HIP to determine concrete actions to develop a sanitation marketing approach to undertake in Uganda in partnership with other stakeholders in the sector.

West African Water Initiative

HIP facilitated the hiring of three behavior change (BC) specialists this year, through the ARD/WATER IQC, to work with West Africa Water Initiative (WAWI) partners in three countries—Ghana, Mali, and Niger. During a technical assistance visit in April, HIP helped the BC specialists prepare a detailed work plan for each country and provided an orientation

on the overall goals and objectives of HIP's work with the WAWI partners. One of the first activities of the BC specialists was to conduct a literature review of behavioral determinants of the HIP-promoted behaviors: hand washing with soap at critical times among children's caretakers, household water disinfection and storage, and hygienic disposal of feces, including child feces.

The BC specialists helped organize the logistics for a series of four-day workshops held in July in each of the three countries. An AED behavior change trainer, Lonna Shafritz, prepared and facilitated the workshops, which trained 70 people in practical skills for developing behavior change strategies, including first-hand experience collecting research information from target groups. WAWI partners also contributed significantly financially and in kind to the workshops, providing most of the equipment and some vehicles. Workshop participants included behavior change consultants, WAWI partner representatives involved in hygiene promotion, as well as staff from other counterpart agencies playing a similar role. WAWI partner participants clearly viewed the HIP BC specialists from each of their countries as valuable resources to help them develop ways to improve their activities, monitoring, and hopefully outcomes.

Following the workshops, the three BC consultants, with assistance from HIP/Washington, developed detailed work plans and budgets for the period August–December 2007, and have subsequently begun providing technical assistance to WAWI partners in their countries. In Mali, initial support focused on planning a National Hand Washing Day. The BC consultant there worked with private radio stations to air messages for one month (at no cost) about handwashing, in conjunction with this national day. In Niger, the BC specialist served as a liaison between UNICEF and the WASH partners in Maradi in support of the fight against cholera. And in Ghana, the BC consultant worked with UNICEF to define a BC strategy for guinea worm and co-facilitated a workshop on community-led total sanitation, in addition to planning a BC intervention with World Vision.

Other PVO Capacity Building

Other capacity development activities in year three included presenting two technical sessions at the USAID Child Survival and Health Grants Program's Mini-University held in Baltimore, MD in June, and support for the CORE Group's Social and Behavior Change Working Group:

- **USAID Mini-University Presentations**
 - “In Your Hands: Integrating Hygiene Improvement into Child Survival Programming,” presented by Julia Rosenbaum, HIP's deputy director, focused on the inclusion of hand washing, safe water, and sanitation to achieve targets to reduce diarrheal disease.
 - “The Essential TIPS: Trials of Improved Practices in Action,” presented by Catherine O'Brien, HIP BC specialist, focused on design steps and when and how to apply the TIPS methodology to program strategy development using hygiene programming examples, and discussed how TIPS may be useful to existing programs.

- **Core Group Activities**
 - HIP staff participated in a working group to revise the BEHAVE training curriculum (developed to train NGOs in systematic behavior change program planning). HIP contributed to a day-long planning session for curriculum revisions, modification of the training approach to incorporate more of a “learner-centered” adult learning technique, contributed to the development of select pieces, and helped critically review the final draft.
 - HIP staff reviewed Technical Reference Materials for USAID’s PVO Child Survival Grants Program and provided comments.

Task 6: Knowledge Management

Knowledge Management in Country

Planning began this year for a HIP/WSP-supported water, sanitation, and hygiene resource center in the Amhara Regional Health Bureau. Assistance provided included writing a background note outlining the need and requirements for this center as well as identifying and ordering water, sanitation, and hygiene publications and other resources to stock the resource center (see also Task 2, Ethiopia). The HIP knowledge management specialist also worked with the WAWI team to develop ideas on how to foster knowledge sharing among the three HIP BC specialists and the WAWI partners they support.

HIP E-conference

HIP held its second e-conference related to household water treatment and safe storage in January on the topic of Measuring Behavioral Outcomes for Household Water Treatment and Storage Systems (see also Task 4). HIP Knowledge Management Specialist Patricia Mantey provided support in preparation for and during the one-week e-conference and our partner IRC assisted with logistics and troubleshooting before and during the conference, which was extended an additional three days to encourage more participation.

HIP Website

Several new features were added to HIP’s website this year, including resource sections on the three key behaviors (hand washing with soap, POU water treatment and storage, and sanitation) as well as resources on avian influenza and hygiene and HIV/AIDS and hygiene, available at: <http://www.hip.watsan.net/page/314>. In addition, there is now an “Employment at HIP” section, which is used to post announcements about HIP staff as well as consultant openings. HIP’s website received an average of 1,200 hits per month during the year from users throughout the world.

Publications

Publications and other materials produced by HIP this year include: a French version of the general HIP brochure; an issue brief on “Hygiene Improvement and Avian Influenza,” which discusses the challenges for AI prevention and control efforts and suggests options for integrating hygiene-related activities into AI programs in resource-poor settings—available at: <http://www.hip.watsan.net/page/2121>; the preparation of fact sheets on the evidence base for hand washing and POU in improving hygiene; and brief country overviews for each of the countries where HIP works. In coordination with the

Environmental Health at USAID Project, HIP prepared a CD-ROM of “Key Resource Documents on Hygiene and Sanitation” for the Ethiopia Whole System in a Room meeting

HIP-Lights

Hip-Lights is now prepared monthly to accommodate growing task manager work loads and to ensure more substantive content in each issue. The distribution list was expanded and is now sent to more than 60 of HIP’s partners and other organizations. The newsletter was recently branded to include the new USAID/HIP sub-brand and standard about HIP information.

Branding and Implementation Marking Plan

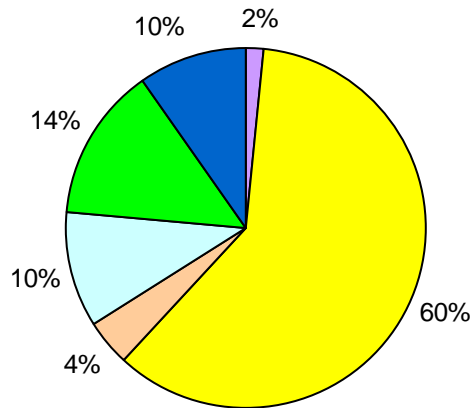
HIP has a new USAID Branding Implementation Plan and Marketing Plan, developed in response to revised USAID branding guidelines issued earlier this year. Under the new guidelines HIP is no longer permitted to use its old blue logo and will instead use the new HIP/USAID sub-brand, which is on the cover page of this report.

Annex 1 – Financial Information for FY 07

USAID Hygiene Improvement Project

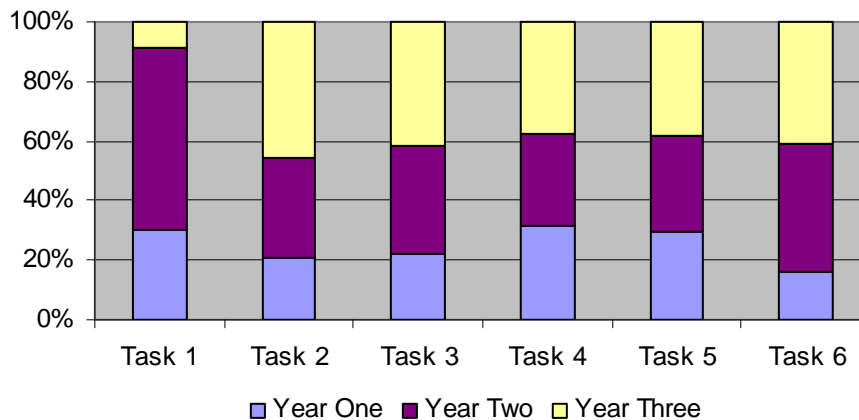
Expenditures by Task	Year One	Year Two	Year Three	Total
Task 1	\$161,775	\$326,542	\$45,220	\$533,537
Task 2	\$684,641	\$1,123,972	\$1,532,226	\$3,340,839
Task 3	\$57,111	\$93,716	\$108,786	\$259,613
Task 4	\$218,071	\$213,440	\$262,083	\$693,594
Task 5	\$275,421	\$305,083	\$356,239	\$936,743
Task 6	\$96,442	\$255,870	\$246,443	\$598,755
Total Expenditures	\$1,493,461	\$2,318,623	\$2,550,997	\$6,363,081

Program Year Three Spending



Task 1 Task 2 Task 3 Task 4 Task 5 Task 6

Spending by Program Year



Annex 2 – HIP Staff Year Three Travel

Destination	Purpose	Traveler	Date of Travel
Bangladesh	Regional Safe Water Systems Meeting in Dhaka	Arinita Shrestha	Aug 19-24, 2007
Ethiopia	Technical Assistance	Julia Rosenbaum	April 11-May 4, 2007
Ethiopia	Work with WSP to support at-scale hygiene improvement in Amhara	Julia Rosenbaum	Oct 19-Nov 4, 2006
Ethiopia	Monitoring and Evaluation– Technical Assistance	Orlando Hernandez	July 20-Aug 1, 2007
Ethiopia	Work with WSP to support at-scale hygiene improvement in Amhara	Mona Grieser	Oct. 20-28, 2007
Ghana	Technical Assistance	Lonna Shafritz	June 30-July 20, 2007
Madagascar	Technical Assistance	Berengere de Negri	Nov 11-Dec 18, 2007
Madagascar	Technical Assistance	Berengere de Negri	Jan 22-Feb 15, 2007
Madagascar	Work with field staff to ensure that AED policies and procedures are understood	Takady Konate	March 1-15, 2007
Madagascar	Technical Assistance	Sarah Fry	Sept 6-29, 2007
Mali	Technical Assistance	Lonna Shafritz	April 2-13, 2007
Mali	Technical Assistance	Lonna Shafritz	June 30-July 20, 2007
Niger	Technical Assistance	Lonna Shafritz	June 30-July 20, 2007
Peru	Technical Assistance	Elizabeth Younger	April 15-28, 2007
Peru	Technical Assistance	Scott Tobias	Aug 13-23, 2007
South Africa	Attend AED Financial Training	Odile Randriamananjara	Aug 12-17, 2007
South Africa	Attend AED Financial Training	Andry Raherimampindra	Aug 12-17, 2007
Sweden	Attend World Water Week Conference	Orlando Hernandez	Aug 11-18, 2007
Uganda	Technical Assistance	Catherine O'Brien	June 9-27, 2007
Uganda	Technical Assistance	Morris Israel	June 11-26, 2007

Annex 3 – HIP Staff Conference Attendance

Conference	HIP Presenters	HIP Attendees	Date and Place
USAID Mini University		Catherine O'Brien	October 27, 2006 Washington, DC
World Bank Water Week		Catherine O'Brien Julia Rosenbaum Orlando Hernandez Patricia Mantey	Feb 26-March 2, 2007 Washington, DC
Global Health Conference		Meredith Gavilan	May 29-June 1, 2007 Washington, DC
Johns Hopkins Mini University		Sandra Callier Catherine O'Brien Julia Rosenbaum	June 6-7, 2007 Baltimore, MD
World Water Week Conference		Orlando Hernandez	Aug 12-18, 2007 Stockholm, Sweden
USAID Office of Food for Peace M&E Workshop	Carol Baume Orlando Hernandez		Aug 20-30, 2007 Washington, DC

Annex 4 – HIP Local Hire Staff and Consultants

HIP Local Hire Staff

Local Hire	Employment Start Date	Location of Employment
Karine Rahanetra	January 14, 2007	Madagascar
Herimanana Rakotoson	January 14, 2007	Madagascar
Joelina Ratefinjanahara	June 20, 2007	Madagascar
V. Emile Andriamiarisoa	June 20, 2007	Madagascar
Louis Joseph Rajohnson	June 15, 2007	Madagascar
Clement Randriantelomanana	September 3, 2007	Madagascar

HIP Consultants

Consultant Name	Period of Performance	Location of Consultant Work
Della Dash	Oct. 7-27, 2006	Ethiopia
Lawrence T. Outlaw	Sept. 15-Nov 30, 2007	Uganda
William Oswald	Oct. 1-Dec 15, 2006 and July 2-7, 2007	Peru

HIP Personal Services Contractors

PSC Name	Period of Performance	Location of Work
Geraldine Canales Grande	December 15, 2006-April 6, 2007	Peru
Ronny Galindo Aparcana	April 19-September 25, 2007	Peru
Jean Andrimantsoa	Nov 20-Dec 16, 2007 and Jan 22-April 20, 2007	Madagascar
Jean Botonoasy	Dec 9-16, 2006	Madagascar
Louis Joseph Rajohnson	Sept 27-Nov 1, 2006; Nov 6-Dec 16, 2006; and Jan 22-31, 2007	Madagascar
Mamy Tiana Rakotoarimanana	Nov 20-Dec 16, 2006 and Jan 29-April 20, 2007	Madagascar
Andry Rakotonanahary	Nov 20-Dec 16, 2006; Feb 3-April 20, 2007; and July 16-Sept 10, 2007	Madagascar
Jean Rakotondrainibe	April 18-Sept 1, 2007	Madagascar
Brune Estelle Ramiranirina	Nov 6 -Dec 16, 2006 and Jan 29-April 20, 2007	Madagascar
Yveline Anne Marie Randriamiarina	Dec 9-16, 2006	Madagascar
Lydia Lalanirina Randrianja	Dec 9-16, 2006	Madagascar

Stephen Rasolofoniaina	Dec 9-16, 2006	Madagascar
Andry Razafinimanana	Dec 18, 2006-March 17, 2007	Madagascar
Harilala Razanalivoarijaona	Dec 9-16, 2006	Madagascar