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HIP HYGIENE IMPROVEMENT
PROJECT

Hygiene Improvement Project Activities in Uganda

The Hygiene Improvement Project (HIP) is a five-year (2004-2009) project funded by the USAID Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition, led by the Academy for Educational Development (contract # GHS-I-00-04-00024-00) in partnership with ARD, Inc., The Manoff Group, and the IRC International Water and Sanitation Centre. HIP aims to reduce diarrheal disease prevalence and improve child survival through sustainable improvements in key water, sanitation, and hygiene (WASH) behaviors: primarily hand washing with soap, safe feces disposal, and safe storage and treatment of drinking water at the household level.

HIP's activities in Uganda are being conducted in partnership with Plan Uganda, the Government of Uganda (GOU) (through district local governments), and the Uganda Water and Sanitation Network (UWASNET), under the broad umbrella of the National Sanitation Working Group (NSWG). HIP interventions are positioned to respond to needs prioritized by the sector, and these partnerships provide a sustainable mechanism to upscale the tools developed in other districts.

Objective: HIP will develop, test and promote tools to increase demand and supply of low-cost sanitation services as well as ensure effectiveness and sustainability of use, in line with the GOU's 10-Year Improved Sanitation and Hygiene Strategy. HIP operates by focusing on two specific areas of intervention in sanitation and hygiene improvement. These are:

- i) Integration of WASH into home-based care and support for people living with HIV/AIDS, and
- ii) Development of the Sanitation Marketing approach

Integration of WASH into HIV/AIDS Home-Based Care Programming

Poor water, sanitation and hygiene practices exert a heavy toll on people living with HIV/AIDS, especially in terms of vulnerability to opportunistic infections and loss of dignity. The additional bouts of diarrhea and opportunistic infections experienced by HIV positive individuals also increase the work load for their caregivers. HIP is currently implementing activities to address poor WASH practices in homes of HIV positive individuals, including:

- Conducting focus group discussions and in-depth interviews (in Kampala [urban] and Kamuli [rural] districts) to assess hygiene conditions, practices and related behavioral factors in four key WASH areas of hand washing, feces handling and disposal, water treatment and storage, and menstrual blood management;
- Developing and testing improved practices in the households in Kampala and Kamuli districts;
- Developing tools and manuals to be used by home based care workers; and
- Training a core group of master trainers from organizations that provide home-based care services.

Key expected outputs from HIV/AIDS home-based care activities include:

- Training manual for HIV/AIDS home-based care providers;
- Reference guide for the home-based care staff supporting people with HIV/AIDS in their homes;
- Assessment/counseling cards;
- A cadre a trained master trainers; and

- A sustainability strategy to upscale the approach.

To enrich the measures proposed and ensure their sustainability and uptake in the sector, HIP has initiated a Sub-group on Sanitation & Hygiene Integration in HIV/AIDS, in partnership with Network for Water and Sanitation (NETWAS), under the NSWG.

Sanitation Marketing Initiative

Sanitation marketing introduces conventional marketing approaches to stimulate demand and supply for sanitation products and services by encouraging households to use own resources to improve their services and suppliers to develop the range of choices that satisfy consumer needs.

This is in response to the acknowledgement that traditional sanitation approaches, while essential, cannot on their own lead to sufficient sanitation and hygiene services improvements to ensure adequate access to sanitation services. This is partly because such approaches disproportionately rely on subsidies (direct and indirect) and vigilant law enforcement to deliver service improvements, and over-emphasize the health aspects of improved sanitation, as opposed to its social and cultural benefits. Hence, improvements derived from these approaches are often inconsistent and unsustainable.

HIP is piloting sanitation marketing in Tororo District, which was chosen because many of the necessary conditions for sanitation marketing are already in place, including a pro-sanitation district leadership; a well-mobilized community, partly due the areas' exposure to Community Led Total Sanitation (CLTS), by Plan Uganda; and the need for further improvements in toilet coverage.

Key expected outputs from sanitation marketing pilot:

A key output of the Sanitation Marketing Initiative is the development and field testing of a guidance manual and tools to assist managers to design and implement sanitation marketing approaches. Other deliverables include:

- Guidelines for demand and supply assessment;
- Training curricula for sanitation services providers (e.g., masons);
- A menu of low-cost latrine technologies; and
- Sanitation marketing strategy for the pilot district.

HIP is working closely with the local leaders in Tororo District to test and implement the sanitation marketing approach, while working with national level organizations and other stakeholders to gain their support for sanitation marketing. Sanitation Marketing has been initiated through the NSWG to benefit from partner knowledge and enable up-scaling of the approach. HIP is coordinating the development and testing of tools with the Water and Sanitation Program (WSP) to further opportunities for uptake and replication in other districts.

For additional information: www.hip.watsan.net