

# TRACKING HYGIENE BEHAVIOR OUTCOMES: GOING BEYOND CURRENT JOINT MONITORING PROGRAMME PARAMETERS



**HIP** HYGIENE IMPROVEMENT PROJECT

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## LIMITATIONS OF JOINT MONITORING PROGRAMME PARAMETERS



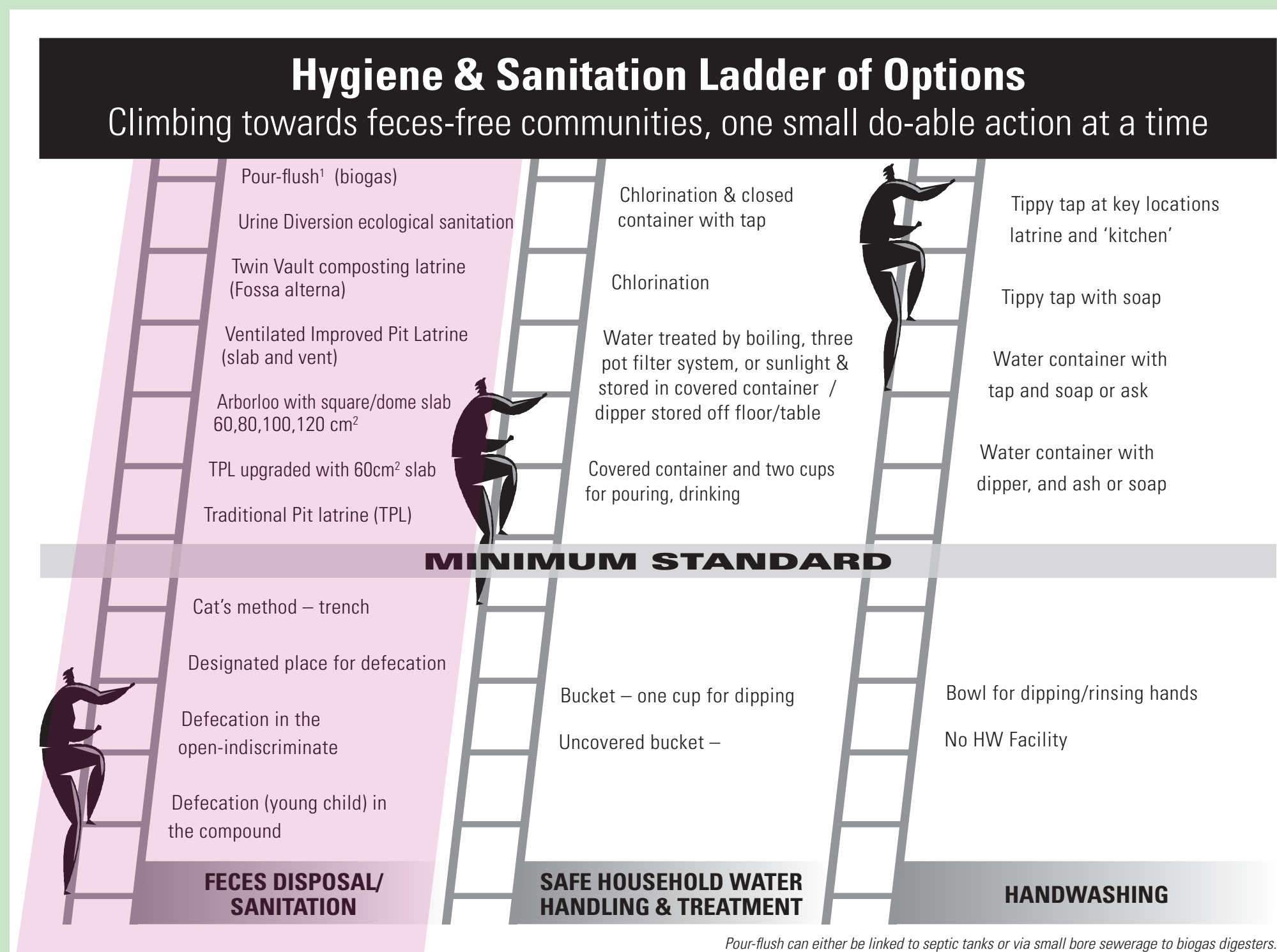
- Focus on coverage increments, thus quantitative outputs
- Limited interest in quality, operation and maintenance of WATSAN infrastructure
- Ignore water treatment and storage technologies that can increase access to safe water
- Ignore changes in the right direction households may go through to reach desired standards as 'small doable actions' get adopted
- Ignore changes that will not occur at the same pace for all

## SOLUTIONS THAT ADDRESS LIMITATIONS

### Small Doable Actions

- Actions leading to household and public health improvement when practiced regularly and properly
- Considered feasible by the household, from their point of view
- May fall short of an 'ideal practice' but more likely to be adopted by a broader number of households

## SANITATION



### Results (Madagascar)

Comparative results from '07 and '08 measures of sanitation promotion program in four regions of Madagascar requiring enumerators to observe sanitation facilities suggest:

- A drop in open defecation from 39% to 18%
- An increase in presence of simple latrines with no slabs from 58% to 75%
- An increase in latrines with slabs and flush toilets from 3% to 7%

Results also indicate that some families are opting for sharing latrines. Although not a recommended practice for MDGs, the percent of families sharing latrines increased.

Sanitation promotion programs must track changes in sanitation practices, even if ideal practices have not been reached. This will help determine strategies to support families to continue to move in the right direction and move up the sanitation ladder. Some families may need to stop open defecation and get onto the ladder; families already on the ladder may need to move up toward ideal practices.

## Simple Tracking Form

### DIALOGUE CARD FOR HYGIENE & SANITATION

Father's/Mother's Name: \_\_\_\_\_ Name of the Health Worker: \_\_\_\_\_  
Village: \_\_\_\_\_ Date of visit: \_\_\_\_\_

1. Assess with the householder what they are doing now for each of the key behaviors and mark a check in the corner of the current practice.
2. Based on the improved behavior discuss on the behavior next to the current practice. During your discussion, ask...  
- What problem the family will face to change the current practice to the improved behavior?  
- Discuss if there is any one in the family who oppose to change the current behavior due to culture or other reason.
3. Circle one, two or three behavior/s that you agreed upon to practice.
4. Seal the agreement as a commitment and make an appointment to see the improved behavior.
5. Finally, hand this card to them to put it securely on a wall or store in the family health card.

"It is all our responsibility to end open defecation, unhygienic practices and the diseases they bring!"



## POINT OF USE WATER TREATMENT & STORAGE

### Treatment Options

Chlorination: sodium hypochlorite solutions (Sur'Eau, Waterguard), Aquatabs, PuR

Solar disinfection

Filtration: ceramic and bio-sand

Boiling: heat water to boiling point (and let it boil for 1 minute)

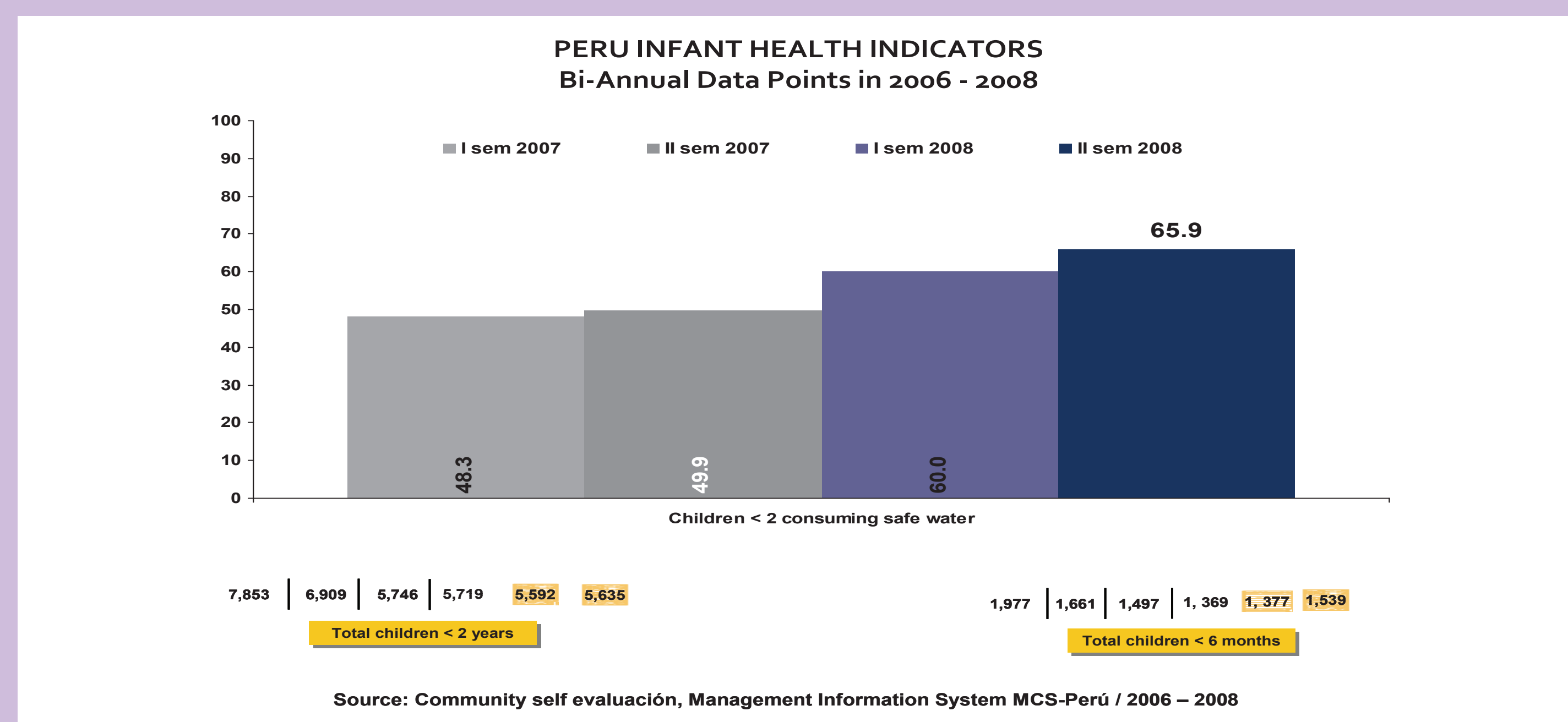
Storage recommendations for treated water: (especially when using treatment options not leaving residual protection such as chlorination - Source: CDC)

- Storage containers with small opening with lid to discourage placement of potentially contaminated items (hands, cups, ladle)
- Spigot or small opening to allow easy and safe access to treated water without inserting hands or objects into containers
- If boiling used, leave water in same container where it was boiled

### Results (Madagascar and Peru)

Similar comparative results between '07 and '08 from a household water treatment promotion program in Madagascar show:

- An increase in use of water treatment technologies from 57% to 65% in Madagascar
- An increase if use of hard covers to protect stored treated water from 39% to 52%



## Simple Tracking Form

