

### HIp-LIGHTS April 2010

#### Task 1—Strategy

There are no Task 1 activities to report this month.

### Task 2—Country Implementation

#### Ethiopia

Intensive effort was directed toward the technical and logistical aspects of planning the HIP endline survey. Instruments were revisited and revised to ensure that the surveys capture activities and impact at the household and school levels, as well as changes at the district and local level in planning, managing, and implementing comprehensive WASH activities. At the institutional level, the research will explore if Whole System in the Room meetings (WSRs) were implemented at the *woreda* (district) level, the type of partners involved, and the commitments made by each; the level of integrated planning between relevant line ministries; the extent to which integrated work plans were implemented; and the support provided to health educators to conduct hygiene promotion activities. At the household level, the research will explore access to sanitation; obstacles that may have hindered families from improving sanitation conditions; presence of hand washing stations with needed supplies; household water treatment and storage; and exposure/participation in promotional activities/events/materials used by the Learning by Doing Initiative in Amhara, among other areas. Data will be collected in high intensity and control woredas.

HIP Knowledge Management Specialist Patricia Mantey visited Ethiopia April 12–26, to support ongoing development of the WASH Resource Center in the Amhara Regional Health Bureau, which HIP and the Water and Sanitation Program-Africa (WSP-AF) have been fostering in various phases over the past couple of years, and to help document HIP and HIP/WSP activities. While in Addis, she visited with WSP Senior Sanitation Specialist Belete Muluneh to discuss how HIP can support the completion of the WSP Field Note about hygiene and sanitation in the Amhara Region. Ms. Mantey also visited several HIVaffected households supported by the Alemtena Catholic Church HIV/AIDS Care and Support Project in the Oromia Region, which participated in HIP's training of trainers for home-based care workers. As she visited households together with local HIP HIV Consultant Tigist Abate, they observed progress made in the practice of WASH small doable actions. In Amhara, she visited a *gott* (neighborhood) and a school in South Achefer woreda to observe progress made in sanitation promotion activities.



A home-based care client shows how she treats her water using Wuha Agar. (photo: T. Abate)

<b></b>	<b>A</b>	<u>ــــــــــــــــــــــــــــــــــــ</u>	<b>A</b>										
•													
-	-	-	-	-	-	•	-	•	-	-	-	-	•

While in Bahir Dar, Ms. Mantey spent over a week working with the two coordinators from the Amhara Health Bureau assigned to the Resource Center, Dagnew Aweke and Melisew Chanyalew, HIP/WSP Coordinator Kebede Faris, and IT Consultant Steve Mwiti on a range of activities and issues, including the development of a needs assessment questionnaire, drafts of a brochure, newsletter, and a work plan, organization of electronic files and the center's website. A basic website has been created (http://arhbrc.wordpress.com) but is still a work in progress. A visit was also made to the HAPCO Resource Center to see how that center operates. To keep momentum for the development of the center moving forward, Dr. Asrat Genet, head of the Health Bureau, reiterated his support for the center as the lead champion; Deputy Health Director Mulusew Lijalem is also very supportive of the effort, and he will be the head of the newly organized advisory committee for the Resource Center.



Inside floor of a household latrine in South Achefer with a lid to keep the squat hole covered to protect from flies. (photo: P. Mantey)

Mr. Faris, WSP, and the Amhara Health Bureau organized a two-day follow-up meeting with zonal and woreda health staff on scaling up hygiene and sanitation in the 11 focus woredas in the Amhara Region. The meeting gave Health Bureau, WSP, and HIP staff and leadership the opportunity to discuss progress made in the implementation of the Community-Led Total Behavior Change in Hygiene and Sanitation (CLTBCHS) effort thus far as well as challenges for the future. A review of progress and challenges with the WASH-Friendly Schools component also took place. While efforts to promote hygiene at scale have been successful—with some woredas reporting levels of sanitation coverage of 70 percent and higher-parallel monitoring visits conducted by the Regional Health Bureau and Mr. Faris showed that more than 30 percent of these

latrines do not meet the basic requirements for quality, safety, and the presence of a hand washing station.

Participants agreed that there is a need to shift away from just construction of latrines to improving the quality of latrines and reinforcing their consistent use and maintenance; providing more consistent follow up with woreda and zonal level personnel, especially those involved in the Health Extension Program; and improving the system to collect and monitor data on hygiene and sanitation in the region. As a next step, a series of refresher training sessions for 11 woredas are planned in May to assess progress in households, reinforce the need for follow up with Health Extension Program workers and households, and provide the zonal and woreda leadership with tools and support for the full rollout of CLTBCHS.

#### India

During April, Senior Hygiene Advisor Sarah Fry and partner organization Market-Based Partnerships for Health together with Nga Nguyen of WSP/Vietnam advanced plans for the India to Vietnam hand washing study tour scheduled for late May.

		▲ ▲

# Kenya

April was a busy month in Kenya. Program Manager Liz Wamera visited Western Province to test a few remaining small doable actions (SDA) for feasibility and acceptability. She visited 15 households, and the team will finalize the SDAs in May. Ms. Wamera is also planning a community of practice meeting that will include government and NGO stakeholders. The main objective of the meeting will be to review the WASH-HIV integration materials, identify what to adapt for Kenya, and finally identify any gaps that need to be filled. AED/HIP participated in a steering committee to review the National Sanitation and Hygiene Strategy and Guidelines, and Ms. Wamera participated in the Environment Sanitation & Hygiene Working Group that discussed the launch and operations of the Global Fund for Sanitation for Kenya.

# Madagascar

As HIP/Madagascar moves toward its final months, activities are intensifying in all four regions. The essential strategic directions remain:

- Training community-led total sanitation (CLTS) facilitators and igniting communities to become open defecation free (ODF)
- Strengthening the WASH capacity of HIP's partners—scouts and community extension agents for household and community hygiene promotion
- Rehabilitating/building commune-level public toilet/shower facilities
- Organizing and training WASH-friendly market and taxi station committees
- Creating WASH-friendly churches
- Creating partnerships with local entrepreneurs for promoting and selling SanPlat latrine slabs and other hygiene products
- Training local masons in latrine construction and community marketing of services



HIP's Scout partners prepare to promote WASH in communities. (photo: S. Fawbush)

Work with the different scout groups has been especially productive over the past month. In several regions scout partners organized "camps"—weekend events with camping and community outreach activities—where WASH promotion was the theme. At these events, scouts performed community theater, distributed and taught about children's potties, conducted hundreds of household visits, and collected empty plastic bottles to demonstrate tippy taps and SODIS water treatment.

Other HIP partners, namely Club Vintsy environmental youth clubs, Red Cross volunteers, and community extension agents also conducted numerous communitybased hygiene promotion actions after receiving

training. HIP trained or retrained close to 550 persons in April alone, and HIP staff estimates that over 17,000 households were reached with WASH messages via these different channels.

CLTS is also accelerating as more facilitators are trained and become practiced community ignition agents. In April, 36 new villages were ignited by the CLTS process. HIP participated in a two-day workshop sponsored by the USAID water project "Rano HP" on improving the CLTS facilitator training program. *Bloc sanitaire* facility construction and rehabilitation included

• • • • • • • • • • • •

progress on four facilities and completion of one, and a technical study carried out on 35 potential sites in the capital city.

A field visit to train enumerators expected to collect endline data at the household level in the four regions where HIP is operational was initiated two weeks late due to air travel disruption in Europe caused by the volcanic eruption in Iceland. HIP Monitoring and Evaluation Specialist Orlando Hernandez traveled to Antananarivo at the end of the month to participate in this training. Personal digital assistants used in the data collection effort were programmed for this



CLTS training takes place in Ambositra. (photo: S. Fawbush)

purpose prior to his trip. Workshop training is scheduled for the first week of May, and data collection should end by the first week of June.

### Peru

HIP worked with WSP/Peru to orient intern Galo Perich, who will arrive in Lima, in May to begin a three-month internship with the Creating Sanitation Markets project. Mr. Perich is a graduate student at the University of Michigan Ross School of Business. He will use his research of two ongoing financial activities to inform the development of models for both financial institutions and village banking systems that can be replicated in other Peruvian markets.

## Task 3—Integration

## Schools

WASH in Schools consultant Mesfin Getachew worked with Regional Health and Education Bureau colleagues in Ethiopia to plan follow-up visits to four districts to monitor and support the rollout of the WASH-Friendly Schools effort. Groundwork for the district meetings was laid, but actual visits have been postponed until after the May elections, at the request of government counterparts.

For information on HIV/AIDS activities, see Task 2, Kenya.

## Task 4—Global Leadership

## **CORE** Group Meeting

Senior Behavior Change Advisor Elizabeth Younger and Ms. Fry made presentations at the CORE group meeting on April 29, in Baltimore, Maryland. Ms. Younger informed members of the Social Behavior Change group about HIP's activities that integrate WASH into HIV programs, and Ms. Fry presented "Sanitation Innovations," covering HIP's experiences with CLTS, sanitation marketing, and latrine design in Peru, Uganda, Madagascar, and Ethiopia. Ms. Fry's partners on the WASH panel were PSI and PATH, which presented water treatment experiences.

### . . . . . . . . . . . .

#### **Global Handwashing Day**

The GHD working group of the Public-Private Partnership for Handwashing has prepared several detailed plans for a monitoring and evaluation toolkit, a "100 schools survey" advocacy strategy leading to GHD, which will have the theme "More than Just a Day," and a web-based meeting in June that will publicize the new tools and programs for GHD 2010. A wide range of current and potential GHD partners will be invited to actively engage in these activities.

### Sanitation Marketing Guidance Manual

HIP is finalizing the draft of the Sanitation Marketing Guidance Manual that will be sent to selected experts for external review. Their comments will be incorporated and it is anticipated that the final version of the document will be ready for public release in early July.

### Task 5—Capacity Development with PVOs and NGOs

The program in Uganda ended at the end of March, and there are no new Task 5 activities to report this month.

### Task 6—Knowledge Management

HIP held its third webinar on April 8 on "Meeting the Water, Sanitation, and Hygiene Needs of People Living with HIV/AIDS and their Families," presented by HIP Senior Program Manager Renuka Bery and Senior Program Officer Eleonore Seumo, with support from HIP Deputy Director Julia Rosenbaum and Ms. Younger. Thirty-two individuals from seven countries participated in this session. If you were not able to join HIP for this webinar, a recording is available at <a href="http://www.hip.watsan.net/page/4105">http://www.hip.watsan.net/page/4105</a>. HIP continues to reach interested audiences with recorded versions of these webinars; more than 1,000 total views of the three webinars were recorded as of the end of the April. Upcoming webinars topics include sanitation marketing and WASH in schools.

HIP KM staff prepared handouts and CDs of HIP products for dissemination at various venues, including the Global Health Innovations conference held in Connecticut, attended by Project Director Sandy Callier, and the CORE Group spring meeting in Maryland.

As reported in Task 2, Ms. Mantey visited Ethiopia in April to support ongoing development of the WASH Resource Center and to help document HIP and HIP/WSP activities.

## Personnel Changes

HIP Senior Program Associate Meredith Gavilan's last day with the project was April 9. After more than three years with HIP she is moving to a new opportunity with another project within AED.

#### **Upcoming Travel/Events**

Elizabeth Younger – May 17-21: WSSCC Annual Planning Meeting: Geneva, Switzerland Sarah Fry – June 5-18: Madagascar

**HIp-LIGHTS** is produced monthly by the **USAID Hygiene Improvement Project** (HIP) to provide updates about ongoing and planned HIP activities. HIP is a six-year (2004-2010) USAID-funded project led by the Academy for Educational Development (contract # GHS-I-00-04-00024-00), partnering with ARD Inc., the Manoff Group, and the IRC International Water

•	<b>A</b>	<b>A</b>	<b>A</b>	<u>ـ</u> ـــــــــــــــــــــــــــــــــــ	<b>A</b>	<u>ـ</u>	<u>د</u>	<u>د</u>		<b>A</b>	<b>A</b>
										<u>م</u> (	<b>A</b>
-	•	•									-

and Sanitation Centre. HIP aims to reduce diarrheal disease prevalence, especially in children under five, through the promotion of key hygiene improvement practices, such as hand washing, safe disposal of feces, and safe storage and treatment of drinking water at the household level, as well as the integration of hygiene improvement practices into HIV/AIDS and other health and non-health activities. For additional information, or to be added or removed from the *HIp-LIGHTS* mailing list, contact:

USAID Hygiene Improvement Project Academy for Educational Development 1825 Connecticut Ave., NW, Washington, DC 20009-5721 Telephone 202-884-8000 hip@aed.org - www.hip.watsan.net