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HIP HYGIENE IMPROVEMENT
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Hygiene Improvement Project – End of Project

At Scale

Hygiene & Sanitation Improvement

August 3, 2010



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Critical Questions about Hygiene and Sanitation Improvement at Scale

What do we mean by at scale programming?

How do we work at scale in different country contexts?

How do we measure it? How do we know it works?

What were the results of applying at scale programming?

What have we learned?



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What do we mean by “at scale”?

Coordinated actions of all stakeholders working toward a common goal to significantly reduce disease rates in large numbers of affected people

AT SCALE is not the same as SCALING UP

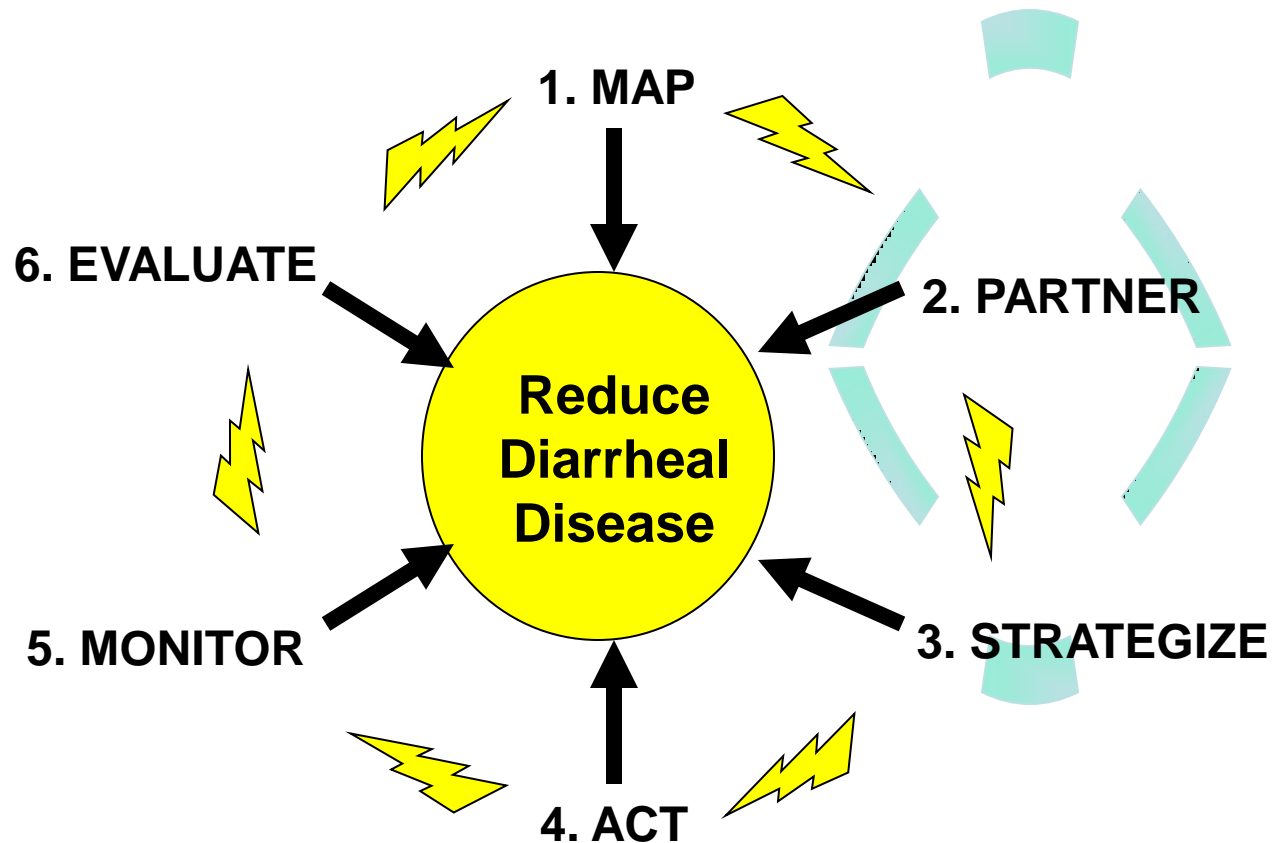


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SCALE Process





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Characteristics of an At Scale Effort

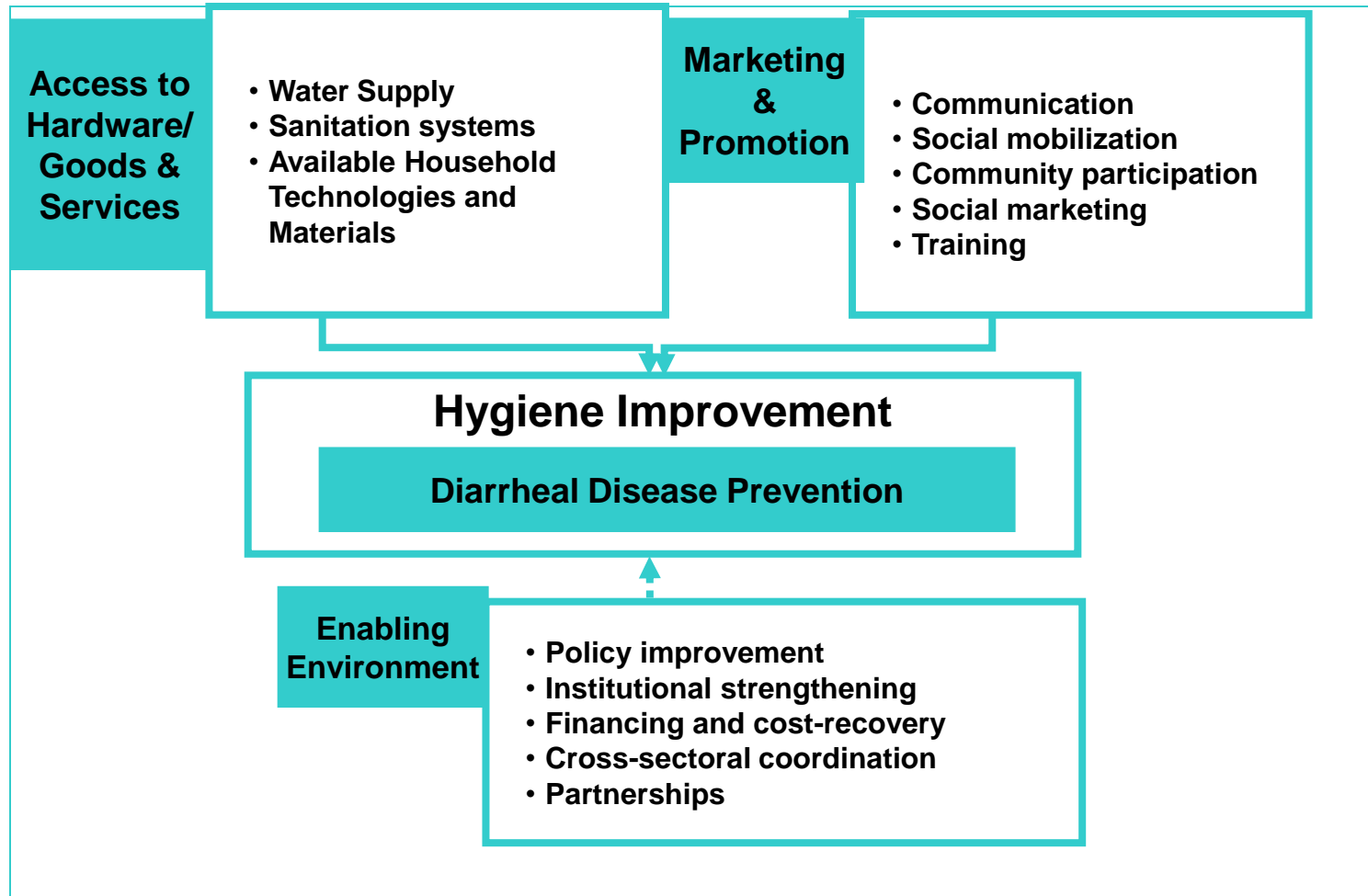
- Systems-Approach
 - Looks at the whole
 - Involves multiple sectors, actions, options, stakeholders
- Hygiene Improvement Framework
 - Considers hardware, promotion, institutional capacity
- Behavior FIRST
 - Focuses on consistent and correct PRACTICE of key hygiene behaviors
- Prioritizes sustainability
- Coverage



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Hygiene Improvement Framework (HIF)





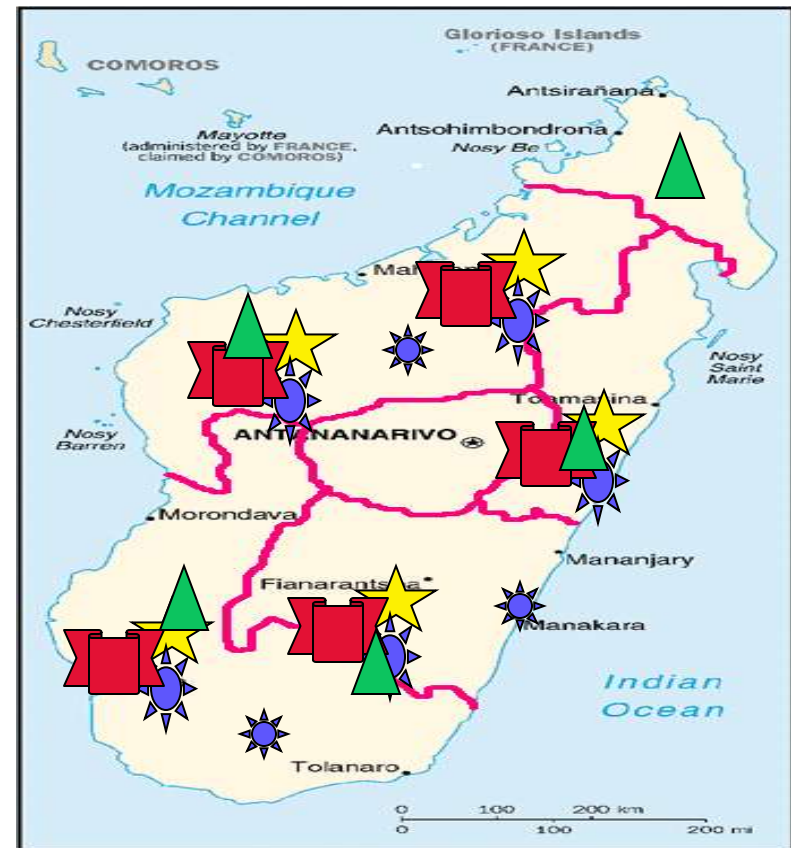
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Traditional WASH Coverage vs. Scale Approach

...scattered, dispersed, stand-alone

... coordinated and synergistic



 Hygiene Advocacy  Latrine Construction  H/W Promotion  Well Construction



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Not only want multiple actors..

- Enhanced partnerships and coordination
 - Within sectors – bonding
 - Across sectors - bridging



Safe Feces Disposal

Focus on behaviors....



Handwashing



Safe Storage & Treatment of Water

... Multiple Behaviors



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Characteristics of a Scale Effort

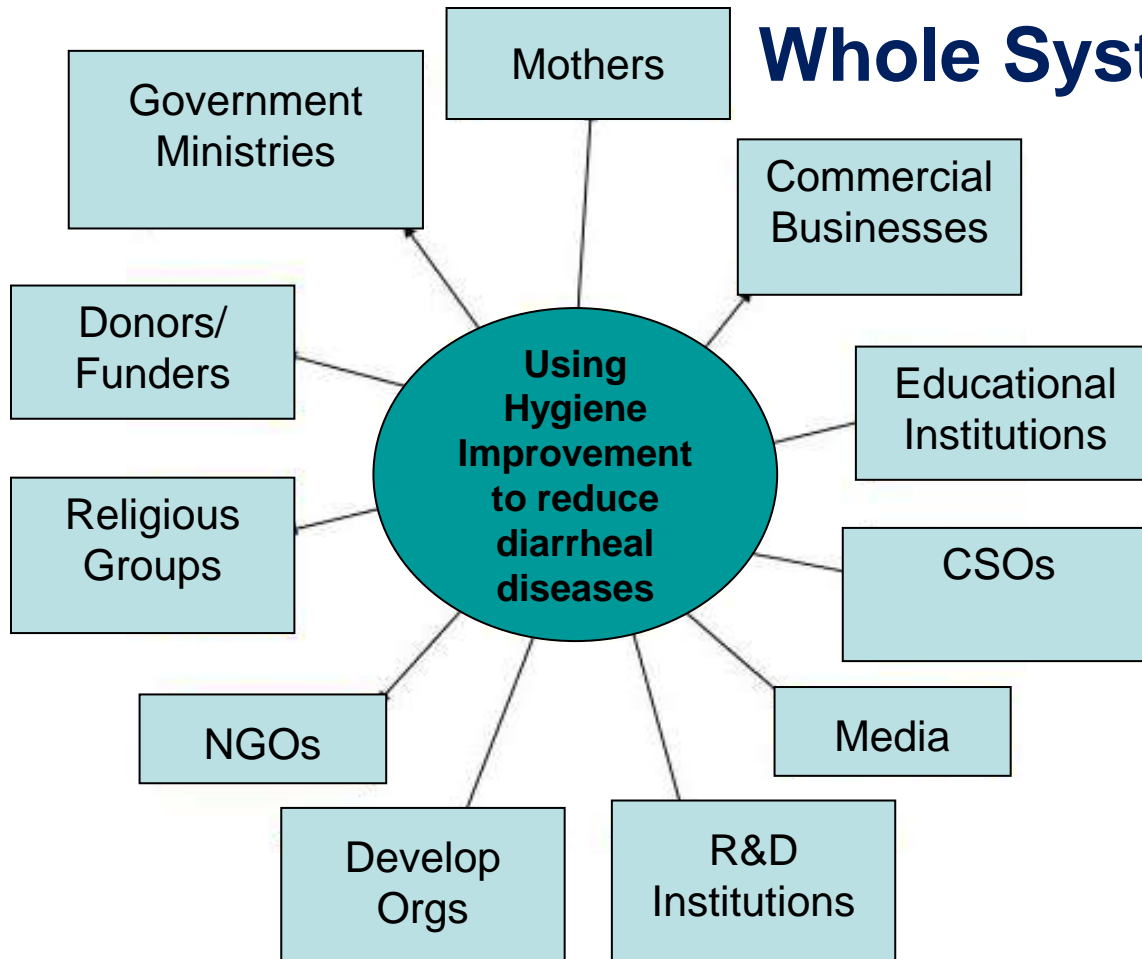
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- Prioritizes sustainability
 - by embedding, building capacity, making it local
- Coverage
 - **at least 3 million**



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Bringing the Whole System in the Room





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At scale Hygiene and Sanitation Improvement in the Amhara Region of Ethiopia through “Learning by Doing”



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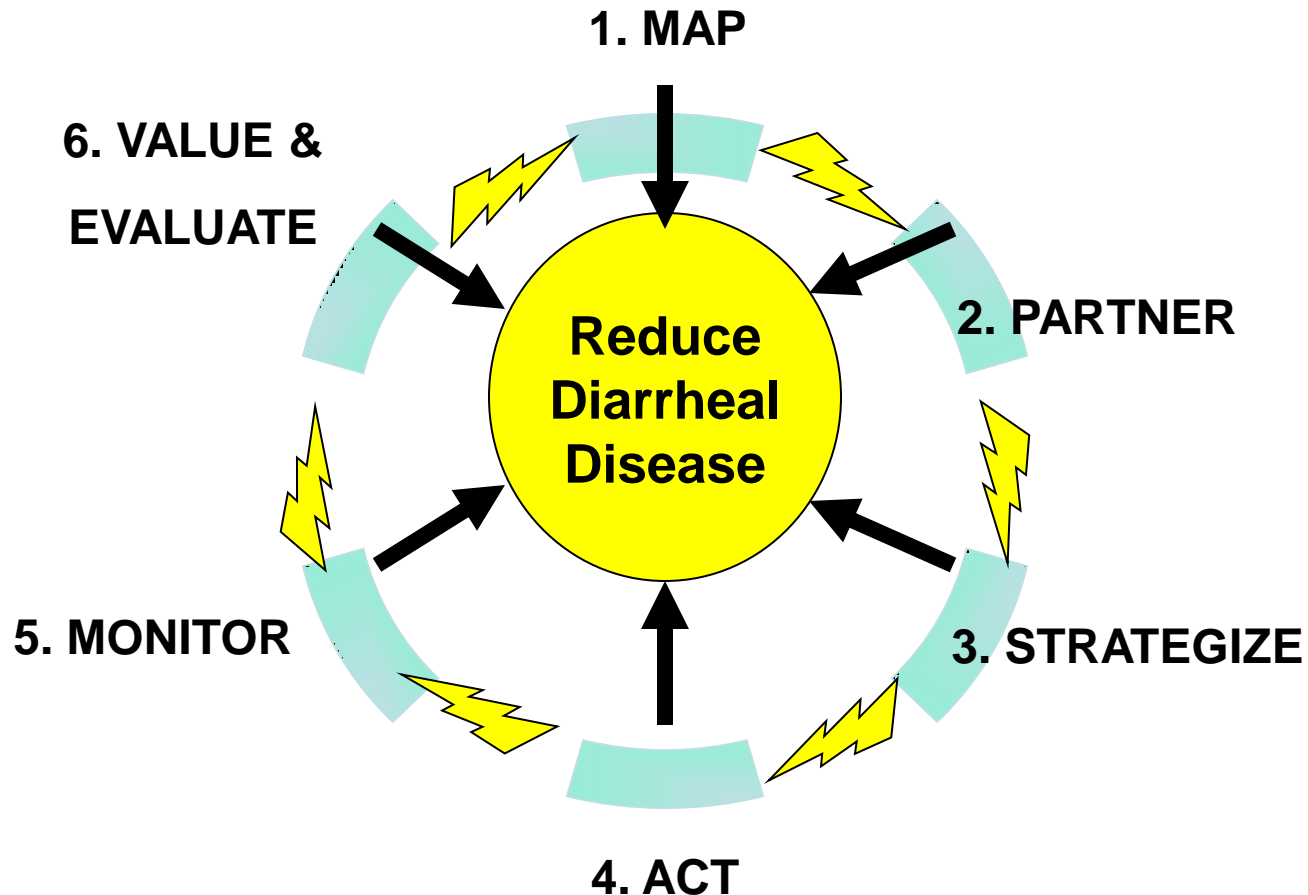


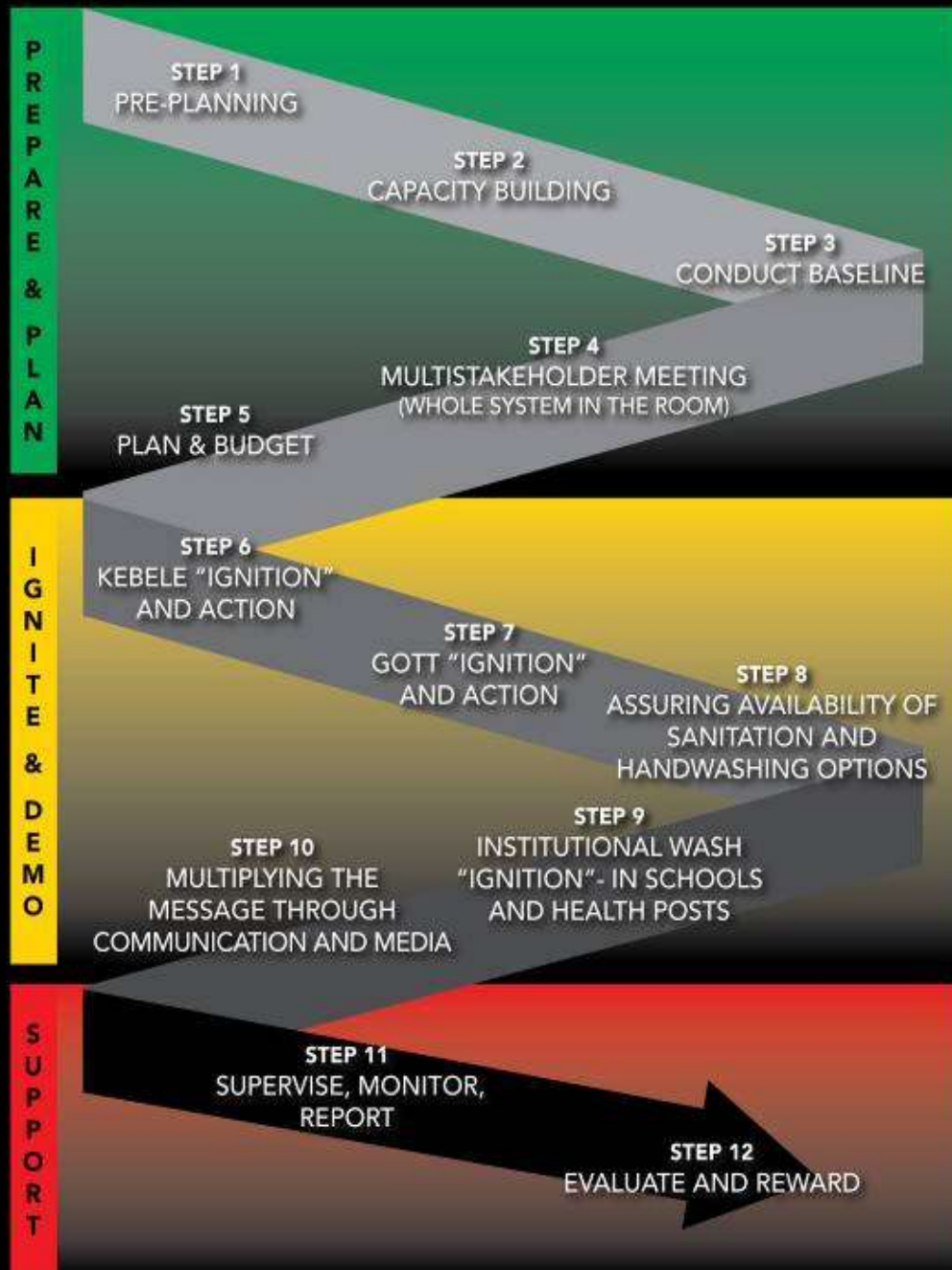
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System Approach

At Scale Hygiene & Sanitation Improvement in Amhara





Start Changes at Grassroots

The Districts

12 Step Pathway Broken into 3 phases

- Plan
- Mobilize and Act
- Monitor & Evaluate



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The Whole System in the Room

Aligning for Action: Sustainable Development through Safe Water, Environmental Sanitation & Hygiene



- **Mapping the Context – resources, partners, commitment**
- **Agreeing to a Common Action Agenda**
- **Leveraging Partnership**



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Learning by Doing Program in Amhara

- Multi-Stakeholder Meeting identified Common Action Agenda – brought the Whole System to the Room
- Engaged the multiples- sectors, behaviors, partners
- Regional Behavior Change Strategy
 - including advocacy
 - strengthened household visits
 - community ignition and action
 - multiplying the message with communication and media
 - demonstration latrines and HW stations
 - increased access and affordability of products through private sector involvement



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Implementing a hybrid of ...

COMMUNITY-LED TOTAL BEHAVIOR CHANGE IN HYGIENE AND SANITATION

embedded in a national and regional process..

- National Hygiene and Sanitation Strategy
- National Protocol for Implementation of ...

Built around Health Extension Programme,
and carried out by HEWs

.. Among other actors...





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COMMUNITY-LED TOTAL BEHAVIOR CHANGE IN HYGIENE AND SANITATION

- Systems Approach to Change – engaging the multiples
- Non-branded (Community-led) Total Sanitation
- Strengthened Home Visits Negotiation of Improved Practices/MIKIKIR
- WASH Friendly Schools

Galvanize the District Administration
& Politicians to take leadership
and ownership





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Use Existing Institutional Structures & Build Capacity









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Regional Program for Implementing the National Hygiene and Sanitation Strategy and for Achieving Total Behavior Change

- WSP HIP supported rollout in districts
 - High involvement *woredas* served as learning districts ... approaches and tools developed and tested, and immediate fed into regional program and tools
- Development Partners helped with scale ... active in total of 90/150 districts



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Knowledge Products

1. Regional Behavior Change Strategy
2. District Resource Book for Community Led Total Behavior Change
3. Facilitators Guide for Training
4. Health Extension Workers Handbook
5. Guide to WASH Friendly Schools
6. Training Parents, Teachers and Youth Leaders to be Champions of WASH Friendly Schools
7. M&E Framework
8. Baseline Survey Report



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Evaluation results – did we achieve scale?



- National MOH Task Force recently adopted CLTSH approach – tools and approach “strongly” modeled after Amhara program experience

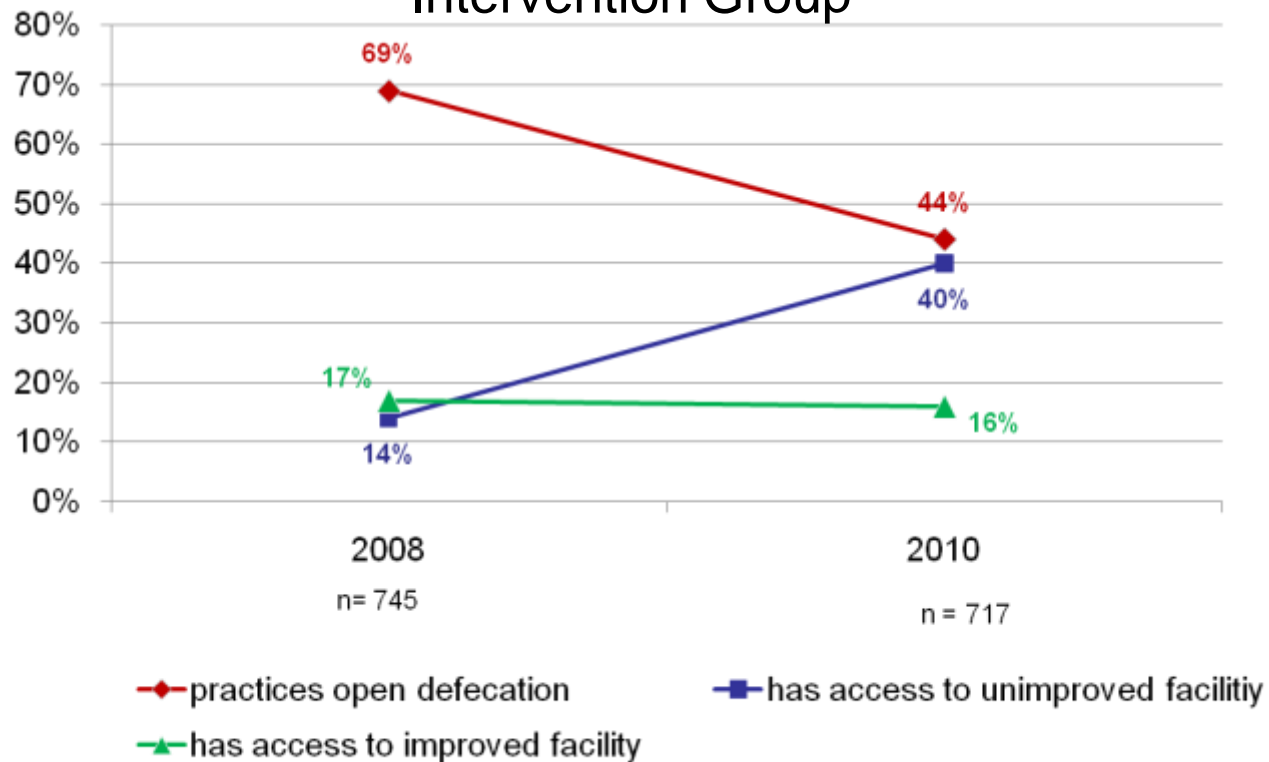


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ETHIOPIA

Practices: Access to Sanitation Facilities Intervention Group



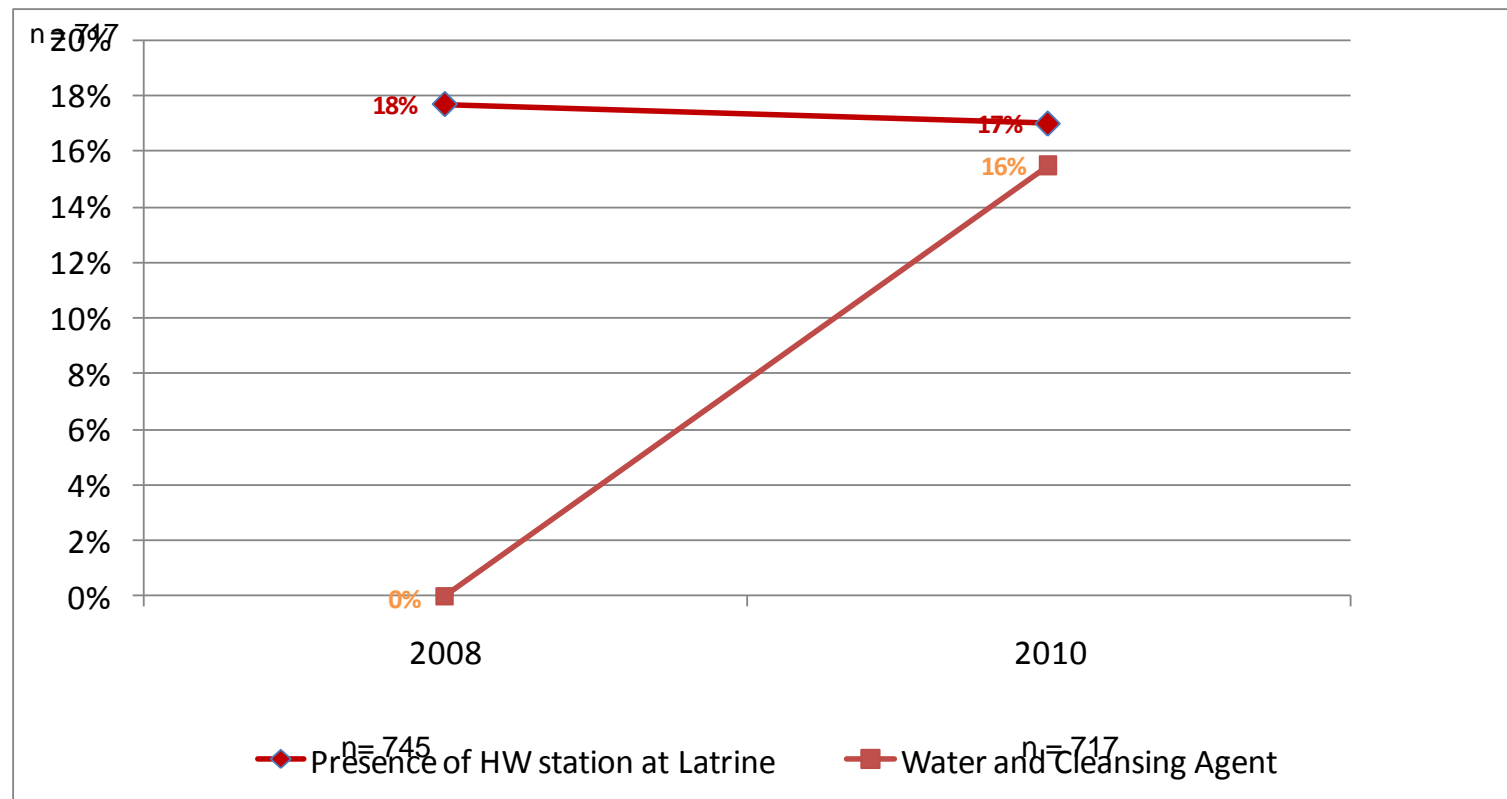


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ETHIOPIA

Practices: Handwashing Supplies (Latrine HW Stations)





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ETHIOPIA

Predictors of Sanitation Uptake, Endline

- Participation in ‘walk of shame’ (3 times more likely)
- Household visited by health worker to improve sanitation (2.5 times more likely)
- ‘Having a latrine contributes to the community’s health (3.6 times more likely)
- “Having a latrine contributes to the community’s development” (1.6 times more likely)



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VIDEOS



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Hygiene Improvement Project – End of Project

Hygiene Improvement at Scale - How do we do it in a country context?

Madagascar example

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ELEMENTS OF SCALE

- **Systems-Approach**
- **Hygiene Improvement Framework**
- **Behavior FIRST**
- **Prioritize Sustainability**
- **Coverage**



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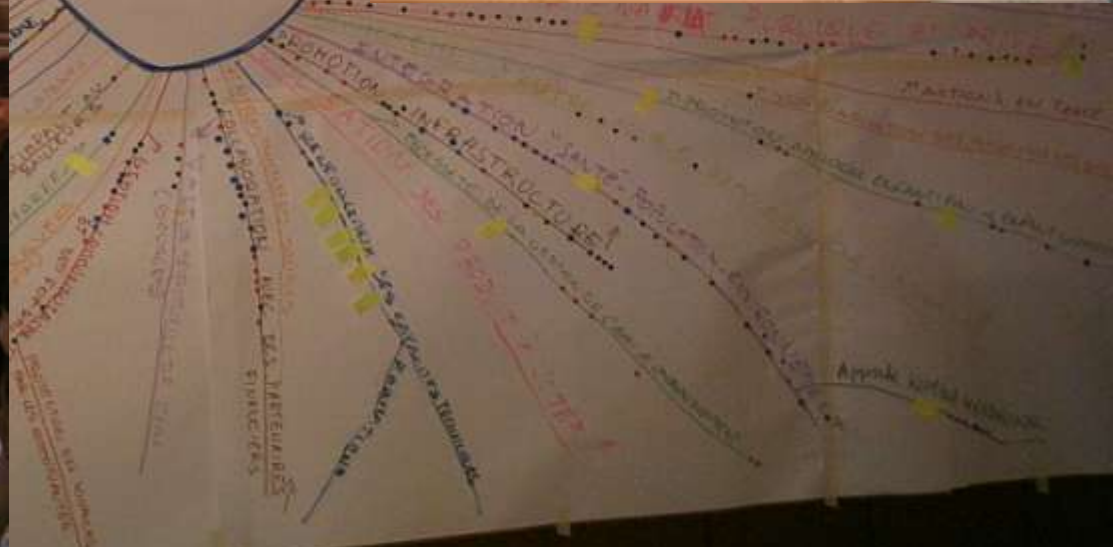
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SYSTEMS APPROACH



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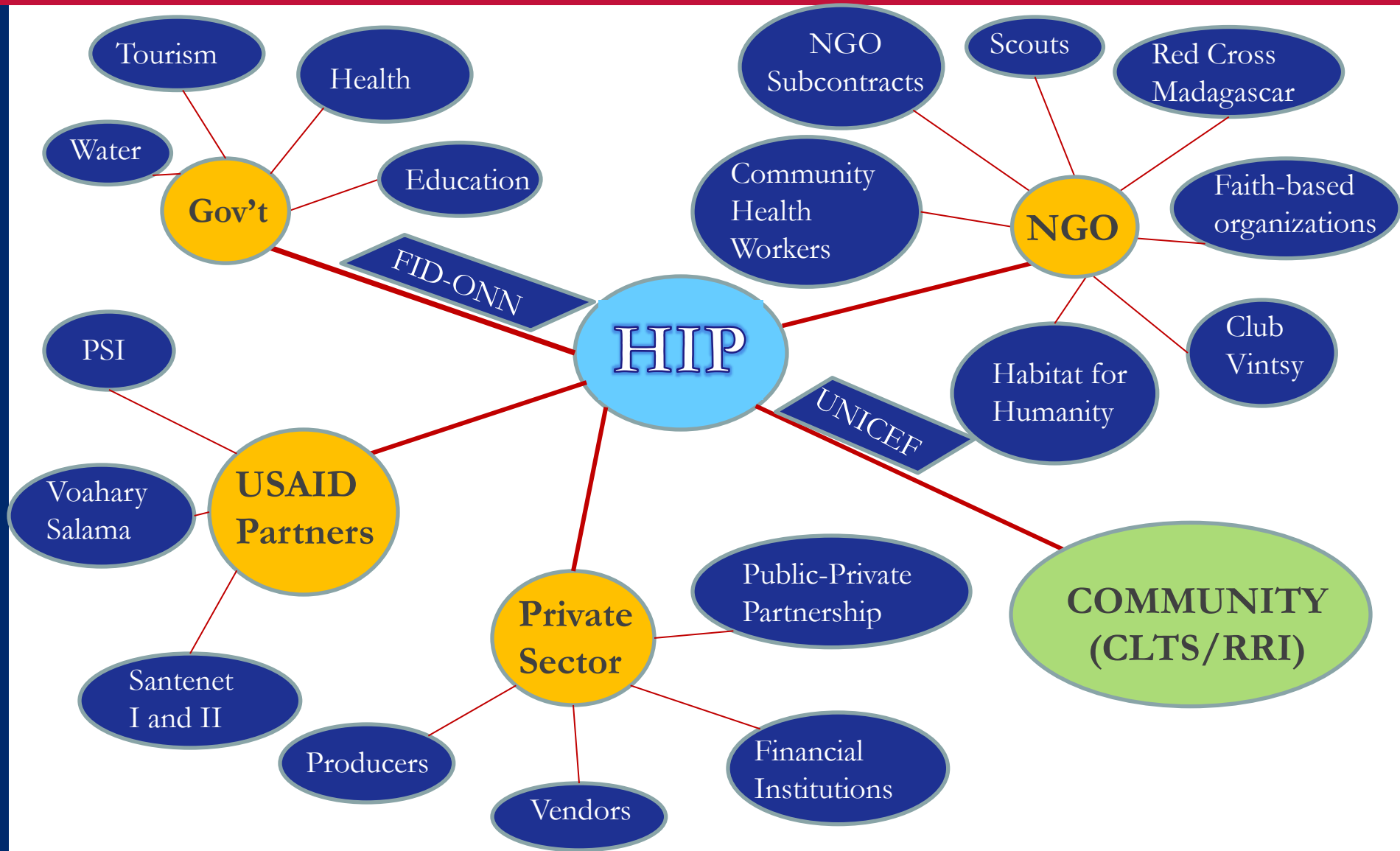
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Multiple Channels





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APPLYING THE HYGIENE IMPROVEMENT FRAMEWORK



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Diorano - WASH



ENABLING ENVIRONMENT

ACCESS TO HARDWARE + ENABLING TECH



BEHAVIOR CHANGE PROMOTION





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BEHAVIOR FIRST...



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Hand washing with soap

Use of improved latrines



Utilisation de latrines

Safe drinking water



Conservation de la qualité de l'eau potable



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Negotiation Tools for Household BCC

SE LAVER LES MAINS AUX MOMENTS CRITIQUES

Outil de négociation

A quels moments est-ce que nous nous lavons les mains ?

<p>Jamais</p>	<p>Avant de manger</p>	<p>Après avoir déféqué / été aux toilettes</p>	<p>Après avoir torché un enfant ou changé ses couches</p>	<p>Avant de préparer à manger</p>	<p>Laver fréquemment les mains des enfants</p>	<p>PRATIQUE OPTIMALE Aux cinq moments critiques</p>
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Avec quoi est-ce que nous nous lavons les mains ?

<p>Ne se lave pas les mains</p>	<p>Avec de l'eau</p>	<p>Avec de l'eau et des plantes</p>	<p>Avec de l'eau et des cendres</p>	<p>PRATIQUE OPTIMALE Avec de l'eau et du savon</p>
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Comment est-ce que nous nous lavons les mains ?

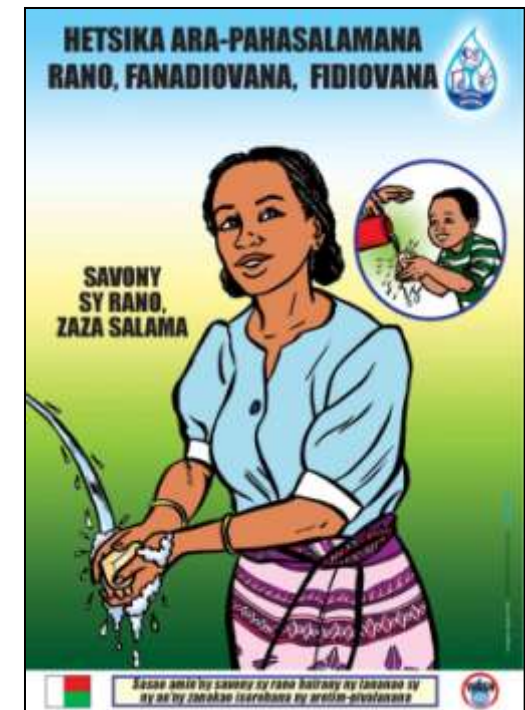
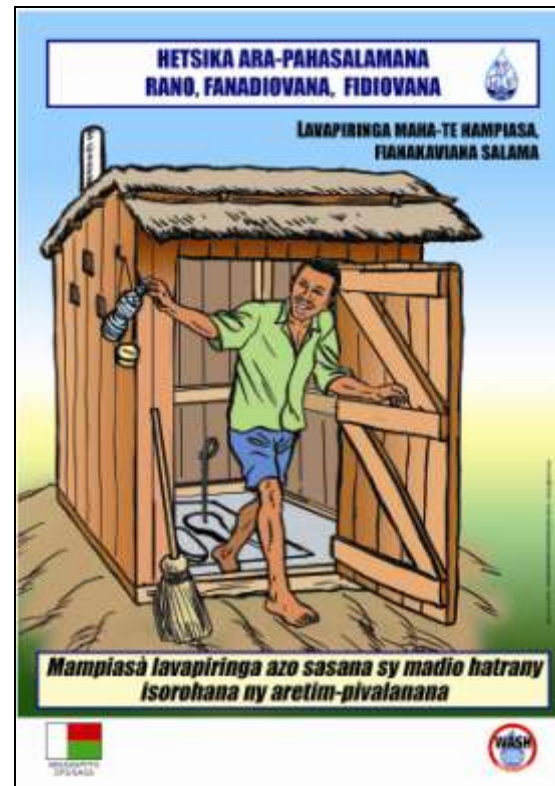
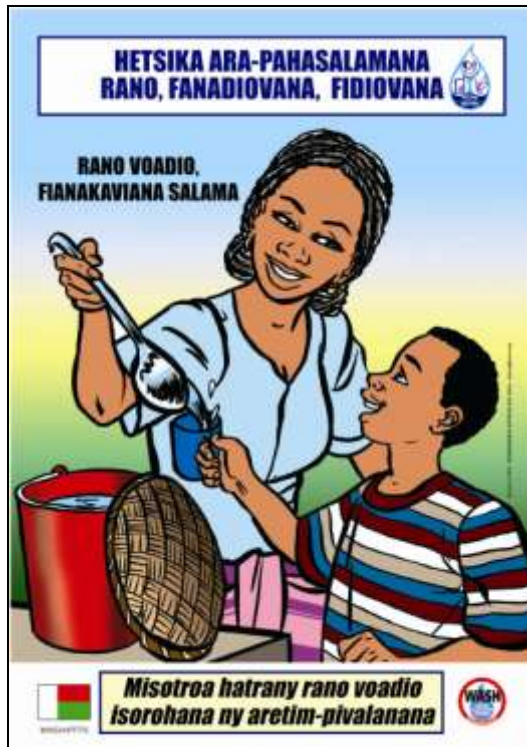
<p>Ne se lave pas les mains</p>	<p>Dans l'eau d'une cuvette</p>	<p>Il suffit de mouiller les mains, seul le bout des doigts doit être lavé</p>	<p>Laver et frotter la paume des mains avec de l'eau et du savon</p>	<p>Laver et frotter le dos des mains avec de l'eau et du savon</p>	<p>PRATIQUE OPTIMALE Pendant 20s, laver et frotter le dos et la paume des mains, l'espace entre les doigts et sous les ongles</p>
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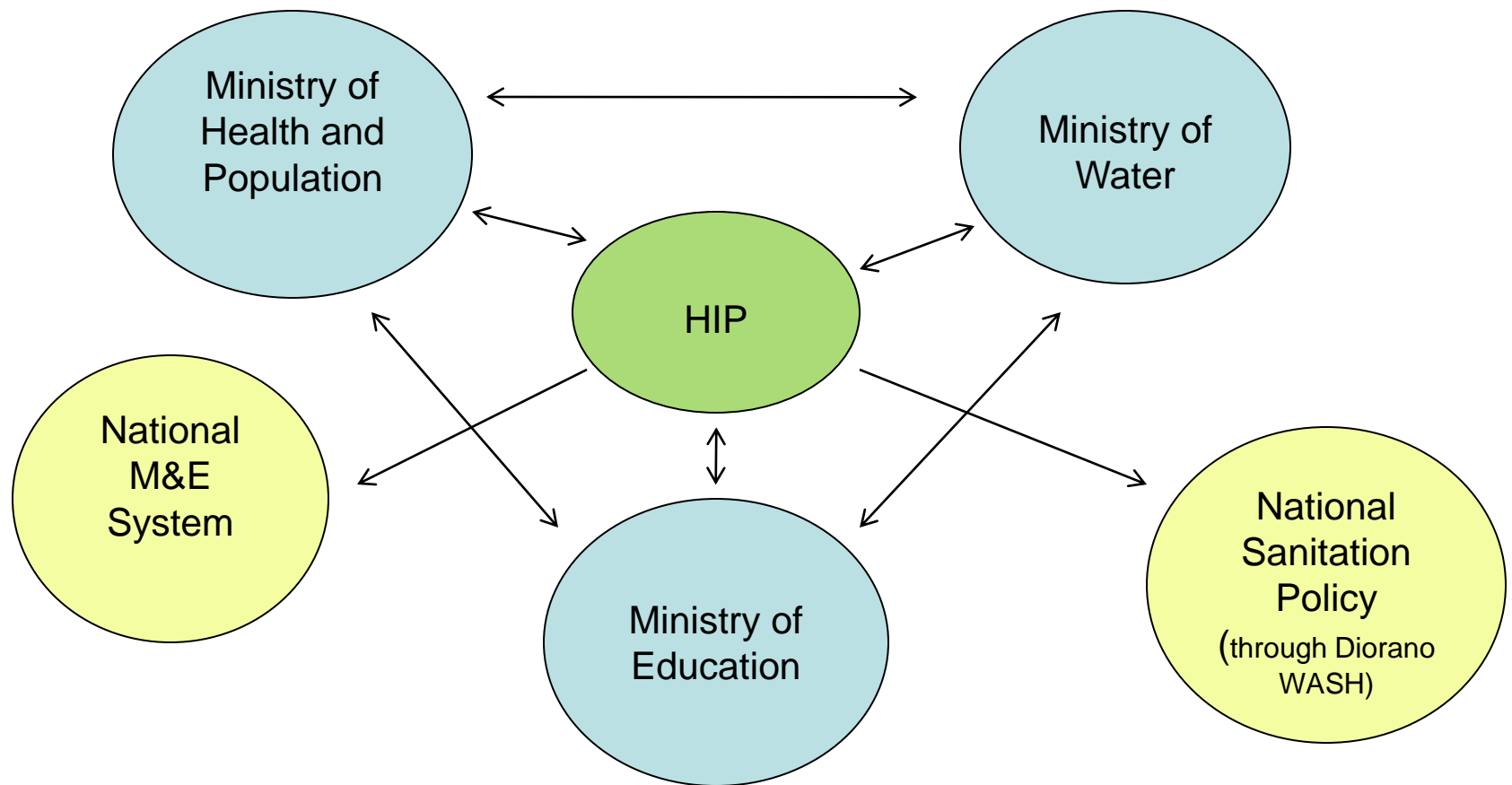
PRIORITIZING SUSTAINABILITY



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In addition to Diorano-WASH...pre 2009

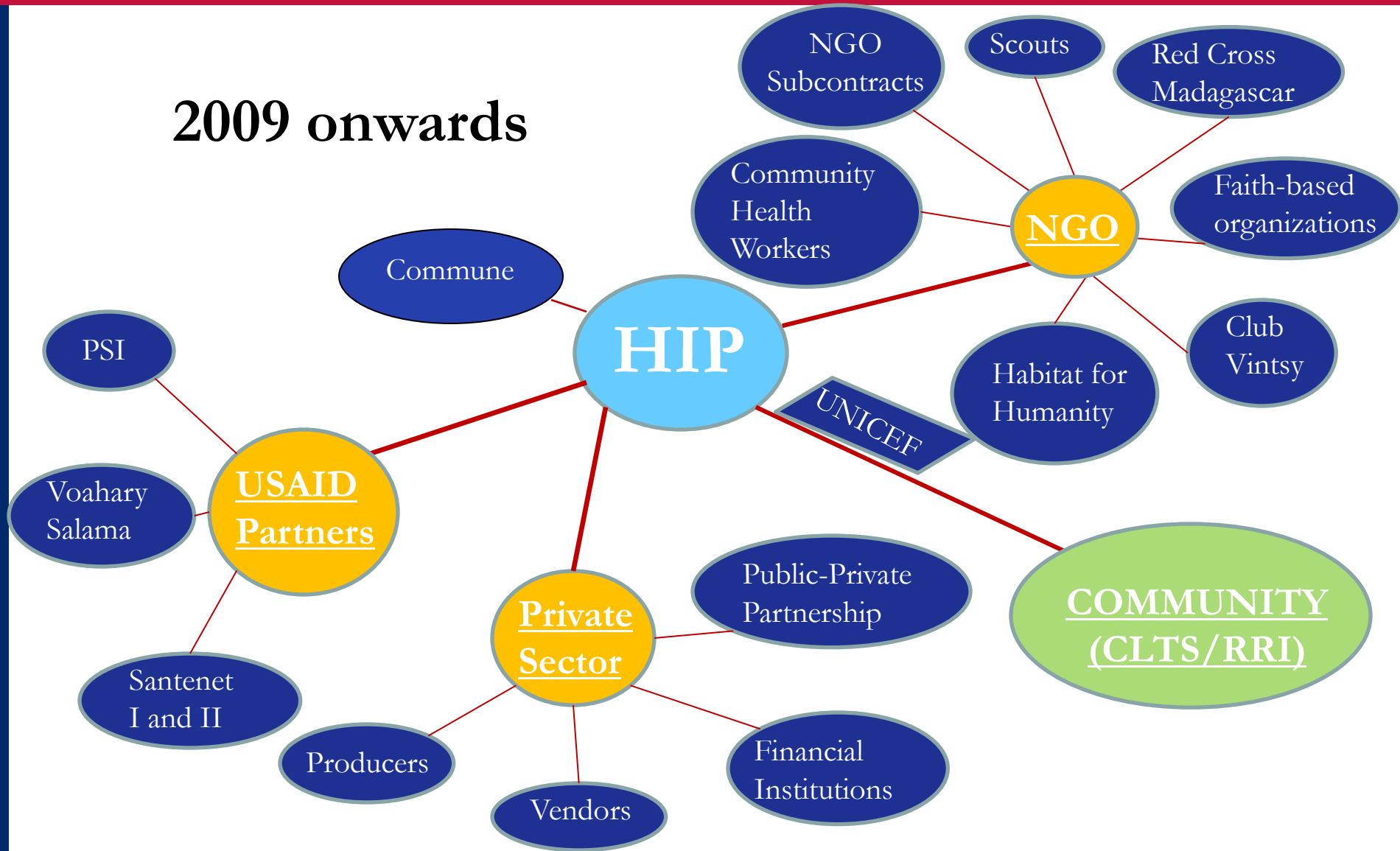




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2009 onwards





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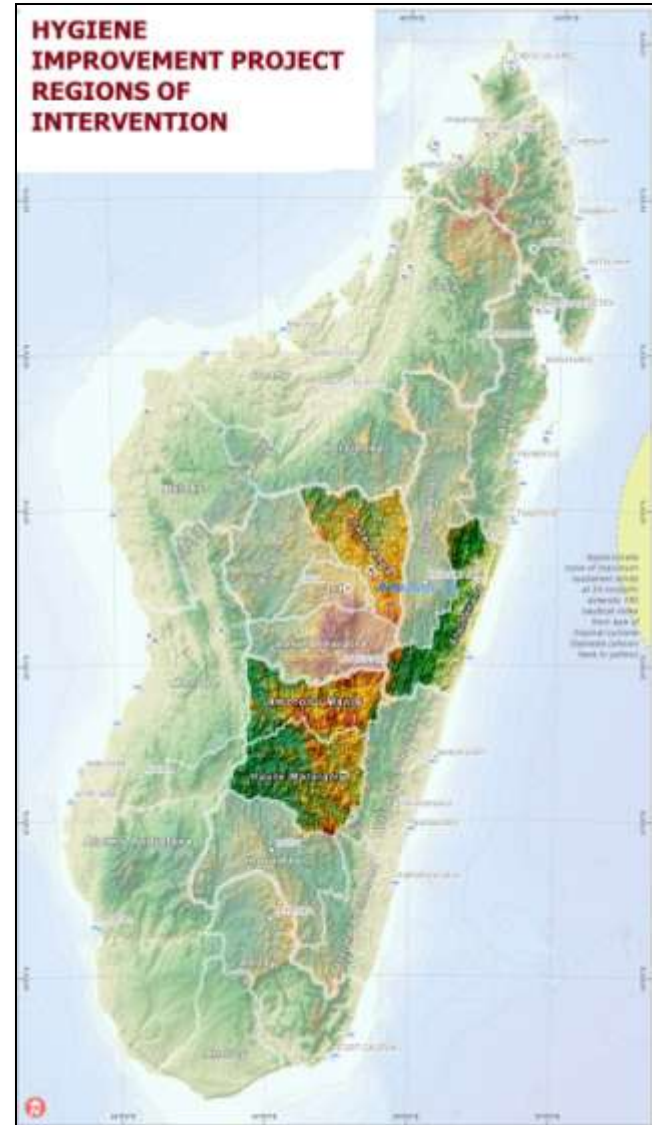
COVERAGE...



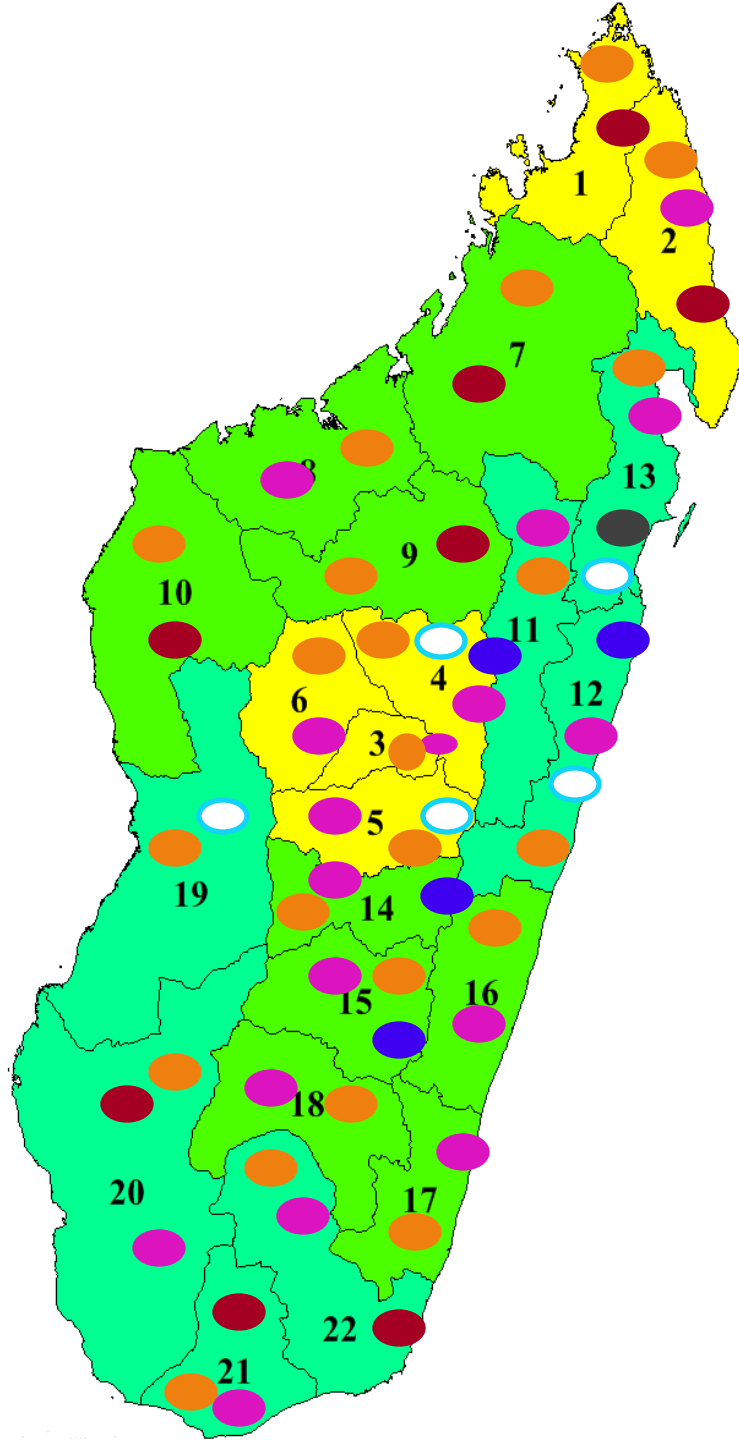
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4 Regions
Population 6,500,000



At scale results : coverage by organizations using PAFI and/or alternative methods



- HIP
- UNICEF/UNFPA
- Water Aid
- Santenet
- Medair
- ONN (Office National Nutrition)

région d'[Itasy](#) (3)
 région d'[Analamanga](#) (4)
 région de [Vakinankaratra](#) (5)
 région de [Bongolava](#) (6)

région de [Diana](#) (1)
 région de [Sava](#) (2)

région d'[Amoron'i Mania](#) (14)
 région de [Haute Matsiatra](#) (15)
 région de [Vatovavy-Fitovinany](#) (16)
 région d'[Atsimo-Atsinanana](#) (17)
 région de [Ihorombe](#) (18)

région de [Sofia](#) (7)
 région de [Boeny](#) (8)
 région de [Betsiboka](#) (9)
 région de [Melaky](#) (10)

région d'[Alaotra-Mangoro](#) (11)
 région d'[Atsinanana](#) (12)
 région d'[Analanjirifo](#) (13)

région de [Menabe](#) (19)
 région d'[Atsimo-Andrefana](#) (20)
 région d'[Androy](#) (21)
 région d'[Anosy](#) (22)



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HIP/Madagascar Knowledge Products

- Guide Illustré – Illustrated guide of PAFI and *Méthodes Alternatives* (in Malagasy and French)
- 3 posters - 1 for each key practices
- Flyers and tear-offs with poster images and more text
- SODIS counseling cards
- Integration of 3 key hygiene practices in USAID/SanteNet 1 and 2 Champion Community handbook
- Guide Ecole Amie de WASH – French
- Guide CSB Ami de WASH/Guide for WASH friendly Health Centers (French and English)
- Negotiation Tools on the 3 key practices (Malagasy and French)
- WASH Guide for Scouts – How to earn a WASH Badge (Malagasy and French)
- WASH Guide for Scout Troop Leaders – How to integrate WASH into your scouting program (Malagasy and French)
- Sermonette guide for WASH friendly churches
- Construction guide for improved latrines: with sanplat slabs and superstructure.
- Consumer research report – French (need to find exact title)
- Business Plans – privately owned and run “bloc sanitaire” and hygiene/sanitation products store
- LQAS Comparison Report 2007-2008 (English and French)

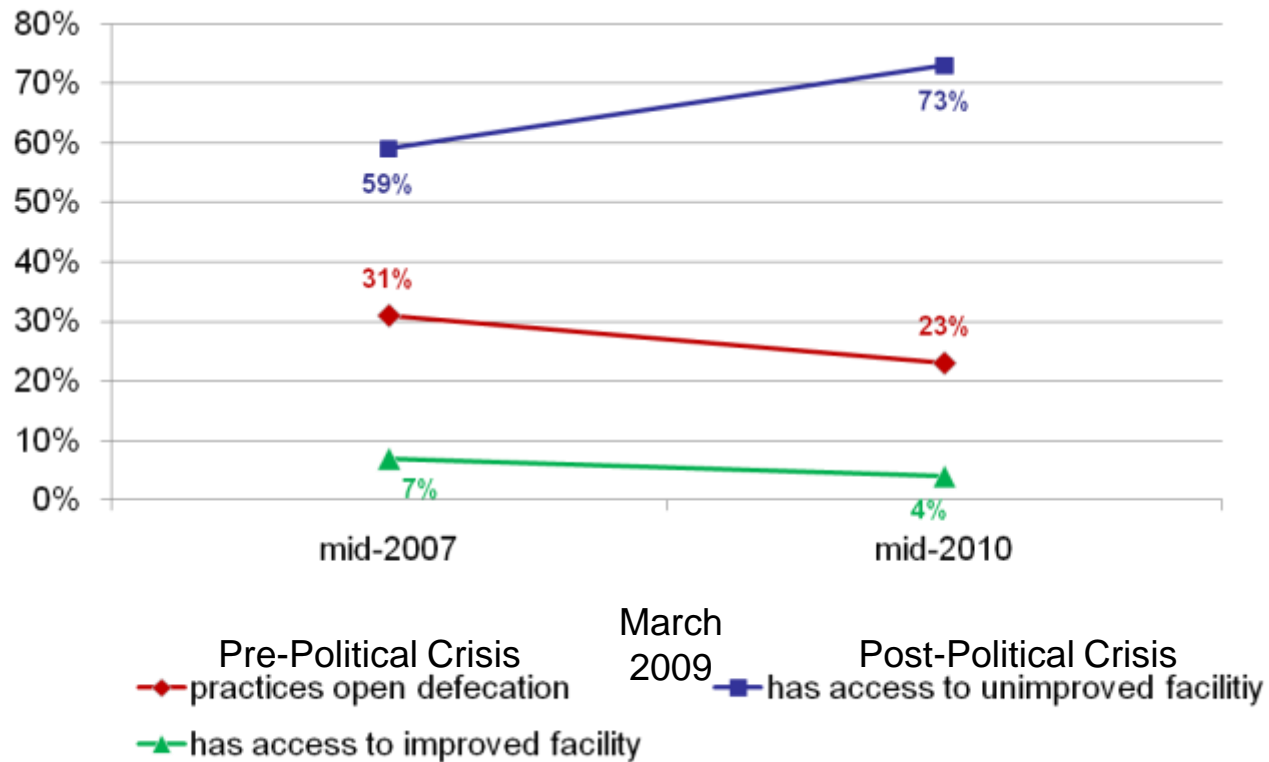


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MADAGASCAR

Practices: Access to Sanitation Facilities



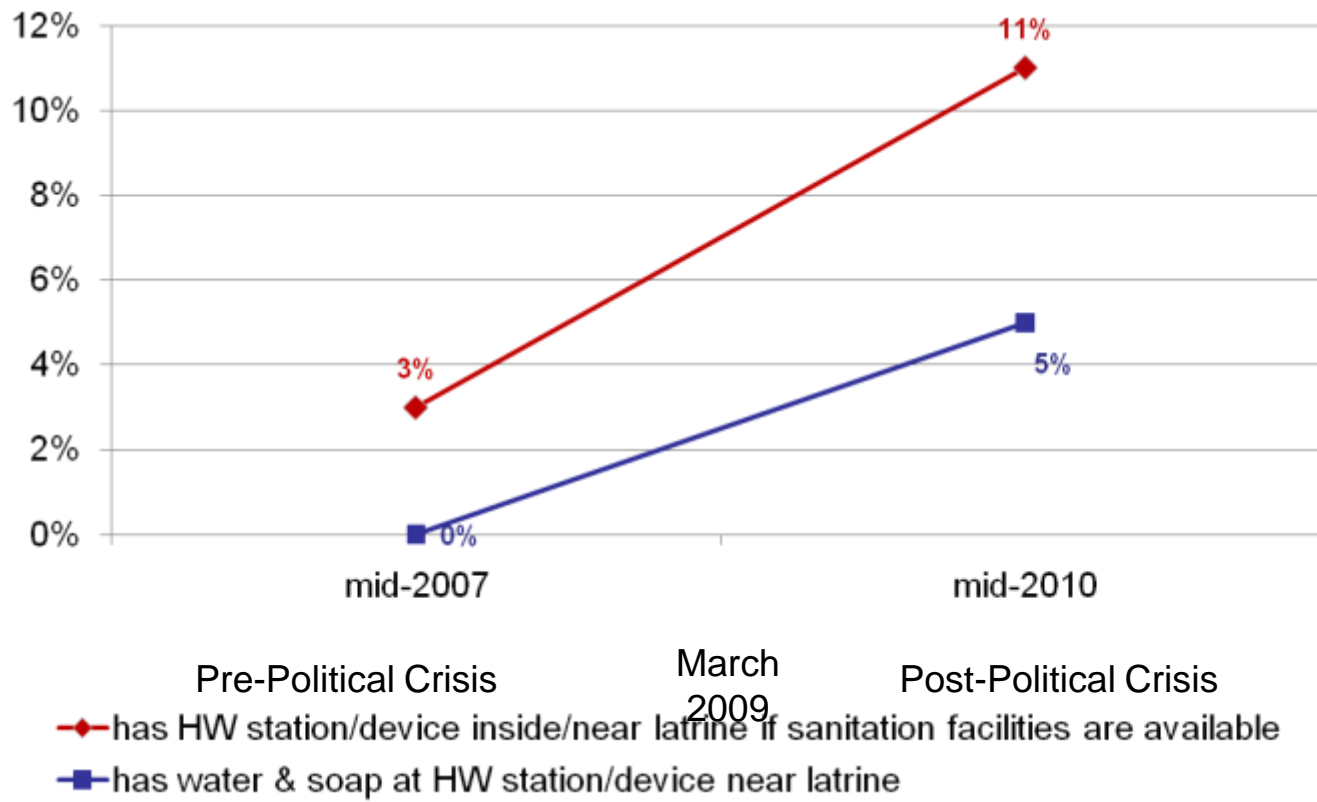


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MADAGASAR

Practices: Handwashing





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WHAT HAVE WE LEARNED?
**HOW CAN WE MEASURE
SUCCESS?**



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M&E Framework for Learning by Doing, Amhara

Strategic objective	Reach scale of hygiene and sanitation activities in Amhara Region			
Intermediate results	Partnerships to facilitate coordinated action at regional and district level fostered	Institutional capacity in public and civil society partners developed	Hygiene and sanitation program at <i>woreda</i> level expanded	Adoption of hygiene practices at HH and institutional levels increased
Illustrative Indicators	# nat'l, reg., or district level policies, strategies, program or projects advanced through "learning by doing" initiative	% trainees mastering knowledge/skills for newly developed guidelines	# of targeted woredas that implemented WSRs	% households using improved sanitation facilities meeting minimum standards by woreda
	# of woredas developing integrated annual plans with contributions from all partners	% annual budget spent by targeted woreda	% targeted woredas implementing integrated hygiene promotion actions to complement hardware investmentse	% caretakers washing hands with cleansing agent at 2 critical junctures



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Scale Challenges

- Dilemma of “attribution” of results - the fruit of relinquishing control
- Quality – in a push for coverage, quality lags behind. Whether it improves over time, or stalls, still unclear.
- Sustainability – we think the HIF and our institution-centered approach leads to sustainable programs, but we don’t yet have the clear proof



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What have we learned about the HIP approach of STARTING at scale?

1. Leadership buy-in is critical for setting the enabling environment; coordination with three technical ministries: Health, Education, Water, plus partners = reach and coverage
2. Systematic capacity building of many actors at all levels is key- must include refresher courses, job aids, supportive supervision, incentives to have it work at scale.



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What have we learned about the HIP approach of STARTING at scale?

4. Implementation ethos of flexibility, innovation, experimentation “Learning by Doing” – critical!
5. Mobilizing political leadership and engaging communities through community-led processes and household outreach – the key components of the scale approach – show encouraging results and outcomes

**STARTING AT SCALE
WORKS!**