Hygiene Improvement Project – End of Project

At Scale
Hygiene & Sanitation Improvement

August 3, 2010
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?
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.
SCALE Process

1. MAP
2. PARTNER
3. STRATEGIZE
4. ACT
5. MONITOR
6. EVALUATE

Reduce Diarrheal Disease
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
Hygiene Improvement Framework (HIF)

Access to Hardware/ Goods & Services
- Water Supply
- Sanitation systems
- Available Household Technologies and Materials

Marketing & Promotion
- Communication
- Social mobilization
- Community participation
- Social marketing
- Training

Hygiene Improvement

Enabling Environment
- Policy improvement
- Institutional strengthening
- Financing and cost-recovery
- Cross-sectoral coordination
- Partnerships

Diarrheal Disease Prevention
Traditional WASH Coverage vs. Scale Approach

...scattered, dispersed, stand-alone

...coordinated and synergistic

[Map showing geographical areas with different symbols for Hygiene Advocacy, Latrine Construction, H/W Promotion, and Well Construction.]
Not only want multiple actors..

- Enhanced partnerships and coordination
  - Within sectors – bonding
  - Across sectors - bridging
Safe Storage & Treatment of Water

Safe Feces Disposal

Handwashing

Focus on behaviors....

... Multiple Behaviors
Characteristics of a Scale Effort

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- Behavior FIRST
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- Prioritizes sustainability
  - by embedding, building capacity, making it local
- Coverage
  - at least 3 million
Using Hygiene Improvement to reduce diarrheal diseases

Bringing the Whole System in the Room

- Government Ministries
- Mothers
- Commercial Businesses
- Educational Institutions
- CSOs
- Media
- R&D Institutions
- NGOs
- Develop Orgs
- Religious Groups
- Donors/Funders
At scale
Hygiene and Sanitation Improvement in the Amhara Region of Ethiopia through “Learning by Doing”
System Approach
At Scale Hygiene & Sanitation Improvement in Amhara

1. MAP
2. PARTNER
3. STRATEGIZE
4. ACT
5. MONITOR
6. VALUE & EVALUATE

Reduce Diarrheal Disease
Start Changes at Grassroots

The Districts

12 Step Pathway Broken into 3 phases

- Plan
- Mobilize and Act
- Monitor & Evaluate
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
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
Implementing a hybrid of …

COMMUNITY-LED TOTAL BEHAVIOR CHANGE IN HYGIENE AND SANITATION

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

Built around Health Extension Programme, and carried out by HEWs

.. Among other actors…
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
Use Existing Institutional Structures & Build Capacity
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
Knowledge Products

1. Regional Behavior Change Strategy
2. District Resource Book for Community Led Total Behavior Change
3. Facilitators Guide for Training
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
Evaluation results – did we achieve scale?

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

Practices: Access to Sanitation Facilities

Intervention Group

2008
n = 745

2010
n = 717

- red: practices open defecation
- blue: has access to unimproved facility
- green: has access to improved facility
ETHIOPIA

Practices: Handwashing Supplies (Latrine HW Stations)

Presence of HW station at Latrine
Water and Cleansing Agent

- 2008: 0%
- 2010: 16%

- n = 717
- n = 745
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)
Hygiene Improvement Project – End of Project

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

Madagascar example

August 3, 2010
ELEMENTS OF SCALE

• Systems-Approach
• Hygiene Improvement Framework
• Behavior FIRST
• Prioritize Sustainability
• Coverage
SYSTEMS APPROACH
Multiple Channels
APPLYING THE HYGIENE IMPROVEMENT FRAMEWORK
Diorano - WASH

ACCESS TO HARDWARE + ENABLING TECH

ENABLING ENVIRONMENT

BEHAVIOR CHANGE PROMOTION

WASH - WATER SANITATION HYGIENE

USAID | HIP
HYGIENE IMPROVEMENT PROJECT
BEHAVIOR FIRST...
Use of improved latrines

Hand washing with soap

Safe drinking water
Negotiation Tools for Household BCC
PRIORITIZING SUSTAINABILITY
In addition to Diorano-WASH…pre 2009

- Ministry of Health and Population
- Ministry of Water
- National M&E System
- Ministry of Education
- National Sanitation Policy (through Diorano WASH)
2009 onwards

HIP

USAID Partners

Voahary Salama

Santenet I and II

Producers

Vendors

Private Sector

Commune

NGO Subcontracts

Community Health Workers

NGO

Scouts

Red Cross Madagascar

Faith-based organizations

Club Vintsy

Habitat for Humanity

UNICEF

PUBLIC-PRIVATE PARTNERSHIP

Public-Private Partnership

Financial Institutions

COMMUNITY (CLTS/RRI)
COVERAGE...
4 Regions
Population 6,500,000
At scale results: coverage by organizations using PAFI and/or alternative methods

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’**Atsimoho-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’**Analajyrafo** (13)

région de **Menabe** (19)
région d’**Atsimomo-Andrefana** (20)
région d’**Androy** (21)
région d’**Anosy** (22)

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**HIP**

**UNICEF/UNFPA**

**Water Aid**

**Santenet**

**Medair**

**ONN** (Office National Nutrition)
HIP/Madagascar Knowledge Products

- Guide Illustré – Illustrated guide of PAFI and *Méthodes Alternatives* (in Malagasy and French)
- 3 posters - 1 for each key practice
- 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)
MADAGASCAR
Practices: Access to Sanitation Facilities

Pre-Political Crisis
- Practices open defecation
- Has access to unimproved facility

March 2009
- Has access to improved facility

Post-Political Crisis
- 59% has access to improved facility in mid-2007
- 73% has access to improved facility in mid-2010
- 31% practices open defecation in mid-2007
- 23% practices open defecation in mid-2010

- 7% has access to unimproved facility in mid-2007
- 4% has access to unimproved facility in mid-2010
MADAGASAR
Practices: Handwashing

Pre-Political Crisis
March 2009
Post-Political Crisis

- has HW station/device inside/near latrine if sanitation facilities are available
- has water & soap at HW station/device near latrine
WHAT HAVE WE LEARNED?
HOW CAN WE MEASURE SUCCESS?
### M&E Framework for Learning by Doing, Amhara

<table>
<thead>
<tr>
<th>Strategic objective</th>
<th>Reach scale of hygiene and sanitation activities in Amhara Region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intermediate results</strong></td>
<td>Partnerships to facilitate coordinated action at regional and district level fostered</td>
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<thead>
<tr>
<th>Illustrative Indicators</th>
<th># nat’l, reg., or district level policies, strategies, program or projects advanced through “learning by doing” initiative</th>
<th>% trainees mastering knowledge/skills for newly developed guidelines</th>
<th># of targeted woredas that implemented WSRs</th>
<th>% households using improved sanitation facilities meeting minimum standards by woreda</th>
</tr>
</thead>
<tbody>
<tr>
<td># of woredas developing integrated annual plans with contributions from all partners</td>
<td>% annual budget spent by targeted woreda</td>
<td>% targeted woredas implementing integrated hygiene promotion actions to complement hardware investmentse</td>
<td>% caretakers washing hands with cleansing agent at 2 critical junctures</td>
<td></td>
</tr>
</tbody>
</table>
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
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.
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!