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HIP HYGIENE IMPROVEMENT
PROJECT

HYGIENE IMPROVEMENT PROJECT

Year Five Annual Report

October 1, 2008 - September 30, 2009

USAID Contract #: GHS-I-00-04-00024-00, Order 1

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ACRONYMS

AED	Academy for Educational Development
APSS	Alternative Pro-poor Sanitation Solutions in Peru Initiative
ARD	Associates in Rural Development
CDC	Centers for Disease Control
CTO	Cognizant technical officer
HBC	Home-based care
HIP	Hygiene Improvement Project
IRC	IRC International Water and Sanitation Centre
KM	Knowledge management
M&E	Monitoring and evaluation
MIS	Management information system
NGO	Nongovernmental organization
PEPFAR	President's Emergency Plan for AIDS Relief
POU	Point of use
PPPHW	Public-Private Partnership for Handwashing
PLWHA	People living with HIV/AIDS
PVO	Private voluntary organization
TDY	Temporary duty
TIPs	Trials of Improved Practices
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UWASNET	Uganda Water and Sanitation NGO Network
WAWI	West Africa Water Initiative
WASH	Water, sanitation, and hygiene
WEF	Water Environment Federation
WHO	World Health Organization
WSP	Water and Sanitation Program

INTRODUCTION

HIP is a six-year (2004-2009) IQC funded by USAID, led by the Academy for Educational Development, in partnership with ARD Inc., the IRC International Water and Sanitation Centre in the Netherlands, and the Manoff Group. Building on more than 30 years of USAID investments in promoting access to clean water, improved sanitation, and better hygiene practices, HIP aims to reduce diarrheal disease prevalence and improve child survival through the promotion of three key hygiene practices: hand washing with soap, safe feces disposal, and safe storage and treatment of drinking water at the household level.

Project Overview

Task Order 1 (the sole task order awarded to date under HIP) issued by the USAID Bureau for Global Health's Office of Health, Infectious Diseases and Nutrition consists of six tasks:

- Prepare a detailed five-year field strategy for hygiene improvement (HI)
- Provide support for HI field implementation
- Develop and document program approaches to integrate HI into other health and non-health areas (e.g., HIV/AIDS, nutrition, education, etc.)
- Provide support for USAID participation in global leadership on HI
- Provide support and liaison to PVOs and NGOs to strengthen their HI programming
- Provide support for knowledge management in HI

At the country level, HIP looks for opportunities to collaborate with the widest range of traditional and nontraditional partners to achieve hygiene improvement at scale. This allows coordinated efforts that bring together hardware, policy, institutional and individual capacity building and a range of marketing and promotion approaches, focused on the consistent and correct application of the three hygiene practices outlined above.

HIP seeks to promote sustainable improvements in hygiene behavior “at scale” in two countries—Ethiopia and Madagascar—and provides technical support for hygiene promotion efforts in India, Peru, and Uganda.

The ceiling cost for Task Order 1 is \$22,033,000. Obligations to date through FY09 total \$14,601,671.

The following report accounts for project accomplishments and status in FY09, October 1, 2008, through September 30, 2009.

YEAR FIVE PROGRAM HIGHLIGHTS

Because HIP was granted a contract extension to continue many of its activities into a sixth year, the project has been able to focus greater attention on fine-tuning its approach to hygiene improvement, expanding its efforts at the country level, and putting into place activities it had thought it would be passing on to others to implement. While support to some country programs did wrap up this year, notably Nepal and the West African Water Initiative (WAWI) countries, HIP is gearing up to support targeted water, sanitation, and hygiene (WASH) activities in some new countries—India and Kenya.

Unexpected circumstances created challenges for HIP staff in several project sites in Year Five. Political turmoil in Madagascar led to the suspension of direct aid to the government, forcing the HIP team to revamp its entire approach. No longer able to continue its WASH-friendly efforts at public schools and health centers, HIP shifted its focus to the private sector to implement sanitation marketing and to its NGO partners to refine its approach to community-led total sanitation. In Ethiopia, HIP and its partner the World Bank’s Water and Sanitation Program (WSP) have been challenged to keep pace with the Amhara Regional Health Bureau’s decision to significantly expand the scope of the total behavior change initiative. Numerous field visits and assessments have been conducted over the course of the year in hopes of fulfilling this ambitious agenda.

Efforts to integrate hygiene practices into home-based care for people living with HIV/AIDS (PLWHA) are going full throttle in both Ethiopia and Uganda. A cascade of training sessions for significant numbers of home-based care workers in both countries began this year. HIP continues to pursue other global opportunities to integrate WASH practices into HIV programming, including creating programming guidance for implementers and managers and meeting with other government agencies and USAID sectors to facilitate the process.

With five years of experience implementing hygiene behavior change on the ground in a variety of settings, HIP developed several key documents to share the processes and indicators it has found to be successful. “Water, Sanitation, and Hygiene Improvement Training Package for the Prevention of Diarrheal Disease,” is a three-part resource for organizations interested in adopting a WASH agenda. “Access and Behavioral Outcome Indicators for Water, Sanitation, and Hygiene” provides guidance to implementers of WASH programs on what indicators to use to measure their programs’ achievements.

HIP’s increased presence on the global water and sanitation scene is evidenced by the increasing number of task forces and working groups relying on its technical expertise, innovative approaches, and programming guidance. HIP staff also shared this experience and information at major water and sanitation venues, through conference papers and presentations.

Administration and Management

HIP bid farewell to Rachel Whitmore and Jessica Thimm, and welcomed Clint Curtis, the new program associate, who began work with HIP in June. For administrative reasons, Kebede Faris, the joint WSP-HIP/Water and Sanitation Program regional advisor, was hired to work under contract to AED for part of the year.

Activities by Task

Task 1—Strategy

HIP submitted a work plan for its Year Six extension period to USAID at the end of this fiscal year.

Task 2—Country Implementation

Ethiopia

The three main areas of focus in Ethiopia in Year Five have been rolling out the total behavior change program and tools to other regions, piloting school ignition as part of the community-led approach, and continuing HIV-WASH integration activities.

Much work has been done this year to keep pace with the ambitious agenda of the Amhara Regional Health Bureau (RHB) chief to expand the number of focus *woredas* (districts) receiving intensive inputs from HIP and its partner WSP from 10 to a total of 80 *woredas* (half of the region of 20 million). To make the expansion of Total Behavior Change in Hygiene and Sanitation possible, HIP/WSP relied on coordination and collaboration with major development partners that have embraced the approach.

To help accelerate the ignition process, Kebede Faris, joint WSP/HIP regional advisor, and his RHB counterparts conducted intensive monitoring visits throughout the region early in the year to assess progress and resources, address gaps, and extend training. Mid-year the RHB initiated an internal review of its own. It looked for evidence of behavior change, sought to quantify the progress made, and drew lessons learned and implications for the future. Results revealed that while there is clear evidence of progress, it is not at the pace needed to achieve the ambitious goal of 90 percent sanitation coverage. A number of strategies were recommended to help meet the project's target goal: strengthening support for zonal focal personnel; training environmental health professionals in areas where ignition has not yet taken place; solving the transportation obstacles; improving collaboration with the WASH line bureaus; and improving monitoring and tracking.

HIP Monitoring and Evaluation (M&E) Specialist Orlando Hernandez worked with Mr. Faris and WSP colleagues to finalize a data collection system, which has been in the works all year and will track hygiene and sanitation and water supply coverage at the village, sub-district, and district levels. Initially this system will be implemented in Amhara, but ultimately expanded to other regions of the country, and eventually integrated into an MIS for the country's WASH sector.

During Year Five, HIP also reoriented its schools approach in Ethiopia to make it a focus of community ignition. The renewed emphasis on using schools to promote water, sanitation, and hygiene through the WASH-friendly schools model encompassed developing a framework to implement the program, a WASH-friendly school guide, and assessment tools for schools; revamping WASH school club materials and supplementary reading materials for primary school students in Amharic and English; and training teachers and parents. Deputy Director Julia Rosenbaum traveled to Ethiopia in June to work with representatives from the education and health bureaus to develop a strategy for introducing WASH-friendly schools to the region. They decided to pilot the strategy in two of the four high-involvement districts and from this experience develop guidance and tools for the rest of the region.



An Amhara family in front of their latrine, which has a hand washing station.

The pilot got underway with stakeholders from Gondar Zuria District coming together for a Whole System in the Room multi-stakeholder meeting to discuss becoming the first district to achieve WASH-friendly status in all of its schools. Training for teachers, parents, and students was held in September. HIP has also conducted a preliminary “awareness-raising” survey and preplanning meeting with Achefer woreda stakeholders. This approach dovetails with a Government of Ethiopia/UNICEF focus on hardware designs for WASH in schools. UNICEF has agreed to incorporate the process into its 10 focal districts in Amhara.

Intensive work also went into establishing the WASH Resource Center within the Amhara Regional Health Bureau. Knowledge Management Specialist Patricia Mantey and IRC partner Jaap Pels prepared a concept note on expanded Resource Center functions (beyond the

existing hard copy resources), and computer network equipment was procured under difficult circumstances and finally installed. Issues related to Internet connectivity remain.

HIP began its WASH and HIV integration activities in Year Five by disseminating the results of its Trials of Improved Practices (TIPs) research at a meeting of more than 40 participants from national and international NGOs from Ethiopia’s HIV and WASH sectors in Addis Ababa. Facilitated by HIP partner WSP, the meeting emphasized the urgent need to start rolling out and scaling up interventions to address the special WASH concerns of PLWHA. The outcome of the research, a menu of small doable actions for integrating WASH into home- and community-based care, is being developed into tools and guidelines for wider scale integration. A “kit” to guide integration is under development and there are plans for the provision of modest technical assistance to interested organizations through an integration workshop and ongoing (but limited) technical assistance.

Another focus of Ethiopia’s integration efforts is the training of trainers (TOT). Save the Children’s Marie Coughlin finalized a TOT curriculum to build the skills of home-based care (HBC) workers to integrate safe water, sanitation, and hygiene into their care practices and to motivate families of PLWHA to change behaviors to make the household environment free of feces. The rollout of trainings to reach all HBC workers in Bahir Dar, occurred in January as part of HIP’s collaboration with the Abt Associates/PSI pilot to identify viable modalities for bringing safe water to PLWHA.

HIP also collaborated with the Federal HIV/AIDS Prevention and Control Office (HAPCO) to conduct two TOTs for organizations implementing home-based care programs in Ethiopia—members of the HIP-supported community of practice. Thirty-six participants from the Amhara, Oromia, and Tigrinia regions took part in the three-day TOT.

Several key job aids for health extension workers were pretested and finalized: “How to Make a Latrine,” “How to Make a Tippy Tap,” and “How and When to Wash Hands.” These materials will become part of the health extension worker package for use by home-based care and other HIV outreach workers.

A number of documents related to Ethiopia were finalized this year, including three monitoring and evaluation reports. English and Amharic versions of a Total Sanitation video are complete and ready for circulation. The videos capture the regional effort to bring total sanitation to Amhara and contain moving testimony and footage of the committed effort.

HIP/Washington and Ethiopia staff have been involved in USAID's assessment of its entire environmental health portfolio, which included interviews with HIV/AIDS program partners in Addis Abba to learn about integration programs; discussions with USAID and UNICEF; and a trip to Amhara to observe the HIP/WSP-supported Community-Led Total Behavior Change activity.

India

HIP welcomed India to its portfolio this year. Following several months of discussions with potential partners, HIP agreed to provide technical assistance to USAID/India to establish a national hand washing alliance through its Market-Based Partnership for Health Project (MBPH). After HIP negotiated a work plan with MBPH and the USAID Mission, the newly formed HIP India team, consisting of Depinder Kapur, partnership advisor, Bhawna Vajpai, WASH coordinator, and Sarah Fry, HIP/Washington senior hygiene program advisor, launched into high gear with its first workshop in September. The objective of the workshop was to build the capacity of the MBPH team in the technical aspects of hand washing with a focus on global and local experiences with hand washing and health-related alliances and partnerships.

Madagascar

Year Five was a challenging one for HIP in Madagascar, but the speed with which the project was able to shift gears was a testament to its flexibility, creativity, and the depth of its partnerships. The first half of the year focused on expansion of HIP's WASH-friendly initiatives in schools and health centers. HIP was in the midst of creating 100 WASH-friendly health centers, with numerous trainings of health center staff, and launching the Infrastructure Improvement Initiative (known locally as "Mini-Hard") to repair/rehabilitate water and sanitation infrastructure in school and health centers when the country experienced political upheaval that led the United States to suspend direct aid to the Madagascar government.

HIP revamped its approach and rapidly put it into action. Direct support to schools and health centers was out. Instead, the project decided to strengthen and expand its new sanitation marketing activity (working with the local private sector—hardware stores, masons, small construction companies—to market sanitation hardware such as latrine slabs for profit), and the "Mini-Hard" initiative made a sharp readjustment from institutions to communities. The new focus is on helping build the capacity of local masons involved in sanitation marketing and improving local latrine designs to make them totally safe for use. The HIP engineer in charge of the initiative is also providing technical assistance to the development of model public latrines and other facilities that will be the basis for replication. The community-led total sanitation (CLTS) initiative will also continue, but exclusively with and through NGO partners. Fortunately, HIP already had nongovernmental programmatic relationships in place and has been adding to its NGO base through outreach and training in all four regions.

Prior to the turmoil, the Infrastructure Improvement program conducted an assessment in three regions to identify WASH repair needs (now dubbed small doable repairs or PRFI, *Petites Reparations Faisables et Importantes*) in schools and health centers. Masons received training in SanPlat latrine slab construction, and a number of rehabilitation and monitoring plans were completed. Also, HIP and government and NGO partners teamed up to evaluate health centers that had committed to become WASH-friendly during the "100 WASH-friendly health centers challenge." The teams trained health center staff in monitoring and evaluation methods.



This sign hanging outside a hardware store in Ambositra advertises hygiene products and is accompanied by a SanPlat display outside.

Sanitation marketing continues to grow as each region decides what the best local approach should be. HIP staff have provided capacity building to nearly 100 construction workers in the correct production of SanPlat latrine slabs and construction of latrine superstructures to ensure adequate quality levels of local latrine supply. Informational sessions with local authorities have been held to introduce the novel concept of launching small sanitation business ventures.

Efforts to market a “minimal WASH package” through local stores have focused on informational and promotional meetings on marketing sanitation products for local private sector operators; training of masons; increased

sales of and outlets for SanPlats; and the broadcast of more than 250 radio messages advertising affordable WASH products (SanPlats, soap, Sur’Eau) for sale locally. Posters, banners, TV spots, flyers, street fairs, and other advertising channels have been developed and are being used to promote WASH products through private businesses.

HIP has also contracted market research firm, ATW, to carry out a consumer preference and willingness/ability to pay survey in two representative communes. Results should be available early in Year Six and will provide a view into the market potential of different hygiene and sanitation products, facilities, and services.

An innovative public-private partnership facilitated by HIP is taking shape—partnerships between communes and private hygiene and sanitation facilities operators. These facility managers will not only collect fees from users to be partially invested in a revolving fund, but will also ensure improved hygiene behavior promotion at the facilities (especially hand washing). Another innovation, the bank/HIP/hardware vendor partnership, has been prepared for launch with development of TV, print, and face-to-face publicity campaigns to encourage salaried persons to obtain special loans for upgrading their sanitation facilities. These many-faceted sanitation marketing efforts are and will continue to provide rich experiential lessons for Madagascar and elsewhere in the drive to increase supply of products to meet the demand created by CLTS and other promotional activities.

On the CLTS front, HIP has been working with UNICEF to shape its approach in Madagascar. CLTS has been piloted in one region, with 20 communities becoming "open defecation free." Plans are underway to conduct new facilitator trainings and then expand CLTS activities to all four regions with UNICEF support. HIP took the lead in designing a “Learning by Doing” protocol so that all agencies can come together to share their CLTS field experiences and eventually arrive at an approach adapted to Madagascar. It combines demand generation with private sector sanitation product marketing. HIP is also developing a special CLTS “hybrid” training session based on the successful HIP/Ethiopia model, integrating hygiene practices into community total sanitation efforts.

HIP/Madagascar's activities continue to focus intensely on spreading "PAFIs" (the French acronym for small doable actions) knowledge and skills through various channels to reach households. These channels include scouts, church and Sunday school groups, and community animators. HIP has also finalized a negotiation tool to help households identify where they are on the sanitation ladder (and other hygiene ladders) and how they plan to climb up the ladder by small doable actions. HIP is training animators (community health agents) in household negotiation techniques and use of the tool. These animators are also linked to the sanitation marketing program and will promote products and guide people to sales outlets. Negotiation tools for hand washing and household water treatment and storage were also finalized. The HIP team estimates that 7,000 people were exposed to WASH and improved hygiene messages during several high visibility promotional events.

Other notable events of the year included HIP participation with partners and government agencies for a national celebration of Global Handwashing Day on October 15. The schools survey was conducted and completed as was the final version of the 2007 baseline report covering households and health centers. A communications team from the presidential palace filmed the Ambatoharanana community where HIP and Club Vintsy, a national environmental health club, collaborated with local organizers to achieve 100 percent latrine coverage; the story was televised nationally. And the first WASH-friendly rest and recreation space and WASH-friendly market were created in Haute Matsiatra.

New staff this year included Longin Rakotoarison, the mini-hard specialist, Sombinaina Rakotoarisoa, the sanitation marketing consultant, and a new regional coordinator for Atsinanana (Tamatave), Fidinarivo Rabedasy.

HIP published an integrated M&E report comparing 2008 findings to baseline data collected in 2007 on hygiene improvement in households, schools, and health facilities. Other products completed this year included the French edition of the "Technical Guide to Set Up WASH-Friendly Community Health Centers" and its translation into English and "Guide illustré pour les agents de développement."

Nepal

There was a flurry of activity in Nepal as HIP prepared to conclude its involvement with the country at the end of 2009. The school point-of-use (POU) program, which established drinking water facilities in schools and trained local technicians to maintain them, was completed in all four districts. HIP partner Environment and Public Health Organization (ENPHO) served as the technical lead, visiting and providing support in all districts. Feedback from participating schools has been very positive.

HIP helped UNICEF solicit two vendors to produce a special filter for treating drinking water in schools. UNICEF will further refine the filter and plans to provide this product to 1,000 schools in the 2009-2010 school year in various districts under its school-based safe water program.

A HIP/UNICEF team visited the Dang District and assessed a promising avenue for making water treatment products and knowledge more widely available in rural areas. As part of a HIP pilot activity, 10 community-based women's cooperatives marketed water treatment products in their villages, creating income and promoting behavior change at the same time. Country Coordinator Arinita Shrestha prepared a concept note drawing from the pilot experience. Compared to other channels of promotion, this one has proven to be more sustainable for the longer term.

HIP and UNICEF prepared an endline survey documenting the impact of both the HIP/Nepal POU and hand washing promotion activities with assistance from a task force comprised of representatives from WHO, Department of Water Supply and Sewerage, ENPHO, HIP/Washington, USAID/Nepal, and HIP/Nepal.

Finally, HIP said farewell to Ms. Shrestha, one of its most dynamic program and country coordinators. For two years, Ms. Shrestha tirelessly worked for improved hygiene conditions and practices from an adjunct position within UNICEF, participating in and shaping the national POU campaign. She managed to keep POU and hygiene on many radar screens in Nepal, at USAID, within the UN system, and with communities in several districts.



Arinita Shrestha, HIP Nepal country coordinator, explains improved hygiene practices to a group of school children.

Peru

HIP continues its support of the Alternative Pro-poor Sanitation Solutions (APSS) in Peru Initiative. The project's activities are directed toward making small amounts of capital available to poor households for improving their sanitation facilities. The initiative now has been underway for almost two years and some notable accomplishments include: participation of a range of important public, civil society, and private sector organizations; implementation of the demand creation strategy in four of the five zones; provision of training (underway) for suppliers of sanitation services and products; and identification and validation of four financing options/products. Not surprisingly, a major challenge is finding feasible financing options for the poorest consumers. The first phase of the APSS Initiative has been extended through June 2010. Support will continue to focus on M&E, knowledge management, and selective technical assistance in sanitation technologies and demand creation.

Patricia Fuertes, knowledge management and M&E consultant, concluded her contribution to the initiative in September and issued a report summarizing her efforts to monitor and track data and key factors affecting project success, such as promotion activities, stakeholder participation, purchases,



This woman's investment in bathrooms allowed her to raise the rent on two rooms she rents in Cajamarca, Peru.

program perceptions, and financing. According to the report, in just over a year, the initiative has been able to mobilize about \$100,000 invested by about 5 percent of the target households in new or improved sanitary facilities promoted by the program. Earlier in the year Ms. Fuertes also completed a qualitative monitoring report featuring testimonials of different initiative stakeholders: consumers of sanitation products and services, retail vendors, and contractors installing sanitary facilities.

conducted the internal assessment, which focused on: 1) the profile of program beneficiaries to

The third quarter of this year was spent documenting key aspects of the APSS initiative and HIP's ongoing collaboration. Scott Tobias, HIP sanitation technical advisor, and Ms. Fuertes

establish if the approach is reaching and involving the poor; 2) the barriers and opportunities for program sustainability; and 3) program characteristics to strengthen and/or modify for a potential program scale up. The report includes detailed findings and recommendations for each of the five pilot areas while also addressing crosscutting and global issues facing the initiative. HIP cognizant technical officer (CTO) Mary Weinger, from USAID's Global Health Bureau, presented the findings and conclusions at the World Water Week conference in Stockholm.

The APSS was also represented at several other venues. The USAID-sponsored Microfinance Roundtable on Water and Sanitation included a presentation on HIP's sanitation marketing efforts in Peru. In addition, HIP provided support for APSS participation in the 5th World Water Forum in Istanbul.

Task 3—Integration

Global-Level Publications

Since January, Renuka Bery, AED senior project manager, and Ms. Rosenbaum have been developing a joint USAID/World Health Organization publication "How to Integrate Water, Sanitation, and Hygiene into HIV Programs to Improve Lives." Dr. Hernandez developed the section on indicators. The objective of this document is to facilitate the integration of WASH into official HIV/AIDS guidelines and standards. HIP also worked with the Centers for Disease Control (CDC) to produce another joint publication, a flier on the importance of WASH and HIV program integration that includes a list of resources. And finally, avian influenza staff at AED are examining WASH-HIV materials developed by HIP to determine how they could be adapted and useful for preparations for H1N1 influenza.

HIV/AIDS

HIP continues to work at the global level to integrate WASH into HIV programming, focusing on a wide expanse of HIV technical areas: orphans and vulnerable children (OVC), prevention of maternal to child transmission, clinical care, nutrition, care and support, and more. This year, HIP continued to work with U.S. Government partners including the USAID Office of HIV/AIDS, CDC, and President's Emergency Plan for AIDS Relief (PEPFAR) to provide support to the technical working groups and help facilitate an integration meeting for USG partners co-hosted by USAID and CDC. HIP helped integrate more WASH actions into the OVC guidance under revision and added WASH questions to the family status index and nutritional assessments. A revised Country Operational Plan Toolkit for FY2010 on WASH (on a CD) was distributed at the PEPFAR HIV/AIDS Implementers' Meeting in Namibia in time for Country Operational Planning in June.

HIP is pleased to note recent opportunities to disseminate and replicate its HIV-WASH integration approaches through new HIP funding from USAID/Kenya, within the AED-led T-MARC activity in Tanzania, and through inclusion within the Ethiopia County Operational Plan for FY2010.

Ethiopia

Many integration trainings took place this year in Ethiopia. In mid-January, Mesfin Tesfay, HIP's country program manager for WASH and HIV integration, oversaw the rollout of the WASH training for HBC workers in Amhara, Ethiopia. Trainers who were trained in October were hired to train 348 HBC workers from three organizations in Bahir Dar: OSSA, Mekdim Ethiopia-Bahir Dar Branch, and Dawn of Hope. Those trained have been tasked with working with clients to introduce small doable actions to improve WASH practices in homes. AED's Health Communication Partnership and C-Change projects in Ethiopia helped with financing and logistics.

As a follow up to the January HBC workshop, Ms. Bery and Mr. Tesfay monitored progress of the three trained HBC organizations to see to what extent the organizations have integrated WASH into their programs and assist them in identifying new entry points to integrate WASH into their strategies and implementation plans. In addition, they monitored how the HBC workers have internalized their new WASH skills and developed a modified assessment tool for a random sample of the trainees. The field visits confirmed that all three organizations had begun to integrate WASH into their activities.



In Ethiopia trainers are trained in key WASH competencies for caring for bedbound patients, such as how to clean and change the patient and dispose of feces safely.

In March, HIP held a WASH-HIV integration workshop for the members of the HIP-led community of practice (COP) and other organizations interested in joining the COP, which focuses on issues related to WASH-HIV and integration in Ethiopia. Members from seven organizations attended the workshop to identify how the organizations could use their existing assets and resources to integrate activities.

In June, HIP conducted two back-to-back TOT workshops with HAPCO following up on March's integration meeting, which created high demand and interest. AED consultant Eleonore Seumo finalized the training materials and corresponded with HAPCO to get this national AIDS organization on board with the integration training. She invited one of the HAPCO trainers to be a co-trainer for both of the three-day workshops.

HIP is in the final stage of producing a training module to equip HBC workers with the knowledge and skills to provide WASH care to PLWHA and their families in Ethiopia. Cue cards (reminder materials highlighting key small doable actions with WASH/HIV illustrations) and WASH/HIV counseling cards were finalized and pretested during August. The training module is being translated into Amharic. Once the training module and job aids are printed, HIP will distribute them to its COP organizations and local NGOs. These NGOs will use the module to train their own health personnel at the organizational level and roll out the training to home-based care workers.

Uganda

On a parallel track HIP staff in Uganda put much time and resources this year into developing tools, materials, and training curricula for integrating WASH into HIV/AIDS HBC programming that are appropriate to the Ugandan context. To that end, HIP worked with the Ministry of Health, partners (Hospice Africa, Uganda and Population Services International, and Uganda), and the National Hand Washing Campaign-Uganda to gather information and pictorial documentation for the materials and job aids.

Staff of partner home-based care organizations participated in a training to launch a pilot integration activity in May. Dr. Lucy Korukiiko, HIP HIV/AIDS consultant in-country, continues to meet with the pilot participants from each organization on a regular basis to provide ongoing technical support and to ensure they continue to use the tools and interventions for WASH integration into HIV/AIDS

HBC programming. A mid-pilot review meeting was held in Kampala, in June to discuss progress and share experiences (successes/challenges) so trainees could learn from each other. HIP also developed a T-shirt design, which will be used by the HBC providers during their pilot activities to further reinforce the WASH messages.

HIP continues to prepare for the upcoming TOT—intended to roll out the integration on a larger scale—to be held in October 2009. A managers’ meeting for partner organizations that participated in the HBC pilot was organized to discuss the rollout plan and the possible requirements for effective integration. Plans were discussed to extend the rollout participation beyond the HBC partners and civil society organizations and to present the TOT training materials to key stakeholders that were involved in the earlier stages of the project, for buy-in and familiarization. (See Task 5, Uganda, for more details.)

Dr. Korukiiko also provided input to the review of the Ministry of Health’s caregivers’ guidance booklet for HBC at a three-day meeting in Entebbe. Her participation provided an opportunity to make WASH a part of the routine technical guidance followed by all HBC workers in Uganda.

Schools

As reported under Task 2, the 2008 school survey in Madagascar was completed this year. Unfortunately, HIP has had to suspend its WASH in schools activities due to the U.S. government directive in the face of the current political crisis.

Meanwhile, this year has seen an increased emphasis on schools in Ethiopia. HIP received the final versions of the school hygiene/water/sanitation learning and teaching materials for Amhara Region in Ethiopia from local consultant Anbesu Biazen. Another consultant finalized a School Club Activity Guide. These materials were vetted and revised in preparation for activating the WASH in schools component of the Amhara Regional WASH common action agenda.

In February, visiting HIP and WSP colleagues helped review the revised materials and discuss specifics about igniting the school program in Amhara. Mr. Faris has taken on the responsibility of spearheading the WASH-friendly schools portion of the community ignition process. The new WASH in Schools Reading Materials, which will serve as a textbook with learning activities, is ready to be reproduced and distributed to schools.

Task 4—Global Leadership

USAID Sanitation Working Group

HIP support to the USAID Sanitation Working Group continues, including technical and planning support to the group’s meetings. In October, HIP staff met with the group to discuss updates on the different components of the action plan. Mr. Tobias led a discussion on the guiding principles that came from the USAID Sanitation Consultation held earlier in June 2008. He also assisted with the planning and preparations for the June 2009 meeting of the group, which focused on “Sanitation Programming Options: How to Get Started?” and included the participation of invited colleagues who have substantial experience in sanitation.

HIP worked closely this year with the USAID Water Team and in partnership with USAID’s Advancing the Blue Revolution Project to produce a WASH programming guide that will be used by USAID field staff to design scopes of work for procurement and assistance using funds from the Paul Simon Water for the Poor Act. Mr. Tobias supported the overall content of the document while

providing a focus on sanitation, especially sanitation options for low income and rural populations. Ms. Rosenbaum provided leadership on content dealing with behavior change and hygiene promotion. Ideas from the working group's discussion on sanitation options were incorporated. HIP participated in two all-day review meetings with the team to prepare the final draft for submission to USAID.

USAID POU Partners Working Group

HIP staff continued to participate in regular meetings of the USAID POU Partners Working Group, attending meetings in October and March. HIP also participated in the review of the final set of POU fact sheets developed for the group by CDC's Daniele Lantagne.

WASH Assessment in Kenya

Mr. Tobias accompanied HIP CTO Merri Weinger and USAID's Sharon Murray on a two-week WASH assessment in Kenya to help the USAID Mission take first steps in putting together a WASH sector programming strategy in anticipation of funding support through the Paul Simon Water for the Poor Act.

Public-Private Partnership for Handwashing (PPPHW)

As members of the PPPHW Steering Committee, HIP Project Director Sandy Callier and Ms. Weinger were involved in a series of meetings this year to decide the future of the PPPHW Secretariat in light of WSP's decision to withdraw from the position and to discuss critical elements of the Secretariat's 2009 work plan. At a June meeting AED was selected to assume responsibility of the Secretariat. Ms. Callier was involved in drafting a transition plan and helping select the new coordinator. A revised draft branding policy is also under review. In addition, Steering Committee members briefly discussed working with WHO on hand washing promotion to prevent influenza, including emergency responses.

As part of the PPPHW/Behavior Change Working Group, HIP contacted Elli Leontsini of Johns Hopkins University to update and streamline a guide for formative research on hand washing. HIP provided input and materials for the update and then participated in the review of the guide.

Global Handwashing Day

Global Handwashing Day, October 15, 2008, was a huge success worldwide, with more than 80 countries participating. In addition to participation in country-specific activities in Madagascar and Nepal (see Task 2), HIP prepared a poster to display at AED and put together highlights about HIP hand washing activities and an article about HIP WASH activities in schools in Madagascar. HIP and AED also hosted the kick-off planning meeting for Global Handwashing Day 2009 (October 15), which is supported by PPPHW. Partners spent the day reviewing lessons from 2008 and planning the way forward. School children are still the main target for GHD worldwide.

As part of the GHD coordinating committee, HIP has been working with two new partners to help organize GHD 2009 activities: Peace Corps staff and volunteers around the world are planning numerous activities to celebrate GHD. The Pan American Health Organization (PAHO) has also requested HIP assistance to use GHD materials and activities in support of hand washing promotion and H1N1 flu prevention especially in Central America. As a result, the official GHD website (www.globalhandwashingday.org) has set up a link to a Spanish language materials page where PAHO's and others' posters, photos, and more can be downloaded.

HIP Key Products

Behavioral Outcomes Indicators Manual

With the input of many partners, external experts, and internal reviewers, Dr. Hernandez developed the manual “Access and Behavioral Outcome Indicators for Water, Sanitation, and Hygiene” for USAID to measure indicators for hand washing, POU, and sanitation and provide guidance to implementers of WASH programs on what indicators to use to measure their programs’ achievements.

HIP’s work with UNICEF, ORC Macro, and representatives of the PPPHW M&E Group on the finalization of the list of indicators and questions on hand washing for inclusion in the Multiple Indicator Cluster Survey and the Demographic and Health Survey are reflected in the indicators document as was its work on a task force to develop indicators on household water treatment service delivery and water quality to track POU efforts for UNICEF. Reviewers from UNICEF, the PPPHW M&E Group, the Hygiene Center of the London School of Hygiene and Tropical Medicine, and the IRC International Water and Sanitation Centre provided input and recommendations to strengthen the document. Their suggestions were incorporated into the final publication.

In other indicators work and in response to a request from USAID, Dr. Hernandez proposed a short list of possible indicators to capture USG funded integration of WASH within HIV/AIDS programming. Three indicators were developed and will be considered for tracking USG initiatives.

Global HI Resource Materials

After significant review and pretesting, HIP has published the comprehensive “Water, Sanitation, and Hygiene Improvement Training Package for the Prevention of Diarrheal Disease,” which has three parts: a training guide, outreach worker’s handbook, and collection of resource materials. The materials were created for organizations seeking to add WASH activities to their current programs or that want to start a diarrhea reduction program. The package outlines a training workshop for outreach workers and provides information on customizing the training. ChildFund International pretested the items in a four-day training in Zambia, and Medair pretested the materials in southern Sudan. The feedback was positive and incorporated into the final version. The Training Package is available on CD and on the HIP website at: <http://www.hip.watsan.net/page/3396>.

Conferences

Health Communication and Marketing Seminar

Ms. Callier facilitated the George Washington University Health Communication and Marketing Seminar Series in October. This seminar series addressed what we know about health communication and marketing (HCM), what’s happening in the field, and the future of HCM.

World Bank Water Week

HIP’s WSP partners, together with national counterparts, presented on innovative approaches for both sanitation marketing in Peru and Community-Led Total Behavior Change in Ethiopia as part of an afternoon-long session on Scaling Up Hygiene and Basic Sanitation at World Bank’s Water Bank held in February in Washington, DC.

WEF Disinfection 2009 Conference

HIP and its partners presented three papers at the Water Environment Federation’s Disinfection 2009 Conference, held February 28–March 3, in Atlanta, on “Promotion of Point of Use Water Treatment in Nepal,” “Rural Water Quality Improvement in Amazonian Peru,” and “Achieving Household Point-of-Use Water Treatment in Amazonian Peru. “

5th World Water Forum

Dr. Hernandez and Ms. Rosenbaum represented HIP at the 5th World Water Forum in March in Istanbul. Dr. Hernandez delivered a presentation at the Consumer Voice Session on the sanitation marketing pilot activity that HIP and WSP are collaborating on in Peru. He also presented a poster on tracking hygiene practices with a focus on small doable actions. Ms. Rosenbaum presented a poster on “Why WASH Matters: Integrating, Safe Water, Hygiene and Sanitation in HIV Care and Support,” and led a presentation and lively discussion session on HIV and WASH in the Partnership Bazaar. She also served as a discussant on the UNICEF-sponsored At Scale WASH in Schools Panel, which gave HIP the opportunity to feature its Madagascar, Nepal, and nascent Ethiopia WASH-friendly schools and school POU activities.

34th WEDC International Conference

At the 34th Water, Engineering and Development Centre (WEDC) international conference held in Addis Ababa, Ethiopia, in May, Michael Dejene, a HIP evaluation subcontractor, presented “Potential Motivators behind Household Toilet Adoption: Results from a Study in Amhara, Ethiopia,” which he co-authored with Dr. Hernandez and Mr. Faris. The HIP/WSP at scale program was also presented at a separate panel on sanitation innovations where global panelists presented their country approaches.

World Water Week

Ms. Fry traveled to Stockholm in August to participate in World Water Week, where she participated in a Global Handwashing Day panel on WASH in Schools organized by UNICEF. Ms. Fry and HIP colleagues also crafted the USAID presentation given by Ms. Weinger on key lessons learned by HIP in sanitation.

NGO Meetings

HIP staff members participated in a series of meetings during July with PVO colleagues working in the water sector. Under InterAction’s auspices, a working group is being formed based on the common interests among NGOs that focus on community and household WASH and those interested in water resources and conservation. NGOs in the health sector who work in WASH convened to set up an ongoing forum to share information and collectively promote WASH with the health sector. HIP also held discussions with health and water sanitation specialists from the Peace Corps about possibilities for future collaboration. HIP staff also participated in both the fall and spring meetings of the CORE Group.

Task 5—Capacity Development with PVOs and NGOs

Uganda

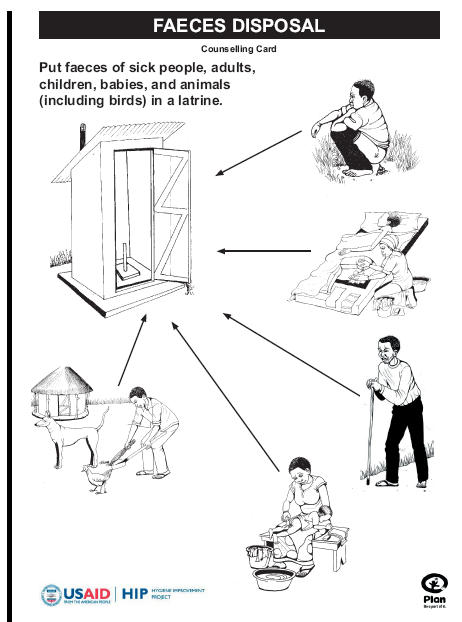
Activities in Uganda have been extended through March 2010 to enable completion of field activities and finalization of materials developed for dissemination. Key planned activities in this period involve the training of trainers for both WASH integration in HIV/AIDS HBC and sanitation marketing and technical support to enable partner organizations to integrate and upscale the approaches developed by HIP.

Over the course of the past year, HIP staff met regularly with stakeholders in the water and sanitation sector, implementing partners, and USAID to move the integration and sanitation marketing agendas forward in Uganda and keep these organizations apprised of progress on the ground. Such meetings included: attending the annual water and sanitation sector Joint Sector Review to draw up the

sanitation undertaking for the year; meeting with Plan Uganda to discuss project sustainability after the end of HIP support; and discussing potential linkages with other USAID partners with similar programs.

HIV/AIDS Home-Based Care

The pilot training workshop on integrating WASH into HIV/AIDS home-based care held in May was a culmination of months of work on the part of HIP/Uganda staff. To guide the development of the materials—the training manual, reference guide, counseling cards, and assessment tools—partner organizations were surveyed to identify their HBC workers’ capacity needs and current abilities. The visuals were pretested to ensure they are realistic for the Ugandan context and that the intended messages were understood by target groups. International consultant Julie Chitty—supported by Dr. Korukiiko and Carol Nabalema in Uganda, and HIP Senior Behavior Change Advisor Elizabeth Younger of HIP/Washington—incorporated the feedback during the many stages of review.



Counseling card used for training HBC workers in Uganda.

HIP sought advice from the CDC and virologists to develop appropriate guidelines for care of bodily fluids in resource restricted settings where there may be difficulty in implementing traditional universal precautions. Information and pictorial documentation from HBC partners such as Hospice Africa-Uganda about basic technologies promoted for bedridden patients were also collected to inform relevant sections in the manual.

Twenty-two field staff and volunteers from seven organizations participated in the three-day training, including the Ministry of Health, Nsambya Homecare, National Community of Women Living with HIV/AIDS in Uganda, the Mildmay Centre, Reachout Mbuya, Hospice Africa Uganda, and the International HIV/AIDS Alliance. The training focused on four major intervention areas, including: safe water treatment and storage, proper feces management, proper menstrual blood management, and hand washing with soap at critical times.

Participants from each partner organization involved in HIP’s pilot activity developed an action plan for integrating WASH into their activities in the community during the pilot period. Throughout the pilot, which finished at the end of July, the HIP team closely monitored these activities and provided support to the teams in the field (especially in technical aspects). The lessons from the pilot were used to refine the HIV/home-based care materials in preparation for the post-pilot rollout of the WASH integration process. An end of pilot meeting was held in July in Kampala, to discuss pilot achievements, successes, and challenges related to using the WASH tools and to make recommendations for improvements.

Sanitation Marketing

A number of surveys intended to inform the sanitation marketing strategy were completed in the first half of the year: in-depth assessments of both the demand and supply side; a financing structure assessment to establish the potential for partnership with institutions involved in microfinance service provision; and a communications channel assessment activity.

Development of the sanitation marketing strategy began with a workshop in Tororo District in November to discuss the proposed strategic direction for the sanitation marketing program. Co-facilitated by the in-country Sanitation Marketing (SanMark) team in Uganda, the workshop had broad participation from Tororo District, Plan, NGOs, microfinance institutions, regional support teams from the Ministry of Water and Environment, as well as members of the National Sanitation Working Group (NSWG). The SanMark team presented a draft of the strategy, along with implementation plans, in mid-June for internal and district level review.

Product development activities have commenced, including fabrication of latrine platform molds that were used for the practical training of masons carried out in May and June in Tororo, facilitated by Robert Deal, an engineering consultant, and Sam Watasa, HIP sanitation marketing consultant. Additional support was provided by the NGO Rural Association for Sanitation and Development in Nkokonjeru, which has substantial experience in fabrication of dome slabs and marketing them to rural communities. Forty masons from eight subcounties were trained in two three-day workshops.



Masons undergo training in construction of improved latrines, developed by HIP's SanMark activity in Tororo District.

Mr. Deal completed the development of prototype latrine products with three main designs recommended for promotion—the dome slab, the square flat slab, and the seat-slab—as well as molds to aid standardization. These prototypes incorporate consumer preferences and information on supply/materials availability collected through previous field work. This activity provides inputs to the marketing/awareness and product design/pricing components of the broader sanitation marketing strategy.

In August the SanMark team held meetings with each of the 12 subcounties in Tororo in which sanitation marketing implementation is ongoing. While initial mobilization, team-building, and assessment activities were managed at the district level, implementation of the program—including promotion—will be managed from the subcounty level, so mobilization of partners at this level is crucial. Also, with the impending split of Tororo District, subcounties will be able to continue ongoing programs with minimal interruption. The team was pleasantly surprised to find that the masons trained one to two months previously were already building latrines and reporting positive feedback from their customers.

Meetings were held with key public and private technical training institutions in Tororo to explore ways in which they can integrate the training of masons into their curricula. A TOT workshop was arranged for the second week of October 2009. Tororo Institute will provide the venue and facilities for training, including construction materials.

The HIP SanMark team began a detailed review of the Sanitation Marketing Tools and Field Guidance manual in view of the practical lessons arising from the experiences and developments of the field testing activities. The final document will be more reflective of the field scenarios likely to exist in a typical Ugandan district.

HIP has spent the later part of the year drafting partnership agreements and memoranda of understanding; preparing a concept note for national-level sanitation marketing interventions with WSP; considering supply-side inputs for the intermediate Improved Sanitation and Hygiene Strategy; developing a networking and monitoring framework to facilitate the provision of technical support to any partners in need of assistance and to enable accurate reporting of progress for program evaluation; and negotiating how roles will be shared among Plan Uganda (the main project partner), local government staff, other NGOs, and the private sector.

West Africa Water Initiative (WAWI)

A decision was made as part of the Year Five Work Plan to phase out HIP support for WAWI. A final report on HIP support for WAWI was drafted, and HIP submitted abstracts for a photo essay and paper to the West Africa Sanitation and Hygiene Symposium to be held in October 2009 and both were accepted.

Task 6—Knowledge Management

Knowledge management (KM) staff provided editorial and publication support to complete or develop a number of key documents this year, including the “WASH Improvement Training Package for the Prevention of Diarrheal Disease,” which is now available as a CD and online, and “Access to Behavioral Outcome Indicators for Water, Sanitation and Hygiene.” Numerous HIP country products for Ethiopia, Madagascar, Peru, Nepal and Uganda including baseline reports, monitoring and evaluation documents, technical resources training materials, and research and country program briefs were also completed. For more information about HIP publications and resources, see: <http://www.hip.watsan.net/page/311>. In addition, Ms. Mantey co-wrote an article on hand washing in schools, which included HIP activities, featured in the June 2009 issue of USAID’s *Frontlines*.

The KM team supported preparation for many global conferences and HIP workshops this year including display materials and a web feature for Global Handwashing Day, materials for the TIPs dissemination meeting in Ethiopia, editorial support for papers submitted to the Disinfection 2009 conference, a CD of key HIP products for the 5th World Water Forum, a CD of WASH and HIV/AIDS integration materials for the 2009 HIV/AIDS Implementers’ Meeting in Namibia, and conference presentations and handouts at World Water Week.

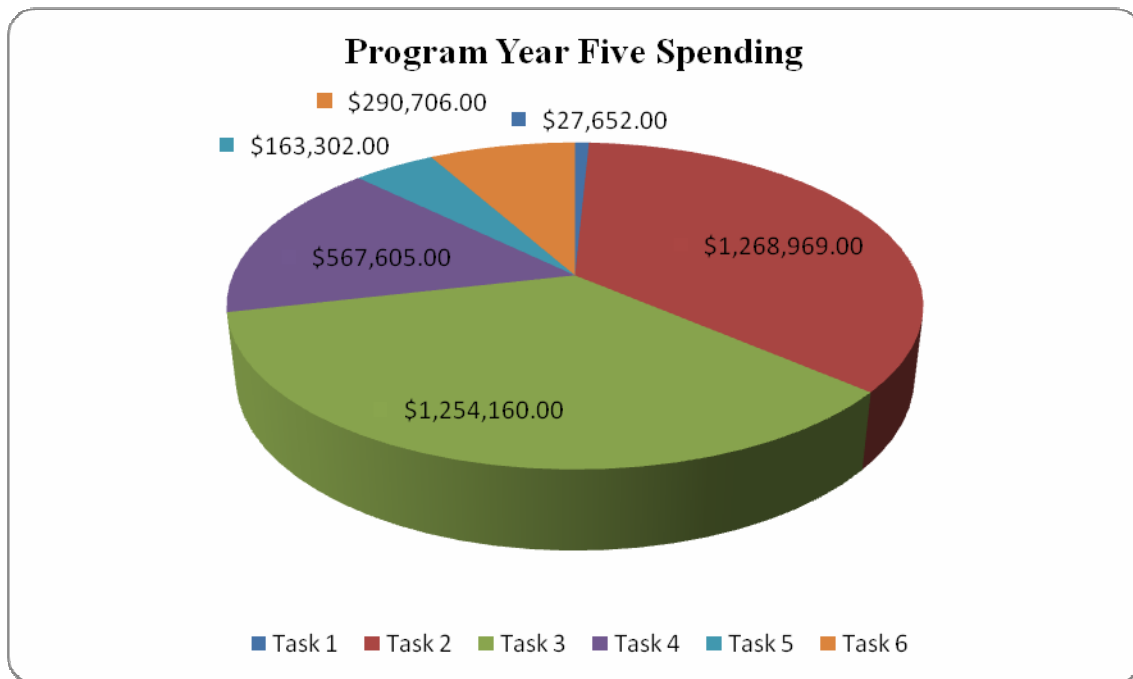
Use of the HIP website continued to increase and the number of monthly visitors during the year ranged from 997 in January 2009 to a high of 1,678 in August 2009. KM staff added a new section for HIP country activity photos to HIP’s website, added many new tools and publications, and developed and stocked photos on a web sharing site for Ethiopia activities.

Finally, in support of country-level knowledge sharing, the development of the WSP/HIP WASH Resource Center in the Amhara Regional Health Bureau continued. Steve Mwititi was hired as a local consultant to assist with the installation of the center’s wireless network and provide technical support for the network once it is installed. Though the long awaited installation finally took place, a few technical glitches remain to be worked out. (See also Ethiopia, Task 2.)

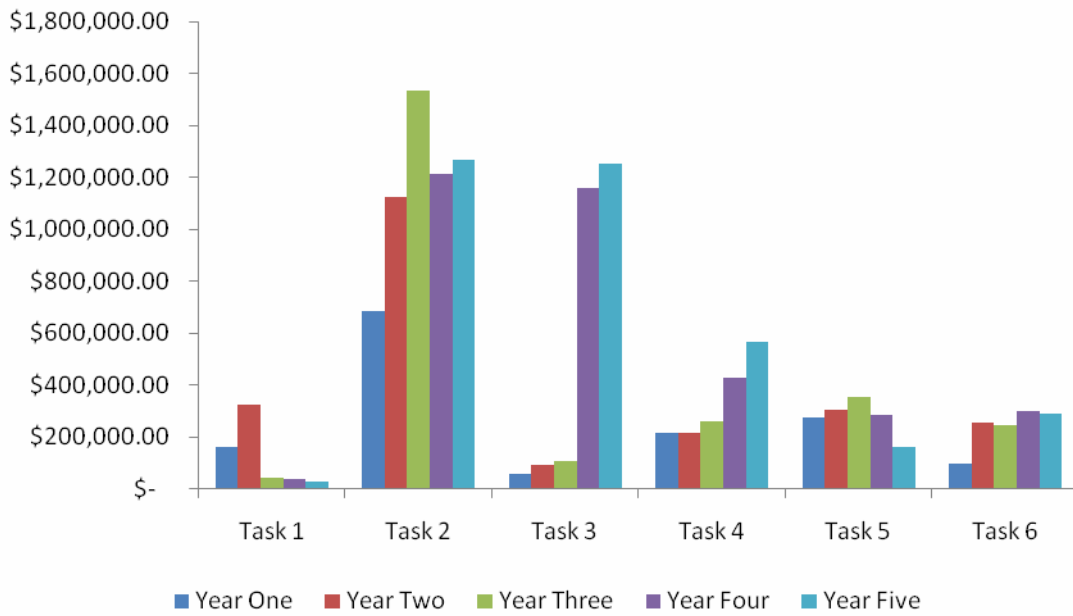
ANNEX 1—Financial Report

Annual Financial Report
 USAID Hygiene Improvement Project
 Program Year Five – Fiscal Year 2008

Expenditures by Task	Year One	Year Two	Year Three	Year Four	Year Five	Total
Task 1	161,775	326,542	45,220	37,715	27,652	598,904
Task 2	684,641	1,123,972	1,532,226	1,211,426	1,268,969	5,821,234
Task 3	57,111	93,716	108,786	1,161,101	1,254,160	2,674,874
Task 4	218,071	213,440	262,083	430,536	567,605	1,691,735
Task 5	275,421	305,083	356,239	284,960	163,302	1,385,005
Task 6	96,442	255,870	246,443	298,026	290,706	1,187,487
Total Expenditures	\$1,493,461	\$2,318,623	2,550,997	\$3,423,765	\$3,572,394	\$13,359,239



Spending by Program Year



ANNEX 2—HIP Staff Year Five Travel

Destination	Purpose	Traveler	Date of Travel
Ethiopia	Disseminate findings of the TIPs and meet with Community of Practice	Eleonore Seumo	October 4 -15, 2008
Ethiopia	Finalize and facilitate a four-day training of trainers	Marie Coughlan	October 10-14, 2008
Madagascar	Assist with 2008 school data collection (AED STAR Internship travel)	Meredith Gavilan	October 24 - November 17, 2008
Madagascar	Provide technical assistance to field staff	Sarah Fry	November 7-24, 2008
Uganda	Support implementation of the Sanitation Marketing initiative	Marion Jenkins	November 10-19, 2008
Ethiopia	Provide TA for capacity building activities, develop and conduct WASH-HIV integration workshop	Julia Rosenbaum	February 26-March 10, 2009
Atlanta, GA	Attend and present at the Water Environment Federation's Disinfection 2009 conference	Elizabeth Younger	February 28-March 3, 2009
Atlanta, GA	Attend and present at the WEF Disinfection 2009 Conference	Arinita Shrestha	February 28-March 3, 2009
Ethiopia	Provide TA for capacity building activities, develop and conduct integration WASH-HIV workshop	Renuka Bery	March 6-20, 2009
Turkey	Attend and present at the 5 th World Water Forum	Orlando Hernandez	March 16-22, 2009
Turkey	Attend and present at the 5 th World Water Forum	Julia Rosenbaum	March 16-22, 2009
Uganda	Provide WASH TA and implement HBC training	Elizabeth Younger	April 26-May 10, 2009
Peru	Formative assessment of WSP/Peru Alternative Pro-poor Sanitation Solutions Initiative	Scott Tobias	May 3-19, 2009
Ethiopia	Provide TA on WASH friendly schools	Julia Rosenbaum	June 8-25, 2009
Ethiopia	Prepare and facilitate a training of trainers	Eleonore Seumo	June 10-27, 2009
Sweden	Attend and present at World Water Week	Sarah Fry	August 14-20, 2009

Kenya	Assist the mission in its water, sanitation and hygiene programming and strategy.	Scott Tobias	August 27-September 4, 2009
India	Conduct 1 st workshop USAID/MBPH in hand washing and partnership basics	Sarah Fry	September 4-15, 2009

ANNEX 3—HIP Staff Year Five Conference Attendance

Conference	HIP Presenters	HIP Attendees	Date and Place
World Bank Water Week	Kebede Faris	Julia Rosenbaum Orlando Hernandez	February 17-20, 2009 Washington, DC
Water Environment Federation's Disinfection 2009 Conference	Elizabeth Younger Arinita Shrestha		February 28 –March 3, 2009 Atlanta, Georgia
5 th World Water Forum	Orlando Hernandez Julia Rosenbaum		March 16-22, 2009 Istanbul, Turkey
Core Group Spring Meeting	Julia Rosenbaum		April 20, 2009 Annapolis, Maryland
WEDC	Michael Dejene		May 18-22, 2009 Addis Ababa, Ethiopia
World Water Week	Sarah Fry		Aug 16-22, 2009 Stockholm, Sweden

ANNEX 4—HIP Year Five Local Hires and Consultants

Consultant Name	Period of Performance	Location of Consultant Work
Chris Dunston	November 7, 2008-June 30, 2009	Hawaii, USA

PSC Name	Period of Performance	Location of Work
Lucy Korukiiko	January 2, 2008-September 30, 2009	Uganda
Sombinaina Rakotoarisoa	January 5, 2009-June 30, 2009	Madagascar
Mesfin Tesfay	May 1, 2008-March 15, 2009	Ethiopia
Sam Watasa	June 16, 2008-September 30, 2009	Uganda
Patricia Fuertes	September 22, 2008-September 30, 2009	Peru
Steve Mwiti	March 15, 2009-October 31, 2009	Ethiopia
Kebede Faris	May 4, 2009-September 30, 2009	Ethiopia
Depinder Kapur	August 17, 2009-February 22, 2010	India
Bhawna Vajpai	August 17, 2009-February 22, 2010	India

Local Hire	Employment Start Date	Location of Employment
Andry Ramamonjisoa	November 3, 2008	Madagascar
Samueline Rahantanirina	January 7, 2009	Madagascar
Eugene Longin Rakotoarison	January 12, 2009	Madagascar
Fidinarivo Rabedasy	January 12, 2009	Madagascar
Mesfin Tesfay	March 15, 2009	Ethiopia
Sombinaina Rakotoarisoa	July 31, 2009	Madagascar