

E-Conference on the Hygiene Improvement Framework March 1-31, 2002

Hygiene Improvement Framework – Summary Report Fred Rosensweig Chris McGahey Environmental Health Project

Introduction

Diarrhea is the second leading cause of death for children under five and one of the most common child illnesses. While the death rate from diarrhea has come down, the frequency of illness has not. Field studies have demonstrated that water supply, sanitation and hygiene can each be an effective means to prevent diarrhea. These studies point to two conclusions. First, improved water quality and quantity prevent diarrhea, but excreta disposal and handwashing also have a significant impact. Second, interventions aimed at hygiene such as handwashing can have as big an impact in preventing diarrheal diseases as hardware.

The Environmental Health Project (EHP) has developed the Hygiene Improvement Framework (HIF) as an integrated approach to prevent diarrheal disease. This framework has three components – access to hardware, hygiene promotion, and an enabling policy and institutional environment.

The basic premise of the HIF is the following: diarrhea is a priority health concern, diarrhea is preventable, evidence-based solutions for diarrhea prevention have been documented, combinations of field-applicable strategies are available to prevent diarrhea, and field examples demonstrate the success of these strategies.

The HIF builds upon what has been learned from over 20 years of water supply and sanitation (WS&S) programming and seeks to more firmly establish WS&S programs as part of comprehensive efforts to improve the health of children.

- EHP was invited to conduct an e-conference on the HIF to promote and refine the Framework. The objectives of the conference were the following:
- Present and discuss the Hygiene Improvement Framework
- Share examples of field activities that illustrate the use of hygiene promotion in integrated WS&S projects
- Discuss the implications of the Hygiene Improvement Framework for designing and implementing WS&S projects
- Summarize the main conclusions of the conference and discuss possible follow-up
- The e-conference took place from March 1-31, 2002 in partnership with the Water Supply and Sanitation Collaborative Council as part of a series of electronic discussions in preparation for the 3rd World Water Forum in Kyoto, March 2003.

Reactions to the Hygiene Improvement Framework?

Two documents were posted at the start of the conference. One was a slide presentation of the HIF. The other, entitled Improving Child Health Through Diarrhea Prevention – a Framework for Action, was a short paper on the health concerns that underpin the need for an integrated approach. During the first week of

the conference the participants were asked to comment on the framework and discuss any similar frameworks they were familiar with.

The comments were uniformly supportive of an integrated approach to water supply and sanitation and the need to give increased attention to hygiene promotion to achieve health outcomes. Mawunganidze (HIF 1-1) noted that a paradigm shift has occurred and that many organizations are now increasing the attention on hygiene promotion. Most of the comments focused on what is required to implement the HIF.

The following points were made:

- Input from the community is essential to test our approaches to ensure that our programs respond to local priorities (Torres 1-5)
- Monitoring and evaluation are critical steps in demonstrating the impact of our activities (Breslin 1-7)
- Well-trained field workers are an essential element of an effective hygiene promotion program (Kurup 1-8, Tayong 1-16)
- Institutionalization of participatory hygiene and sanitation programs requires a commitment from government. (Nyoni 1-21, Tayong 1-16).

Several participants described the Participatory Hygiene and Sanitation Transformation (PHAST) as a related framework. PHAST is an approach designed to promote hygiene behaviors, sanitation improvements, and community management of water supply and sanitation facilities using participatory techniques (Bolt 1-11). PHAST is based on several existing methodologies including the SARAR methodology for community participation, PRA and RRA. PHAST was initiated in 1994 by WHO and the Water and Sanitation Program and subsequently adapted in several countries (Nyoni 1-18). Since then 18 African countries have formed the Africa Support Network for the use of participatory methods.

Field Examples Integrating Hygiene Promotion into WS&S Projects

During the course of the e-conference participants provided several examples of WS&S projects that have included hygiene promotion as an essential element.

Ghana

- Iredale (HIF 2-2) discussed a current project in Northern Ghana in which health and hygiene were integrated into a WS&S project.
- She discussed the need for a KAPB (knowledge, attitudes, practices, and behaviors) baseline using a variety of tools that led to the identification of key risk and safe practices and the challenges to engaging in safe practices.
- She also discussed the design of a community-based hygiene program and the use of a health and hygiene game.
- Iredale also discussed the enabling environment for the hygiene program, specifically the use of partner organizations to train community water and sanitation committees in education efforts and follow-up and the role of the MOH in delivering hygiene messages.
- Finally she mentions the importance of timing and need to implement hygiene activities before and after water supply and sanitation facilities are in place.

Zimbabwe

- Nyoni (2-4) and Dooley (2-6) discussed how the integration of water, sanitation, and hygiene activities have taken place at a program level in Zimbabwe.

- Hygiene is now considered a priority and hardware components are viewed as hygiene enabling facilities. Rather than starting with policies, the Ministry of Health (MOH) started with piloting the use of methods to demonstrate how they worked in order to receive official endorsement.
- The program uses participatory approaches that allow communities to identify their own problems.
- One of the approaches used in Zimbabwe has been health clubs.
- A health club is community based and follows a structured course of 16 health and hygiene related topics and home improvement tasks taught by MOH Environmental Health Technicians. Hygiene promotion takes place before and after the provision of hardware.
- Both stressed the importance of the enabling environment – policy, institutionalization, and advocacy at both the national and project levels so that participatory approaches to hygiene are the norm rather than the exception.
- The project has focused on the training of multi-disciplinary teams at all levels and the inclusion of training institutions in this training. The program also uses a simple monitoring system that is not a separate component from the program's activities.

Nicaragua

- Lockwood (2-5) describes an activity implemented by the Environmental Health Project (EHP) in Nicaragua that integrated access to hardware, hygiene promotion, and enabling environments.
- The hardware component consisted of 2,692 water supply schemes; 7,226 household latrines, and 3,503 environmental projects such as drainage and solid waste management. These were executed by seven NGOs.
- The hygiene promotion component focused on behavior change and was carried out through the training of community members (who are part of water committees) and through a school program, with formal links to the Ministry of Education.
- In addition, EHP carried out a national social marketing strategy that promoted common messages and themes around safe handling of water, safe use of latrines, and personal hygiene.
- The enabling environment component focused at the community level on the strengthening of water committees and on the national level on capacity-building of NGOs and promotion of best practices.
- These examples raise several issues worth highlighting that were cited throughout the e-conference:
- Need for baseline community level research to determine the key behaviors and messages
 - Importance of a simple monitoring and evaluation systems to measure impact
 - Critical role of well trained field staff
 - Importance of paying explicit attention to institutionalizing programs to achieve scale-up.

Implications of the HIF for Designing and Implementing WS&S Projects

During the course of the conference, a number of provocative questions were posed but not necessarily answered. These questions represent the complexities of our work and are therefore by definition not easily answered.

These questions are summarized below:

- While the HIF is a very useful conceptual model, does it really reflect what the recipients or customers want or feel that they need? (Lockwood 3-7) The concern raised here is whether the HIF responds adequately to the primary reasons that people often want increased access to services – convenience, privacy, and small-scale economic activities.
- Are integrated programs affordable? Health and hygiene activities are labor intensive and may be expensive when carried out on a large scale.

- How do we reconcile a multi-sector participatory approach with priorities that are determined by a sectoral approach? (Budima 4-3)

Mathew (HIF 3-2) made a fundamental point in saying that health and hygiene efforts can have positive results even when not accompanied by hardware improvements in sanitation and water supply.

- He notes that the reverse is not true: hardware must be accompanied by hygiene behavior change if infrastructure is to have the desired impact on health.
- Bolt (3-6) supported this point with a summary of preliminary findings from Nepal as part of a multi-country research study.
- The findings show that a hygiene improvement program can make up for limited access to water.
- The study is assessing the sustainability of changes in hygiene behavior - handwashing after defecation, use of latrines, and keeping water free from faecal contamination - after project interventions are stopped.

Conclusions

1. The Hygiene Improvement Framework is a useful conceptual model for planning and implementing WS&S projects. The three components – access to hardware, hygiene promotion, and enabling environment – are all appropriate.
2. Health and hygiene efforts can have positive results even when not accompanied by hardware interventions in sanitation and water provision. However, an integrated program with all three components is the ideal.
3. The focus of hygiene promotion should be on changing key behaviors. These include handwashing after defecation and before handling food, use of latrines, and keeping water free from faecal contamination.
4. Baseline research at the community level is important to determine what the key behaviors are and to have a basis for determining how to accomplish change and if change has occurred.
5. Monitoring and evaluation of hygiene behavior change should be simple
6. and focus on a limited set of indicators.
7. In order to achieve sustainability and scale-up, national governments must accept hygiene promotion as an accepted part of WS&S programs and provide the institutional support for an integrated approach.
8. Institutionalization of integrated approaches requires a focus not only on national government agencies, but also on institutions at the district and community level. Institutionalization should include efforts to strengthen both government and non-governmental organizations.
9. Hygiene behavior change requires competent and well trained field staff.
10. Advocacy is needed to create support at all levels for an integrated approach.
11. Donor agencies can play a major role in the acceptance of integrated approaches by national governments. Donor-funded programs that emphasize hardware and visible successes can undermine efforts to promote hygiene and sanitation.
12. Participatory approaches that involve the community such as the Health Club in Zimbabwe engender more ownership and commitment by the community.