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Report

Synthesis of Four Country Enabling Environment Assessments for Scaling Up Handwashing Programs

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Global Scaling Up Handwashing Project

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This report is one in a series of products of the Water and Sanitation Program's Scaling Up Handwashing Project funded by the Bill and Melinda Gates Foundation. The aim of the project is to test whether innovative promotional approaches can generate widespread and sustained increases in handwashing with soap at critical times among the poor and vulnerable.

This series of reports documents the findings of work in progress about handwashing with soap in order to encourage the exchange of ideas and information and to promote learning. We invite comments and feedback. Please send your feedback to: wsp@worldbank.org.

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LIST OF ACRONYMS AND ABBREVIATIONS

ARIs	Acute respiratory infections
HWWS	Handwashing with soap
M&E	Monitoring and evaluation
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOUs	Memoranda of Understanding
NGOs	Nongovernmental organizations
ONAS	National Office for Sanitation of Senegal
PPPHW	Public-private partnership for Handwashing
WSP	Water and Sanitation Program

SUMMARY

The Water and Sanitation Program (WSP) recently completed the first year of a four-year Global Scaling Up Handwashing Project. This project tests whether innovative approaches can generate large-scale and sustained increases in Handwashing with soap at critical times among the poor and vulnerable in Peru, Senegal, Tanzania, and Vietnam.

During the first year of the project, baseline enabling environment assessments were conducted in the four target countries to better understand the programmatic and institutional conditions needed to scale up, sustain, and replicate the interventions used in the projects. The assessments will be repeated after three years of project implementation to assess progress in strengthening the enabling environment and to determine more definitive lessons learned.

The purpose of this report is to synthesize the findings from the four enabling environment assessment reports, including preliminary conclusions and lessons learned as well as recommended interventions and practices that can be used to strengthen the enabling environment. The report also identifies knowledge gaps and, hence, priority areas for learning.

This report and the findings from the four assessments should be seen as a work in progress that will be enhanced with additional lessons learned and insights as the Global Scaling-Up Handwashing projects move forward in each country.

FINDINGS

The enabling environment assessments were conducted using a common conceptual framework consisting of the following nine dimensions.

- Policy, Strategy, and Direction
- Partnerships
- Institutional Arrangements
- Program Methodology
- Implementation Capacity
- Availability of Products and Tools
- Financing
- Cost-Effective Implementation
- Monitoring and Evaluation

The definition of each dimension, as well as specific findings and recommendations from the four enabling environment assessment reports, are provided in the third section of this report.

The overall conclusions from the analysis of the four reports are the following:

- The enabling environment in all countries to create and sustain large-scale Handwashing programs is not yet in place. The enabling environment in Peru appears to be the most developed of the four countries.
- Although some countries have issued ministerial decrees that support Handwashing, none of the assessments stated that a comprehensive national policy framework is in place and, further, that it has translated into sustained action.
- National-level partnerships have been formed but not all are yet functioning effectively.
- With increased decentralization, all the reports highlighted the importance of working through regional and local governments to achieve scale-up and sustainability.
- The assessment reports emphasized the importance of adapting the public-private partnership for Handwashing (PPPHW) methodology to the specific context of each country to ensure ownership.
- The availability of soap does not appear generally to be problematic, with the exception of some remote areas.
- To date, country programs have relied primarily on external funding and have not addressed the long-term challenge of securing funding for a Handwashing program at scale.
- Systems for tracking costs to determine the most cost-effective implementation are not yet in place.
- Similarly, although capacity for monitoring and evaluation (M&E) exists in most countries, systems have not yet been established.

LEARNING AGENDA

The Scaling Up Handwashing Behavior Change Program places great emphasis on learning from the four country programs. The analysis and preliminary recommendations suggest a number of knowledge gaps in HWWS programs that are elements of scaled up and sustainable Handwashing programs. The synthesis report provides the following specific suggestions for a learning agenda for the strengthening of the enabling environment:

- Documenting the process used to develop national partnerships to identify lessons learned
- Developing case studies on how to establish linkages between Handwashing and other programs such as nutrition, water and sanitation, and schools
- Involving local government in training, planning and budgeting, and M&E
- Developing guidance on the appropriate balance between mass media and interpersonal communication

- Developing case studies on how countries have used existing governmental operational structures to scale up
- Designing a financial plan for scale-up as part of an exit strategy
- Developing standard templates for tracking costs in order to determine how to achieve cost-effective implementation
- Developing standard M&E indicators that can serve as a starting point for country M&E plans
- Tracking the interest and commitment of the private sector, including soap manufacturers and other companies that contribute resources, to engage in PPPHW

1. INTRODUCTION

The Water and Sanitation Program (WSP) recently completed the first year of a four-year Global Scaling Up Handwashing Project. This project tests whether innovative approaches can generate large-scale and sustained increases in Handwashing with soap (HWWS) at critical times among the poor and vulnerable in Peru, Senegal, Tanzania, and Vietnam.

Purpose

During the first year of the project, baseline enabling environment assessments were conducted in the four target countries to better understand the programmatic and institutional conditions needed to scale up, sustain and replicate the interventions used in the projects. *Sustainability* is defined as the ability to maintain programs after external funding has ended. *Replication* is the eventual application of the approach in other countries at scale. *Scalability* is increasing the present scale and rate of behavior change—that is, moving from a few districts to a majority of districts that reach the majority of the target audience.

The purpose of this report is to synthesize the findings from the four enabling environment assessment reports, including preliminary conclusions and lessons learned as well as recommended interventions and practices that can be used to strengthen the enabling environment. This report and the findings from the

four assessments should be seen as a work in progress to be enhanced with additional lessons learned and insights as the scaling up Handwashing projects move forward in each country.

Water and Sanitation Program

The Water and Sanitation Program (WSP) is an international partnership to help the poor gain sustained access to water supply and sanitation services. Administered by the World Bank with financial support from several bi- and multilateral and private donors, WSP is a decentralized partnership and operates through regional offices in Africa, East Asia, Latin America, and South Asia. A major thrust of the programs is to help its clients prepare for and implement actions toward meeting the water supply and sanitation Millennium Development Goals (MDGs). In pursuing its mission, WSP staff provides advisory support to projects and policies to help identify and disseminate best practices and lessons from experience across countries, assist clients in the implementation of pilot projects to test out new ideas, and facilitate informal networks of practitioners and sector stakeholders. Additional information about WSP can be found on the program website, www.wsp.org.

Scaling Up Handwashing Behavior Change Program

With funding from the Bill & Melinda Gates Foundation, WSP is

implementing the Scaling Up Handwashing Behavior Change Program in partnership with the governments in the respective countries. In its four target countries, WSP follows the basic approach of the public-private partnership for Handwashing (PPPHW), a global initiative established in 2001 to promote HWWS at scale to reduce diarrheal and respiratory infections.ⁱ This basic approach to hygiene behavior change at scale is to work with a broad partnership of public and private sector stakeholders who have a mutual interest in increasing HWWS, focus on the one behavior with largest potential health impact (HWWS), and promote it with a cost-effective, consumer-centered marketing approach.

The objectives of the Handwashing Initiative are:

- Design and support the implementation of innovative, large-scale, sustainable Handwashing programs in four diverse countries
- Document and learn about the impact and sustainability of innovative, large-scale Handwashing programs
- Learn about the most effective and sustainable approaches to triggering, scaling-up, and sustaining Handwashing behaviors
- Promote and enable the adoption of effective Handwashing programs in other countries and position Handwashing as a global public health priority through

the translation of results and lessons learned into effective advocacy and applied knowledge and communication products

The project is designed to achieve key targets in each country at the end of three years of project implementation. The specific Handwashing targets for each country are listed in Table 1. The target audience is defined as poor women of reproductive age (15–49) and poor children ages 5–9.

Table 1: Handwashing Targets by

Country

Country (population)	Target population (millions)	Estimate target population adopting HWWS at critical times (millions)
Peru (28 million)	5.10	1.30
Senegal (11 million)	1.97	0.49
Tanzania (37 million)	5.20	1.30
Vietnam (84 million)	9.20	2.30

Source: Water and Sanitation Program. Enabling Environment Assessment and Baseline Terms of Reference, 2007.

The project uses communications and commercial marketing approaches that have been proven successful at facilitating behavior changes at large

scale. Message development, communication strategy, and media mix are guided by detailed insights on consumer Handwashing habits, theoretically and empirically developed models of behavior change determinants, and communication insights, which have been obtained through consumer research. The Handwashing programs in the four countries draw extensively on the expertise of professional communications and marketing agencies and private sector partners in the design, implementation, and monitoring of Handwashing campaigns.

Enabling Environment Assessments

The project is committed to learning how to increase the scale, impact, and sustainability of programs promoting HWWS. In order to determine to what extent the Scaling Up Handwashing Behavior Change Program has contributed to establishing the conditions for scaling up, WSP conducted enabling environment assessments in all four countries. These assessments were designed to provide a baseline for the enabling environment that could be used to assess progress at the end of project implementation and to inform project implementation. Each assessment was carried out by a two-person team consisting of an international and local consultant over a three-week period from April to September 2007. The assessments will be repeated in 2010, after three years of project implementation, to determine to what extent the enabling environment has

been strengthened and to determine the actions that still need to be taken. The assessment process is documented in the WSP document, *Guidelines for Assessing the Enabling Environment Conditions for Large Scale, Effective, and Sustainable Handwashing with Soap Behavior Change Programming*, April 2008.

In order to ensure consistency in the assessment findings, WSP developed a conceptual framework for assessing the enabling environment conditions needed for scalability and sustainability. These dimensions were initially identified based on a review of the literature and discussions with key informants, and are in large measure consistent with experience in the development community in other sectors. The conceptual framework also benefited from a review by experienced institutional development professionals.

The framework comprises nine dimensions that are considered essential to scaling up a HWWS behavior change program and contributing to its sustainability. These dimensions, which include both institutional and programmatic conditions, are:

- Policy, Strategy, and Direction
- Partnerships
- Institutional Arrangements
- Program Methodology
- Implementation Capacity
- Availability of Products and Tools
- Financing
- Cost-Effective Implementation
- Monitoring and Evaluation

2. SUMMARY OF COUNTRY PROJECTS

In order to provide context for the findings in the next section, this section summarizes the four country programs. Each summary describes the Handwashing programs that existed prior to the Global Scaling Up Handwashing Project.

Tanzania

In Tanzania, efforts to promote and scale up Handwashing as an effective intervention for improving child health began in 2005 with assistance from WSP. In addition to WSP, initial supporters included the Ministry of Health (MOH), UNICEF, WaterAid, and Tarmal Industries (a soap manufacturing company). The group established a PPPHW later that year.

Diarrheal disease is among the leading causes of mortality and morbidity among children under five years old in Tanzania. According to the latest Tanzania Demographic and Health Survey, the prevalence of diarrheal disease in children under five was 13 percent, ranging from 25 percent in infants under one year to 5 percent at five years old. Acute respiratory infections (ARIs) follow a similar pattern, with an average prevalence of 8 percent in children under the age of five, ranging from 13 percent under one year to 5 percent at five years.ⁱⁱ

During the initial phase, Tanzania PPPHW's activities centered on

advocacy and awareness raising, consensus building, and fund-raising. In addition, WSP funded research on Handwashing behavior among the caregivers and children in Dar es Salaam and the areas around Mpwapwa and Rufiji districts. Although the study was small in scope, the results provide useful glimpses into Handwashing behavior—such as washing one hand only or only rinsing—within households and schools. The results from the early research were later confirmed by more detailed research in Kenya and Uganda. Starting in 2006, the PPPHW received technical support and training in marketing via Unilever/Lifebuoy's In Safe Hands program. The Tanzania PPPHW now receives funding through the Scaling Up Handwashing Behavior Change project and from the European Union's Water Facility.

Handwashing-promotion efforts in Tanzania build on existing Government of Tanzania ministerial strategies to maximize the health impact of the Water Sector Development Program and a National Environmental Health, Hygiene, and Sanitation Strategy by plugging hygiene promotion gaps, specifically HWWS. Activities are being developed in collaboration with the Ministries of Water and of Health and Social Welfare, with a goal of integrating them into the Water Sector Development Program as results are available.

Senegal

In 2003, a national public-private partnership to promote HWWS was established in Senegal. The partnership seeks to reduce illness and death from diarrheal disease and ARIs in children under the age of five through the promotion of HWWS. In Senegal, diarrheal disease kills approximately 40,000 children under the age of five each year,ⁱⁱⁱ and in some years deaths are much higher because of cholera outbreaks. According to the 2005 Demographic and Health Survey, 13 percent of children under the age of five had exhibited symptoms of ARIs during the two weeks preceding the survey, and 22 percent of children under five had diarrhea during the same time period.

The PPPHW was launched at the request of the National Office for Sanitation of Senegal (ONAS) and set in motion with support from WSP, the World Bank, and other members of the global PPPHW. ONAS is the national partnership's lead agency. The agency is also the key implementer of a World Bank-financed urban sanitation project, which has a significant hygiene promotion component.

A coordinator for the PPPHW was brought on board by ONAS in 2003. During 2004, the efforts of the PPPHW Initiative in Senegal were focused primarily on formative research, partnership building, and fund-raising. The Initiative received approximately US\$700,000 in funding from the Japanese Social Development Fund in April 2005 to implement Handwashing-promotion activities in four regions of Senegal: Dakar,

Diourbel, Velingara, and Thies. With its activities to date, the PPPHW has sought to generate behavior change among mothers and caregivers of children under five years of age and school-age children. The Handwashing-promotion activities of the Senegal PPPHW emphasized interpersonal communication activities.

In 2006–07, direct consumer contact activities were carried out by an events management firm in market places and in public schools as well as religious schools (also known as *darras*). In addition, Handwashing-promotion activities were carried out with women's groups and in health centers. The interpersonal communication was complemented by mass media communication, such as TV spots promoting Handwashing, which were produced and aired by PPPHW partner UNICEF. By the end of 2006, the Senegal PPPHW had more than 20 public and private partners.

Vietnam

In 2006, the MOH, WSP, and international soap companies, in collaboration with other partners, established the Vietnam Handwashing Initiative with the MOH of Vietnam as the lead agency. The overall objective of the Vietnam Handwashing Initiative is to safeguard the health of populations at risk of diarrhea and ARIs through a strategic communications campaign aimed at increasing HWWS.

Diarrheal diseases and ARIs are the two most common causes of child illness and death in Vietnam. In 1998,

diarrhea accounted for roughly 18 percent of all hospital admissions and over 250,000 hospital cases.^{iv} Use of oral rehydration salt is high in Vietnam, and thus mortality from diarrhea is very low. The 2002 Vietnam Demographic and Health Survey estimated that 20 percent of children under three showed symptoms compatible with ARIs over a typical two-week period.^v Improved hygiene is critical to reducing these numbers. Of all the hygiene behaviors, HWWS is the most important and has the potential to reduce diarrheal incidence by 42–47 percent.^{vi} Studies also suggest that washing hands with soap can reduce the incidence of ARIs by over 30 percent.^{vii}

Based on a model developed in Latin America to promote HWWS, the Vietnam Handwashing Initiative aims to capitalize on the extensive network of Vietnam’s public health and education systems coupled with the private sector’s expertise in behavior change to more effectively promote improved hygiene. The Initiative began with a Handwashing formative research study funded by WSP. In addition to formative research, the first phase of activities in Vietnam focused on fund-raising and building support for the partnership among public and private institutions.

Funding for Handwashing-promotion activities has been secured from two sources: US\$860,000 for project implementation from September 2006–December 2007 from the Danish Embassy, and roughly US\$2.5 million for Handwashing activities from December 2006–December 2010 from the Scaling Up Handwashing Behavior

Change Program. The Danish Embassy funds will sponsor the groundwork for the Handwashing communication program, including development of the campaign strategy and materials, airing of mass media, and roll-out of interpersonal communications in eight provinces. Scaling Up Handwashing Behavior Change funds from WSP will enable rapid scale-up of the same activities in other locations within the country, with the additional benefit of a strong M&E system and promotion of lessons learned to other countries.

Peru

Attention to hygiene and Handwashing got a significant boost in Peru in the 1990s because of the cholera epidemic, but practice levels remained low, as shown by the Handwashing Initiative’s 2004 baseline. Only 11 percent of mothers and 6 percent of children washed their hands with soap before eating, and 17.6 percent of mothers and 12 percent of children after going to the bathroom.

The PPPHW developed in Peru over several years beginning in 2002. In 2003, PPPHW began intensive advocacy efforts, carrying out a Handwashing practices study and developing a business plan. In 2004, USAID, WSP, and the Swiss Agency for Development and Cooperation (COSUDE) agreed to provide funding. These funds were used to design an overall project strategy and work plan, initiate a Handwashing campaign, carry out communication activities, and monitor and evaluate the impact of the campaign. The PPPHW also secured the commitment of private sector funds. In 2006, training

workshops and promotional activities continued and a second campaign was launched. This campaign was marked by an effort to establish local alliances. In 2007, the WSP Scaling Up Handwashing Behavior Change Program began. These funds have been used to strengthen local alliances and continue the mass media campaigns. To date the program has implemented activities in 14 of Peru's 24 regions.

Fostering partnerships at the national, regional, and local levels has been a key project strategy since the PPPHW began. Although this has been difficult and demanding at times, it has also been a major reason for progress. The partnership has included donors; ministries of health and education; provincial governments; nongovernmental organizations (NGOs); and private sector organizations such as banks, agricultural companies, and soap manufacturers. A national committee formed in 2003 has been a key vehicle

in gaining high-level national commitment and in fostering a shared vision that transcends any particular member. In 2004, the MOH signed a ministerial decree in support of the Handwashing Initiative; in 2005, it provided resources and a resolution in support of a national program of information dissemination. The participation of the Ministry of Education has resulted in an extension of the Initiative to schools.

Both interpersonal communication (in schools and communities) and mass media (mostly print and radio) have made important contributions to changing knowledge, attitudes, and practices. M&E studies indicate that all of the communication channels used (mass media broadcasts, print materials, training teachers and students, and training health staff and volunteers) contributed to reaching the target families, and that no single channel has predominated.

3. ANALYSIS BY DIMENSION

This section is organized by each of the nine assessment dimensions. Each dimension is defined and then further subdivided into the key issues identified across the four countries and preliminary recommendations. In some countries, these issues have been addressed effectively, while in other countries, more work needs to be done. When taken together, the issues constitute the outline of an agenda for establishing the enabling environment for scaling up Handwashing programs. Rather than address all the issues, the preliminary recommendations focus on those issues where there appears to be enough experience to propose a potential solution.

In all four countries, the Handwashing programs that existed prior to the WSP Scaling Up Handwashing Behavior Change Program used communications and commercial marketing approaches aimed at facilitating behavior change at a large scale. They also sought to involve a range of partners, including government agencies, NGOs, and private sector companies. The WSP assessment teams encountered promising practices that have potential applicability not only in the four target countries but also in other countries.

Policy, Strategy, and Direction

Establishing a shared vision and strategy and ensuring the political will to implement it is the starting point for scale-up. Without political will and a shared vision and strategy among stakeholders at all levels, scale-up will

remain an elusive goal. Developing this shared vision and strategy in a collaborative manner is also the foundation for coordination and for creating motivation all levels. Policy is defined as the set of procedures, rules, and allocation mechanisms that provide the basis for programs and services. Policies set the priorities and often allocate resources for implementation.

Analysis

Developing a shared vision and strategy. All four assessments emphasized the importance of a shared vision and strategy among all key stakeholders. The national partnership in Peru, which has the most mature Handwashing program of the four countries, also has a shared vision that “transcends any particular member.” In large measure, this was accomplished by creating a strong and effective National Committee that has served as a vehicle for the partnership. In contrast, neither Tanzania nor Vietnam, both of which are relatively new programs, has yet to develop a shared vision. In Vietnam, most organizations interviewed said that Handwashing activities are carried out based on individual agency strategies rather than on an agreed-upon national vision and strategy. All of the countries emphasized the importance of developing the shared vision with provincial and district governments, which, because of decentralization, play key roles in project implementation.

Developing a formal national policy and translating it into sustained action. A formal national policy is a necessary but insufficient condition for scale-up. Further steps are needed. In Peru in 2004, the MOH signed a ministerial decree in support of the Handwashing Initiative. However, the decree has not necessarily led to sustained action as manifested in work plans and activities on the ground. So, although the decree provides formal recognition of the importance of Handwashing, only when and where there has been a commitment of resources has there been sustained action. In Tanzania, a draft health policy has been in development since 2003, but there is no specific mention of hygiene. The development of a national policy is further complicated in Tanzania by the role of the Ministry of Water, which has funding for hygiene promotion but does not consider hygiene a priority, since its performance is not measured on hygiene-specific indicators. Although Senegal also issued a ministerial decree supporting Handwashing in April 2007, this has not yet been translated into guidance for local governments on how or whether to promote Handwashing.

Ensuring program leadership by designating a lead national agency. While all the assessments emphasized the importance of a broad-based partnership, they also emphasized the importance of national government leadership in any scaling-up effort. In Senegal, for example, although there is a shared vision in the Handwashing partnership, the lack of strong program leadership by a national agency has resulted in a program that risks being

derailed by the agendas of one or two member organizations of the partnership. The consequences of pursuing individual organizational agendas are that they may be in direct conflict with the goals of the Handwashing Initiative and they may discourage other partnership members from participating in the committee. In Vietnam, where the activity is still new, national leadership has not yet emerged. The MOH does not yet have a sense of ownership in part because of the perception that it is the WSP's program. In Peru, the MOH has assumed program leadership primarily because of their involvement at the earliest stages of the Handwashing program and to national political commitment.

Developing linkages to other national government programs. A common theme in the assessments was the need to develop linkages with other programs in order to establish a foundation for scaling up. In Vietnam, respondents suggested linking with an existing strong Rural Water Supply and Sanitation Partnership. In Tanzania, the importance of establishing strong linkages to the Ministry of Water was highlighted since that ministry has funding that could be used for Handwashing programs. In Peru, one of the program's successes has been the integration with other initiatives, such as the Ministry of Education's Clean, Safe, and Healthy Schools Program. The active engagement of the Ministry of Education has been a very positive development. All the assessments also indicated the importance of establishing strong linkages with regional and district governments.

Seeking high-level political support. Several of the assessments discussed the importance of high-level political support at both the national and sub national levels that can speak to the importance of HWWS. In Tanzania, several respondents suggested the involvement of the permanent secretaries and possibly members of parliament. Although political support does not always translate into action, it can lead to increased awareness and funding for Handwashing programs. In Peru, one of the recommendations from the assessment was to develop and implement an advocacy strategy with arguments and materials for different levels and types of decision makers.

Preliminary Recommendations

- Each country program should work toward the development of a national policy on Handwashing, such as the ministerial decree issued in Peru by the MOH. Such a policy is a precondition toward making available national government budgetary resources. The Senegal report recommends, for example, the development of a national hygiene policy endorsed by the government. As yet, there is no evidence if a standalone hygiene policy is better than having a hygiene policy that is integrated into health or water and sanitation policies.
- Link with other national programs to the extent possible. In general, linkages with the ministries responsible for education and water seem especially important given the importance of school-based

programs and access to water and sanitation facilities. The assessment teams for all four countries strongly endorse the current efforts to integrate Handwashing into existing programs.

- Gaining high-level political support will benefit from an advocacy campaign aimed at decision makers. The Peru and Tanzania assessment teams both suggested the development of an advocacy strategy along with materials for different levels of decision makers that would be aimed at creating legitimacy for Handwashing as a health intervention.

Partnerships

The HWWS program model is based on a establishing a public-private partnership. A partnership is a relationship where two or more parties, having compatible goals, make an agreement to share the work, the risk, the power, and the results or proceeds. Partnerships need to be built at all levels among public, private, and NGO sectors, among different levels of government, and between communities and local governments.

Analysis

Ensuring broad membership in the partnership. The Peru report suggests a useful typology for the types of organizational partners common to Handwashing initiatives.

- Donors and governmental organizations that are involved at the national level and share responsibility for managing the program

- National-level implementation partners from the public sector, NGOs, and private companies
- Regional and local implementing partners, both public and private

The Peru assessment indicates that the partnership has been a particularly successful aspect of the program, especially in involving the national private sector. Organizations have worked well together, although the different working styles of the private and public sectors do occasionally cause some friction. The partnership also allows for differing levels of engagement from being fully involved in the National Committee to simply providing financing. In contrast, at the time of the assessment the Vietnam partnership had not yet really been formed, in part because of a delay in government approval and in part because the Handwashing Initiative was being perceived as WSP's project. However, the organizations involved acknowledge the value of such collaboration. The Vietnam example also points out the importance of involving local government partners in the partnership, since that is where implementation decisions are made.

Making the partnership function effectively. All the participating countries have formed partnership committees, but not all are functioning effectively. In Peru, where the partnership does function effectively, the primary factors seem to be common agreement on goals and strategy and regular information sharing on progress. In contrast, in Senegal a partnership has been formed with more than 30 members from the

public, NGO, and private sectors. Although these members perceive the benefits of the partnership, they also say the partnership has not functioned well. The partnership has lacked strong leadership, shared vision, and a coherent set of activities and messages and has not used a participatory decision-making process. The consequence is that organizations pursue their own agendas. In Tanzania, the partnership appears to be functioning well at the national level in terms of communication and collaboration, but the communication does not yet extend to the regions and districts. Mechanisms are being established for coordination between the national and district levels and for collaboration at the district level.

Effective leadership of the partnership. Like any organization, partnerships require effective leadership. The assessments indicated in all cases that this leadership logically belongs with the lead national government agency, usually the MOH, in order to create government ownership of the program and increase the potential for scale-up. Partnership leadership must sometimes be shared by more than one agency, as in Tanzania where the Ministry of Health and Social Welfare and the Ministry of Water are both key to the success of the Handwashing program.

Recognizing the special nature of partnerships. Organizations that participate in partnerships generally do so by choice and not by requirement. While strong leadership is important, effective partnerships must also use a participatory decision-making process based on consensus. Participatory decision making is a key aspect in

generating partner buy-in and ownership. In Senegal, the assessment pointed out the potential for the partnership to fall apart because of the perception that a “few organizations might make unilateral decisions for the program by proxy” in order to achieve their internal organizational goals. Because partnerships are not hierarchical in nature, they require a special effort to clarify roles and responsibilities to avoid overlaps in activities and maximize the use of resources. One of the reasons for Peru’s successful national partnership appears to be its broad-based nature and the fact that it allows partners to play different roles aligned with their interests. Some provide only funding while others are involved with particular aspects, such as the implementation of communication activities or M&E. The national-level partnership in Tanzania has benefited from frequent communication and effective collaboration.

Preliminary Recommendations

- Seek outside help in building the partnership through a skilled organizational development or partnership facilitation expert. There is a body of knowledge on how to build effective partnerships that can be tapped to address many of the deficiencies identified in the assessment reports. The Tanzania report explicitly recommended the use of partnership facilitation expertise to build a strong partnership structure.
- Develop a formal partnership agreement that clarifies the roles and responsibilities of each partner and a way to monitor the

implementation of the agreements. Both the Senegal and Vietnam assessment teams recommended the development of Memoranda of Understanding (MOUs) and clear protocols that would clearly define the roles of partners as well as the role of the steering committee and any technical committees. In Peru, the assessment team also recommended the more systematic use of MOUs than in the past.

- Actively seek to strengthen institutional leadership for HWWS. Partnerships require institutionally based leadership. Experience to date seems to indicate that this leadership should come from the lead national agency with responsibility for HWWS, as in the case of Peru. In Vietnam, the promotion of the MOH’s leadership role is a key recommendation in the assessment report.

Institutional Arrangements

Institutions at all levels must clearly understand their roles, responsibilities, and authorities. They must also have the resources to carry out their roles. In addition to clear roles and responsibilities, institutional arrangements must include the mechanisms for actors at all levels to coordinate their activities.

Analysis

Identifying a ministerial home. A successful Handwashing program operating at scale needs a ministerial home that has the mandate, capacity, staffing, and resources to play a leadership role. All the assessments pointed to the importance of having a

clearly identified ministerial home for the Handwashing program. Typically the ministerial home is in the MOH, although the decision might be less straightforward in a situation such as that of Tanzania, where both the Ministry of Water and the Ministry of Health and Social Welfare logically share the responsibility. In Senegal, the specific responsibility for Handwashing rests with the Department of Preventive Hygiene and Sanitation within the MOH. A related question is the needed number of staff and their specific roles. Although there is not yet enough experience to answer this question with any degree of confidence, in Vietnam the plan is for the Center for Environment and Community Health in the MOH to hire three persons focused on Handwashing: a technical officer, a financial/procurement officer, and a monitoring and evaluation (M&E) specialist. Country programs should all assess whether the number of ministerial staff allocated to Handwashing is sufficient to play a leadership role effectively.

Clarifying roles and responsibilities. Since the institutional model for the Scaling Up Handwashing Behavior Change Program is based on partnership, it is especially critical to have clear roles and responsibilities among the public, private, and NGO sectors and among different levels of government. Broadly speaking, the Tanzania assessment suggested that the central ministries play a normative role and provide guidance in planning and implementation; districts have responsibility for planning, implementation, and M&E; and NGOs and private sector companies play an

advocacy role and support implementation in specific areas such as consumer marketing and capacity-building. This appears to be a logical division of roles, although there could be variation in other countries. In Senegal, most partners “seem unsure where to start in defining and structuring roles.” The partnership is developing memoranda of understanding, but these do not yet appear to be a linked with an overall framework for defining the roles and responsibilities of all partners. In Peru, as stated previously, the partnership structure allows the members to play a role that is consistent with their specific area of interest. Organizational members play three broad roles: program management (donors and government), national level implementation, and regional and local implementing and financing partners.

Clarifying the operational structure. This issue is related to the structure of the partnership itself. The Peru PPPHW mentions that one of the difficulties inherent in developing an operational structure with clear procedures is the preferred style of informality of the private sector, especially in contrast with the typical rules-based culture of government organizations. The development of a clear operational structure will allow the partnership to function effectively, but it is also important to implement a Handwashing Initiative at scale. The Senegal assessment report mentions the very nitty-gritty issues of communications, procurement, warehousing, and transportation that need clearly defined procedures.

Establishing coordination mechanisms at all levels. In Tanzania, which does not have a history of Handwashing programs, the mechanisms for interagency and interlevel coordination are being established. Although the partnership committee seemed to focus initially on coordination at the national level, the Tanzania report says the same kind of interagency and intersectoral coordination must occur at the district level to facilitate planning and implementation. In Tanzania, this could be the role of the district executive director or regional administrative secretary. This kind of intersectoral coordination is especially important when there are multiple ministries involved in the program.

Involving all levels of government. One of the common themes in all the countries is the need to involve the regions and districts in the planning and implementation of the PPPHW. In Vietnam, provincial Department of Health staff stated that the People's Committee in each province must agree with any activities that the MOH proposes. Aside from the issue of buy-in at the district level, there is the issue of financial resources for implementing the Handwashing Initiative at scale. With the decentralization of functions to local government, budget requests for district-level implementation must originate at the district level since they are now responsible for planning and budgeting. In Peru, where decentralization is relatively advanced, the assessment makes specific mention of this point, as does the Tanzania assessment.

Preliminary Recommendations

- Establish the identification of a ministerial home with adequate staffing as early in the program as possible in order to use the Scaling-Up Handwashing Behavior Change Program as an opportunity for building capacity. This issue has been flagged in Vietnam, for example, and recommendations have been made to develop the capacity of the Center for Environment and Community Health in the MOH.
- Clarify in broad terms a framework for the roles and responsibilities of all categories of partners for implementation. There appears to be general agreement in all countries that central ministries have a normative role and provide program guidance; districts have lead implementation responsibility; NGOs carry out special enabling functions such as advocacy, capacity-building, and implementing interpersonal communication at the local level; and the private sector provides financing and marketing, and makes available Handwashing products.
- Establish coordination mechanisms at both the national and local to ensure interagency and intersectoral coordination. This could occur through existing interagency or intersectoral mechanisms, as in Tanzania, or possibly through tapping into fully functioning partnerships, such as the Rural Water Supply and Sanitation Partnership in Vietnam.

Program Methodology

HWWS programs have a seven-step program methodology. A program methodology consists of the program rules and specific activities, with their timing and sequence. Each country adapts and applies the program methodology to make it specific and appropriate to the country context. A workable program methodology that is clear and agreed upon by all key stakeholders is a key programmatic condition.

Analysis

Box 1: Seven core principles of a Handwashing program

- 1) Target a small number of risk practices
- 2) Target specific audiences
- 3) Identify the motives for changed behavior
- 4) Ensure that hygiene messages are positive
- 5) Identify appropriate channels of communication
- 6) Decide on a cost-effective mix of channels
- 7) Carefully plan, execute, monitor, and evaluate hygiene promotion

Commonly understood and accepted program methodology. The Scaling-Up Handwashing Behavior Change Program has a defined methodology based on the use of mass media, interpersonal communication, and partnership. Box 1 lists the seven core

principles of the methodology. In addition, there seems to be general acceptance of other key aspects of the program, such as the use of formative research to develop a plan for promoting behavior change, the use of participatory training methodologies, and interpersonal communication that is supported by print materials. In Peru, there seems to be widespread understanding and acceptance of the PPPHW methodology, which is the result, in large measure, of the effectiveness of the national level partnership and the effective engagement of provinces and districts. In Senegal, rigid application of the PPPHW methodology appears to have alienated partners who use other approaches, especially those who would rather rely more on interpersonal communication. There is also a perception in Senegal (a perception shared by a few informants in Peru) that the program relies on “one-shot campaigns.” In both Tanzania and Vietnam, the methodology is not yet widely understood. In Tanzania this was in part because new individuals had been introduced to the program. In Vietnam, most organizations do not understand the social marketing approach and were unaware that the approach was intended to use both social marketing and partnering. The reason for this appears to be that a formal review of the approaches currently being used in Vietnam had not yet taken place and that no focused effort at building the capacity of partners in the PPPHW methodology has been done. Clearly, capacity needs to be built in social marketing and behavior change in order to gain widespread acceptance.

Balance of interpersonal communication and mass media. One recurring theme is the appropriate balance of mass media and interpersonal communication. Critics of interpersonal communication cite its labor intensiveness, especially for a program designed to reach scale. This issue was raised in every assessment report. In Peru respondents at the district and regional level emphasized the need for interpersonal communication and viewed mass media as a supporting element. The authors of the Peru report believe interpersonal communication can be effective on a large scale if there are strong local partnerships, training of change agents, and contracts with implementing agencies for training teachers and health personnel. In Senegal, there was a strong feeling among some partners that interpersonal communication must be an essential element of the methodology.

Degree of flexibility in adapting methodology to the country context and even down to districts. In Tanzania, Vietnam, and Senegal, respondents cited the importance of adapting PPPHW methodology to the local context. In the case of Senegal, this is important to gain buy-in and ownership over the approach. Partners said that a “Senegal-developed and adopted HWWS behavior change approach” is needed. In Vietnam, one of the primary recommendations is the need to understand the approaches currently being used and assess how much they have changed behavior in order to develop a tailored approach for Vietnam. In Tanzania, partners pointed out the need to allow districts

and even communities to adapt the methodology. The question this raises is whether an approach that is tailored to each country and makes greater use of interpersonal communication can be done at scale. A possible approach is to create an umbrella project at the national level that includes print and broadcast media, training, and other tools and then allowing local partners to adapt them.

Integration of Handwashing into other programs. Several of the assessments cited the integration of PPPHW with existing programs as an essential strategy for scaling up. Existing programs leverage resources since they already have an established programmatic infrastructure. In addition, there are natural programmatic synergies such as the linkage between hygiene behavior change and nutrition. The Tanzania report suggested linking PPPHW to HIV/AIDS care and prevention since the target audiences—mothers of childbearing age and caregivers of young children—are similar. In Peru, the assessment team mentioned three national initiatives—Reduction of Infant Malnutrition, Healthy Schools, and Water for Everyone—as possibilities for integrating Handwashing into other programs. As of yet, there is relatively little documented experience in how to bring about this kind of integration.

Preliminary Recommendations

- Widespread acceptance of the PPPHW methodology will not happen without a full discussion among partners about existing Handwashing programs and their

experience with those programs. Program managers need to be open to country-level adaptation if ownership of the methodology is the goal. In both Senegal and Vietnam, the assessment teams recommended that the partnerships thoroughly discuss and agree upon a methodology adapted to the country context.

- Each country program should actively seek to identify opportunities for integrating Handwashing into other initiatives and to define what integration means operationally. The Peru assessment recommends that the Handwashing Initiative encourage the strengthening of Handwashing promotion within existing programs, especially those aimed at schools, nutrition, and water and sanitation.

Implementation Capacity

Clearly defined institutional roles and responsibilities are not sufficient for programs to operate at scale. In addition, institutions at all levels must have the institutional capacity to carry out their roles and responsibilities. Institutional capacity includes adequate human resources with the full range of skills required to carry out their functions, an “organizational home” within the institution that has the assigned responsibility, mastery of the agreed-upon program methodology, systems and procedures required for implementation, and the ability to monitor program effectiveness and make continual adjustments.

Analysis

Linkages to the existing government operational structures. All the assessments made the important point that scaling up requires tapping into the government operational structures at the central, regional, district, and community levels. All the reports either stated or implied that scaling up cannot occur without the intentional use of these structures, since these staff are already on the payroll with secure jobs and are not project-based employees. In Senegal there are over 600 trained field-based staff that could be utilized for Handwashing. The assessment teams acknowledged the role of NGOs and the contribution they can make, but also implied that NGOs are not the complete answer for a national-level program.

Capacity building at all levels. Capacity building is necessary in all aspects of PPPHW, including such areas as behavior change communication, M&E, and the training of trainers. None of the countries appears to have developed a comprehensive and systematic training strategy or training plan that identifies the target population, areas in which training is needed, training providers, and a schedule. To date, capacity-building efforts in most countries seem to have focused primarily on national-level capacity but have not extended their focus to the districts. However, in Peru there has been training of local personnel, especially teachers, in the regions. The assessments indicate that capacity building at the local level is especially important. District officers in Tanzania stated that they need training in the PPPHW methodology.

Also in Tanzania, the report cites the need to train existing community-level cadres such as the village health workers and home-based providers. It is also important to note that capacity building is more than training and also includes technical support, mentoring, and knowledge-sharing.

Development of systems and procedures. Capacity building is not sufficient to develop full implementation capacity. In addition, systems and procedures and the use of the information that they generate must be built in all aspects of the Handwashing program. Interestingly, the only systems that were explicitly discussed in the assessment reports in any depth were M&E, and in the case of Senegal the absence of information-sharing systems. In addition to M&E, systems that are equally important include supervision, production of communication materials and their distribution, means of transport of field staff to communities, training systems, and information-sharing systems. It may not be advisable to create systems just for HWWS, as there may be systems for the broader health programs that can be built upon. The lack of discussion about the systems and procedures that need to be developed indicates the need to focus on this.

Preliminary Recommendations

- Each country should develop a comprehensive plan for building capacity at all levels. As the Peru report recommends, the approach should be one based on the training of trainers and systematic follow-up after the training has taken place.

- Systems and procedures should be developed as part of the approach to strengthening implementation capacity. In Vietnam, the assessment team recommends that a system for distribution and dissemination of materials be established. In Senegal, the recommendation is to develop systems for sharing information on a regular basis.

Availability of Products and Tools

A HWWS behavior change program requires—in addition to promotion of the behavior—that the product, price, and place dimensions of the Handwashing marketing mix are addressed. The ability of the target consumers to adopt the promoted behavior is highly dependent on the existence and availability of soap(s) that respond to consumer preferences and their willingness and ability to pay for them. In addition to soap, the Handwashing marketing mix may include water and other items, specific to each country situation, such as services to maintain Handwashing facilities.

Analysis

Linkage of Handwashing to access to water and sanitation. All the assessments cited the importance of linking Handwashing activities to access to water and sanitation facilities. In Tanzania, access to water continues to be a limiting factor in promoting Handwashing. In addition to household access in rural communities, many schools do not have water, and rarely do latrines have

water available for Handwashing. The Tanzania assessment team suggested linking Handwashing efforts to the Rural Water Supply and Sanitation Program, which aims to raise water supply coverage in rural areas from 53 percent in 2003 to 79 percent in 2015. Clearly, women and children are more likely to wash their hands with soap if water is available close to home. Similarly, in Vietnam, respondents felt strongly that Handwashing should be included in water supply programs and should not be promoted in areas where access is limited.

Availability of soap. Soap generally appears to be available in households in all the target countries, although in some countries, such as Tanzania, proximity to supplies may be a problem. Peru reports 98 percent availability in homes with the exception of some isolated mountain communities. Senegal and Vietnam also appear to have wide availability. However, questions have been raised in Senegal concerning whether households have the actual buying power to purchase soap, since soap and Handwashing station materials have been subsidized 100 percent to date by the PPPHW. So while there may be access to soap, there is no evidence that households would purchase it if subsidies were removed. Similarly, in Tanzania, the assessment team was told that rural people could not afford soap for Handwashing, although the report did not indicate whether the marketing study addressed this issue. In Vietnam, there has been insufficient attention given to the overall question of availability of soap, including access, affordability, and willingness to pay.

Provision of Handwashing facilities. There does not appear to be any consistency in how Handwashing facilities are provided. In Peru, respondents stated that the provision of plastic washing bowls and pitchers have been useful. The Peru assessment team believes that the districts should continue to do this rather than the national partnership. In Senegal, although several NGOs suggested including Handwashing facilities as part of the construction package, they also said they are rarely included. In general, the best way to provide Handwashing facilities is an area worthy of further study.

Preliminary Recommendations

- Each country should develop a plan for ensuring the availability of key products and tools—soap, Handwashing facilities, and materials. The Vietnam report makes the explicit recommendation to develop such a plan for the eight pilot provinces. In Peru, the recommendation was made to encourage municipal governments to support infrastructure such as water faucets near kitchens and latrines to facilitate Handwashing at key times.

Financing

This dimension is aimed at assessing the adequacy of arrangements for financing the programmatic costs. These costs include training, staff salaries, transportation, office equipment and supplies, and the development of communication and education materials, as well as

programmatically line items in budgets for Handwashing-promotion activities.

Analysis

Minimizing dependency on donor funding. To date, PPPHW efforts have been dependent on donor funding. Only in Peru have funds been raised from national sources, including government, although the report does not provide a breakdown. In Senegal, no national monies have been allocated for the Handwashing Initiative. In Tanzania, the degree of donor dependency is such that the Handwashing project is seen as a World Bank–funded project rather than a partnership with substantial funding from national sources. The Ministry of Water has allocated US\$1.95 million for sanitation and hygiene, but it is not clear how the hygiene portion of these funds is to be used. In Vietnam, funding for Handwashing to date has come from the Danish Embassy and now the Gates Foundation through WSP. Scaling up cannot occur without the national government’s financial participation.

Budgeting for a full range of costs to ensure sustainability and expansion. The full range of costs needed to ensure sustainability and expansion has not yet been fully considered. These costs include the upfront investment costs needed to start up a program and the recurrent costs needed to sustain it over time. The focus so far has been primarily on the investment costs—market surveys, training, communication materials—that are needed to implement Handwashing activities in the pilot regions. In

Senegal, the budget does not appear sufficient for all activities, including mass media airing, regional training, and institutional capacity building. The Vietnam assessment concludes that the budgets do not clearly distinguish between investment and recurrent costs and that all costs have not been budgeted, including those for capacity building and reproducing materials.

Working through the local government budget process. The Tanzania and Peru assessments both point out that the long-range solution to financial sustainability and scale-up is to allocate funds for Handwashing promotion in local government budgets. The Peru report suggests that implementing agencies from the Handwashing Initiative should participate in these deliberations. Similarly, the Tanzania report says that Handwashing promotion must be included in the programming of the monies allocated to districts each year. In Tanzania, however, it is problematic that the performance of those who control these funding decisions is not being measured by any indicators related to Handwashing. Finding a way to allocate funds for Handwashing in local government budgets will require guidance to districts on how to program those funds in a way that supports the goals of the Handwashing program and therefore contributes to the country’s diarrhea incidence reductions targets.

Preliminary Recommendations

- Each country should develop a financial plan for sustainability and scale-up that includes donors, the private sector, and national

government sources. The Senegal and Vietnam reports both recommended that national budgets include a line item for HWWS. All the reports acknowledge, however, that other sources of financing are needed, including donors and the private sector.

- Scale-up is unlikely to occur without a process to involve regional and district governments, since planning and budgeting is increasingly the responsibility of local government. In Peru and Tanzania, the authors strongly suggested that more attention be paid to utilizing the local government planning and budgeting process as a way to finance scale-up.
- Affordability for a scaled-up program cannot really be determined unless subsidies are removed. The Senegal team recommended that a policy position be formulated on Handwashing subsidies and that a test of willingness to pay and affordability be conducted on a pilot basis.

Cost-Effective Implementation

The potentially high costs of promoting HWWS behavior at scale make cost-effective implementation a key element. It is essential to understand how the unit costs change as activities are scaled up. Although it will not be possible to assess the cost effectiveness of the approach and how best to achieve economies of scale until the end of the project, data must still be collected during implementation to make this determination when the project is completed. Therefore, the

focus in this assessment is to ensure that information will be collected from the outset and that the capacity to collect the information is in place.

Analysis

Raising awareness about the concept of cost-effective implementation. At the time of the assessment, only Peru had collected cost information. However, this is largely a reflection of the fact that when the assessments were carried out, WSP impact evaluation and M&E system designs were still in draft and were therefore not reflected in the enabling environment analysis. WSP is now setting up systems to measure cost effectiveness in each of the countries.

Capacity to collect and analyze cost data. All the countries appear to have the capacity at the national level to collect and analyze information cost data to determine cost-effective implementation. When the systems for measuring cost effectiveness are established, some additional capacity building may be necessary, especially at the local government level.

Preliminary Recommendations

- Systems need to be set up to track implementation costs or the follow-up assessment in three years will not be able to inform project learning in this dimension. This effort is apparently underway in all countries.

Monitoring and Evaluation

A large-scale HWWS behavior change program requires regular monitoring

and, perhaps more importantly, the willingness and ability to use the monitoring process to make adjustments in the program. Effective monitoring will identify strengths and weaknesses in the program methodology, implementation arrangements, and cost efficiencies. Overall monitoring responsibility must be at the highest level of the program, but must be based on information collected at the local government or district level.

Analysis

Putting in place M&E systems. The assessment teams reported that, at the time of the assessment, M&E systems were not yet in place for the Handwashing Initiative. However, WSP has concrete plans to establish such systems. There does appear to be broad awareness of the importance of M&E. In Peru, for example, respondents said that “M&E needs to be a key component of the expanded program and the opportunity to show how well different interventions work should not be lost.” One especially important issue raised in the Peru assessment is how to “allow local implementers flexibility in the program, yet keep sufficient uniformity in the project districts to be able to generalize about them in relation to the control districts.” Since flexibility at the local level is a common theme in the assessment, this issue will need to be addressed as countries develop their M&E systems for the initiative. The Tanzania report

points out the importance of utilizing the existing M&E systems rather than creating a parallel system.

Developing capacity for M&E. All the countries except Vietnam reported that the capacity for M&E does exist at the national level. Increased decentralization has led to the development of capacity at the local government level. In Vietnam, provincial and district staff report that they have developed M&E systems to collect traditional epidemiological data. So while capacity may exist at the national and local level, it is not being used for Handwashing. In some cases, this is the result of the lack of adequate staff; in others, Handwashing is simply not on the list of health interventions that are monitored. As a result, in Peru, a national NGO partner assumed M&E responsibilities for the Handwashing Initiative. A critical aspect of strengthening M&E capacity is to improve the use of M&E data to advance program implementation.

Preliminary Recommendations

- Define and agree upon indicators for Handwashing in each country.
- Establish M&E systems. A critical issue to resolve is where to place the responsibility for M&E—in an NGO partner, as in Peru, or with the national government lead agency. WSP is assisting in setting up these systems in all countries.

4. THE WAY FORWARD

This section provides preliminary guidance on the way forward to strengthen the enabling environment for Handwashing. As discussed earlier in this document, this guidance should be seen as preliminary, since the Scaling Up Handwashing Behavior Change Program is still in the early stages of implementation and has not developed a fully informed set of recommendations. Nevertheless, the analysis of the four enabling environment assessments does provide an early indication of some key lessons learned.

Overall Conclusions

The following are overall conclusions, derived from the assessments, about strengthening the enabling environment for scaling up a Handwashing initiative. They have broad significance for the wider Handwashing community.

- Developing a shared national vision and strategy at all levels requires a focused effort involving key partners. The assessments indicate that the vision and strategy cannot be lifted wholesale from the basis PPPHW methodology and that some country-level adaptation is necessary to ensure local ownership and buy-in.
- A formal government policy is a necessary but insufficient condition for scaling up. Without it, national budget resources are unlikely to be

available. The policy must also be complemented by an implementation plan that provides the resources and activities needed to translate the policy into action.

- Developing a broad-based partnership is essential, but it is not a replacement for the leadership that only a national government agency can provide. In most countries, the leadership of the partnership committee seems to be in the ministry of health.
- Partnerships will not function effectively merely because they are formed. Partnerships are organizations and as such will require a shared vision, effective leadership, organizational structure, clear partner roles and responsibilities, agreed upon set of activities, agreed upon operating agreements, regular communication, and participatory decision making. A partnership needs to intentionally and systematically work through these issues to be effective.
- Scale-up requires working through the government operational structure at the central, regional, and local levels. Only the national government has the personnel to implement an initiative such as Handwashing at scale. Increased decentralization means that implementation responsibility for Handwashing

is located principally at the district level.

- The general PPPHW program methodology is likely to face some resistance unless there are thorough discussions in each country, so country programs feel the methodology is tailored to their context. Some flexibility in the methodology is necessary. In particular, the right balance between mass media and interpersonal communication needs to be discussed.
- The integration of HWWS into other programs, such as programs concerned with water, health, and education, increases the likelihood of scale-up. In particular, countries believe that Handwashing should not be promoted in areas where access to water and sanitation facilities is limited.
- Capacity building requires more than training. In addition, it requires the development of systems and procedures to enable the application of the skills and knowledge learned in training programs.
- The availability of soap does not appear to be a problem, although its affordability to rural populations is not entirely clear where it has been subsidized by the Handwashing Initiative.
- A financial plan to achieve scale-up is essential. To date, programs have relied on external funding and have not

addressed the financial requirements and funding sources for a scaled-up program.

- Cost-effective implementation is a concern, but is not yet well understood, with the exception of Peru.
- Although capacity for M&E exists in most countries, indicators have not been defined and, with the exception of Peru, M&E systems have not yet been established.

Preliminary Guidance

Table 2 summarizes the recommendations from each dimension found in the third section of the report for strengthening the enabling environment for Handwashing. The guidance in this table is based both on actual practices and on the recommendations provided in the assessment reports and were, for the most part, reflected in more than one assessment. These recommendations are intended to provide guidance for actions at the country level. As discussed previously, this guidance is not intended to be a comprehensive set of recommendations that addresses all the elements in each dimension. They are, instead, what can be reasonably put forth at this stage of the Scaling Up Handwashing Behavior Change Program.

Table 2: Summary of Preliminary Recommendations

Dimension	Guidance
Policy, Strategy, and Direction	<ul style="list-style-type: none"> • Gaining high-level support will benefit from an advocacy campaign aimed at decision makers. Advocacy is also important in creating legitimacy for Handwashing as a health intervention. • Each country program should work toward the development of a national policy on Handwashing, such as the ministerial decree issued in Peru by the MOH. Such a policy is a precondition for making available national government budgetary resources. • Link with other national programs to the extent possible. In general, linkages with the ministries responsible for education and water seem especially important, given the importance of school-based programs and access to water and sanitation facilities.
Partnerships	<ul style="list-style-type: none"> • Seek outside help in building the partnership through a skilled organizational development or partnership facilitation expert. There is a body of knowledge on how to build effective partnerships that can be tapped into that would address many of the deficiencies identified in the assessment reports. • Develop a formal partnership agreement that clarifies the roles and responsibilities of each partner and a way to monitor the implementation of the agreements. • Partnerships require institutionally based leadership. Experience to date seems to indicate that this leadership should come from the lead national agency.
Institutional Arrangements	<ul style="list-style-type: none"> • Identification of a ministerial home and staffing it should occur as early in the program as possible in order to use the Scaling Up Handwashing Behavior Change Program as an opportunity for building capacity. • Clarify, in broad terms, a framework for the roles and responsibilities of all categories of partners for implementation. There appears to be general agreement that central ministries have a normative role and provide program guidance; districts have lead implementation responsibility; NGOs carry out special enabling functions such as advocacy and capacity building; and the private sector provides financing and marketing, and makes available Handwashing products. • Coordination mechanisms at both the national and local levels need to be established to ensure interagency and intersectoral coordination. This could occur through existing interagency mechanisms, as in Tanzania, or possibly tapping into fully functioning partnerships such as the Rural Water Supply and

Dimension	Guidance
	Sanitation Partnership in Vietnam.
Program Methodology	<ul style="list-style-type: none"> • Widespread acceptance of the PPPHW methodology will not happen without a full discussion among partners about existing Handwashing programs and experience with them. Program managers need to be open to country-level adaptation if ownership of the methodology is the goal. • Each country program should actively seek to identify opportunities for integration of Handwashing into other initiatives and define what integration means operationally.
Implementation Capacity	<ul style="list-style-type: none"> • Each country should develop a comprehensive plan for building capacity at all levels. As the Peru report recommends, the approach should be one based on the training of trainers and systematic follow-up after the training has taken place. • Systems and procedures should be developed as part of the approach to strengthening implementation capacity.
Availability of Products and Tools	<ul style="list-style-type: none"> • Each country should develop a plan for ensuring the availability of key products and tools—soap, Handwashing facilities, and materials.
Financing	<ul style="list-style-type: none"> • Each country should develop a financial plan for sustainability and scale-up that includes donors, the private sector, and national government sources. • Scale-up is unlikely to occur without a process to involve regional and district governments, since the responsibility for planning and budgeting is increasingly the responsibility of local government. • Affordability for a scaled-up program cannot really be determined unless subsidies are removed.
Cost-Effective Implementation	<ul style="list-style-type: none"> • Systems need to be set up to track implementation costs or the follow-up assessment in three years will not be able to inform project learning in this dimension.
Monitoring and Evaluation	<ul style="list-style-type: none"> • Indicators for Handwashing need to be defined and agreed upon in each country. • M&E systems need to be put in place. A critical issue to resolve is where to place the responsibility for M&E—in an NGO partner, as is the case in Peru, or with the national government lead agency.

Learning Agenda for Enabling Environment

The Scaling Up Handwashing Behavior Change Program places great emphasis on learning from the four country programs. The analysis and preliminary recommendations in the analysis by dimension have suggested a number of knowledge gaps in HWWS programs that are elements of scaled-up and sustainable Handwashing programs. This section provides specific suggestions for a learning agenda for WSP for strengthening the enabling environment. The items in the learning agenda are intended to better inform the creation of an enabling environment for Handwashing programs at scale. WSP should ensure that the knowledge products suggested below are used to further learning about strengthening the enabling environment for Handwashing.

1. *Documenting the process used to develop national partnerships.* One of the common themes in this report is the need to pay focused attention to how to develop an effective national partnership. Peru appears to have the strongest national partnership of the four countries, but there is relatively little information in the report on the steps that were taken to build the partnership and the lessons that were learned.
2. *Case studies on how to establish linkages with other programs.* Establishing

linkages with other programs is a key strategy in scaling up to avoid creating duplicative program structures and to take advantage of programmatic synergies. Understanding how these linkages were established would serve to identify practices that could be replicated in other countries, especially from an operational standpoint.

3. *Involving local government in training, planning and budgeting, and M&E.* Another recurring theme in all the countries is the importance of involving local government in implementation. None of the assessment reports provided much information on how this experience has worked to date and what has been learned. For the most part, the recommendations were prospective, which means there is much to learn as Handwashing initiatives increasingly work with local governments.
4. *Guidance on the use of mass media versus interpersonal communication.* The assessment reports indicate that this remains a somewhat unresolved methodological issue. The question is whether a program that uses extensive interpersonal communication can be scaled up efficiently. Because partners in countries such as Senegal and Tanzania believe this to be an important issue, this methodological issue

should be studied further and guidance provided.

5. *Case studies on how countries have used existing operational structures to scale up.* One of the conclusions of this report is that the use of existing operational structures, often government staff, is one of the key strategies for scaling up. Which operational structures have been used? What was required to tap into them? How was the new responsibility for Handwashing added on to job descriptions? What training was done to develop the capacity of these staff?
6. *Designing a financial plan for scale-up.* The reliance on external funding from donors and the private sector has not led to a comprehensive understanding of how to estimate and fund scale-up. What exactly does it cost to implement a Handwashing campaign in a province or district once the investment costs of forming a partnership, creating institutional structures, and developing communication materials have been made? Understanding these marginal costs will allow policy makers to determine whether the program can be funded from government sources. Without such a plan, there will be no exit strategy for the donors and organizations that initiate the campaign.
7. *Standard templates for tracking costs.* Although all four countries appear to have the capacity for tracking cost information, none except for Peru has the systems to do so. WSP could provide standard templates with line items and cost factors.
8. *Developing standard M&E indicators.* Several of the assessment reports stated that indicators that will serve as the basis for M&E have not yet been developed. Indicators should not be limited to tracking behavior change but also include enabling environment indicators related to key dimensions such as partnership, policy, implementation capacity, and financing.
9. *Tracking the interest and commitment of the private sector.* None of the reports, with the exception of Peru, say much about the role of the private sector. WSP should continue to monitor the interest of the private sector and its companies' sustained commitment to HWWS. The private sector includes not only soap manufacturers, but other companies that contribute resources as part of their commitment to being socially responsible.

In addition to these items, in the course of the implementation of the country programs, other items for a learning agenda for the enabling

environment may be identified. The post-implementation enabling environment assessment will also be an opportunity to identify what worked and what did not to create an effective enabling environment for Handwashing. Other sectors may also offer lessons learned that can be applied to HWWS programs. For example, HIV/AIDS

programs offer lessons about partnership, and water and sanitation programs can provide lessons about how to involve local governments. Together, these kinds of activities can continue to inform the central challenge of creating an enabling environment for scaled up and sustainable HWWS programs.

ⁱ Global PPPHW partners include the Water and Sanitation Program, USAID, the World Bank, UNICEF, the London School of Hygiene and Tropical Medicine, U.S. Centers for Disease Control and Prevention, the Academy for Educational Development, the Water Supply and Sanitation Collaborative Council, Colgate-Palmolive, Procter & Gamble, and Unilever.

ⁱⁱ Tanzania Demographic and Health Survey 2004.

ⁱⁱⁱ Senegal Demographic and Health Survey 2005.

^{iv} World Bank (East Asia and Pacific Region. Vietnam Country Unit. Human Development Sector Unit). 2001. *Vietnam, Growing Healthy: A Review of Vietnam's Health Sector*. Washington, DC: World Bank. June 29.

^v Vietnam Demographic and Health Survey 2002.

^{vi} Curtis, Valerie and Cairncross Sandy. 2003. "Effect on Handwashing with Soap on Diarrhea Risk in the Community: A Systematic Review." *The Lancet Infectious Disease* 3: 280–81.

^{vii} Rabie, Tamer and Valerie Curtis. 2006. "Handwashing and Risk of Respiratory Infections: A Quantitative Systematic Review." *Tropical Medicine & International Health* 11 (3): 258–67.