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Report

Enabling Environment Assessment and Baseline for Scaling Up Handwashing Programs:

Senegal

Lynne Cogswell and Ali Diouf

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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. Please send your feedback to: wsp@worldbank.org.

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We hope that this report will facilitate the next steps to be taken, assist in strengthening the Handwashing Initiative, and ultimately aid in having the desired impact on handwashing practices with soap, thus reducing diarrheal disease in Senegal.

LIST OF ACRONYMS AND ABBREVIATIONS

CBO	Community-based organization
CTC	Child-to-Child
EU	European Union
GOS	Government of Senegal
HWWS	Handwashing with Soap
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memo of Understanding
MPHS	Ministry of Preventive Hygiene and Sanitation
NGO	Nongovernmental Organization
ONAS	National Office for Sanitation
PEPAM	Millennium Program for Drinking Water and Sanitation
PHAST	Participatory Hygiene and Sanitation Transformation
PPP	Public-Private Partnership
PPPHW	Public-Private Partnership for Handwashing
SONES	Société Nationale des Eaux du Sénégal
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
WSP	Water and Sanitation Program
WSS	Water Supply and Sanitation

SUMMARY

To follow up country work supported by the Public-Private Partnership for Handwashing (PPPHW), the World Bank Water and Sanitation Program (WSP) received funding from the Bill & Melinda Gates Foundation to support projects to scale up the promotion of handwashing with soap (HWWS) in Peru, Senegal, Tanzania, and Vietnam. The major project objectives of the Handwashing Initiative are:

- inculcate the HWWS habit among millions of mothers and children in these countries,
- use a strong monitoring and evaluation (M&E) component to enhance the conceptualizing and management of such programs,
- establish sustainable programs that will continue and expand after this four-year grant ends.

Enabling environment assessments were carried out in all four countries to assess current conditions for scalability and sustainability and to make recommendations for improving conditions that are not supportive. This report summarizes the study in Senegal. All four country studies are following a similar methodology, developed by WSP, to examine nine dimensions of scalability/sustainability through individual and group in-depth interviews and an electronic survey in which respondents are asked to score various statements.

A national public-private partnership (PPP) to promote HWWS was established in Senegal in 2003; this is the only Handwashing Initiative program ongoing in Senegal at this time. Fundraising to cover communication activities resulted in over US\$1 million dollars in raised monies from the Japanese Social Development Fund, WSP, UNICEF, and the National Office of

Hygiene and Sanitation (ONAS). Conclusions drawn from the project guide the direction of the short- and medium-term recommendations for sustainability and scaling up.

The Handwashing Initiative in Senegal has established a strong resource base and legitimized HWWS. To sustain handwashing programs and HWWS behaviors and to put in place the factors needed to scale up both programmatically and behaviorally, it is essential that the Handwashing Initiative begin to “think” at scale and build the capacity of existing staff and structures. The assessment methodology, findings, and recommendations that result are documented in this report.

1. BACKGROUND

Funded by the Bill & Melinda Gates Foundation, the Global Scaling Up Handwashing Project will follow the basic approach of the Public-Private Partnership for Handwashing, a global initiative established in 2001 to promote handwashing with soap at scale to reduce diarrheal and respiratory infections.¹ This approach draws extensively on lessons learned from two large-scale handwashing promotion programs. Programma Saniya, implemented in Bobo-Dioulasso, Burkina Faso, showed the importance of undertaking careful consumer research at the outset of a handwashing promotion program. The Central American Handwashing for Diarrheal Disease Prevention Program showed that an effective approach to changing hygiene behaviors at large scale was to work with a broad partnership of public and private sector stakeholders that have a mutual interest in increasing handwashing with soap, to focus on the one behavior with largest potential health impact (handwashing with soap), and to promote it with cost-effective, consumer-centered marketing.

The Scaling Up Handwashing Project

In hopes of facilitating effective replication and scaling-up of future handwashing-with-soap behavior change programs, the new project will carry out a structured learning and dissemination process to develop and share evidence, practical knowledge, and tools.

Specific project objectives are to:

1. design and support the implementation of innovative, large-scale, sustainable handwashing programs in four diverse countries (Peru, Senegal, Tanzania, and Vietnam);
2. document and learn about the impact and sustainability of innovative, large-scale handwashing programs;
3. learn about the most effective and sustainable approaches to triggering, scaling-up, and sustaining handwashing behaviors;
4. 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 two years of implementation. The specific handwashing targets for each country can be found in Table 1. The target audience is defined as poor women of childbearing age (15–49) and poor children ages 5–9.

¹ Global PPPHW partners include the Water and Sanitation Program, USAID, World Bank, UNICEF, London School of Hygiene and Tropical Medicine, Centers for Disease Control, Academy for Educational Development, Water Supply and Sanitation Collaborative Council, Colgate-Palmolive, Procter & Gamble, and Unilever.

Table 1. Handwashing Targets by Country

Country (population)	Target population (millions)	Estimate target population adopting HWWS at critical times
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: World Bank (Water and Sanitation Program). 2007. "Terms of Reference. Enabling Environment Assessment and Baseline to Scale up, Sustain and Replicate Handwashing with Soap Behavior Change Programs." March 9.

Rationale for Enabling Environment Assessment

It is essential that certain factors and elements be in place to facilitate the sustainability and scalability of any program. These enabling factors can ensure that a program has the desired impact, achieves the desired outcomes, follows an efficient and effective process, and can be scaled up and sustained. An assessment of these factors has been designed and carried out to examine the extent to which they are in place or can be put in place for HWWS in Senegal.

Recommendations and actions provided in this baseline assessment are, therefore, directed first at the Senegal PPPHW program and its steering committee. Ultimate success for Senegal's Handwashing Initiative has been expressed in its vision: "washing hands with soap before eating, before preparing food, after cleaning child is accepted and practiced by all by 2015."²

Furthermore, the Global Scaling Up Handwashing Project seeks to change the HWWS behaviors of 490,000 poor women of fertile age (15–49) and poor children ages 5–9 by the end of two years of project implementation.

Senegal

In Senegal, more than 40,000 children under five die each year due to diarrheal diseases. In years when cholera outbreaks are more frequent, the number of deaths is even higher. Water coverage (access to water within 300 meters) is reported to be an estimated 98 percent in Dakar and 85 percent in outlying areas.³

Handwashing Context

According to earlier studies, the challenge is neither the lack of soap nor its affordability—reportedly the majority of households have access to soap and have soap in the household.⁴ Apparently, however, soap is rarely used for handwashing at key times—before eating or cooking or after going to the toilet or cleaning up a child. Between 8 percent and 31 percent of mothers with children under five and of children aged 6–12 wash their hands with soap at one or more critical moments.⁵ Handwashing with soap at these times does not appear to be practiced or

2 Senegal PPPHW Business Plan, May 2004.

3 SONES Internal Water Access Assessment, December 2006.

4 PPPHW Senegal Formative Research, 2004

5 Ibid.

a habit. It also seems that if people do wash their hands at these times, it is only with water. Specific reported practices include:

- 38 percent of mothers and caregivers wash hands with soap before eating.
- 8.6 percent of mothers and caregivers wash hands with soap after disposing of child's fecal matter.
- 26 percent of students aged 7–13 wash hands with soap before eating and after going to the toilet.
- 31 percent of women wash hands with soap after going to the toilet and 12 percent before feeding a child.⁶

Senegal Handwashing Initiative (PPPHW Program)

A national public-private partnership (PPP) to promote handwashing with soap was established in Senegal in 2003, making Senegal one of four pilot countries to promote the PPPHW approach to handwashing. The Senegal Handwashing Initiative is the only HWWS program ongoing in Senegal at this time. The initial request to launch a PPPHW in Senegal came at the behest of the National Office of Sanitation in Senegal (ONAS). With support from the WSP, the Academy for Educational Development, and the London School for Hygiene and Tropical Medicine, meetings were held with several public and private sector organizations and agencies to introduce the PPPHW approach and seek interested stakeholders. A part-time Handwashing Initiative national coordinator was contracted through ONAS, utilizing a World Bank credit under another, larger, water supply and sanitation investment program. This World Bank/WSP support was critical the start-up of this Handwashing Initiative.

In 2003, a market analysis, baseline observational studies, and formative research/behavioral trials were carried out with mothers of children under five and with children aged 6–12.⁷ These studies established buying power, willingness to use and to pay, and consumer preferences; present handwashing practices at critical times; and motivators and barriers to handwashing.

Following the completion of these studies, a workshop was held in November 2003 to develop the Handwashing Initiative's communication strategy. This workshop provided the first opportunity for initial partners to work collaboratively. These partners included the WSP/World Bank, the United Nations Children's Fund (UNICEF), ONAS, the Ministry of Health (MOH), the Ministry of Education (MOE), Colgate Palmolive, the Academy for Educational Development, and Plan International. The communication strategy consisted of a combination of mass media, direct consumer contact, and district-level communication activities. This jointly developed strategy has been used to guide all subsequent activities including creative brief development, communication agency contracting, materials and media development, and pretesting of these materials and activities by Colgate Palmolive. Communication program activities have been carried out in four pilot regions—Dakar, Diourbel, Velingara, and Thies—since the fall of 2006 and are still ongoing. The pilot phase has completed more than 200

⁶ Ibid.

⁷ There is some question as to the adequacy of the initial formative research and whether additional "spot" research is required. Please see Consultant Report, Linda Morales, Formative Research Assessment Report, February 2007.

communication activities in these regions. Communication activities carried out to date include development of posters, jingles, TV spots, radio spots, interpersonal communication sessions with target audiences, road shows, and so on.⁸

In 2004, focus was placed on program fundraising to cover communication activities. Over US\$1 million dollars was raised, including US\$725,000 from the Japanese Social Development Fund., US\$150,000 from the WSP, US\$80,000 from UNICEF, and US\$130,000 from ONAS, through a World Bank credit to the Government of Senegal, as well numerous in-kind donations of soap and handwashing materials from national and international private sector partners. Previously raised budgetary funds are expected to run out in November 2007. Efforts continue to fundraise and to identify, attract, and involve national organizations and agencies and local private sector businesses.

The official Handwashing Initiative launching was carried out in January 2007 with all the partners present and over 2,000 attendees. Several partners—including the government, Colgate Palmolive, and UNICEF—made presentations. In April 2007, an official ministerial decree established the Senegal Handwashing Initiative and its steering committee. Until June 2007, the Initiative fell directly within the responsibility of the Ministry of Preventive Hygiene and Sanitation (MPHS). As of July 2007, activities of this ministry were folded into the Ministry of Health and the Ministry of Well-being and Public Hygiene. To date, no evaluation of program activities has taken place and the Initiative's impact on diarrheal disease rates and handwashing behaviors is unknown.

⁸ See six-month and yearly progress reports as well as PPPHW program presentation for more specifics and for exact numbers of materials/media developed and diffused and number of sessions conducted with whom.

2. SCALABILITY AND SUSTAINABILITY

The ultimate question in any health practice program is how can the health behavior, in this case HWWS, be sustained and scaled up once a project is over?⁹ Ensuring and promoting scalability and sustainability requires an examination of the contextual setting¹⁰—that is, socializing aspects of marketing in Senegal, political course, networks, existing structures, as well as programmatic conditions such as institutional capacity, availability of financing, and behavioral requisites such as availability of all the needed products and materials to practice the behavior, ability, and willingness of the population to use these. Sustainability should be the first goal of any project or program, and then scalability can be sought. If structures, capacity, or health practices cannot be sustained even on a small scale, there is no point in considering scaling up those same structures, capacities, or practices.

To place this enabling environment baseline assessment in context, it is important to understand the use of the terms *scalability* and *sustainability* as they relate to creating, supporting, and maintaining a programmatic and behavioral enabling environment. For purposes of this assessment, the following definitions have been used:

- *Sustainability* is the ability of a country, with minimal or no outside financial or technical assistance, to continue the work needed to (1) encourage and maintain a health concept or practice, (2) increase and maintain the number of people using or practicing promoted program behaviors, and (3) implement the program(s) needed to encourage, maintain, and increase the behavior.¹¹
- *Scalability* is increasing the present scale and rate of behavior change. It is moving a program, practice, or methodology use and application from small scale—that is, a few regions, a few villages, or several districts, reaching a small portion of the population or potential target audience, to large scale—that is, national coverage, the majority of the districts or villages, reaching the majority of the population or potential target audience.¹²

It will, however, be important for a country HWWS program to define scalability and sustainability according to the realities in the field and the country contextual setting.

⁹ It should be clearly noted that scalability and sustainability have not, historically, been possible without some initial investments in products, training, capacity building, structure reinforcement, communication skills, and so on.

¹⁰ This section on “Scalability and Sustainability” has been adapted from Dr. Cogswell’s work “Organizational Effectiveness-Development, Environment, and Outcomes,” with Fannie Mae, Ford, and Rockefeller Foundations and USAID from 1998 to 2005, November 2005, for the purposes of this enabling environment baseline assessment.

¹¹ Adapted from USAID’s definition of sustainable development.

¹² Adapted from the European Union’s definition of scalability.

3. ASSESSMENT METHODOLOGY

In order to ensure consistency in the assessment findings, the WSP has developed a conceptual framework for assessing scalability and sustainability. This framework was developed based on a review of relevant literature and discussions with key individuals.

Dimension Descriptions

The framework comprises nine dimensions that are considered essential to scaling up a handwashing-with-soap behavior change program.

Policy, Strategy, and Direction: Establishing a shared vision and strategy and ensuring the political will to implement them 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.

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

Institutional Arrangements: Institutions at all levels must clearly understand their roles, responsibilities, and authority. 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.

Program Methodology: Handwashing-with-soap programs have a seven-step program methodology. This methodology, adapted to each country context, should be clear and agreed upon by all key stakeholders.

Implementation Capacity: In addition to clearly defined institutional roles and responsibilities, institutions at all levels must have the 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 adjustments.

Availability of Products and Tools: A handwashing-with-soap behavior-change program is predicated on the existence of the soap that responds to consumer preferences and their willingness and ability to pay for them. In addition, handwashing station supplies—that is, plastic basins, towels, and so on—need to be easily available.

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 educational materials as well as programmatic line items in budgets for handwashing-promotion activities.

Cost-Effective Implementation: The potentially high costs of promoting handwashing-with-soap 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 at the end of the project. Therefore, this assessment will try to ensure that information will be collected from the outset and that the capacity to collect the information is in place.

Monitoring and Evaluation: A large-scale handwashing-with-soap 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.

Corresponding Subdimensions

To facilitate the delineation of specific actions and steps that correspond to recommendations for each dimension, these dimensions have been broken down into subdimensions. Table 2 lists each dimension with its corresponding subdimension. This list is by no means exhaustive, but these are the subdimensions considered appropriate for Senegal.¹³

Table 2. Dimensions and Corresponding Subdimensions

Dimension	Corresponding Subdimension
1. Policy, Strategy, and Direction	Policy Planning Regulatory and Legislative Power Vision
2. Partnerships	Functioning Roles and Responsibilities of Partners Contacts and Networks
3. Institutional Arrangements	Leadership Decision Making Problem Identification and Solving Roles and Responsibilities of Implementation Coordination and Decentralization
4. Program Methodology	Approach Advocated Understanding of Approach Application and Adaptation of Approach
5. Implementation Capacity	Technology Training Skills and Capabilities Structure

¹³ Adapted from Dr. Cogswell's materials on organizational effectiveness.

Dimension	Corresponding Subdimension
	Communication and Information Sharing
6. Availability of Products and Tools	Access and Availability Buying Power Willingness to Pay
7. Financing	Budgeting Fundraising Guidance
8. Cost-Effective Implementation	Systems and Procedures Capacity to Use and Collect
9. Monitoring and Evaluation	Indicators Procedures Use of Information

Characteristics for Scalability and Sustainability

When assessing the status of and changes needed to an enabling environment, it is equally useful to look at these dimensions from a scalability and sustainability perspective. Table 3 broadly delineates the characteristics for scalability and sustainability by enabling environment dimension.¹⁴ The characteristics and qualities listed in the table represent the “ideal” conditions required to scale up a program and ensure its sustainability. If program implementers can ensure that these characteristics are in place, it increases the likelihood that a program, such as HWWS, will be sustained and can be taken nationwide.

Table 3. Characteristics of an Enabling Environment for Scalability and Sustainability

Dimension	Scalability	Sustainability
1. Policy, Strategy, and Direction	<ul style="list-style-type: none"> National strategy is in place providing a large-scale goal, objectives, and methodology. Business plan reflects national-level implementation, through phased approach, that is, maintenance of old and continual implementation of new until all activities involve maintenance of old, ensuring quality of outcomes. Legitimacy of HWWS impact on population has been 	<ul style="list-style-type: none"> Business plan and plan model is in place. Plan and model was developed in conjunction with and understood by implementers. Leadership for the HWWS Initiative has been established at the parliamentary level. Health practice has been designated a priority by the government. A coherent, common vision has

¹⁴ Ibid.

Dimension	Scalability	Sustainability
2. Partnerships	<p data-bbox="670 260 972 411">established with leaders and implementers ensuring that both will work to affect “practice” at all levels in multiple sectors.</p> <ul data-bbox="623 432 1013 1108" style="list-style-type: none"> <li data-bbox="623 432 1013 583">• Regulatory and legislative power is in place at the national level and clearly understood and practiced by local governments. <li data-bbox="623 821 1013 1003">• Partnership of major governmental, international, indigenous, commercial/private and NGOs/agencies has been formed, extending reach and increasing resources. <li data-bbox="623 1024 1013 1108">• Appropriate contacts have been established at all levels across multiple sectors. 	<p data-bbox="1135 260 1453 348">been developed so that all are working toward a common goal.</p> <ul data-bbox="1089 369 1479 1325" style="list-style-type: none"> <li data-bbox="1089 369 1479 457">• Policy dialogue on “best” health practices includes HWWS. <li data-bbox="1089 478 1479 630">• Government policy on HWWS has been put into law and is supported by budgets (including official presidential decree and policy statement). <li data-bbox="1089 651 1479 802">• National programs, such as education and agriculture, incorporate training and behavioral communication on “health practice.” <li data-bbox="1089 823 1479 940">• Partnership has been structured and a two- to three-year rotating directing body has been established. <li data-bbox="1089 961 1479 1079">• Partner roles and responsibilities have been detailed and instituted to avoid overlaps and to ensure coverage <li data-bbox="1089 1100 1479 1188">• Networks have been institutionalized and are functioning. <li data-bbox="1089 1209 1479 1325">• A nationwide HWWS informal network has been created to increase reach and information dissemination.
3. Institutional Arrangements	<ul data-bbox="623 1346 1013 1686" style="list-style-type: none"> <li data-bbox="623 1346 1013 1463">• Partner organizations/agencies take ownership and responsibility for problem solving. <li data-bbox="623 1484 1013 1602">• Decision making is participatory and inclusive increasing the range of involvement by players. <li data-bbox="623 1623 1013 1686">• HWWS has been integrated at many levels across and in many 	<ul data-bbox="1089 1346 1479 1696" style="list-style-type: none"> <li data-bbox="1089 1346 1479 1434">• Ministerial home has been identified and takes ownership¹⁵ of HWWS. <li data-bbox="1089 1455 1479 1696">• Implementing team (this includes staff from all partner organizations/agencies) has clear roles and responsibilities in conceptualization, development, implementation, monitoring, and evaluation of program and behavioral

15 Cogswell’s “Organization Effectiveness” defines ownership as “clear rhetoric and decision making that internalizes HWWS as ‘their own’ and not externally imposed or driven.”

Dimension	Scalability	Sustainability
4. Program Methodology	<p>sectors.</p> <ul style="list-style-type: none"> • Activities have been decentralized to local governments as implementers, working with and through local partners. • Methodology advocated is agreed upon by the HWWS organizations and agencies as the best method or method mix to change the health practice. • Methodology has been integrated into ongoing, existing programs across sectors at village to national levels. • Methodology is adapted and practiced by implementers at all levels. 	<p>activities and outcomes.</p> <ul style="list-style-type: none"> • System for identifying and solving program problems and behavioral obstacles has been created and institutionalized. • Coordination mechanisms have been established and are utilized. • Lead executing and implementing government agency has been designated. • Methodology is understood by implementers at all levels. • Methodology encourages contextual adaptations and builds a package that assists with quality control of this process.
5. Implementation Capacity	<ul style="list-style-type: none"> • Needed staffing patterns are mapped and understood by participating organizations/agencies. • Staff skills have been assessed and reinforced at multiple levels across multiple sectors. • Existing structures and government programs are reinforced and utilized in implementation. • Technology for communication is in place and systems for use exist. 	<ul style="list-style-type: none"> • Existing, in-country participating program staff has been trained. • Technology necessary to implement, track, and monitor activities and results have been put in place; this includes computer, communications, and so on. • Information-sharing modalities have been developed based on partner needs.
6. Availability of Products and Tools	<ul style="list-style-type: none"> • Distribution and dissemination systems to products and tools have been created tested and shared ensuring access at all levels by target audience(s). • Target audience willingness to pay to continue HWWS (and this includes primary and 	<ul style="list-style-type: none"> • Access to HWWS needed products, including water, is widely available. • Local production of all products and tools has been ensured. • Buying power of target audience is fully understood

Dimension	Scalability	Sustainability
7. Financing	<p>secondary audiences) is understood and used in making decisions.</p> <ul style="list-style-type: none"> • National expansion budget has been detailed for at least a five-year period. • Fundraising plans have been delineated and roles and responsibilities assigned to participating organizations/agencies. • National strategy and business plan specifics clearly guide budget and fund raising plans. 	<p>and used in making product and tool decisions.</p> <ul style="list-style-type: none"> • Participating players have included HWWS budget line items in their organizational budgets, including government health budget. • Plans are in place to cover costs for program maintenance and expansion for at least a five-year period. • Requisite initial investments and coverage of these as continuing costs (as appropriate) have been clearly budgeted by all players including government.
8. Cost-Effective Implementation	<ul style="list-style-type: none"> • Overlaps are minimized through effective partnership functioning. • Health practice work is fully mapped—that is, who is doing what where, with what, and with whom to minimize wastage and redundancies. 	<ul style="list-style-type: none"> • Resources are shared and applied to this HWWS in conjunction with and/or integrated with other practices across sectors. • Capacity to collect and to use cost-effectiveness data is in place within existing structures and staffing. • Collective systems and procedures are in place with clear responsibility for data collection designated within one existing agency, organization, or structure.
9. Monitoring and Evaluation	<ul style="list-style-type: none"> • Indicators and methods are developed, agreed upon and used by all involved in promoting health practice. • Staff training and capacity building has taken place within majority of HWWS players. 	<ul style="list-style-type: none"> • M&E procedures have been developed and institutionalized. • System for tracking collection and use of information is in place. • Process for using information to make calculated changes and improvements is in place.

Source: Adapted from Cogswell’s work on “Organizational Effectiveness: Development, Environment, and Outcomes” (November 2005).

Although some characteristics can overlap in both scalability and sustainability—for example, “Health practice has been designated a priority by the government”—each characteristic has been placed in only one column in the table to facilitate presentation here. Several of the

characteristics also include an explanation of their usefulness when deemed necessary to their overall comprehension. For example, for the characteristic “partnership of major governmental, international, indigenous, commercial/private, and NOGs/agencies has been formed” its usefulness is explained as “extending reach and increasing resources.”

Throughout the findings, the program will be examined based on these characteristics. Recommendations will focus on how to positively affect and improve and adapt the present, existing program and behavioral enabling environment characteristics to better support the country’s HWWS program ability to scale up and to be sustained.¹⁶ When presenting recommendations, these characteristics will be folded together as appropriate, thus providing some recommendations that will influence both scalability and sustainability at the same time.

Furthermore, research has shown that several qualities have proven to increase the effectiveness of developing, managing, implementing, and monitoring and evaluating programs to ensure that scale is possible and that programs and practices are sustained.¹⁷ These qualities include ownership, participatory decision making, openness and inclusiveness, and valuing and respect.

16 Characteristics refer to or connote the distinctiveness, identifiers, traits of each of the nine dimensions of an enabling environment that, if in place, will promote and ensure that a program, practice, and effective behavior change methodology can and will be sustained and scaled up.

17 Ibid.

4. PRINCIPLES OF A PPPHW PROGRAM

Partnerships, the social marketing program approach, and behavior change are the foundations on which a PPPHW program is based and the basis for the Handwashing Initiative in Senegal.¹⁸ There are several elements of each factor that should be kept in mind, because they can make the difference between the success and failure of a program that is to be expanded or scaled up and sustained, and have the desired impact on HWWS practices.

Cultivating and Maintaining Partnerships

There is no doubt that partnerships are challenging. But the value of creating partnerships has been widely documented in multiple sectors and at multiple levels. Acknowledged significance of partnerships includes increased resources, expanded reach, shared risks, enhanced access to expertise and experience, reduced conflict, and increased willingness to participate in joint efforts.¹⁹

Although it might be relatively easy to get partners initially involved and to express some willingness and desire to partner, it can be more challenging in the implementation of a program to maintain and ensure this partnership. Some “how-to’s” for cultivating and maintaining the partnership include:

- collective, participatory decision making—a donor who provides funds and directs and an organization or agency who implements those directives does not make a partnership.
- participation by invitation—people and organizations should not be assigned; rather they should be formally invited to be members.
- equal voices—no one organization has more “pull” than another in a partnership; all work together for same vision, and all decide together to achieve same results.
- consideration and respect—each should value what each partner brings to the partnership.
- internal questioning by partners—partners should ask themselves What do I bring to the partnership? What is my value-added?

Adopting and Adapting the Program Approach

Research shows that it may not be one “perfect” approach that initially changes and then sustains health practices. Instead it is more likely to be a combination of approaches and an adaptation of these approaches to fit the cultural and country context. As such, it is important that HWWS programs support a sharing of approaches and the development of “an approach” that works in the country setting for both initial behavior change and maintenance of these behavioral practices.

Several basics of behavior change communication, whatever the approach used or topic being communicated, to keep in mind include:

¹⁸ PPPHW Handwashing Handbook, WSP, 2004. WSP

¹⁹ Pulled from Dr. Cogswell’s “Partnership Guide” developed for the Canadian government, 2001.

- Listen first and always to your target audience.
- Speak with one voice.
- Use a comprehensive, appropriate, and acceptable media mix.
- Saturate the market.
- Attack the problem from all sides using all appropriate and available entry points.

Affecting Handwashing with Soap Practices

It is widely acknowledged that behavior change is not a one-time activity: it requires continual attention, physical and mental reminders to take action, and consistent support to the target audience. To ensure sustainability, focus must be given to those implementing the behavior change to ensure they maintain this continual attention. This focus must include providing those implementing a behavior change program with what they need to learn, to know, and to be able to do. This is where initial investments are required to ensure institutional sustainability and capacity within existing structures that can help promote sustained handwashing behaviors. It is here, also, that partnerships can effectively support scale-up efforts.

5. ASSESSMENT DESIGN AND PURPOSE

As previously stated, the purpose of this work was to assess to what extent the conditions for scale-up and sustainability are in place (the nine dimensions discussed above) at the beginning of this phase of the in-country program. Based on these baseline assessment findings, this report recommends what should be done to address the gaps during project implementation.

Specific assessment objectives included:

1. determine what is presently in place/happening under each dimension;
2. detail the level of the program to be carried out, that is, pilot, expansion, national, and so on;
3. identify strengths and weaknesses of each dimension, with a focus on deficiencies;
4. establish the baseline against which the enabling environment will be assessed at the end of this project;
5. make recommendations for improvements to the enabling environment over the life of the project to the country task manager, WSP headquarters staff, and main in-country partners;
6. obtain consensus among current partnering organizations for recommendations and next steps.

The assessment was carried out from June 2 to June 28, 2007, by Lynne Cogswell, WSP Consultant, and Ali Diouf, Senegal National Handwashing Coordinator.

Data Collection

Data were collected from both primary sources (such as interviews and questionnaires) and secondary sources (such as document reviews), thus combining both qualitative and quantitative data.

Methodology

Qualitative in-depth interviews and quantitative self-administered questionnaires were designed around the nine dimensions previously detailed. Project documents were reviewed and discussed with selected partners as well as with national Handwashing Initiative program staff. Site field visits were also conducted. Analysis of results and presentation of findings combined both the qualitative and the quantitative data.

Sources and Selection

Data sources comprised primarily current partners, but included several potential partners for the in-country program work, among them government agencies, international agencies, international NGOs, local NGOs, private sector businesses, and community-based organizations (CBOs). All sources were selected based on availability and convenience, resulting in an interview of at least 25 percent of those in each stakeholder type. Only national- and district-level staff and personnel were interviewed.

Table 4 indicates which type of stakeholder was interviewed on which dimensions.

Table 4. Dimension Questioning by Stakeholder Type

Dimension	Stakeholder Type									
	Government agencies	International agencies	International NGOs & FBOs	Local NGOs & FBOs	Private sector	CBOs	Media	Advocacy groups	Bilateral projects	
1. Policy, Strategy, and Direction	X	X	X	—	X	—	—	—	X	
2. Partnerships	X	X	X	X	X	—	X	—	X	
3. Institutional Arrangements	X	X	X	X	—	—	X	—	X	
4. Program Methodology	X	X	X	X	X	—	—	—	X	
5. Implementation Capacity	N,D	—	X	X	X	—	—	—	X	
6. Availability of Products and Tools	—	—	X	X	X	—	X	—	X	
7. Financing	X	—	X	—	—	—	—	—	X	
8. Cost-Effective Implementation	N,D	—	X	—	—	—	—	—	X	
9. Monitoring and Evaluation	N,D	—	X	—	X	—	—	—	X	

Note: Unless otherwise noted, an X indicates that it was appropriate to discuss this dimension at all levels: national, regional, district, local; — indicates that this stakeholder type was not questioned on this dimension; N = national; D = District.

To complete assignment objectives, the evaluators/assessors:

1. conducted 28 individual interviews with present partners (out of 35);
2. conducted 5 interviews with potential new partners;
3. administered 15 quantitative assessment questionnaires (out of 40 distributed);
4. conducted 2 field site visits in Diourbel (one of four regions in which the program has been working) and held 2 interviews with local level partner staff;
5. held extensive meetings with the steering committee president;
6. held a partner debriefing and strategy meeting with representatives from more than 75 percent of present partners and potential partners, reached understanding and consensus on preliminary findings and recommendations, and discussed possible immediate next steps;
7. worked with the Handwashing Initiative program staff on partnership-building issues and possible activities at the request of the WSP Senegal office.

Box 1 lists present partners and potential new partners for the Senegal Handwashing Initiative.

Box 1. List of Present and Potential Senegal Handwashing Initiative Partners

Government Partners

1. Ministry of Prevention, Public Hygiene, and Sanitation (MPHA)*/** (as of June 21, 2007, this ministry no longer exists but has been subsumed under the Ministry of Health and the Ministry of Well-being and Public Hygiene)
2. Ministry of Health and Medical Prevention (MOH)*/**
3. Ministry of National Education
4. National Office of Senegal Sanitation (ONAS)*/**
5. Direction of Individual and Collective Prevention/MOH (DPIC)*
6. National Health Education and Information Service (SNEIPS)*
7. National Agency of Pre-school Homes (ANCTP)*
8. Executing Agency for Public Interest Work (AGETIP)*/**

International Agencies

9. London School of Hygiene and Tropical Medicine
10. Academy for Education Development
11. World Health Organization
12. WSP/World Bank*
13. UNICEF)*/**
14. Belgian Technical Cooperation
15. Grand Duché du Luxembourg Coopération Mission

International NGOs and FBOs

16. Plan International)*/**
17. CREPA)*/**[P]
18. World Vision [P]

Local NGOs and FBOs

19. National Association of NGOs in Senegal (CONGAD)*/**[P]

Private Sector Partners

20. Colgate-Palmolive)*/**
21. Savonnerie Africaine Fakhry (SAF) (national soap manufacturer)*

22. Société Sénégalaise de Savonnerie (Trois S) (national soap manufacturer)*
23. Amco Industries (national soap manufacturer)*/**
24. Conseil Sénégalais des Chargeurs (COSEC)
25. Société Nationale des Eaux du Sénégal (SONES)*/**
26. Le Port Autonome de Dakar (PAD)
27. Sénégalaise des Eaux (SDE)
28. Société Nationale des Habitations à Loyer Modéré (SNHLM)
29. Crédit Mutuel du Sénégal (CMS)
30. Agence Autonome des Travaux Routiers (AATR)
31. Sonatel Foundation
32. Health Insurance Companies in Senegal
33. Société Immobilière du Cap – Vert (SICAP)
34. Local manufacturers [P]

CBOs

None to date

Media

35. Hors Media (participated in a school educational session during field visit)*
36. National Radio/TV Senegal (RTS)
37. Exp Momentum

Advocacy Groups

None to date

Bilateral Projects

38. Millennium Program for Drinking Water and Sanitation (PEPAM)*/**[P]

Note: * indicates that at least one staff member from this organization was interviewed; ** indicates that this partner completed at least one quantitative questionnaire; [P] indicates that this is a potential new partner.

6. FINDINGS AND IMPLICATIONS

This assessment identified several opportunities and several limitations of the enabling environment for the HWWS in Senegal.²⁰ The work accomplished to date is impressive given the minimal staffing and largely insufficient funding. The next most immediate task is to capitalize on the identified opportunities. Table 5 provides a synthesis of key findings by dimension.

Table 5. Key Findings by Dimension

Dimensions	Opportunities	Limitations
1. Policy, Strategy, and Direction	<ul style="list-style-type: none"> • Open discussions on challenges faced • Leadership taking shape • Political and organizational priority of HWWS established • Legitimacy of HWWS founded 	<ul style="list-style-type: none"> • Too many one-on-one strategies with individual organizations • Lack of a comprehensive national strategy and policy • Limited integration of HWWS into non-health sector programs
2. Partnerships	<ul style="list-style-type: none"> • Diverse and significant interest to participate • Structure to partnership being formulated 	<ul style="list-style-type: none"> • More focus on individual organizations than on the group • Insufficient collective, participatory decision making (too much unilateral decision making by individual partners) • Lack of common understanding and vision of partnership and its implications
3. Institutional Arrangements	<ul style="list-style-type: none"> • Strong desire to clarify roles and responsibilities • Strong interest of local NGOs, environment sectors, and so on to integrate HWWS topics/activities 	<ul style="list-style-type: none"> • Lack of clear roles and responsibilities • Lack of coordination mechanisms • Institutional instability within central government • Lack of institutional leadership • Lack of effective decentralization policy and interest of local governments on sanitation and hygiene issues (<i>Cont'd</i>)
4. Program Methodology	<ul style="list-style-type: none"> • Implementation of numerous multimedia communication activities to date • Possible complementarity of 	<ul style="list-style-type: none"> • Insufficient understanding of approach and other approaches used • Inadequately

²⁰ For purposes of this report, opportunities have been defined as actions that can further HWWS; limitations have been defined as actions that can hinder HWWS.

Dimensions	Opportunities	Limitations
	approaches used	“individualized/countrified” program
5. Implementation Capacity	<ul style="list-style-type: none"> Existing regional and local structures Existing, albeit limited, personnel Apparent competencies and expertise Coordination team in place 	<ul style="list-style-type: none"> Lack of shared program vision by stakeholders Insufficient use of existing structures, personnel, and expertise Inadequate involvement of all levels and sectors Insufficiently budgeted funds for present STC/staffing needs (as initial investment costs) Apparent weak capacity at local levels
6. Availability of Products and Tools	<ul style="list-style-type: none"> Apparent wide availability of soap, found within the households and within range of affordability Communication package of materials, media, and activities developed Apparent wide availability of and accessibility to water 	<ul style="list-style-type: none"> Insufficient use of existing promotional materials, spots, and activities Overdependence on subsidy of products (soap and handwashing stations) to date Lack of material validation by participating organizations/players
7. Financing	<ul style="list-style-type: none"> Significant fundraising to date Adequate to expand the program to 3 regions 	<ul style="list-style-type: none"> Insufficient to go “national” (to all 11 regions) Lack of strategy and plan of action for available funding Finances guiding activities and not activities guiding use of financing
8. Cost-Effective Implementation	<ul style="list-style-type: none"> Apparent existing expertise to gather and assess 	<ul style="list-style-type: none"> Insufficient staff to conduct, unless combined with other programs
9. Monitoring and Evaluation	<ul style="list-style-type: none"> Existing expertise Existing, albeit limited, monitoring systems 	<ul style="list-style-type: none"> Insufficient staff to conduct regular monitoring of existing programs Insufficient use and involvement of existing expertise

In the table, findings have been detailed by subdimensions, giving a more comprehensive picture of the enabling environment for HWWS in Senegal.

Policy, Strategy, and Direction

The existing Handwashing Initiative has established an HWWS vision for 2015, developed a four-year business plan with corresponding communication strategy, and prepared a four-year plan of action to reach scale with a corresponding budget. Although WSP has also put in place a revised project implementation plan (PIP), this PIP does not appear to offer any expansion or sustainability support to HWWS as a national public health priority. Rather, the January 2007 PIP supports activities in the Handwashing Initiative's four-year plan (see the section on Planning below).

Policy

HWWS appears to have become a political and organizational priority,²¹ but it has not yet been established as a public health priority. There are no specific laws on the books regarding handwashing or hygiene, and none are in the process of being developed or written or in the process of being investigated—that is, there is no current policy reform. Although verbal presidential support has been received, it has not yet been sufficiently tapped or utilized nor has anything yet been put in writing expressing this presidential support for HWWS. The present policy dialogue around public health priorities does not yet appear to include handwashing with soap or hygiene.

Planning

A business plan and a communication strategy are in place; both were developed in a participatory manner. There is also a four-year plan of action in place.²² Present and potential participating players have expressed their willingness to remove their organizational “hats” and wear an HWWS hat for scale up and sustainability strategy development. Many smaller individual HWWS strategies have been developed one-on-one with organizations, although these strategies are not necessarily directed by the broader program plan or strategy and sometimes, apparently, they are in direct conflict with the Handwashing Initiative goals and objectives. This business plan appears to lack the necessary activities to ensure scalability and sustainability (see the required characteristics in Table 3). Because the business plan was developed originally as a start-up program, this is not unusual or unexpected. The WSP's revised PIP offers support for the present four-year business plan, which appears to be inadequate to promote HWWS sustainability and scalability.

There is no comprehensive national plan. As a result, there has been some confusion in messaging and lack of cohesion in products.²³ This confusion and lack of cohesion decrease the chances of conducting a program that will have impact on HWWS behaviors and practices, promoting a program or behaviors that can be sustained, or developing a plan that can be scaled up.

Although the planning process to date has been participatory and comprehensive for the program pilot areas (four districts in which the program is working), it risks being derailed by one or two

21 See ministerial decree dated April 2007.

22 Senegal PPPHW Business Plan, May 2004.

23 Senegal PPPHW Progress Report, December 2006.

organizations striving to achieve individual organizational goals. All efforts in the future should be made to minimize this tendency and to maximize and implement a functioning national strategy.

Regulatory and Legislative Power

There is no apparent regulatory or legislative power on HWWS, nor have the local governments been provided with direction on how or even if to promote HWWS. This regulatory and legislative power will be essential if local governments take on the role of HWWS activities implementers.

Vision

The program vision has been developed and is advocated and understood by participating players.²⁴ Reportedly, the legitimacy of HWWS has been acknowledged and accepted by participating HWWS program organizations and agencies. This vision does not appear to have been fully acknowledged and incorporated into the Government of Senegal's policy rhetoric and dialogue, however. Such acknowledgment can ensure that HWWS is sustained as a priority health practice as well as encourage the inclusion of HWWS in other organizational and government programs such as education curricula, agriculture extension worker training, natural resources support services, and medical and communication pre-service and in-service capacity building. This inclusion supports scale-up efforts both directly and indirectly—that is, through traditional health avenues and through nontraditional, non-health possibilities.

Although the program vision hopes to encourage HWWS in all by 2015, the method for achieving this is less directed by this vision and more directed by individual organizational agendas; thus decreasing the likelihood that the vision will be reached and decreasing the likelihood that the target of changing 490,000 behaviors will be reached by the end of 2009.²⁵

Partnerships

A handwashing partnership has been formed with more than 30 participating HWWS public and private handwashing players (see Box 1). A steering committee was decreed and formed in April 2007 by the MPHS. Ten organizations have written memos of understanding (MOUs) on their specific responsibilities in the Handwashing Initiative.²⁶ There has been limited involvement of soap companies to date because of distrust and misunderstanding. Also lack of common understanding and vision of the partnership has limited possible partnering benefits such as shared resources and expanded reach.

Functioning

Reportedly, the benefits of visibility and education are readily perceived by participating organizations and agencies, who acknowledge the commonalities of their own individual programs and those of the Handwashing Initiative. Despite this understanding, activities appear

24 Senegal PPPHW Business Plan, May 2004.

25 Target for Senegal in the Gates Foundation-funded, WSP-executed Scaling Up Handwashing with Soap Behavior Change project.

26 Senegal PPPHW Progress Report, December 2006.

to have been too few and too fractured, resulting in a lack of common messaging, contradictory programming, overlapping programming in some areas and places, and so on. There appears to have been insufficient collective, participatory decision making. Several organizational representatives want to pull activities to their organizational side. This sort of organizational tug-of-war can hinder the motivation and momentum gained to date.

Although unilateral decision making can be easier to manage for an individual organization, the collective benefits gained by a partnership will be lost. The partnership should be fostered and expanded to ensure that national scale can be achieved and that HWWS can be sustained beyond the life of the project.²⁷

Roles and Responsibilities of Partners

The partnership is becoming structured in writing and in function.²⁸ MOUs are in place with eight public sector and two private sector partners. Several organizations appear to be very clear on their role in behavior change regardless of the topic and, reportedly, would like to play that role within an HWWS program. Existing and potential partners have expressed a strong need for clear roles and responsibilities. A steering committee has been formed, though no technical groups are in place. There appears to have been, so far, more focus on individual organizational needs than on the scalability and sustainability of an HWWS initiative, and partners have been passive, waiting for a national coordinator to provide direction. Most partners seem unsure where to start in defining and structuring roles. There appears to be some confusion on “what is the partnership” and how the steering committee should or could function effectively in supporting HWWS activities and in moving toward scalability and sustainability.

Contacts and Networks

There is apparently diverse and significant interest in continuing or initiating participation in a handwashing initiative. While information seems to have been freely shared, it has reportedly been too overwhelming and, by and large, not read by partners. Apparently local soap manufacturers have not been as involved as they could have been, because they have been slightly distrustful of and confused by the intent of the Handwashing Initiative. HWWS networks, for example, working with and through the National Association of NGOs in Senegal (CONGAD), appear to be taking shape at the national level, but none seem to exist at the regional, district, or local levels. No nationwide network has been discussed.

27 This premise is based on findings and conclusions of Lynne Cogswell’s work on partnering and partnerships done with the Canadian government from 1999 to 2001.

28 Ministerial decree providing structure and detailing committee articles, April 2007.

Institutional Arrangements

A ministerial home has been identified at the Ministry of Well-being and Public Hygiene. Development of plans and strategies has been collaborative and participatory. Handwashing Initiative program staff has been well trained. Clear lines of authority for decision making and implementation of HWWS activities have been established.

Leadership

Clear leadership has apparently been lacking to date, and although it is beginning to take shape, no specific parliamentary leadership has yet emerged. Numerous changes in ministry and executing agency heads have slowed progress. However, frustrations over the housing and heading of HWWS activities have been eliminated by recent (June 2007) changes in ministries. Handwashing and hygiene are now housed under the MOH and the Ministry of Well-being and Public Hygiene, with specific responsibility resting with the head of the Department of Preventive Hygiene and Sanitation (DPHS). There has, however, been insufficient time to assess how this division of handwashing and hygiene in ministries will ultimately affect HWWS efforts. Purportedly, ownership has been lacking. Participating players appear to feel “disassociated” with some of the funding use decisions, and report “no longer feeling as if the Handwashing Initiative is theirs.”

Decision Making

The communication strategy appears to have been developed in a collaborative, participatory fashion, at least at the national level.²⁹ Regional, district, and local levels seem to have been insufficiently involved in decision making. Although local governments are officially decentralized in the municipalities, this level has not been much involved in planning, development, or decision making. A mechanism to identify and involve all levels does not appear to exist. Decision making across and among sectors does not appear to have occurred. When decision making has occurred, it has often seemed to be more unilateral, with suggestions coming from individual players and national-level organizations that are more directive than suggestive. Anxiety and frustrations have been experienced by many partners, as they report feeling sidelined or minimized. The result could easily be a corroded Handwashing Initiative, with fragmented activities and intentional subversion of activities. Though most organizations and agencies appear to want to participate, they reportedly continue to make unilateral decisions for the program by proxy—that is, they make a decision to achieve an internal organizational goal or objective that has a direct impact on the implementation of HWWS activities or on the efficient and effective functioning of the Handwashing Initiative.

All participating organizations, regardless of their role or their level, have equal value and as such should be involved in participatory decision making, whatever mode—such as consensus—it takes. Unilateral decision making plays no part in a program attempting to achieve sustainability and to scale up.

29 Senegal PPPHW Business Plan, May 2004.

Problem Identification and Solving

One private sector soap manufacturer has created a post and department to deal with activities and program such as HWWS, apparently as a direct result of the Handwashing Initiative. However, there appears to be no formal coordination mechanism for problem solving in place among HWWS players. This could delay handling challenges effectively and rapidly.

Roles and Responsibilities of Implementation

There appears to be no designated staff within ONAS or the ministry to implement HWWS activities. At least five participating players have designated handwashing activities staff, with clearly detailed responsibilities for participating in and carrying out HWWS activities as well as budgets to cover this involvement. Handwashing Initiative program staff—that is, national and assistant handwashing coordinators—are on board, well trained and have successfully implemented HWWS planned activities to date.³⁰ It seems that the salary for the national handwashing coordinator was originally handled through ONAS with funds from the Japanese Social Development Fund, though no funding for this is presently available or budgeted. The assistant handwashing coordinator salary has never been budgeted or paid under Handwashing Initiative funding.

An operational structure appears to be in place.³¹ The ministry establishes policy through the parliament, ONAS executes this policy through the national handwashing coordinator, and the steering committee gives strategic direction. These lines of authority have enabled the Handwashing Initiative to continue to function, even in the absence of funding for some operational requirements such as communications, warehousing, and transportation. However, this setup has also limited the institutionalization of HWWS into the ministry and at ONAS because an overreliance on the Handwashing Initiative staff has reduced the amount of ministerial capacity building taking place.

Coordination and Decentralization

There has been ineffective decentralization policy, and accordingly local governments have shown no interest in participating. Local governments have been only minimally involved in HWWS activities and not involved in establishing program direction, vision, or planning. Local government, as the ultimate implementers of programs of public interest, will need to become fully involved in planning, decision making, capacity building, and execution of the HWWS activities if a sustainable and scalable program is to take place. They will also require the coordination skills necessary to tap all local, appropriate agencies and organizations for expertise and resources available for HWWS (see Implementation Capacity below).

Program Methodology

The PPPHW methodology has been the basis of the Handwashing Initiative and has been rigorously implemented, resulting in perceived program inflexibility and missed opportunities.

30 Senegal PPPHW Progress Report, December 2006.

31 Senegal PPPHW Progress Report, December 2006.

Approach Advocated

Through the use of the PPPHW approach, numerous communication activities have been developed and conducted. These include the development of posters, jingles, TV spots, and radio spots, as well as the conduct of interpersonal communication sessions with target audiences, road shows, and so on.³² Activities appear to have involved a media mix. A package of materials has been developed, though not all pieces have been printed or produced—for example, school materials are still in storyboard form. Although regional radio stations exist and appear willing to air spots, the use of regional radio stations seems to have occurred by opportunity and not by design. All participating players appear open to nontraditional, non-health messages *if* these come from the target audiences. While the PPPHW approach is based on strong partnerships and use of mass media, both appear to have been insufficiently reinforced and used. This seems to be mainly the result of a lack of sufficient funds, but it also appears to be the result of lack of understanding about the approach on the part of Handwashing Initiative staff—that is, the national handwashing coordinator and assistant coordinator, and participating organizations. According to preliminary, mid-course data collected by one communications agency, the message is being heard and disseminated.³³

Clarity and Understanding of Approach

An insufficient understanding of the PPPHW approach and misperceptions about the actual activities being carried out mean that some perceive the program as a one-shot campaign only and were surprised to hear that handwashing-promotion activities were still taking place. Others have assumed that it is only mass media and feel the program cannot succeed in changing behavior without some other form of communication. Insufficient information is presented on behavior change and the impact of handwashing on diarrheal disease reduction among stakeholders and others. The desire for the Handwashing Initiative to be sustained and function within existing structures and institutions as well as scaled up beyond the four initial pilot regions is not sufficiently understood.

Application and Adaptation of Approach

Many partners reportedly use Participatory Hygiene and Sanitation Transformation (PHAST) and child-to-child (CTC) approaches, which can complement the social marketing and partnership and behavior change approach advocated by PPPHW. It seems most developed materials were reviewed with some partners and that all materials were pretested to the target audience. No mechanism appears to be in place to validate and agree on messages with partners. Both channel and sender opportunities seem to have been missed.³⁴ Rigid application of the approach, as detailed in the *PPPHW Handbook*, appears to have alienated potential needed partners who utilize other approaches. Participation of all in-country major HWWS players will be essential for overall buy-in and ownership, both of which will promote eventual ability to scale-up a Senegal-developed and adopted HWWS behavior change approach.

32 See six-month and yearly progress reports as well as PPPHW program presentation for more specifics and for exact numbers of materials/media developed and diffused and number of sessions conducted with whom.

33 Hors Media, mid-term preliminary impact data, July 2007.

34 This reflects the simplified model of communicating for behavior change—sender, channel, message, receiver—which seeks to influence receiver motivators and barriers.

Implementation Capacity

Familiarity with required technology is in place. Limited implementation expertise exists in governmental and non-governmental organizations and agencies. More than 300 field-based workers have been trained in handwashing activities and messages. National-, regional-, district-, and local-level structures exist through which activities could be conducted, messages passed, and efforts integrated.

Technology

The implementing staff and their organizations are familiar with technology appropriate to the needs of this program—computers, programs (SPSS and Excel), programming needs, communications, and so on. However, insufficient technology is available to the implementing or executing agency and its government and involved counterparts. Limited technology opportunities or an unwillingness to share technology appear to exist within participating NGOs, though technologies appear to be available to them. No data is available on the technological capacity of the private sector players; insufficient data is available on regional, district, and local levels, and observed technologies appear to be inadequate—for example, incomplete/broken computers, untrained users.

Training

The Handwashing Initiative has trained over 200 trainers in the four regions.³⁵ Additional human resources are present under other existing structures, such as agriculture and preschool houses, but they require topics and materials. Several government agencies and international NGOs, such as AGETIP, CREPA, and Plan International already utilize strong mobilization at the district and local levels; however, additional topics are needed to mobilize around. Over 300 on-the-ground communicators have been trained. Human resources sufficient to cover the initial four pilot regions appear to be in place. At present, expansion of training and resources into the other seven regions of Senegal has been planned in the newly revised Senegal WSP PIP, but no new training has actually taken place as yet, and no evaluation of training quality has been carried out.

Skills and Capabilities

A coordination team is in place. Expertise in communication, training, evaluation, and health communication has been reported by most participating organizations, with staff qualified to execute as well as to train. This expertise appears to have been insufficiently tapped for handwashing work. It was generally acknowledged, however, that most staff appear to need more up-to-date skills and information on behavior change and behavior change communication. The government has over 600 trained, field-based staff that could be utilized. This staff is already on the payroll with relatively secure jobs—that is, these are not field-based workers assigned to a specific project that will no longer be available or who will no longer have their salaries covered once their project ends, but government-paid employees. NGO consortiums exist that focus on environment and health. Staffing within these consortiums appears to be available on a limited and individual basis for work on HWWS activities, though in most cases training would be required. The executing agency (ONAS) has only limited staff: a coordinator and an assistant coordinator. ONAS does not appear to have many activities happening at the

35 Senegal PPPHW Progress Report, December 2006.

same level as the Handwashing Initiative, so has not assigned necessary staffing or structure to the Handwashing Initiative within ONAS. Unless staff is sufficiently trained and specific staff is assigned to oversee HWWS activities, it will be difficult to integrate HWWS on a sustainable basis.

While the national and assistant handwashing coordinators have done an admirable job, additional short-term consultants, budgeted for and paid by the project, could greatly assist in this initial stage of establishing HWWS as a priority as well as in formulating national program direction and expansion. For example, short-term consultants could take on issues of policy dialogue and development, capacity building, national strategy development among participating players, development of multiple level-multiple sector integration of HWWS, and so on.

Structure

Many implementation, human resource, and operational structures exist at all levels—for example, community structures such as village health committees and community management committees. Local levels appear to have strong, functioning community-based organizations. In most cases, the regional, district, local, and community levels appear to have been insufficiently involved in program planning, partnering, implementation, and management. One district-level structure through which the Handwashing Initiative worked was a temporary project that has now ended, thus losing all resources and sustainability. With the end of this project, the HWWS activities have also ended. Site selection appears to have been driven by the location of participating organizations, not by where prime need exists or by pre-established criteria.

One government agency, ANCTP, has integrated handwashing with preschoolers into its regular programming, but its reach is, at present, limited since it is in its start-up phase. Several international NGOs already integrate handwashing into their school programs. There does not appear to be any significant integration of HWWS activities taking place in education, agriculture, environment, or economic sectors, but insufficient data were available on this aspect to draw conclusions.

Communication and Information Sharing

No clear communication systems or information-sharing mechanisms appear to have been established. Information sharing, for the most part, seems “over-sufficient”—that is, too much information has been provided and thus no one reads any of it. Many requested abbreviated versions of much of the materials and reports prepared for the Handwashing Initiative. All did agree, however, that they had been keep informed via e-mail, but that meetings were usually scheduled at the last minute with insufficient time to plan and organize for them. Simplified ways to share HWWS information on a regularly scheduled basis and a calendar for proposed meetings and events could facilitate both communication and information sharing.

Availability of Products and Tools

Based on both formative research and the baseline market analysis, access to and willingness to pay for products and tools required for proper handwashing are not challenges.

Access and Availability

Soap access does not appear to be a factor, as soap is widely available. Handwashing station materials appear to be equally widely available. However, to date the program has subsidized all products and tools required—soap, basins, water dispensers, and handwashing stations that are

specially designed and made—so it is difficult at present to substantiate this finding. Water appears to still be inaccessible in some places, though according to Société Nationale des Eaux du Sénégal (SONES) internal documents, it is estimated that 98 percent of the population have access to water in Dakar and 85 percent have access in outlying areas. No data are presently available on proposed expansion areas (seven other regions). According to Handwashing Initiative formative research, mothers and women generally control the soap purchase.

Buying Power

According to the Handwashing Initiative market survey, cost does not appear to be a factor in soap purchase, as soap is well within household budgets and found in most homes. There has been no cost recovery for products. No purchase has been necessary for anyone involved in either school or household HWWS activities. As there has been a 100 percent use of subsidies for soap and handwashing station materials, it has not been possible to confirm this buying power. There appear to have been no policy discussions to date on the appropriateness of continued subsidies for soap and handwashing supplies. Furthermore, no initial policy discussions seem to have taken place when making the original decision to subsidize all products and tools.

Willingness to Pay

According to research,³⁶ willingness to pay does not appear to be a factor for HWWS although, again, since subsidies have been the unofficial policy, this is reported willingness only and not actual soap purchase.

Financing

The program has done significant fundraising to date, pulling in over US\$700,000 from one donor alone. No national monies have yet been allocated for HWWS. No national budget exists for scale up and sustainability. The Senegal Handwashing Initiative Business Plan has delineated a US\$3.7 million dollar budget over three years, from 2006 to 2009, to expand activities to all 11 regions of Senegal. No sustainability budget exists.

Budgeting

Several organizations now have a budget line item for handwashing, reportedly as a direct result of the Handwashing Initiative. Many other organizations seem to have a line item for communication activities, but nothing specifically for handwashing. Though a US\$3.7 million dollar expansion budget, for any and all funding received, has been prepared, it does not appear sufficient for costs such as mass media airing, regional training, and institutional capacity building. It does not, however, focus on sustainability and scalability needs. Budgeting to date appears to have been overly based on estimates of amounts per activity, per region, and per material rather than based on known actual costs available. Insufficient funds have been available to diffuse the mass media as planned and deemed necessary and to conduct anticipated training activities.

36 Senegal PPPHW Market Survey, 2004.

Fundraising

Fundraising efforts so far have been significant, allowing the Handwashing Initiative to develop a four-year business plan, carry out formative research and a market survey, conduct training sessions, develop a package of communication materials and activities, and carry out field-based work and activities with the target audiences. Fundraising for four pilot regions has been largely sufficient, though mass media diffusion was apparently reduced to allow other activities to take place and training activities were curtailed. Funds appear to be currently insufficient to take the project to a national scale as defined by the Handwashing Initiative. Private sector agencies have largely provided in-kind resources, such as pretest materials, soap, transport to sites T-shirts, and so on. An insufficient attempt has been made to involve the private sector beyond soap donations.

Funds provided to the Handwashing Initiative to date include:

- government support of US\$134,000 through World Bank credit;
- Colgate-Palmolive US\$16,000;
- UNICEF US\$80,000;
- the WSP US\$726,000 (includes funds from the Japanese Social Development Fund);
- CTB/ARMD II US\$23,750;
- AGETIP US\$12,880;
- SONATEL US\$5,912 ;
- Grand Duché du Luxembourg US\$4,000;
- SDE US\$10,600;
- SONES US\$8,680;
- COSEC S1,000;
- SICAP US\$5,000; and
- PAD US\$5,000.³⁷

Gates Foundation funding through the Global Scaling Up Handwashing Project has not been included in the funds received to date. A comprehensive budget will be needed if HWWS is to be sustained and scaled up. This budget should be developed in conjunction with the national strategy and the revised plan of action.

Guidance

Budgeting and spending has apparently been more guided by donor-driven needs and desired activities than by program strategy and planned activities. For example, one participating organization provided funds to the Handwashing Initiative, but stipulated that these funds be used only for an activity neither in the plan of action nor in the budget. There is a need to find a middle ground that will satisfy both.

37 Ali Diouf Presentation to PPPHW Steering Committee, July 2007.

Cost-Effective Implementation

Cost-effective implementation has not yet been considered in the Handwashing Initiative in Senegal. A cost-effectiveness study will be included in the Scaling Up Handwashing Behavior Change project's impact evaluation.

Systems and Procedures

No systems or procedures are in place to examine or assess cost-effectiveness. No HWWS mapping has taken place. No consideration has been given to reducing wastage by combined partnering efforts, or to improving cost-effectiveness through combined approaches and combined efforts, including media mix and interventions utilized, training workshops carried out, and capacity building efforts implemented.

Capacity to Use and Collect

There is sufficient expertise to gather and assess data. And if collection were combined with other supervisory visits or monitoring work, sufficient staff exists to collect needed data. There is a clear understanding that cost-effectiveness is not only the dollar spent per person ratio, but it is also an examination of cost-effectiveness behavior change interventions at a large scale. This would require assessing how cost-effective the PPPHW methodology is and what might make it more cost-effective as it is adapted to increase its impact on changing handwashing behaviors.

Monitoring and Evaluation

No systematic monitoring system has been put in place, but significant expertise exists. Indicators are inadequate.

Indicators

Indicators for the Handwashing Initiative and for programs in general are inadequate. The initiative has no log frame or results framework for pilot success, sustainability, or scale up.

Procedures

Expertise in organizations and agencies such as DPIC and PEPAM exists, but there is a lack of staff to do work outside of regularly scheduled monitoring and evaluation. It is laborious to utilize existing ministry expertise. HWWS participating players have not yet developed a common monitoring plan or a common set of indicators and questions to use. Both governmental and international NGOs have and do conduct periodic M&E, with consistent methods and questions used, though nothing has yet been done on HWWS and only a limited amount of work on hygiene in general. Existing systems are seldom used regularly as staff is insufficient to conduct regularly monitoring.

Use of Information

As regular monitoring of HWWS has not been conducted, there is no indication of how well the information can be used. Though some mid-term data collection on activities has been done to date by one communications agency, nothing formal has yet been prepared and no assessment can be made at this time.

7. OVERARCHING CONCLUSIONS

Several steps taken to date by the Senegal Handwashing Initiative have hindered, enabled, or had no impact on progress. A simple plotting of key steps demonstrates the impact, in a general sense, of key HWWS activities (Figure 1). It will be important in the future to minimize activities that have historically stalled program progress and ensure those activities that enable progress are reinforced.

Figure 1. Plotting Key Steps Taken to Date

<p>Steps Taken That Have Stalled HWWS</p> <ul style="list-style-type: none"> ✓ Continual shifting of “home” of HWWS responsibilities ✓ No national HWWS strategy ✓ Unilateral decision making ✓ Insufficient use of existing structures at all levels and in all sectors <p>Hindering</p>	<p>Steps Taken That Are Enabling HWWS</p> <ul style="list-style-type: none"> ✓ Partnership and steering committee formed ✓ Participatory planning designed and formulated ✓ Continual, ongoing advocacy for HWWS ✓ Significant fundraising <p>Enabling</p>
<p>Steps Taken - No Impact (none yet perceived)</p> <ul style="list-style-type: none"> ✓ 100% subsidized products and tools ✓ Lack of cohesion in products ✓ Leadership unformed ✓ Insufficient individualization of approach 	<p>Steps Taken - No Impact (none yet perceived)</p> <ul style="list-style-type: none"> ✓ Vision clearly detailed ✓ Legitimacy of handwashing established ✓ Reported handwashing budget line items included ✓ Significant training of trainers and training

8. DIMENSION-SPECIFIC CONCLUSIONS

Conclusions by dimension can be drawn that help to guide the direction of the short- and medium-term recommendations for sustainability and scaling up.

1. **Policy, Strategy, and Direction** has started positively and in a participatory manner. While the business plan was an essential starting point to a pilot program, strategies and plans need to take on a national direction to ensure that scale and sustainability can be achieved. WSP has also put in place a revised PIP, but this PIP does not appear to offer any expansion or sustainability support to HWWS as a national public health priority. Policy dialogue needs to promote HWWS as a public health priority. The vision needs to be fully incorporated into policy discourse so that all involved in HWWS and hygiene will begin to establish HWWS on a regular, ongoing basis not an ad-hoc, project basis. With leadership and ownership fully in place under the MOH in the DPHS, disconnects experienced in the past should not be repeated and HWWS can be institutionalized as part of the ministry's ongoing activities and programs. There is no apparent regulatory or legislative power for HWWS.
2. **A partnership** has been formed and is beginning to function to the benefit of HWWS in Senegal. Although interest is high, partnerships need to identify commonalities so that they can achieve the HWWS vision and goals and objectives as well as maintain sight of individual organizational agendas. Each partner needs to work in harmony with the other. Partners need to understand what each brings to the table and learn to acknowledge the value-added of each other partners. This understanding and harmony will reinforce sustainability of handwashing efforts through increased willingness to work toward a common goal and maximize resources for scale up.
3. **Institutional Arrangements** have been insufficient to date, though leadership has now found a home at the Ministry of Well-being and Public Hygiene. While the Handwashing Initiative staff has done an admirable job, a Handwashing Initiative office and staff is not sustainable. There has been an overreliance on the Handwashing Initiative and insufficient focus on building arrangements through existing executing agency and staffing. Staffing patterns need to be detailed on a per region basis, so that scaling up can be planned and needed staffing institutionalized. There has been ineffective decentralization policy. Local government, as the ultimate implementers of program of public interest, will need to be fully involved in planning, decision making, capacity building, and execution of the HWWS activities, if a sustainable and scalable program is to take place.
4. **Program Methodology** has been too rigidly applied. The program has been developed to the letter of the approach as per *PPPHW Handbook*, and it has missed several opportunities to reach the target audience and impact behavior by being too rigid in its adherence to the PPPHW approach. As a result, the program has been inadequately "individualized" to Senegal. Formulation of various approaches into a combined approach can heighten the likelihood of sustained behaviors and promote willingness to use a "Senegal approach" in other work, thus also increasing likelihood of scalability. What approaches are used and how they can work together to form a Senegal handwashing program needs to be investigated. To be able to leverage and take

advantage of all possible opportunities for sustainability and scalability, it is essential to develop and apply an approach that is acceptable to and implemented by all HWWS players, not just a few. Flexibility and the willingness to get the best out of all stakeholders and the approaches they employ can enable local governments to effectively tap into the existing HWWS expertise and with skills training as mentioned above, and effectively coordinate and implement these same activities.

5. **Implementation Capacity** is, for the most part, in place in the four Handwashing Initiative pilot regions, with the exception of technological requisites. While the four pilot regions have the training and capacity in place to conduct, complete, and sustain activities within those four regions, there is insufficient capacity to scale up. Scaling up would require a repeat of activities completed or near completion in the four pilot regions. Staffing for sustainability will require staff that will remain, that can continue to work on activities, and that work within and through structures that already exist and do not require more than the regular funds to continue functioning. For scalability, this will need to be the case in every region where work is to take place. Integration has been minimal and needs to be further examined. Focus should be on improving the capacity of national and local levels to implement with the Handwashing Initiative functioning as facilitator and coordinator, slowly to be phased out as capacity is built and ensured at the national and local levels. Various private and public institutions could also be developed as key implementation players. A successful program that can be sustained will work toward transferring program and capacity to local governments. The ministry would provide the enabling environment and local governments would implement and facilitate implementation working with NGOs, the private sector, and so on. It seems that simplified modalities for sharing HWWS information on a regularly scheduled basis and a calendar for proposed meetings and events could facilitate both communication and information sharing.
6. **Products and Tools** are available and accessible. While availability, access, and willingness to pay are not, according to the market analysis, identified as obstacles to practicing HWWS, all products and tools have been 100 percent subsidized to date, and, thus, it is difficult to substantiate this claim. 100 percent subsidies can neither be sustained nor scaled up. Policy discussions need to be held on the advantages and disadvantages of subsidies. A policy position needs to be formulated for HWWS subsidies. To assess sustainability, several tests of buying power and willingness to pay should be conducted in one area of each of the four pilot regions. These lessons can then be applied to ensure both sustainability and to probable scale up strategies needed.
7. **Financing** has been unsatisfactory to date. No national budget has yet been allocated for HWWS. Although international agency funding has been significant, investments by the private sector need to be increased and go beyond soap and other in-kind donations. The Government of Senegal needs to ensure that a HWWS budget line item is included in its national budget as well as in ministerial-level budgets, across sectors and at multiple levels. Multilevel, multisector regular budgeting of HWWS activities can ensure maintenance of these activities as well as allow for immediate scale up where and when desired. A comprehensive budget will be needed if HWWS is to be sustained and scaled up. This budget should be developed in conjunction with the national strategy and the revised plan of action.

8. **Cost-Effective Implementation** has not yet been assessed. Although resources, personnel, and capacity exist, there are no explicit systems in place to conduct a cost-effectiveness study. A system and plan need to be put in place. The more cost-effective an effort, the more likely it is to have the funds to continue and the less need there is for outside assistance as it can then be nationally manageable. There is a clear understanding that cost-effectiveness is not only the dollar spent per person ratio, but also an examination of cost-effectiveness behavior change interventions at a large scale. It is anticipated that a cost-effectiveness study will be included in the Scaling Up Handwashing Behavior Change project's impact evaluation.
9. **Monitoring and Evaluation** experience exists outside the HWWS domain. Insufficient staff exists for "extra" M&E, but HWWS aspects could be added to present, ongoing M&E. The Handwashing Initiative needs to delineate M&E presently ongoing and explore opportunities for inclusion of HWWS needs. A log frame or results framework would also strengthen work to be done. This inclusion of HWWS could ensure sustainability. Evaluation results can identify activities to reinforce and scale up.

9. RECOMMENDATIONS

Recommendations and actions provided in this baseline assessment are directed at the Handwashing Initiative (Senegal PPPHW program) and its steering committee, through which the Global Scaling Up Handwashing Project will be conducted as part of the Initiative’s ongoing activities. This can result in success for both parties. It is the choice of WSP, through consultations with the Senegal Handwashing Initiative steering committee, of which WSP Senegal is a member, to determine which of these recommendations and actions to support as part of the larger, overall Handwashing Initiative and in an effort to achieve its Scaling Up project targets.

Overarching Recommendations

Support of the Senegal Handwashing Initiative and actions that can strengthen its ability to sustain HWWS as a public health priority and enhance its capacity to scale up HWWS activities not only can allow the Handwashing Initiative to reach its vision, but can also allow the Global Scaling Up Handwashing Project to achieve its key targets, both country- and project-specific. It is only through support of the existing Handwashing Initiative that the Scaling Up project can succeed. To create an enabling environment for a parallel HWWS initiative would not only waste precious resources and insufficiently utilize existing capacity, experience, and expertise; it would also create confusion for the target audiences, thus reducing the likelihood that HWWS rates would increase and that HWWS behaviors would be sustained.

General consensus was reached on each of the following overarching recommendations during the Handwashing Initiative steering committee meeting held following the baseline assessment. Table 6 provides a synopsis of recommendations agreed upon with the steering committee. More specific steps have been presented in the Plan of Action to facilitate the use of these broad recommendations.

Table 6. Overarching Recommendations by Dimension

Dimension	Recommendation
1. Policy, Strategy, and Direction	(1) Prepare a 2-year strategy with annual plan of action (to include a revised Business Plan/Communication Strategy as needed/appropriate) as a precursor to the development of a national HWWS strategy and budget
	(2) Capitalize on HWWS priority and legitimacy by relaunching program
	(3) Develop a national hygiene policy endorsed by the government
2. Partnerships	(4) Develop memos of understanding between the “partnership” and each partner
	(5) Detail the role of the steering committee (partnership charter)
	(6) Put in place 3 technical committees—behavior change, M&E, and schools—to make best use of partner expertise, experience, and interests within the strategy
3. Institutional Arrangements	(7) Design program coordination mechanisms, including linkages of the Handwashing Initiative to government ongoing and planned programs
	(8) Develop a 1-year calendar of coordinating activities
	(9) Agree with the Government of Senegal on institutional leadership

Dimension	Recommendation
	arrangements and mechanisms for decentralization and devolution of implementation power to local governments
4. Program Methodology	(10) Present all approaches being used by participating organizations (11) Agree on the Senegal HWWS approach definition and steps used
5. Implementation Capacity	(12) Reexamine the existing expertise and structures and determine how best to access and utilize (13) Provide support to implementing staff (14) Decentralize implementing power and enhance capacity of local governments for implementation facilitation
6. Availability of Products and Tools	(15) Examine ways to reduce or eliminate subsidies to the general population <i>(Cont'd)</i> (16) Investigate ways to increase product and tool support to schools
7. Financing	(17) Develop a budget that corresponds to the activities to be/are being conducted (18) Ensure that the activities guide budget allocations (19) Agree with the Government of Senegal and local governments on resource allocations and fundraising strategy, and plan under their auspices
8. Cost-Effective Implementation	(20) Develop and conduct a cost-effectiveness study
9. Monitoring and Evaluation	(21) Develop collective monitoring tools and mechanisms

10. PLAN OF ACTION

This Plan of Action represents manageable, incremental short- and medium-term steps (over 16 months) on the road to establishing “ideal conditions and characteristics” (as detailed in Table 3). It is unlikely that any program will achieve sustainability and scalability in less than two years, but over this time, the foundation can be put in place and appropriate steps can be taken to move in the right direction. If these characteristics are in place, a program can be not only sustained, but can also be scaled up as the elements conducive to replication nationwide or even regionally are in place.

Overview of Plan of Action

The Plan of Action has been designed so that the Handwashing Initiative in Senegal, as well as its steering committee, can review and add these actions to its revised Handwashing Initiative Plan of Action (see recommendation above). It is envisioned that the Global Scaling Up Handwashing Project, to meet its targets, will work through and support the existing Handwashing Initiative. As such the Global Scaling Up Handwashing Project through the WSP and the WSP Senegal steering committee member, in consultation with the full steering committee, will determine which actions to support and to what extent to support them. It is also presumed that any additional enabling environment actions that the Scaling Up project feels are needed (and not included in this baseline assessment) will be discussed and agreed upon by the Handwashing Initiative steering committee to avoid parallel, overlapping activities and to promote success for HWWS in Senegal. It is understood that the Scaling Up is a separate project, but it is also felt that the Scaling Up project can best support its interests and ensure success of its activities by fully supporting the interests and activities of the Senegal Handwashing Initiative. The Scaling Up project is not seen as a separate entity, but rather a piece of the larger Handwashing Initiative.

Budget for Short- and Medium-Term Activities

Short-term activities are projected for a six-month period from September 2007 to February 2008. Medium-term activities are projected for a ten-month period from March 2008 to December 2008.

Budgets for each term are listed below. Total budget amount is US\$1,385,300.³⁸

- Short-term budget: US\$678,800
- Medium-term budget: US\$706,500

Implementation Challenges

Implementations challenges will include

- involving all levels and multiple sectors in the decision-making process;

³⁸ It should be noted that this budget amount also includes money to continue handwashing Initiative activities already started such as mass media, training, and so on, as it is felt that the continuation of these activities will support behavior change and sustained practices.

- moving from the perception, in thought and in action, of a Handwashing Initiative/project to national strategy/program;
- informing multiple audiences at multiple levels of HWWS work, purpose, and gaining support;
- identifying skilled local consultants to carry out proposed short-term work;
- securing funding for initial investment costs and sustainability and preparation for scale up activities (see the budget cited above).

Actions Recommended

Table 7 provides suggested short-term and medium-term actions only. Items are presented in order of priority and each builds on the action or actions that precede it. Toward the end of the 16-month period, the Handwashing Initiative, with support from the Scaling Up project, should conduct a rapid, enabling environment interim assessment to check its progress and design the next phase plan of action. Actions recommended on the Plan will (1) strengthen sustainability efforts; (2) enhance the likelihood of sustainability of HWWS practices; and (3) put in place requisite conditions, whether programmatic or behavioral, for scalability.

Table 7. Plan of Action

Dimension	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–16 months) March 2008 to December 2008	
1. Policy, Strategy, and Direction	Action	Level of effort/\$\$	Action	Level of effort /\$\$
[Note: In all strategy development, it is essential to prepare smart objectives presented from a positive perspective].	Work backward, ask what is required to change the behavior of 490,000 Senegalese mothers and develop the plan; if this will not be possible because of time or investment, adjust the goal of 490,000, extend the time of the initial investment, and/or get more money (BS)	\$1,000	Develop a national strategy [to include a workshop with participating organizations/agencies at all levels] (PS/BS/SC)	\$5,000
			As part of this national strategy, develop sustainability steps, such as required initial investments and existing structure reinforcement, and include exit plans by various donors as appropriate (PS/SC)	N/A
	Develop a policy piece on the connection between HWWS and its impact on health (PS/SC)	\$500	Obtain government endorsement for and decree on national hygiene policy developed during short-term phase (Phases II and III) (PS/SC)	N/A
	Develop a policy position paper on HWWS to direct a written policy (see also #8) (PS/SC)	\$2,000		

Dimension	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–16 months) March 2008 to December 2008	
1. Policy, Strategy, and Direction				
	Relaunch the program to reenergize the program and capitalize on the new political status and legitimacy of handwashing (on a smaller scale than the first time, 75–100 participants maximum); this should include discussion of regulatory and legislative power and representation by local government (PS/SC)	\$5,000	Revise the business plan to reflect a revised national Handwashing strategy (PS)	\$600
	Acknowledge job done to date by program by publishing a newspaper article written by one participating agency (PS/SC)	\$200	Encourage the president to list handwashing in the state budget through a series of articles, personal meetings, and high-level visits (SC)	N/A
	Subtotal	\$8,700	Subtotal	\$5,600

Note: The actions have been marked to indicate which they are expected to influence as follows: PS indicates programmatic sustainability; BS indicates behavioral sustainability; SC indicates scalability.

Figures have been calculated based on an estimated daily rate for consultant as appropriate, and/or transportation, meeting costs, and so on, as deemed needed to carry out this action.

N/A in every case indicates that this action will not require additional funds because costs to meet, to document, and so on have been subsumed under other similar preceding actions.

Dimension 2. Partnerships	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
	Action	Level of effort /\$\$	Action	Level of effort /\$\$
	Detail the role of the steering committee and create partnership charter (PS)	\$500	Develop memos of understanding between each partner and the Handwashing Initiative partnership to formalize the partnership (PS)	N/A
	Put in place 3 technical committees—behavior change/communication, schools, and M&E—and connect each with the global PPPHW technical committees, meeting regularly (PS/BS)	\$1,000	Working with private sector partners, develop a plan of activities to better involve them on an ongoing basis in the Handwashing Initiative (more than just giving soap) (PS/SC)	\$500
	Provide clearer direction to each steering committee meeting and technical committee meeting by having task-oriented decisions for each, regular meeting (PS)	N/A	Develop partnership activities to use at every meeting (PS)	\$500
	Develop minimum criteria for partner participation (not financial, but involvement, roles, in-kind, and so on) to ensure that all partners are equally valued and add value to the partnership as well as to their individual organizations (PS)	\$500	Develop list of potential new members such as Lions, Rotary, Business Association; invite them to an informational session; and cultivate new partners (ensuring inclusion of multiple levels and sectors) (SC)	\$600
	Define, detail, and agree upon (1) scale, (2) scalability, and (3) sustainability and develop corresponding success indicators for each (PS)	N/A	Develop a plan to create a HWWS network at all levels working through and with existing networks (PS/SC)	\$1,000
	Consider rotating chairperson of steering committee, rotation every 6 months and put all leadership roles in writing (PS)	N/A		
	Share all studies (PS)			
	Subtotal	\$2,000	Subtotal	\$2,600

Note: See notes for table for Dimension 1.

Dimension 3. Institutional Arrangements	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
	Action	Level of effort /\$\$	Action	Level of effort /\$\$
	Design program coordination mechanisms, including validation of materials to be used, revisions of plans, and so on (PS/SC)	N/A	Make storage arrangements for all Handwashing Initiative program materials, products, and tools, including a budget for this need (PS)	\$15,000
	Develop a 1-year calendar of coordinating activities, including choice of same day every month or every three months to meet, for example, on the third Thursday of every month (PS)	\$600	Develop a specific per person/student, per school, per community, per district, per region cost breakdown based on actual spending and costs to date (PS/SC)	\$800
	Engage panel of institutional players to prepare needed terms of references for assignments to be completed in the next 6 months (PS)	\$1,000	Investigate and delineate ways to better involve district and regional levels of public and private sectors in decision making and implementation; use their existing structures to include institutional leadership arrangements and mechanisms for decentralization and devolution of implementation power to local governments (PS/SC)	\$15,000
	Develop potential structure for decentralizing program implementation to local governments	\$2,000	Identify possible linkages between the Handwashing Initiative and government ongoing and planned programs and pursue	\$5,000
	Work with the Government of Senegal to earmark government funds for HWWS staff salaries (PS/SC)	\$900		
	Designate 2-person team at ONAS to work on implementation (PS/SC)	N/A		
	Subtotal	\$4,500	Subtotal	\$35,800

Note: See notes for table for Dimension 1.

Dimension 4. Program Methodology	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
	Action	Level of effort /\$\$	Action	Level of effort /\$\$
	Present all approaches being used by players to develop a common understanding of method and its impact on behavior change (BS)	\$1,500	Re-examine the communication strategy based on mini-evaluation and additional formative research recommended (BS)	\$2,000
	Agree upon the HWWS approach and steps to ensure its use, to include 1-page explanation of the Senegal approach and what different players bring to this combined, countrified method (BS/SC)	N/A	Develop informational 1-page brochure for each type of involved secondary audience, for example, policy makers, executive directors, decision makers and supporters, and so on, and hold monthly breakfasts for each type of secondary audience until each audience has been covered and informed once (BS/SC)	\$10,000
	Conduct additional “formative research” (not baseline, not behavioral trials) on motivators and barriers, to be used to redesign/update the communication strategy (could be conducted in conjunction with the mini-evaluation recommended) to ensure that all appropriate attributes are used and promoted (BS)	\$5,000	Detail ways to tap into the informal private sector as well as additional ways to approach and include the formal private sector (PS/SC)	N/A
	Present WSP’s FOAM (focus, opportunity, ability, motivation) Model as possibility for reexamining research and communication strategy development (BS)	\$1,000	Explore and promote new “messenger” avenues, such as administrative authorities, religious leaders, community leaders, and so on (PS/BS)	\$1,000
			Investigate new ways to integrate message and handwashing activities into school programs, particularly with younger children (PS/BS/SC)	\$1,000
	If FOAM is accepted by the players, conduct a ¾-day FOAM workshop to analysis additional formative data (PS/BS)	\$25,000	Request that the Scaling Up Handwashing Behavior Change project consider using Senegal as one of the countries	N/A

Dimension 4. Program Methodology	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
	Action	Level of effort /\$\$	Action	Level of effort /\$\$
			where it will conduct a study on other HWWS behavior change approaches (as detailed in the WSP/Gates proposal) (BS)	
	Subtotal	\$32,500	Subtotal	\$14,000

Note: See notes for table for Dimension 1.

Dimension 5. Implementation Capacity	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
	Action	Level of effort /\$\$	Action	Level of effort /\$\$
	List out the existing capacities by HW players and develop a plan on how to best access and use this expertise (PS/SC)	\$1,000	Detail structures at national, regional, and district levels through which the program can work and how to access these entry points (PS/BS/SC)	\$1,000
	Develop appropriate short-term consultant terms of reference in conjunction with the Handwashing Initiative, on policy dialogue and development, capacity building, national strategy development and consensus-building among participating players, development of multiple level–multiple sector integration of HWWS (PS)	\$22,000	Develop a training plan for institutional players, profiting by training provided by different players for topics other than handwashing but requiring and utilizing the same skills and techniques, such as CREPA’s annual training program or UNICEF’s ongoing training workshop (PS/SC)	\$500
	Fund all activities already on the calendar for the next 3–4 months (training, airing, road shows, and so on), activities scheduled to take place between July 1 and the start of the mini-evaluation recommended to start by October 15, 2007 (see below)	\$400,000	Continue calendar year activities (BS) (Note: These figures represent half in first six months and half in second six months as per present plan and budget, They will need to be adjusted based	\$400,000

Dimension 5. Implementation Capacity	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
	Action	Level of effort /\$\$	Action	Level of effort /\$\$
	(BS)		on revised plan.)	
	Fund and implement all programmed mass media activities and consider doubling the programmed amount over the next 3 months—that is, if 3 TV spots were to be aired once daily for 2 months, consider airing each twice daily for 4 months and increase the budget accordingly (BS)	\$125,000	Continue mass media activities (BS)	\$125,000
	Detail all possible new training and intervention entry points to consider with corresponding budget to pursue these entry points; this should include regional, district, and local levels within education, health, and environment sectors, and so on (BS)	N/A	Develop technology improvement and capacity-building plan (PS/SC)	\$1,000
			Conduct additional training of trainers, ensuring that all participating organizations at at least two levels have staff members trained and provide opportunities to train others within HWWS activity areas (PS/BS/SC)	\$10,000
	Develop implementation facilitation capacity-building plan for local governments	\$3,500	Implement capacity-building plan from item 6	\$15,000
	Develop information sharing modalities based on partner/stakeholder requests	N/A	Put communication technology in place and utilize to share information and so on	\$5,000
	Subtotal	\$551,500	Subtotal	\$576,500

Note: See notes for table for Dimension 1.

Dimension 6. Availability of Products and Tools	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
	Action	Level of effort /\$\$	Action	Level of effort /\$\$
	Investigate ways to ensure water access in HWWS activity areas (BS)	\$1,000	Examine and agree upon ways to eliminate subsidies to the general population for soap and handwashing supplies (PS/BS/SC)	\$2,000
	Develop a distribution and dissemination system (PS/SC)	\$2,000	Investigate ways to appropriately increase product and tool support to schools (BS/SC)	N/A
	Test willingness to pay and buying power in 4 sites, 1 per pilot region (PS/BS/SC)	\$15,000	Encourage local production of soap within the communities (PS/SC)	\$15,000
			Investigate ways to eliminate taxes on handwashing products (PS/SC)	N/A
	Subtotal	\$18,000	Subtotal	\$17,000

Note: See notes for table for Dimension 1.

Dimension 7. Financing	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
	Action	Level of effort /\$\$	Action	Level of effort /\$\$
	Develop a budget that corresponds to the activities to be conducted as per revised business plan and corresponding revised communication strategy (PS/SC)	N/A	Consider developing a third-party “grants” mechanisms so that parties can access funds to carry out initial investment activities (this grants mechanisms should not be used for day-to-day activities that will need to be sustainable, but only for start-up, initial investments discussed above) (PS)	\$1,000
	Develop “definition of interest” to stimulate more private sector investment and involvement (PS)	\$600	Continue to fundraise for additional activities to be funded and carried out in Year Three (PS/BS/SC)	\$2,000

Dimension 7. Financing	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
	Action	Level of effort /\$\$	Action	Level of effort /\$\$
	Develop a business plan budget for the national strategy, identifying existing funding and needed funding, using this information to guide a phased expansion of Handwashing Initiative activities (PS/SC)	N/A		
	With local governments, develop a resource allocation plan for HWWS activities, a fundraising strategy for their use and under their auspices	\$10,000	Implement and track the plan and strategy from item 4	\$5,000
	Subtotal	\$10,600	Subtotal	\$8,000

Note: See notes for table for Dimension 1.

Dimension 8. Cost-Effective Implementation	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
	Action	Level of effort /\$\$	Action	Level of effort /\$\$
	Develop an HWWS map showing who is doing what, where, and with what (existing structures, sustainability of products, and so on) and with whom (PS/SC)	\$1,000	Develop and conduct a cost-effectiveness study as part of the Scaling Up Impact Evaluation, contracting locally and when and if possible utilizing existing player capacity/staff/capabilities as the/part of the study team (PS/SC)	\$5,000
			Identify normal day-to-day running and managing of a Handwashing Initiative and start-up, initial investment costs that should be required only once or twice, because it is the routine costs that must be sustained for the program to continue and the start-up costs that requires significant fundraising efforts (start up	N/A

Dimension	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
8. Cost-Effective Implementation			includes training of trainers, development of materials/media, some initial airing of spots, reinforcement of structures, and so on) (SC)	
	Subtotal	\$1,000	Subtotal	\$5,000

Note: See notes for table for Dimension 1.

Dimension	Actions Recommended			
	Short term (next 6 months) September 2007 to February 2008		Medium term (7–15 months) March 2008 to December 2008	
9. Monitoring and Evaluation	Action	Level of effort /\$\$	Action	Level of effort /\$\$
	Conduct a rapid assessment of activities to date—a mini-evaluation of impact, outcome, and process to assist in the redesign of the business plan and possibly the communication strategy—to start by October 15 and to be completed by November 15, 2007; this could incorporate conduct of additional formative research required (PS/BS/SC)	\$50,000	Develop collective monitoring tools and mechanisms, using what has been pulled together by the global PPPHW, what is being developed by WSP under their “Scaling Up Handwashing Behavior Change” Impact Evaluation, and what has been developed by programs such as the Hygiene Improvement Project (HIP) as well as others (SC)	\$3,000
			Conduct an enabling environment interim assessment from October to November 2008 (use local capacity) (PS/BS/SC)	\$35,000
	Subtotal	\$50,000	Subtotal	\$38,000
	TOTAL	\$678,800	TOTAL	\$706,500

Note: See notes for table for Dimension 1.