



Participatory Monitoring of Hygiene Behavior Change in Hato Mayor, Dominican Republic

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As part of the Hurricane Georges Reconstruction Initiative, USAID/Dominican Republic decided to take steps to maximize the health impact by including a behavior change component to ongoing water and sanitation improvement activities.

Hygiene Behavior Change Strategy

Sixteen NGOs that were involved in the Reconstruction project, the Ministry of Health, and the National Sewer and Water Authority (INAPA) participated in an intensive EHP training course that included behavior change theory and methodology as well as field application.

Following this training, a core team was formed to carry out rigorous formative research related to hygiene behavior change. The team's work culminated with the development, field testing and implementation of a community-based hygiene behavior change strategy in nine rural communities in the municipality of Hato Mayor.

The nine communities of Hato Mayor were targeted for the hygiene behavior change intervention since they were just beginning work on water and sanitation pilot projects. These jointly funded USAID/National Water Authority projects were based on the Total Community Participation (TCP) model, which focuses on mobilizing community involvement to achieve sustainability for rural water and sanitation programs.

Trained Community Hygiene Promoters (CHPs) implemented the hygiene intervention using didactic materials that were developed as part of

the formative research component of the overall project.

The community-level hygiene intervention focused on the promotion of six behaviors:

1. safe water storage
2. latrine use for children over three years of age
3. latrine use by all family members
4. use of potties for children under three followed by the appropriate disposal of feces in the latrine
5. handwashing at critical moments (after using the latrine, before eating, after changing diapers, before food preparation and before serving food)
6. promotion of a permanent place for handwashing.

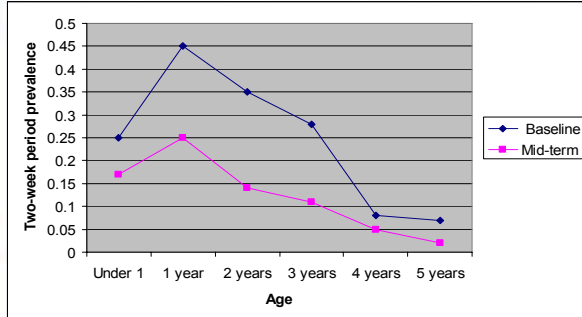
Participatory Monitoring

To monitor progress related to hygiene behavior change, a pre-intervention baseline survey was carried out in December 2001 followed by a mid-term survey carried out in May 2002. For the surveys, 109 households and 125 households with children under-five were selected at baseline and mid-term, respectively.

The surveys were part of the total community participation process in that the inter-institutional team that initiated and implemented the water, sanitation and hygiene activities participated in the systematic process of ongoing community level data collection. Essentially, the surveys were intended to reinforce the work of the CHPs by quantifying the changes that are plausibly associated with their efforts.



Selected Findings



1. Decrease in diarrhea prevalence

- The chart above shows the difference in period prevalence of diarrhea by age—at baseline and at mid-term. The biggest changes were recorded among children between the ages of one and three.
- Of the 165 children under-five included in the baseline sample, 27% were reported to have had diarrhea within the previous two weeks. Five months later, this fell to 11% for the 209 children included in the mid-term survey. While this decrease may be attributable to the program interventions, it may also reflect seasonal variations as the rainy season occurs in May.

2. Improvement in hygiene behavior

- Increases in handwashing after going to the bathroom were reported by the primary caregiver—a 12% improvement for herself and a 16% improvement for the youngest child in the household.
- An increase from 15% to 31% was recorded for reported handwashing of the youngest child before eating.
- Use of soap improved from 59% to 79%.
- There also appears to be a trend for improved handwashing technique. Handwashing demonstrations showed an increase in the proportion of respondents who rubbed their hands together three or

more times from 47% at baseline to 77% at mid-term.

Conclusion

The results of participatory monitoring presented above have three intended uses:

1. as a monitoring tool for program managers and communities to identify the accomplishments and challenges of the hygiene behavior change intervention in order to fine-tune future field work
2. as feedback for the volunteer Community Hygiene Promoters to motivate their continued work by demonstrating their accomplishments and quantifying their results
3. as confirmation of the importance and potential of hygiene behavior change for local stakeholders to continue efforts to scale up this activity to the national level.

Participatory monitoring was an authentic effort to empower local implementing NGOs. Nine institutions, including two Dominican Government agencies, three NGOs, one multi-lateral and three bi-lateral organizations, took part in the Hato Mayor activity and participatory monitoring. Such organizational participation is essential to create a sense of ownership and build and maintain stakeholder buy-in, which will result in continued commitment and work to scale up to the national level.

Two additional surveys are planned for 2003 and 2004 to monitor trends and the sustainability of the observed changes after one and two years of program interventions.

The full report, Activity Report 120, *Combining Hygiene Behavior Change with Water and Sanitation: Monitoring Progress in Hato Mayor, Dominican Republic*, can be downloaded from the EHP website: <http://www.ehproject.org>.

To request a copy of the report, please email: info@ehproject.org.