



Promoting Sanitation and Hygiene to Rural Households in the Southern Nations region of Ethiopia

This summary is based on a Synthesis Paper and two Working Papers available at: www.rippleethiopia.org

The goal of achieving universal access to water supply and sanitation in Ethiopia is a key government objective. The Universal Access Plan expresses this goal for water. For sanitation and hygiene, the vehicle which the federal Ministry of Health has been developing for achievement of the goal is the '*National Millennium Hygiene & Sanitation Movement*' (MHSM), to be officially launched in 2008. The declared aim of the MHSM is: '*Sanitising (cleaning up) all Homes, Kebeles and Towns for the new Millennium*' (E. C.).

The Ministry's approach has key elements which were employed in the Southern Nations (SNNPR) region of the country – see Map overleaf. In 2003, the Bureau of Health (BoH) in SNNPR began a new community health strategy including sanitation and hygiene (S&H). That regional S&H strategy had initially been brought to international attention as a success story by the Water and Sanitation Programme-WSP. Now the '*RiPPLE Programme* – see Box overleaf – has carried out, with Ethiopian partners, a study of the BoH's approach, post-2003, to see how success was achieved – and how far.

Before 2003, SNNPR had one of the lowest S&H coverage levels in the country, recorded (according to official figures) at 16%. The scope of education on S&H was at that time limited, due to lack of appropriate strategies for community education and mobilisation. Messages on S&H were communicated when community members came to health institutions to obtain health services. The approach to S&H was supply-driven, with health authorities raising the expectations of households that incentives to improve S&H practices would be provided by government. The BoH recorded that, as a consequence, household demand for S&H services had been low.

Post-2003, the approach of the BoH shifted to 'broad-based, low-cost and high-impact oriented' public health interventions in order to improve the status of basic health across the region. Efforts focused on promotion of S&H to households via (employed) health extension workers (HEWs) supporting (volunteer) community health promoters (CHPs) who were progressively deployed within the region. Once households were convinced of the importance of S&H facilities, they were encouraged to construct them from locally available materials. Hardware subsidies were not provided. Households were to start from simple traditional pit latrines and, subsequently,

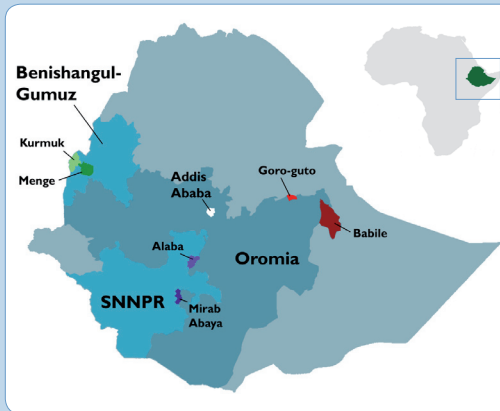


**Research-
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Learning in
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the Nile Region
(RiPPLE)**

'RiPPLE' – Research-inspired Policy and Practice Learning in Ethiopia and the Nile Region (www.rippleethiopia.org) is a research and learning project funded by the Department for International Development of the UK Government (DFID). The purpose of RiPPLE is *'to advance evidence-based learning on water supply and sanitation (WSS) financing, delivery and sustainability that leads to measurable improvements to the equity of water and sanitation access for the poor in Ethiopia and the wider Nile region'*.

RiPPLE has, in collaboration with the governments in three regions – Oromia, Benishangul-Gumuz and SNNPR – brought together stakeholders in **'learning and practice alliances'** (LPAs) at regional level. This case study has been one of several sponsored by RiPPLE on WSS as an input into the SNNPR LPA, established in May 2007 with RiPPLE support – to lead exchange and reflection on how to improve delivery and sustainability of WSS in the region.

SNNPR is located in the south-west corner of Ethiopia, adjoining the borders with Sudan and Kenya. The region occupies 111 square kilometres, with a population in 2005 estimated at 14.9 million, nearly 20% of the national population in c.10% of the national territory.



upgrade their standard as awareness grew and opportunity allowed. Targeted at households, the strategy was not **'community-led'** in the manner of **'Community-Led Total Sanitation'** (CLTS); it had some features which are similar, but CLTS has been a later introduction to Ethiopia, from 2006 onwards.

The RiPPLE study has noted that a combination of political promotion and institutional mobilisation was successful in launching and **'rolling-out'** the BoH strategy as a **'movement'**. In making S&H part of a basic community health package, it was designed to be politically attractive, and financially and administratively feasible. **'Ignition'** documents were written with a strong communication orientation to persuade politicians, motivate civil servants, and build consensus for action by a range of stakeholders. *How this was done is described in detail in the accompanying Synthesis Paper and the longer Working Paper of Bethel Tefere on the policy-making aspects* (see key references below).

From 2005 onwards, the deployment of the trained HEWs in each kebele raised the quality of message communication on S&H, including technical input on construction of latrines. The engagement of CHPs significantly raised the number of community level communicators from the previous 1 community health agent for 2,000 HHs in a kebele to 12-28 CHPs for a kebele, or one CHP per c.50 households, thereby reaching a much wider audience. The mode of working via CHPs took health education to HHs rather than waiting for them to come to health service institutions. Community conversations, coffee ceremonies and other social gatherings provided a form of behavioural change communication which was interactive, based on dialogue. Coming themselves from the communities, CHPs could be more easily accepted and listened to by community members.

Developments in S&H in the communities and households within the study areas

Latrine construction and use, hand-washing and water storage/handling by households were surveyed, in two districts (woreda), Alaba and Mirab Abaya, and six localities (kebele) within those two districts, respectively Hologeba Kukie, Galetto, Amata and Omo Lante, Mole and Wojifo. The research methods employed – both quantitative and qualitative – are described in the accompanying Working Papers.

The results of the research show a substantial increase in the number of household latrines, in a few years, from 16% to 94% coverage in Mirab Abaya and 10% to 69% in Alaba, in each case in the kebeles studied (in part, the large jump in S&H coverage is accounted for by the previously low level). Despite a certain percentage of latrine owners who dropped back off the ‘sanitation ladder’ (10% in Alaba, 2% in Mirab Abaya), there is, overall, evidence of high impact of the BoH approach in the study areas.

Some questions do arise as to the sustainability of this wave of latrine construction - challenges remain if households are not to drop off the sanitation ladder (go back to open defecation). Technical improvements are needed – even with low-cost materials, better design and more durable materials can contribute to proper functioning and lasting of latrines, as well as motivating people to use them. In the sample households, generally poor latrine cleaning practice has discouraged use.

The field observation suggests that hand washing and water storage/handling practices are still poor. A significant rise in awareness and knowledge on S&H (e.g. in relation to the benefits of hand-washing), has led to some changes in attitude and behaviour – new hand-washing facilities – although the practice of hand-washing with water (and soap or equivalent) is weak. Hand washing facilities are not located near the latrine - all of which results in dirty hands with high risks of transmission of faecal-oral diseases.

Decision-making on design and construction, including siting of the latrines, was mostly by men – with the consequence that designs were generally not women- or children-friendly. Promotion of locally available materials did mean that latrines became more affordable to the poor. The research did not point to presence of masons or other artisans currently supplying sanitation goods or services, at least in the rural areas studied, nor was the need for skilled artisans raised in the focus group discussions conducted by this study. Households constructed their own latrines, based on instructions (when available) of CHPs, with a few households (the more wealthy) calling upon carpenters to build the superstructure.



Other findings

- **Latrine construction:** radical construction rate observed in recent years: 80-90% of present latrines constructed in last 2 years (mid 2005-mid 2007) in both woredas; more than 50% of ever-built latrines were constructed in the past 2-3 years (in both woredas);
- **Latrine life:** the data indicate short life span of household latrines, about 1-3 years only;
- **Use of local materials:** all latrines made of local materials; about 16% have concrete slab or ‘sanplat’; probably many or most will have been provided by NGOs as free slabs;
- **Latrine use:** while households claim 100% latrine use, observation by proxy points to 93% of latrines utilised;
- **Hand washing facilities and practice:** good (declared) knowledge on hand washing (according to questionnaire); but actual practice seems poor; hand-washing facilities present in 82% of households; however, most (64%) located inside the house; only 6% near the latrine.

In some cases, the short lifetime of latrine pits was due to collapsing, because of flooding and loose soils. Short latrine life means that households have to dig a new pit and construct a new floor and superstructure, involving further investment in materials and more labour and energy. They may temporarily drop off the sanitation ladder for at least some months (until floods are over), or some years (until motivation to build a latrine returns). If pit collapse occurs too frequently, it may discourage them altogether.

Further Research

While this case study has served to provide some preliminary insights on technical and behavioural aspects, their complexities are such that further research is needed. That research could usefully field-test selected technical innovations in S&H and measure their effectiveness. It could also study which approaches and methodologies implemented by HEWs and CHPs are most effective at promoting S&H behavioural change, as seen in the behaviour of different categories of households and household members (taking into account gender aspects and age, e.g. widowed women).

Key References

- RiPPLE (2008), 'Promoting Sanitation and Hygiene to Rural Households: the experience of the Southern Nations region of Ethiopia', Synthesis paper, July 2008
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- WSP (2007), 'From Burden to Communal Responsibility: a sanitation success story from the Southern Region in Ethiopia', *Field Note*, January 2007, Water and Sanitation Programme.

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