



Promoting Sanitation and Hygiene to rural households in the SNNPR, Ethiopia

This summary is based on a Working Paper 15 on **Promoting Sanitation and Hygiene to rural households in the Southern Nations, Nationalities and Peoples Region, Ethiopia**. The paper, together with a related **RiPPLE Guideline Notes** are available for download at: www.rippleethiopia.org

Research-inspired Policy and Practice Learning in Ethiopia and the Nile region (RiPPLE) is a DFID-funded Research Programme Consortium led by the Overseas Development Institute (ODI) in partnership with IRC, Addis Ababa University, WaterAid Ethiopia and Harerghe Catholic Secretariat

This executive summary of RiPPLE Working Paper 15 on Promoting Sanitation and Hygiene to rural households in the Southern Nations, Nationalities and Peoples Region (SNNPR), Ethiopia confirms that health extension workers (HEWs) and community health promoters (CHPs) in the Southern Region of Ethiopia are going about their work of informing households on improved sanitation and hygiene practices and are succeeding in persuading many households to change their behaviour. The system of health extension is working and making a contribution to improvement of life in rural communities. Key informants in the communities value the work of the HEWs and CHPs.

This does not mean that attaining improvements in sanitation and hygiene practice is simple and straightforward. Commentators, in Ethiopia and internationally, recognise that bringing about behaviour change in relation to sanitation and hygiene is not a 'one-off' activity - promotional agents need to provide follow up, with repeated visits to households, until the desired behaviour changes.

This study suggests that there are many lessons to be learned from the experience in the two study woreda in SNNPR, as well as a number of resource and capacity constraints which HEWs and CHPs currently face - which need to be addressed.

Examples of resourcing innovations which the HEWs/CHPs and key informants in the communities believe would produce tangible benefits in sanitation and hygiene promotion are as follows: construction of health posts in the kebeles which currently lack this facility; more IEC (information, education and communication) materials at health posts and for work with households/





communities; provision to HEWs and CHPs of bicycles, in response to transportation problems; accommodation for HEWs constructed in or very close to the compound of the health post, to reduce their travel to and from the kebele.

Applying these lessons and removing the constraints would enable HEWs and CHPs to work at their full potential, resulting in a boost to progress in promotion of sanitation and hygiene. Alongside the work of HEWs and CHPs, sustainable behaviour change arises out of the active collaboration of influential actors in the kebele and the community. The HEWs and CHPs

interviewed are applying the support of religious leaders, school directors, idir leaders, respected elderly community members and development agents, in both promotion of sanitation and hygiene messages and action (including model households), and enforcement of better practice. Meanwhile, the degree of coordination with NGOs and other stakeholders in the region could usefully be strengthened, to assist HHs in moving up the sanitation ladder.

A system of rewards for good performance of HEWs and CHPs has not yet been established in either woredas. Lack of incentives has pushed some CHPs to resign. CHPs are volunteers who are committed people, approaching their tasks generally with dedication. An incentive mechanism to ensure that the motivation of CHPs is maintained, to help retain them in their roles, should be established as soon as possible. Both HEWs and CHPs express themselves as willing to learn lessons, in order to improve their own performance in promotion of sanitation and hygiene. The Bureau of Health could usefully review the measures for capacity-building of HEWs and CHPs and plan for more training.

The experience of the HEWs and CHPs in SNNPR constitutes an instructive example of the achievements and challenges of promotion, in rural communities, of sanitation and hygiene as part of the Ministry of Health's Health Extension Programme-HEP.

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