

Presentation for Thematic  
Week 3. 'Water for Life'  
July 2<sup>nd</sup>, 2008



*Promoting Sanitation  
and Hygiene to Rural  
Households - the  
experience of the  
Southern Nations  
region of Ethiopia*

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**RiPPLE**



## Sanitation & Hygiene ('S&H') - a critical development priority

- Globally, diarrhoea kills about as many young children as malaria and tuberculosis combined; alongside poor water quality, lack of sanitation & poor hygiene are main causes;
- yet, the 'sanitation gap' is twice as large as that of water supply: c.2.6 billion people lack access to 'improved' sanitation (if only flush toilets are 'improved', c.4 billion);
- while, in many countries, 'S&H' investments lag far behind those in water & other 'social' sectors: education and (curative) health;
- in Ethiopia, the average child suffers 5-12 episodes of diarrhoea per year, with many deaths of children under 5 years estimated at 50,000-112,000 (source Min. of Health);
- return on investing in sanitation is c.\$9 for every \$1 spent (according to recent global estimate).

It has, generally, proved difficult to place S&H appropriately on policy agendas, but a successful example exists in Ethiopia, for celebration in this '*International Year of Sanitation*' 2007-08.

## Sanitation: not a subject of *great* glamour...



... but, as stated by the leader of a recently created association in Korea, everyone needs, and wants, a '*Haewoojae*':

***'a place of sanctuary where one can resolve one's worries'***

Source: World Toilet association, <http://en.wtaa.or.kr>

Location of the *Southern Nations, Nationalities and Peoples Region - 'SNNPR'*:  
borders Kenya to the south, Sudan to the west, and the Ethiopian regions of *Gambela* and *Oromia* to the north and north/east respectively.



## Definition of “Sanitation” - broad term including “hygiene”

Sanitation	Waste Water Management	Hygiene
<p>Safe collection and management</p> <ul style="list-style-type: none"> <li>• of human waste</li> <li>• of solid waste</li> <li>• of industrial waste and</li> <li>• of hazardous waste (medical, chemical, radio-active etc)</li> </ul>	<ul style="list-style-type: none"> <li>• Drainage and disposal of household waste water</li> <li>• Drainage of storm-water</li> <li>• Treatment and disposal of sewage effluents</li> </ul>	<ul style="list-style-type: none"> <li>• Safe hand-washing practices</li> <li>• Safe household water storage</li> <li>• Safe treatment of food stuffs</li> </ul>

**Principal focus of RiPPLE Case Study 2007 - also a RiPPLE 2007 focus**

**Focus on challenges of improving provision to rural HHs: as well as survey of progress in S&H provision in communities (quantitative and qualitative research methods), lessons from *policy-making process*.**

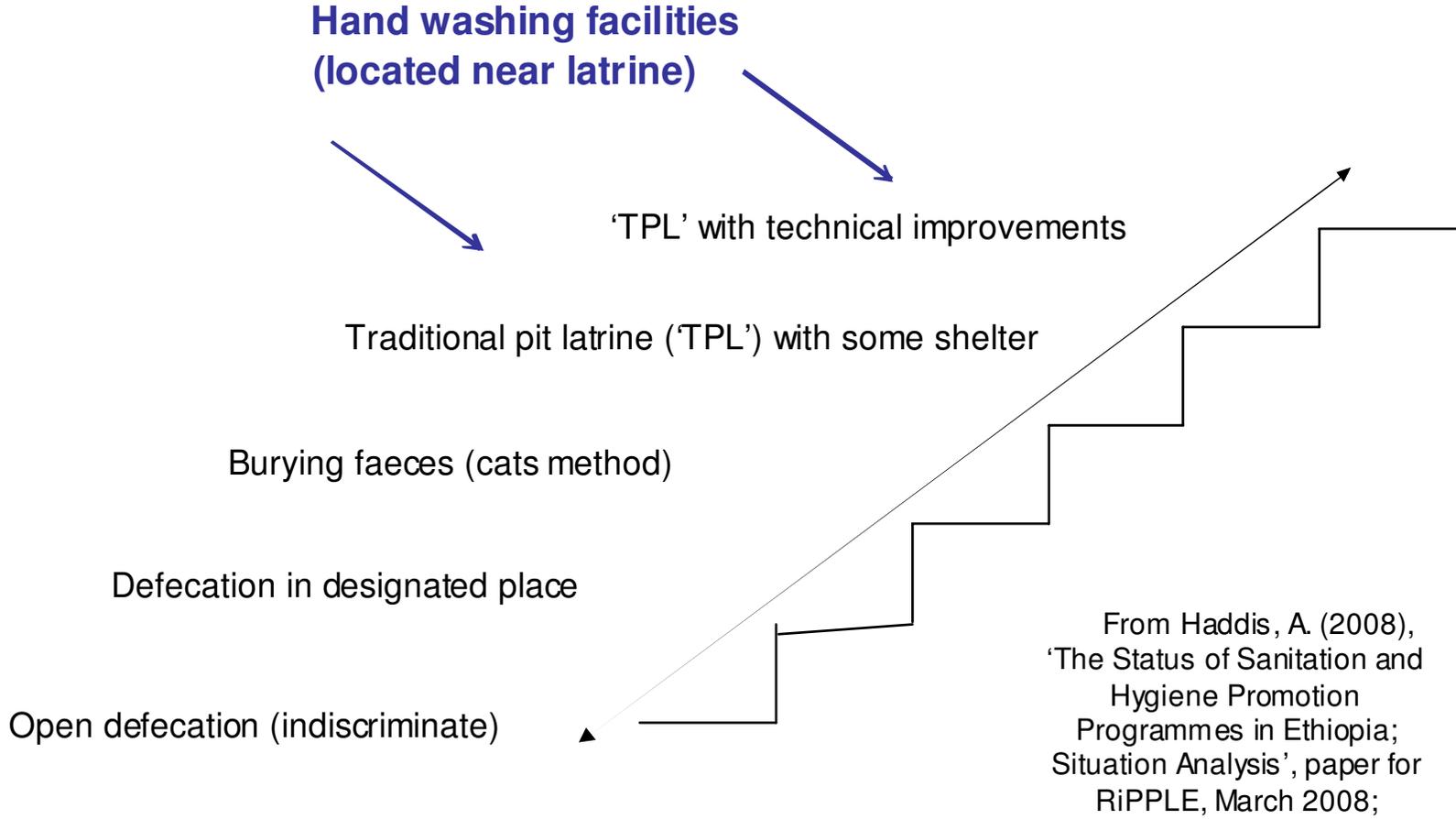


## Case study in the Southern Nations region (SNNPR) of Ethiopia, July-Oct 2007

- In 2003, SNNPR regional govt., led by Bureau of Health (BoH), began an initiative to improve *basic community health*, including promotion of basic latrine construction and improvement of hygiene practices;
- change from previous *supply-driven* philosophy (gifts of concrete latrine slabs); new strategy emphasised the raising of awareness of communities and households (HHs), to take responsibility for action;
- encourage HHs to construct, initially, simple latrines from locally-available materials; hardware subsidies abandoned; get to first rung of the ‘**sanitation ladder**’
- study led by ‘*RiPPLE*’: ‘*Research-inspired Policy and Practice Learning in Ethiopia and Nile Region*’: DFID-funded research & learning project; <http://www.rippleethiopia.org>;
- one of several RiPPLE-sponsored studies on aspects of WSS, as a contribution to the ‘*Learning & Practice Alliance*’ (LPA) established in SNNPR in May 2007.

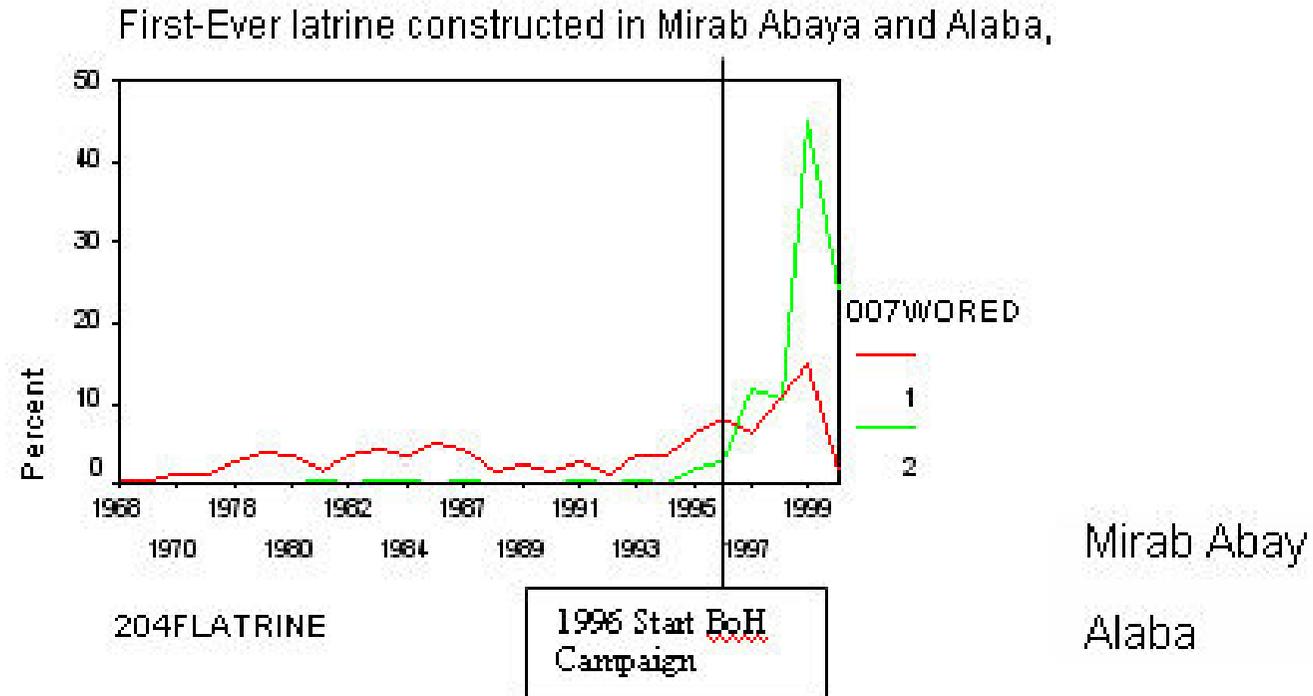


# Steps on typical 'sanitation ladder' in rural SNNPR - as drawn by Ethiopian colleague



## Findings 1a.: in rural communities

- Substantial increase in number of HH latrines, in a few years, from 16% to 94% coverage in one district (*Mirab Abaya*) and 10% to 69% in another (*Alaba*);



**Fig 4.2 First-ever latrine constructed in Alaba & M Abaya, Oct 2000**



## Findings 1b.: in rural communities

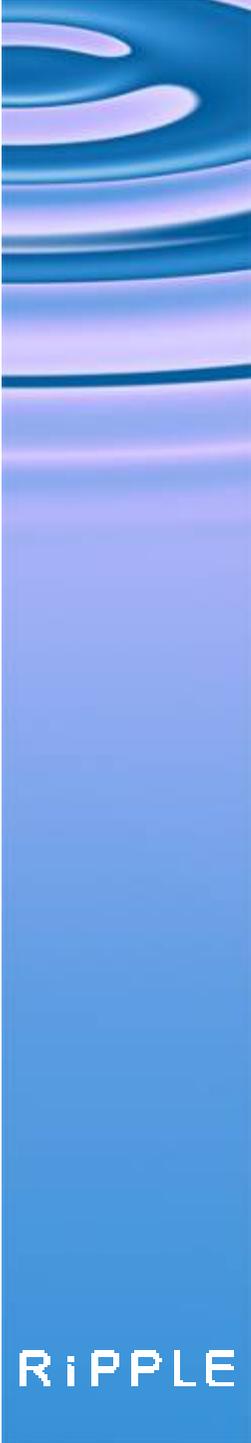
- Despite latrine owners who dropped back off the ‘sanitation ladder’ (10% in Alaba; 2% in Mirab Abaya), there is, overall, evidence of high impact of the BoH approach in study areas;
- use of *locally-available* materials in latrine construction meant the BoH approach was *low cost*;
- positive dialogue at community & HH level through work of health extension workers (HEWs) and community health promoters (CHPs), resulting in effective mobilisation: although women little involved in siting/design;
- some questions arise as to the sustainability of this wave of latrine construction (e.g. need for *technical* improvements);
- acceptance of any type of pit or latrine = ‘covered’;
- also field observation suggests that hand washing and water storage/handling practices are still poor.

**A very rudimentary example:**



## Findings 2.: Policy-making: S&H policy design

- The S&H strategy, as outlined by the BoH, did not conflict with *existing* policies at a federal level (1993 National Health Policy);
- it was conceived/presented to make it *politically* attractive (or at least not politically offensive) to other Bureau heads and politicians in the regional cabinet; pressed appropriate political 'buttons' (*right to basic health; participation; accountability*);
- communication documents ('ignition'/'health revitalisation') aimed at **inspiring, persuading and mobilising** a range of people in layman's, rather than technician's, language;
- contrary to conventional way of documenting a policy strategy, key elements of policy were formulated in brief, *general* terms, allowing flexibility: the BoH approach continually evolved, incorporating new initiatives from regional/national levels;
- manageable within existing financial resources, and administratively feasible: essentially via existing govt. structures
- development and communication of first ignition documents in late 2003/2004 coincided with rallies for 2005 national election which provided a political launch-pad (some donor reticence).



### Findings 3.: ‘Institutionalisation’ of policy

- Head of BoH: member of regional cabinet whose approval provided political lever to institutionalise the S&H policy, to put the issue on agendas of different bureaus to implement;
- supported by senior BoH officials (e.g. Dept. Disease Prev./Control);
- system of ‘cascading advocacy’ designed to mobilise staff also at district (‘*woreda*’) and locality (‘*kebele*’) levels: **key messages** on basic health, based on ignition/revitalisation documents;
- the policy was striking, in high aid-dependent country, for being regionally-inspired, rather than driven by donors; donors did support implementation: essential ‘*software*’ elements (e.g. CHP approach, based on USAID experience in Madagascar);
- mode of S&H education changed: promotion of house-to-house S&H education to reach people outside health service institutions: community conversations, coffee ceremonies and other social gatherings led by CHPs from communities.



**Experience in**  
**Southern**  
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**of Ethiopia**

## Experience in Southern Nations region of Ethiopia

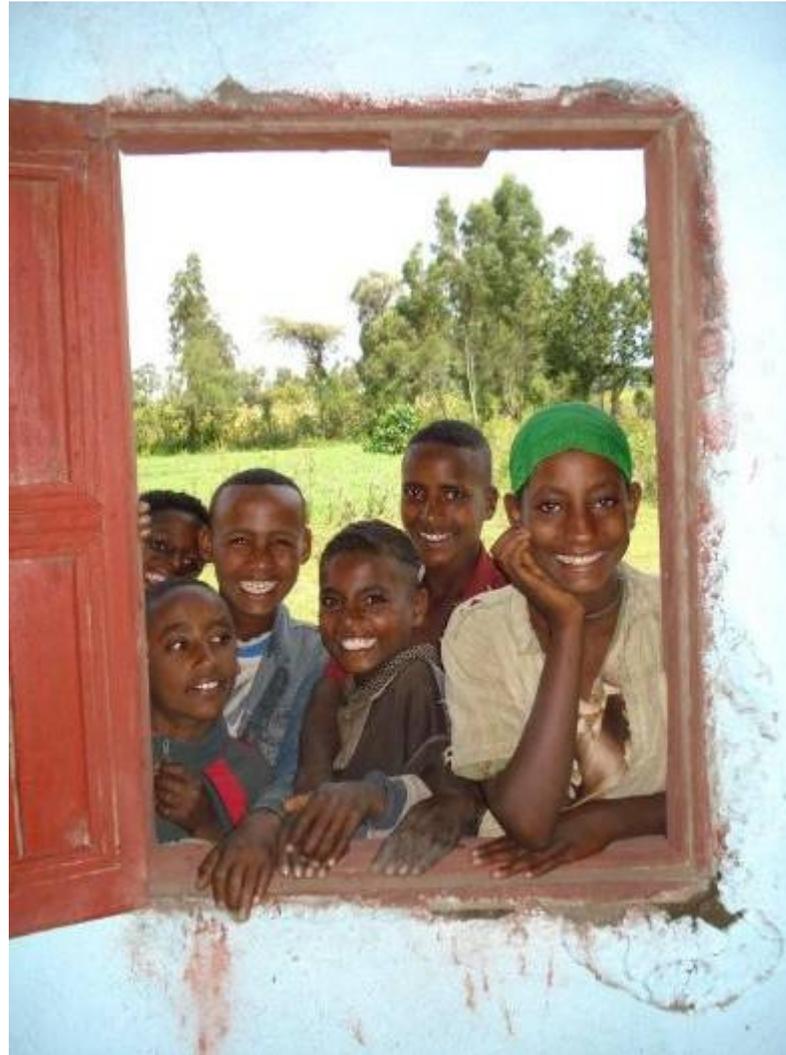
- Strong latrine construction *campaign* based on stimulation of demand rather than old supply-led philosophy;
- health officials in SNNPR were *open* to this new approach: a cultural revolution in environmental health?;
- policy-making: S&H part of (subsumed in) wider movement for improvement of *basic health services*;
- ‘movement’: S&H ‘trailer’ hooked onto health ‘truck’ which was ably promoted through the political process, with strong ***messaging*** for communications purposes;
- some evidence of capturing imagination of HHs on S&H as *life-improving benefit*;
- *follow-up* is needed to encourage moves up sanitation ladder;

Key elements of SNNPR BoH’s approach now *incorporated* in federal MoH’s *National Hygiene and Sanitation Movement* to be launched later this Summer 2008:-

***“All persons have the right to a clean & healthy environment”***

***“Your health is in your hands”***

## Pointers for other countries in Africa?



**Thank you**



RIPPLE

## S&H Researchers for Case Study

(supported by Jo Smet of IRC and Peter Newborne of ODI)

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Practice-KAP aspects

**Bethel Terefe, Ripple Office**  
**Katharina Welle, WSP/ODI**

- 'Policy' component leaders



## Research methods

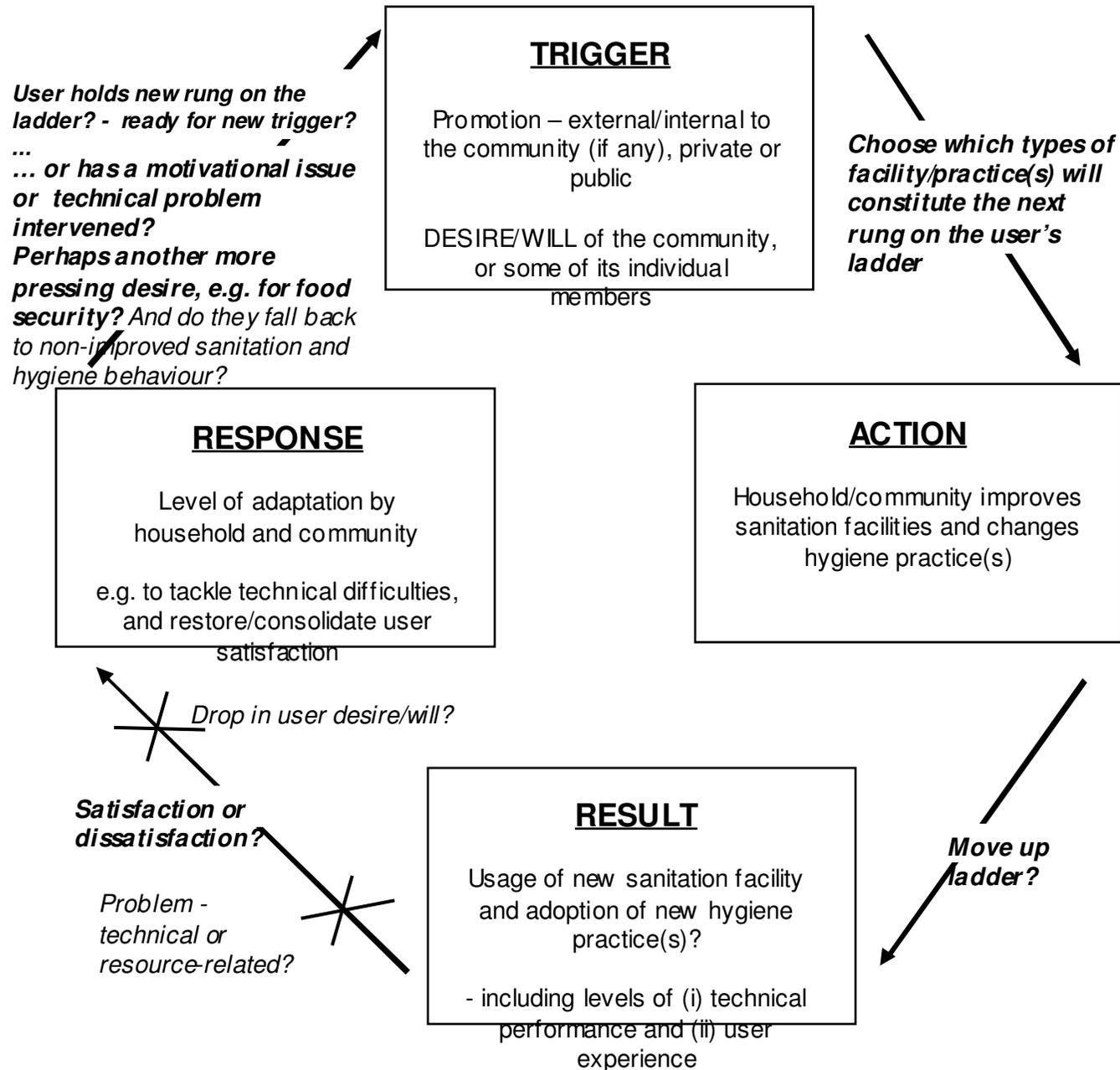
- Study Design: quantitative HH survey supplemented by qualitative methods ;
- Sample size: 396 HHs (HH survey); 1 in 5 HHs =76 HHs observed; 9 focus group discussions (FGDs) and 5 Key Informant (KIs) interviews conducted;
- Sampling technique: systematic random sampling.
- Data collectors: Hawassa University students; researchers.

# Description of the respondents

- Gender: 43.6% male, 56.4% female
- Age range: 15 to 99 years
- Family size: average is similar in the two woreda: 7.04 and 6.49 respectively.
- Religion: in Alaba, 97.8% of respondents said they are Muslim; in Mirab Abaya, 96.5% are Christians of different denominations
- Ethnicity: in Alaba, 97% are *Alaba*; considerable ethnic diversity in Mirab Abaya (e.g. *Gamo*, *Wolayta* are the most predominant ethnic groups).

Population: Alaba: 251,385; Mirab Abaya: 69,036

# Sanitation 'ladder': 'Evolving Motivation'





## Weaknesses: factors which hindered the BoH approach

- Limited monitoring on S&H at kebele and woreda levels;
- lack of durable construction material due to lack of money and no innovation: weak latrine designs leads to problems during flooding, problems in loose soils; also foul smell and fly breeding; problem of termites ;
- many latrines no doors + poor walls = traditional way of construction due to lack of innovation;
- not women/child friendly(limited privacy, big hole, poor floor): women & children not involved in design;
- some provision of free slabs = expectation, increase waiting time and dependency;
- poor behavioural practice HW with water and soap;
- poor HWF design + dirty water+ not near latrine= dirty hands;
- lack of public latrines forces people to open defecation.