



Ethiopia

SNV Ethiopia experiences including the outsider factor in Community Led Total Sanitation in Ethiopia

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Background

Access to safe water, sanitation and hygiene is one of the key development challenges in Southern Ethiopia. A baseline study conducted in Alaba, Misrak Badawacho, Kedida Gamela, Damboya, Boloso Sore and Shashego districts in southern Ethiopia in 2007 showed that only 42 & 49 percent of the population have access to safe water and latrine, respectively. The situation in public institutions like schools, and health centers and market places is extremely poor with only 10 percent of these institutions accessing safe water. Markets are the most neglected with a complete lack of safe latrines and access to safe water supply.

SNV-Netherlands Development Organization is actively working with the 6 districts to increase access to WaSH and enable districts achieve the Universal Access Plan (UAP) targets set by the Government of Ethiopia to achieve 100 percent WaSH in 2012. In 2007, SNV started support-

ted the districts to generate and share reliable WaSH data and develop district level strategic plans aligned to the UAP. From these processes, it became clear that the ongoing approaches to improving sanitation and hygiene were not changing people's attitudes and practices and the approaches were also not community-driven.

Inspired by experiences and successes from Plan Ethiopia implementing Community Led Total Sanitation (CLTS) CLTS in selected villages in the Southern Region, SNV introduced CLTS to the 6 districts in September 2008. This case elaborates the processes followed and the key lessons learned by SNV Ethiopia Southern Portfolio in supporting the implementation of CLTS in the 6 districts.

Factors favoring introduction of CLTS in the six districts

Before introducing CLTS in the 6 Woredas, an assessment was made to determine whether there was a need to introduce CLTS. The analysis showed that CLTS had a potential because: (1) the existing promotion approaches were not effective and community driven, (2) there was a high demand from the districts triggered by the success from neighboring Shebadino district in the Southern Region, (3) UNICEF & the Regional Water Resource Development Bureau's

were willing to fund implementation of CLTS and (4) the region has a conducive environment in terms of: (a) the government policy promotes CLTS approach, (b) there is a strong community bonding in villages in rural areas, (c) there is high open defecation practice in villages, schools and markets places and (d) people use water from open ponds/springs that are easily polluted by human feces.

SNV's Role

SNV only introduced CLTS but also facilitated actors to implement and monitor progress. In September 2008, SNV identified and engaged 2 experienced consultants to train 50 CLTS trainers (staff from SNV, district WaSH sector offices, Local Capacity Building organizations (LCBs) and local NGOs) through a ToT course. Amongst these trainers were 7 LCBs and 6 NGOs and government staff. The trainers were coached by the consultants and triggered CLTS in 10 villages.

During the triggering, it was observed that certain governance for empowerment components cannot be adequately addressed in the conventional CLTS triggering processes. SNV facilitated the 50 trainers from the districts, LCBs and NGOs to develop strategies for integrating more GfE aspects in the CLTS process. The CLTS trainers later trained a critical mass of trainers in each district who later implemented CLTS. SNV backstopped all trainings and undertook follow up field monitoring visits to assess progress.



Community members expressing shame

Results

CLTS has been initiated and is being practiced in the 6 districts. By June 2009, a total of 54 villages and 24 schools have been triggered. In the 54 triggered villages, more than 29,000 people now use toilets made from local materials.

The following quote from one of the triggered the villages illustrates the change CLTS has brought: "Our turning point was when we calculated the truck loads of shit that we drink. We now build and use latrines for a good reason".

The 50 staff from the 6 Districts, 6 LCBs and 7 NGOs have acquired CLTS knowledge and skills. The staff are using the knowledge and skills to trigger CLTS in the 6 districts. They have triggered a total of 54 villages and the process is on going. The 7 local NGOs who acquired CLTS knowledge and skills have adopted CLTS and have pledged and are on track to expand CLTS to 100 villages by end of 2009.

Scheduled follow up visits to the triggered villages by people from outside the village (the district leadership, respective sector experts and visitors from outside the districts) is being undertaken all districts. The intensity of the follow up visits by these outsiders vary from district to district.

From our experience, although all the villages were triggered by the same approach, we have observed that districts which have frequent visits by outsiders after triggering are responding better and are achieving better CLTS targets. For instance, in Kedida Gamela district where visits from outsiders to the village are more frequent, the CLTS achievements are much higher than in Alaba district where minimum visits and made. Across the 6 districts there is to be a positive correlation between visits by outsiders and CLTS achievements.

A strategy for integrating Governance for Empowerment (GfE) aspects into CLTS was developed by stakeholders and is being tried in the 6 districts. For instance:

1. Ensuring that a CLTS process is facilitated and implemented with minimum financial resources is being addressed by training a critical number of district level facilitating team (WFT) who then train the local level CLTS team at a site (village) where CLTS is triggered
2. Ensuring that collaboration and support between a school and the village in which the school is located is addressed by (1) ensuring that school and village representatives are members of the local CLTS team and participate jointly in all steps of the CLTS exercise, (2) the village community transect where pupils shit, calculate the volume of shit from the school and discuss its impact on the village and (3) in the village CLTS action plan the school is considered as a household in the village with special needs.
3. Ensuring that local institutions which represent citizens' interests such as churches & mosques play a role in CLTS process is addressed by: (1) Identifying the key respected institutions and enabling their leaders to participate in all steps of the CLTS exercise and (2) seeking the commitment of the institutions to play an active role in CLTS implementation and follow up
4. Ensuring that hand washing and personal hygiene is integrated in the process is addressed by: (1) during the transect observing the presence of any hand washing facilities and (2) inclusion of an exercise of touching shit with a hand, handle with same hand a piece of bread and give it to a community member to eat. Based on this exercise the community discusses how by not washing hands they contaminate their food and eat shit.

Lessons learned

Training and triggering CLTS in a village is the easier part of it. Sustaining the process and momentum is what is difficult. Frequent visits by outsiders after to a triggered village appear to be quite critical in promoting and sustaining community progress. In the 6 districts where we work, villages which received frequent follow ups from outsiders after triggering excelled compared to those that were less visited. Apparently, communities are very eager to show the positive change they make and they do take pride in it. In addition, it appears that communities exhibit and sustain shame when new people come to their villages. This explains why community members will in most cases exhibit a sense of shame when they are in open defecation sites in the presence of visitors. The same response is not in most cases exhibited when on their own or in the company of other village members. But shame can also be exhibited in an extreme manner. In one village the community was so incensed with shame in the presence of outsiders that they ordered the CLTS facilitators out of the village. It required high level diplomacy to normalize the situation. The good part is that the community swore never to allow open defecation and go through similar shame in the presence of outsiders. The youth of the area called the experience a black day for their village and swore never to let it happen again. These learning points shows that even in a community led process such as CLTS outsiders still play a very critical role in sustaining the shame factor and motivating the community to excel. CLTS practitioners should also always be ready and well equipped with how to handle such extreme shame responses. We highly recommend participation of outsiders in triggering and frequent visits by outsiders to the CLTS triggered villages.

Involving local capacity builders and local NGOs who can then deepen and sustain the process at the micro (village) levels is essential to create multiplier effect. Involvement of the LCBs from the start enabled SNV advisors to hand over the process to LCBs. The advisors then played the role of ensuring quality control through supervisions and participating in critical sessions. Designing a comprehensive advocacy session towards the end of the CLTS triggering process

that includes good role plays and community presentation of the situation and their plans is essential to solicit support from the stakeholders including political leaders. In the 6 districts, good advocacy sessions targeted at the district leaders resulted in increased awareness and commitment of district administrators and cabinets to support CLTS in schools and villages

To trigger CLTS effectively one requires good facilitation skills. This revelation demands that a facilitation skill course should always be included and made part of the training for CLTS facilitators. In this way, the facilitators will always be equipped with the facilitation skills required to effectively trigger CLTS.

Even with the GfE framework developed, inclusion of the hygiene aspects in the CLTS triggering process remains a challenge. The practitioners ought to come up with effective exercises to trigger improvement in personal hygiene.

CLTS has not worked well in our schools. In most of the villages with schools where CLTS was triggered, the households responded by building and using the latrines in their homes. On the contrary, the same effect was not achieved in schools. These observations triggered stakeholders to undertake investigations into why CLTS is not working in schools. An inquiry through the whole systems facilitation has shown that there are no clear stakeholder responsibilities and accountability in school latrine management and use in Ethiopia. As long as these underlying causes are not resolved improved school latrine management and use will remain a challenge.

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