

School-Led Total Sanitation: Reflections on the Potential of the Shebedino Pilot

Pioneered by Plan Ethiopia and the Local Administration

This note is based on two field visits, in November 2010 and 23 February 2011, discussions with Berhanu Tunsisa and others in Plan Ethiopia, and with Government staff and others in Shebedino, and the findings of the February 2011 *Assessment Report on School-led Total Sanitation: Shebedino Program Unit*, by Fisseha Atalie. This report is timely and a useful source of insight and ideas. It includes a comparison of CLTS and SLTS carried out by the Regional Health Bureau and Plan Ethiopia staff.

From an international perspective this innovation is unique. To my knowledge, this is the first time anywhere in the world that teachers have been systematically engaged in triggering CLTS. This began only in October 2010 and has already been applied to achieve 100 per cent coverage in 6 kebeles. If it continues to work well, it may provide a means for going to scale faster with CLTS in Ethiopia.

In summary, this is the process:

- Schools are triggered, with teachers and pupils appraising and recognising the conditions of their toilets and the extent of open defecation (OD) around the school
- Teachers then experience a live triggering, watching an experienced facilitator facilitating this in a community in real time. They see how it is done.
- A Health and Education Development Promotion Day as in the curriculum is set aside for teachers in pairs to trigger all the Development Units (DUs)/Yelemat Budens in the Kebele, usually two or three of these together. A DU/Yelemat Buden typically has 25-30 households.
- Pupils compete to bring as many family members to the meeting as they can, and those who bring most are applauded.
- After triggering, a Chilo [shit] Eradication Committee is selected, with one elder, one man, one woman, one youth and one child, the youth and the child being school pupils.
- The Committee sets targets and drives the process.
- The pupils on the Committee report progress weekly to the school, which passes them on to the Kebele Administration which can then follow up. The weekly report slip includes toilets constructed, roadside toilets installed, their stages of construction, and ‘ashamed people’ who had been found doing open defecation.

The system has many strengths. It overcomes some common problems of CLTS by

- Triggering small face-to-face communities where consensus and commitment are easier
- Bringing more people to the triggering meeting
- Triggering an entire Kebele in a day
- Reducing the demand for triggering on Woreda CLTS staff
- A sanitation game played by children/pupils which internalises and reinforces awareness and the practice of shouting ‘Chilancha!’ to anyone found doing open defecation to make them feel ashamed
- Stimulating active follow-up through the Chilo Eradication Committee and by encouraging competition between DUs and between pupils, reinforced by the weekly reporting
- Generating accurate (children tend to be honest) regular weekly data on progress enabling the Kebele Administrator, other Kebele administration members, Health Extension Workers and Natural Leaders to monitor progress and intervene with laggard communities. (The Administrator of Kocho Kebele told me that as a result he had gone to four DUs to speed them up).
- Through children, strengthening the links between school teaching on hygiene (for example hand washing) and community behaviour
- Intensifying follow-up after triggering through the Chilo Eradication Committee, Volunteer Community Health Workers, and children, driven with immediacy, urgency and incentives from the weekly reporting to the school and kebele administration.
- An unexpected benefit has been finding children who are not in school but should be, both drop-outs and those not yet enrolled. In one school visited this had led to 250 more pupils being recruited.

It is impressive how much has been achieved in a very short time. The February 2011 Assessment Report found that all teachers from the six schools involved ‘viewed their participation in SLTS as encouraging and attractive, and thus, their view on SLTS was ‘very good’’. Comparing SLTS and CLTS, it was found that SLTS in Malga District performed better than CLTS in Aleta Wondo District.

However, issues needing to be addressed include:

- Teachers' induction into CLTS and their behaviour and attitudes as facilitators. It may be difficult for some teachers to facilitate instead of instruct. More time may be needed for their training and orientation.
- Coordination with and involvement of Woreda health professionals and of Health Extension Workers (HEWs) and follow up in communities by them
- Action by the community or the government to install or upgrade school toilets and hand washing facilities following the triggerings at schools.

The approach may be tried out in other countries now: the Plan Kenya staff at the February 2011 International Workshop in Hawassa expressed interest in piloting a similar system in Kenya. However, it fits Ethiopia particularly well because of the extent to which school catchments and Kebele boundaries coincide.

Many variations are possible. In my view the core of this original approach shows good potential for going to scale with more sparing demands on Woreda level staff than conventional CLTS, and also faster and more sustainably. For long term sustainability it has the great advantage of involving children. This may prove to be a major, and relatively effective means of going to scale with CLTS in Ethiopia.

I recommend further innovation and adaptation, with close and intensive monitoring and learning about the system, combined with its phased extension. This could be based on demand from Kebeles and Woredas that request it, on a first come first served basis as has worked in Indonesia.

In my view, this may be a significant breakthrough in our collective search for ways of taking CLTS to scale.

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