Learning Workshop VI of the Action Research Conducted

Learning Workshop six of the Action Research on scaling up community-managed water supply, sanitation and hygiene was held 01–03 June 2008 at South Spring Hotel, Awassa. Plan Ethiopia Programme Support Manager Dr Tezera Fisseha noted that the series of learning workshops have been important fora for sharing lessons and experiences gained from the Action Research and from other stakeholders/partners as well.

While officially opening the workshop, National WASH Coordinator Ato Gelebo Sengogo said the Action Research project has been serving instrumental roles towards improving community management of water supply and sanitation services. He mentioned about the relevance of recommendations of the different studies conducted under the project and also noted the importance of actions started: establishing spare parts supply chain, capacity building to the Wereda Water Office, community-led total sanitation, and more.

Invited resource persons presented about:

- contributions of the action research to the Wereda Water Office,
- multiple use of water,
- progresses of community-led total sanitation activities in Plan Ethiopia programme areas,
- scaling up experiences elsewhere in the world,
- preliminary Report on Evaluation of the Action Research project,
- resource-oriented sanitation concepts for peri-urban areas of Africa,
- Catholic Relief Services Ethiopia’s experience in ecological sanitation,
- contributions of WASH Movement Ethiopia to the sector development,
- review of Japan-Assisted WASH Projects, and
- business Plan for Leku town water supply and sanitation services.
- Chambers’ reflections about CLTS in Ethiopia and elsewhere.
- CLTS in Kejela village, by children’s representative.

Participants were drawn from the Federal Ministry of Water Resources, Water Resources Development Bureaus of Oromia Region and Southern Nations Nationalities and Peoples Region (SNNPR), Shebedino Wereda Water and Health Offices, Kebele Health Extension Workers and community members from Shebedino, from NGOs such as WaterAid Ethiopia, Intermon Oxfam, Plan Ethiopia, Plan Region for East and Southern Africa, the Netherlands National Office, the International Reference Center for Water and Sanitation, Water Action and many other stakeholder institutions.

Picture 1. Representative of the Ministry of Water Resources and National WASH Coordinator Gelebo Sengogo (left), Plan Ethiopia Programme Support Manager Dr Tezera Fisseha (middle), and SNNPR Water Resources Bureau Deputy Head Agosa Abate (right) opening the workshop.
Based on his visit to the sanitation and hygiene works that are implemented in some kebeles in Shebedino wereda using the CLTS approach, the renowned formulator of participatory approaches for rural development Professor Robert Chambers from Institute of Development Studies, Sussex University-UK shared his substantial reflections by relating the realities he observed to the PRA and CLTS experiences in other countries.

There was also a half day field visit to the CLTS activities at Sedeka and water supply expansions of Midre Genet kebele. Participants discussed with the communities, reflected their observations to the community members and to the workshop participants on the plenary.

The workshop ended with closing remarks made by SNNPR Water Resources Bureau Head Mitiku Bedru who appreciated the contributions of the Action research project for improving community management of water supply and sanitation services.

RESA Regional CLTS Communications and Reporting Workshop held

Communications and reporting of community-led total sanitation activities was conducted 15 to 18 September 2008 at Shashemene, Ethiopia. Participants were Communications Managers/officers and WATSAN Advisors of Plan RESA Regional Office, Plan Ethiopia, Plan Uganda, Plan Kenya, Plan Tanzania, Plan Sudan, Plan Zimbabwe, and WATSAN Nework Facilitator of Plan International Headquarters— 22 in total.

According to Amsalu Negussie, Water and Sanitation (WATSAN) Advisor for Plan Region for Eastern and Southern Africa (RESA), the objectives of the Workshop were to:

- introduce CLTS to the RESA CO Communications Officers and enable them to participate in the CLTS communications process.
- facilitate a common understanding between WATSAN Advisors and Communication Officers about CLTS, the challenges in effectively communicating on the topic and in charting the way forward.
- explore and understand the potential and possibilities of youth and communities in using IT technology for communication, documentation, advocacy and lobbying for CLTS and beyond.

WATSAN Advisers from Plan Ethiopia, Plan Kenya and Plan Tanzania presented about theory, practice and existing Experience of CLTS. They outlined that CLTS seeks to build on PHAST model, not replace it. CLTS is a starting point on the sanitation ladder, not the ending point. Participants learned about the basic principles of CLTS (stimulating collective sense of disgust, fear and shame about open defecation and its negative effects on the community; consulting and learning from communities about sanitation; triggering positive behavior change; and empowering communities to improve their own environment).

Then, CLTS triggering tools and guidance for field triggering exercises were presented. On Day 2 participants were split into two groups. Group A went to Alasa village and Group B to Sabo village of Telamo Kebele in Shebedino wereda. Both groups conducted a complete CLTS triggering. In each group, two facilitators worked with the children, three worked with the adults. Back on the plenary, the groups reflected that they saw the triggering power of CLTS and its energy to stimulate collective decisions and actions that are worth communicating.

One of the most important messages that came out of the discussion about opportunities and challenges for effective development communications in RESA was that communications teams must be involved starting from the program/project planning stage, not brought on in the middle or end of a project. Effective, well-informed communications strategies begin at the project planning stage.

In explaining their functions and challenges in their respective countries, many of the Communications Managers of the Plan RESA countries indicated that their structural alignment under the Sponsorship Department has hampered them from effectively communicating issues about programmes and projects.

In her presentation about effectiveness, potential and challenges of CLTS communications on the WATSAN Global Network, the WATSAN Global Network Facilitator at Plan International HQ Dietterich Amy underlined that the contribution of communications managers and WATSAN Advisors to the global networks is important for the global networks to be powerful information and communication space.
Presenting practical experiences and challenges in communicating about CLTS, Matebu Tadesse from Plan Ethiopia reminded the importance of adhering to the scholastic recommendations of embedding/integrating development programmes/projects and communications together starting from problem identification and project formulation through implementation, follow up and evaluation so that communications people can have first hand knowledge of the subject they have to communicate about.

While implementing development communications for CLTS, Plan Ethiopia has learned many key lessons, including: choosing the correct messaging and “packaging”; incorporating the “human element” into communications; and sharing the information with the right people at the right time in the right way, and the importance of appropriate and timely use of forums and experience-sharing visits.

Absence of CLTS communications strategy, absence of systemized reporting lines; and the perception that communications is a task solely for communications officers (while it is integral to project/program design and implementation) were mentioned as challenges in communicating about CLTS activities. Out of these challenges and lessons learned arose recommendations for the RESA CLTS communications strategy, including: embedding programmes and communications at all phases of a programme/project, highlighting women and children’s voices; equipping field staff with basic communications skills, and increasing the scope of sharing.

Finally, Communications Managers and WATSAN Advisors together drafted a generic RESA CLTS communications strategy.

“Going to scale with CLTS in Ethiopia”

Professor Robert Chambers

In Early June 2008, Professor Chambers from the Institute of Development Studies, Sussex University UK visited (Picture 3) sanitation and hygiene implementations in Fura and Sedeka kebeles of Shebedino Wereda using the community-led total sanitation approach. He had discussions with community members, through interpreters. Also using information he gathered at a Panel Discussion on Participatory Approaches for Rural Development in Ethiopia: theory vs practice (held on May 30, 2008 at Global Hotel in Addis Ababa), Learning Workshop VI of the Action Research on Scaling up Community-management of WASH Services in Ethiopia, and his rich experiences, Professor Chambers forwarded his reflections and intelligible advices on using the CLTS approach for implementing the sanitation and hygiene activities. The Subject of his e-mail is “Going to scale with CLTS in Ethiopia” Here are his reflections, warnings and advices put in his own words.

“Dear Colleagues,

As background, we need to be hard headed and realistic about this, learning lessons from elsewhere. Ethiopia has unique comparative advantages in this area. One of the strongest elements is support and understanding at the top, as was very evident from Dr Shiferaw’s inspiring and insightful speech in Durban. Based on my earlier experiences in similar situations, I think things are touch and go, and at a tipping point. Here are some observations:

A. There is a tension and contradiction between top-down didactic teaching, and local facilitative empowerment. The words “message” and “messages” wave red flags, and words like “negotiation” only go part way. It is vital to achieve a radical switch from the didactic mode into which health workers and others are socialised and for which they are trained. This will not happen without very special (but feasible) measures around incentives and behaviour and attitudes, and special unlearning and learning training. It is in part a question of timing and phasing—not starting with “teaching” or providing information, but letting that come later.

B. Training. Cascade training has never ever in my experience worked with participatory approaches. If Ethiopia embarks on this in a normal mode, it will almost inevitably be a disaster for CLTS. The only exception is that general behaviour and attitudes training - not CLTS training - is feasible if there are standard exercises like dominator, but though dilution is always a danger. This could be designed and implemented e.g. for CHEWs. I am preparing something for Participatory GIS, and could forward this to you. This is not skills – the word that is so often used, but orientations, behaviours and attitudes of facilitators. This needs to be abundantly clear. CLTS training itself cannot possibly be done with a cascade. For CLTS it has to be hands-on real time with community experience, as has been the case in the 3 or 4 trainings Kamal has done in Ethiopia, and which give Ethiopia such a wonderful springboard with favourable conditions found so far in no other country. India and Bangladesh have been messed up by a top down bureaucratically driven programme, and now have misleading reputations. This has not yet happened in Ethiopia, though it easily could.

C. It is great that this is being framed as a movement, if I have it right. The idea of complementarities between different elements can also be good – radio, media, political support and so on.

D. Targets and results orientation carry all the usual dangers. One serious weakness is being misled by the statistics from India and Bangladesh. They are nonsense, generated by top-down targets and drives and reward systems which give incentives for false declarations. See the section in the Handbook. Verification in India has been described by an IAS officer as “a joke” (and a bad one at that). The Maharashta figures are rubbish, and the curves seriously misleading. I don’t for a moment believe the Bangladesh graph, and it gives unrealistic expectations of what can be achieved.
E. One of the strengths of Ethiopia to date has been the distinction between 100 per cent latrines [241 communities [villages] reportedly, at the Awassa workshop two weeks ago] of which 21 have been declared ODF. The verification of ODF status is a critical subject—see the Handbook. However, verifications should perhaps proceed faster.

F. The rejection by [Plan] Ethiopia of individual rural household hardware subsidies is to be applauded and provides a favourable platform for CLTS.

G. Words and orientations matter a lot at this stage. At every point it should be clear that members of communities are facilitated to do their own observation and analysis and come to their own conclusions, and that this is not, not, not through teaching or preaching, but through hands-off facilitation and people coming to their own conclusions. See the Handbook.

Without giving the full rationale, let me be bold and make suggestions. These are not in order, but complement one another. I am drawing on other experiences, and I may have got some of this wrong. But to the best of my judgement, these are actions which cohere and are mutually supporting to make a feasible and good way forward, bearing in mind the pressures, constraints, resources and realities as I understand them. At least I hope they merit consideration.

1. Sequencing. This is a critical key. The strategy should be to establish bridgeheads of good CLTS in Regions and Woredas, and then to build outwards from these. They already exist in Shebedino and Lalibela, and I believe in Jimma and Tigray. Get some successes and encourage visits (many already to Fura in Shebedino) and support and encourage natural leaders to the extent feasible. Successes can provide the basis of experience and confidence for Regional or Woreda triggering teams.

2. Queuing. Ask Regions to ask Woredas if they are interested in training, and take them in the sequence in which they bid. This has been the Gates system in Eastern Java. It makes a lot of sense. When training and triggering are requested, there is buy in from the beginning, and first come first served. Also this allows a phased approach, not all at once everywhere, and given constraints of trainer/facilitators, a phased approach is essential.

3. Trigger first in favourable areas. Try where success is most likely. See the relevant section of the Handbook.

4. Trainer/facilitators. Set up a unit at national level, staffed with a few people who have really “got it”—who have hands-on experience, understand what CLTS facilitation takes, and have a proven track record of triggering and communities becoming ODF. Make them full-time, and let them draw on others, and support and mentor them. I imagine donors would be keen and willing to support such a unit. Plan, UNICEF and others could play a key part in this.

5. Gain experience with what CHEWs can and cannot be expected to do. The practical ideal may be that they are engaged first in a form of data collection which (as in Panipat District in Haryana in India—see Handbook) uses a very light survey with household visits as a means of establishing contact, rapport and understanding as part of the preparation for triggering. (The Panipat procedure of giving each household a cheap plastic ladle is brilliant, and might perhaps be used). Triggering then could be with CHEWs as participants, but conducted by an experienced team. CHEWs would then be engaged in follow up with individual household visits, which seems to be their forte. How they related to people while doing the data collection would need careful attention, ensuring that it was not in a teaching mode, but one of friendly inquiry and learning.

Another priority is to know just how successful the Amhara work has been, and what can be learnt from it. There is always a danger of rushing in fast without adequate feedback learning. This is also true of CLTS, and learning and feedback are vital there too. The proposed unit might have that as part of its responsibility, or independent research might be commissioned.

Finally, it may help to summarise the dangers. These are various combinations of:

* A top-down target driven programme, going too fast, losing quality (Bangladesh, India...)
* Rewards to communities generating false declarations (India on a huge scale)
* Reporting competitions between woredas and regions inflating the figures (but some competition is to be encouraged)
* CHEWs in a teaching and lecturing role, and lacking the standing, confidence and orientation to be able to trigger, but being expected to
* Half-baked triggering which sterilises communities, immunizing them against subsequent attempts to trigger. Very likely unless the measures I suggest are taken
* Cascade CLTS training which is not hands-on real time with community (terrible danger, cf Nigeria and much of West Africa where tragically it may now be too late to retrieve the situation)

This is a critical tipping point with opportunities that will never come again. Ethiopia could lead the world, and be ahead of India and Bangladesh in quality and scale, learning lessons from those two countries and avoiding their mistakes. To seize this opportunity requires vision, guts and restraint, and learning, learning, learning from field realities. Which way will things go?

It will all depend on the decisions of a few people. I pray that they get it right. And hope these ideas help them to do so.

Cheers,
Robert"
FEATURES

From the Field Diary: Lalibella CLTS actors visited sanitation and hygiene works in Shebedino

Sanitation and hygiene actors in Lalibella area of Bugna Wereda, North Wello Zone in Amhara Region visited the sanitation and hygiene activities implemented in Fura and Sedeka kebeles in Shebedino Wereda Sidama Zone of Southern Nations Nationalities and Peoples Region.

The visiting team was composed of 41 people (Picture 4) including natural leaders from 33 villages, kebele health extension workers, sanitation and hygiene experts from Bugna Wereda Health Office and Plan Ethiopia Lalibella Programme Unit Community Development Facilitators. The experience sharing visit was made 31 May to 1 June 2008.

Picture 4. Community Natural Leader Seyoum Hamesso (standing in white jacket) receiving questions and comments from visitors.

The visit was followed by reflection sessions where the visitors expressed their appreciation of Fura communities’ commitment and full involvement to make their environment open defecation free. Visitors raised questions and gave comments. The community natural leader Seyoum Hamesso responded to the questions and took comments. Also Fura Children attended the discussion. One of the Health Extension workers noted that she is impressed with the setting up of functional community structures like the Shit Eradication Committees that played significant roles in the sanitation and hygiene improvement of Fura.

The visiting team also made constructive comments for the Fura people to:

• attempt including the other points of the Health Extension Package like personal hygiene, family planning, etc
• separate living places of people and their animals
• find means of availing water supply to the ODF community for the sanitation and hygiene to be complete.
• improve latrine qualities to next levels in the sanitation ladder.

It is to be recalled that the Fura community has been declared open-defecation-free environment as of September 1, 2008.

From the Field Diary: Staffs from three institutions in Amhara Region visited Sanitation and hygiene implementations in Plan Ethiopia Shebedino Programme area

A Team of 25 people from German Agro-Action (welt hunger hilfe), MDG Water and Sanitation Programme in Rural Amhara and Organization for Rehabilitation and Development in Amhara (ORDA) jointly visited sanitation and hygiene activities implemented in Plan Ethiopia Shebedino Programme area using community-led total sanitation approach.

The visitors were water and sanitation programme experts, community-based officers, advisors, and 10 district water and health office staffs from Kobo, Kutaber, East Belessa, Ambassel, Warebabo, and North Wello, districts and Dessie and ORDA HQ in Amhara Region. The visit was made on 25 August 2008. Visit coordinators explained the visit was part of their annual visit to enhance knowledge, awareness and technical skills of the Wereda and Program staff in approaches like ecological sanitation, CLTS, peri-urban large water supply schemes, water management models and Integrated Water Resource Management (incl. irrigation and environment).

Before the visit, Wondwosen Admasu, Action Research Officer at Shebedino PU, made a brief presentation about the basic concept, principles, and practices of CLTS. He started with background facts about sanitation and hygiene in Ethiopia and proceeded to what CLTS is, why CLTS, principles, triggering, steps, methods/tools in CLTS, and major shifts in CLTS. Mr Tadesse Mamo from Shebedino Health Office briefed about CLTS processes, progresses and experiences in Shebedino wereda.

Picture 5. Fura Kebele Community Natural Leaders Mrs Belayinesh Worku and Mr Seyoum Hamesso proudly showing to the dignifying signboard awarded to their ODF community. Children are watching.
The visiting team considered his presentation as a manifestation of the good integration of different actors, a decisive factor for success in applying CLTS for sanitation and hygiene development activities. There was also explanation about FAQs, i.e., CLTS vs culture, triggering elements in CLTS vs human dignity, pit latrine quality in CLTS, sustainability and sustaining the energy, scaling up with quality and the sanitation ladder, complementarities of CLTS with other approaches, and drivers and indicators of change in hygiene behaviour.

Following debriefings and reflections that were made at Shebedino Woreda Administration Meeting Hall, the team set out to visit the sanitation and hygiene implementations made at Fura kebele using the CLTS approach. The team met community natural leaders of the kebele, the kebele Health Extension Worker, the kebele chairperson, and villagers that were gathered at the Kebele Health post. Natural Leader Seyoum Hamesso and kebele Health Extension Worker Assefash Kifle explained about how they mobilized the Fura people to achieve and maintain open-defecation-free environment. They also responded to questions raised by visitors. The questions were:

1. What were the criteria used to elect members of Shit Eradication Committees and other committees?
2. How does the HEW accept CLTS?
3. What and how did the District Health Office and Plan Ethiopia support the community?
4. What do you advise us on how to implement?

Seyoum and Assefash responded that the criteria used to elect the different committee members are good commitment and conviction of individuals, their acceptance in the community, and readiness to change. As how the HEW accepted CLTS, Assefash (Picture 6) said that it is because she is convinced and has readiness to change. As how the HEW accepted CLTS, Assefash conviction of individuals, their acceptance in the community, and the different committee members are good commitment and Seyoum and Assefash responded that the criteria used to elect members of Shit Eradication Committees that are committed for change and have internalized how CLTS works, and also how to sustain the momentum.

Based on their experiences, Seyoum and Assefash advised the visiting team to take different actors through adequate facilitators’ training that is supported by well facilitated field exercises in their villages. They noted the importance of close follow up and encouragement to the triggered communities.

Then, the team visited the sanitation and hygiene conditions in some villages in Fura kebele. Back from the visit, they owed their reflections and gratitude to Fura people, Shebedino Health Office and Plan Ethiopia. Their reflections include the following.

- The experience is wonderful and we don’t doubt that CLTS works well. To maximize the benefits, it would be good if you apply the approach also for addressing all the 16 components of the Health Extension Package.
- The integration among the different actors and community’s creativity in forming functional units are impressive and worth replicating!
- Capitalize on further involving children and women for increased and sustainable results.
- Congratulations to both the Wereda Health Office and Plan Ethiopia for the success in creating community members and HEWs that are committed for change and have internalized how CLTS works, and also how to sustain the momentum.
- The verbal explanations by the community natural leaders and the Health Extension worker and the presentations and briefings made by Plan Ethiopia and the District Health Office were highly educational and informative.

**Community innovations in sanitation and hygiene implementations using CLTS approach**

There are different innovations coming out of communities that implement sanitation and hygiene activities using community-led total sanitation approach. Impulses for the innovations follow from the intensive and extensive efforts in community triggering, mobilization, follow up, encouragement and monitoring.

For example, Fura kebele communities in Shebedino Woreda of Southern Nations Nationalities and Peoples Region established Shit Eradication Committees at village (with 7 members), gasha/gott (many villages together), and kebele (the smallest administrative structure under wereda) levels. They also have Shit Eradication Committees at 11 Protestant Churches (with 5 members at each), 2 Mosques (with 5 members at each), and at Fura school (with 15 members composed of teachers, parents and students) and Elderly (with 5 members). Children and the committees are also part of the community structure. These committees exchange reports.

Fura Community Natural Leader Seyoum Hamesso says that Religious Leaders and Church level Shit Eradication Committees trigger changes in hygiene behaviour by quoting catchy articles from The Holly Bible like Deuteronomy 23:14, which says, “For the LORD thy God walketh in the midst of thy camp, to deliver thee, and to give up thine enemies before thee; therefore shall thy camp be holy: that he see no unclean thing in thee, and turn away from thee.” Muslim Religion leaders trigger using denouncing statements like, “A muslim who open defecates is ‘Mushrick’, i.e. not a good Muslim.” Community Elders reinforce the importance of cleanliness saying, “We human beings are a
greater creature. However, cats bury their faeces but we usually don’t; we should excel the cats in burying faeces.” Children and students groups say, “One who open defecates is “Ojamo/felfela”, literally means rude, very bad.

Community natural leader Seyoum Hamesso says that these groups of communities use the statements or clauses to discourage unsafe hygiene behaviors and trigger attitude changes toward safe hygiene behavior in more memorable and powerful ways that are never intended to degrade human dignity. Communities also have different monitoring formats that show the sanitation and hygiene statuses of each household and village. For example, communities in Merewa kebele, Kersa Wereda of Jimma Zone (Picture 7) use line bars.

Communities in Gello Kebele, Kersa Wereda of Jimma Zone use tabular chart and pictorial illustrations to indicate the sanitation and hygiene status of a household and village (Pictures 8 and 9).

**Picture 7. Merewa’s experience of follow up and monitoring sanitation and hygiene progresses**

![Diagram](image1.png)

- Latrine having sub and super structures, cover and hand washing facility
- Superstructure completed (wall & roof) & squatting hole covered
- Wall completed
- Slab constructed
- Only pit digging completed

**Picture 8. Gelo’s experience of follow up and monitoring sanitation and hygiene progresses— Model 1**

<table>
<thead>
<tr>
<th>No</th>
<th>Name HH</th>
<th>Pit dug</th>
<th>Slab constructed</th>
<th>Wall built</th>
<th>Roof covered</th>
<th>Hand washing facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Picture 9. Gelo’s experience of follow up and monitoring sanitation and hygiene progresses— Model 2**

<table>
<thead>
<tr>
<th>No</th>
<th>Name of HH</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
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<td></td>
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</tr>
</tbody>
</table>

**Key:**
1- No latrine
2- Only Pit dug
3- Slab constructed
4- Wall and roof completed
5- Squatting hole covered
6- Hand washing

**Source:** Jimma Programme Unit
Lateral Diffusion of CLTS

Before the introduction of Community-Led Total Sanitation (CLTS) in Plan Ethiopia Programme areas in February 2007, sanitation and hygiene activities were done in the conventional prescriptive ways. Initiations and activities were led by experts and more emphasis was put on latrine construction than on triggering and facilitating for behavioural change.

Whereas, since the introduction of CLTS to communities in some kebeles of Shebedino Wereda of Sidama Zone in Southern Nations Nationalities and Peoples Region, Kersa and Tiro Afeta Weredas of Jimma Zone in Oromia Region, and Bugna Wereda of North Wello Zone in Amhara Region, communities have started to take sanitation and hygiene development issues as their own issues.

In the CLTS approach, every move forth is grounded on communities’ analyses of their own sanitation and hygiene problems, with only effective facilitation roles from experts. The facilitation takes the form of presenting strategic leading questions to communities; the communities identify their problems, causes, consequences, and arrive at solutions for redressing the problems with their own initiative and resources. On realization that defecating in the open is a compromise of their dignity, communities aspire behaviours that enable to esteem their dignity and privacy. Using locally available materials, all households construct pit latrines and strive to end open defecation in their environment. They make efforts at individual, household, village, and community levels; they even educate people who pass through their villages about the importance of safe hygiene behaviour and advise them to defecate in roadside latrines instead of in bushes.

This has become a reality in Fura Kebele of Shebedino wereda, where also communities in other kebeles like Sedeka, Midre Genet and Taremessa are enviously competing to achieve ODF status. Using the CLTS approach, sanitation and hygiene activities are in progress in Merewa, Tikur Balto, and Gello kebeles of Kersa Wereda and Bussa, Tiyo, and Baboo kebeles of Tiro Afeta wereda in Jimma Zone. Among 33 villages in nine kebeles of Lalibella wereda, many are near ODF.

In many kebeles, the initiatives and triggers followed facilitations by experts or other people trained in CLTS facilitation skills. However, communities in Sedeka kebele of Shebedino wereda and Gello and Baboo kebeles of Kersa and Tiro Afeta weredas have taken up CLTS through lateral diffusion—copying the initiative and experiences from neighbouring communities before any training or triggering is given to the adopting communities. Facilitators’ trainings, follow up and encouragement by experts followed after the communities spearheaded progresses in sanitation and safe hygiene behaviour. Good enough, these communities have achieved near universal pit latrine coverage and are making tremendous improvements in hygiene behaviour, heading way to make their environment ODF. They are doing that by themselves. The kebeles are even visited as sites for experience sharing Sedeka kebele Health Extension Worker Medanit Tilahun (Picture 10) said that the diffusion happened because Sedeka people including her were envious of Fura’s achievement of ODF environment. Medanit says she was envious of also her fellow Assefash Kifle for succeeding in mobilizing all the people for change.

According to Medanit, Sedeka kebele is now near ODF with the initiative of the kebele people that was latter supported by CLTS facilitators’ trainings, follow up and encouragement from Shebedino Health Office and Plan Ethiopia Shebedino Health Office. As such all the people have constructed their own household pit latrines with cover and hand washing (see Picture 11, for example). This witnesses that lateral diffusion is good for scaling up CLTS but must be followed by trainings, follow up, encouragement, monitoring and verification for ODF status.

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Picture 10. Sedeka Kebele Health Extension Worker Medanit Tilahun, left, and Fura Kebele Health Extension Worker Assefash Kifle, right, returning from a visit in Sedeka kebele

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Picture 11. Sedeka kebele resident showing how he constructed their household pit latrine with hand washing facility.