Scaling Up Rural Sanitation

Ethiopia – Moving On to the Sanitation Ladder
Tanzania – Moving Up the Sanitation Ladder

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## Tanzania & Ethiopia: Sanitation at a Glance

### Coverage: Rural Sanitation

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<thead>
<tr>
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<th>Ethiopia</th>
<th>Tanzania</th>
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</thead>
<tbody>
<tr>
<td>Improved</td>
<td>8%</td>
<td>21%</td>
</tr>
<tr>
<td>Unimproved</td>
<td>21%</td>
<td>62%</td>
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<tr>
<td>Open Defecation</td>
<td>71%</td>
<td>17%</td>
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Ethiopia – Moving On to the Sanitation Ladder

ETHIOPIA

Open Defecation

Basic pit latrine
• Shared latrine

Improved latrine (e.g., pit latrine with hygienic slab, pour flush, VIP, etc.)

Improved latrine (more sustainable superstructure)

Bathroom facility (includes handwashing station, shower, etc.)

Sewerage

CLTS and Behavior Change Communication (BCC)

Sanitation Marketing & BCC

Technology/Benefits
Ethiopia
Amhara Region

Incremental steps in Catalyzing Communities to move on the First Rung of the Sanitation Ladder through “Learning by Doing”
Ethiopia: Scaling up Rural Sanitation

WSP activities and outputs

**Policy/strategy development**
- Development of hygiene and sanitation policies, strategies, protocols, and financing needs assessment

**Program development**
- GoE puts in place a national health extension program including 30,000 health extension workers at village level.

**Implementation support**
- “12 Step Service Delivery Pathway” developed based on the national health extension program through a Learning by Doing Initiative in Amhara Region.
- Health Bureau + WSP/USAID HIP

**Intermediate Outcome/Outcome**
- 800,000 new latrine users – 4 million people
- Drawing on funding from national WASH partners WB, AfDB, DFID, UNICEF, NGOs,
- GoE adapting the approach in its national program to be replicated in other regions
- TSSM2 - aim to directly reach 10m people and another 10m through other partners over 5 years

**Timescale:**
- 2000
- 2002
- 2004
- 2006
- 2008
- 2010
- 2012
- 2014
The Health Extension Program (HEP)

Components of HEP (16 Packages)

Family Health (5)

Disease Prevention (3)

HIV/AIDS/ TB Malaria First AID

Hygiene & Environmental Sanitation (7)

- Personal Hygiene
  - Safe Excreta Disposal
  - Water supply & safety measures
  - Food Hygiene & SM
  - Healthy home environment.
  - Solid and liquid waste disposal
  - Control of Insects & rodents

Health Education & Communication (1)

MCH, FP Immunization Nutrition Adolescence H
Behavior Change Strategy

Focus on Multiple Behaviors

Hand washing

Safe Feces Disposal

Safe Storage & Treatment of Water
The Whole System in the Room

Aligning for Action: Sustainable Development through Safe Water, Environmental Sanitation & Hygiene – October 2006

Mapping the Context
– resources, partners, commitment

Agreeing to a Common Action Agenda

Leveraging Partnership
12 Step Service Delivery Pathway for community led total behavior change in hygiene & sanitation (CLTBCHS) has been developed.

Has 3 phases
- Plan
- Mobilize and Act
- Monitor & Evaluate
Pathway for WASH Friendly Schools

A Robust and integral Component of (CLTBCHS) including:

• Guide
• Training
• Reading Materials
Progress to Date in Amhara

- **Focus Districts – Learning by Doing**
  - 4

- **Replication Districts CLTBCHS**
  - 58/151 (38%)
    - WB/DFID: 30 districts/woredas
    - UNICEF: 14
    - Carter Center: 10
    - Finland: 2
    - GoE (RHB): 2

- 328 Health Professionals trained
- Over 3000 HEWs received training through rollout
- 1566 frontline farmers mobilized
- 35 trainers from development partners trained

**Overall:** - 5,000 resource persons trained
Progress to Date in Amhara

- 5.8 million people in Amhara Regional State (pop. 17 million) reached through the CLTBCHS promotion
- 4 million more people have stopped practicing open defecation and now use basic pit latrines

Progression of Open Defecation Status in Ethiopia

- 2000 ............... 86%  JMP
- 2005 ............... 75%  JMP
- 2008 ............... 71%  JMP
- 2010 ............... 40%  Endline Survey for Amhara

- MOH – National H&S Task Force is using the “12 Step Pathway” / CLTBCHS Approach in developing a National Guideline for H&S Promotion
Progress to Date in Amhara

Practices: Access to Sanitation Facilities
Baseline-Endline Comparison: All Respondents

- 2008 n=2000
- 2010 n=1378

- Red diamond: practices open defecation
- Blue square: has access to unimproved facility
- Green triangle: has access to improved facility
Amhara Practices: Presence of Latrine HW Stations and Hand washing Supplies Baseline-End-line Comparison: All Respondents

Progress to Date in Amhara

2008 n=685
2010 n=832

2008 n=108
2010 n=137
Endline Survey Findings

Predictors of Sanitation Uptake,

- Participation in ‘walk of shame’ (3 times more likely)
- Household visited by health worker to improve sanitation (2.5 times more likely)
- ‘Having a latrine contributes to the community’s health (3.6 times more likely)
- “Having a latrine contributes to the community’s development” (1.6 times more likely)

This learning would be used to enhance the design of future interventions
Challenges & Planned Targets

- To improve the quality & sustainability of the basic latrines
- To develop and integrate sanitation marketing strategies and assist the move up the sanitation ladder
- To promote WASH Friendly Schools

- Planned Targets

To support the GoE to replicate & implement the “12 Step Pathway” / CLTBCHS Approach in the 4 big regions (pop 65m) and enable 10 million people to gain access to improved latrines over the 5 years up to 2015. Another 10 million are also expected to achieve ODF status during the same period through the support of other development partners.
Lessons Learned

1. **Clear Strategy & Guidance** are critical for setting the enabling environment & harmonization & coordination of government sector institutions & development partners.

2. Systematic **capacity building** of many actors at all levels is key - must include supportive supervision & incentives to have it work at scale.

3. Implementation ethos of **flexibility, innovation, experimentation** “Learning by Doing” – critical!

4. Mobilizing political leadership and engaging communities & development partners in multiples though community-led processes and household outreach are key components of the scale approach & show encouraging results and outcomes.
Tanzania – Moving Up the Sanitation Ladder

Cost

Technology/Benefits

CLTS and Behavior Change Communication (BCC) → Sanitation Marketing & BCC

Open Defecation

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Sewerage

JMP

TANZANIA
Tanzania: Approaches to behavior change becoming well established…

WSP activities and outputs

Program development

- $2.7m from the Gates Foundation
- $40K budgeted by District government for sanitation & hygiene promotion

Implementation Support

- Districts and Wards trained in CLTS and 350 communities triggered
- Dispersed, rural communities
- 400 Masons trained and 87% of villages have access to $5 sanplats
- 200+ Roadshows in dispersed, rural communities

Policy/strategy development

- Districts and Wards trained in CLTS and 350 communities triggered
- Dispersed, rural communities

Intermediate Outcome/outcome

- 200,000 people gain access to improved sanitation
- Villages self-tracking progress
- WSDP adopts TSSM
- Aim to reach 1.7m by 2012

Timescale:

2006 2007 2008 2009 2010

Tanzania – Moving Up the Sanitation Ladder
Sanitation improvements called for in National Growth and Poverty Reduction Strategy (MKUKUTA)

High coverage of basic latrines – around 80% of rural households

General awareness of sanitation high due to PHAST and other efforts
Quality of Most Sanitation Facilities is low
Focusing on facility upgrading

- Sanitation program with 10 local governments in partnership with Ministries of Health & Social Welfare and Water & Irrigation
- Distribution of sites allowing for scaling up and replication among neighboring districts
- Some national level activities
- Implementation 2009 – 2010
- Impact Evaluation in 2011
Who are we talking to?

– Head of Households with children under 5 years old who makes investment decisions.

– Women/caregivers – hygiene decision makers

Core messages need to provide a solution, demonstrate that it is easy to improve latrines, and convey that improvements bring status, comfort, convenience, and safety. (based on consumer research and insight/creative workshops)
Platform:

[A good toilet is possible]

[We’ve taken our development all the way to the toilet]

In the nuanced Swahili this is roughly equivalent to saying, “the red carpet goes all the way to the toilet”
Community Led Total Sanitation Activities
Activities

Training of Masons

- Manufacturing
- Sales and business development
Interactive Promotional Events

Direct Consumer Contact Events in program villages
(Local governments & Marketing Agency)
Radio Soap Opera
- 15 minute episodes
- Airs nationally 2 x week

(Marketing agency)
Activities

Support to Local Governments

- Planning
- Monitoring
- Training
Emerging results

- Thousands of people with improved sanitation
- Over 400 trained masons
- Over 75,000 people reached by CLTS and experiential marketing events
- Millions reached by radio
- Expanding program through national SWAP
Key Challenges

- Need to **improve national monitoring** – including motivations for collecting and sharing sanitation data – such as feedback and recognition

- Supply expansion slow and cannot keep up with demand – intervention needs to ‘move up the supply chain’ to engage suppliers of materials (cement, hardware) rather than focusing only on local masons
Using Lessons to Scale up Rural Sanitation

- **Ethiopia**: support Govt to build on success in Amhara and Southern Nations & learning from Tanzania TSSM1 to replicate the “12 Step Pathway”/ CLTBCHS Approach in other regions to reach 10m in 5 years directly and another 10 million through partners.

- **Tanzania** – Expanding TSSM to reach 1.3 m people over 2 years. Lessons learned to sharpen focus on maintaining national & local engagement; to improve monitoring and supply side and micro-financing; whole approach to be integrated into national systems.
Following up the Sanitation Ladder in Wastewater Lohmea Upgrade in Rural Tanzania
THANK YOU