

Progress on CLTSH in Ethiopia: Findings from a National Review

SUMMARY BOX

A 2015-16 survey of Community-Led Total Sanitation and Hygiene (CLTSH) across 8 Regions of Ethiopia has found that open defecation continues to reduce across the country, now estimated at 32%. Much of this coverage remains 'unimproved' or basic, and the next big challenge, whilst continuing to accelerate progress, is converting this coverage to 'improved' or 'safe' sanitation.

Whilst the implementation of CLTSH remains strong, the study findings suggest there are some key implementation adjustments which could improve the uptake of improved sanitation.

Introduction

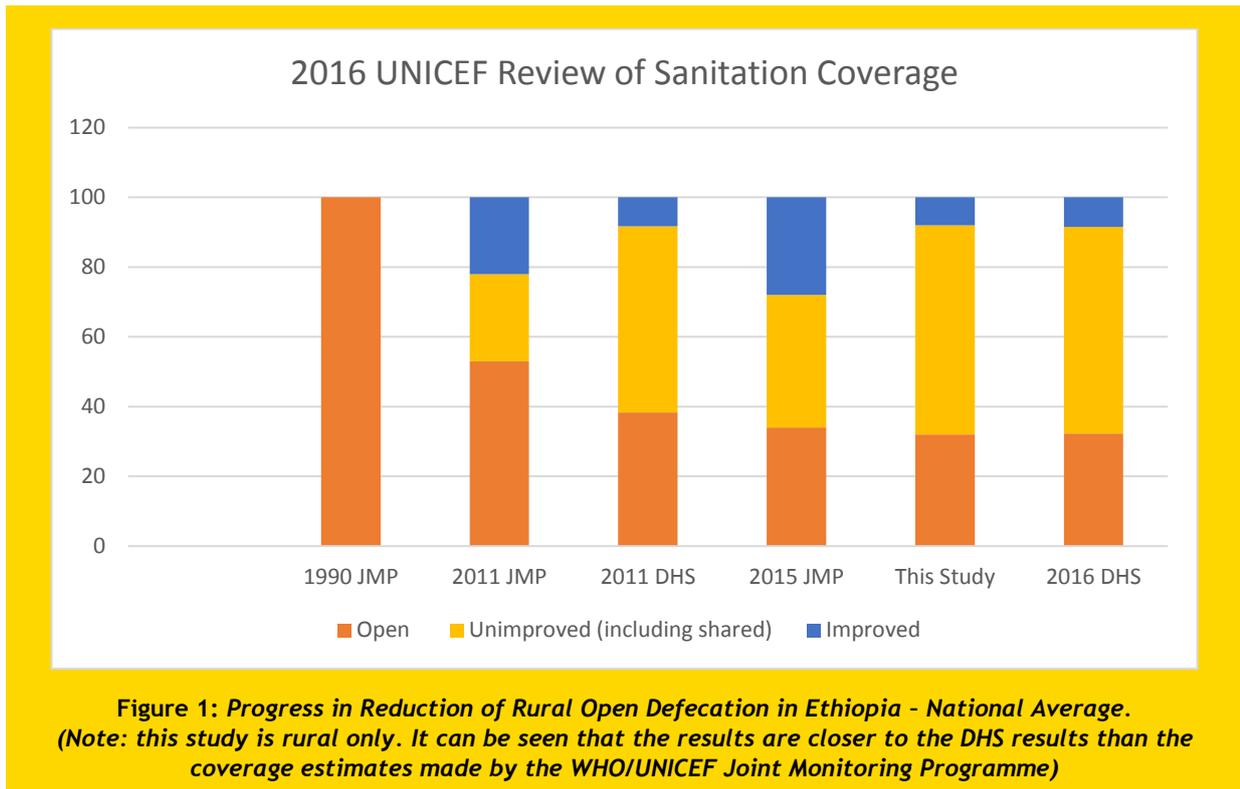
Ethiopia was praised in the global WASH JMP report of 2015 as having made the most remarkable progress in terms of sanitation coverage. From just 8% coverage in 1990, it had increased to 71% in 2015, 25 years later. "Open defecation was practised by 44.3 million Ethiopians in 1990 and 28.3 million in 2015 - an average reduction of over 4 percentage points per year over 25 years" (JMP, 2015¹).

This significant achievement by the country has largely been enabled by the Government's implementation of the Community led Total Sanitation and Hygiene approach (CLTSH) which was adopted formally by the Federal Ministry of Health (FMoH) in 2011 and rolled out across the country through the health extension programme. UNICEF has supported the FMoH throughout the process of developing the strategy, the roll-out of training and the implementation of CLTSH across Ethiopia.

KEY POINTS

- **Rural sanitation coverage in Ethiopia continues to improve.** The survey found on average 68% latrine usage, similar to the 2015 JMP estimate
- **The majority (89%) of household toilets are unimproved**
- **There are strong regional disparities in coverage.** 5 regions have over 50%, whilst in 3 regions open defecation is still dominant
- **CLTSH is not always implemented as intended.** There are regional variations and some aspects of the triggering and follow-up are omitted
- **The Post-ODF follow-up of the CLTSH approach is limited.** Very few communities are recorded as having reached 'level 2' of ODF
- **Handwashing Rates are low.** Only 19% of respondents were found to wash hands at all critical times, and only 45% after using the toilet

¹ http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf



In late 2015, UNICEF commissioned a review of progress of CLTSH in the Woredas (Districts) specifically supported either by UNICEF during its last Country Programme (2011-2015) or by the Global Sanitation Fund (GSF). The aim of the review was to evaluate the effectiveness of CLTSH and to suggest improvements in the approach that may help to accelerate sanitation coverage and achieve the stated aims of the government of 82% ODF Kebeles and improved coverage by 2020².

The Study

The CLTSH review, both quantitative and qualitative, was carried out across 8 regions of Ethiopia (Tigray, Amhara, SNNP, Oromia, Benishangul, Gambella, Afar and Somali) in 24 Woredas. 3,168 household interviews were conducted, as well as 102 key informant interviews and 24 focus group discussions. The respondents of the household questionnaires

were predominantly female (82%). Sanitation coverage was assessed both by question and observation.

Initially the survey, in the absence of a baseline, was designed as a comparison study, hence 12 Woredas (Districts) specifically supported either by UNICEF during its last Country Programme (2011-2015) or our partner the Global Sanitation Fund (GSF) were selected alongside 12 non-UNICEF or GSF supported Woredas. However, after review of the results, it became clear that the comparison was fairly irrelevant, as the FMoH have been implementing CLTSH across the country and progress was quite uniform. Hence for the purposes of interpretation, the results were grouped together. Further details of the study design can be found in the full report³.

² Health Sector Transformation Plan, 2015-2020, FMoH, Government of Ethiopia.

³ Outcome Evaluation of Community-Led Total Sanitation and Hygiene (CLTSH) Program in Ethiopia from 2012-2015. FMoH, UNICEF and GSF, 2016.

Key findings

1. Rural sanitation coverage in Ethiopia continues to improve. The survey found on average 68% latrine usage, which is slightly higher than the 2015 JMP estimate, and open defecation rates continue to reduce - see Figure 1. However the vast majority of these household toilets - 89% - are 'traditional' latrines (see Figure 2) that cannot be considered 'safe' in terms of the JMP definition of having a washable slab (8%) and a well-fitting drop-hole cover (24%). The proportion considered 'improved' was found to be significantly lower than previous JMP estimates. The use of shared latrines is comparatively low, with only Somali and Amhara regions reporting over 10% use of shared or communal toilets (Figure 3).

2. Regional Disparities in Coverage. Figure 2 indicates that 5 regions have good coverage ranging from 51% in Amhara to 91% in Benishangul Gumuz. However there are 3 regions - Afar, Somali and Gambella - where open defecation is still predominant, bringing down the national average. These are also the regions with the highest proportion of pastoralist

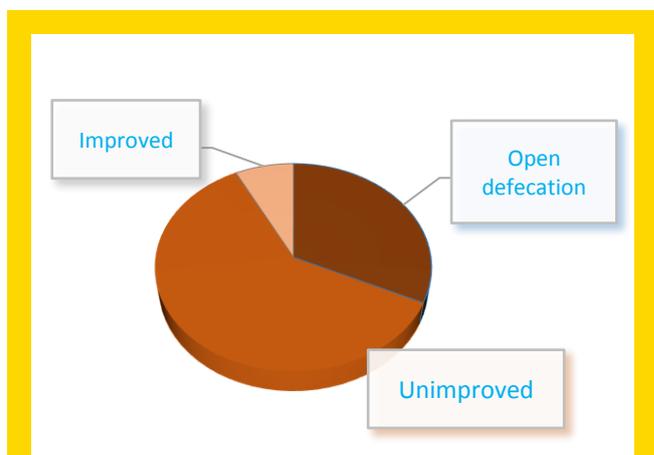


Figure 2: Sanitation Coverage in Ethiopia, 2016

communities. The study revealed that in these regions there is comparatively low commitment to planning for open defecation free outcomes, and that the training materials and manuals for CLTSH are not available in the local languages. This is partly due to the relative weakness of the HEW network in these regions but also the mobile/semi-pastoralist nature of some of the communities in these regions which creates resistance to build and use latrines and create an ODF environment.

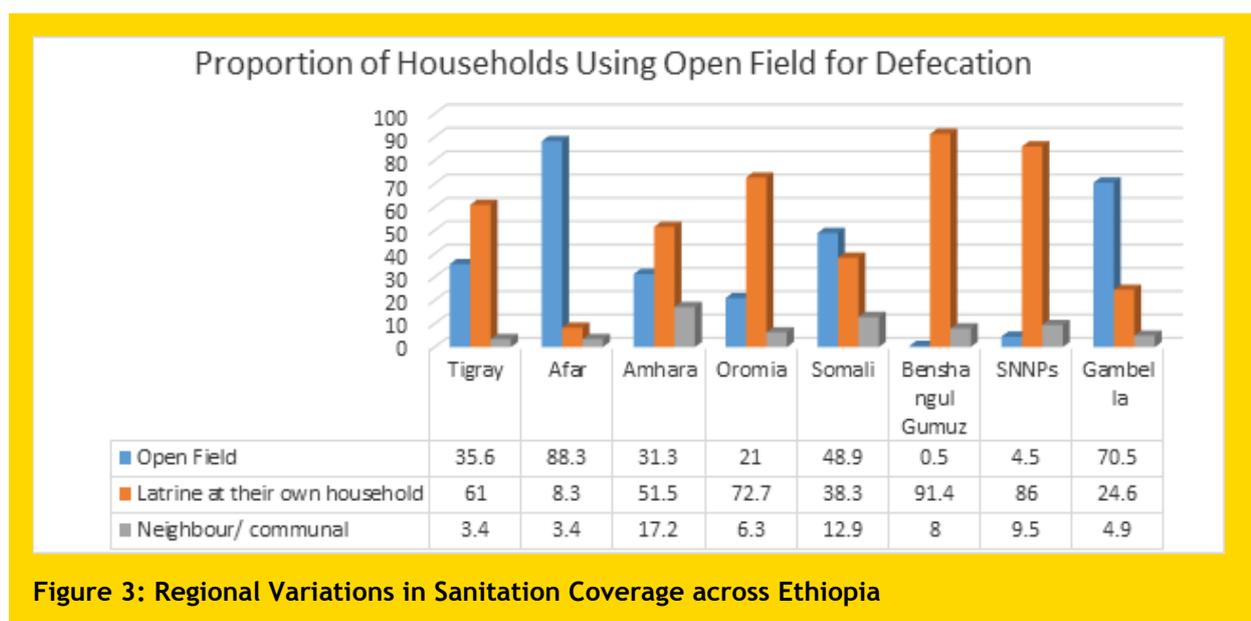


Figure 3: Regional Variations in Sanitation Coverage across Ethiopia

CLTSH approaches in these regions need to be contextualized with regard to the communities' life style and integrated further with livelihood approaches.

3. CLTSH is not always implemented as intended. It was found that not all field workers had access to the CLTSH guidelines and other materials, and inevitably some aspects of the triggering and follow-up varied between regions. In particular the community conversations were commonly neglected.

4. The Post-ODF follow-up of the CLTSH approach is limited. There is no clear guideline

for post-ODF follow-up in communities. As a result the support is very varied and frequently lacking. The 'Level 2' ODF⁴ is not routinely monitored.

5. Handwashing Rates are low. The overall rate at all critical times was found to be 19%, with the positive response for 'after using the toilet' at 45% (Figure 4). However, rates were generally high for before and after eating at 96 and 92%. In the Ethiopia CLTSH protocol, handwashing is not included in the first level (green flag) ODF definition, but only in the second level or 'white flag'⁴.

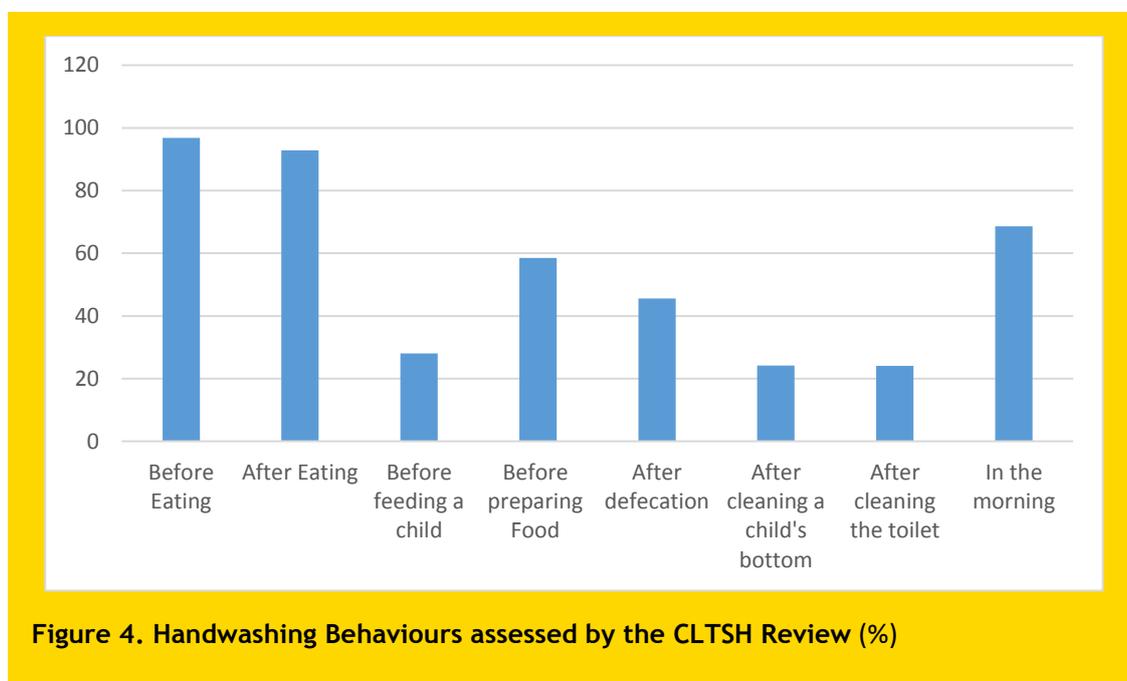


Figure 4. Handwashing Behaviours assessed by the CLTSH Review (%)

⁴ CLTSH Implementation and Verification Guideline. FMOH, 2013. Monitoring sanitation and hygiene in rural Ethiopia, World Bank, 2015.

Key recommendations

Arising from these findings, the key recommendations to the FMOH to improve CLTSH implementation are as follows:

1. Strengthen the implementation of CLTSH, particularly in Somali, Afar and Gambella, including regional planning for sanitation, translation of materials into local languages and refresher training for health extension workers.
2. Strengthen the monitoring of CLTSH, including a uniform definition for 'improved' sanitation, and regular reporting of Level 2 ODF.
3. Reinforce the need for improved sanitation to meet the requirements of the 'F-diagram' barriers. This will

require a strong focus on washable surfaces, pit-hole covers and handwashing. Whilst the FMOH has developed an impressive sanitation marketing initiative, this may take some years to show an impact on the coverage. In the short term, simple promotion of the importance of cleaning slabs, covers and handwashing will help to strengthen the public health impact of sanitation.

4. Consider the revision of the CLTSH guidelines to include handwashing at the Level one ODF definition and to reinforce post-ODF follow-up with a clear strategy and monitoring.

References

See Footnotes

Acknowledgements

This field note was prepared by Jane Bevan, Rural WASH Manager, UNICEF Ethiopia.

Please contact jbevan@unicef.org for further information.

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United Nations Children's Fund
3 United Nations Plaza, New York, NY 10017, USA

For more information, please contact: WASH@unicef.org