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# Overcoming Unique Challenges to Eliminate Open Defecation in Remote, Arid Ethiopian Communities:

## Pathways Found for Government and Pastoralist Communities to Collectively Change Ingrained Sanitation Practices

Briefing Note, January 2021

The USAID Lowland WASH Activity adapted Ethiopia's national Community-Led Total Sanitation and Hygiene (CLTSH) program to mitigate challenges that resulted in 53,321 new household latrines and 126 open defecation free (ODF) communities.



Female fgd about negative and positive hygiene behavior in somali region. Photo credit: fostvedt-mills consulting.

## KEY INSIGHTS

- The Ethiopian national CLTSH program can be readily adapted to and implemented in uniquely challenging pastoralist communities in remote, Lowland Regions of the country
- Challenges unique to Lowland Regions of Ethiopia can be mitigated by understanding the context and drivers of change before launching the program
- Pastoral, lowland communities can eliminate open defecation as a result of well-defined, collective support from external specialists, the Government, Health Extension Workers, and local volunteers
- The USAID Lowland WASH Activity uncovered several evidence-based improvements to national CLTSH guidelines for consideration by the Federal Ministry of Health

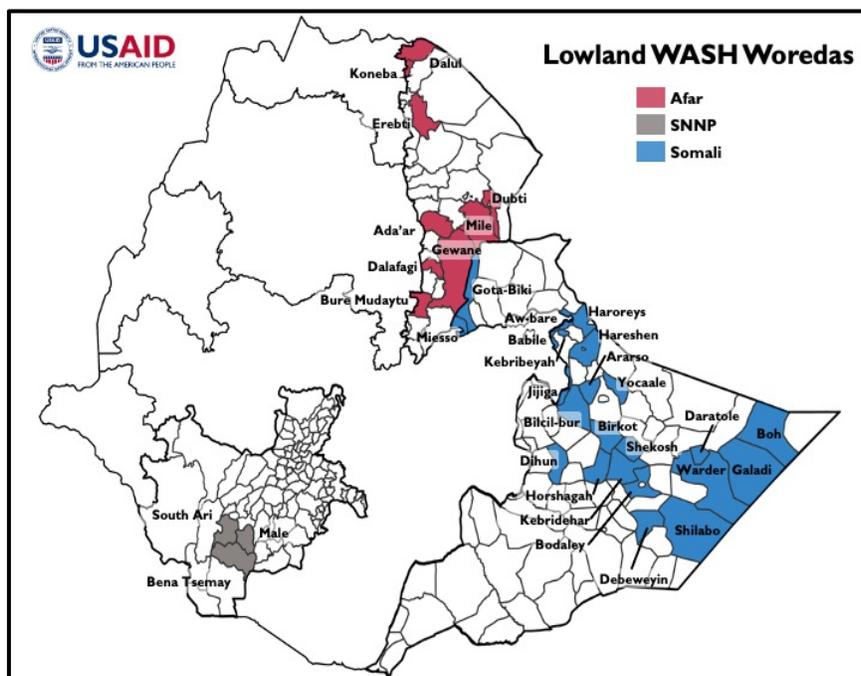
## The USAID Lowland Wash Activity Reduced Open Defecation by Addressing Multiple Challenges Unique to The Ethiopian Lowland Regions

In 2011, Ethiopia’s Federal Ministry of Health (FMoH) endorsed Community-led Total Sanitation and Hygiene (CLTSH) as the nationwide approach to improve environmental sanitation and household hygiene. The FMoH has since rolled out a set of guidelines for use by actors in all aspects of the process.<sup>1,2,3,4,5</sup> These guidelines provide set phases and steps to be followed during programming and mandate enhanced inter-sectoral collaboration between government and non-governmental actors at all administrative levels.

For the USAID Lowland WASH Activity, the CLTSH guidelines have proven effective, albeit imperfect tools when applied in the Activity’s implementation regions: Afar; Southern Nations, Nationalities and Peoples (SNNP); and Somali. The Activity and its local partners adapted the guidelines to implement a locally appropriate CLTSH program that increased the number of households with on-site sanitation facilities and curtailed open defecation. Households invested in sanitation infrastructure. Household hygiene improved. Personal hygiene practices became more widespread.<sup>6</sup>

The Activity has clearly demonstrated that CLTSH is a useful and practical approach for reducing open defecation in pastoralist areas, but only when conventional approaches are adapted to the norms of these communities.

**Figure 1. Areas of Implementation by the USAID Lowland WASH**



Seasonal migration, dispersed populations, limited infrastructure, drought, and long-practiced social norms presented challenges to implementation of CLTSH in the Lowland Regions of Ethiopia. After understanding these obstacles and their impacts on community mobilization and household investment, the Activity found ways to deliver interventions that accounted for local dynamics, established ODF communities per the FMoH methodologies recommended, and generated valuable lessons for others to apply.

<sup>1</sup> Federal Democratic Republic of Ethiopia (2005)  
<sup>2</sup> Federal Democratic Republic of Ethiopia (2011a)  
<sup>3</sup> Federal Democratic Republic of Ethiopia (2011b)  
<sup>4</sup> Federal Democratic Republic of Ethiopia (2012)  
<sup>5</sup> Federal Democratic Republic of Ethiopia (2013)  
<sup>6</sup> USAID Lowland WASH Activity (2020, in draft)

## The Lowland Regions of Afar, SNNP, and Somali Present Wide-Ranging Complexities to CLTSH Implementers

Both the GoE and the USAID Lowland WASH Activity have made major commitments to achieving the health improvement and community cohesion objectives of CLTSH programming. Central to successful CLTSH implementation is its effectiveness in changing perceived social norms and making open defecation socially unacceptable. Yet, the norms and practices in the Regions where the Activity operates (see *Figure 1*) are unlike those encountered in other parts of Ethiopia.

The Regions where the USAID Lowland WASH Activity operates, Afar, Somali, and SNNP, are environmentally, socially, and operationally complex. They are extremely dry but with alternate risk of flooding during rainy seasons and drought throughout the rest of the year. Local populations maintain deeply entrenched social norms that prioritize access to water over sanitation and hygiene. Access to water is critical to their animals' survival and is therefore central to livelihoods and resilience. Consequently, sanitation and hygiene facilities are typically distant priorities. CLTSH implementers must shift these perceptions and priorities to be successful.



A tippy tap and household latrine constructed from locally available materials in sangumare kebele, araso woreda, somali region. Photo credit: fostvedt-mills consulting.

In these Regions, daily activities are highly subsidized<sup>7</sup> with citizens frequently receiving food assistance or emergency support. Community borders are inexact, villages are widely dispersed, and transportation and communication networks are unreliable. Overcoming norms and encouraging unsubsidized household improvements are integral to CLTSH, yet scarcity of resources severely limits households' ability to invest in improvements.

The majority of Lowland residents are nomadic pastoralists, some moving throughout the year with others remaining in a defined area. Most have a settled base, migrating from their home area to dry season pastures and then returning home during the rainy season. Since their major economic activity is livestock keeping, movement is a central feature resulting in an understandable reluctance to invest in permanent housing or sanitation facilities.

Customs and traditions also play an important role in discouraging pastoralists from constructing and using pit latrines.<sup>8</sup> For example, there is a deeply embedded acceptance of open defecation, which has long been the common practice among pastoralists. There are also ingrained inequalities in access to basic water and sanitation services, unsupportive gender roles and obligations, and limits to community cohesion.

Substantial institutional capacity gaps exist within government in these Regions, and rapid staff turnover limits the effectiveness of training and skill building. The intermittent use of by-laws by local government coupled with health promotion campaigns engendering fear of disease, shame of local practices, and death has not been successful in bringing about change in local sanitation conditions.

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<sup>7</sup> World Bank (2018)

<sup>8</sup> Aguaconsult and WaterAid (2018)

While CLTSH implementation is challenging across the country,<sup>9</sup> success in the Ethiopian Lowland Regions is even more difficult. Wide geographic spread of communities, limited road/transportation/communication infrastructure, and lack of construction materials and tools limit administration of repeated triggering and follow-up activities required by CLTSH to promote behavior change and the uptake of hygienic behaviors. The variety and extent of logistical, social, administrative, and environmental obstacles combine with unfolding risks related to elevated ethnic conflict, climate uncertainty,<sup>10</sup> and the COVID-19 pandemic. Nonetheless, all can be considered, and sanitation improvements can become a community priority.

## Following National Guidelines, Animators Were Trained, Roles Were Assigned, and Analyses Were Completed

When successful, CLTSH's unique ability to empower communities is powerful, so the USAID Lowland WASH Activity took on the multiple challenges presented in the Lowland Regions, characterized them community by community, and identified pathways forward consistent with the national program. The Activity worked closely with local government partners, grantees, and subcontractors in each Region to determine how to most effectively reach pastoralist communities before developing locally appropriate sanitation solutions.

The Activity provided wide-reaching capacity building on CLTSH to partners, Woreda/district Health Office staff, health extension workers (HEWs), development practitioners, schoolteachers, community volunteers, local and religious leaders, and political administrators. Multi-stakeholder CLTSH facilitation teams composed of local government health officials and officials from other bureaus led implementation. HEWs were tasked with follow-up activities assisted by volunteers from the health development army and/or community workers.

To gain objective insights into the processes and achievements of the CLTSH in target geographies, the Activity mobilized an independent evaluation team. The team conducted a desk review of published and gray literature from specialists on Ethiopian pastoralists and authors across the global south. Until fieldwork was interrupted by the COVID-19 pandemic, they conducted field research in all three Regions using qualitative data collection methods including focus group discussions, photo-triggering techniques, facilitated expert discussions, consultant diaries, and key informant interviews.



A household latrine constructed from locally available materials in sangumare kebele, araso woreda, somali region. Photo credit: fostvedt-mills consulting.

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<sup>9</sup> BDS, UNICEF, and WSSCC (2016)

<sup>10</sup> USAID Lowland WASH Activity (2020, in draft)

## Activity Support Delivered Pride, Latrines, And Lessons

Overall, the Activity contributed to 126 communities being declared ODF. Success rates varied across the three USAID Lowland WASH Activity Regions of operation. The rate in SNNP was double that in Afar and nearly six times that in Somali. The most important issues underlying these differences included:

- **Larger time commitments were required** to trigger the most sparsely populated Lowland communities. The time and resources needed for triggering, post-triggering, follow-up, and confirmation inhibited the ability of the Activity and local health office staff to readily travel to and from remote villages from their field offices. The number of trips required to sufficiently support an adequate number of people in villages proved onerous;
- **High turnover of local staff** within government offices limited the effectiveness of capacity building, interrupted the sequence of community activities, and contributed to observed lower success rates;
- **Frequent unavailability of village women** to fully engage in triggering and other activities. With primary responsibilities for water fetching, small livestock grazing and watering, feeding, and caring for their children, cooking, and firewood collection women had less time for participating in community mobilization; and
- **Austere living conditions**, highly dispersed settlement patterns, and the mobile nature of communities combined to excessively stretch Activity and Government resources. Each hampered post-triggering follows up and provision of external support to CLTSH team members and volunteers in triggered villages.

Despite these issues, routine post-triggering monitoring by the Activity found that over 53,000 households had constructed their own latrines using their own resources providing nearly 278,000 people with access to new, hygienic sanitation facilities. The Activity also unveiled several important social aspects of pastoralist practices that need to be integrated into future pastoralist CLTSH programs. These are discussed in the next section.

In addition to the numerical indicators of success normally used to determine the level of achievement of CLTSH programs (cited above), the external evaluators concluded that the Activity also raised awareness and increased overall environmental sanitation conditions across the Lowland Regions. Community members felt “healthier and proud of living in a cleaner and more pleasant environment.” Such qualitative, consistent findings should increasingly serve as outcome measurements of CLTSH implementation, especially when environmental conditions, ingrained social patterns, extreme poverty, and pastoralism serve as significant barriers to facility construction but not to improvements in hygiene behaviors, pride of place, and resilience to risk.



Typical family house (tukul) and compound at a rural community in afar region. Photo credit: fostvedt-mills consulting.

## The Activity Produced Multiple Valuable Lessons to Guide Future Efforts

Lessons learned by the Activity that should be addressed in future, pastoralist mobilization activities include the following:<sup>11</sup>

**Households migrate for short periods before returning to the same homesteads.** CLTSH programs need to consider the timing of homesteading, and the implications for community engagement and commitment of household resources. Appreciating these variables opens opportunities for facilitating commitments to village improvement.

**Providing reliable water supplies limits migration to just the peak of the dry season.** CLTSH programs do not typically include improving water supplies though their improvement is necessary for hygienic sanitation and personal hygiene. When possible, water access improvements should accompany CLTSH programming to create opportunities for collective mobilization and to help address animal welfare needs while also serving as a necessary precedent for handwashing and menstrual health.

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**Programs that do not consider animal welfare are unlikely to have long-term impact.** In pastoral communities, livestock are the primary source of cash income and food, and they serve as household capital in lieu of bank accounts. This reality must be accounted for when households are asked to invest scarce resources toward non-traditional outcomes such as household latrines. All WASH programming must internalize these priorities and seek to address water for livestock to increase sustainability.

**Women and children are much less mobile than men and are therefore key to community mobilization.** While key, women are often difficult to engage in mobilization efforts given their domestic obligations and the prevailing male dominance of decision-making and resource allocation in traditional pastoral communities. Future efforts must incorporate locally appropriate, gender-sensitive techniques (e.g., training and awareness that includes men, and where appropriate, separates them from women for improved participation) that align with the realistic opportunities women and men have to support triggering, post-triggering, and maintenance of ODF achievements

**There is generally higher motivation among villagers who have been settled for a time to invest in sanitation facilities.** Sedentary communities, as opposed to nomadic ones, are frequently poorer due to loss of livestock capital, but they are also more available during the year to be part of collective action and may give higher priority to household facility improvements.

**Programs should establish political will in advance of community engagement.** External evaluators consistently found that when local government administrators such as the Woreda Health Office, Health Posts, and HEW Supervisors were positive and committed and maintained collegial relationships with traditional leaders, they became powerful drivers of CLTSH success. Implementers must innovate and create more flexible and responsive approaches to GoE capacity building, e.g., engaging GoE

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<sup>11</sup> USAID Lowland WASH Activity (2020, in draft)

and securing commitments prior to program implementation, organizing joint planning events/workshops at the initial phases of a project, and conducting regular progress reviews during implementation.

**“Pride” is a more powerful motivator than “shame”, the conventional behavior change tool used in CLTSH programs.** Evaluators uncovered that community members in ODF villages took tremendous pride from their achievements and internalized responsibility for improving the sanitation conditions of their homes. “Clean”, “healthy”, “nice”, “neat”, and “attractive” were all positive words used by members of ODF communities in discussions to describe how they found themselves, their houses, and their villages after the CLTSH intervention.

**Adapting the existing FMoH CLTSH guidelines to best serve the Lowland Regions resulted in positive change.** Adaptation of the standard CLTSH methodology proved critical to sanitation uptake. Adaptations included the use of IEC materials to compliment CLTSH activities and advocacy for ODF certification at village level rather than kebele level.

To incorporate the above observations into future programs, regional and local health offices must elevate the priority given to sanitation and hygiene. Specific budget allocations can provide the time and resources needed for community visits; fund transportation and compensation of HEWs; promote availability of sanitation and hygiene products; and reduce security risks. The CLTSH guidelines can also incorporate and address the topics:

- Gender disparities with regard to sanitation and hygiene decision-making;
- Smart subsidies for construction materials and tools;
- Integration of CLTSH with water supply improvements, including at schools and healthcare facilities;
- Methods, beyond shame, to leverage the negative experience of bad smelling open defecation areas to mobilize action;
- Market facilitation for products and services appropriate to dispersed Lowland communities and associated lifestyles; and
- Realistic roles for HEWs who have multiple obligations, are often not present, and frequently do not speak local languages.

Overall, the USAID Lowland WASH Activity has demonstrated the strength of the national CLTSH program guidelines. Their application benefited 278,000 people in just this one program. Finally, the Activity has expanded CLTSH programming in Ethiopia by providing evidence and input for adaptation of national strategies and development programs to the unique social, environmental, and financial practices common to Lowland areas and pastoralist communities.

## Resources

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- Gill Sans is the primary font for all USAID Publications. Garamond may only be used in long printed publications (more than 60 pages).

## ABOUT

**The USAID Lowland Water, Sanitation and Hygiene (Lowland WASH) Activity:** USAID/Ethiopia's flagship WASH activity delivers technical assistance, develops small-scale infrastructure, and builds the capacity of national and regional governments and stakeholders in the lowland Somali, Afar and Southern Nations, Nationalities and Peoples (SNNP) regions. In support of the Government of Ethiopia's Growth and Transformation Plan and One WASH National Program, it aims at (1) increasing access to improved drinking water supply sources on a sustainable basis; (2) increasing adoption of key hygiene behaviors and increased access to improved, sustainable sanitation; (3) improving efficiency and sustainability of food production from irrigated and rain-fed agricultural systems; and (4) improving water governance and data management. For more information, contact Petros Birhane, Chief of Party, at [pbirhane@lowash.com](mailto:pbirhane@lowash.com).

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