

## Community-led Total Sanitation taken to scale: from Shebedino to Jimma and Lalibella

It is now just over a year since community-led total sanitation (CLTS) has been introduced to Plan Ethiopia operation areas first in Southern Nations Nationalities and Peoples Region (SNNPR), and then to Amhara and Oromia Regions. The first successful implementations were in few kebeles in Shebedino 'wereda', meaning district, of SNNPR, wherein efforts are replicated to many other areas.

In July 2008, Plan Ethiopia Jimma Programme Unit planned to trigger and follow up implementation of CLTS activities in Merewa and Tikur balto kebeles of Kersa wereda and Bussa and Tiyo kebeles of Tiro Afeta wereda in Jimma Zone of Oromia Region, some 374 km Southwest of Addis Ababa. Most of the people are followers of Muslim religion.

Plan Ethiopia gave facilitation and implementation trainings to community development facilitators, Health Extension Workers, Development Agents, and few community members in those kebeles. The Health Extension Workers and community members, who emerged as natural leaders during the field exercises, effectively facilitated and triggered CLTS activities. Together with all the concerned actors, communities in those kebeles picked the initiative and started implementing CLTS activities.



Households in those kebeles constructed simple pit latrines of their own, some with slabs and covers, superstructures, and hand-washing facilities. The people are also making promising improvements in hygiene behavior.



In addition to the HH latrines, the communities have also constructed:

Wereda	Kebele	Population	No of villages (Gott)	No of sub-villages (Gere)	HHs who have latrine					
					Before CLTS		After CLTS		Total	
					No	%	No	%	No	%
Kersa	*Tikur Balto	4,319	5	24	306	37.87	502	62.1	808	100
	**Merewa	3,422	6	21	515	69.3	228	30.7	743	100
	***Gello	4,159	5	28	189	26.7	518	70.6	707	100
Tiro Afeta	****Bussa	5,483	4	18	316	26.5	875	73.5	1191	100
	*****Tiyo	4716	5	25	281	31.8	603	68.2	884	100
	Baboo			34					823	
<b>Total</b>	5		25	116						

\*3 communal and 7 mosque latrines in Tikur Balto kebele.

\*\*6 communal and 2 mosque latrines in Merewa kebele.

\*\*\*5 communal, 7 mosque and 1 school pit latrines in Gello kebele.

\*\*\*\*4 communal latrines in Bussa kebele.

\*\*\*\*\*7 communal and 7 mosque pit latrines in Tiyo kebele.

**Sources:** Plan Ethiopia Jimma Programme Unit CDFs and kebele HEWs, March 2008

### **Hygiene behavior improved**

According to Halima Aba... Health Extension worker of Tiro Afeta kebele, community natural leaders and some community members, the people have understood the feco-oral cycle and its consequences and they are even urging their neighbors to construct and use latrines. Most HHs are developing the habit of handwashing, some with soap, after visiting latrine. They watch even passers-by not to open-defecate in their environment. Children are major actors in this regard. They say in Oromiffa "*Fudhi Ka'i zuulin gahi*", which means ***if you defecate in the open, you will scoop it to a latrine.***

CLTS has even helped to create social solidarity within communities. A resident in Merewa kebele has given a plot of land to a landless immigrant; the immigrant has constructed a small house and a pit latrine of his own. A natural leader in Tikur balto kebele has triggered two brothers who have hearing and speaking

impairments; they have constructed pit latrines of their own with handwashing facilities. They now disgust open-defecation. A 60 year old woman has dug a pit latrine of her own and do two under 15 girls.

Committed to make their environment open-defecation free, Temam Ababor and his brother triggered all the HHs in their village and all have constructed pit latrines. Temam and his brother built one communal latrine along a main road with their own resources. Issues of sanitation and safe hygiene behavior are incorporated in social norms.



*Community Natural Leader Temam Ababor (middle) joining hands with Plan Ethiopia Jimma Programme Unit Community Development Facilitators Worku Negussa (left) and Zafarie Aba....(the lady) near the communal latrine.*

There are efforts to scale up with quality and also supportive supervision for people to improve sanitation and hygiene conditions to the next steps in the sanitation ladder. Neighboring communities are taking up the initiative. For example, as Worku Negissa Community Development Facilitator with Jimma Programme Unit indicates, the PU planned to trigger CLTS in four kebeles. Good enough communities in Gello and Baboo kebeles were self triggered and constructed HH and communal latrines near mosques, schools and kebele administration office.



*Deputy Head of Merewa Primary School briefing to Health Extension Workers from Benishangul Gumuz Region, who visited the area for experience sharing.*

Previously, latrines were not common at rural schools, mosques, kebele administration offices and roadsides. Now, the communities in the six kebeles in Kersa and Tiro Afeta have constructed communal latrines near those institutions using their own labor and locally available resources; and they are proud of doing that. People don't go to the bushes and when nature calls they don't need to wait until they go back to their HH latrines.

The communities are making such positive progresses both in sanitation coverage and safe hygiene behavior and the different actors including HEWs, DAs, school teachers, community natural leaders, religious leaders, and Plan Ethiopia Jimma Programme Unit Community Development Facilitators provide joint coordinated follow up and support both to improve qualities and to scale up CLTS activities with quality to other areas. Given the fact that the pit latrines are constructed with locally available materials, follow up and encouragement for improvement remain mandatory for the progresses to be sustained.

In almost all the six kebeles, there is apparent problem of safe water supply. Many communities get water from dirty ponds; some use hand pumps that are already drying out due to long dry season. The water problems remain a serious setback to achieving a complete success in total sanitation and safe hygiene practices. To solve these problems consolidated joint ventures are needed. It is sound to support the communities in addressing what they can't do alone and help them sustain the momentum in sanitation and hygiene. If this problem is addressed, experiences witness that CLTS enables reach the unreached and consolidate social solidarity, self-respect, and dignity.



*Women in Gello kebele fetching from a pond.*

*Health Extension Workers from Benishangul-Gumuz and Gambella regions observing the yield level of Merewa school hand pump.*