

# Community-led Total Sanitation in Ethiopia Findings from a Situational Assessment

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## Purpose

This research summary shares key findings from a situational assessment of community-led total sanitation (CLTS) in Ethiopia. It characterizes the CLTS implementation context, providing a baseline reference for policy-makers and practitioners tracking CLTS progress.

The assessment was carried out in 2012 by The Water Institute at the University of North Carolina at Chapel Hill, in collaboration with Plan International Ethiopia, as part of the Plan International USA research project, *Testing CLTS Approaches for Scalability*.

## Methods

The assessment is based on interviews with 26 government and non-government organizations (NGOs) in Addis Ababa and the Southern Nations, Nationalities, and Peoples' and Oromia regions of Ethiopia, as well as reviews of nearly 50 CLTS policy documents, action plans, guidelines, and monitoring reports.

## Finding 1: Ethiopia has clear policies and institutional support mechanisms for CLTS.

Sanitation and hygiene activities in Ethiopia are informed by a clear set of policies and strategies. CLTS has been

## Key Findings



- 1. Ethiopia has clear policies and institutional support mechanisms for CLTS.** Examples include sanitation and hygiene strategies, inter-ministerial coordination, a sector implementation framework, and a health extension worker (HEW) training program.
- 2. CLTS implementation is initiated primarily by non-government actors.** Donors and NGOs fund and organize national and regional CLTS trainings. Local government then often leads the process of cascading CLTS training to woredas and ultimately to HEWs. The cadre of HEWs provides a national pool of potential CLTS facilitators.
- 3. At the time of the assessment, Ethiopia had no central monitoring system for CLTS and project costs were not tracked.** As a result, resource requirements and impact of CLTS through the cascading approach is not measurable.

## Facts on CLTS in Ethiopia

- Plan International Ethiopia piloted CLTS successfully in 2007 and scaled it up in the country.
- In 2011, CLTS had reached all 9 regions and was supported in 439 of 550 woredas.
- As of 2012, 37% of Ethiopians practiced open defecation, as compared to 92% in 1990 (JMP 2014).

adopted as the national approach for rural sanitation, led by the Federal Ministry of Health (FMOH). There are also guidelines on CLTS facilitation, monitoring, verification, and certification.

In addition, there are a number of institutional support mechanisms. In 2005, the Federal Ministries of Health, Water & Energy, and Education signed a Memorandum of Understanding to formalize inter-ministerial cooperation on water, sanitation, and hygiene (WaSH). This created the National WaSH Steering Committee and WaSH Technical Teams at national, sub-national, and local levels to guide implementation. At the kebele level, school health clubs, health posts, and water committees promote sanitation and hygiene.

In 2011, the WaSH Implementation Framework further elaborated national and local-level institutional arrangements and plans for capacity-strengthening, financing, and monitoring. The government also introduced Integrated Refresher Training, consolidating HEW training around 16 topical areas (including CLTS) to alleviate the burden of repeated workshops. Such institutional mechanisms can provide valuable sector leadership and help coordinate NGOs.

### **Finding 2: CLTS implementation is initiated primarily by non-government actors.**

Despite the policy framework and apparent institutional support, CLTS implementation is initiated primarily by non-government actors. NGOs and multilateral agencies fund and organize trainings on CLTS, which is then often led by local government.

Trainings are held at national, regional, and woreda levels. The local government then ‘cascades’ CLTS from woredas to kebeles, providing training for HEWs on facilitation. This top-down, cascading approach appears to achieve scale as it replicates throughout the country, creating a network of CLTS facilitators. If the trainings at the woreda level maintain the same degree of qual-

ity, this could help to create the conditions for consistent implementation at scale.

The cadre of HEWs is the primary local actor group supporting CLTS in Ethiopia. Established in 2003 through the Health Extension Program, HEWs are part of Ethiopia’s broader strategy for poverty reduction. Two female HEWs are placed in each kebele and trained on many health topics. They work through health posts, conducting house-to-house visits to promote health and education and facilitating CLTS. As they are present in every kebele, they are a force for scaling CLTS nationally. The roles of local actors and NGOs in a wide range of CLTS activities are illustrated in the diagram on page 3.

### **Finding 3: At the time of the assessment, Ethiopia had no central monitoring system for CLTS and costs were not tracked.**

The 2011 Hygiene & Sanitation Strategic Action Plan indicated CLTS had reached all 9 regions of Ethiopia and is in 439 of the country’s 550 woredas which suggests CLTS was achieving national scale.

However, no central monitoring system exists to aggregate the data and track progress in the country’s 16,000 kebeles, despite the existence of CLTS monitoring guidelines and monitoring being a designated responsibility at all levels of the government structure shown in the diagram.

At the time of our situational assessment there were also no comprehensive local data on WaSH facilities to enable a comparison of latrine coverage and usage with Open Defecation Free (ODF) status.

The cascading approach commonly used in Ethiopia means implementers may be unable to assess their program impact. Most organizations track the number of woredas they work in rather than kebeles. These cannot be summed to find the true scale of CLTS as many organizations overlap in their work.

The implementation of the 2011 WaSH Implementation Framework and uptake of the 2012 CLTS Monitoring and Reporting guidelines may lead to a national reporting system. If so, the development of a central inventory of CLTS activities and outcomes would enable a more comprehensive evaluation.

In the meantime however, the absence of local data (number of kebeles triggered and certified as ODF and latrine status) makes it difficult to assess the effectiveness of the cascading training approach.

## Limitations

There are two main limitations to this research. First, we did not assess implementation of institutional arrangements or governmental support mechanisms and cannot determine how that may aid scale or effectiveness. Second, we did not collect data on CLTS in kebeles. Although 80% of woredas are reported to be reached, this may not translate to a corresponding proportion of local communities.

## Institutional Arrangements for CLTS in Ethiopia

### Planning

#### Policy, Strategy, Guidance

*National Government:*  
Federal Ministries of Health,  
Water & Energy, and Education

Multilateral Donors and  
International NGOs



#### Financing

*National Government:*  
Federal Ministry of Finance &  
Economic Development

Bilateral Donors, Multilaterals, and  
International NGOs



#### Training Facilitators

*National Government:*  
Federal Ministry of Health

Multilaterals and International NGOs

### Facilitation

#### Triggering

Local and International NGOs

*Local Government:* Public Health  
Officers, Kebele Administration

*Community Level:* Teachers, Health  
Extension Supervisors and Workers



#### Post-Triggering Follow-up

*Community Level:* Health Extension  
Workers, Teachers, Students, Health  
Development Army

### Monitoring

#### Verification

*Local Government:*  
Kebele Verification Team



#### Certification

*Sub-national Government:*  
Zonal Verification Team,  
Woreda Verification Team

*These institutional arrangements reflect CLTS roles and responsibilities as observed in practice and as outlined in policy and guidelines. The diagram does not represent the relationship among institutions and actors, nor suggest these arrangements are consistently applied, as the extent to which institutions and actors carry out their roles depends upon available resources and the context of a specific project."*





Children at Handwashing Station  
Photo by Plan International USA

## Testing CLTS Approaches for Scalability Project Summary

This research summary was issued as part of the *Testing CLTS Approaches for Scalability* project, which evaluates whether capacity-strengthening of local actors enhances their influence on CLTS outcomes. The term ‘local actors’ refers to Natural Leaders in Ghana, teachers in Ethiopia, and local government staff in Kenya. The project centers on four research questions:

1. In what context do local actors work?
2. What is the role of local actors?
3. What is the cost of involving local actors?
4. How do local actors influence results?



Learn more on our project website  
<http://waterinstitute.unc.edu/clts>

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## Implications for CLTS

This research reveals lessons from Ethiopia on conditions that could facilitate scaling of CLTS. There are clear policies, mechanisms for institutional support, and a scalable methodology for implementation based on a well-established strategy for community health services and information delivery. An important step for improving CLTS in Ethiopia is the establishment of a central monitoring system.

The national context for CLTS in Ethiopia is enabling CLTS to reach most woredas and could enable CLTS to reach every kebele. Improving data collection at the local level and monitoring quality of implementation would help to assess effectiveness of CLTS programs. Access to program cost data would also enable analysis and insight into program spending and cost-effectiveness of CLTS.

Our project in Ethiopia addresses questions of CLTS effectiveness and program spending, and we intend to release further research briefs on the matter during 2015. The findings should assist decision-makers in ensuring value for their investments in safe sanitation for all Ethiopians. 💧

## References

WHO & UNICEF Joint Monitoring Programme (JMP). (2014). *Progress on Drinking Water and Sanitation: 2014 Update*. World Health Organization: Geneva, Switzerland.

## Project Resources and News



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