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Plan International Ethiopia: Teacher-Facilitated
Community-Led Total Sanitation

Implementation Narrative

November 2015

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About Plan International USA

Plan International USA is part of the Plan International Federation, a global organization that works side by side with communities in 50 developing countries to end the cycle of poverty for children and their families. Plan works at the community level to develop customized solutions and ensure long-term sustainability. Our solutions are designed up-front to be owned by communities for generations to come and range from clean water and healthcare programs to education projects and child protection initiatives. For more information, please visit www.PlanUSA.org.

About The Water Institute

The Water Institute at UNC provides international academic leadership at the nexus of water, health and development.

Through **research**, we tackle knowledge gaps that impede effective action on important WASH and health issues. We respond to the information needs of our partners, act early on emerging issues and proactively identify knowledge gaps. By developing local initiatives and international **teaching and learning** partnerships, we deliver innovative, relevant and highly-accessible training programs that will strengthen the next generation's capacity with the knowledge and experience to solve water and sanitation challenges. By identifying or developing, synthesizing and distributing relevant and up-to-date **information** on WASH, we support effective policy making and decision-taking that protects health and improves human development worldwide, as well as predicting and helping to prevent emerging risks. Through **networking and developing partnerships**, we bring together individuals and institutions from diverse disciplines and sectors, enabling them to work together to solve the most critical global issues in water and health.

We support WASH sector organizations to significantly enhance the impact, sustainability and scalability of their programs.

The vision of The Water Institute at UNC is to bring together individuals and institutions from diverse disciplines and sectors and empower them to work together to solve the most critical global issues in water, sanitation, hygiene and health.

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About the Testing CLTS Approaches for Scalability grant

Plan International USA's Testing CLTS Approaches for Scalability project, funded by the Bill & Melinda Gates Foundation (2011-2017), and implemented with the University of North Carolina's Water Institute, sought to understand the essential aspects of the CLTS facilitation and mobilization process and how it could be scaled to national level and/or replicated in other countries. The project drew on experiences with natural leaders (drawn from communities), teachers and local government officials in three pilot evaluation countries: Ghana, Ethiopia and Kenya respectively.

About this Implementation Narrative

In each of the pilot evaluation countries, the project team at Plan International documented their steps and process throughout the implementation part of the grant. This Implementation Narrative accordingly reflects this process and introduces project team analysis of factors that enabled and constrained implementation. It is our aim that, should other practitioner oriented organizations be interested in applying this adaptation of the CLTS approach, they can do so by following the steps laid out in this report.

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Abbreviations and Acronyms

CLTS	Community-led Total Sanitation
GoE	Government of Ethiopia
HEW	Health Extension Worker
NGO	Non-Governmental Organization
ODF	Open Defecation Free
SNNP	Southern Nations, Nationalities and People's (Region, Ethiopia)
UNC	University of North Carolina
USNO	United States National Office
WASH	Water, Sanitation and Hygiene

1. Ethiopia Context

Community-led total sanitation (CLTS) was introduced in Ethiopia in 2006 at a small scale by GOAL, an Irish non-governmental organization (NGO). Large scale implementation of the approach began in Plan International Ethiopia program areas in March 2007, after the Plan staff was trained by Kamal Kar and had tested the approach in the program areas.

With the growing success and recognition of the CLTS approach in Ethiopia, the Government of Ethiopia (GoE) adopted CLTS as a national approach with the addition of a hygiene component. It is now included in the national sanitation and hygiene guide¹.

Access to sanitation and hygiene in Ethiopia has improved since the adoption of CLTS; however, there remains a large gap between the GoE's sanitation targets and achievements. Based on the 2014 WHO/UNICEF Joint Monitoring Program update, 63 percent of households used some type of sanitation facility (unimproved, improved and shared latrines). The GoE Growth and Transformation Plan (GTP) planned for 100 percent access to improved sanitation by 2015.² The difference between these two figures shows the need for more work to achieve the GoE target and for up-to-date sanitation data.

Estimated sanitation coverage - JMP 2014 update					
Setting	Year	Improved	Shared	Other unimproved	Open defecation
Total	2000	8%	7%	9%	76%
	2012	24%	13%	26%	37%
Rural	2000	6%	2%	7%	85%
	2012	23%	7%	27%	43%

In Ethiopia, Health Extension Workers (HEWs) and district HEW supervisors are the major sanitation and hygiene facilitators. However, they have not been able to scale up their approach to meet the ambitions of the government. This was due in part to the fact that the HEWs have 16 distinct job responsibilities to manage and implement, leaving them overstretched with little time to work on sanitation and hygiene promotion.

In 2010, to address this issue, and allow for scale-up, Plan introduced a new, community-level sanitation and hygiene actor: teachers.³ The attention on teachers was timely and received support because the government was motivated to improve access to sanitation and hygiene. Although the cost-effectiveness of using teachers as sanitation and hygiene promoters has not yet been conclusively proven, the GoE seemed open to using any actor or approach that reduces cost, without compromising quality⁴.

1 Implementation Guideline for CLTS Programming, January 2012, Federal Democratic Republic of Ethiopia, Ministry of Health

2 Government of Ethiopia Ministry of Finance and Economic Development, Growth and Transformation Plan, 2010, <http://www.mofed.gov.et/English/Resources/Documents/GTP%20English2.pdf>

3 Robert Chambers, School-Led Total Sanitation: Reflections on the Potential of the Shebedino Pilot, 2011.

http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Shebedino_SLTS_pilot.pdf

4 National sanitation and hygiene strategy, 2005

2. Project Background

Prior to the Bill & Melinda Gates Foundation grant, Plan had used teachers and students to promote sanitation and hygiene in Southern Nations, Nationalities and People's (SNNP) Region, and had reached a consensus with the Regional Education Bureau on the best practices for engaging teachers in sanitation and hygiene⁵. Using local actors (teachers, HEWs and Kebele Administration), Plan had achieved commendable success in communities: between February 2007 and 2014, a total of 548 Kebeles were triggered and achieved ODF status, benefitting a total of 2,797,717 people.

However, the effectiveness of using teachers as promoters had not yet been tested through research and rigorous evaluation. The research project, *Testing CLTS Approaches for Scalability*, was developed, in part, to fill this gap.

3. Why Teachers Instead of HEWs?

The rationale to introduce teachers as community facilitators was their relative high numbers in the community: there are approximately 1-3 HEWs compared to 15-30 teachers in each Kebele. In addition, teachers have better access to household's latrine information through school children and could apply their teaching skill/experience to trigger the communities. For these reasons, it was hypothesized that teachers acting as community facilitators could trigger more Kebeles in a shorter time as compared to HEWs.

4. Project Description

The *Testing CLTS Approaches for Scalability* grant is a four year, sanitation-focused, operational research project that aims to advance rural sanitation efforts in Kenya, Ethiopia, Ghana and worldwide by improving the cost-effectiveness and scalability of the CLTS approach, with a particular focus on the role of local actors. In Ethiopia, the project assesses teacher-facilitated CLTS as an alternative to the conventional facilitation approach led by HEWs. The project was implemented in six Kebeles: teacher-facilitated in four; HEWs together with Kebele administrators facilitated in the remaining two. Three of the Kebeles were located in Deksis District, Oromia region and three were in Dara District, SNNP region. HEWs were responsible for community triggering, follow-up and reporting for control Kebeles, while teachers were responsible for the same in the treatment Kebeles.

5. Project Activities

The main project activities included: District and Kebele orientation workshops (entry); baseline midline and final surveys; CLTS facilitation trainings for teachers and HEWs; CLTS implementation (pre-triggering, triggering and post-triggering follow-up); review meetings; natural leaders' orientation workshop; refresher trainings for teachers and HEWs; and ODF verifications and certifications. Detailed descriptions of the activities are provided in the section below.

1. District Orientation

District orientation was the first point of entry to the research area; the purpose of district orientation was to build consensus between different district offices (health, education administration and water) and Plan on the CLTS Approaches for Scalability research and seek

⁵ Robert Chambers, *School-Led Total Sanitation: Reflections on the Potential of the Shebedino Pilot*, 2011.

their support for implementation. The themes of the orientation workshop were to discuss the research objectives and determine the roles and responsibilities of the partners in implementation. The participants of the workshop were the aforementioned office representatives, District women and youth affairs, finance office, representatives from Kebele administration and health posts.

2. Kebele Orientation

The Kebele orientation workshop was the next point of entry aimed at obtaining administrators understanding and support for the research. The Kebele orientation workshop brought the community-level actors, including Kebele administration, health extension workers, village leaders and school teachers, together.

3. Project Evaluation Surveys

Three surveys (baseline, midline and final) were conducted in October 2012, 2013 and 2014 respectively. The purpose of the surveys was to establish a means to measure the impact of the teachers' training (intervention) in latrine construction and sustained use by comparing the baseline against the midline and the final data. The survey was conducted by an independent consultant procured by Plan in competitive procedures.

4. Facilitation Training to Teachers, HEWs and Kebele Administrators

Community facilitation training aimed to equip teachers and HEWs with the skills needed for CLTS processes in the communities. Training was provided by Plan Project Coordinators over a four-day period, with the last two days devoted to field-based practice. Training participants included Kebele administration, teachers, HEWs and district-level health and education office representatives. The trainings for teachers and HEWs were organized separately.

Topics of the training included: national sanitation and hygiene issues (access, challenges, etc.); trainees' past experience on project implementation and lessons learned; concepts of CLTS (What does 'Community', 'Community-led', 'Total', 'Sanitation' mean?) and explanations on the tools of CLTS approach—transect walk, village map, shit calculation and the shit flow diagram. After theoretical training, trainees practiced community triggering in two villages. The field practice helped check whether teachers and HEWs had acquired community facilitation skills⁶. At the end of the training, trainees developed action plans to trigger communities. HEWs developed action plans to trigger control Kebeles, while teachers did the same for treatment Kebeles.

5. Community Triggering

During the triggering phase, community facilitators and community members came together to discuss local hygiene and sanitation challenges. Facilitators initiated hygiene and sanitation discussions using facilitation tools and then slowly helped communities visualize sanitation and hygiene problems. Awareness on hygiene and sanitation problems inspired communities to construct and use latrines. Teachers triggered pilot communities and managed the subsequent follow-up. HEWs did the same for control Kebeles, but they also received support from Kebele administration and Plan CLTS Coordinators.

⁶ Ethiopia training manual

6. Follow-up and Monitoring

There was scheduled community follow-up and monitoring in all project Kebeles. HEWs monitored control Kebeles, while teachers did the same for the treatment Kebeles. HEWs and teachers documented progress during community monitoring. In the control Kebeles, the HEWs reported directly to the Kebele administration and district health offices. In the treatment Kebeles, the teachers organized community progress reports and passed these to HEWs. Using UNC developed checklists, Plan Project Coordinators documented community progress and shared reports with UNC.

7. Review Meeting

Action plans were developed by teachers and HEWs during the CLTS facilitation training and by communities at the end of the community triggering event. Teachers developed action plans in consultation with review meeting participants in treatment Kebeles, while HEWs did the same for control Kebeles.

One review meeting was organized to gauge community progress against these action plans. Additional review meetings were required to monitor community progress and address emerging implementation challenges as communities worked towards achieving ODF status. HEWs, district health, education and district administration office representatives were part of the review meeting in the control Kebeles. In the pilot, Kebele review meetings included the teachers and the Kebele administration. Plan CLTS Coordinators facilitated control Kebele review meetings, while teachers did the same for treatment Kebeles.

8. CLTS Orientation to Natural leaders

CLTS orientation was provided to natural leaders for two days to improve their awareness of sanitation and hygiene issues. After the trainings, natural leaders were able to: motivate villagers for latrine construction and use; support monitoring activities; facilitate latrine construction for the disabled; enhance ODF verification; and complete the certification process. Teachers and Plan Project Coordinators provided orientation to natural leaders from the pilot Kebeles and the control Kebeles, respectively. The orientation focused on the concepts of sanitation and hygiene, sustainability challenges, latrine improvement (creating an enabling environment for latrine upgrading and building financial capacity of villagers) and post-ODF follow-up.

9. ODF Verification and Certification

Verification is the process of checking the availability of latrine and hand-washing facilities, the extent to which these facilities are being used and the absence of open defecation in the community. Verification motivated villagers to speed up latrine construction and use. The verification process was as follows:

- First, a Kebele CLTS Team verified the status of each village in the project Kebele;
- When all villages in a Kebele were verified, each Kebele requested the district WASH Team for official verification.
- Next, the District WASH Team verified Kebeles. When the District WASH Team completed verification and gave status confirmation to Kebele administration, project Kebeles organized certification/ODF ceremonies.
- The certification/ODF ceremony was seen by villagers as recognition of the community efforts, further motivating neighboring Kebeles to attain similar status.

All six project Kebeles, both treatment and control, achieved ODF status: four Kebeles were certified in 2013 and two in 2014.

6. Project Enabling Factors

Project enabling factors included: political commitment and support; community structure; skilled community facilitators; no history of subsidy; prevalence of open defecation, etc. Each is detailed in turn in the section below.

- **Political Commitment and Support:** The government had a sanitation and hygiene promotion policy and strategy. The strategy created sanitation and hygiene promotion structures and supported actors from the national to the grass root/community level—the deployment of HEWs at community level is one example. Moreover, the government adopted CLTS as an official national sanitation and hygiene promotion approach.

Political commitment enhanced sanitation and hygiene works, especially at the district and Kebele level; it made community mobilization easier, as communities give attention to these structures. In the control Kebeles, for instance, Kebele administration support enabled communities to attain ODF status earlier than treatment Kebeles. The GoE was involved in the approval of projects, monitoring and evaluation, verification and certification of communities.

Plan has a good reputation on sanitation and hygiene promotion. The government and NGOs working in the sanitation and hygiene sector recognized Plan's contribution as evidenced by regular invitations from the government to participate in sanitation and hygiene workshops. This recognition helped Plan obtain government support and collaboration.

- **Skilled Trainers and Facilitators:** Plan had used the CLTS approach in Ethiopia since 2007, which enabled it to deploy its CLTS expertise in mobilizing communities against open defecation practices. When communities were triggered by active and skilled facilitators, they readily grasped risks associated with open defecation and quickly decided to take action by constructing latrines and developing bylaws. The process was slower when communities were triggered by less experienced facilitators.
- **Community Structure:** Community-level government structures (Kebele administration, school, health post, development units and one to five peer networks) were stretched across the country and were helpful in facilitating sanitation and hygiene works. HEWs and Kebele administration trigger communities, carry out post-triggering follow-up and reporting.
- **Subsidy Experience:** When communities have no past subsidy history, they can be mobilized more easily through CLTS tools; the opposite is true if they had prior subsidy experience. With this in mind, the districts selected for this project were chosen because there was no history of prior WASH projects.
- **Open Defecation Practice:** High rates of open defecation create a positive environment for community facilitation around sanitation. For this project, Kebeles with low latrine access and high open defecation practice (based on the 2011 census) were selected.

- **Partnership:** There was strong team spirit between Plan and the local government during project implementation. This teamwork helped resolve challenges to implementation.

7. Project Constraining Factors

Constraining factors varied across a range of issues including competing government development activities, absence of skilled community facilitators, community mobility and so on. Each is detailed in turn in the section below.

- **Local government development priorities:** Often local government structures are engaged in many development activities; these competing interests and responsibilities reduced the time spent on sanitation and hygiene promotion. For example, there were months entirely devoted to certain development activities, such as the government's reforestation program. During such times, it was difficult to obtain government support and the community's attention. Plan, for instance, had to cancel CLTS facilitation training in Deksis District as the HEWs were occupied with other District Health Office workshops.
- **Mobile communities:** Communities that were mobile were difficult to trigger as they moved to other areas in search of land for animal grazing. In the research project, there were four mobile communities in the pilot Kebeles of Deksis District. They were triggered later than other communities and generally achieved ODF status late.
- **Rainy season:** The rainy season presented significant challenges to implementation. The communities were difficult to reach (physically) for monitoring and other activities, and it was difficult to mobilize the communities because they were occupied with agricultural activities.
- **Lack of coordination between teachers and Kebele administrators:** During project implementation, there were coordination problems between teachers and the Kebele administration. The support teachers received from the Kebele administration and Plan staff was low compared to that received by the HEWs, due in part to the research project design. Plan Project Coordinators discussed treatment community progress with teachers at only the school level; they were not allowed to visit and initiate with communities. Kebele administration support to teachers/treatment Kebeles was weaker because the administration did not participate in the CLTS facilitation trainings with teachers, unlike in the control communities. In combination, these factors slowed community progress and ODF achievement in the treatment Kebeles.
- **School vacations:** Teachers' involvement in sanitation and hygiene promotion was affected by school vacations. During vacations (summer and midterm) teachers spent their time away from the schools and communities, which slowed teachers' involvement in community triggering and post-triggering follow up.
- **Teacher transfers:** For a variety of reasons, teachers transfer from one school to another. When an experienced teacher transfers to another school, he/she may be replaced by a new teacher with no CLTS facilitation skills, community facilitation skills, motivation to participate in teacher developed sanitation action plan, or commitment to the initiative/teachers' involvement in sanitation and hygiene works. In the project Kebeles, eight teachers (four school principals and

four regular teachers) transferred to other schools, which had a negative impact on teachers' coordination and community facilitation.

8. Conclusion

Taken together, the role of teachers, HEWs and Kebele administration seems significant in maximizing the impact of sanitation and hygiene interventions for communities in the Kebeles studied during this project. At the time of this report in Ethiopia, Plan was promoting sanitation and hygiene in 55 districts, found in four regions, using teachers, HEWs and Kebele administration in combination.

Teachers are not paid additional stipends or salaries for conducting community triggering and post-triggering follow-up activities. In contrast, district health professionals require per diems, in addition to their salaries, as they must travel to the community locations that are usually far from the district towns. HEWs are likewise paid for their roles, but they are also responsible for 16 packages of interventions and are over-burdened.

HEWs and Kebele administration played significant roles in community facilitation and post-triggering activities. Kebele administration served as a catalyst for change by mobilizing communities and occasionally participating during community triggering. Their support was decisive in enhancing community success. Control Kebeles achieved ODF status earlier than the pilots as HEWs had strong support from the Kebele administration.

In addition to the other packages of interventions, HEWs have been assigned to support sanitation and hygiene promotion activities. They triggered communities, conducted post-triggering events, monitored Kebeles and reported community progress to the Kebele administration and district offices. As they spend more time with individual households on other similar tasks, they can play a central role in promoting community hygiene (household hygiene, food hygiene, etc).