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REAL IMPACT: ETHIOPIA

HYGIENE IMPROVEMENT PROJECT

USAID’s **Real Impact** series highlights examples of water sector projects around the world. Each case example provides from-the-field insights about successful approaches, challenges faced, and lessons learned.

CHALLENGE

When the Hygiene Improvement Project (HIP) began in 2004, nearly 80 percent of the total population of the Amhara Region in Ethiopia (an estimated 15.2 million people) lived in rural areas where access to sanitation was extremely low and hygiene behaviors were not widely practiced. The majority of the population, 64 percent, practiced open defecation, and just 17 percent of the population had access to only “unimproved” sanitation facilities such as pit latrines. Eight percent of households treated water prior to use, and just 21 percent reported using a cleansing agent such as soap during any one of the critical junctures of diarrheal disease, such as before cooking, before eating, after wiping a child’s bottom, or after defecating.


Due to the enormity of the challenges in this large region, an integrated and significant at-scale approach was needed. In order to reduce diarrheal disease and enable Ethiopia to meet the Millennium Development Goal for sanitation, USAID offered partners a new at-scale approach that not only focused on latrine building and hardware, but also on demand creation and the enabling environment throughout the region.

APPROACH

USAID employed an at-scale approach in Ethiopia and Madagascar, and provided technical support for hygiene and sanitation improvement in other countries across Africa and Asia. The at-scale approach was predicated upon the principle of multiples.

The project promoted improved hygiene behavior by working on multiple levels, engaging multiple players, and

HIP



LOCATION: Ethiopia
DURATION: 2004-2010
FUNDING: \$1.9 million
IMPLEMENTING PARTNER:
 Primary: FHI 360

stressing multiple behaviors through multiple interventions.

The project used the Hygiene Improvement Framework to focus on three elements that catalyze and sustain hygiene and sanitation improvement: Access to hardware; an enabling environment that includes facilitating policy platforms and competent institutions; and behavior change.

Partnership: USAID worked with the World Bank Water and Sanitation Program (WSP) to leverage the Ethiopian Ministry of Health's implementation of the newly endorsed National Hygiene and Sanitation Strategy. Together, they agreed to focus on the Amhara region because it was a USAID and WSP priority area with significant WASH needs, relatively low donor investment, and committed local government. Additionally, the project collaborated with 19 stakeholder groups. The project embedded in the national maternal and child health (MCH) program and was carried out

through their cadre of health extension workers. Their grounding in a well-established government initiative allowed for scale and promised sustainability. USAID's link to WSP allowed districts to dedicate a small but significant portion of water loans to hygiene and sanitation activities at the district and sub-district level.

Learning By Doing: The partners pioneered the Learning by Doing approach to at-scale hygiene and sanitation improvement. It started by identifying and evaluating the needs and resources of the population. Then, the project supported the three key ministries of health, education, and water resources in calling a "whole system in a room" meeting, in which they brought in a wide range of stakeholders and together developed a common action agenda and coordinated plan. Based on this agenda, USAID and its partners developed a comprehensive behavior change strategy. After the strategy was finalized, of 152 *woredas* (districts) in the region, 90 received sanitation and hygiene support.

Small Doable Actions: The project worked to integrate hygiene into multiple priority sectors such as schools and those living with HIV/AIDS. The project developed the small doable actions approach, which enabled communities and individuals to make significant improvements in their water, sanitation, and handwashing situation through simple, inexpensive, easily implemented actions such as using a tippy tap for handwashing when there was no running water or making bed-pans or a portable potty for children or less mobile adults. It employed community-led total sanitation (CLTS) and followed it up by intensive household negotiations for WASH improvements in their homes. Teaching aids and other behavior change communication supported health extension workers and households to implement these small doable actions.

Schools: USAID involved teachers, student leaders, community members, and parents in undertaking small doable actions to make their



Photo Credit: Richard Lord

schools more WASH-friendly, making small improvements and not waiting for major infrastructure improvements. As part of district planning, HIP provided a budget template and guidance so districts could ensure that there were adequate sanitation and hygiene facilities at schools.

Additionally, the project provided learning materials about hygiene improvement, such as a WASH-friendly schools training manual, a resource book for parents and educators, and a picture and reading book for educators to use in order to teach students about good hygiene practices in their homes and schools.

HIV/AIDS: USAID was a pioneer in integrating WASH and HIV/AIDS in the implementation of HIP, particularly in focusing on the sanitation, handwashing, and menstrual management aspects of WASH. Ethiopia was the first country in which these integrative activities were introduced, and USAID developed programming guidance and tools on this integration based on its experiences there, which have since been applied and further adapted in Uganda, Kenya, and Tanzania.

USAID formed a community of practice with nine local organizations and partnered with NGOs providing home-care to HIV patients to research, design, and carry out household trials of improved practices. Information from these trials was used to develop a menu of small doable actions to improve the sanitation and hygiene of those living with HIV/AIDS.

KEYWORDS

Agriculture **Sustainable
Watersheds Environment**
Water **Reforestation**
Partnerships **Farming**



Photo Credit: Richard Lord

IMPACT

As a result of USAID's efforts in Ethiopia, more than 5.8 million people were reached by hygiene and sanitation promotion. By the project's end, over 350 WASH-friendly school launches were supported and nearly 10,000 teachers and community health outreach workers were trained in WASH promotion. Over 400 HIV outreach workers and 125 additional health facility workers were trained and at least 8,000 people living with HIV/AIDS were reached.

Nearly 3.8 million people stopped the practice of open defecation and started using a basic pit latrine. Access to unimproved sanitation increased from 17 percent to 46 percent. The project was one of the few studies to scientifically document the effects of individual and collective behavior change approaches. Latrine construction was directly tied to exposure to the Learning by Doing in-

terventions: The probability of owning a latrine was about nine times greater in households that 1) participated in a 'walk of shame;' 2) were visited by an outreach worker; and 3) held particular attitudes and beliefs that were promoted as part of the Learning by Doing behavior change activities.

Household water treatment and storage increased as a result of the project, although not all households adopted effective water treatment methods. By the end of the project 36 percent of households treated water, as opposed to 8 percent at the project's start.

Handwashing with soap and other cleansing agents such as ash became more common, and there were half a million more handwashing stations in Amhara. The percentage of respondents using cleansing agents at critical junctures of diarrheal disease increased from 21 percent to 47 percent.



Photo Credit: Shahbaz Faybush

LESSONS LEARNED

USAID built on successes from the project by creating a follow-on project called WASHplus. The project continues to implement the small doable actions approach in Madagascar, Zambia, and Bangladesh. USAID expanded its focus to include nutrition and Feed the Future and launched the Schools Promoting Learning Achievement through Sanitation and Health (SPLASH) program in Zambia, which built on successes in making schools WASH-friendly. USAID has also continued WASH and HIV/AIDS integration activities by training home-care workers. Over the life of the project, many lessons were learned:

- ◆ Engagement by government, NGOs, and the private sector is necessary for creating an enabling environment.
- ◆ Integrating at-scale hygiene and sanitation efforts with the existing institutional framework boosts sustainability.
- ◆ Building communities of practice requires the commitment of local champions.
- ◆ Planning flexibly and adapting to a country's unique conditions is necessary for successful hygiene promotion.
- ◆ Implementing hygiene improvement at-scale requires considerable funds. The project originally proposed to implement hygiene improvement at-scale in five countries.
- ◆ Lack of access to soap and water is an obstacle to handwashing that water-saving tippy taps can only begin to address.
- ◆ The engagement of multiple stakeholders is necessary for sustainable behavior change.
- ◆ Promoting small doable actions makes hygiene measures more likely to be adopted.

ADDITIONAL RESOURCES

To learn more about the HIP project, contact:

HIP WASH-at-scale in Ethiopia:

<http://www.hip.watsan.net/page/485>

WASHplus:

<http://www.washplus.org/>

Learning by Doing: Working At-Scale in Ethiopia (July 2012):

<http://www.wsp.org/wsp/sites/wsp.org/files/publications/WSP-Ethiopia-at-Scale.pdf>

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http://www.globalhealthcommunication.org/projects/hygiene_improvement_project